

# Study shows effectiveness of simple, low-cost tobacco interventions in ERs

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People don't go to hospital emergency departments to quit smoking. But with nearly half of the U.S. population visiting one each year as a patient or with a patient, and staying there an average of four hours, an ED waiting room offers an ideal setting to reach smokers who want to quit. In a recent study conducted by health psychologist Edwin Boudreaux, PhD, and colleagues from the National Alliance of Research Associates Programs, more than one-third of current tobacco users approached about their tobacco use by undergraduate pre-health student volunteers while in an emergency department left with a referral to their state's free Quitline tobacco cessation treatment programs.

Published in the January edition of *Addictive Behaviors*, the study investigated the extent to which volunteer research associates can be utilized to screen [emergency](#) department patients and their visitors for [tobacco](#) use, and then effectively refer tobacco users requesting help to their state's tobacco Quitline. Investigators found that this approach supplemented patient care without additionally burdening busy emergency department personnel.

"We demonstrated that we could deliver a very simple intervention with volunteers who were not health care professionals," said Dr. Boudreaux, professor of emergency medicine, psychiatry and quantitative health sciences, vice chair of research for the Department of Emergency Medicine at UMMS, and director of Behavioral Health Services at the UMass Memorial Medical Center-University Campus emergency room.

"This intervention adds value to the participants' time in the emergency room, and provides a low-cost way to address preventive and behavioral health issues that emergency department physicians and nurses do not have time to focus on—even though many of these issues, such as substance abuse, may underlie their emergency room visits."

At UMass Memorial Medical Center, one of 10 study sites nationally, 20 research assistants recruited from local colleges screened nearly 2,000 [emergency department](#) visitors using a tobacco use questionnaire developed by Boudreaux and the rest of the research team. "Patients were generally very receptive, and ER doctors and nurses appreciated that the intervention was being conducted without slowing down care," he noted.

The tobacco intervention is just one of many [emergency room](#)-based [behavioral health](#) initiatives Boudreaux is evaluating to integrate behavioral medicine and health psychology into [emergency medicine](#). "We need to do a better job of addressing alcohol and drug abuse problems in the ED because it's a huge contributor to why people come, either directly or indirectly," he said.

For example, a patient who thinks he is having a heart attack may be suffering from an anxiety disorder—and self-medicating with nicotine or alcohol. "Behavioral Health Services has grown out of a field of research and clinical focus to improve screening, identification, management and referral of ED patients with substance abuse problems," Boudreaux explained. "These patients cost a lot of money because often they aren't getting primary care and keep coming back to the ED."

**More information:** Beau Abar, Chinwe Ogedegbe, Preeti Dalawari, Kalev Freeman, Edwin D. Boudreaux, Frank Illuzzi, Stephanie Carro-Kowalcyk, Michael Molloy, Keith Bradley, "Promoting tobacco

cessation utilizing pre-health professional students as research associates in the emergency department," *Addictive Behaviors*, Volume 40, January 2015, Pages 73-76, ISSN 0306-4603,  
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