

Operators Are Standing By: Helping All Your Patients Quit Smoking

TOBACCO continues to be the leading preventable cause of death and disability in Oregon. Although Oregon's Tobacco Prevention and Education Program (TPEP) has had impressive success – including a 41% drop in per capita tobacco use since the program began, which is almost one-and-a-half times the drop seen nationally during that time period – every day approximately 18 Oregonians still die from tobacco-related illness. TPEP has three primary goals: prevent kids from starting to smoke, reduce exposure to secondhand smoke, and get smokers to quit. To help smokers quit, TPEP funds the Oregon Tobacco Quit Line (QL), which offers free and friendly help via a toll-free number (1-800-QUIT-NOW) for tobacco users who want to quit.

Like most health events, tobacco use is not uniform across the population. This begs an important question: does the QL reach members of all racial and ethnic groups and, if so, does it work? This *CD Summary* briefly describes the utilization of the QL among racial/ethnic groups, and evidence about the QL's effectiveness by race/ethnicity. Here is the bottom line: the QL is used and is effective across racial and ethnic groups. Providers can help address disparities in tobacco use by referring all of their smoking patients to the QL for assistance.

WHY BOTHER TO QUIT SMOKING?

Quitting smoking has both immediate and long-term benefits. Twelve hours without a cigarette and the carbon monoxide level in blood drops to normal. Within weeks, heart attack risk begins to drop, and by one year it is about half that of a smoker. After ten years without

smoking, lung cancer death rate is about half that of a smoker. And after 15 years the risk of coronary heart disease is the same as that of a non-smoker.

While some smokers may be fatalistic about the value of stopping smoking, most know the score: data indicate that three-quarters of smokers want to quit.

WHO STILL SMOKES?

Overall about 20% of Oregon adults smoke, but the burden of tobacco is not shared equally across all communities. African Americans and Native Americans are the racial and ethnic groups with the highest rates of tobacco use (31% and 39% respectively). While the overall smoking prevalence among Latinos and among Asians/Pacific Islanders is lower (15% and 11%, respectively), they experience aggressive tobacco-industry targeting, and certain subpopulations of these groups have higher smoking prevalence (for example, acculturated Latino women, and Latino, Korean, and Vietnamese men).^{1,2}

THE QL

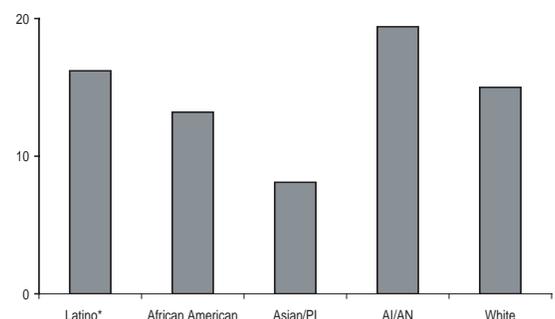
Telephone QLs work and have been strongly recommended by several national review panels for population-based tobacco control.³ In the past two years alone, over 22,000 Oregonians registered for QL services and received an intervention by a quit coach. The program is tailored to a caller's readiness to quit. Quit coaches are trained in motivational interviewing techniques, which aim to move tobacco users along the continuum of quitting, from contemplation of quitting to remaining free

of tobacco. Currently (act now, while supplies last) the QL offers at least two weeks of free nicotine replacement therapy to all callers. In addition, quit coaches offer referral to local community resources and help callers find out what services they might be able to obtain through their health insurance.

WHOCALLS?

To figure out whether smokers from specific racial/ethnic groups were more or less likely to call the QL, we calculated the number of adult smokers in each racial/ethnic group who called the QL per 1,000 adult smokers in that group within the state.* Overall, about 15 per 1,000 adult smokers in Oregon called the QL during 2004-2005. QL call rates looked fairly similar across racial/ethnic groups, except Asian/Pacific Islander smokers appeared less likely to call.[†]

Number of Smokers Calling the Quit Line per 1000 Smokers in Oregon, by Race/Ethnicity, 2004-2005



*Latinos are excluded from other racial ethnic groups.

*We estimated the number of smokers in the state using data from a random digit dialed survey and the Census.

† Yes, this seems like an overly broad grouping of cultures, but it comes from the Census groups; we combined two answer categories — “Asians” and “Hawaiians/Other Pacific Islanders” to increase the number of people to more reliably report these data.



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DOES IT WORK FOR ALL?

Washington State shares our QL vendor, and recently examined quit rates at three months, and satisfaction levels among callers of various races/ethnicities. Among the almost 1300 participants surveyed, quit rates and satisfaction varied little by race/ethnicity.

Quit rates were at least 30% in each racial ethnic group and satisfaction levels were high: more than 90% of participants in each racial/ethnic group were satisfied overall with the QL program, would suggest the QL to others, and were satisfied with the QL coach. In addition, the quit rates and satisfaction appeared similar across regions (that is, urban or

rural), education levels, and genders. Almost all QL callers, regardless of their race/ethnicity, felt that QL staff always treated them respectfully.

CLINICAL IMPLICATIONS

Oregon's QL is highly effective. When coaching and even a partial course of free nicotine replacement therapy are offered, the likelihood of quitting successfully roughly triples, compared to those who attempted to quit on their own without outside help as reported in the literature. The QL also is well received by callers from diverse racial and ethnic groups. Health care providers are in a great position to recommend the QL to patients, regardless of the patient's race or ethnicity. By doing so, providers will help reduce

disparities in tobacco use and ensure more patients access to this service. You should also let your patients know that the Oregon QL is currently offering at least two weeks of free NRT to all callers. Research indicates that such an offer helps motivate smokers to call.^{4,5}

The Oregon QL number is: 1-800-QUIT-NOW (English), 877/2NO-FUME (Spanish), 877/777-6534 (TTY). Translation service is available for any language. QL hours are Monday - Thursday 5 am to 9 pm; Friday 5 am to 7 pm; and Saturday -Sunday 6 am to 5 pm.

Operators are standing by.

REFERENCES

1. Oregon Department of Human Services. Closing the Gaps: Identifying and Eliminating Tobacco Related Disparities in Oregon, Strategic Plan. 2002. (Executive Summary available at <http://oregon.gov/DHS/ph/tobacco/tdpp/index.shtml>.)
2. Maher JE, Boysun MJ, Rohde K, Stark MJ, et al. Are Latinos really less likely to be smokers? Lessons from Oregon. *Nicotine & Tobacco Research* 2005;7:283-7.
3. Task Force on Community Preventive Services. Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *Am J Prev Med* 2001;20(2s):10-5.
4. An LC, Schillo BA, Kavanaugh AM, Lachter RB, et al. Increased reach and effectiveness of a statewide tobacco quitline after the addition of access to free nicotine replacement therapy. *Tobacco Control* 2006;15:286-93.
5. Cummings KM, Fix B, Celestino P, Carlin-Menter S, et al. Reach, efficacy, and cost-effectiveness of free nicotine medication giveaway programs. *J Public Health Manag Pract* 2006;12:37-43.

Quit rates and Quit Line (QL) satisfaction at 3-month follow-up by race/ethnicity, Washington State (preliminary data)

	Latino* n = 154	African American n = 147	Asian/PI n = 58	Am. Ind./AN n = 101	White n = 762
Quit rate †	35%	35%	33%	35%	30%
Satisfied overall with QL program	93%	92%	91%	93%	92%
Would suggest QL to others	98%	97%	95%	98%	97%
Satisfied with QL coach	94%	93%	95%	97%	95%

* Latinos excluded from other racial/ethnic groups

† Defined as quit for at least the last 7 days