

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

TOBACCO USE BY LOW-INCOME OREGONIANS: A CONTINUING CHALLENGE

Smoking may be decreasing in Oregon and around the country, but that doesn't mean that everyone is smoking less — Oregonians earning less than \$15,000 a year or lacking a high school diploma are almost three times more likely to smoke as Oregonians who are better off, and the trend is relatively flat over time (figure 1).

This *CD Summary* reviews some of the challenges people of low socioeconomic status face in quitting and avoiding tobacco, and what physicians and other health professionals can do to fight this problem.

**GOOD NEWS AND BAD NEWS**

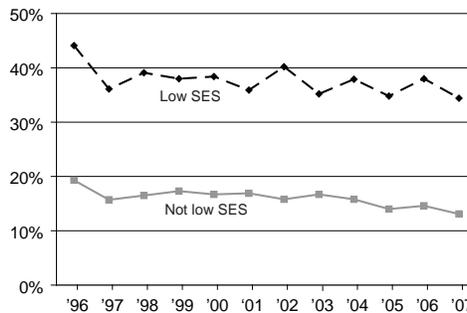
The good news is that Oregon has seen a 28% drop in its smoking rate — from 24% in 1996, the start of the state's Tobacco Prevention and Education Program, to 17% in 2007. Over the same period, we saw a decrease in the proportion of children who smoke: from 22% of eighth-graders in 1996 to 9% in 2007, and 28% of 11<sup>th</sup>-graders in 1996 to 16% in 2007. Furthermore, cigarette consumption — the measure of cigarettes sold in the state — has plummeted, down 46% from 1996 to 2009.

The bad news is that, since 1997, smoking prevalence among Oregonians of low socioeconomic status has stubbornly remained at around 35%.

**CIGARETTES OR FOOD?**

In Oregon in 2007, one in three adults earning less than \$15,000 a year was a smoker, compared with fewer than one in 10 adults making \$50,000 or more. Adult Medicaid clients are nearly twice as likely to smoke as Oregon adults in general, which means higher medical costs for people served by Medicaid. In Oregon, direct Medicaid costs related to smoking are an estimated \$287 million per year. This is equivalent to about 10% of total annual expenditures for Medicaid in Oregon.

Figure 1 Percent of smokers by socio-economic status, Oregon, 1996–2007.



Tobacco is so addictive that some Oregon families reduce the amount of money spent on food to buy cigarettes. The average Temporary Assistance to Needy Families (TANF) benefit for a family of three is \$528 per month. At today's average price of \$5 per pack, two adult smokers consuming one pack per day will spend more than half what they receive in their TANF benefit each month on cigarettes.

When people choose smoking over feeding their families, it can lead to "food insecurity," an uncertainty about the family's ability to feed itself. A 2008 study found that living with smokers doubles the rate of child and adult food insecurity and triples the rate of severe food insecurity.<sup>1</sup> Of children in households with smokers, 17% were food insecure compared with 9% in households without smokers. For adults, 26% in households with smokers were food insecure, compared with 12% in households without smokers. Smoking is a significant independent predictor of food insecurity; even after controlling for household income.

Children who experience food insecurity are at great risk of cognitive and psychosocial disability and poorer quality of life. They score lower on standardized tests and miss more school days. They have poorer overall health, higher lead levels, increased rates of iron deficiency and more emergency department visits. In other

words, a parent's addiction to tobacco can keep a child from growing up healthy by contributing to the child's food insecurity as well as exposure to secondhand smoke.

**PHYSICIANS ON THE FRONTLINE**

The good news is that most smokers want to quit, whether they're well-off or poor. In Oregon, 80% of smokers would like to quit, 51% of smokers have stopped smoking for one day or more in the past year in an attempt to quit, and 45% of smokers are planning to quit within the next 30 days.\* Physicians, especially those in the primary care setting, have a significant role to play in helping people of low socioeconomic status jump-start this process.

There are encouraging signs that physicians already are reaching out to their tobacco-using patients. In March 2005, research by the American Academy of Family Physicians' Tobacco Cessation Advisory Committee found that 70% of physicians ask patients about tobacco use, and about 40% take action to help those who use tobacco.<sup>2</sup>

In Oregon in 2007, 62% of all patients reported being asked about their tobacco use by their physicians. Among smokers, 59% were advised to quit at their last visit and 34% were offered recommendations or assistance to quit.\*

The American Academy of Family Practice is trying to make this process easier by encouraging its members to eliminate all tobacco use, and to document use of tobacco products in patient charts.<sup>2</sup> It also suggests members work with other health professionals to provide cessation counseling and other treatments; discourage tobacco use in all public and work places; and list tobacco use as a cause of death on death certificates when appropriate. Since 1989, Oregon's death certificate has included a check-box to indicate whether tobacco use contributed to the death.

\* 2007 Oregon BRFSS



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### AVAILABLE RESOURCES WORK

Multiple programs are available for providers. The most widely used is the "5A's": "ask" patients about tobacco use; "advise" them to quit; "assess" if the patient is ready to quit; "assist" the patient by helping develop a quit plan, and providing counseling or referring the patient to a cessation program (e.g. Oregon Tobacco Quit Line and American Lung Association's "Freedom from Smoking"); and "arranging" for follow-up and support (see resources below).

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco. It is important to document use of tobacco products in patient charts and refer patients to additional resources to help them quit.<sup>3</sup>

Studies have shown tobacco quit rates are better when the cessation counseling is more intensive and comprehensive. Quit rates are at 8.5% when there's minimal or no counseling compared with 12.7% for quit lines, 13% for telephone counseling with a provider, 14.9% for group counseling with a provider, and 16.8% for individual, extended counseling with a provider.<sup>4</sup>

While most Oregonians quit tobacco use on their own, tried and true methods such as behavioral coaching through quit lines, nicotine replacement therapy and prescription drugs such as bupropion and varenicline continue to work well in the tobacco use battle.

Physicians are important in helping to spread the word about the Oregon Tobacco Quit Line whose services are free to all Oregonians. The percentage of tobacco users sent to the Quit Line via faxed clinician referrals jumped, from about 5% in 2008 to 14% in 2009. And the percentage of callers who reported hearing about the service from a health professional went up, too: from 20% to 27%.

Using nicotine replacement therapy, such as patches or gum, further increases the chances of success. Quit rates reach about 22% with medication only, but they jump to about 28% when there's medication with counseling.

Since the beginning of the Oregon Health Plan in 1994, tobacco cessation benefits have been available to Oregon's Medicaid clients. Most of these benefits are free, with the exception of a co-pay for certain types of prescription medication. Smokers who want to quit and who are on Medicaid need to know they have these benefits – while 36% of Oregon recipients know Medicaid covers cessation, 18% don't and 46% aren't sure (2007 BRFSS) – and that the assistance they receive really will help them quit. Physicians are trusted sources for people from all walks of life, and studies confirm that people really do act on their physicians' advice to quit tobacco.

### RESOURCES

- The Oregon Tobacco Prevention and Education Program offers a variety of educational material to physicians for use in their practices to help patients quit tobacco. Materials include brochures, fliers, posters and table tents:

[www.oregon.gov/DHS/ph/tobacco/otec/index.shtml](http://www.oregon.gov/DHS/ph/tobacco/otec/index.shtml) (Accessed: 8 Jul 2010.)

- AAFP offers downloadable quit line cards, patient education materials, practice materials, continuing medical education webcasts, podcasts and other interactive online courses. Check out "Ask and Act: A Tobacco Cessation Program" at [www.aafp.org/online/en/home/clinical/publichealth/tobacco/askandact.html](http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/askandact.html) (Accessed 8 Jul 2010).
- The Oregon Tobacco Quit Line:
  - Call 800-QUIT-NOW (1-800-784-8669); Español: 1-877-2NO-FUME (1-877-266-3863); TTY: 1-877-777-6534
  - Register online: [www.quitnow.net/oregon](http://www.quitnow.net/oregon)
  - Download the physician fax referral form: [www.oregon.gov/DHS/ph/tobacco/oregonquitline.shtml](http://www.oregon.gov/DHS/ph/tobacco/oregonquitline.shtml)

### REFERENCES

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2. American Academy of Family Physicians. Tobacco and smoking. [www.aafp.org/online/en/home/policy/policies/t/tobacco.html](http://www.aafp.org/online/en/home/policy/policies/t/tobacco.html) (Accessed: 21 Jun 2010).
3. U.S. Preventive Services Task Force. Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women, April 2009. [www.ahrq.gov/clinic/uspstf/uspstbac2.htm](http://www.ahrq.gov/clinic/uspstf/uspstbac2.htm).
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