CD Summary

January 30, 2001
Vol. 50, No. 3

Telephone 503/731-4024
Emergencies 503/731-4030
Fax 503/731-4798
cd.summary@state.or.us
www.oshd.org/cdpe/

CENTER FOR DISEASE PREVENTION & EPIDEMIOLOGY • OREGON HEALTH DIVISION

TOBACCO PREVENTION: IT'S WORKING ON MANY LEVELS

In 1996, Oregon voters passed Ballot Measure 44, which raised taxes on tobacco products and dedicated 10% of the new revenue to the Tobacco Prevention and Education Program at the Oregon Health Division. With the money from Ballot Measure 44, Oregon has created a comprehensive Tobacco Prevention and Education program that is now a model for other states. To achieve the greatest success, a prevention program must work at a variety of levels, from one-on-one work with patients to broadcasted media messages and policy changes.

Four years later, our tobacco prevention program is working. Cigarette consumption is down over 20%. Smoking among eighth graders has declined 41%. There are 75,000 fewer adult smokers.

But, tobacco remains a huge burden; over ½ million Oregonians still use tobacco. Tobacco is still the leading preventable cause of death and disability. Below, we discuss what can be done at different levels to decrease the burden of tobacco in Oregon

THE EXAM ROOM

A review of 6,000 studies on treating tobacco dependence reaffirmed the importance of brief interventions in the exam room.[1] The meta analysis updating the clinical practice guidelines confirmed that, although brief interventions have lower success *rates* than intensive programs, the ability to *reach* so many more tobacco users at routine visits makes this approach not only productive but cost-effective (rate *x* reach = total quitters).

Changing clinical culture and practice patterns to ensure that every patient who uses tobacco is identified and offered treatment at each visit is key. For patients willing to quit, even three minutes or less of a physician's time can make the difference in successful quitting (of course, more time is better). A quit date, pharmacotherapy, links to further help, and a follow-up plan are the essential parts of a quit plan. For those not yet willing to quit, a motivational message that is empathetic, reminds the patients that options exist, and reviews previous successes in changing behavior is appropriate.

Pharmacotherapy

As a result of new evidence, experts now recommend that pharmacotherapy be offered to all patients except in the presence of special circumstances (e.g., those with medical contraindications, those smoking fewer than 10 cigarettes a day, pregnant or breast-feeding women, and adolescent smokers). First-line medications (bupropion SR, nicotine gum, nicotine inhaler, nicotine nasal spray and the nicotine patch) and second-line medications (clonidine and nortriptyline) have been shown to double and triple chances of abstinence. For information on dosing, combination and long-term therapy, and special populations, refer to the clinical practice guidelines[1] or call the Oregon Tobacco Quit Line.

Linking to further help

The Oregon Tobacco Quit Line (OTQL) is an excellent resource to help potential quitters with information tailored to their needs. Behavioral counseling, help with pharmacotherapy, links to follow-up programs, a quit kit, and up-to-date information about insurance coverage eligibility are offered to all callers. In a recent survey of 569 OTQL users, 87% reported the call was helpful in trying to stop using tobacco. A clinical trial sponsored by the National Cancer Institute is currently under way at the OTQL to assess the cost-effectiveness of various phone counseling strategies. Callers wishing to participate in the study may be randomized to receive additional phone counseling and free patches.

> Oregon Tobacco Quit Line
> 1-877-270-STOP
> Español: 1-877-2 No FUME
> TTY: 877-777-6534
> Other language translators available

Current status

According to Consumer Assessment of Health Plan Surveys (CAHPS), 70% of adult smokers in the Oregon Health Plan and 65% of adult smokers in commercial managed-care plans report receiving advice to quit in the last year. In fact, one managed-care system has achieved an 82% rate on advice to quit. Taken together, it is clear that there are both successes and room for improvement in reaching tobacco users in the exam room.

HEALTH PLANS, HEALTH SYSTEMS AND INSURERS

The revised guidelines also have strengthened recommendations that health plans, health systems and health insurers systematically support treatment for tobacco addiction. Cost-effectiveness relative to other preventive medical practices (such as treatment of mild or moderate hypertension or high cholesterol) is well established. Providing benefit packages that cover brief office-based treatment, pharmacotherapy and intensive programs is essential. Reducing or eliminating cost-sharing requirements also has been shown to increase the total number of quitters.

Currently only Oregon Health Plan (OHP) members have a benefit package consistent with the national guidelines. All clients are eligible for pharmacotherapy and counseling. Six plans participate in a shared-purchase phone counseling program through the OTQL. Others offer an array of classes and individual programs. Those without medical insurance can receive phone counseling and nicotine patches through the OTQL at no charge.

The remaining two-thirds of Oregon tobacco users, those who are commercially insured, are not so fortunate. The large managed-care plans offer intensive phone and class programs with subsidized pharmacotherapy, though prepayment and copays range from $40 to a high of $250 in some cases. The remaining tobacco users who are commercially insured receive no help in treating this difficult chronic condition, despite its proven cost-effectiveness.

THE COMMUNITY

Prevention targets at the community level include public policy and community norms. All 36 counties in Oregon have a

The **CD Summary** (ISSN 0744-7035) is published biweekly, free of charge, by the Oregon Health Division, (Dept. of Human Services).
800 NE Oregon St., Portland, Oregon 97232
Periodicals postage paid at Portland, Oregon.
Postmaster—send address changes to:
CD Summary, 800 NE Oregon St., Suite 730, Portland, OR 97232

CD SUMMARY

January 30, 2001
Vol. 50, No. 3

PERIODICALS
POSTAGE
PAID
Portland, Oregon

If you need this material in an alternate format, call us at 503/731-4024.

tobacco-prevention coalition that is funded by Ballot Measure 44. These coalitions are working on the issues of protection from second-hand smoke, decreasing advertising and promotion of tobacco products, and linking tobacco users to cessation programs. Doctors are often opinion leaders in their communities and may play active roles in their local coalition.

These local coalitions have worked on passing ordinances at the city and county levels to reduce the burden of tobacco. Ordinances that ban smoking in the workplace reduce people's exposure to second-hand smoke and also increase the likelihood that employees who smoke will quit.[2] Nine jurisdictions have now passed ordinances regarding smoking in workplaces, including Benton and Multnomah counties, and the cities of Baker, Central Point, Corvallis, Eugene, Lake Oswego, Philomath, and St. Helens; 28% of Oregonians live in one of these jurisdictions. Ordinances that ban self-service tobacco displays at stores have been shown to decrease a youth's ability to obtain tobacco by purchase or theft.[3] Twelve jurisdictions have passed ordinances banning self-service tobacco displays.

The Tobacco Prevention and Education Program has funded about one-third of the school districts in the state to implement comprehensive school-based programs. These programs include youth education, parent involvement, staff training, and no-tobacco-use policies. If you have a child in school, find out what the tobacco policy is and whether it is being enforced effectively. Only about half of all school districts ban tobacco use by both children and adults on campus and at school events.

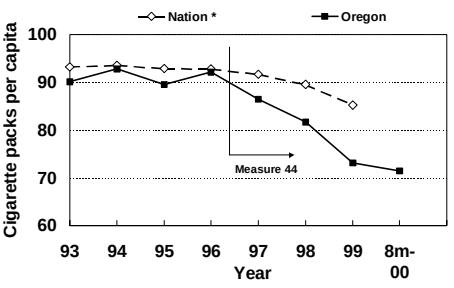
THE STATE OF OREGON

The Tobacco Prevention and Education Program is coordinated by the Department of Human Services Health Division. Those of us who work for the state help design, implement, and evaluate the components of a comprehensive tobacco prevention effort.

The current budget for the Tobacco Prevention and Education Program is about $8 million per year, funded almost exclusively from Measure 44 tobacco taxes. The Governor has recommended increasing the program's budget by $3.5 million per year. The additional money would come from tobacco settlement monies from the lawsuit between the 46 state attorneys general and the tobacco companies. Oregon receives about $100 million annually from the settlement.

So far, the money spent on the Tobacco Prevention and Education Program has been money well spent. Since the program started, the percentage of adults who smoke has declined from 23% to 20%. In this same time period, eighth grade smoking prevalence has declined from 22% to 13 %. And, for each year that we maintain the current program success, over 1,200 lives and $300 million are saved in Oregon's future. That is an economic return on investment of over $30 for each dollar spent.

Annual per capita sales of cigarettes, Oregon vs. U.S.



* National data excludes Arizona, California, Massachusetts, and Oregon, states which have had statewide tobacco control programs since at least 1997.

SUMMARY

We have begun to win the fight against tobacco in Oregon. You can lend your voice to this important fight, from counseling a smoking patient to quit, to talking with city/county commissioners about the goals of your local tobacco prevention coalition.

More information can be found at the Tobacco Prevention and Education Program's web site at *http://www.oshd.org/tobacco*. Contacts for local coalitions and school programs can be found by clicking on 'The People' then 'Key Partners'. Additional data can be found by clicking on 'The Science' and then 'Data & Reports'. You can also call the Program at 503/731-4273.

REFERENCES

1. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, June 2000.
2. Chapman S, Borland R, Scollop M, et al. The impact of smoke-free workplaces on declining cigarette consumption in Australia and the United States. Am J Public Health 1999;89:1018-1023.
3. Institute of Medicine. Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths. Washington, D.C. 1994: National Academy Press.

School exclusion deadline looms

AN ESTIMATED 25,000 children in Oregon will receive exclusion orders in the next few weeks, 20-30% more than last year. On February 21, 2001, children who are underimmunized, lack shot records, or do not have an approved exemption, will be excluded from school. Please help prevent exclusions by offering "shot only" appointments and after-hour clinics, and reminding parents to provide shot information directly to schools.