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SUCCESSES IN OREGON'S TOBACCO TRENCHES

"...the natives brought fruit, wooden spears, and certain dried leaves which gave off a distinct fragrance..."
Christopher Columbus in his October 12, 1492 journal entry.

WHILE CEREMONIAL USE of tobacco by humans in the New World dates back 3,000 years, it is only during the last century that smoking has become common place in all sectors of society and in all corners of the globe. As recently as 1948, the Journal of the American Medical Association wrote, "more can be said in behalf of smoking as a form of escape from tension then against it... there does not seem to be any preponderance of evidence that would indicate the abolition of the use of tobacco as a substance contrary to the public health."[1] However, since the 1950s the evidence that smoking was harmful to health was beginning to mount. Today, tobacco use is recognized as the leading cause of preventable illness and death in the U.S.[2]

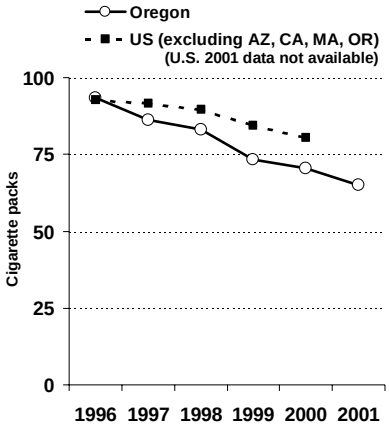
OREGON'S TOBACCO PREVENTION AND CONTROL PROGRAM

In November 1996, Oregonians passed Ballot Measure 44, voicing concern about the destructive nature of tobacco use and providing funding for Oregon's Tobacco Prevention and Education Program. Oregon's comprehensive program is hailed as a national model by the Centers for Disease Control and Prevention, and attacks tobacco on three fronts: preventing youth tobacco use; helping people quit; and protecting against secondhand smoke. Program components include: local coalitions; school-based programs; multicultural and tribal programs; the Oregon Quit Line; public awareness and education; training and materials; evaluation; and program coordination. And it is working.

TOBACCO CONSUMPTION

Per capita tobacco consumption is measured by tax data from the Oregon Department of Revenue on the number of cigarettes sold. The figure below shows consumption in Oregon compared to the rest of the US. While the number of cigarette packs per capita has been gradually declining throughout the US, consumption in Oregon is down 29.3% since 1996, about twice the drop nationally. The drop in consumption amounts to 1.5 billion fewer cigarettes sold in Oregon in 2001 than in 1996.

Annual per capita cigarette sales



ADULT PREVALENCE

Not only are the numbers of cigarettes smoked declining, but so are the number of adults who smoke. Data from the Behavior Risk Factor Surveillance Survey (BRFSS) indicate that the percent of Oregon adults who are current smokers has dropped 12% since the tobacco program was implemented, from 23.4% in 1996 to 20.5% in 2001. This amounts to 75,000 fewer adults who smoke.

YOUTH PREVALENCE

Oregon kids are smoking less, too. Data from the Youth Behavior Risk Survey show that the percent of 8th graders who have smoked during the last 30 days has dropped 44%, from 22.0% in 1996 to 12.3% in 2001 (see figure, right). In addition, the percent of Oregon 11th graders who report smoking in the last 30 days has dropped 30%, from 28.0% in 1996 to 19.6% in 2001.

TREATING NICOTINE ADDICTION

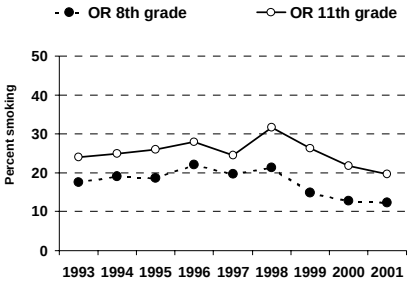
Prevention is best, but helping current smokers quit is a critical part of the effort to reduce tobacco use. As regular readers of the *CD Summary* know by now, brief, frequent physician advice to quit coupled with behavioral and pharmacologic assistance have been demonstrated repeatedly to be among the most highly cost-effective interventions available to clinicians.[3] This intervention is affectionately known as the Five A's (Ask, Advise, Assess, Assist, and Arrange follow-up).

In a DHS survey of Oregon physicians who serve Medicaid clients, 92% reported that they usually or always advise patients to quit. Surprisingly (or not), patients who smoke have a slightly different recollection of their encounters than physicians. According to preliminary 2001 BRFSS data, 72% of smokers report that they were asked about smoking at their last visit; 58% recall being advised to quit, and 39% say they were offered assistance. These last two figures are improvements on a 1996 baseline of 51% and 27% respectively.

IT'S OFTEN A COVERED BENEFIT

Availability of assistance, which doubles or triples the chance of successful quitting, has greatly improved in Oregon since Measure 44 was passed. Oregon Health Plan (OHP) adults who smoke or chew tobacco are eligible for nicotine replacement therapy (NRT), Zyban and behavioral coun-

Prevalence of smoking in Oregon youth



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seling programs at no cost to the patient. This assistance is especially critical for OHP and other low socioeconomic status (low-SES) smokers because they are more addicted and live in environments that are not as conducive to quitting. BRFSS data show that among low-SES smokers, 39% reported smoking a cigarette within 15 minutes of waking compared to 22% of all other smokers, an important indicator of addiction. Sixty-five percent of low-SES smokers say they live in homes where smoking was permitted in the last 30 days, compared to 45% of other smokers. Of those who work, 59% vs. 34% reported that their workplace did not prohibit smoking, though the new law described below may be changing this imbalance. Countering the effects of high levels of addiction and non-supportive environments with counseling and pharmacotherapy can be the key to the chances of a potential quitter's success.

Unfortunately, only 34% of the OHP smokers are aware this assistance is available. Forty-two percent think assistance is not covered and 25% don't know. Many commercially-insured individuals are eligible for low-cost assistance, though use of assistance is unlikely by the one-half who say they do not know what their insurer will pay for.

OREGON QUIT LINE (1-877-270-STOP)

All Oregonians have access to counseling and referral through the Oregon Tobacco Quit Line (OQL), and more clinicians are using this resource. In 2001, 1,678 callers said they were referred by their health-care provider, up from 927 the previous year. The overall number of calls to the Quit Line increased from 12,106 in 1999 to 12,325 in 2000 and 17,629 in 2001. Focus groups suggest the most important information to give patients about the Quit Line is that they will not get scolded by some nag. Let them know they will get friendly and expert advice about what is most likely to make them successful. As previously reported here, 87% of OQL callers found the service helpful in trying to quit.

HOUSE BILL 2828

We are making strides in the policy arena as well. As of January 1, 2002, Oregon law (ORS 433.835-433.990) requires with few exceptions that:

"an employer shall provide a place of employment that is free of tobacco smoke for all employees." Under Oregon's Smoke-free Workplace Law, smoking is prohibited in most enclosed areas of employment. Smoking is not prohibited in bars/taverns when posted as off-limits to minors, tobacco shops, bowling centers, bingo halls, or private homes (except child care, adult day care or health care provided in the home). With the implementation of this law, over 95% of workers are protected from second-hand smoke. Smoke-free workplaces also provide an additional incentive to quit, and provide a supportive environment to stay quit. As a result of this law you may well find more of your patients ready to quit.

WHAT YOU CAN DO

Doctors and other health professionals can make a big difference to people who are addicted to nicotine and inching their way toward quitting. Talk to your patients about tobacco and get those that want to quit connected to assistance. The Oregon Quit Line will provide two types of help. First, experts in quitting will provide advice and support. Second, the staff will use their up-to-date database about insurance coverage to explore each person's options for further cessation assistance.

The best method for reaching most smokers is to set up a Five-A's office system. A consultant from the Department of Human Services will gladly travel to clinics or hospitals to talk to doctors, nurses and staff about establishing Five-A systems. To schedule this assistance for your practice, contact the Cessation Services Specialist, at DHS Tobacco Prevention and Education Program at 503/731-4273. Free materials, including Quit Line brochures and wallet cards, copies of the PHS Clinical Practice Guidelines, and self-help materials for patients are also available by mail.

FOR MORE INFORMATION

Call the Oregon Tobacco Prevention and Education Program at 503/731-4273 or visit our web site: *http://www. healthoregon.org/tobacco.*

REFERENCES

1. Tobacco Timeline, at *www.tobacco.org/history*.
2. McGinnis JM, Forge WH. Actual causes of death in the US. JAMA 1993;270:2207–12.
3. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: Us Dept. of Health and Human Services, Public Health Service, June 2000.

For vaccine supply updates go to: *www.healthoregon.org/imm/provider/welcome.htm*