

State of Alaska  
Epidemiology



# Bulletin

Recommendations  
and  
Reports

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Volume No. 9 Number 1  
July 15, 2005

# Tobacco Cessation: Kicking the Habit in Alaska

*Part 5 of a 5-Part Series*

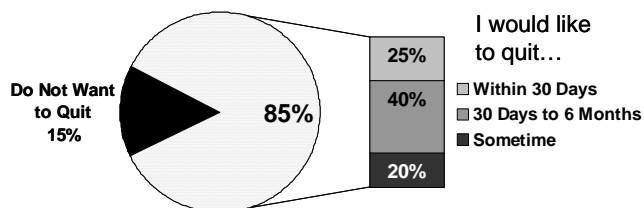
Tobacco's health and economic burden can be minimized by keeping non-users from starting to use tobacco and by getting current users to quit. National trend data show that while significant progress has been made in reducing youth initiation of smoking,<sup>1</sup> adults are just as likely to smoke as they were a decade ago,<sup>2</sup> suggesting cessation interventions have had insufficient impact during this time. Studies have shown that programs that are successful in getting smokers to quit can yield a quicker and larger short-term public health benefit than any other component of a comprehensive tobacco control program.<sup>3</sup> This Bulletin summarizes the attitudes towards and experiences with tobacco cessation in Alaska, and is the final document in a five-part series of Bulletins that describe Alaska's heavy burden of tobacco-related disease, as reported in the publication: *Tobacco in the Great Land: A Portrait of Alaska's Leading Cause of Death*.

### Alaskan Smokers Want to Quit

Alaskans on the whole appear very well aware of the risks posed by smoking cigarettes. According to the 2002 Hellenthal and Associates Media Awareness Survey, 94% of adult Alaskans agree that "every cigarette does a smoker damage", and 75% know that over 400,000 Americans die each year from smoking-related illnesses.<sup>4</sup> More important is the finding that this awareness is high even among smokers (88% of smokers agree that every cigarette causes harm; 73% are aware that over 400,000 Americans die annually from smoking).<sup>5</sup> In fact, the majority (78%) of smokers understand that even lifelong smokers can gain health benefits by stopping smoking.<sup>6</sup>

Perhaps in part motivated by this understanding of the hazards posed by their smoking, Alaska's smokers overwhelmingly report that they intend to quit. As Figure 1 shows, 85% of smokers reported on the 2003 Alaska Adult Tobacco Survey (ATS) that they would like to quit. In fact, one out of four smokers report they intend to quit within 30 days.<sup>7</sup> A similar pattern of quit intentions is found among smokeless tobacco users, among whom nearly one in three intend to quit within the next month (data not shown).<sup>8</sup>

Figure 1. Intentions to Quit, Among Adult Smokers, Alaska ATS, 2003



### Who Tries to Quit?

Unfortunately, the addictive nature of tobacco makes quitting difficult. Not all who intend to quit using tobacco attempt to do so, and far fewer succeed on their first attempt. According to the Behavioral Risk Factors Surveillance System (BRFSS), the proportion of every day smokers<sup>9</sup> who attempted to quit

smoking in the past year has remained fairly stable in Alaska at 50% to 60% over the past decade.<sup>10</sup> Both genders and all race groups were equally likely to have tried to quit in the past year (BRFSS, 2000-2002).<sup>11</sup> Age does appear to be related to quit attempts however, with older smokers being less likely to attempt to quit (37% among age 65 and older Alaskan smokers) compared to their younger counterparts (54% among age 18-24 Alaskan smokers).<sup>12</sup> High school smokers were even more likely to have made a quit attempt in the past year (69%, 2003 Youth Risk Behavior Survey).<sup>15</sup>

### How Do We Try to Quit?

Effective cessation strategies include brief advice by medical providers, counseling, and pharmacotherapy, particularly when combined with counseling or other interventions.<sup>14</sup>

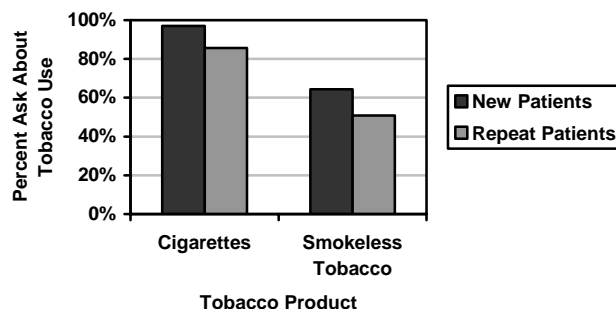
### Assessment of Tobacco Use

Healthcare encounters are seen as a prime opportunity for providers to assess whether their patients are smokers and, upon finding a smoker, advise them to quit. In Alaska (2003 ATS), 75% of non-smokers who saw a healthcare provider in the past year reported being asked by their healthcare provider if they smoked.<sup>15</sup> Those who do not obtain regular healthcare clearly miss this opportunity for assessment and subsequent treatment.

Healthcare providers are comparatively unlikely, however, to ask their patients about their smokeless tobacco use. Data from the 2003 ATS reveal that only 31% of adult Alaskans who saw a healthcare provider in the past year were assessed for smokeless tobacco use; this translates to only 21% of all adult Alaskans.<sup>16</sup>

Healthcare providers themselves report higher levels of assessment of tobacco use. Information on healthcare provider intervention around smoking cessation was collected on the 2003 Healthcare Provider Survey (N = 384). Results from that survey, depicted in Figure 2, reveal that 97% and 64% of providers reported that they ask their new patients about cigarette smoking and smokeless tobacco use, respectively.<sup>17</sup> Compared with their treatment of new patients, providers report being slightly less likely to assess tobacco use with their returning patients (86% and 51%, for cigarette and smokeless tobacco use, respectively).<sup>18</sup>

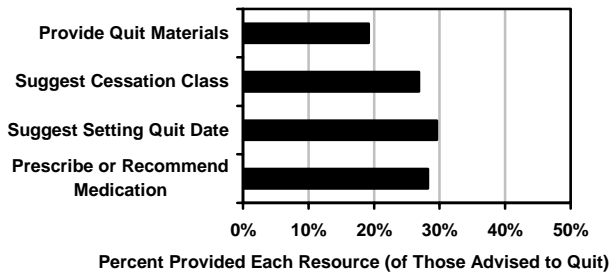
Figure 2. Percentage of Providers Who Ask About Patients' Tobacco Use, New Versus Repeat Patients, Alaska Provider Survey, 2003



### Advice to Quit and Use of Quit Aids

The *Clinical Practice Guideline for Treating Tobacco Use and Dependence* recommends that every patient who uses tobacco be offered at least a brief cessation intervention at each visit, ranging from encouragement to quit to prescribing NRT, depending on the patient's willingness to quit.<sup>19</sup> According to the 2003 ATS, 86% of smokers who saw a healthcare provider in the past year were advised to quit. Figure 3 below shows the percentages of smokers advised to quit who were provided with each resource by their healthcare provider.

Figure 3. Strategies and Resources Recommended or Provided by Health Care Providers to Smokers Advised to Quit, Alaska ATS, 2003



As not all smokers have regular encounters with a provider, it is important to also examine the cessation aids used by all smokers as they attempt to quit. Survey results from the 2003 ATS reveal that, among Alaskan smokers who made quit attempts in the past year, one-third tried to quit with the aid of proven effective strategies: nicotine replacement therapy (NRT), other medications, or cessation counseling. Less than half (44%) of adult smokers in Alaska reported awareness of the Alaska Quitline, a free telephone-based cessation counseling service.



### Cessation Among Postpartum Women

The tobacco use of pregnant and postpartum women is of serious public health importance. The increased frequency of healthcare encounters associated with prenatal care, coupled with the health risks to mothers and infants associated with tobacco use, makes the prenatal healthcare visit a prime opportunity for cessation intervention.<sup>20</sup> Data on prenatal and postpartum tobacco use among Alaskan women are collected from the Pregnancy Risk Assessment and Monitoring System (PRAMS), a population-based survey of Alaskan women who have recently delivered a live-born infant.<sup>21</sup>

In 2000, nearly one-quarter (24%) of postpartum women in Alaska indicated they currently smoked.<sup>22</sup> On average, these women were 15 weeks postpartum. Eighty percent of postpartum women who smoke reported that they would like to quit. Among those who want to quit, 85% said their top

barrier to quitting was their addiction, or craving for a cigarette. Other mentioned barriers include loss of a way to handle stress (65%), the smoking of those around them (63%), fear of gaining weight (49%) and the cost of cessation aids (41%).<sup>23</sup> Among the women who reported that they want to quit smoking, 74% stated that they would use a nicotine patch, gum, nasal spray, or inhaler as part of their cessation effort if cost were not an issue (Table 1).

Table 1. Percentage of Postpartum Smoking Women\* Who Report Selected Cessation Aids, Alaska PRAMS, 2000

<i>AIDS to Quitting Smoking</i>	<i>Percent</i>
Nicotine patch, gum, nasal spray, or inhaler	74.2
Zyban, or other non-nicotine prescription medicine	53.3
A quit smoking class or group	33.8
Books, pamphlets, videotapes, or audiotapes	29.6
A telephone helpline to quit smoking	23.9
Something else	25.9

\*With a desire to quit smoking in the next 6 months

### Summary

In summary, Alaskan tobacco users are aware of the risks posed by their tobacco use and most intend to quit. In any given year, half of all smokers actually attempt to quit smoking, although many do so without the aid of strategies proven to be effective. Because providing full healthcare insurance benefits for tobacco-use cessation treatments has been found to increase both treatment utilization and the number of successful quits, the Public Health Service *Clinical Practice Guideline for Treating Tobacco Use and Dependence* recommends removing barriers, particularly financial barriers, to these treatments. The State of Alaska spent \$988 thousand in FY05 for cessation programs and evaluates these programs to ensure the most efficient use of limited state funds.

While it is encouraging that most Alaskans are asked about their use of cigarettes during healthcare encounters, it is worrisome that relatively few are assessed for smokeless tobacco use. Given the comparatively high rates of smokeless tobacco use in Alaska, healthcare providers should be assessing their patients for smokeless tobacco use at higher rates. This strategy may be most effective within practices with a considerable rural or Alaska Native patient base, as these subgroups have the highest rates of smokeless tobacco use. Healthcare providers do appear to be utilizing the recommended, evidence-based strategies in their encounters with smokers, although with current data, it is difficult to speak to the appropriate application of those methods.

Accessible, comprehensible, and current information on tobacco use behaviors and attitudes is an essential tool in the fight against this public health threat. It is hoped that this series of Bulletins can provide that tool for health professionals, affiliated partners, and concerned Alaskans alike. A complete copy of the report, *Tobacco in the Great Land*, can be found at <http://www.epi.alaska.gov/pubs/tobaccofeb04.pdf>.

Previous *Bulletins* in this series:

- Tobacco Use in Alaska
- Smokeless Tobacco Use in Alaska
- Disparities in Tobacco Use in Alaska
- Environmental Tobacco Smoke in Alaska


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**References**

- <sup>1</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance — United States, 2003. *MMWR* 2004;53(SS02):1-96.
- <sup>2</sup> Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Website (<http://apps.nccd.cdc.gov/brfss/Trends/trendchart.asp?qkey=10000&state=US>). Median nationwide prevalence of current smokers from 1990 to 2002 (Accessed August 5, 2004).
- <sup>3</sup> Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—August 1999*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999.
- <sup>4</sup> Hellenenthal and Associates, Tobacco Media Awareness Survey, 2002.
- <sup>5</sup> Ibid.
- <sup>6</sup> Peterson E, Fenaughty A, Eberhart-Phillips JE, Tobacco in the Great Land: A Portrait of Alaska's Leading Cause of Death. Anchorage, AK: Section of Epidemiology, Division of Public health, Alaska Department of Health and Social Services, 2004, p. 92.

- <sup>7</sup> Ibid.
- <sup>8</sup> Ibid, p.111.
- <sup>9</sup> Smokers who report smoking every day (as opposed to only smoking on some days).
- <sup>10</sup> Peterson, p. 93.
- <sup>11</sup> Ibid.
- <sup>12</sup> Ibid, p. 94.
- <sup>13</sup> Ibid, p. 52.
- <sup>14</sup> Agency for Health Care Policy and Research. Smoking cessation: clinical practice guideline No. 18. Washington, DC, U.S. Department of Health and Human Services, 1996. AHCPR Publication No.: 96-1692. (<http://www.ahpcr.gov/clinic>).
- <sup>15</sup> Peterson, p. 98.
- <sup>16</sup> Ibid, p.112.
- <sup>17</sup> Ibid, p. 98.
- <sup>18</sup> Ibid.
- <sup>19</sup> 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.
- <sup>20</sup> Schoellhorn J, Wiens HN, Perham-Hester KA. Alaska Maternal and Child Health Data Book 2003. Anchorage, AK: Maternal and Child Health Epidemiology Unit, Section of Maternal, Child and Family Health, Division of Public Health, Department of Health and Social Services, June 2003; p.132.
- <sup>21</sup> Ibid, p. 54.
- <sup>22</sup> Ibid, p. 133.
- <sup>23</sup> Ibid.

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