Introduction

Tobacco use remains the number one preventable cause of disease, disability, and premature death in the United States.\textsuperscript{1,2} Each year, more than 435,000 Americans die from diseases caused by tobacco use, and ten percent of smokers alive today are living with a smoking-related illness.\textsuperscript{3} Tobacco use is a major risk factor for cardiovascular disease, respiratory disease, and cancers of the lung, pharynx, mouth, esophagus, pancreas, bladder, and cervix. Smoking during pregnancy is associated with miscarriage, premature birth, low infant birth weight, and Sudden Infant Death Syndrome (SIDS).

In addition to the individual health consequences of smoking, cigarette smokers expose their families and others to the toxic and deadly effects of secondhand smoke. Children’s exposure to secondhand smoke can result in asthma, ear infections, and SIDS. Among adults, exposure to secondhand smoke can cause heart disease and lung cancer.\textsuperscript{4,5}

In Los Angeles County, the top five causes of death (coronary heart disease, stroke, lung cancer, emphysema, and pneumonia/influenza) are responsible for half of all deaths, and all are associated with tobacco use. It is estimated that tobacco-related illnesses cost the county $4.3 billion dollars per year, of which $2.3 billion is in direct medical costs (1999 dollars).\textsuperscript{1}

Who is trying to quit?

Results from the 2005 Los Angeles County Health Survey (LACHS) show that of the 15\% (or 1,067,000) of adults in the county who currently smoke cigarettes, 51\% attempted to quit smoking in the past year. A “quit attempt” was defined as a respondent having stopped smoking for at least one day because he/she was trying to quit smoking. Quit attempts were more common among those less than 50 years old compared to those 50 and older (Figure 1).

\begin{figure}[h]
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\includegraphics[width=\textwidth]{figure1.png}
\caption{Percent of Smokers Who Made Quit Attempts (in the past year) by Age Group, 2005}
\end{figure}

Those with less education and lower incomes were also more likely to report quit attempts (Table 1). Latinos and African-Americans reported more quit attempts (57\% in each group) than Asians/Pacific

Who wants to quit?

Multiple quit attempts are often a necessary part of the process of becoming tobacco-free; several failed quit attempts often precede successful smoking cessation. One study found that, on average, smokers made 8-11 quit attempts before finally succeeding.6

Data from the 2005 LACHS attest to the difficulty of smoking cessation. Among smokers surveyed, 9% tried to quit once during the past year, 11% tried twice, and 31% tried three or more times (Figure 3). Nearly half (49%) had not tried to quit smoking in the past year.

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Research studies demonstrate that intention to quit smoking is a strong predictor of actual quit attempts. Among county smokers, 40% planned to quit in the next 30 days, 31% thought about quitting in the next 6 months, and 10% reported wanting to quit but didn’t know when (Figure 4). Nineteen percent of smokers reported that they did not want to quit smoking.

![Figure 4](image_url)

**When Do Smokers Plan to Quit? (2005)**

Next 30 Days: 40.4%, Next 6 Months: 30.6%, Unsure When: 10.3%, Don’t Want to Quit: 18.7%

### How are smokers trying to quit?

In order to successfully quit smoking, tobacco users must overcome physical addiction to nicotine as well as psychological dependence. Proven cessation strategies—such as counseling, telephone quitlines, and FDA-approved pharmacotherapies—can increase the odds of quitting and staying quit.

Group cessation and individual counseling programs increase tobacco cessation rates, doubling or even tripling a smoker’s chances of successfully quitting. Both face-to-face counseling and interactive telephone counseling are more effective than services that only provide educational or self-help materials. For example, a randomized study of California smokers found that cessation rates among users of the state’s free quitline (1-800-NO-BUTTS) were twice as high as rates among those who used self-help methods alone. Despite this demonstrated success, the LACHS found that only 5% of smokers who attempted to quit reported using a telephone quitline in the past year. The survey also found that only 4% of smokers utilized group counseling, only 11% received one-on-one counseling, and 18% utilized self-help materials to try to quit smoking.

Nicotine withdrawal symptoms often hinder cessation attempts. By reducing these symptoms with nicotine replacement therapy (NRT), smokers who want to quit can double their likelihood of achieving success. The U.S. Public Health Service and Agency for Healthcare and Research Quality (AHRQ) Clinical Practice Guideline on Smoking Cessation recommend NRT for all smokers except pregnant women and people with heart or circulatory diseases. Despite its proven efficacy, only 18% of LA County smokers utilized NRT (in patch, gum, or inhaler form) in their quit attempts.

Bupropion (marketed as Zyban) is an anti-depressant medication approved by the FDA for use as a smoking cessation aid. Studies have demonstrated that smokers who use bupropion are up to twice as likely to successfully quit smoking. Only 7% of surveyed smokers in LA County reported using anti-depressant medication to quit smoking during the past year.

Additionally, in the past year, 79% of county smokers tried to quit smoking cold turkey, without any cessation aid. While some of these smokers made other quit attempts using cessation aids, in the past year almost half (48%) of LA County smokers tried quitting only by going cold turkey.

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16. A Guide to Quitting Smoking, American Cancer Society
What Can Be Done?

HEALTH CARE SYSTEM INTERVENTIONS

Health care professionals play an important role in smoking cessation efforts – evidence shows that quit rates increase when clinicians advise their patients to stop using tobacco. Health care providers can increase cessation efforts among patients by following the “5A’s” of intervention: Asking about and documenting tobacco use at every visit, Advising every tobacco user to quit, Assessing if patients are ready to quit, Assisting those smokers who are ready to make a quit attempt by prescribing cessation aids, and Arranging for follow up, since one brief intervention may not be sufficient to help every patient quit successfully.9,14,17

The AHRQ guidelines recommend that clinicians routinely screen patients for tobacco use, provide brief (less than 3 minutes) behavioral counseling to smokers, and prescribe pharmacotherapy for those willing to make a quit attempt. These guidelines also stress that system changes—such as implementing a tobacco-use screening system, providing clinician training and feedback, and designating staff to be responsible for the treatment program—are critical to the overall success of cessation interventions. Model programs in large managed care plans show that full implementation of the AHRQ-sponsored guidelines, in conjunction with efforts to minimize access and cost barriers to cessation treatment, increase the use of proven treatments and decrease smoking prevalence.20

INSURANCE COVERAGE FOR TOBACCO CESSATION TREATMENT

In addition to being the leading preventable cause of morbidity and mortality, smoking is costly to employers both in terms of smoking-related medical expenses and lost productivity. Insurance benefits that include tobacco cessation treatments have been shown to increase use of available treatments and the number of successful quitters. The Public Health Service and the AHRQ recommend that all insurers provide tobacco cessation benefits that do the following:

1) Pay for counseling and medications, together or separately.
2) Cover at least 4 counseling sessions of at least 30 minutes each including proactive telephone counseling and individual counseling.
3) Cover both over-the-counter nicotine replacement medication and prescription bupropion.9,21,22
4) Eliminate or minimize co-pays or deductibles for counseling and medications, as even small co-payments reduce the use of proven treatments.21,22

Benefits of Quitting

20 Minutes After Quitting – your heart rate is lowered.
12 Hours After Quitting – carbon monoxide level in your blood drops to normal.
2 Weeks to 3 Months After Quitting – your heart attack risk begins to drop and your lung function begins to improve.
1 to 9 Months After Quitting – your coughing and shortness of breath decrease.
1 Year After Quitting – your added risk of coronary heart disease is half that of a smoker’s.
5 Years After Quitting – your stroke risk is reduced to that of a non-smoker’s 5-15 years after quitting.
10 Years After Quitting – your lung cancer death rate is about half that of a smoker’s. Your risk of cancers of the mouth, throat, esophagus, bladder, kidney and pancreas decrease.
15 Years After Quitting – your risk of coronary heart disease is back to that of a non-smoker’s.

These recommendations make sound health and economic sense as tobacco cessation is the single most cost-effective health insurance benefit for adults—more cost effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, PAP tests, treatment of mild to moderate hypertension, and treatment of high cholesterol.23-26

**INDIVIDUAL SMOKERS**

Want to quit smoking?

- **Talk to a health care professional about quitting and the use of safe, effective options—consider NRT in combination with bupropion, as well as counseling or consultation with the California quitline (see [on the web](#)).**
- **If you have health insurance, find out which cessation aids your plan covers.**
- **Prepare by reviewing what did and did not work in past quit attempts, then set a quit date and rid the environment of ALL cigarettes and ashtrays.**
- **Avoid others who smoke, or ask them not to smoke around you.**
- **Find support and encouragement through family, friends, and co-workers.**
- **Be prepared for difficult situations, including weight gain, and learn new skills and behaviors to cope.**

Do not become discouraged if you are not successful in your first few quit attempts as many smokers need multiple attempts before they quit.

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*Mark Twain said,*

*“Quitting smoking is easy. I’ve done it a thousand times.”*

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The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The most recent survey was conducted in 2005 for the Los Angeles County Department of Public Health by Field Research Corporation and was supported by grants from First 5 LA, the California Department of Health Services, and the Public Health Response and Bioterrorism Preparedness federal grant.

For additional information about the L.A. County Health Survey, visit: www.lapublichealth.org/ha

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