



# Efforts to Reduce Tobacco Use Among Women and Girls

## SMOKING CESSATION

- There are numerous effective smoking cessation methods available in the United States. The methods range from self-help materials, to intensive clinical approaches, to broad community-based programs. Minimal clinical assistance; intensive clinical assistance; and individual, group, or telephone counseling have shown few differences in effectiveness between men and women.
- Studies show no major or consistent differences between women's and men's motivation to quit, readiness to quit, general awareness of the harmful health effects of smoking, or the effectiveness of intervention programs for tobacco use.
- Based on national surveys, the probability of attempting to quit smoking and to succeed has been equally high among women and men since late 1970s or early 1980s.

## SELF-HELP INTERVENTIONS

- The majority of smokers who try to stop using tobacco reported doing so on their own, even though this is the least effective method. This pattern has changed somewhat in recent years with increased use of pharmacologic aids.

## MINIMAL CLINICAL INTERVENTIONS

- The likelihood of having been counseled to stop smoking was slightly higher for women (39%) than for men (35%); women report more physician visits than men, which allows more opportunity for counseling.

## INTENSIVE CLINICAL INTERVENTIONS

- Intensive clinical interventions involve individual, group, or telephone counseling for multiple sessions. The most successful treatments are multi-component cognitive behavioral programs that incorporate strategies to prepare and motivate smokers to stop smoking.
- Women are somewhat more likely than men to use intensive treatment programs. Similarly, women have a stronger interest than men in smoking cessation groups that offer mutual support through a buddy system and in treatment meetings over a long period.

## PHARMACOLOGIC INTERVENTIONS

- A number of effective pharmacotherapies for nicotine addiction have emerged in the past decade — nicotine gum and nicotine patch (approved for over-the-counter use), nicotine nasal spray, oral nicotine inhaler, and Bupropion (available by prescription). Two other pharmacotherapies, Clonidine

and the antidepressant Nortriptyline, have been recommended as second-line pharmacotherapies, but have not yet been approved by the Food and Drug Administration for this indication — smoking cessation.

- Pharmacologic approaches to smoking cessation raise a number of issues specific to women. Nevertheless, nicotine replacement has been shown to be more effective than placebo among women smokers and, thus, remains recommended for use.
- More research is needed to determine the effects of nicotine replacement therapy on pregnant women and their offspring.

## SMOKING CESSATION ISSUES UNIQUE TO WOMEN

- Studies have identified numerous gender-related factors that should be studied as predictors for smoking cessation, as well as factors for continued smoking or relapse after quitting. These factors include hormonal influences, pregnancy, fear of weight gain, lack of social support, and depression.
- Women stop smoking more often during pregnancy — both spontaneously and with assistance — than at any other time in their lives. However, most women return to smoking after pregnancy: up to 67% are smoking again by 12 months after delivery.
- Pregnancy-specific programs benefit both maternal and infant health and are cost-effective. If the national prevalence of smoking before or during the first trimester of pregnancy were reduced by one percentage point annually, it would prevent 1,300 babies from being born at low birth weight and save \$21 million (in 1995 dollars) in direct medical costs in the first year alone. Prenatal smoking cessation interventions can be of economic benefit to healthcare insurers.
- More women than men fear weight gain if they quit smoking; however, few studies have found a relationship between weight gain concerns and smoking cessation among either women or men. Further, actual weight gain during cessation efforts does not predict relapse to smoking.
- Smoking cessation treatment and social support derived from family and friends improve cessation rates. It is inconclusive whether there are gender differences in the role of social support on long-term smoking cessation.

### **SMOKING CESSATION AMONG WOMEN OF LOW SOCIOECONOMIC STATUS**

- Women of low socioeconomic status (SES) have lower rates of smoking cessation than do women of higher SES. Studies that analyze the effects of mass media campaigns suggest that smokers of low SES, especially women, are more likely than smokers of high SES to watch and obtain cessation information from television.
- Women of low SES enrolled in intensive cessation intervention programs (stress management, self-esteem enhancement, group support, and other activities that improve quality of life) have 20%–25% successful cessation rates. Unfortunately, only a small proportion of women of low SES appear to take advantage of these programs.

### **SMOKING CESSATION AMONG WOMEN FROM RACIAL AND ETHNIC POPULATIONS**

- In general, African-American, Hispanic, and American-Indian or Alaska-Native women want to stop smoking at rates similar to those of white women, but there is little research on smoking cessation among women in racial/ethnic minority populations.

### **INCREASING THE UNIT PRICE FOR TOBACCO PRODUCTS**

- There is strong scientific evidence that shows increases in state and federal excise taxes on tobacco products reduce consumption and increase the number of people who stop using tobacco. Price increases reduce consumption of tobacco products by adults, young adults, adolescents, and children.

### **MASS-MEDIA EDUCATION CAMPAIGNS**

- Mass-media campaigns implemented in combination with other interventions, such as excise tax increases and community education programs are effective in reducing tobacco consumption and motivating tobacco product users to quit.

### **REDUCING THE COST OF CESSATION SERVICES TO SMOKERS**

- There are a number of effective interventions to help tobacco-users in their efforts to quit, such as behavioral programs offering counseling in individual or group settings and the use of a number of pharmacotherapies, including nicotine replacement. One way to increase the use of effective treatments is to lower the cost for people who wish to use these treatments. Scientific evidence shows that interventions that reduce smokers' costs (such as programs that reduce or eliminate the insured's co-payment) increase the number of people who stop using tobacco products.
  - There is no Medicare coverage for tobacco use dependence except in a few states that will participate in a demonstration project beginning in April 2001.
  - Six states provide Medicaid coverage for counseling, and four states cover all prescription drugs and over-the-counter nicotine replacement products.
  - Under private insurance, 42% of managed care organizations (MCOs) cover counseling, 16% cover indemnity counseling, 38% cover drugs, and 25% cover indemnity drugs.