Good news, bad news, just news, and a plea

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It is just over 4 years since we last published an issue in which the theme was Tobacco, so it seemed appropriate to look at what changes, if any, had occurred in that time. Interestingly enough, there is comparatively little overlap between the reports in the spring of 2001 and those in this issue. The Tobacco Quit Line was in its developmental stages, teen-age smoking and smoking during pregnancy, smoking by the American Indian/Alaska natives, the under-use of Medicaid support for the reduction of smoking in that population and lung cancer were uppermost in authors’ minds in 2001. So what are the concerns of the authors in 2005?

There is good news, there is news, there is bad news, and there is an appeal for legislative assistance in the battle to reduce smoking—particularly amongst those with the least ability to purchase tobacco.

The good news is that the prevalence of smoking among high school youth dropped from 38% in 1999 to 20% in 2004, with girls smoking slightly more than boys (Palmersehm p 23), that the use of the 2000 Public Health Service Clinical Practice Guideline smoking cessation interventions can result in long-term abstinence rates of up to 25% versus 5% unaided quit attempts (Smith et al p 28) and that the University of Wisconsin Center for Tobacco Research and Intervention (CTRI) has placed outreach specialists in six regions of the state to provide public health training and assistance to physicians, health care facilities, and businesses to help people quit using tobacco (Adsit et al p 32).

The news is in several places. First, use of tobacco coincides with income and educational levels. The lower the people of Wisconsin’s educational and income levels, the more likely are they to smoke—and to smoke more cigarettes (Ahrens et al p 18). Second, that the Tobacco Quit Line has sufficient data to be able to claim a quit rate of approximately 22% and has supplemented its offerings with the introduction of a “Fax to Quit” service, whereby a health professional can make the initial contact with smokers and have them complete a form that is then faxed to CTRI. The Quit Line staff then contact the smoker and provide assistance in the quitting process, without charge to the patient. This is proving to be as effective a method of recruiting smokers wishing to quit as the more expensive television advertising used in the early part of the study (Perry et al p 37). Thirdly, two interesting experiments in smoking cessation (Thieleke et al p 41 and Rooney et al p 45) showed promise of success but were hampered by very small numbers, making it difficult to judge the possible potential for larger-scale success.

The bad news is that there is a veritable epidemic mortality of chronic obstructive pulmonary disease in Wisconsin and, to a lesser extent, in the United States. The mortality rate has risen by nearly 90% between 1980 and 2000, mainly in women (Edwards et al p 50). The authors point out that, comparatively speaking, COPD is more lethal to women than lung cancer and their speculation on the possible causes for this phenomenon makes interesting reading.

The plea to legislators by Ceraso and her colleagues (p 13) is to provide assistance in the anti-smoking campaign by raising the tax on a pack of cigarettes by $1. They provide convincing data to show that this would discourage those least able to afford cigarettes to a significant extent. By doing so, the hope is that a greater number will avoid the far greater burden of illness and debility later in life.

The Society is also working on this campaign, to not only prevent smoking but to raise much needed funds for Medical Assistance. You should already have received a copy of the recent issue of Your Doctor, Your Health., which is designed to educate patients about this effort. If you would like more copies to distribute in your community, please contact Kendi Parvin at 866.442.3800 or e-mail kendip@wismed.org.

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