Addressing Equity in Tobacco Dependence Treatment: Q&A

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What proportion of the population that currently smokes is interested in quitting?

Around 70% of adults who smoke report they are interested in quitting smoking, yet less than 60% of those interested in quitting made a past year quit attempt, and less than 10% of those individuals were successful in quitting. Barriers to accessing treatments, knowledge of evidence-based treatments, and social-environmental variables are among the reasons quitting is so difficult – particularly for certain populations.

Which populations have more difficulty quitting smoking or tobacco products?

A number of populations face disparities in access to treatment and to healthcare in general. For example, access to general health care and to tobacco dependence treatment services tends to be lower among populations in the southern United States and in rural areas, among people with behavioral health conditions, among people with lower socio-economic status, among certain racial/ethnic populations, and among individuals with certain sexual orientation or identity. These factors, coupled with other environmental, societal, and even genetic factors can make quitting more challenging for certain individuals or subpopulations. For example, American Indians and Alaska Natives have the highest prevalence of tobacco use (though prevalence varies widely from tribal nation to tribal nation, and between urban and rural native communities). In addition to having the highest use rates, American Indians and Alaska Native people have the lowest quit attempt rates, and lower quit success rates than many other racial/ethnic populations. African Americans, on the other hand, have higher quit attempt rates, but lower quit success rates – likely due in part to the prevalence of use of menthol tobacco products (which have been shown to make quitting more difficult). African Americans generally have lower use of healthcare-associated treatments, including some tobacco dependence treatments. However, when they do use evidence-base treatments, their quitting success is similar to other populations.

What health inequities do people with tobacco dependence experience?

People with tobacco dependence experience a number of health inequities. They are 2-3x more likely to die at all ages and have life expectancy that is up to ten or more years lower than a non-smoker. Tobacco dependence treatment has not been prioritized by the larger health system and adoption of evidence-based approaches to help people quit is low. Tobacco users may be denied coverage of treatments that could double or even triple their odds of successfully quitting. People are taxed for their use of tobacco products, yet revenues from the taxes are not reinvested to help those who want to quit. Tobacco use is one of the only conditions for which insurers can charge higher premiums.

How can we increase successful quitting in a population?

There are three main approaches to increasing successfully quitting: increasing quit attempts, increasing the use of evidence-based treatment support, and increasing the effectiveness of evidence-based treatments. The sweet spot is the nexus of these three things – focusing on activities that work increase quit attempts (e.g., use of the 5As, mass media campaigns, etc.), increase the use of treatment (e.g., promote treatment, remove barriers to accessing treatment), and increase the effectiveness of treatment (e.g., combine medications, increase the dose/duration/instruction for certain treatments).

What can you do to help promote equity in tobacco dependence treatment?

You can ensure that your healthcare setting systematically identifies tobacco use status, has barrier-free resources available for tobacco users, includes appropriate resources for different populations, includes metrics on tobacco use treatment in quality improvement initiatives for the system. You can remain empathetic and committed to helping all tobacco users quit. You can be aware of and battle against continued disparities impacting groups that are subject to racism and other forms of discrimination. These daily stressors may contribute to substance use. Racism and discrimination is present in the healthcare system as well, and contributes to reduced provision of care, challenges to accessing care, and trust issues. As a public health professional, social workers, substance use treatment counselor, clinician, or other healthcare provider, you can work to create a safe environment in which to promote quitting smoking – it's one of the best things someone can do for their life and health!

For the recording of this lecture and other lectures in this series, visit https://attcnetwork.org/centers/northwest-attc/tobacco-related-health-disparities-and-social-justice

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