

Community Pharmacy Foundation – Final Report

Dejar de Fumar Hoy (Quit Smoking Now)

Sally Haack, PharmD, BCPS

Background:

It is estimated that 15.8% of adults in the United States Latino community smoke.¹ A majority of the research and effort in smoking cessation has focused on a population that is white, English speaking, and smokes on a daily basis. These models may not be appropriate for smokers of all ethnicities due to the importance of cultural beliefs, practices, and acculturation. Latinos represent the fastest growing ethnic group in the United States. According to the United States census, the Latino population was projected to increase by 34.1% between 2000-2010 and an additional increase of 25.1% between 2010-2020; a greater increase than any other ethnic group.² This change requires attention from a variety of health care providers, including those who provide smoking cessation services.

Disparities exist for this group in accessing smoking cessation therapy. Barriers such as low health literacy cost of therapy, and lack of access to Spanish support groups prevent many patients from making a quit attempt. This study increased the availability of a smoking cessation program to the Latino population by addressing economic and cultural barriers.

Objectives:

- 1) To develop culturally appropriate smoking cessation interventions to be utilized in a community pharmacy setting.
- 2) To determine the willingness of Latino smokers to use pharmacotherapy as part of their smoking cessation plan.

Methods:

Latinos (>18 years old) who smoke at least 1 pack of cigarettes per week were offered the opportunity to enroll in a pharmacy-based smoking cessation program. Marketing included advertisements on the Latino radio station as well as flyers posted around the Latino community in grocery stores, churches, and community centers. Participants had to be willing and able to come to the pharmacy for a total of five sessions.

Session Schedule and Content:

- Session 1 (Day 0) – Informed consent, questionnaire, “Reasons to quit”
- Session 2 (Day 10) – “Preparing for Quit Day”
- Session 3 (Day 20) – “Avoiding triggers”
- Session 4 (Day 30) – “Relapse prevention”
- Follow-up (Day 60) – Survey, saliva cotinine test

The National Cancer Institute’s *No Lo Deja para Mañana, Deje de Fumar Hoy* (Don’t Wait for Tomorrow, Quit Smoking Now) was used as a guide for these sessions. All printed materials and questionnaires were provided in Spanish. Sessions were conducted in the patient’s preferred language.

The following were assessed by initial questionnaire:

- Understanding of smoking effects
- Previous quit attempts
- Knowledge about smoking cessation pharmacotherapy
- Health care provider support to quit smoking
- Proposed cessation plan.
- Level of nicotine dependence
- Interest in smoking cessation aids.

Patients were given two choices for reimbursement.

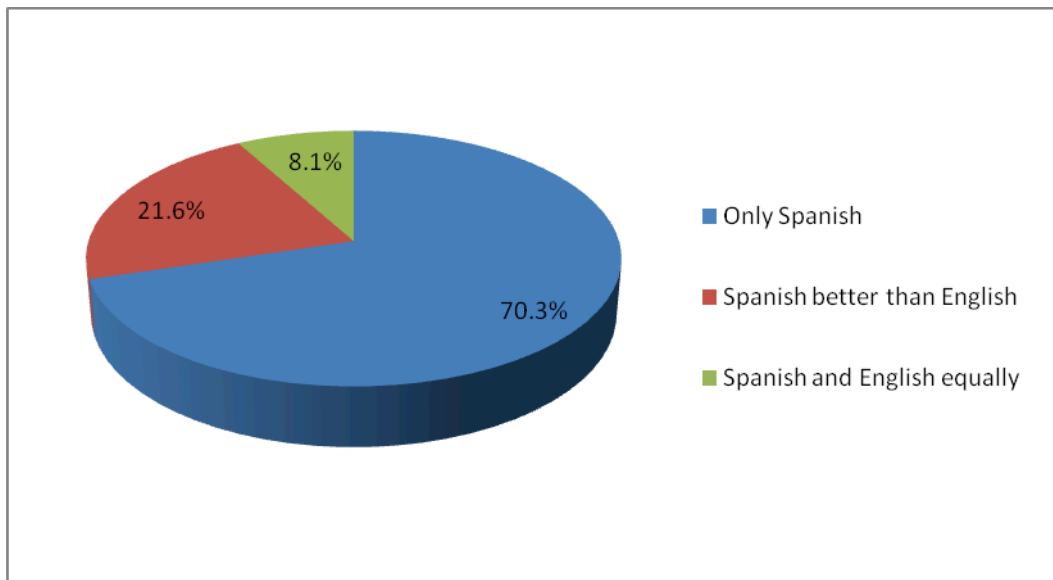
- 1) Pharmacotherapy: varenicline, bupropion, or nicotine replacement therapy gum or patches
- 2) Quit kits: included items such as snacks, gum, toothpicks, straws, stress ball, and air fresheners

A follow-up survey was administered one month after the final session. This survey evaluated the participant's satisfaction with the smoking cessation program including an assessment of the patient's perception regarding cultural sensitivity. The survey also asked questions from the initial questionnaire in order to evaluate any changes in understanding and beliefs from the initial session. As a part of this follow-up, patients reported their current smoking status. This self-report was verified by a biochemical test of saliva concentrations of cotinine, a major metabolite of nicotine.

Results:

Thirty-seven participants enrolled in this program. The average age of participants was 38 years old (range of 22-62 years). Most (n=32) had lived in the United States for five years or more.

Language Preference:



Most participants (91.9%) went to school in another country, with 43.2% having a primary school education or less.

Many participants had a previous smoking cessation attempt (78.4%). While most were familiar with medications to assist with smoking cessation (73%), less than half of participants had actually used these products themselves (48.6%).

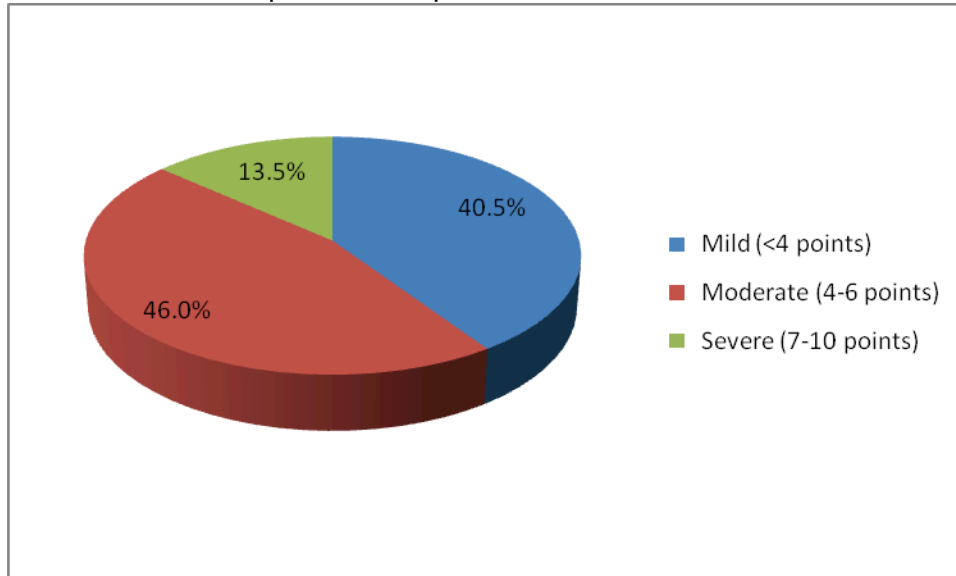
Nearly all smokers (95%) were interested in taking advantage of the free smoking cessation pharmacotherapy offered as part of this program.

Participants who responded that they know “nothing” or “very little” about the effects of cigarette smoking: 10 (27.0%)

Participants with a previous quit attempt without using pharmacotherapy: 19 (51.4%)

Participants without a regular doctor that they see in Iowa: 22 (59.5%)

Level of Nicotine Dependence* upon enrollment



*According to the Fagerström Test for Nicotine Dependence³

22 (59.5%) of participants completed more than one session.

All seven smokers who completed the program agreed that “the program was designed with an understanding of the Latino culture” and “it was easy to understand my quit smoking plan.” Of the seven participants who completed the program, six were smoke-free at the follow-up according to the biochemical testing.

Discussion:

Smokers who participated in the program tended to have a previous quit attempt without using pharmacotherapy assistance. There were also almost a third of participants who knew nothing or very little about the effects of smoking. These are two key areas where pharmacists can assist patients in the community pharmacy setting.

Limitations:

The high drop-out rate in this program may have been due to patient barriers, such as transportation or work schedules, limiting pharmacy availability or it may have been due to patients returning to smoking.

While the survey instruments are not validated instruments, they were double-checked for Spanish translation accuracy by two people.

Conclusions:

Community pharmacists can play a role in providing smoking cessation services to the Latino population, especially in cases when the smoker may not have an established relationship with

a physician. Over one-quarter of participants were not familiar with pharmacotherapy for smoking cessation, which can be another opportunity for pharmacists to intervene.

References

1. Centers for Disease Control and Prevention. Smoking and Tobacco Use - Adult Cigarette Smoking in the United States: Current Estimate
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3. Heatherton TF. The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire. *British Journal of Addiction* 1991 Sep; 68(9):1119-27.