



# Helping Patients Quit Smoking: The Role of New Jersey Physicians

## Leading Cause of Death and Disease

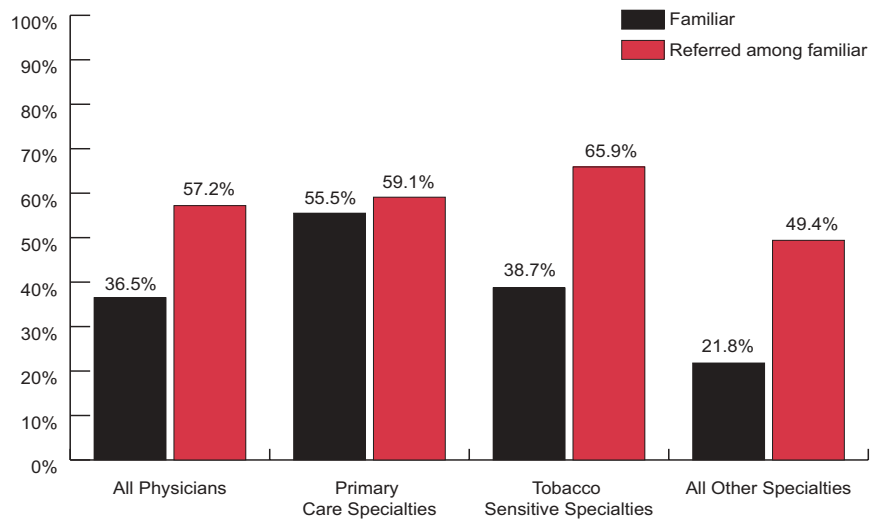
Cigarette smoking continues to be the largest avoidable cause of illness in the United States, killing about 440,000 people each year and costing \$97.2 billion in health care spending and lost productivity.<sup>1</sup> In 2001, 21.1% of the adults in New Jersey smoked, and among that number, 57.7% attempted to quit.<sup>2</sup> Although 70% of those who smoke say they would like to quit, only 7.9% are able to do so without help.<sup>3</sup> Although teen smoking rates have begun declining from a high of 36.4% in 1997, 21.9% of U.S. high school students still smoke.<sup>4</sup>

## The Physician's Role

Physicians have an important role in communicating with their patients about smoking and creating an awareness of the risks associated with tobacco use. A survey of U.S. medical school deans published in the *Journal of the*

American Medical Association found that only 21% of practicing physicians said that they had received adequate training to help their patients

**Figure 1: NJ Patient Care Physicians' Familiarity with and Referral to Smoking Cessation Programs by Specialty Group**



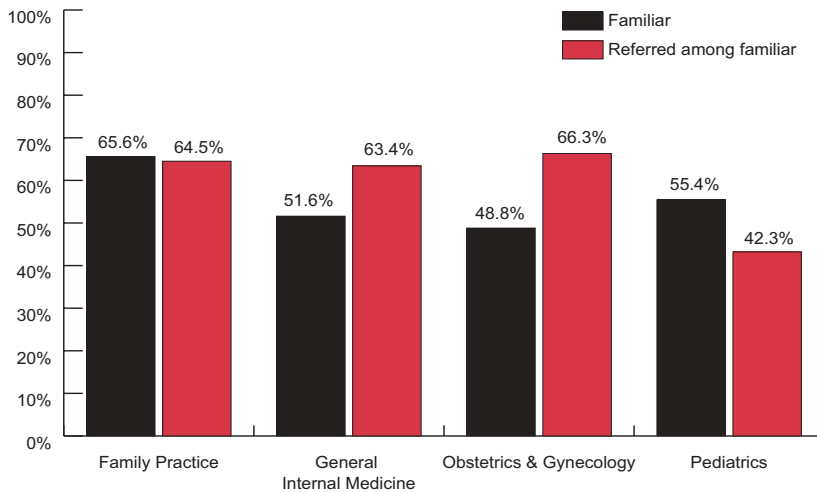
stop smoking, and only about 50% of current smokers reported they have ever received advice about quitting from a physician.<sup>5</sup> Having a physician take an interest in a patient's tobacco use can have an impact on whether the patient will be successful in an attempt to quit smoking.<sup>6</sup>

### CSHP's Facts & Findings

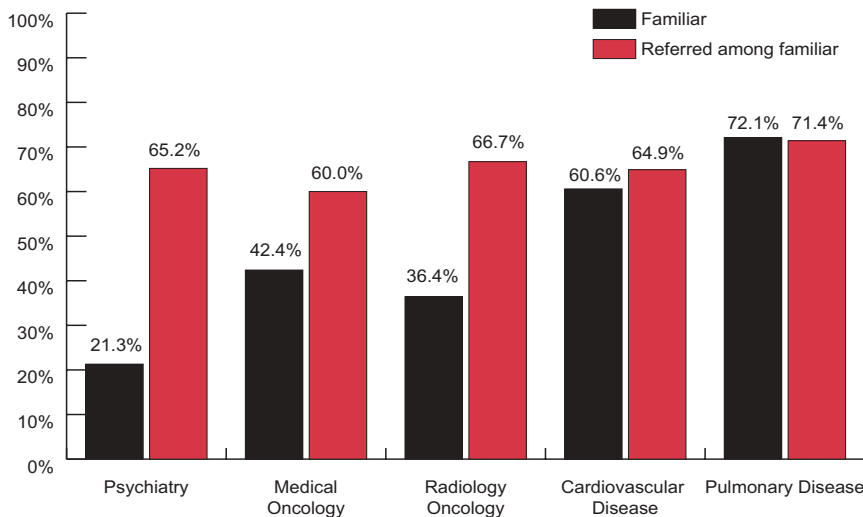
This is the second in a series of *Facts & Findings* from Rutgers Center for State Health Policy. These briefs highlight findings from major research initiatives at the Center, including the New Jersey Family Health Survey and the New Jersey State Physician Census.

New Jersey has adopted several programs to help physicians work with their patients to promote smoking cessation. New Jersey Quitline and Quitnet services, which provide quitting advice over the telephone and Internet, respectively, have reported a success rate of

**Figure 2: Primary Care Specialties**



**Figure 3: Tobacco-Sensitive Specialties**



more than 25% among smokers six months after completing the program, versus a quit rate of between 3% and 5% for persons who attempt to quit on their own.<sup>7</sup>

***New Jersey Physicians***

The New Jersey State Physician Census was designed to learn more about the physician supply in New Jersey by identifying the characteristics and attitudes of physicians licensed to practice in the state. In particular, the survey asked whether or not a physician was familiar

with smoking cessation programs and, if they were familiar, had they ever referred a patient to these programs. Our findings show that familiarity and referral varied a great deal by specialty (Figures 1-3). Physicians practicing in primary care and tobacco-sensitive specialties (defined on page 3) were more likely to be aware of smoking cessation programs and also more likely to have referred patients to these programs. Table 1 highlights differences among physicians' familiarity with and referral to smoking cessation programs by other characteristics.

***Conclusion & Opportunities***

Overall, we find that a large proportion of primary care physicians and others who may have important opportunities to counsel patients about smoking are aware of and refer to NJ Quitline or NJ Quitnet. But our findings suggest that further education could be targeted to

***NJ Quitnet and NJ Quitline***

Established by the New Jersey Department of Health and Senior Services with the following goals:

- Help individual tobacco users quit
- Promote well-established and effective methods that provide information sources to tobacco users when they are in need
- Provide social support in the form of encouragement, caring, and concern
- Demonstrate problem-solving techniques to tackle the times when cravings occur.

**Table 1: NJ Patient Care Physicians' Familiarity with and Referral to Smoking Cessation Programs**

<b>Physician Characteristics</b>	<b>% Familiar with Programs</b>	<b>% Referred among those Familiar with Programs</b>
<b>All physicians</b>	36.5	57.2
<b>Age</b>		
Under 45	<b>39.7</b>	56.6
45 to 54	<b>37.5</b>	59.4
55 to 64	<b>32.3</b>	56.3
65 and over	<b>30.3</b>	52.8
<b>Gender</b>		
Male	<b>33.2</b>	55.5
Female	<b>45.6</b>	60.5
<b>Race</b>		
White (non-Hispanic)	36.0	<b>55.6</b>
Black (non-Hispanic)	43.4	<b>67.9</b>
Hispanic	36.2	<b>59.6</b>
Other	56.9	<b>71.4</b>
<b>Location of training</b>		
US	<b>35.4</b>	<b>55.2</b>
International – US Born	<b>42.3</b>	<b>57.4</b>
International – Foreign Born	<b>37.6</b>	<b>63.9</b>
<b>Teaching hours</b>		
None	<b>35.3</b>	<b>54.1</b>
1 – 9	<b>38.5</b>	<b>56.2</b>
10+	<b>38.6</b>	<b>65.4</b>
<b>% of patients in managed care</b>		
<40	<b>35.2</b>	55.9
41 – 60	<b>37.2</b>	62.5
61 – 80	<b>40.7</b>	58.1
81 - 100	<b>41.3</b>	51.3
<b>Total (N)</b>	4,351	1,587

Note: **Bolded** differences are statistically significant.

*Description of Specialties*

- *Primary care specialties:* Family Practice, General Internal Medicine, OB/GYN, and Pediatrics
- *Tobacco-sensitive specialties:* Psychiatry, Medical Oncology, Radiology Oncology, Cardiovascular Disease, and Pulmonary Disease

physicians in OB/GYN, psychiatry, and oncology specialties, as well as to older physicians, male physicians, and non-teaching physicians. Physician advice to quit provides patients with an extra motivation to begin their journey to quitting. Increased efforts to improve physician awareness of NJ Quitline and Quitnet could enhance the impact of these important programs.

- 1 Cigarette smoking among adults—United States, 1993. *Morbidity and Mortality Weekly Report*, 43: 925-30, 1994.
- 2 KFF State Health Facts Online, <http://www.statehealthfacts.org>
- 3 Richards JW, Houston TP, and Blum A. "The Health Professional's Responsibility in Smoking Cessation: Strategies for Office and Community." In *Tobacco and The Clinician: Interventions for Medical and Dental Practice, Smoking and Tobacco Control Monograph No. 5*, USDHHS NIH NCI, Chapter 1, 24-38, 1994.
- 4 Cigarette Use Among High School Students — United States, 1991—2003. *Morbidity and Mortality Weekly Report*, 53(23):499-502, 1994. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5323a1.htm>
- 5 Ferry LH, Grissino LM, and Runfola PS. "Tobacco Dependence Curricula in US Undergraduate Medical Education." *Journal of the American Medical Association*, 282(9): 825-829, Sept. 1, 1999.
- 6 Treating Tobacco Use and Dependence. Fact Sheet, June 2000. U.S. Public Health Service. <http://www.surgeongeneral.gov/tobacco/smokfact.htm>

- 7 NJ Department of Health and Senior Services Press Release, *DHSS Offers Residents the Most Comprehensive Quit-Smoking Services Program in the Nation*, November 14, 2001. <http://www.state.nj.us/health/news/p11114b.htm>

## The New Jersey State Physician Census

The New Jersey State Physician Census was conducted by Rutgers Center for State Health Policy, in collaboration with the New Jersey Board of Medical Examiners and the NJ Commission on the Physician Workforce. This survey of all physicians licensed in New Jersey, was conducted by mail, web, and telephone from June through October 2002, with a response rate of 26.6% or 8,150 physicians. The survey was funded by The Robert Wood Johnson Foundation and endorsed by the New Jersey Board of Medical Examiners, the Medical Society of New Jersey and its International Medical Graduate Section, the New Jersey Association of Osteopathic Physicians and Surgeons, the New Jersey Hospital Association, and the Academy of Medicine of New Jersey. This *Facts & Findings* is based on information for 4,351 patient care physicians who were actively practicing medicine in New Jersey.



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