

Studies on smoking cessation in ethnic minorities

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Telephone counseling services (also known as quitlines) are an effective intervention for Chinese-, Korean-, and Vietnamese-speaking smokers living in the U.S., and should be incorporated into current smoking cessation services, according to a study published January 25 in the *Journal of the National Cancer Institute*.

Quitlines have played an essential role in helping people quit smoking in the U.S. These services, however, had never been tested with Asian immigrants who may have limited proficiency in English. Dr. Shu-Hong Zhu, a Professor in the Department of Family and Preventive Medicine at the University of California San Diego (UCSD), and his colleagues designed an intervention to test the effectiveness of quitline counseling for Asian immigrant smokers.

The study was embedded into the California quitline service operated by UCSD. Dr. Zhu and his team developed a culturally tailored counseling protocol and tested its effectiveness in Chinese-, Korean-, and Vietnamese-speaking smokers in a large randomized trial. Participants were 2,277 adult smokers who were first time callers to the Asian-language lines of the California Smokers' Helpline.

[Study participants](#) were randomly assigned to receive either [telephone counseling](#) and self-help materials or self-help materials alone. The researchers compared 6-month abstinence rates and found that telephone counseling doubled the odds of quitting compared to self-help materials.

Smokers in the telephone counseling group showed higher quit rates compared to those in the self-help group overall and for each language separately. According to Dr. Zhu, "This study was designed to test a common counseling protocol for three diverse Asian immigrant groups. Counseling proved effective in each case, suggesting that the common protocol could be used with other Asian language groups. Although scientifically it might be interesting to continue to test the protocol, the more urgent need is to extend the use of this proven protocol to all Asian language groups to provide these smokers with the help they need to succeed."

In a second study published January 25 in the *Journal of the [National Cancer Institute](#)*, sustained release bupropion (bupropion SR) was shown to be effective in helping [smoking cessation](#) during the medication phase of treatment but doesn't have a long-term effect on smoking cessation in African American light smokers.

Bupropion SR is known to be effective for smoking cessation in whites and African-American moderate to heavy smokers, or those who smoke 10 cigarettes per day (CPD) or more. However, its effect on African American light smokers, who smoke 10 CPD or less, remains unknown.

In order to determine the effectiveness of bupropion SR on African American light smokers, Lisa Sanderson Cox, Ph.D., professor in the department of preventive medicine and public health at the University of Kansas and colleagues, conducted a randomized, double-blind placebo-controlled trial on African-American light smokers from December 27, 2007 to May 13, 2010. All participants were aged 18 years or older, who were interested in quitting smoking and had smoked 10 CPD or less for 2 or less years, smoked on 25 or more days in the previous month, smoked for at least 3 years, had a home address and telephone number, were willing to attend scheduled study visits, and were able to provide samples for genetic analyses related to nicotine and bupropion

metabolism. The participants in the study were randomly assigned to receive 300 mg bupropion SR or placebo for seven weeks, as well as up to six health education counseling sessions. Salivary cotinine levels of the participants were measured to verify abstinence levels.

The researchers found that the initial abstinence rate at the seventh week of the study was statistically significantly higher in the bupropion SR group compared to the placebo group; however, differences in the long-term abstinence rates of the two groups were not statistically significant. "These findings further support the need to identify effective treatment approaches for light smokers," the authors write. "Future study with African-American light smokers could examine extended use of bupropion as a means of building on the initial medication effect to support sustained abstinence over time."

In an accompanying editorial, Anthony J. Alberg, Ph.D., MPH, a professor at the Hollings Cancer Center at the Medical University of South Carolina writes that these results should not minimize the need for treating light smokers, saying that even though light smoking has a lower cancer risk, it's still a high risk factor compared to most other established cancer risk factors. He also says that nicotine dependence is apparent in light smokers and that light smokers represent a growing part of the smoking population. "The study findings remind us that it may be false to presume that intervening on light smokers is more easily accomplished than intervening on heavy smokers, at least among African Americans," Alberg writes. "By applying a smoking cessation intervention of proven efficacy to assess its value within a subgroup of the smoker population, this study has advanced understanding of the potential value of tailored interventions vs a 'one size fits all' approach."

Provided by Journal of the National Cancer Institute

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