INNOVATIONS IN BUILDING
ConsumerDemand
FOR TOBACCO CESSATION PRODUCTS AND SERVICES

6 Core Strategies for Increasing the Use of
Evidence-Based Tobacco Cessation Treatments

September 2007

Academy for Educational Development
Washington, DC

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Published by the National Tobacco Cessation Collaborative, which is funded by:

The following organizations provided additional support for The Consumer Demand Roundtables:
Free & Clear®, GlaxoSmithKline, John Pinney Associates,
Office of Behavioral and Social Sciences Research at the National Institutes of Health, Pfizer, Inc.

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Consumer Demand:

The degree to which smokers and other tobacco users who are motivated or activated to quit know about, expect, seek, advocate for, demand, purchase, access and use tobacco cessation products and services that have been proven to increase quitting success.

Building Consumer Demand:

Six core strategies for building demand among smokers for proven tobacco cessation products and services include:

1. Viewing smokers as consumers and taking a fresh look at quitting from their perspective.
2. Redesigning evidence-based products and services to better meet consumers' needs and wants.
3. Marketing and promoting cessation products and services in ways that reach smokers—especially underserved smokers—where they are.
4. Seizing policy changes as opportunities for "breakthrough" increases in treatment use and quit rates.
5. Systematically measuring, tracking, reporting and studying quitting and treatment use—and their drivers and benefits—to identify opportunities and successes.
6. Combining and integrating as many of these strategies as possible for maximum impact.

Helping More Smokers Quit — An Extraordinary Opportunity

The premise of the Consumer Demand Initiative is simple:

- 44.5 million Americans smoke, with the highest prevalence and greatest health impact among low-income and racial/ethnic minority populations.
- There is no better way to improve the nation's health and reduce health disparities than to help these smokers quit.
- Most smokers who try to quit fail—especially those with the least education and income.

A key reason: **most smokers who try to quit don't use treatments that could significantly improve their success rates.**

Smokers with the least income and education try as often to quit, but use treatments less often and fail more often.

While access to treatments can be a barrier, treatment use is low even when they are available free of charge and are covered by health insurance.

Increasing demand for tobacco cessation products and services represents an extraordinary opportunity. But it is a challenge that will require bold thinking, innovation, changes in practices and new approaches that start with the consumer perspective.

Providing consumers with tobacco cessation products and services that they find both appealing and effective could substantially boost the nation's quit rate. A higher quit rate would yield enormous benefits for our nation's health, healthcare system and productivity, which is why the Institute of Medicine identified tobacco dependence treatment as one of the top priorities for national improvement in its 2003 report, *Priority Areas for National Action: Transforming Health Care Quality.*

The primary aim of the Consumer Demand Roundtable is to accelerate progress toward freedom from tobacco-caused death and disease—for individual smokers (consumers) and for the nation as a whole.

Addressing the Challenge of Building Demand for and Use of Proven Cessation Treatments

The American Cancer Society, American Legacy Foundation, Centers for Disease Control and Prevention, National Cancer Institute, National Institute on Drug Abuse and Robert Wood Johnson Foundation began to focus on the issue of building greater demand for tobacco cessation products and services as part of the National Tobacco Cessation Collaborative (NTCC) in early 2005.

These national tobacco control organizations developed the vision of a Consumer Demand Initiative with the goal of:

- Identifying innovative strategies for substantially increasing the demand for, and use of, evidence-based tobacco cessation products and services—particularly in underserved low-income and racial/ethnic minority populations where tobacco use is highest and treatment use is lowest.

The Academy for Educational Development (AED) hosted three Consumer Demand Roundtable meetings in December 2005, February 2006, June 2006, and The National Conference in May 2007. These Roundtable meetings focused on:

- Generating new ways of thinking about increasing demand for evidence-based tobacco cessation products and services.
- Identifying and catalyzing feasible innovations in product design, promotion, research funding, practice and policy that could significantly improve the use and impact of current evidence-based treatments.

Participants included leading tobacco cessation researchers, providers, practitioners, policy advocates, consumer product designers and marketing experts.

Individual meeting summaries can be found at *www.consumer-demand.org*. This report summarizes the overall key concepts and ideas that emerged from the Roundtable meetings.

Each year about 40 percent of U.S. smokers make a serious quit attempt, but only 4.7 percent succeed in staying smoke-free for at least three months.

Source: 2000 National Health Interview Survey, www.cdc.gov/mmwr/preview/mmwrhtml/mm5129a3.htm

U.S. PHS CLINICAL PRACTICE GUIDELINES
LIST OF EFFECTIVE TREATMENTS[1,2]

The U.S. Public Health Service PHS Clinical Practice Guidelines recommend the following assessment of effective tobacco cessation treatments:

- Tobacco use screening and brief intervention in routine medical care, provided by a variety of providers—including physicians, nurses and dentists—using the 5As:
  - Ask all patients about tobacco use.
  - Advise all users to quit.
  - Assess quitting readiness.
  - Assist with brief counseling (1-3 minutes for most smokers, 5-15 minutes for pregnant smokers) and FDA-approved pharmacotherapies if appropriate.
  - Arrange follow-up assistance and referral if needed.
- Face-to-face and proactive telephone counseling should be used.
- Three types of behavioral counseling:
  1. Providing smokers with practical counseling (behavioral problem solving skills/skills training).
  2. Providing social support as part of treatment.
  3. Helping smokers obtain social support outside of treatment.
- Intensive counseling interventions are more effective than less intensive interventions and should be used whenever possible – including face-to-face or telephone.
- Effective cessation pharmacotherapies except in the presence of special circumstances (e.g. medical contraindications, pregnancy).
  1. Recommended first-line FDA-approved pharmacotherapies include bupropion SR (*Zyban* or *Wellbutrin*), nicotine gum, nicotine inhaler, nicotine nasal spray and nicotine patch.
  2. Second-line pharmacotherapies include clonidine and nortriptyline.
  3. Combination nicotine replacement therapy (combining the nicotine patch with a self-administered form of nicotine replacement therapy) is encouraged if patients are unable to quit using a single type of first-line pharmacotherapy.
  4. Newly FDA-approved cessation nicotine lozenges (*Commit*) and varenicline (*Chantix*) may be included in the 2008 USPHS Guideline update.
- Long-term smoking cessation pharmacotherapy should be considered as a strategy to reduce the likelihood of relapse.

Note: This report focuses primarily on building consumer demand for products and services to quit cigarette smoking. However, many of the same strategies apply to cessation of other tobacco products. The focus is also on tobacco cessation among adults. Treatment evidence is strongest for adults, and guidelines currently recommend the same treatments for youth until more effective and appealing youth-tailored options can be developed.

STRATEGY 1: Viewing smokers as consumers and taking a fresh look at quitting from their perspective

"To build a deeper understanding of smokers, those wishing to boost consumer demand for proven treatments need insight not only into smokers' expressed needs and preferences, but also into their latent, unmet needs…"

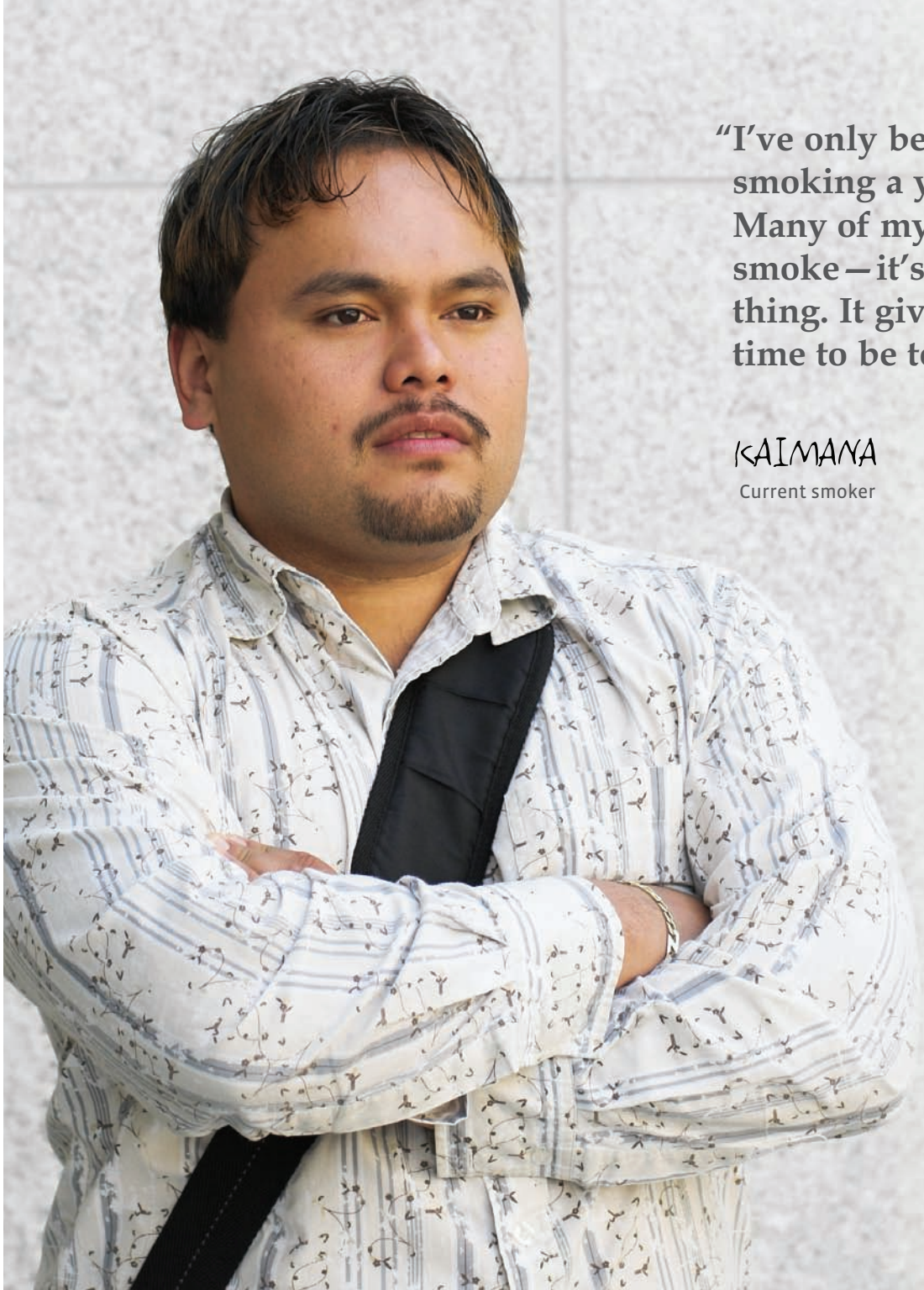
When most companies develop a product or service, they begin the process by understanding what consumers need and want. But smokers have often been viewed as passive treatment beneficiaries rather than treatment consumers. The first step in building consumer demand for proven cessation treatment products and services involves viewing smokers as consumers, and going beyond testing products for their efficacy to determining how they can best meet quitters' wants and needs.

DEVELOPING A BETTER UNDERSTANDING OF QUITTERS' PREFERENCES AND NEEDS

While focus groups and survey research have provided tremendous insight into smokers' lives and preferences, the under-use of evidence-based treatments shows there is still much to be learned.

To build a deeper understanding of smokers, those wishing to boost consumer demand for proven treatments need insight not only into smokers' expressed needs and preferences, but also into their latent, unmet needs—needs that they often can't articulate, but that still have a powerful influence on their behavior.

Such latent needs may include a smoker's need to try a product before committing to a full package, or the desire to find cessation products that are aesthetically pleasing and compatible with their lifestyles.



"I've only been smoking a year. Many of my friends smoke—it's a social thing. It gives us time to be together."

KAIMANA
Current smoker

IDEO uses a number of research techniques to gain consumer insight. A few of these techniques include:

- *Shadowing* — observing smokers where and when they smoke, and where they go for help in quitting.
- *Consumer Journey* — keeping track of all the interactions smokers have with cessation products and services.
- *Extreme Users* — interviews with individuals who really know a lot (or know nothing) about cessation products and services. From these individuals, researchers and product design experts can more easily elicit passions and emotional drivers related to the product, service or behavior of interest. IDEO's experience indicates that the extreme users amplify what people in the middle are thinking or feeling and give greater clarity about opportunities to design for everybody.
- *Storytelling* — prompting people to tell personal stories about their consumer experiences, and using these stories to inspire the creation of relevant smoking cessation products and services.

Increasing the use of research methods that produce deeper knowledge into smokers' needs and wants may provide new insights into how to help smokers quit.

FOCUSING ON THE "CONSUMER EXPERIENCE"

The consumer experience is about more than just proven product efficacy. The consumer experience involves every aspect of a product or service—the advertising, packaging, product and service features, ease of use, and reliability—all the ways a consumer interacts with a product or service.

As part of the Consumer Demand Roundtable, the product design firm IDEO discussed the need to focus on improving the "consumer experience." IDEO has worked with a number of organizations on creating new and more engaging consumer experiences. Two examples of this work follow.

Example 1: "Keep the Change" Account Service for Bank of America

Facing the challenge of enticing people into opening new accounts, Bank of America came to IDEO in search of ethnography-based innovation opportunities. To better understand the target market, IDEO and members of Bank of America's innovation team conducted observations in several cities. They discovered that many individuals would often round up their financial transactions for speed and convenience. In addition, the team found that many had difficulty saving money, whether due to a lack of resources or willpower.

After these observations, the team arrived at a solution that uses existing habits to resolve the problem. Ultimately dubbed "Keep the Change," the service rounds up purchases made with a Bank of America debit card to the nearest dollar and transfers the difference from individuals' checking accounts

into their savings accounts. The convenience and ease of rounding up now helps members save money over the long run.

After Bank of America's extensive testing and refinement of prototypes, "Keep the Change" launched in October 2005. In less than one year, "Keep the Change" attracted 2.5 million customers who have opened more than 700,000 new checking accounts and one million new savings accounts.

Example 2: Redesigning the Hospital Experience
IDEO worked with Kaiser Permanente to improve the patient experience in hospital settings. Kaiser staff, including nurses, doctors and facility managers, as well as IDEO's social scientists, designers, architects and engineers, observed patients as they made their way through medical facilities.

IDEO and Kaiser concluded that the patient experience can be awful, even when people leave treated and cured. The observation revealed that:

- Patients and family often become annoyed and anxious because checking in was terrible, waiting rooms were uncomfortable, and patients were often left alone because family and friends who came with them were not allowed to stay.

- Patients hated examination rooms because they often had to wait alone for long periods of time in gowns, with nothing to do, surrounded by threatening needles and tools.

After this process with IDEO, Kaiser realized it needed to make patients more at ease by offering more comfortable waiting rooms, a lobby with clear instructions on where to go, and larger exam rooms that have space for three or more people and curtains for privacy.

UNDERSTANDING THE QUITTING JOURNEY AND ENGAGING SMOKERS ALL ALONG THE WAY

To free themselves from nicotine addiction, each smoker makes a very personal journey on the road to successfully quitting smoking. That journey can be long and arduous, often marked by ambivalence, desires, decisions, hopeful attempts, frustrating failures, persistence, planning, prioritizing, and finally, in the best case, both short- and long-term success.

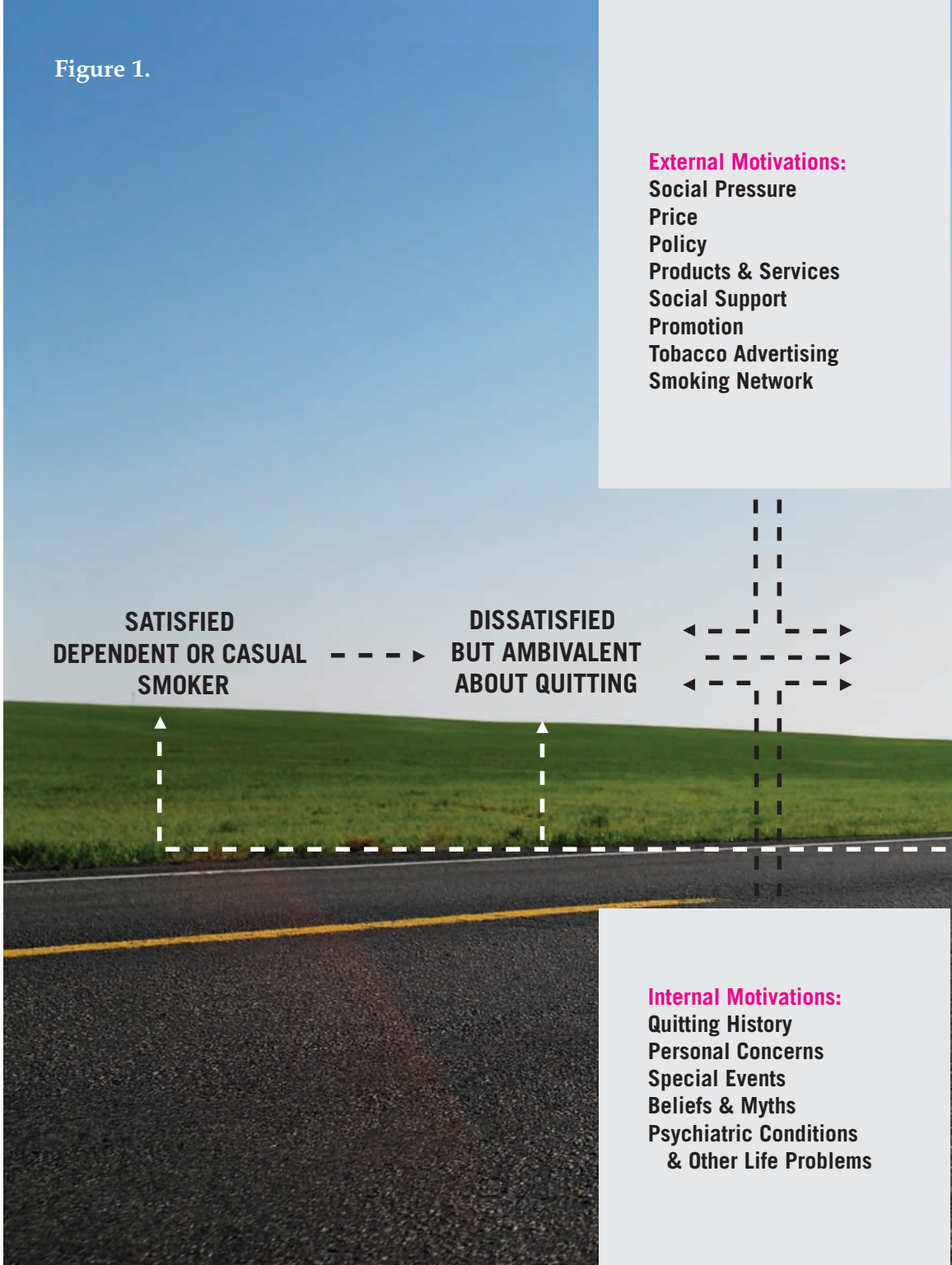
There are opportunities to build consumer demand for smoking cessation by engaging those who are trying to quit throughout their journeys—not just during the first few days and weeks of their quit attempts.

The challenge of the journey for those who might assist is to make solid connections with smokers that last over time, to develop a better understanding of the needs of these consumers at various points along

the journey, and to treat smokers and their quitting efforts with respect. Smokers benefit from different kinds of help and support at different stages of their journeys as well.

Figure 1 shows one depiction of the quitter's journey.

Figure 1.



THE QUITTER'S JOURNEY

Once smokers are triggered to quit, both external and internal motivations influence the quitting process as they learn about quitting, set quitting goals, choose a quitting process, and attempt to quit. As smokers succeed or fail, they continue to customize their approach and repeat attempts at quitting until they are successful.

STRATEGY 2: Redesigning evidence-based products and services to better meet consumers' needs and wants

"Using consumer-centered design principles may help ensure that smokers find treatments appealing as well as effective."

While many effective cessation products and services exist, consumers don't always have positive experiences with them. Using consumer-centered design principles may help ensure that smokers find treatments appealing as well as effective.

USING CONSUMER-CENTERED DESIGN PRINCIPLES

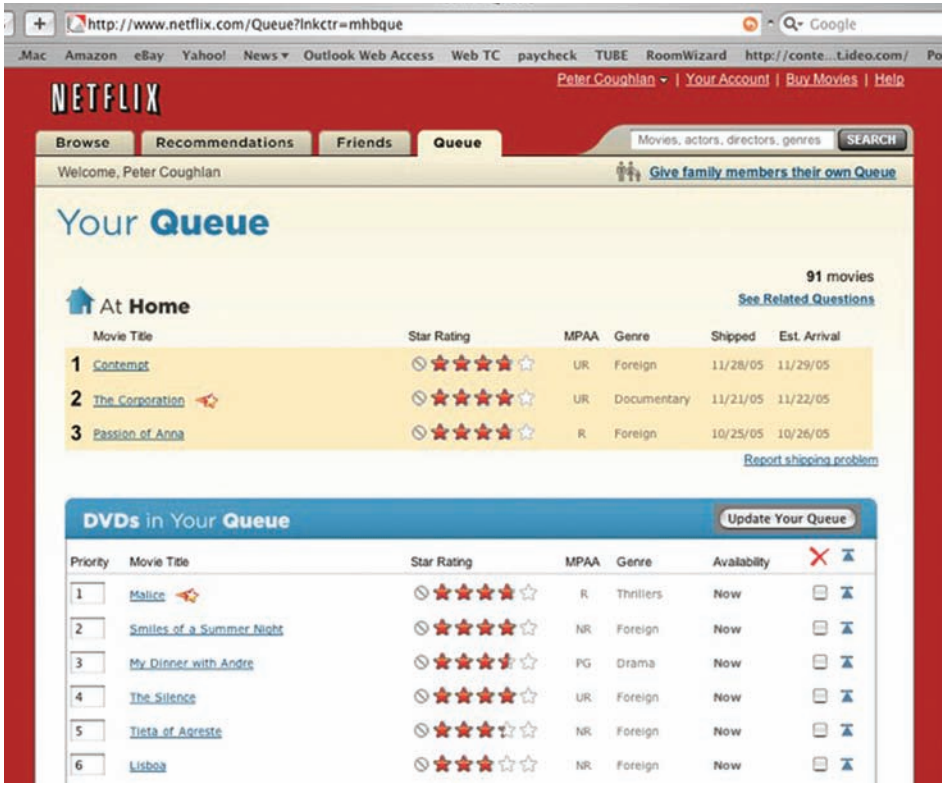
The consumer experience with cessation products and services could be improved by applying a set of design principles identified by IDEO.

These design principles include the following:

- Allowing smokers to **"kick the tires"** by giving them an opportunity to test or experiment with a service/product before buying into it.
- **"Lowering the bar"** to make the initial quit attempt less costly, both psychologically and financially. This includes reducing the costs of products for quitters and breaking the process of quitting into manageable steps.
- **Designing aesthetically pleasing products, tools and services** that create a positive and compelling consumer experience for each smoker trying to quit.

Opposite page: An example of what someone who wants to quit with an NRT product may encounter in a pharmacy.


$2 OFF
$2 OFF
Nicorette
Commit
NICODERM CQ
Nicotrol
Smoke Away
Nicotine Transdermal System



Netflix completely redesigned the movie rental experience that for years centered around the local video rental store. Netflix incorporates many consumer-centered design principles, such as providing a free two-week trial, having a user-friendly and appealing interface, tracking movies that have been viewed, allowing a personalized queue of movies, and offering a variety of plans.

- **Facilitating transitions** to ensure that smokers get appropriate tools, as well as professional and social support, as they move from step to step through the stages and processes of smoking cessation. Helping quitters make it from one step to the next involves bridging activities and tools to assist in the transition process while anticipating challenges throughout each step of the smoker's journey.

- **Making progress tangible** to allow smokers to see, acknowledge, and celebrate small steps that enable them to advance toward their overall goal and to appreciate the nature of the journey. **Tracking progress** and receiving incentives and rewards along the way can help to reinforce smokers' dedication and commitment to quitting.

- **Fostering community** so that smokers and quitters are appropriately linked to a real or virtual social support network to help them in their journey towards sustained smoking cessation.

- **"Connecting the dots"** to link products, services and delivery systems/providers into a cohesive, accessible system so that smokers receive the best treatment available and engage in a more integrated delivery system or "web" of support and assistance. This principle includes linking products with promotions and policies that catalyze their use.

- **Connecting to the rest of smokers' lives** by showing an understanding that, for many smokers, quitting is a lifestyle decision—not exclusively a health decision—that affects them in many ways.

- Allowing smokers to **"make it their own"** by tailoring products and services to their needs and their lives.

Some existing products and services already incorporate many of these design principles. Many quitlines, for example, lower the bar by offering a toll-free number, facilitate transitions by working with callers throughout their quitting process, foster community by offering online forums, and connect the dots by using fax referrals with providers.

When thinking about existing evidence-based cessation products and services, are there opportunities to incorporate more of these design principles?

"Helping quitters make it from one step to the next involves bridging activities and tools to assist in the transition process while anticipating challenges throughout each step of the smoker's journey."

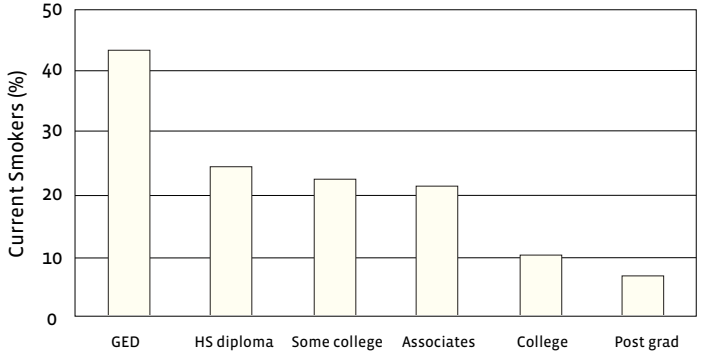
ENSURING PRODUCTS AND CESSATION MATERIALS FOLLOW HEALTH LITERACY PRINCIPLES

A product or service is more than the actual patch, gum or quitline call. A "product" includes everything the consumer comes into contact with: the product name, packaging, instructions and accompanying cessation materials.

Recent data show that many Americans, especially those with the least income and education, have trouble understanding and using health information. To create a better consumer experience with cessation products and services, especially for smokers in low-literacy and low-income groups (where smoking rates are highest and treatment use rates are lowest), it is helpful to ensure these other components of a product/service follow health literacy principles.

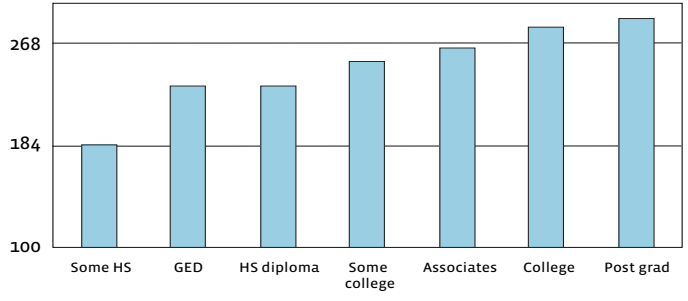
An initial review of tobacco cessation materials and product instructions shows that many may not be appropriate for smokers with lower health literacy skills, and may contribute to the under-use of evidence-based products/services. New FDA labeling for over-the-counter and prescription medications may be needed to ensure most smokers can properly use these products.

Smoking by education level



Source: CDC, MMWR Tobacco Use Among Adults—United States, 2005. October 27, 2006.

Health literacy scores by education



Source: National Assessment of Adult Literacy 2003, The Health Literacy of American Adults, September 2006.

The National Tobacco Cessation Collaborative (NTCC) is addressing health literacy and its role in limiting cessation treatment use and demand by:

- Conducting an environmental scan of low-literacy cessation materials to determine their appropriateness for under-served smoker populations—those with the least income and education, including working class and blue-collar smokers. This environmental scan will help NTCC assess how well the field is meeting the needs of lower-literacy smokers who are trying to quit.

- Comparing literacy levels of labeling and claims on evidence-based vs. non-approved quit smoking products.

- Developing a health literacy guide for organizations to follow in creating engaging and understandable low-literacy cessation materials and media.

How could this labeling be improved for low-literacy consumers?

STRATEGY 3: Marketing and promoting cessation products and services in ways that reach smokers—especially underserved smokers—where they are

GSK's NASCAR program features brand signage on race cars and public relations with drivers emphasizing the importance of being tobacco-free.

Compared to cigarettes, cessation products/services are not widely promoted. Many smokers are not aware of quitline services, and many in health plans that offer and even subsidize proven treatments do not know that these treatments are available.

Cessation media campaigns and direct-to-consumer marketing of quitting services and products can significantly boost quit attempts, treatment use and population quit rates.[3] Even barrier-free treatments like quitlines depend on adequate promotion for their use. Effective ads and promotions can be targeted to high-risk and under-served populations, including those in low-income groups and racial/ethnic groups where treatment use is most limited.[4]

ENGAGING SMOKERS IN NEW WAYS AND IN NEW PLACES

Why not take a page from the book of the tobacco industry when it comes to going where smokers are to offer cessation products?

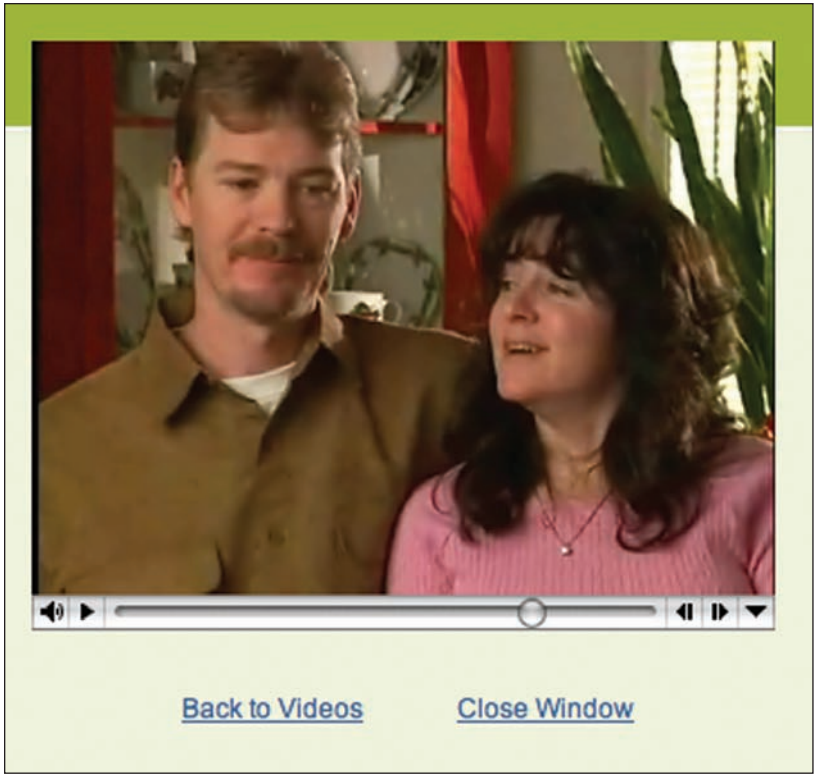
This means expanding cessation efforts beyond the doctor's office, to the places that smokers work, socialize and play. The tobacco industry reaches their consumers and markets their products in many different ways, from traditional mass media advertising to buzz marketing events that spur Internet chatter, promotional offers and giveaways, and price promotions

and direct mail. Philip Morris, for example, has a database of more than 26 million smokers to whom it sends everything from birthday cards to free tickets for local concerts.[5]

Some in tobacco cessation are beginning to take this approach. For example, GlaxoSmithKline (GSK) follows this strategy to promote its therapeutic nicotine products and support programs. Katie Kemper, now with the Campaign for Tobacco-Free Kids and previously with GSK, described its NASCAR racing sponsorship to illustrate this concept—building a relationship with NASCAR fans by going to where they go.

- NASCAR fans are a large audience (75 million in the U.S.) that is disproportionately likely to smoke. The NASCAR following also skews to the lower income brackets.

Right: To make tobacco cessation products and services more accessible, the "Winner's Circle" onsite education center at NASCAR races features cessation counselors, interactive risk assessment kiosks, product samples, coupons and information.



Free & Clear® created videos that show potential program participants how an evidence-based program works by telling others' stories of success. View at *http://www.freeclear.com*.

- As Winston's 25-year title sponsorship of NASCAR ended, GSK recognized the opportunity to reach an audience with a high percentage of smokers and raise awareness of cessation products and programs.

- Now in its second year, GSK's NASCAR program features brand signage on race cars and public relations with drivers emphasizing the importance of being tobacco-free. Tie-ins with major trade accounts (e.g., Target) include in-store NASCAR-themed displays.

- The "Winner's Circle" onsite education center at NASCAR races features cessation counselors (often GSK sales representatives trained in cessation counseling), interactive risk assessment kiosks, product samples, coupons and information. This removes NRT cost barriers and allows smokers to "kick the tires" before they commit to quitting or to a particular product.

- The "Quit Crew" program provides cessation support (NRT and counseling) to NASCAR pit crews/mechanics. Public relations activities reinforce the concept of quitting as a team.

- The NASCAR program has been found effective in raising awareness of GSK's cessation brands and increasing product sales in NASCAR-themed displays. Of the over 200,000 smokers counseled, 33 percent made a serious quit attempt.

TELLING A STORY IS MORE POWERFUL THAN SIMPLY SHARING FACTS AND INFORMATION

Personal, emotional stories engage smokers and make them reflect upon the impact of smoking on them and/or their loved ones. Programs have had success using these types of testimonials to convince smokers of the important reasons to quit (J. Webb, personal communication, June 2006 and [6, 7, 8, 9]). Testimonials have also been used to give smokers hope that they can quit by showing others' stories of success. These ads focus on how to approach quitting, including providing information about available services and resources. [10, 11, 12]

Free & Clear®, a tobacco treatment program, created three videos that invited successful program participants to talk about their challenges in quitting, how they worked with their Quit Coaches™ and how they relied on other elements of the program to finally succeed where they had failed before. The videos have been an excellent way to show potential participants how an evidence-based program works without relying on vast amounts of text or a lot of scientific study citations.

"Personal, emotional stories engage smokers and make them reflect upon the impact of smoking on them and/or their loved ones."

USING EVIDENCE-BASED PROMOTION PRINCIPLES

There are several efforts underway to distill key principles for cessation media campaigns, tobacco counter-advertising and cessation treatment marketing.

For example, staff at the Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health and the Global Dialogue for Effective Stop Smoking Campaigns conducted an international review of published literature on smoking cessation campaigns and then combined those data with key unpublished data from cessation campaigns around the world.

They grouped lessons learned and recommendations from the review into four main topics:

- Advertising
- Promotion of Cessation Services
- Media Planning and Placement
- Collateral Support (i.e., non-mass media marketing elements and news media coverage).

The recommended evidence-based principles for promotion are available online at *www.stopsmokingcampaigns.org.*

The Global Dialogue for Effective Stop Smoking Campaigns' lessons learned and recommendations for effective smoking cessation campaigns are available on their website.

USING NEW FORMS OF MARKETING TO REACH SMOKERS

Technology-based marketing is becoming increasingly important to reach Internet-connected consumers, such as many young adult smokers. It is no mystery that the landscape of communications is changing rapidly. Several years ago, no one really knew what a blog was—because they didn't exist. Technorati, a blog search engine, now estimates that a new blog is created every second of every day, and that the size of the "blogosphere" is doubling every five months.

The world is witnessing the rise of a generation that has never known life without TiVo, iPods, mobile phones, Google, instant messaging, broadband, Wi-Fi, and, of course, blogs. This generation is more adept at receiving and sharing information than adults over age 35 will ever be.

Social networking sites, such as Facebook, MySpace and Friendster, now offer people ways to share information with large networks of people. Many sites that feature user-generated content, such as YouTube and Wikipedia, are having a major impact on people's lives, influencing everything from political races to movie popularity.

Michelle Vandever's MySpace page promoting tobacco cessation.

"Technology-based marketing is becoming increasingly important to reach Internet-connected consumers, such as many young adult smokers."

Many mainstream websites now allow users to rate products or provide feedback on them.

The implications of user-generated content for tobacco cessation are great: Many people give greater credence to first-person accounts than to paid media messages. But user-generated content is not always accurate.

The field of tobacco cessation must find ways to engage in these forms of dialog to ensure that correct information about quitting smoking is provided.

CORRECTING MISPERCEPTIONS ABOUT WHAT WORKS AND WHAT DOESN'T AND ABOUT NICOTINE REPLACEMENT THERAPIES (NRTs)

One of the barriers to treatment use is consumer perceptions of the effectiveness of products and services, both proven and unproven. In a 2006 nationally representative telephone survey, evidence-based smoking cessation methods perceived as most effective included:

- Help from a doctor (77 percent).
- Help from clinics or support groups (73 percent).
- Using a nicotine patch (58 percent).

However, fewer than half of respondents perceived that other evidence-based treatments were effective, including:

- Prescription (cessation) medication (47 percent).
- Nicotine gum (45 percent).
- Nicotine tablets, lozenges or inhalers (37 percent).

Also, fewer than a quarter of respondents thought that using a telephone quitline (24 percent) was an effective cessation strategy. Methods without evidence like acupuncture, hypnosis, self-help aids and even quit smoking programs offered by tobacco companies were perceived as more effective than telephone quitlines. [13]

There are many misconceptions about the safety of nicotine and NRT as well. Some smokers falsely believe that nicotine and NRTs are a cause of cancer and heart attacks. Some providers report similar beliefs. These misperceptions help to explain the under-use of FDA-approved NRTs.

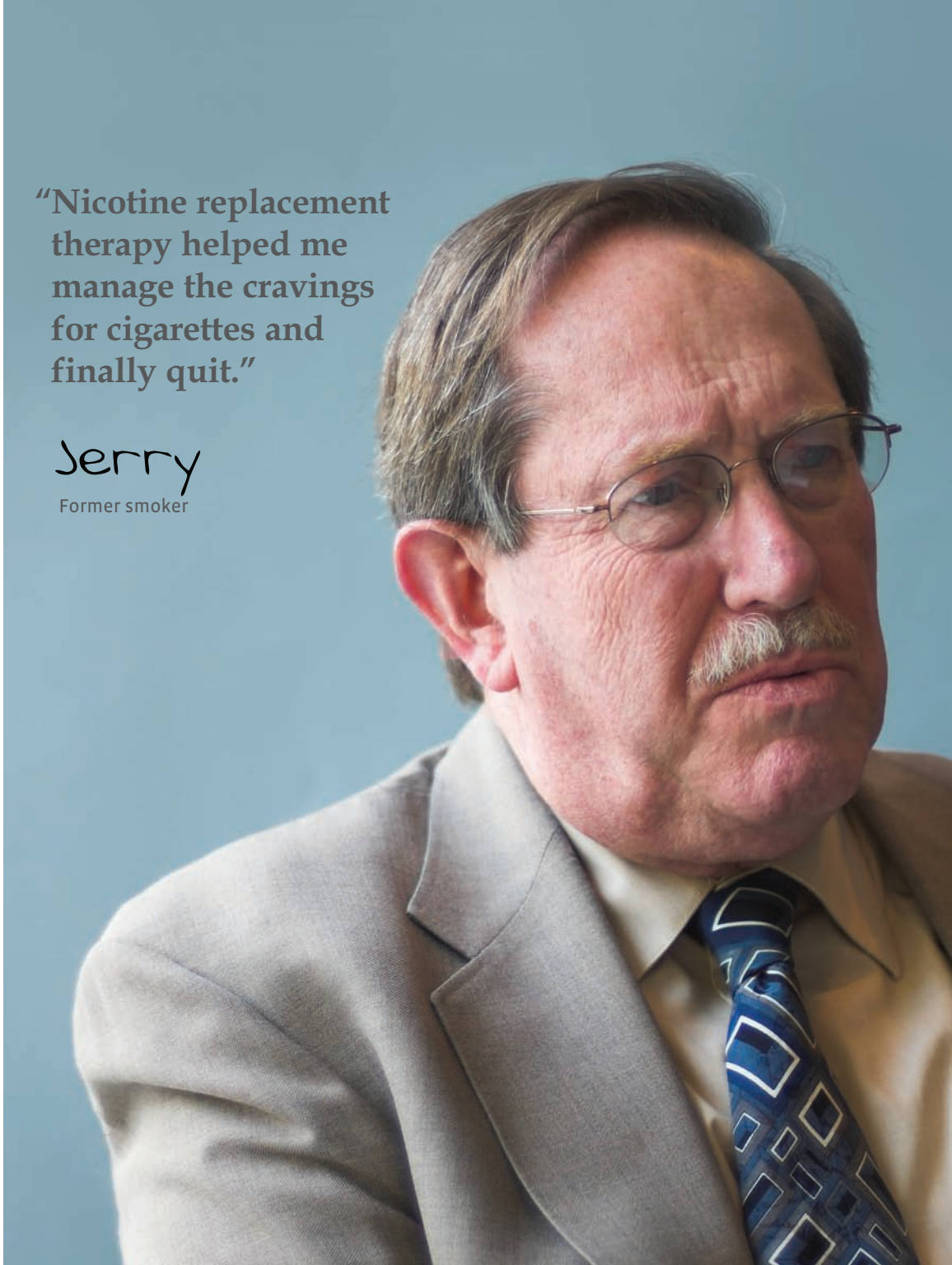
More specifically, several studies have documented wide misconceptions about the safety and efficacy of NRT, especially among smokers with the least education.[14] In a nationally representative random-digit-dialed telephone survey of current smokers:

- Only one-third correctly reported that nicotine patches were less likely to cause a heart attack than smoking cigarettes.
- 67 percent incorrectly believed that nicotine causes cancer.
- Fewer than half reported that nicotine gum and patches were less addictive than cigarettes. [14, 15, 16]

Weighted estimates from the *2004-2005 Assessing the Hard Core Smoker Survey* of U.S. adult smokers found that 36 percent falsely believed that stop smoking medications might harm their health.[17]

To address some of these concerns, the National Tobacco Cessation Collaborative (NTCC) has developed a factsheet on the misperceptions about nicotine and nicotine replacement therapies and distributed it to the tobacco cessation community.

Organizations that produce cessation materials were asked to review their materials to ensure they included accurate information about nicotine. The factsheet is available on the NTCC website at *www.tobacco-cessation.org*.



STRATEGY 4: Seizing policy changes as opportunities for "breakthrough" increases in treatment use and quit rates

"Pairing...public health policy changes with efforts to improve treatment access holds great promise for major breakthroughs in treatment use and quit rates."

Along with effective cessation media campaigns and treatment promotions, the *CDC Guide for Community Preventive Services* recommends two tobacco control policy interventions that increase cessation and treatment use and demand at the population level. [3] They are:

- Increasing tobacco prices/taxes.
- Reducing out-of-pocket cessation treatment costs through coverage expansions.

In addition, there is growing evidence that smoking bans and restrictions may increase quit attempts, quitting and treatment use. Pairing these public health policy changes with efforts to improve treatment access holds great promise for major breakthroughs in treatment use and quit rates.

STIMULATING AND HARNESSING THE TREATMENT DEMAND THAT IS GENERATED BY TOBACCO CONTROL POLICY CHANGES

Increasing Tobacco Prices/Taxes

Higher cigarette prices induce smokers to quit, with the greatest effects on smokers in low-income and blue-collar populations where smoking rates are highest and treatment use is lowest. [18]

A 10 percent increase in cigarette prices reduces adult smoking prevalence by 2 percent, and it increases the probability of a quit attempt by 10-12 percent and of a

successful quit by 1-2 percent.[3, 19] More than 43 states and several cities (e.g., New York City, Chicago) have raised their tobacco taxes in the last five years, and there are signs that this trend will continue. Cost and tax increases also can boost treatment use when treatment options are widely available.

For instance, Frank Chaloupka and colleagues found that a 40-cent per pack increase in Illinois' state cigarette excise tax in 2002 more than doubled state quitline call volumes. Other studies have linked cigarette price increases to higher NRT sales.[20] Providing and promoting barrier-free cessation treatments at the time when tobacco prices or taxes take effect could help to convert more smokers to successful quitters.

Reducing Out-of-Pocket Treatment Costs

Reducing treatment costs by increasing insurance coverage and reimbursement also boosts the population quit rate.[3] The marked increases in public and private tobacco cessation treatment coverage over the past decade provide another key venue for boosting treatment use and quitting.

In 1995, only one state Medicaid program covered any tobacco dependence treatments. In 2005, 42 state Medicaid programs and 96 percent of U.S. health plans provided coverage for some form of evidence-based counseling or pharmacotherapy.[21, 22]

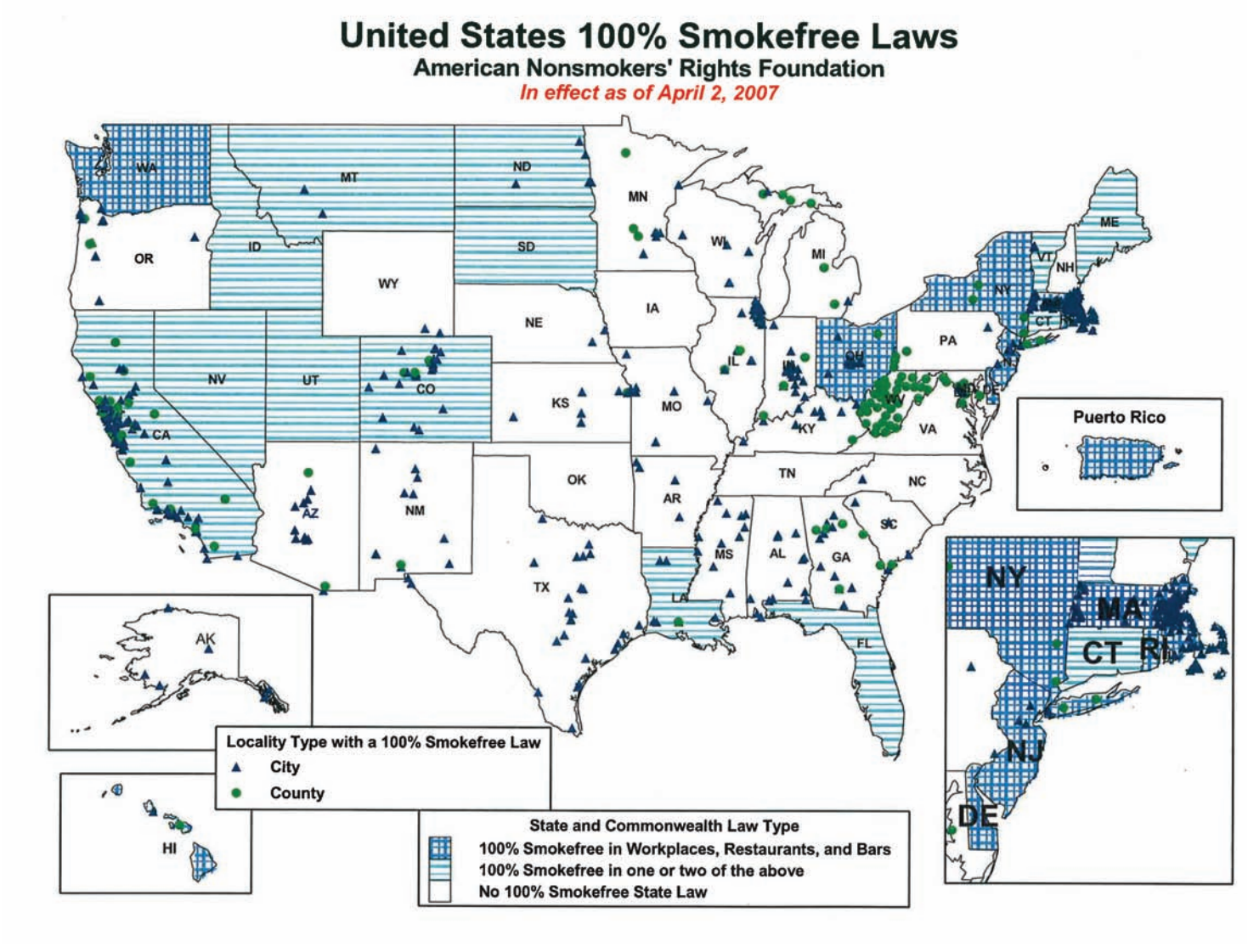
There is still much progress to be made in the number and type of treatments covered, and the extent of coverage. There is also a great need to promote these benefits.

One study found that only about 1/3 of smokers, and fewer than 2/3 of providers, in two states with generous Medicaid benefits were aware of these benefits.[23] There are similar findings for health plans.[24]

Several studies have now shown that smokers who are unaware of their treatment benefits are, not surprisingly, unlikely to use them!

Reaping the full quitting and health benefits of expanded coverage requires promoting the coverage and reducing non-financial treatment access barriers.

Free quitlines have gone a long way towards eliminating such barriers. An increasing number of quitlines are even mailing free NRT samples to quitline callers, following strategies pioneered by Michael Cummings and colleagues throughout New York State.[25]


United States 100% Smokefree Laws
American Nonsmokers' Rights Foundation
In effect as of April 2, 2007
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Locality Type with a 100% Smokefree Law
City
County
State and Commonwealth Law Type
100% Smokefree in Workplaces, Restaurants, and Bars
100% Smokefree in one or two of the above
No 100% Smokefree State Law

Smoke-Free Air Laws

As of April 2007, 35 states, Washington D.C., Puerto Rico and hundreds of municipalities had implemented or enacted 100 percent smoke-free provisions in workplaces and/or restaurants and/or bars—representing 54.8 percent of the U.S. population.

There is growing evidence that smoking bans and restrictions not only reduce harmful secondhand smoke exposure but also consistently improve revenue streams for bars and restaurants by attracting more business from nonsmokers. And they appear to significantly boost quitting motivation, quit attempts and treatment use.

For instance, quitline calls increased significantly following the implementation of New Zealand's 2004 expanded smoke-free legislation—without any increase in quitline advertising.[26]

Fully seizing these policy "pushes" requires being proactive—getting out ahead of the policy implementation to anticipate and accommodate increases in treatment demand.

For instance, in preparing for January 1, 2008, when Baltimore's new comprehensive smoking ban will take effect, Mayor Sheila Dixon has organized an NRT Initiative through which smokers can qualify for free nicotine patches or gum.

Similarly, several national groups and organizations—the National Tobacco Cessation Collaborative, North American Quitline Consortium, and Campaign for Tobacco-Free Kids—are working to develop policy "playbooks" to guide states/cities that pass smoke-free policies in ways to expand treatment access, capacity and promotion so they can take full advantage of the increase in quitting efforts and demand for treatment.

"There is growing evidence that smoking bans and restrictions not only reduce harmful secondhand smoke exposure but also consistently improve revenue streams for bars and restaurants by attracting more business from nonsmokers."

With a new understanding of the business and human tolls of tobacco use from Oregon's "Make it Your Business" campaign, Ed Wallace Jr. decided to invest in tobacco cessation after a mechanic suffered a heart attack while fixing a motorcycle at his Harley dealership.

CLARIFYING AND HEIGHTENING THE INCENTIVES FOR PURCHASERS, HEALTH INSURERS, AND BUSINESSES TO EXPAND TOBACCO CESSATION TREATMENT ACCESS AND COVERAGE

So called "meta-consumers"—health plans, employers and the government—have a tremendous influence on which products and services are offered to smokers and which are covered in part or in full.

Making the business case for tobacco dependence treatment is important. In addition to improving the health of employees, tobacco cessation products and services can improve employee productivity and performance. Good examples discussed at the Consumer Demand Roundtable meetings include:

- Oregon's "Make it Your Business Campaign," led by Dawn Robbins, starts by clarifying the true business costs of tobacco use, including the costs related to reduced smoker productivity. This campaign helped drive the

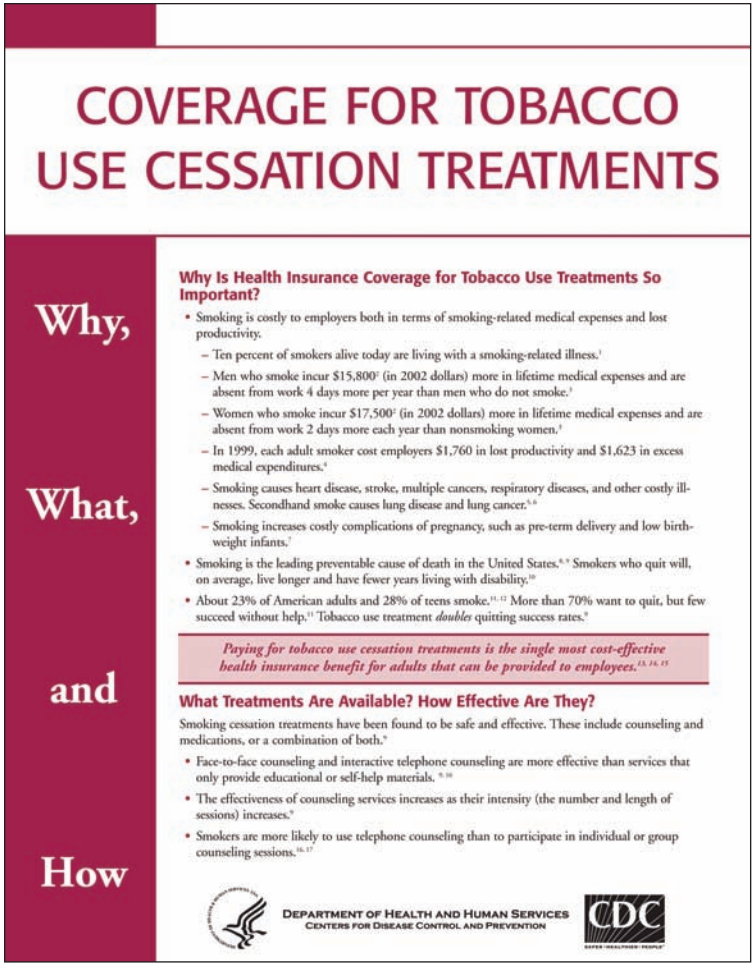
Public Employees Benefits Board, the state's largest health care purchaser, to offer a barrier-free tobacco cessation benefit.

- *Partnership for Prevention,* based in Washington, D.C., is developing a Workplace Program Guide as a tool to provide employers with guidance to implement the most effective and cost-effective health promotion interventions. Tobacco use screening and treatment top the list. The Guide will educate employers about the total costs of tobacco use, the total value of tobacco cessation activities (policies and treatments) and their impact on business success.

- Beginning in 1996, the National Committee on Quality Assurance (NCQA) added measures of tobacco cessation advice and assistance to its core HEDIS "report card" for managed care plans, and has promoted the use of these measures in federal (Medicare) pay-for–quality initiatives (e.g., the Doctors Office Quality initiative). Including tobacco cessation treatment metrics in new pay-for-performance initiatives will provide enduring incentives for their delivery.

- Similarly, the *CEO Roundtable on Cancer* has developed employer guidelines for companies to be Gold Standard-certified. Requirements for promoting healthy lifestyles and cancer prevention include implementing a full indoor and outdoor smoking ban at the workplace, and providing evidence-based counseling and prescription and non-prescription medications for smoking cessation at no cost to employees. The CEO Roundtable on Cancer was convened to support a C-Change initiative, which is focused on demonstrating the value and ultimate cost-savings associated with cancer prevention and early detection services and increasing coverage through employee benefit programs.

- The Healthy Workforce Act of 2007 proposed by Senator Tom Harkin (D-Iowa) and his staff includes a tax credit of $200.00 per employee to businesses that offer comprehensive health promotion programs, including evidence-based preventive screenings, behavior change programs (including tobacco cessation treatments) and work environment and policy changes. To boost employee participation, companies would be encouraged to offer meaningful incentives, like reduced health insurance premiums.



COVERAGE FOR TOBACCO USE CESSATION TREATMENTS

Why,

What,

and

How

Why Is Health Insurance Coverage for Tobacco Use Treatments So Important?

- Smoking is costly to employers both in terms of smoking-related medical expenses and lost productivity.
  - Ten percent of smokers alive today are living with a smoking-related illness.[1]
  - Men who smoke incur $15,800[2] (in 2002 dollars) more in lifetime medical expenses and are absent from work 4 days more per year than men who do not smoke.[3]
  - Women who smoke incur $17,500[2] (in 2002 dollars) more in lifetime medical expenses and are absent from work 2 days more each year than nonsmoking women.[3]
  - In 1999, each adult smoker cost employers $1,760 in lost productivity and $1,623 in excess medical expenditures.[4]
  - Smoking causes heart disease, stroke, multiple cancers, respiratory diseases, and other costly illnesses. Secondhand smoke causes lung disease and lung cancer.[5,6]
  - Smoking increases costly complications of pregnancy, such as pre-term delivery and low birthweight infants.[7]
- Smoking is the leading preventable cause of death in the United States.[8,9] Smokers who quit will, on average, live longer and have fewer years living with disability.[10]
- About 23% of American adults and 28% of teens smoke.[11,12] More than 70% want to quit, but few succeed without help.[11] Tobacco use treatment *doubles* quitting success rates.[9]

Paying for tobacco use cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees.[13,14,15]

What Treatments Are Available? How Effective Are They?

Smoking cessation treatments have been found to be safe and effective. These include counseling and medications, or a combination of both.[9]

- Face-to-face counseling and interactive telephone counseling are more effective than services that only provide educational or self-help materials.[9,16]
- The effectiveness of counseling services increases as their intensity (the number and length of sessions) increases.[9]
- Smokers are more likely to use telephone counseling than to participate in individual or group counseling sessions.[16,17]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC

To encourage businesses to offer cessation coverage, this guide provides information for businesses and government agencies on health insurance coverage for tobacco use cessation treatments.

- America's Health Insurance Plans (AHIP), the advocacy organization for U.S. health plans and insurers, promotes findings from health economists at the Center for Health Research at Kaiser Permanente Northwest. The research shows that the return on investment (ROI) for tobacco cessation services yields savings in as little as two years, and sooner for pregnant smokers. In addition to providing details on the business case, the website (*http://www.businesscaseroi.org/roi/default.aspx*) includes an interactive online "ROI calculator" that health plans can use to estimate their own cost savings.[27]

- Many employers cite the lack of information about the cost of cessation benefits as a barrier to coverage. Now that quitlines provide free counseling to smokers across the U.S., their concerns focus increasingly on pharmacotherapy. Marguerite Burns and colleagues examined

pharmacotherapy costs among Wisconsin state employees and found that they averaged only 13-cents per member per month. [28]

- To encourage businesses to offer cessation coverage, the CDC created "Coverage for Tobacco Use Cessation Treatments," a guide that provides information for businesses and government agencies on health insurance coverage for tobacco use cessation treatments. This document explains why insurance coverage for tobacco cessation is important, what treatments are available to help employees, and how to design the treatment benefits. It is available online at *www.cdc.gov/tobacco/quit_smoking/cessation/00_pdfs/ReimbursementBrochureFull.pdf.*

ALLOCATING MSA BONUS FUNDS FOR TOBACCO CONTROL: A "TWICE IN A LIFETIME" OPPORTUNITY

Unfortunately, less than 4 percent of the original Master Settlement Agreement (MSA) funds awarded to the states have been allocated for tobacco control. However, beginning in 2008, the states that have not securitized their MSA funds will have a second chance as MSA bonus funds become available. In the coming year, efforts to help states allocate sufficient dollars for comprehensive tobacco control from the final 2008-2018 MSA bonus payments represent a critical policy lever, and one with enormous potential impact on tobacco cessation treatment access, use and demand. In addition, creating business incentives for corporate investment in publicly funded services, such as quitlines, also holds promise. For more information on the use of MSA funds by states, visit the Campaign for Tobacco-Free Kids' website at *http://tobaccofreekids.org/reports/settlements.*

"Efforts to help states allocate sufficient dollars for effective comprehensive tobacco control…represent a critical policy lever, and one with enormous potential impact on tobacco cessation treatment access, use and demand."

STRATEGY 5: Systematically measuring, tracking, reporting and studying quitting and treatment use—and their drivers and benefits—to identify opportunities and successes

"Having data from longitudinal studies is like having a video tape rather than just snapshots of the quitting process."

In the United States, tobacco use is monitored via a series of annual cross-sectional surveys. These surveys inform the field about usage trends over time and about patterns of use among various demographic sub-groups in the population.

But they do not explain much about the natural history of quitting among individuals, how smokers quit, or about the treatments that they try and find helpful. The cross-sectional surveys provide snapshots—pictures of the population at one point in time—and do not systematically track quitting efforts, methods and successes.

The single most basic need is to embed more quitting questions in major U.S. tobacco use surveys so that quit attempts, methods and successes can be tracked systematically.

USING A LONGITUDINAL COHORT STUDY OF QUITTING MOTIVATION AND BEHAVIOR, TREATMENT BELIEFS, DEMAND, USE, COST AND BENEFITS AS A TOOL FOR ADVOCACY AND RESEARCH

Having data from longitudinal studies is like having a video tape rather than just snapshots of the quitting process. Researchers can see what happens to a representative group of people as they cycle in and out of the quitting process.


"I think the new smoke-free laws are great! Now I can go out and not have that urge to smoke."
Elisabeth
Former smoker

"To better help people stop smoking, we need to better understand how they go about quitting in the real world."

To better help people stop smoking, we need to better understand how they go about quitting in the real world. A two- to three-year longitudinal study would enhance understanding of the processes U.S. smokers use to quit, the choices they make, their successes and predictors of each.

For example, there is a need to better understand what individual- and policy-level factors influence making a quit attempt, the choice of treatment strategies (e.g., Public Health Service-recommended, other treatment strategies and quitting without treatment), and the outcomes that follow the use of each approach.

There is also a need to understand which individual-level factors (e.g., dependence, motivation) can moderate these relationships. Repeating such a study every five years would help to understand if any changes in the process have occurred and, if so, to better understand factors influencing those changes.

For example, some researchers are concerned that smokers are becoming more resistant to treatment over time. Rolling cohort studies of representative samples of the U.S. population could test this hypothesis.

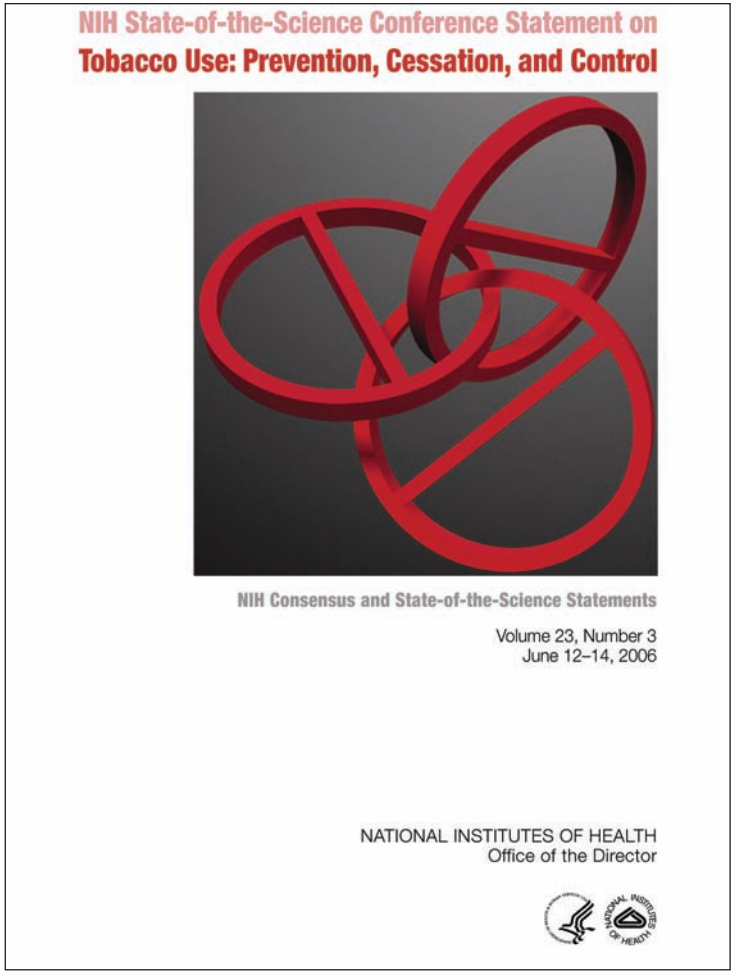
These studies can also be used to assess how broader tobacco control programming affects quit attempts and the use and efficacy of proven treatments.

Multi-level research could best inform how prices of tobacco products and pharmaceutical treatments, along with the strength of local smoke-free laws and the use of effective counter-advertising strategies, can influence quit attempts and success among attempters. There is also a need to better understand how potential reduced-exposure products (PREPs) might undermine quitting, by reducing

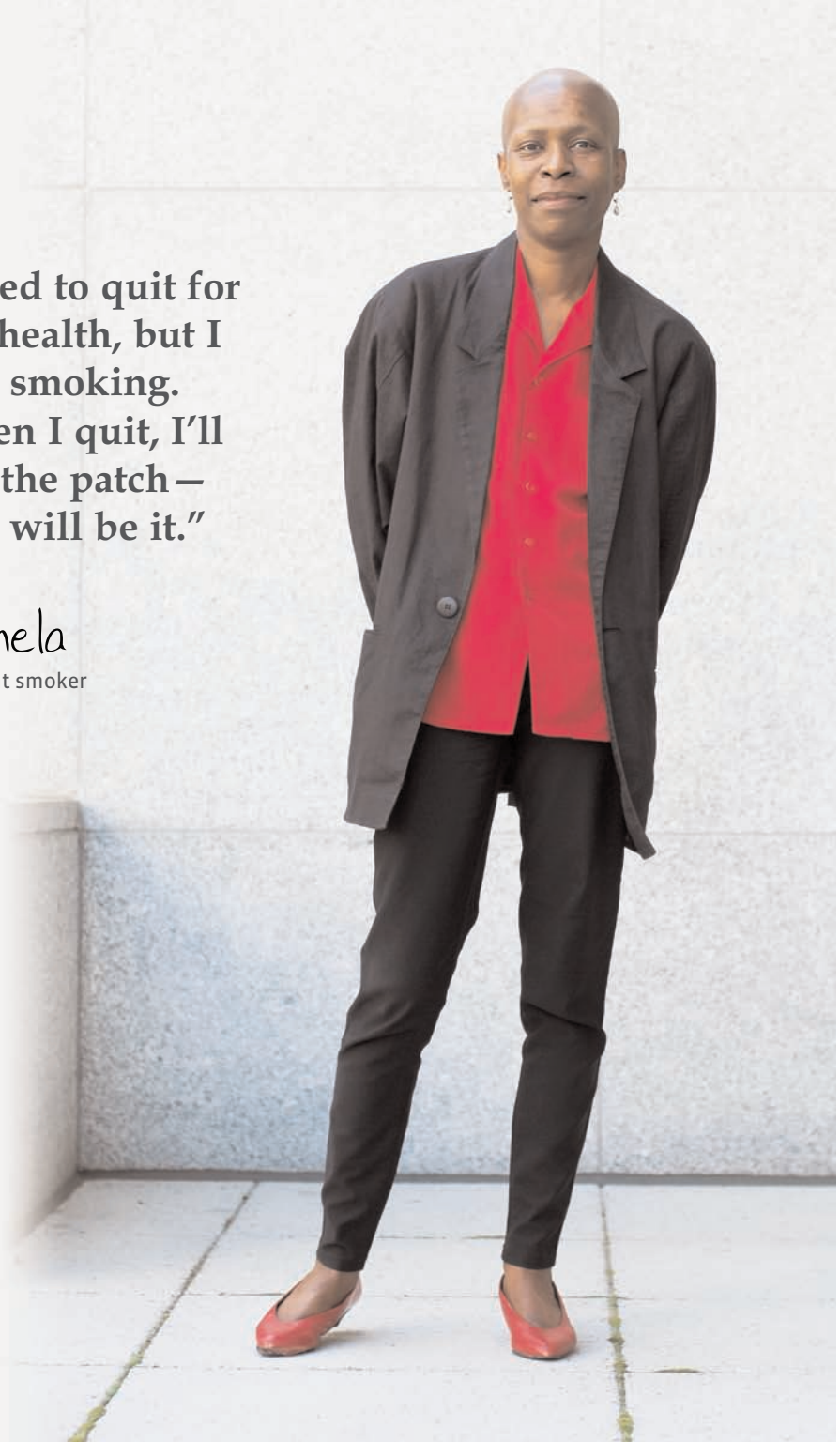
the number of quit attempts and increasing relapse among those who try to quit.

FUNDING CONSUMER DEMAND RESEARCH

The NIH State-of-the-Science Conference Statement on Tobacco Use: Prevention, Cessation, and Control meeting on June 12–14, 2006, identified research to boost consumer demand for and use of evidence-based treatments as a top priority. The written statement prepared by the Expert Panel issuing recommendations, based on two days of expert public testimony and a comprehensive commissioned evidence review, included the following as "priority aims for future research and public health action": [29]



The *NIH State-of-the-Science Conference Statement on Tobacco Use: Prevention, Cessation, and Control* identified research into building consumer demand for evidence-based treatments as a top priority. Copies can be obtained at *http://consensus.gov/2006/TobaccoStatementfinal090506.pdf.*



Improve and Implement Effective Interventions

- Understand the role of different media in increasing consumer demand for and use of effective, tobacco cessation treatments for diverse populations.
- Identify and reduce barriers faced by providers, insurers, policymakers and others to implementing effective strategies to increase and sustain demand for smoking cessation treatment.
- Examine the effectiveness of different components of telephone-based counseling programs (e.g., population quitlines vs. provider-associated programs; self-referral vs. provider referral to telephone-based counseling; bundling of services within programs).
- Develop and enhance pharmacologic and non-pharmacologic treatments.

Improve and Implement Effective Policies

- Increase policymakers' and the public's awareness of effective strategies for preventing tobacco use, promoting tobacco cessation, and decreasing harm from environmental tobacco smoke exposure.

- Identify and overcome barriers to implementing comprehensive statewide tobacco control programs, such as those used in California and Florida.

- Develop effective policies for reimbursing health care providers for offering tobacco-cessation interventions.

Develop New Population- and Community-Based Interventions

- Determine the effectiveness of implementing interventions in settings other than schools and health care facilities, such as homes, community organizations, religious institutions, pharmacies, stores, bars, workplaces, military institutions and correctional institutions.

- Determine the effectiveness of incorporating social context (e.g., culture, neighborhoods and social networks) in interventions to prevent or stop tobacco use.

- Evaluate the long-term effects of social marketing strategies on tobacco use, particularly media-based programs to promote cessation and counter tobacco advertising.

- Learn from "natural experiments" that result from implementation of new policies on pricing/taxation, smoke-free environments, or restrictions on the availability of tobacco products.

- Evaluate the effectiveness of public (health care) performance measures (e.g., publicly reported quality-of-care report cards) and financial incentives for increasing smoking cessation.

Infrastructure

- Promote surveillance programs that track tobacco use (e.g., initiation, quitting, intensity of smoking, use of smokeless tobacco); use of treatment; motivation to quit; new products; and marketing, policy and systems changes.

- Educate providers, including physicians, dentists, nurses and allied health professionals about the importance of tobacco-related diseases and the availability and delivery of effective interventions.

STRATEGY 6: Combining and integrating as many of these strategies as possible for maximum impact

"The best way to build consumer demand for tobacco cessation products and services is to combine and integrate as many of these strategies as possible."

The best way to build consumer demand for tobacco cessation products and services is to combine and integrate as many of these strategies as possible. When this has been achieved, real "breakthroughs" in treatment demand, delivery, reach and use have occurred, leading to substantial reductions in population-level smoking prevalence.

ALIGNING MULTIPLE POLICY AND TREATMENT STRATEGIES: THE NEW YORK CITY EXAMPLE

New York City (NYC) provides proof that a comprehensive tobacco control plan can substantially reduce adult smoking prevalence. NYC's efforts made it harder to smoke and easier to quit. Key elements included:

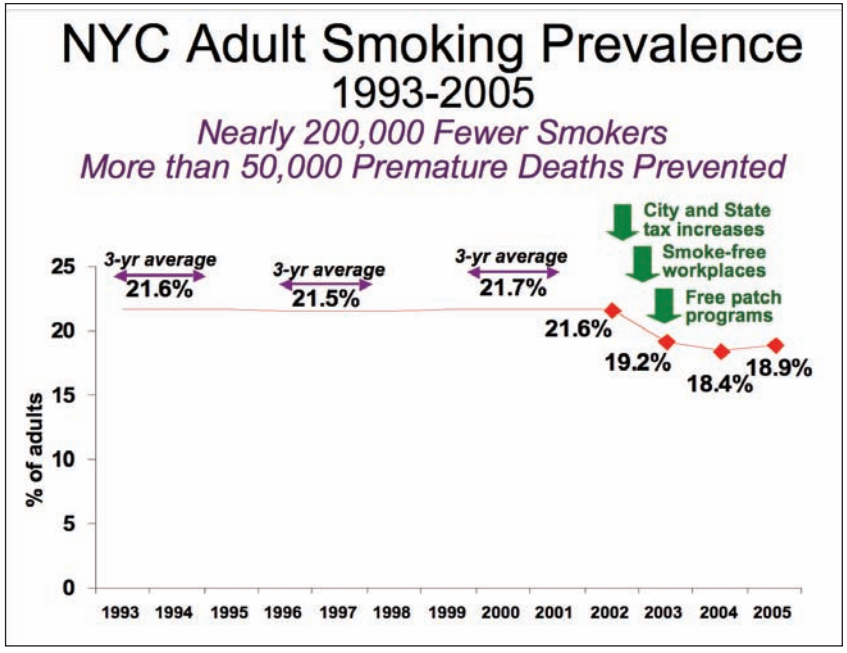
1. Implementing a 2002 baseline survey to assess adult smoking and quitting at the neighborhood level and identify high-risk populations.
2. Increasing state and city tobacco taxes by a total of $1.81 in 2002.
3. Disseminating cessation-treatment recommendations to NYC's 60,000 medical providers in 2002-2003.
4. Enacting a Smoke-Free Air Act in 2002 requiring almost all workplaces, restaurants and bars to be smoke-free.

5. Promoting and launching a large quitline-based NRT give-away program in collaboration with the Roswell Park Cancer Institute in April/May 2003 — providing free six-week nicotine patch supplies with brief quitline counseling to the first 35,000 eligible adult smokers to call the State Smoker's Quitline.

6. Conducting city-wide assessments of program impact on smokers and city-wide NRT sales. [30]

The impact was immediate and dramatic:

- Over 400,000 calls were made to the state quitline within the first few days of the cessation program launch.



From 2002 to 2003, the percent of adult New Yorkers who smoke declined from 21.6 percent to 19.2 percent— the fastest drop in smoking prevalence ever recorded.

Dr. Thomas Frieden, Commissioner of the NYC Department of Health and Mental Hygiene.

- 35,000 New Yorkers received free six-week supplies of nicotine patches with an over-representation of smokers who were non-white, foreign-born or residing in low-income neighborhoods — 11,000 of whom are now ex-smokers. [31]

- City-wide nicotine patch sales increased 31 percent in the same week the free patch program was launched.[32]

- From 2002 to 2003, the percent of adult New Yorkers who smoke declined from 21.6 percent to 19.2 percent, an 11 percent decrease — the fastest drop in smoking prevalence ever recorded nationally.

- This decline continued in 2004, when 18.4 percent of New Yorkers reported smoking — a 15 percent decrease from 2002. [33]

- As a result, by 2005, there were 200,000 fewer smokers and more than 50,000 premature deaths averted. [33]

According to Thomas R. Frieden, Commissioner of the NYC Department of Health and Mental Hygiene and chief architect of NYC's comprehensive five point plan, "Fewer New Yorkers are smoking today than at any point in at least 50 years. Most smokers want to quit and, for the first time ever, there are more former smokers than there are smokers in New York City." [30]

Michael Fiore, nationally recognized expert on smoking cessation and Chair of the Interagency Committee on Smoking and Health, which released the 2004 National Cessation Action Plan that included many of the same elements combined so successfully in NYC, has declared the city's success a model for other states and communities and for the nation.

It was the National Cessation Action Plan that led to the organization of the national state quitline network, which now includes quitlines in all 50 states, the District of Columbia and Puerto Rico—providing unprecedented access to free cessation counseling for all U.S. smokers.

"New York City has done all the right things—reducing exposure to secondhand smoke, increasing the excise tax, and helping current smokers quit. As a result, rates of smoking have declined and needless illness and death has been prevented. New York City is a model for what we need to do across America," Fiore stated. [30]

In fact, there is important potential for replicating this model through:

- Continued efforts to seek funding to implement additional components of the National Cessation Action Plan (e.g., provider education, free medication, strategic cessation research and surveillance). [18]
- Efforts launched by NTCC and Consumer Demand Roundtable members and participants to develop "playbooks" that will prepare states and communities to harness multi-strategy policy changes in a proactive way, to build consumer treatment demand and use.

Danny McGoldrick, director of research for the Campaign for Tobacco-Free Kids, notes that there are at least five states in which a "trifecta" of state issues (sales tax, smoke-free laws and funding for prevention and cessation programs) is being actively proposed and considered by governors and state legislatures in the year 2007 — including Wisconsin, Oregon, New Mexico, Iowa and Maryland.

ALIGNING MULTIPLE HEALTHCARE POLICY AND SYSTEMS CHANGES: HEALTH PLAN EXAMPLES

Federal, state and community policy and environmental changes (e.g., clean indoor air laws, tobacco tax increases, treatment coverage expansions, counter-advertising and cessation media campaigns) provide powerful motivation, incentives and support for quitting at the population level.

Similar policy and environmental supports can be harnessed at the health plan or provider organization level (e.g., coverage expansions; computerized reminder systems and communication campaigns aimed at providers and patients; pay-for-performance incentives to reward HEDIS report-card scores for tobacco use screening and intervention).

Several leading health plans have implemented these kinds of health care systems and policy changes to achieve breakthroughs in the proportion of their enrollees who are screened and treated for tobacco use and dependence. These plans have drawn on internal and external quitting resources to increase treatment delivery and

"The New York City experience and the health plan examples show what is achievable by combining and integrating multiple strategies that build consumer demand."

reduce the burden on busy office staff. In some cases, plans worked to promote effective state tobacco control policies (tax increases, smoke-free airs laws), and created systems to prompt, monitor and improve their progress. For example:

- Over a 10-year period, a smoking cessation initiative at Group Health Cooperative in Seattle reduced the prevalence of adult smoking from 25 percent to 15 percent, 5 percentage points below the Washington state average. [34, 35, 36]

- Kaiser Permanente of Northern California achieved enrollee adult tobacco use rates of 12 percent, the 2010 national prevalence goal and 4.5 percent lower than California's 16.5 percent smoking prevalence, by identifying smokers and referring them to effective health plan and external quitting programs. [36]

- Two federally qualified health centers serving predominantly low-income African-American smokers used participatory approaches to change multiple systems of care. [37] Within two years, provider quit advice and offers of cessation assistance reached impressive levels of 80 percent and 64 percent, respectively.

These case studies show what could be achieved by aligning health care systems and policy changes in health plans and provider organizations across the country. One of the unexpected benefits is that smokers who are offered help to quit report higher satisfaction with their overall care. [38]

The New York City experience and the health plan examples show what is achievable by combining and integrating multiple strategies that build consumer demand.

MAKE VARIED CESSATION TREATMENTS AND MODALITIES AVAILABLE IN A SEAMLESS SYSTEM OF CARE

All of the examples above involved taking a "systems approach" in making a range of proven cessation treatments accessible and freely available in a coordinated system of care management. This is the approach recommended by Consumer Demand Roundtable members David Abrams, director of the NIH Office of Behavioral and Social Sciences Research, and Amanda Graham, Georgetown University School of Medicine. They point to the need for "second-generation" delivery systems that integrate multiple treatment modalities (e.g., telephone, web-based, face-to-face counseling, medication support, physician brief counseling, etc.) into a seamless system of support and assistance that can be tailored to meet the needs of various consumers throughout their quitting journey. Such systems allow for flexible self-tailoring and can harness the power of supportive tobacco control policies.

Many efforts are starting to take this approach:

- The North American Quitline Consortium reports that state quitlines are increasingly establishing links to and from physician offices (via fax referrals), directly dispensing NRT to eligible quitters, and connecting callers to integrated websites for 24/7 support.
- *EX,* a new cessation program developed by the American Legacy Foundation, provides smokers who want to quit with the information and resources they need to be successful. This multi-component program is designed to work in partnership with existing state and local organizations. *EX* employs media campaigns that drive smokers to 1-800-QUIT-NOW telephone counseling services (which can link callers to local providers and clinics for face-to-face counseling) and to the *BecomeAnEX.org* website for further information and assistance in developing a personalized quit plan. *EX* messaging focuses on building smoker confidence before they begin the quit process both via advertising and online exercises. The program is pilot-testing in multiple markets in early 2007 and—based on evaluation results—could launch nationally in late 2007 or early 2008 with the backing of an alliance of public and private partners. In preparation for a national launch, Legacy is currently developing *EX* materials for Latino and low-literacy populations.

Conclusion

Increasing interest in, demand for and use of proven tobacco cessation products and services represents an extraordinary opportunity to reduce adult tobacco use—the nation's single greatest cause of preventable death and disease, and a major source of healthcare burden and disparities.

Providing more smokers with tobacco cessation products and services that they find both appealing and effective could lead to a significant increase in the nation's overall quit rate and help to eliminate growing disparities in health outcomes. But it is a challenge that will require bold thinking; innovation; comprehensive, integrated changes in policy and practice; and innovations that result from taking a "consumer perspective."

Use the checklist to see if you and your organization are doing all you can to build demand for cessation products and services.

CONSUMER DEMAND CHECKLIST

Are you and your organization:

Viewing smokers as consumers and taking a fresh look at quitting from their perspective?

- Developing a better understanding of quitters' preferences and needs?
- Focusing on the "consumer experience"?
- Understanding the quitting journey and engaging smokers all along the way?

Redesigning evidence-based products and services to better meet consumers' needs and wants?

- Using consumer-centered design principles?
- Ensuring products and services materials follow health literacy principles?

Marketing and promoting cessation products and services in ways that reach smokers—especially underserved smokers—where they are?

- Engaging smokers in new ways and in new places?
- Telling stories instead of simply sharing facts and information?
- Using evidence-based promotion principles to help guide the development and targeting of smoking cessation campaigns?
- Using new forms of marketing to reach smokers?
- Correcting the misperceptions about what works and what doesn't about nicotine and nicotine replacement therapies (NRTs)?

Seizing policy changes as opportunities for "breakthrough" increases in treatment use and quit rates?

- Stimulating and harnessing the treatment demand that is generated by tobacco control policy changes?
- Clarifying and heightening the incentives for purchasers, health insurers, and businesses to expand tobacco cessation treatment access and coverage?
- Allocating new MSA "bonus funds" for tobacco control?

Systematically measuring, tracking, reporting, and studying quitting and treatment use — and their drivers and benefits — to identify opportunities and successes?

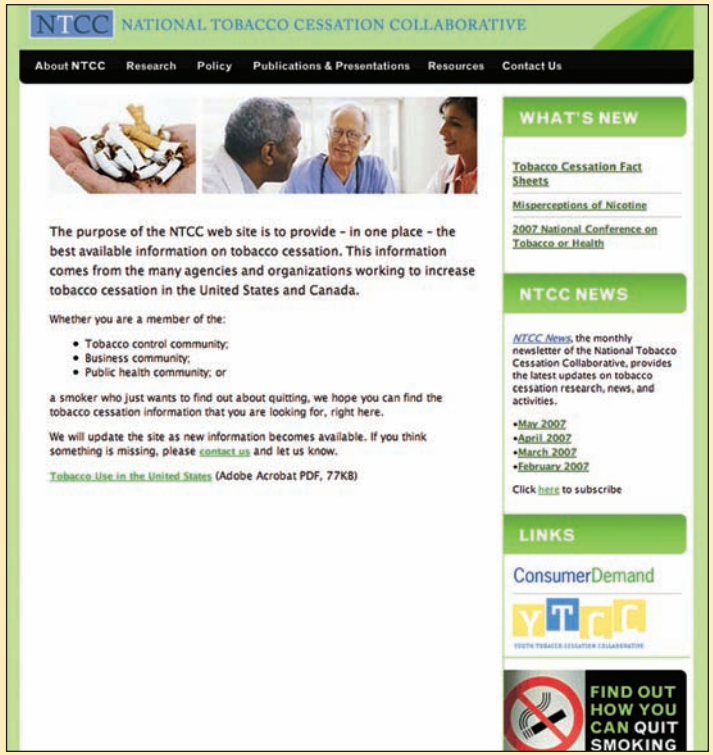
- Using a longitudinal cohort study of quitting motivation and behavior, treatment beliefs, demand, use, cost and benefits as a tool for advocacy and research?
- Funding consumer demand research?

Combining and integrating as many of these strategies as possible for maximum impact?

- Aligning multiple policy and treatment strategies, such as New York City officials did?
- Aligning multiple healthcare policy and systems changes, such as some health plans have done effectively?
- Making varied cessation treatments and modalities available in a seamless system of care?

To participate in the Consumer Demand and NTCC activities described in this document, please contact Todd Phillips of AED at 202-884-8313 or at *tphillip@aed.org*.

For more information about NTCC, please visit *www.tobacco-cessation.org*.



The NTCC website provides the best available information on tobacco cessation from the many agencies and organizations working to increase tobacco cessation.

THE NTCC CONSUMER DEMAND ROUNDTABLES AND CONFERENCE

Consumer Demand Roundtable Members

David Abrams, Ph.D.
National Institutes of Health

Linda Bailey, J.D., M.H.S.
North American Quitline Consortium

Matt Barry, M.P.A.
Campaign for Tobacco-Free Kids

Tim McAfee, M.D., M.P.H.
Free & Clear

Carlo DiClemente, Ph.D. (Chair)
University of Maryland

Amanda Graham, Ph.D.
Brown Medical School

David Graham, M.P.A.
Pfizer, Inc. (Now Johnson & Johnson)

Karen Gutierrez
Global Dialogue for Effective Stop Smoking Campaigns

Pablo Izquierdo, M.A.
Elevacion Ltd.

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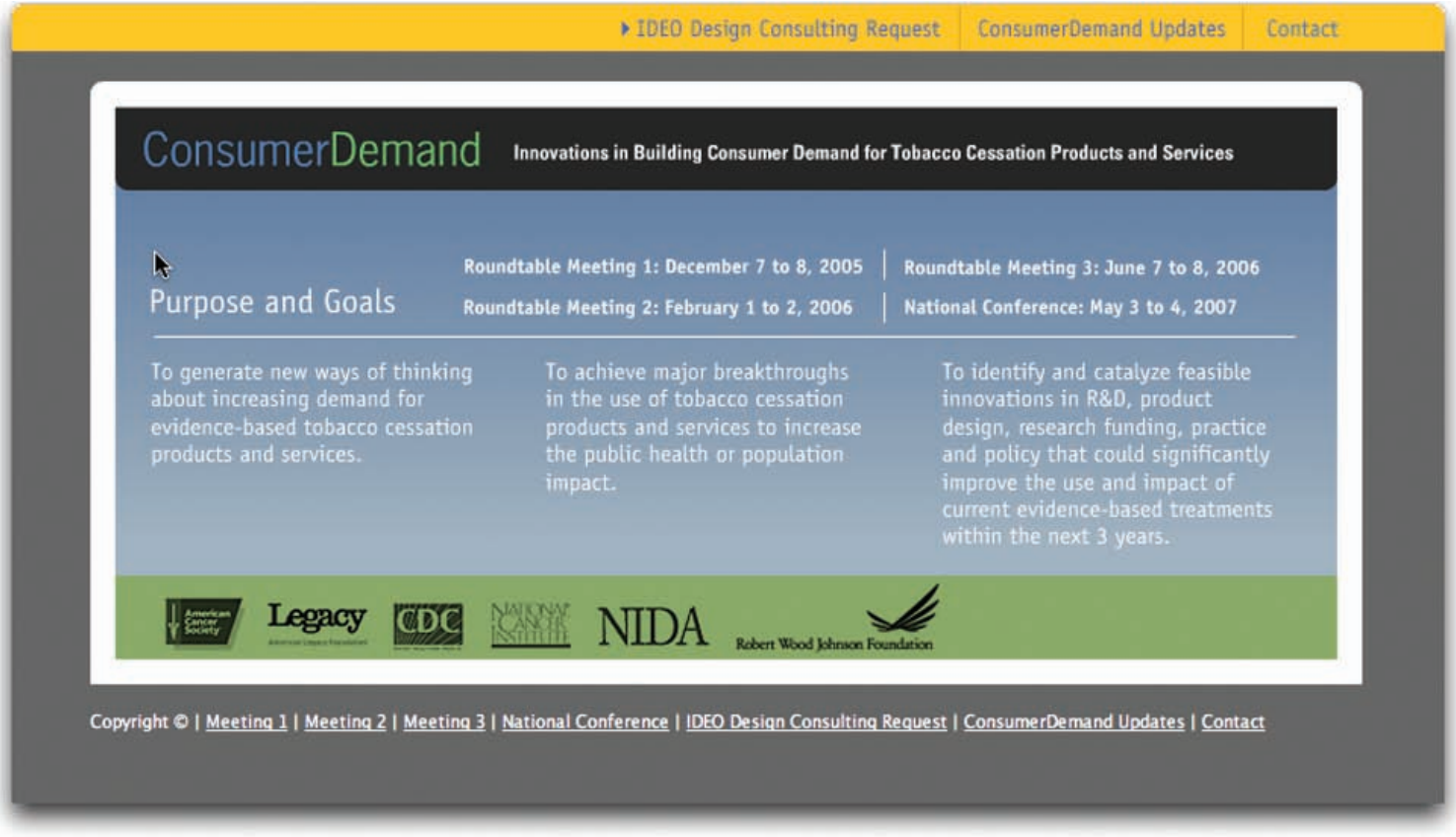

For more information about the Consumer Demand Roundtable, please visit *www.consumer-demand.org*.

Many other individuals participated in the Consumer Demand Roundtables and Conference. To view a list of these participants, please visit *www.consumer-demand.org*.

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