Increasing Tobacco Cessation in America

A Consumer Demand Perspective

C. Tracy Orleans, PhD, Patricia L. Mabry, PhD, David B. Abrams, PhD

This supplement to the *American Journal of Preventive Medicine* is coming out at a critical juncture in U.S. tobacco control history. We've seen enormous progress in the past decades in several public health policy domains: Tobacco tax increases, clean indoor air laws, and effective counter-marketing campaigns have led to impressive declines in youth tobacco use. Great progress has been made as well in discovering and disseminating effective quit-smoking treatments and to a lesser extent in the policies that support their use. But these gains have not translated into expected reductions in adult tobacco use. Reductions in adult tobacco use have lagged behind declines in youth uptake. Moreover, the most vulnerable populations (racial/ethnic minorities and lower-income populations) have not kept pace with gains among more-advantaged groups, exacerbating existing health disparities.

The aim of this supplement is to call attention to the utility of bringing a consumer-oriented perspective to population-level tobacco-cessation efforts—in order to increase the demand for, and use and reach of, evidence-based treatments, and to spur the wider adoption of policy changes that will make these treatments affordable, accessible, and easier to use. The articles and commentaries in this supplement[1–20] reflect the view that if we could increase consumer demand for evidence-based tobacco-cessation products and services, many more people would attempt to quit, and would succeed in doing so. They were stimulated by a series of roundtable meetings and a conference exploring this potential (i.e., consumer-demand.org/) and charting its possible population impact.

From the Robert Wood Johnson Foundation (Orleans), Princeton, New Jersey; Office of Behavioral and Social Sciences Research (Mabry), NIH, Bethesda, Maryland; and Department of Health, Behavior, and Society (Abrams), The Johns Hopkins Bloomberg School of Public Health and The Schroeder Institute for Tobacco Research and Policy Studies, American Legacy Foundation, Washington DC

Address correspondence and reprint requests to: C. Tracy Orleans, PhD, Robert Wood Johnson Foundation, College Road East, Princeton NJ 08543. E-mail: torlean@rwjf.org.

0749-3797/00/$17.00
doi: 10.1016/j.amepre.2010.01.013

The 2006 NIH State-of-the-Science Conference on Tobacco Use[21] and related reviews[22] have singled out the need to build consumer demand for and use of proven cessation services as having untapped potential for increasing their reach, use, and impact. The 2008 IOM report "Ending the Tobacco Problem: a Blueprint for the Nation"[23] emphasizes the need to expand treatment use by aligning cessation treatments and the policies that support their use and delivery across all levels of healthcare and public health systems, and it calls for a coordinated, comprehensive strategy to dramatically increase the number of smokers who quit each year. The IOM report and others concluded that "systems integration is arguably the single most critical missing ingredient needed to maximize the as yet unrealized potential to significantly increase population cessation rates."[24]

The timing of our exploration of the consumer perspective follows decades of extraordinary policy change and changes in social norms, which can be harnessed to facilitate the dramatic reductions in adult smoking prevalence we seek, and that we believe are within our reach—maybe for the first time. A number of forces have come together providing unprecedented support for smokers' quitting efforts:

- In 2009, the U.S. Congress enacted the largest federal tobacco tax increase in the nation's history. The federal and the average state cigarette excise tax combined is now $2.35 per pack, more than four times the 1996 tax rate of $0.57 per pack. There is strong evidence that higher taxes not only deter use but promote cessation—especially among low-income Americans and youth.
- By the end of 2009, 32 states and hundreds of communities had enacted comprehensive smokefree laws, including restaurants and bars, giving 62% of the U.S. population protection from environmental tobacco smoke (up from 13% in 2002, just 8 years ago). Research conducted in the past decade has found that smokefree air laws provide an impetus for quitting and increase the odds of success.
- Reducing and removing cost barriers has proven an effective strategy for increasing cessation: Medicaid

coverage for evidence-based quit-smoking treatments has expanded from three states in 1995 to 43 states in 2009; in 2004, the USDHHS mandated the creation of a network of telephone-based cessation services, providing effective, no-cost assistance (counseling and in some cases medication) to smokers in all 50 states and the District of Columbia; smokers who are aware of their tobacco-cessation benefits and accessible services are more likely to use them and more likely to quit successfully when they do. Economic stimulus funds through the American Recovery and Reinvestment Act of 2009 have been allocated for state quitlines and for state and community tobacco control interventions, and there is potential in pending health reform legislation for advances in the coverage of cessation services and prevention strategies.

- In 2009, the president signed H.R.1256, The Family Smoking Prevention and Tobacco Control Act, into law, giving the U.S. Food and Drug Administration (FDA) new authority to regulate the manufacture, marketing, and distribution of tobacco products to protect the public health (www.fda.gov/tobacco). FDA regulation of tobacco product marketing presents an extraordinary opportunity for the FDA to partner with established tobacco control entities to identify and implement new ways for preventing youth tobacco use and promoting youth and adult cessation.

Unfortunately, we have too often failed to "connect the dots" between these forces, especially to link public health policy changes (clean indoor air laws, tobacco tax increases) with policy and practice changes in the treatment arena. In addition, progress in the treatment arena has been much more modest than progress with public health advances. Expansions in treatment coverage have been modest; limited funding for quitline promotion and staffing has dampened quitline use and demand; and only a tiny fraction of tobacco excise tax and Master Settlement Agreement funds has been applied to tobacco-use prevention and treatment. Finally, advances in both public health and treatment arenas have widened the gap between the "haves" and "have-nots": clean indoor air laws, increased tobacco taxes, and investments in tobacco control programs and cessation services in poorer states have trailed behind investments made by wealthier states; those higher on the socioeconomic ladder have greater coverage of cessation treatment and greater access to evidence-based treatment.[25]

In sum, there is growing awareness that more can be, and needs to be, done to assure and coordinate the widespread, efficient dissemination and use of effective cessation treatments and policies. Direct-to-consumer marketing has been used to drive consumer demand in a number of areas including for pharmaceutical drugs. Atherly and Rubin[26] analyzed the value of direct-to-consumer marketing and concluded that it increases demand for the advertised drug, and that the effects are not just product-specific but generalize to the wider class of related drugs. Although they reported weaker evidence that direct-to-consumer advertising improves adherence and clinical outcomes, on balance, they found it to be beneficial and cost effective.

This issue offers examples of ways that a direct-to-consumer marketing approach, widely used and recommended in other healthcare[27] and consumer product[28] arenas, can be applied to develop more appealing and accessible cessation products and services.[29] Hyland and Cummings[15] argue that quit-smoking treatments must do a much better job of competing with the tobacco industry's continuing success in designing and marketing products that are both appealing and addictive.

The articles and commentaries in this supplement point concretely to ways that we can do better as a nation in the next decade—by moving smokers as consumers from the periphery to center stage in designing and implementing tobacco control policies and treatments; they cover a range of topics and include empirical studies, commentaries, and conceptual discussion as follows:

- the introductory paper defines the rationale for this special issue and why the major funders of U.S. tobacco control efforts came together to fund the Consumer Demand Roundtable initiative[14];
- a number of papers present the results and population health benefits of promising clinical, community, and state interventions to increase consumer demand for and use of evidence-based quit-smoking treatments, including to reduce growing disparities in smoking prevalence and treatment use[1,2,10–12];
- several papers describe ways to make effective programs more appealing to the smokers who need them most[2,3,5,9,10,12];
- three related papers based on an integrative systems framework use intervention efficacy data and computer simulation modeling to examine the separate and combined effects of multilevel interventions (various policies, treatments, and treatment delivery modalities)[6–8];
- several papers outline principles and directions for primary care, and state and national efforts to help institutionalize a consumer-based perspective;
- and the two final papers outline ways to judge the success of consumer demand–focused efforts.[4,19]

The 2009 legislation authorizing FDA regulation of tobacco products and their marketing gives us an unprec-

edented opportunity to work in ways that can integrate public health and clinical approaches, applying a consumer perspective and a comprehensive systems integrative approach[24,30] to maximize the impact of population-level efforts to increase treatment use and decrease tobacco use. From warning labels to restrictions on the ways that existing and new tobacco products are marketed, this legislation gives us new tools to add to those we already have.

Reaching more smokers, and especially underserved smokers, with effective treatments represents an enormous untapped opportunity for reducing the nation's adult tobacco use—the single greatest cause of preventable death and disease, and a major source of healthcare burden and disparities. It is a challenge that will require the kind of fresh thinking, innovative approaches, and coordinated changes in policy and practice at every level of healthcare and public health delivery systems described by the papers in this supplement. And it is a challenge for which the solutions have never been more within our reach.

No financial disclosures were reported by the authors of this paper.

References

1. McGoldrick DE, Boonn AV. Public policy to maximize tobacco cessation. Am J Prev Med 2010;38(3S):S327–S332.
2. Sheffer MA, Redmond LA, Kobinsky KH, Keller PA, McAfee T, Fiore MC. Creating a perfect storm to increase consumer demand for Wisconsin's tobacco quitline. Am J Prev Med 2010;38(3S):S343–S346.
3. Christiansen BA, Brooks M, Keller PA, Theobald WE, Fiore MC. Closing tobacco-related disparities: using community organizations to increase consumer demand. Am J Prev Med 2010;38(3S):S397–S402.
4. Barker DC, Gutman MA, Gordon SR. An initial assessment of the Consumer Demand Roundtable: results and promise. Am J Prev Med 2010;38(3S):S437–S446.
5. Cobb NK. Online consumer search strategies for smoking-cessation information. Am J Prev Med 2010;38(3S):S429–S432.
6. Levy DT, Graham AL, Mabry PL, Abrams DB, Orleans CT. Modeling the impact of smoking-cessation treatment policies on quit rates. Am J Prev Med 2010;38(3S):S364–S372.
7. Levy DT, Mabry PL, Graham AL, Orleans CT, Abrams DB. Reaching Healthy People 2010 by 2013: a *SimSmoke* simulation. Am J Prev Med 2010;38(3S):S373–S381.
8. Abrams DB, Graham AL, Levy DT, Mabry PL, Orleans CT. Boosting population quits through evidence-based cessation treatment and policy. Am J Prev Med 2010;38(3S):S351–S363.
9. Czarnecki KD, Vichinsky LE, Ellis JA, Perl SB. Media campaign effectiveness in promoting a smoking-cessation program. Am J Prev Med 2010;38(3S):S333–S342.
10. Muramoto ML, Wassum K, Connolly T, Matthews E, Ford L. Helpers program: a pilot test of brief tobacco intervention training in three corporations. Am J Prev Med 2010;38(3S):S319–S326.
11. DiClemente CC, Delahanty JC, Fiedler R. The journey to the end of smoking: a personal and population perspective. Am J Prev Med 2010;38(3S):S418–S428.
12. Weiss SM, Smith-Simone SY. Consumer and health literacy: the need to better design tobacco-cessation product packaging, labels, and inserts. Am J Prev Med 2010;38(3S):S403–S413.
13. Vallone DM, Duke JC, Mowery PD, et al. The Impact of EX®: results from a pilot smoking-cessation media campaign. Am J Prev Med 2010;38(3S):S312–S318.
14. Backinger CL, Thornton-Bullock A, Miner C, et al. Building consumer demand for tobacco-cessation products and services: The National Tobacco Cessation Collaborative's Consumer Demand Roundtable. Am J Prev Med 2010;38(3S):S307–S311.
15. Hyland A, Cummings KM. Using tobacco control policies to increase consumer demand for smoking cessation. Am J Prev Med 2010;38(3S):S347–S350.
16. Shiffman S. Smoking cessation treatment utilization: the need for a consumer perspective. Am J Prev Med 2010;38(3S):S382–S384.
17. Woods SS, Jaén CR. Increasing consumer demand for tobacco treatments: ten design recommendations for clinicians and healthcare systems. Am J Prev Med 2010;38(3S):S385–S392.
18. Husten CG. A call for ACTTION: increasing access to tobacco-use treatment in our nation. Am J Prev Med 2010;38(3S):S414–S417.
19. Backinger CL, Malarcher AM. The things that get measured are the things that get done. Am J Prev Med 2010;38(3S):S433–S436.
20. Saucedo CB, Schroeder SA. Simplicity sells: making smoking cessation easier. Am J Prev Med 2010;38(3S):S393–S396.
21. Backinger CL, O'Connell ME. Developing consensus on tobacco control and research. Am J Prev Med 2007;33(6S):S311–3.
22. Orleans CT. Increasing the demand for and use of effective smoking-cessation treatments reaping the full health benefits of tobacco-control science and policy gains—in our lifetime. Am J Prev Med 2007;33(6S):S340–8.
23. IOM. Ending the tobacco problem: a blueprint for the nation. Washington: The National Academies Press, 2007.
24. Abrams DB. Comprehensive smoking cessation policy for all smokers: systems integration to save lives and money. In: Bonnie RJ, Stratton K, Wallace RB, eds. Ending the tobacco problem: a blueprint for the nation. Washington: The National Academies Press, 2007.
25. Giovino GA, Chaloupka FJ, Hartman AM, et al. Cigarette smoking prevalence and policies in the 50 states: an era of change—the Robert Wood Johnson Foundation ImpacTeen tobacco chart book. Buffalo NY: University of Buffalo, State University of New York, 2009.
26. Atherly A, Rubin PH. The cost-effectiveness of direct-to-consumer advertising for prescription drugs. Med Care Res Rev 2009;66(6):639–57.

27. Hollon, MF. Direct-to-consumer marketing of prescription drugs creating consumer demand. JAMA 1999;281:382–4.
28. Kelly T. The art of innovation. New York: Random House, 2001.
29. Consumer demand design principles: 8 IDEO design principles for redesigning tobacco cessation products and services. Washington: Academy for Educational Development, 2009. www.tobacco-cessation.org/PDFs/IDEO_ConsumerDemand_F9.pdf.
30. Mabry PL, Olster DH, Morgan GD, Abrams DB. Interdisciplinarity and systems science to improve population health: a view from the NIH Office of Behavioral and Social Sciences Research. Am J Prev Med 2008;35(2S):S211–4.