

## National Recommendations for State and Local Tobacco Control and Future Possibilities

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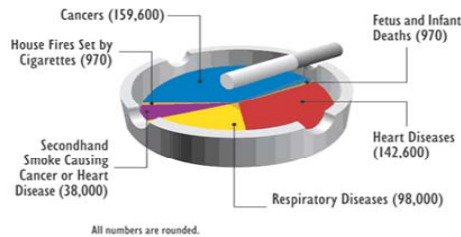
September 5, 2007  
Best of the West: Educating, Training and  
Collaborating on Tobacco Control  
Phoenix, Arizona

U.S. DEPARTMENT  
OF HEALTH AND  
HUMAN SERVICES  
National Institutes  
of Health

- What we know and what we still need to know
  - The Problem
  - The Evidence Base
  - Conference & Meeting Reports
- Recommendations
  - Pricing and Taxes on Tobacco
  - Media Campaigns & Counter Marketing
  - Secondhand Smoke Policies
  - Community-based Cessation
  - Pharmacology & Nicotine Replacement
- Collaborations & Partnerships
  - Identify Key Stakeholders
  - Identify Key Funding Opportunities
  - Identify Successful Collaborations & Partnerships
    - National & State Outlines
    - NCI Smoke-free meetings policy
- We challenge you

## Annual Deaths caused by smoking in the U.S.

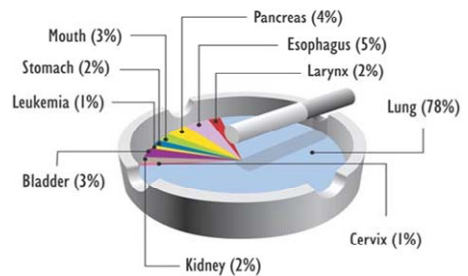
440,000 Deaths Each Year Caused by Smoking



Source: 2004 Surgeon General's Report: The Health Consequences of Smoking, CDC 2004.  
\*Numbers are rounded

## Percent of cancers caused by smoking

Cancers You Get From Smoking



Source: 2004 Surgeon General's Report: The Health Consequences of Smoking, CDC 2004. Numbers are rounded

## Agency-compiled evidence reviews and guidelines

### Public Health Service (PHS)

- Reports of the Surgeon General on Smoking and Health
- Treating Tobacco Use and Dependence: Clinical Practice Guideline

### National Cancer Institute (NCI)

- National Tobacco Control Monograph Series

### Cochrane Collaboration (Cochrane)

- Tobacco Addiction Reviews & Protocols

### Institute of Medicine (IOM)

- Tobacco Control Reports

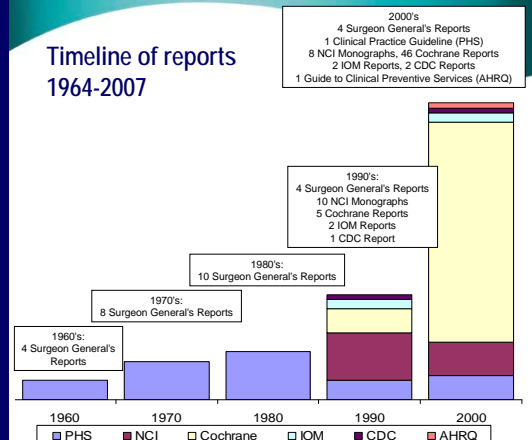
### Agency for Healthcare Research and Quality (AHRQ)

- Guide to Clinical Preventive Services: Report of the U.S. Preventive Services Task Force

### Centers for Disease Control and Prevention (CDC)

- Best Practices for Comprehensive Tobacco Control Programs
- The Guide to Community Preventive Services: Interventions to Reduce Tobacco Use and ETS Exposure

## Timeline of reports 1964-2007



## Reports of the Surgeon General on Smoking and Health (1964 - present)

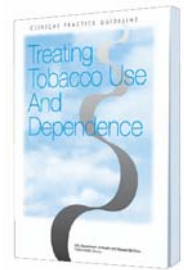
- 30 Reports from the Surgeons General since 1964.
- 1964: Surgeon General Appoints Advisory Committee on Smoking and Health. The Committee reviewed 6,000 articles published in 1,200 journals (from 1958-1962).
- "Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action."



Source: U.S. Department of Health and Human Services. Smoking and Health: A report of the Advisory Committee to the Surgeon General of the Public Health Service. U.S. Department of Health, Education and Welfare, 1964.

## Treating Tobacco Use and Dependence: Clinical Practice Guideline (2000)

- Strategies and recommendations are designed to assist clinicians; tobacco dependence treatment specialists; and health care administrators, insurers, and purchasers in delivering and supporting effective treatments for tobacco use and dependence.
- 6,000 articles reviewed to identify valuable literature.
- Over 180 articles identified for possible inclusion in a meta analysis, and over 500 more examined by the panel.



Source: Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.

## NCI Monographs on Smoking on Health (1991 - present)

- 18 NCI Monographs since 1991.
- 16 on ASSIST documents the models, insights, lessons learned and case studies about ASSIST interventions in policy, media and program services. Presents how ASSIST strategies were developed and implemented by state and local tobacco control coalitions using population-based research, public health practices, policy development and media advocacy.
- 17 on ASSIST Evaluation documents the complex and sophisticated nature of the ASSIST evaluation which represents a successful attempt to measure the effectiveness of upstream tobacco control interventions in an environment where these interventions were widely adopted beyond the states funded by NCI.



Source: cancer.gov

## Cochrane Collaboration (1993 - present)

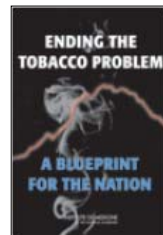
- 51 reviews and protocols in Tobacco Addiction since 1993.
- The Cochrane reviews explore evidence for and against the effectiveness and appropriateness of treatment (medications, surgery, education, etc.) in specific circumstances.
- Categories of review include cessation, harm reduction and prevention.



Source: <http://www.cochrane.org/index.htm>

## Ending the Tobacco Problem: A Blueprint for the Nation

- Institute of Medicine (IOM) Report released May 24, 2007.
- "Although the downward trend in tobacco use since 1964 has been described as one of the 10 greatest achievements in public health in the 20th century, this rate of progress is unlikely to continue in the coming decade."
- The Report calls for Excise Tax Boosts, Restrictions on Tobacco Marketing, and Federal Regulatory Control Over Tobacco Are Among Steps Needed to Reduce Smoking in the U.S.



Source: <http://www.nationalacademies.org/mor/news/20070524a.html>

## State-of-the-Science Conferences

### Purpose

- To evaluate available scientific information on a biomedical issue

### Includes

- Presentations by invited experts
- Oral and written statements from attendees, including scientific experts and the general public
- Systematic literature review prepared under contract with AHRQ (evidence report can be found at [www.ahrq.gov/clinic/epcix.htm](http://www.ahrq.gov/clinic/epcix.htm))

### Results

- Address the key conference questions
- Develop a statement that advances understanding of the issues and is useful to health professionals and the public
- The statement is an independent report of the panel; it is NOT an NIH policy statement

## State-of-the-Science

"We need to understand why effective strategies, such as smoke-free environments, pricing and taxes, media campaigns, and insurance coverage of cessation interventions, are not disseminated more widely and how to overcome barriers to their implementation."

NIH Consensus Development Program,  
"State-of-the-Science Conference on  
Tobacco Use: Prevention, Cessation and Control,"  
Bethesda, MD, June 12-14, 2006



Source: NIH State-of-the-Science Conference Statement on Tobacco Use: Prevention, Cessation, and Control. NIH Consensus State Sci Statements, 2006, 23(3): p. 1-26.

## President's Cancer Panel

In acknowledging progress on clean air laws in States across the US, the panel's report noted that it's critical "to continue to close the gaps and make progress in this area to protect public health."

President's Cancer Panel,  
"Promotion of Healthy Lifestyles  
to Reduce Cancer Incidence and Mortality,"  
Lexington, KY, October 23, 2006 Tobacco Control  
Jackson, MD, February 12, 2007 Tobacco Control



Source: President's Cancer Panel Statement: Promoting Healthy Lifestyles to Reduce the Risk of Cancer. October 23, 2006 [cited 2007 June 20]. Available from: <http://deainfo.nci.nih.gov/advisory/pcpp/23oct06.htm> President's Cancer Panel Statement: Promoting Healthy Lifestyles to Reduce the Risk of Cancer. February 12, 2007 [cited 2007 July 30]. Available from: <http://deainfo.nci.nih.gov/advisory/pcpp/12feb07.htm>

## President's Cancer Panel Recommendations for Stake Holders

- **Reallocate existing NCI, CDC, and other Federal resources to better mirror the tobacco-related disease burden and capitalize on opportunities for progress.**
- Add the conduct of meaningful tobacco-related activities to the evaluation criteria for NCI-designated Cancer Centers.
- **Prohibit recipients of NCI grants and contracts from accepting money from tobacco companies and their subsidiaries. Other Federal agencies should consider similar requirements.**
- Make coverage of tobacco use cessation services and medications a standard benefit in all comprehensive health benefit packages.
- Adopt the AHRQ *Guidelines for Clinicians Treating Tobacco Use and Dependence* as part of the standard of care for all health care providers.



Source: President's Cancer Panel Statement: Promoting Healthy Lifestyles to Reduce the Risk of Cancer. October 23, 2006 [cited 2007 June 20]. Available from: <http://deainfo.nci.nih.gov/advisory/pcpp/23oct06.htm> President's Cancer Panel Statement: Promoting Healthy Lifestyles to Reduce the Risk of Cancer. February 12, 2007 [cited 2007 July 30]. Available from: <http://deainfo.nci.nih.gov/advisory/pcpp/12feb07.htm>

## The Next Generation Meeting

Experts from around the country were invited to give advice and set priorities; many diverse perspectives represented.

National Cancer Institute Workshop,  
"State and Community Tobacco Control  
Policy Research and Dissemination:  
The Next Generation"  
Bethesda, MD, April 16-17, 2007.



## The Next Generation Meeting

- Researchers, state and community tobacco control program managers, funding partners and tobacco control advocates offered input on future research needs related to these topics:
  - Secondhand smoke policies
  - Product regulation
  - Counter marketing
  - Pricing strategies
  - Community and State program funding
  - Population-based cessation strategies

## Tobacco Research Initiative for State and Community Interventions (TRISCI)

- To stimulate research to new or existing tobacco control interventions relevant to State and community tobacco control programs
- To have a real public health impact on the population
- To support research on innovative tobacco prevention and control interventions at the community, State or multi-state level, particularly policy or media-based interventions

## Goals of TRISCI Grants

- The results of this research will guide tobacco control programs across the Nation, in order to increase program effectiveness and produce real reductions in the prevalence of tobacco use
- Emphasize collaboration between:
  - Tobacco Control Researchers
  - State-based Comprehensive Tobacco Control Programs
  - Community-based Coalitions
  - Local Health Departments
  - Voluntary Health and Community-based Organizations

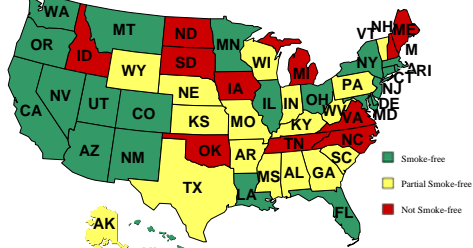
## Guideline Recommendations: Media Campaigns & Counter Marketing



- Media Campaigns are effective to both prevent initiation of tobacco use and encourage tobacco cessation.
- Wakefield et al found that tobacco industry cessation and prevention ads are ineffective or counter-effective.

Source: CDC. *Best Practices for Comprehensive Tobacco Control Programs*; [promomagazine.com/news/truth\\_campaign\\_message\\_young\\_people\\_022207/](http://promomagazine.com/news/truth_campaign_message_young_people_022207/); Wakefield, et al. (2006). Effect of televised, tobacco company-funded smoking prevention advertising on youth smoking-related beliefs, intentions, and behavior. *American Journal of Public Health*, 95(12):2154-2160.

## Guideline Recommendations: Secondhand Smoke Policies



- The 2006 Surgeon General's Report states there is no risk-free level of exposure to secondhand smoke.
- Smoking bans and restrictions are effective in reducing tobacco use and exposure

Source: U.S. Department of Health and Human Services. *Smoking and Health: A report of the Advisory Committee to the Surgeon General of the Public Health Service*. U.S. Department of Health, Education and Welfare, 1984.

## Guideline Recommendations: Community-Based Cessation



- Quitlines and web assistance have been shown effective in tobacco cessation.

Source: Community-based Interventions for Smokers: The COMMIT Field Experience. *Smoking and Tobacco Control Monograph No. 6*. NIH Pub. No. 95-4028, August 1995.

## Guideline Recommendations: Pharmacology & Nicotine Replacement



- NRT can double the smoker's chance of quitting smoking and achieves best results when combined with a personal quit plan.
- The FDA recently approved Chantix (Varenicline) for smoking cessation uses.

Source: Silagy C, Lancaster T, Stead L, Mant D, Fowler G. 2004. Nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev*. CD000146. [nicorette.ie/news/bbc.co.uk](http://nicorette.ie/news/bbc.co.uk).

## Critical Tobacco Control Policy Aspects of the State-of-the-Science Report

Question 1: What are the effective population- and community-based interventions to prevent tobacco use in adolescents and young adults, including among diverse populations?

### What we know works:

- Increased prices through taxes
- Laws and regulations that prevent, reduce and restrict youth access and exposure to tobacco smoke, tobacco products, and tobacco advertising
- Mass media campaigns

### What we need to learn:

- Need to develop school-based strategies that lead to sustained reduction in tobacco initiation

## Critical Tobacco Control Policy Aspects of the State-of-the-Science Report

Question 6: What research is needed to make the most progress and greatest public health gains nationally and internationally?

### Improve and implement effective policies

- Increase awareness of effective strategies for tobacco use prevention, cessation promotion, and ETS harm reduction
- Identify and overcome barriers to implementation of successful and comprehensive state-wide tobacco control programs
- Reimburse health care providers for offering tobacco cessation interventions

## Conclusions

- Prevention, especially among youth, and cessation are the cornerstones of strategies to reduce tobacco use.
- Tobacco use is a critical and chronic problem that requires close attention from health care providers, health care organizations, and research support organizations.
  - National Institutes of Health State-of-the-Science Conference Statement: Tobacco Use: Prevention, Cessation, and Control. (2006). Ann Intern Med.
  - <http://consensus.nih.gov/2006/2006TobaccoSOS029html.htm>

## Conclusions

- Tobacco use remains a very serious public health problem. Coordinated national strategies for tobacco prevention, cessation, and control are essential if the United States is to achieve the Healthy People 2010 goals.
- Most adult smokers want to quit, and effective interventions exist. However, only a small proportion of tobacco users try treatment. This gap represents a major national quality-of-care problem.
- Many cities and states have implemented effective policies to reduce tobacco use; public health and government leaders should learn from these experiences. Because smokeless tobacco use may increase in the United States, it will be increasingly important to understand net population harms related to use of smokeless tobacco.

## Tobacco control as a dynamic system

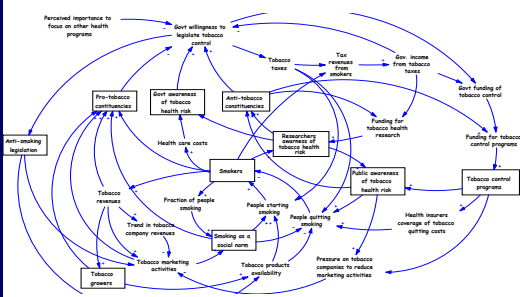
Society must be reconceptualized as a complex network of groups of interacting individuals whose membership and communication patterns are seldom confined to one such group alone.

– Diana Crane, Invisible Colleges (1972)

Tobacco control programs can be seen as a complex system made up of a network of individuals, groups, and organizations.

Source: Doug Luke Presentation to the TRISCI April 2007

## Causal factors as a dynamic system Richardson, 2006



Source: Doug Luke Presentation to the TRISCI April 2007

## Tobacco Research and Practice

Where are we?  
Where are we going?  
And, hey, wouldn't it be nice if we had an instruction manual on how to get there?

A goal without a plan is just a wish.

– Antoine de Saint-Exupery (1900 AD - 1944 AD)



Our goal is to turn knowledge into applications that benefit people



*"To him who devotes his life to science, nothing can give more happiness than increasing the number of discoveries, but his cup of joy is full when the results of his studies immediately find practical applications."*  
~Louis Pasteur

## Collaborations and Networks with a Goal of Translating Research to Practice

Building on our long history of, and commitment to, major comprehensive tobacco control initiatives at NCI: COMMIT, ASSIST, investigator-initiated research

Collaborating with CDC/OSH, especially the National Tobacco Control Program

Building networks of people doing state & community tobacco control research

Focusing on translating research to practice—major priority

Promoting the concept & practice of "Community-Based Participatory Research"—real Partnerships!

## What are Smoking Quitlines?

Telephone-based tobacco cessation services exist in many states, counties, and provinces since the 1980's

### Services provided:

- Educational materials
- Referral to local programs
- Individualized telephone counseling

## Smoking Quitline Advantages

### Proven effective:

- ORs -1.5-2.0

### Reduced barriers to treatment:

- Travel, cost, time availability, degree of anonymity

### Reduced program costs:

- Economy of scale
- Expanded reach
- Tailored treatment
- Ease of promotion

## National Network Partners

### National Cancer Institute

- Cancer Information Service

### Centers for Disease Control and Prevention

- Office of Smoking and Health

### The North American Quitline Consortium

### State Public Health Departments

### Quitline Vendors

## HHS Initiative: National Smoking Cessation Quitline Network

### Components of the Initiative:

- CDC to fund states with existing quitline services
- States without quitlines to establish a quitline service
- The National Cancer Institute to establish 1-800-QUIT-NOW telephone number

## Quitline™: 1 800 QUIT NOW

DC Tobacco Free Families Campaign, working with many partners, is offering DC residents free smoking cessation phone counseling through its Quitline™ program.

- Certified cessation counselors available 24 hours a day
- Receive five counseling call-backs
- Free patches or lozenges are available to qualified callers. <http://tobaccofreefamilies.org/index.php/help-quitline/quitline>
- Partners include:



Source: Tobacco Free Families website: <http://tobaccofreefamilies.org/index.php/help-quitline/quitline>

## NCI Smoke-free Meeting Policy announced July 13, 2006

NCI recognizes that Secondhand Smoke is an important preventable cause of death from cancer and other illnesses, and that many Americans, both adults and children remain at significant risk from Secondhand Smoke exposure. In order to reduce cancer and other serious health hazards caused by Secondhand Smoke exposure, all meetings and conferences organized and/or sponsored by NCI shall be held in a town, city, county, or state that is smoke-free, unless specific circumstances justify an exception from this policy.

- "NCI Announces New Smoke-free Meeting Policy to Address Major Public Health Hazard" Press release, July 13, 2006.

## Policy Goal: Reduce ETS Exposure

Exposure to secondhand smoke remains "a serious public health hazard," and there is no risk-free level of exposure.

- Surgeon General Richard Carmona, M.D., upon releasing *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. June, 2006.

"NCI seeks to recognize the contribution of states, counties, cities and towns that have chosen to protect the public, including employees, from secondhand smoke exposure. We hope this policy will encourage other states and cities to do likewise."

- Robert Croyle, PhD., Director of NCI's Division of Cancer Control and Population Sciences, NCI Press Release, July 13, 2006.

## We Challenge You

Build your programs on the strong evidence base

Work hard for comprehensive tobacco control policies

Reach out to build new partnerships and strengthen old ones

Be inclusive and creative

## Critical to Remember

Always thank your Collaborators!

THANKS:

Kelly Doran  
Brick Lancaster



Amanda Woodfield  
Erik Augustson

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[www.cancer.gov](http://www.cancer.gov)

*Everything you wanted to know about the NCI Grants Process...but were afraid to ask*

[www3.cancer.gov/admin/gab/index.htm](http://www3.cancer.gov/admin/gab/index.htm)

