Increasing Tobacco Cessation in America
A Consumer Demand Perspective
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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 supplement1–20 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.

The 2006 NIH State-of-the-Science Conference on Tobacco Use21 and related reviews22 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

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

coverage of cessation treatment and greater access to those higher on the socioeconomic ladder have greater trailed behind investments made by wealthier states; trollo programs and cessation services in poorer states have increased tobacco taxes, and investments in tobacco con-
treatment. Finally, advances in both public health arena. In addition, progress in the treatment arena has been much more modest than progress with 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.

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 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 and consumer product arenas, can be applied to develop more appealing and accessible cessation products and services. Hyland and Cummings 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;
- 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;
- several papers describe ways to make effective programs more appealing to the smokers who need them most;
- 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);
- 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.

The 2009 legislation authorizing FDA regulation of tobacco products and their marketing gives us an unprec-
edent opportunity to work in ways that can integrate public health and clinical approaches, applying a consumer perspective and a comprehensive systems integrative approach24,30 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