North American Quitline Consortium Annual Meeting

JUNE 8th and 9th
Decreasing Prevalence and Increasing Parity: Emerging Role of Quitlines

Greg Holzman, MD, MPH
Chief Medical Executive
Michigan Department of Community Health
Start Us Thinking

Positively

Energized

Fired Up

Focused
Those who cannot learn from history are doomed to repeat it.

GEORGE SANTAYANA
Business 101

Increase Demand

Decrease Cost
Money
Opportunity to increase market demand — increase profits
Concerns About Weight Control

Opportunity to increase market demand — increase profits
Don’t Mess With Hershey

Morphed
Increase Their Market Share
Expanding Markets: Women Smokers

- George Washington Hill, president of American Tobacco said in 1928, getting women to smoke “will be like opening a new gold mine in our front yard.”

- But tobacco companies did not advertise to women, for fear of sparking public outcry. Advertising was indirect.
Social Movements

1920 Constitutional amendment gave women right to vote
Women’s Suffrage

Opportunity to increase market demand — increase profits
Concerns About Controlling Stress

Opportunity to increase market demand — increase profits
White male smoking prevalence peaked at approximately 67% in the 1940s and 1950s\(^1\)

Female smoking prevalence peaked in the 1960s at approximately 44%\(^2\)

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\(^1\) National Institutes of Health, 1991; DHHS publication no. (NIH)92-3316

\(^2\) DHHS publication no. (PHS)93-1232.
What is going on?

- Lung cancer very rare early 20th century
  - 1914 – 0.6 per 100,000
  - 1930 – 4.9 per 100,000
  - 1990 – 75.6 per 100,000

Wayne “Marlboro Man” McLaren
Sept 12, 1940 -- July 22nd 1992
Age-adjusted death rate from breast and lung cancer, US, women, 1930-2000
Major events

- A prospective study by Drs. Doll and Hill “The mortality of doctors in relation to their smoking habits: a preliminary report”

- Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service – 1964 report

- Respiratory health effects of passive smoking lung cancer and other disorders – EPA 1992
MARKET
A Safety Hoax
“Scientific Facts”

- "AND NOW - CHESTERFIELD FIRST TO GIVE YOU SCIENTIFIC FACTS IN SUPPORT OF SMOKING."

"A responsible consulting organization reports a study by a competent medical specialist and staff on the effects of smoking Chesterfields...

'It is my opinion that the ears, nose, throat and accessory organs of all participating subjects examined by me were not adversely affected in the six-month period by smoking the cigarettes provided."
Deflect the Issue

![Bar chart showing age-standardized death rates per 100,000 women. The chart compares non-smokers and smokers across different time periods: 1960-64, 1965-68, 1969-72, and 1982-86. The death rates for smokers are significantly higher than those for non-smokers in each period. The highest death rate for smokers is 130.4 per 100,000 women, while the highest for non-smokers is 12.4 per 100,000 women.]
- Initiate New Smokers
- Make Sure Smoking Stays The Social Norm
- Encourage Smokers Not To Quit
Keep Initiating New Smokers
“If younger adults turn away from smoking, the industry must decline, just as a population which does not give birth will eventually dwindle”

“We at Philip Morris USA have long held the position that minors should not smoke and should not have access to cigarettes, and we have backed that commitment over the years with a series of concrete actions.”

-- James Morgan
President Philip Morris
1995
Big Tobacco’s latest double talk

3,000 kids a day get hooked on tobacco, 1 in 3 will die from it. The best way to prevent these deaths is pretty obvious: stop tobacco marketing that hooks kids. But America’s major tobacco companies don’t want that. Bad for sales. So watch out for more deadly double talk in a new front of ads from Big Tobacco starting this week. They want policymakers to believe they’re all about prevention...while they spent $13.5 million a year on marketing that attracts kids. These companies know almost 9 out of 10 adults hooked on cigarettes started as kids. Without children Big Tobacco has no future.

“Today’s Teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens…The smoking patterns of teenagers are particularly important to Philip Morris.”

-- 1981 Philip Morris internal document
“No one has ever become a cigarette smoker by smoking cigarettes without nicotine”

--W.L. Dunn (Phillip Morris), 1972
Thankfully, Big Tobacco is losing the battle
Keep Smoking the Social Norm
Edward R. Murrow
James Dean
John Wayne
Fred Flintstone
Lucy Ball
Clint Eastwood
President Eisenhower
President Kennedy
Sandy Olsson aka Olivia Newton-John
Bette Davis
Keep Smoking the Social Norm: Public Relations

1979 - “It seems to me our objective is...a ‘media event’ which in itself promises a lot but produces little.”

1995 – “If we don’t do something fast to project the sense of industry responsibility regarding the youth access issue, we are going to be looking at severe marketing restrictions in a very short time.”
Keep Smoking the Social Norm

- Have bogus anti-tobacco campaigns
  - “Think, Don’t Smoke.”
- Interfere with smoke free campaigns
- Prevent smoke free legislation
- Fight any tobacco tax increases

Philip Morris USA has run youth smoking prevention advertising campaigns, yet at least one of these campaigns has influenced teen attitudes toward smoking - in the wrong direction.

Thankfully, Big Tobacco is losing the battle
Thankfully, Big Tobacco is losing the battle

FIGURE 1. Annual adult per capita cigarette consumption and major smoking and health events — United States, 1900–1998

Sadly they are not losing this battle everywhere.

Big Tobacco is working hard in special populations.
Kill Sickness

Give, give, give
- National Urban League
- Churches
- Political
- Social
- Artistic
- Banks and Insurance Co.
- Media Groups

“Fast method of building image in the inner city black segment is exposure through involvement with the community”

-- R.J. Reynolds, Chicago Metro Marketing Plan for the Inner City Black Segment (1976)
“Today tolerance for my smoking may be under attack. Tomorrow it may be tolerance for someone else’s right to pray or choose a place to live. So the real issues isn’t smoking against nonsmoking – it’s discrimination against tolerance.”

-- Hugh Cullman --
John Holoman – President of the Herald Dispatch – Antismoking regulations would hurt an industry which is good to blacks

“Our opposition is based on a long tradition of confronting discrimination that the white mainstream and majority press often ignore.”

Hazel Duke - President of the New York state conference of NAACP branches
Gotcha

The anatomy of dependence

Reliant

Make Friends

Donated Money

Common Causes
Rights

Sexual Orientation

Traditional Rights
Current smoking rates by racial and ethnic groups, 2007

- AI/AN: 32.4%
- Whites: 19.5%
- Blacks: 21.5%
- Hispanics: 16.5%
- Asian – Americans: 10.4%
- MultiRacial: 24.1%

Smoking Prevalence by Income, 2007

Source: 2007 Behavioral Risk Factor Surveillance Survey
Smoking Prevalence by Education, 2007

Age Group

< H.S  | H.S or GED | Some post H.S. | College grad

32.9% | 26.0% | 21.2% | 9.6%

Source: 2007 Behavioral Risk Factor Surveillance Survey
Encourage Smokers Not To Quit
• Exposure to secondhand tobacco smoke has decreased
• Smoke free indoor air laws have increased substantially
• Smoking cessation attempts among adult smokers are virtually unchanged—most attempts are unsuccessful
• Tobacco use among adults continues to gradually decline
• Tobacco use among adolescents has decreased considerably, although decline has stalled since 2003
## Quitlines Work: The Evidence

### LONG TERM ABSTINENCE RATES

<table>
<thead>
<tr>
<th>Method</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold Turkey</td>
<td>5%</td>
</tr>
<tr>
<td>Proactive Telephone Counseling Alone</td>
<td>13.1%</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>13.9%</td>
</tr>
<tr>
<td>Medication Alone</td>
<td>23.2%</td>
</tr>
<tr>
<td>Medication &amp; Telephone Counseling</td>
<td>28.1%</td>
</tr>
</tbody>
</table>
Advantage that are beneficial when working with disparate populations:

- Wide range of hours
- No transportation needed
- No childcare needed
- No medical visit required
- Toll free
- Translation or counselors fluent in other languages
We Have Challenges Too

Inconsistent guidelines between quitlines

Different product offerings between quitlines

Disconnect between quitline/govt. and private insurers/hospitals/providers
We Have Challenges Too

Mistrust of government provided service

“The most terrifying words in the English language are: I'm from the government and I'm here to help.”

Ronald Reagan
Disparate Populations

HELP
Challenges when working with disparate populations

- Limited minutes/mobile phones
- No access to medication – or “contra-indications” to medications
- Not a local resource
Huge Challenge

Inconsistent funding
NAQC Annual Conference