

## **SBM and SRNT Urge Increased Funding of Quitlines and Research to Maximize Public Health Benefits of 1-800-QUIT-NOW on Cigarette Packs**

### Position:

Representing many of the nation's leading tobacco control scientists, and clinical and public health practitioners, the Society of Behavioral Medicine (SBM) and the Society for Research on Nicotine & Tobacco (SRNT) welcome the historic June, 2011 Food and Drug Administration (FDA) rule on new warning labels for cigarettes. With this new rule, the United States will join more than 18 countries across the world that include quitline telephone numbers along with hard-hitting graphic messages as part of the health warning labels for tobacco products. These enhanced health warnings with the quitline number are designed to discourage more nonsmokers from starting to smoke, to encourage more smokers to quit, and to increase their use of evidence-based tobacco cessation services available at no-cost from state quitlines.

The warnings were scheduled to appear on cigarette packs at retail outlets in September 2012. On August 17, 2011, a lawsuit was filed by the tobacco industry to prevent the new warnings from going into effect. On November 7, 2011, Federal District Court Judge Leon issued a decision granting the tobacco companies a preliminary injunction based on his conclusion that the new FDA warning labels violate the First Amendment. If Judge Leon's ruling is not overturned, the new warning labels will not appear until the underlying lawsuit is completed. This might not be until 2013 or later. The U.S. Government is expected to appeal Judge Leon's decision. If the government can get this initial ruling reversed then the new warning labels could begin appearing on cigarette packs as planned by September 2012.

Other policy changes have already gone into effect. To reduce the financial barriers to quitline services, especially among the disproportionate number of U.S. smokers in lower-income populations, the DHHS Centers for Medicare & Medicaid Services (CMS) announced on June 24, 2011 that it would allow state Medicaid programs to reimburse the delivery of evidence-

based quitline counseling and operations costs as an administrative expense at a 50% match rate, and encouraged states to actively promote the availability of quitline and other CMS-covered quit smoking treatment benefits. <<http://www.naquitline.org/news/67417/Centers-for-Medicare--Medicaid-Announces-a-Series-of-Changes-totheir-Coverage-for-Tobacco-Cessation.htm>>

To maximize the public health impact of these new policies, whenever they go into effect, we need planned, proactive research. This includes monitoring and evaluating (1) including 1-800-QUIT-NOW number on the FDA's new graphic warning labels, and (2) increasing CMS coverage of state quitline services. The SBM and SRNT research communities are uniquely positioned to take a leading role in designing and conducting this research -- to strengthen early FDA and HHS policy implementation and impact.

#### Additional Background:

The toll-free 1-800-QUIT-NOW national quitline portal, which connects callers with their state quitlines, was selected for FDA's new warning labels as the single most accessible source of unbiased, evidence-based quitting information and assistance available to smokers in the US.

In fiscal year 2010, state quitlines received nearly one million calls addressing education about treatment options, problem-solving and logistical assistance, and direct enrollment into treatment services. Nearly 500,000 smokers enroll in quitline treatment each year.<sup>1</sup> Quitline services greatly increase the chances that a smoker will quit and are provided free of charge. The 2010 NAQC Annual Survey of Quitlines<sup>1</sup> indicated that the 1-800-QUIT-NOW portal provides unprecedented levels of access to evidence-based quitline services, which also have been shown to successfully reach many underserved and high-risk groups who suffer a disproportionate burden of tobacco-caused death and disease.

Existing international studies demonstrate that warning labels that effectively communicate the risks of smoking, increase quitting motivations, intentions and attempts, and that smokers who perceive greater smoking-related health hazards are more likely to consider quitting, attempt to quit, and quit.<sup>2,3,4</sup> Combining new warning labels with the 1-800-QUIT-NOW number and quitline promotions is likely to generate similar synergistic impacts in quit motivation, attempts and successes, and to reduce disparities. The research community must be able to act whenever the courts permit the FDA warnings to go into effect.

In sum, the new FDA rule combined with expanded Medicaid coverage for quitline services has brought us to a watershed moment for reducing tobacco use and its disparities and harms in the U.S., with lessons for other nations as well.

### Recommendations

SBM and SRNT join together to *urge policy makers to support adequate quitline service funding to handle increased call volume* and assure that callers receive appropriate services. We also *urge strong research leadership and funding for research to monitor, evaluate and maximize the public health benefits*. The SBM and SRNT research communities should act now to advance research efforts, producing results that can inform early FDA and HHS policy implementation and creating ongoing feedback to assess and help assure success of these policies.

The time between now and whenever the new FDA warning labels are scheduled to appear in retail outlets, provides an important “window of opportunity” to support and implement funding and research.

Research and evaluation will require more frequent surveys of smokers’ quit attempts, methods and results, and provider quit smoking treatment and quitline referral rates, as well as ongoing surveillance of quitline services and promotions, and state support for quitline services, including pre-implementation baseline studies and annual updates and public reports (e.g., MMWR, DHHS CMS, and NAQC).

Leaders and members of SBM’s and SRNT’s international affiliates can help facilitate cross-border learning - especially given the large number of countries that already have included quitline service numbers on their graphic warning labels. Much could be learned, for instance, by collaborating in real time with Canada’s planned study of how adding a quitline number to their existing graphic warning labels affects: (a) quitline reach, and reach equity; (b) population-wide and subgroup quit rates; (c) health professional quitline referrals; and (d) quitline operations, costs and service protocols.

FDA’s historic rule on cigarette warning labels, and CMS’ provision of matching funds for state quitline services and quitline coverage for Medicaid beneficiaries, together provide a new public health opportunity to reduce the death and disease toll from tobacco use. Adequate funding to achieve that goal, together with strong science-based leadership and advocacy, are essential for

advancing national and global efforts to reduce tobacco use -- which remains the world's single largest cause of preventable disease, premature death and avoidable healthcare costs.

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<sup>1</sup> North American Quitline Consortium (2011). Results from the 2010 NAQC Annual Survey of Quitlines. Available at <http://www.naquitline.org/?page=survey2010>

<sup>2</sup> Hammond D et al (2006). Effectiveness of cigarette warning labels in informing smokers about the risks of smoking: Findings from the International Tobacco Control (ITC) Four Country Survey. *Tob Ctrl* 15 (Suppl III): iii19-iii25.

<sup>3</sup> O'Hegarty M et al (2006). Reactions of young smokers to warning labels on cigarette packages. *Am J Prev Med* 30 (6): 467-73.

<sup>4</sup> Fiore MC et al (2008). Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services Public Health Service.