REWIND, REMIND

Webinar Takeaways

The webinar ***Smoking Cessation – An Overview of the Surgeon General's Report*** was aired on June 24, 2020.

The first part of the webinar covered the prevalence and disparities of cigarette smoking among US adults, patterns of cessation among smokers, biological insights, the public cost benefits of cessation, interventions, and strategies that promote smoking cessation. The second part covered an update on quitlines and the Quitline Consortium, the implications of the report for quitlines, and how quitlines and cancer coalitions could leverage the new Surgeon General's Report.

This document summarizes the key takeaways from the webinar, which can be accessed at the following link: https://youtu.be/TZphAb8ORvk.

The *American Cancer Society* **Comprehensive Cancer Control (ACS CCC)** team hosted the webinar. The ACS CCC team seeks to build the capacity of grant recipients in the *Centers for Disease Control and Prevention* **National Comprehensive Cancer Control Program** to implement policy, systems, and environmental change approaches and evidence-based promising practices in cancer prevention, screening, diagnostic follow-up, and survivorship.

Presenters

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Tobacco Cessation and Lung Cancer Screening

About 34.2 million Americans (13.7% of the population) smoked in 2018. For each smoking-related death, at least 30 people live with a serious smoking-related illness. Cigarette smoking and secondhand smoke exposure kill about 480,000 Americans each year. Smoking costs the public more than 300 billion in medical costs and lost productivity every year.

Prevalence and Disparities of Cigarette Smoking

- Among adults 18+, smoking decreased from 24.1% in 1998 to 13.7% in 2018.
- Smoking disparities can be seen in many dimensions. Smoking prevalence is significantly higher among those with non-white races or ethnicities, lower education levels, lower household incomes, lower levels of medical insurance, higher levels of disabilities, higher levels of psychological distress, and among the LGBTQ population.

Tobacco Control Interventions that are Known to Work

- Tobacco price increases
- Smoke-free policies
- Access to cessation supports
- Hard-hitting media campaigns

Trends in Smoking Cessation

- More than 66% of adult smokers who tried to quit during the past year did not use evidence-based treatment, although the use of evidence-based cessation counseling and medications has increased among adult smokers since 2000.
- Four of nine smokers who saw a health professional during the past year did not receive advice to quit, although the provision of advice to quit has increased since 2000.
- Marked disparities in cessation behaviors persist across population subgroups defined by education level, poverty status, health insurance status, race/ethnicity, geography, and age.

Health Benefits of Smoking Cessation

- Cessation reduces the following risks from smoking: cancer, reproductive health outcomes, cardiovascular disease, coronary heart disease, chronic respiratory disease, and asthma.

- Cessation reduces the risk of these cancers: lung, laryngeal, oropharyngeal, esophageal, pancreatic, bladder, stomach, colorectal, liver, cervical, kidney, and acute myeloid leukemia.
- The relative risk of lung cancer decreases steadily after smoking compared with people who continue to smoke. Risk drops by about 50% 10-15 years after cessation.
- Cessation improves well-being, including a higher quality of life and improved health status.
- Cessation reduces mortality and increases lifespans.
- Smoking cessation interventions are cost-effective and reduce public healthcare costs.

Proven Treatments for Smoking Cessation

- Behavioral counseling and cessation medication interventions increase smoking cessation compared with self-help materials or no treatment at all.
- Counseling and medications are independent interventions that work best when combined.
- Proactive quitline counseling increases cessation with or without the use of medications.
- The evidence is inadequate to infer that e-cigarettes help to increase smoking cessation.

Clinical and Health System Strategies

- The use of evidence-based guidelines increases the delivery of clinical cessation interventions.
- The promotion of cessation insurance coverage increases the use of cessation treatments.
- Strategies that link quality measures with provider reimbursements increase the rate of delivery of clinical treatments for smoking cessation.
- Tobacco quitlines are an effective, population-based approach to motivate quit attempts and increase cessation rates.

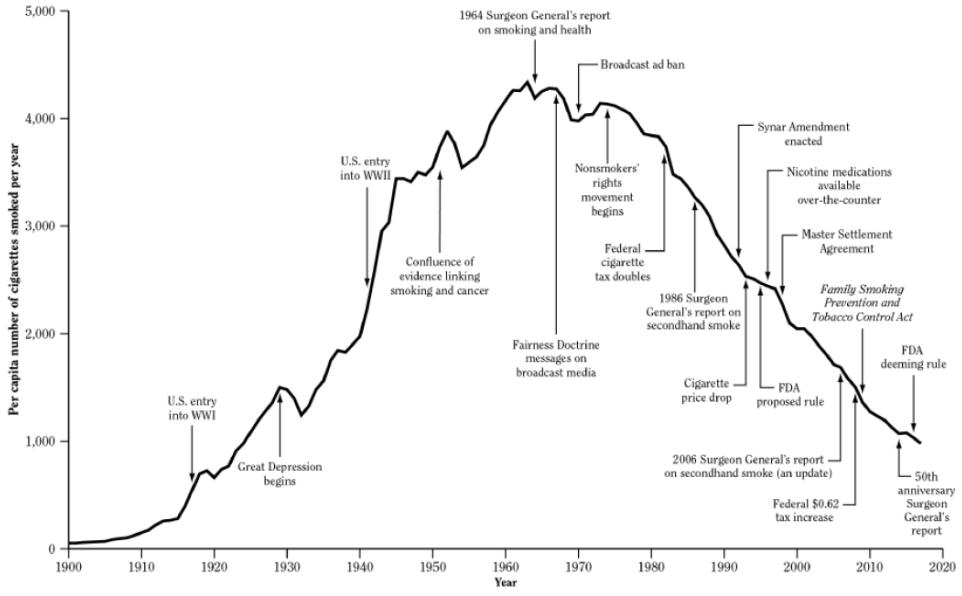
Population-Based Strategies

- Increased cigarette prices reduce consumption and prevalence and increase cessation.
- Smoke-free policies reduce consumption and prevalence and increase cessation.
- Mass media campaigns increase the number of calls to quitlines and increase cessation.
- Comprehensive state tobacco control programs reduce prevalence, increase quit attempts, and increase cessation.
- Large, pictorial health warnings increase knowledge about the harmful effects of smoking, increase interest in quitting, increase quit attempts, and decrease smoking prevalence.

Conclusions

- One of the most important actions people can take to improve their health is to quit smoking.

Figure 8.1.Per capita annual cigarette consumption among adults, 18 years of age and older, and major smoking and health events in the United States, 1900–2017



Implications of the New SGR for Quitlines

The North American Quick Line Consortium (NAQC) was established in 2004 and is comprised of about 400 professionals who fund and operate quitlines and perform research for governmental organizations in Canada and the United States. The mission of the consortium is to maximize the access, use, and effectiveness of quitlines.

Annually, the consortium connects with >1 million people, enrolls about 350,000 tobacco users, and provides counseling and medication services in 53 U.S. states and territories. The total 2018 budget for 50 consortiums was $108M, the median budget was $1.3M, the spending per smoker was $1.82, the treatment reach was 0.88%, and the 7-month quit rate for participants was 30.3%.

The median age of quitline callers is 49 years old. Nearly 60% are female, and 45% have a high school diploma or less for educational attainment. 14.9% identified as African American, 9.7% as Hispanic/Latino, 4.6% as Other, 2.9% as American Indian/Alaskan Native, 1.1% as Asian, and 5% as LGBT. 53% of callers were either uninsured or on Medicaid. About 56% of callers enrolled by phone, and 30% enrolled using web-based services.

Services provided included research-validated proactive counseling (96.2%), field-validated web-based self-help (93.8%), and promising practices such as automated emails (70.8%), interactive text messaging (58.3%), and web-based interactive counseling (64.6%).

New SGR Evidence for Quitlines

The SGR report provided the following evidence to help improve NAQC services.

Improved Services

- Combination (short and long-form) nicotine replacement therapies (NRT) can increase cessation compared to single forms of NRT.
- Short text message services and web or internet-based interventions are effective.

Priority Populations and Clinical Partnerships

- Data on disparities around quit attempts, advice to quit, and the use of cessation treatments indicated the need for new protocols for several populations with higher smoking burdens.
- Identifying priority populations is important to focus on those most in need of services.
- Comprehensive, barrier-free insurance coverage increases the use of treatment, is cost-effective, and leads to higher success rates.
- Disseminating clinical guidelines increases the delivery of interventions for cessation.
- Life events such as hospitalizations, surgery, and lung cancer screening can trigger quit attempts and the uptake of cessation treatments.

Evidence for Continued/Increased Funding

- Cessation reduces the risk of adverse health effects, including cancer.
- Counseling and medications are independently effective and best in combination.
- Quitline counseling increases cessation.
- 2/3 of adult smokers who tried to quit did not use evidence-based treatments such as those delivered by Quitline Consortium members.

How Quitlines and Coalitions Can Use the SGR

- Refer smokers with risk factors or cancer to quitlines.
- Target populations with the heaviest tobacco burden.
- Use special activities around lung cancer screening projects (such as the *Connect* project).
- Make a case for funding to sustain cessation services.

Resources

- Executive Summary of the Surgeon General's Report on Smoking Cessation https://www.hhs.gov/sites/default/files/2020-cessation-sgr-executive-summary.pdf
- The North American Quitline Consortium website. www.naquitline.org.
- To learn more about the quitline in your state, visit http://map.naquitline.org