One Hour Power Break Webinar:
Year of Cessation—2019: An Update from CDC’s Office on Smoking and Health

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2/7/19
Moderator

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Disclosures

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truth initiative
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National Behavioral Health Network
For Tobacco & Cancer Control

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

https://smokingcessationleadership.ucsf.edu
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- Licensed Clinical Social Workers (LCSWs)
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Director, of the Office on Smoking and Health
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion
National Partnership on Behavioral Health & Tobacco Use

- American Academy of Family Physicians (AAFP)
- American Cancer Society (ACS)
- American Cancer Society Cancer Action Network (ACS CAN)
- American Cancer Society National Lung Cancer Roundtable (NLCRT)
- American Lung Association (ALA)
- American Psychiatric Association (APA)
- American Psychiatric Nurses Association (APNA)
- American Psychological Association
- Centers for Disease Control and Prevention (CDC)
- National Alliance on Mental Illness (NAMI)
- National Association of Social Workers (NASW)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Council for Behavioral Health
- North American Quitline Consortium (NAQC)
- Optum
- Pfizer
- Robert Wood Johnson Foundation (RWJF)
- Smoking Cessation Leadership Center (SCLC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Tobacco Control Legal Consortium (TCLC)
- Truth Initiative
- United Health Group
- University of Wisconsin — Center for Tobacco Research and Intervention
- Veterans Administration
Current Smoking among Adults (age > 18) With Past Year Behavioral Health (BH) Condition

Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA), 2008-2017
2019 Year of Cessation: An Update from CDC’s Office on Smoking and Health

CORINNE GRAFFUNDER, DRPH, MPH
DIRECTOR, CDC’S OFFICE ON SMOKING AND HEALTH

“Life will go on without cigarettes.”
—Smokefree Dave

Smoking Cessation Leadership Center Webinar • February 7, 2019
Tobacco use is the leading preventable cause of disease, disability, and death.

34M
An estimated 34.3 million U.S. adults smoked in 2017.¹

480,000
Cigarette smoking and secondhand smoke exposure kill about 480,000 people in the U.S. each year.¹

2 in 5
About two in every five children are exposed to secondhand smoke.³

1 vs. 30
For every one smoking-related death, at least 30 people live with a serious smoking-related illness.²

$300B
Each year, cigarette smoking costs the US more than $300 billion, including $170 billion in direct medical costs and $156 billion in lost productivity.²,⁴

“Even 50 years after the first Surgeon General’s Report, research continues to newly identify diseases caused by smoking, including such common diseases as diabetes mellitus, rheumatoid arthritis, and colorectal cancer.”

FEWER U.S. ADULTS ARE SMOKING CIGARETTES...

...THAN EVER BEFORE.

BUT 47 MILLION U.S. ADULTS STILL USED A TOBACCO PRODUCT IN 2017

IN 2016, NEARLY 4 MILLION U.S. MIDDLE & HIGH SCHOOL STUDENTS CURRENTLY USED TOBACCO PRODUCTS

ABOUT HALF USED TWO OR MORE TOBACCO PRODUCTS

Disparities Persist

Current cigarette smoking among U.S. Adults – NHIS, 2017

Race/Ethnicity
- 24.0% American Indians/Alaska Natives
- 15.2% White

Education level
- 36.8% GED
- 4.1% Graduate degree

Annual household income
- 21.4% <$35,000
- 7.6% >$100,000

Health insurance coverage
- 24.7% Uninsured
- 24.5% Medicaid
- 10.5% Private
- 8.7% Medicare

Disability/Limitation
- 20.7% Yes
- 13.3% No

Sexual orientation
- 20.3% Lesbian/Gay/Bisexual
- 13.7% Heterosexual

Serious psychological distress
- 35.2% Yes
- 13.2% No

Geographic Disparities Exist

Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2017

Source: Centers for Disease Control and Prevention (CDC). State Tobacco Activities Tracking and Evaluation (STATE) System. Updated 12/2018
Good News: We Know What Works to Prevent and Reduce Tobacco Use

Federal Support

**Office on Smoking and Health:**
Funding and technical assistance to state, local, tribal, and territorial tobacco control programs; quitlines; and national NGOs
Media campaign to inspire quit attempts among adult smokers

**CDC Tobacco Laboratory:**
Monitor health impact of tobacco products

**Center for Tobacco Products:**
Tobacco product regulation and enforcement
Media campaigns to prevent youth tobacco initiation and encourage repeat quit attempts among adults
Support for regulatory science

**Division of Cancer Control and Population Sciences:**
Funding and direction for extramural research
Cessation resources for the public, including smokefree.gov and the quitline portal

Collaboration with sister agencies with key roles (e.g., SAMHSA, CMS, OSG, HUD)
Major Areas of Collaboration

1. **Behavioral surveillance**
   - CDC/FDA National Youth Tobacco Survey
   - FDA/NIDA Population Assessment of Tobacco and Health

2. **High-impact research and publications**
   - Peer-reviewed publications and MMWRs (CDC, FDA, and NCI)
   - Surgeon General’s Reports (CDC)
   - Tobacco and Cancer Monographs (NCI)

3. **Coordination of complementary media campaigns and cessation resources**
VISION: A world free of tobacco-related death and disease

MISSION: To develop, conduct, and support strategic efforts to protect the public’s health from the harmful effects of tobacco use
CDC is the lead federal agency for comprehensive tobacco prevention and control efforts. CDC’s National Tobacco Control Program (NTCP) provides coordinated, national efforts to reduce tobacco-related disease and death. CDC’s funding helps support comprehensive tobacco control efforts.
Key Overarching Impact Areas

Prevent **INITIATION** of tobacco use among youth and young adults

Eliminate exposure to **SECONDHAND SMOKE**

Increase Successful **CESSATION** in adults and youth

Identify and eliminate tobacco-related **DISPARITIES**

**PRINCIPLES:** CLEAR, CONSISTENT, AND CONTEMPORARY

Tobacco in this work refers specifically to the use of manufactured, commercial tobacco products.
1. Prevent initiation of all tobacco products among high-risk youth and young adults.

2. Prevent initiation of e-cigarettes and other emerging products among youth and young adults.
Eliminate Secondhand Smoke Exposure

1. Protect populations experiencing health disparities or at risk of experiencing health disparities from secondhand smoke exposure.
2. Ensure that all communities are protected from exposure to secondhand smoke in workplaces, restaurants, and bars.
3. Protect people from secondhand exposure to all tobacco products, including combustible, electronic and other emerging products.
Increase Successful Cessation

1. Increase quit attempts among people who use tobacco products.
2. Increase the use of evidence-based cessation interventions.
3. Increase reach of evidence-based cessation interventions.
1. Continue to address disparities as a critical area that is core to the other impact areas.

2. Focus on achieving health equity in tobacco control and prevention.
Most U.S. Adults Who Ever Smoked Have Quit

Proportion of ever smokers who have quit

Quit ratio (former/ever smokers)

2002 is the first time more than 50% of people who had ever smoked had quit

Source: National Health Interview Survey
Most Adults Want to Quit

U.S. Adults

Interest in quitting – 68.0%
Past-year quit attempts – 55.4%
Recent successful cessation – 7.4%

Why Is Quitting So Hard?

Physical Addiction

Nicotine dependence is a chronic, relapsing condition.

Behavioral Addiction

Psychological Addiction
The Landscape Is Evolving
The Times Are Changing, and So Must We

- Tobacco 21
- Smoke-free Multiunit Housing
- Tobacco-free College
- E-cigarettes
- Tobacco-free Pharmacies
- e-Referrals
- Tobacco-free Sports
- Digital Media
Reimagining Cessation Purpose

To gather, synthesize, and create recommendations for a clear and contemporary vision for cessation support that takes advantage of research, practice and lessons learned and considers a range of contextual factors.

What **should** we be doing? (not what **are** we doing)

How can we have the **greatest impact** in helping tobacco users to quit?
Reimagining Cessation Phases

(2017) Phase 1
- Listening Sessions
- Federal Register Notice
- Literature Review
- Case Study Development
- Resources Compiled

(2018) Phase 2
- Additional Interviews
- Formation of OSH Steering Committee
- Review and Synthesis
- Strategic Planning
PRIORITY FOR CESSATION

1. Increase quit attempts among people who use tobacco products.

STRATEGIES

- 1.1 Expand the CDC National Tobacco Education Campaign (Tips From Former Smokers®) to encompass a broader cessation support system.
- 1.2 Build health system capacity to conduct tobacco cessation interventions as part of standard clinical practice.
- 1.3 Incorporate cessation support into the implementation of evidence-based tobacco prevention and control policies.
- 1.4 Monitor quit attempts
PRIORITIES FOR CESSATION

2. Increase the use of evidence-based cessation interventions.

STRATEGIES

- 2.1 Expand tailored cessation support options for high prevalence populations.*
- 2.2 Support increased availability and accessibility of evidence-based cessation treatments.*
- 2.3 Advance appropriate use of FDA-approved cessation medications.

* Strategy also supports the Impact Area: Identify and Eliminate Tobacco-Related Disparities
PRIORITIES FOR CESSATION

3. Increase reach of evidence-based cessation interventions.

STRATEGIES

- 3.1 Advance the evidence for cessation intervention delivery.
- 3.2 Expand the use of new, emerging, and practice-based technologies for cessation intervention delivery.
- 3.3 Advance the utility of National Quitline Data Warehouse (NQDW) data.
Select Examples of Activities (Under Discussion)

- Launch new initiatives with health systems and clinical partners to improve cessation intervention delivery and quit attempts.
- Work with one or two high-prevalence populations to tailor cessation support and increase reach.
- Engage experts to evaluate, synthesize, and disseminate the evidence on mHealth (web, text, and app) interventions.
- Employ new approaches to reach clinicians and smokers to advance appropriate use of cessation medications.
- Develop new resources and/or a toolkit incorporating cessation support into other tobacco control policy work.
- Explore new and improved ways to connect smokers to mHealth cessation resources.
2019: OSH’S YEAR OF CESSATION

**FOCUS:** People who smoke and quit attempts

**OPPORTUNITY:** New Year’s Resolutions

**FOCUS:** Health conditions improved by quitting; Health systems

**OPPORTUNITY:** Tips From Former Smokers® 2019 Launch

**FOCUS:** Quitlines; Cessation interventions; Linkage with broader tobacco control policies

**OPPORTUNITY:** National Conference on Tobacco or Health

**FOCUS:** Clinicians and real-world use of evidence-based cessation interventions

**OPPORTUNITIES:** Great American Smokeout; Pharmacy Month; Health Literacy Month
2019: OSH’S YEAR OF CESSATION LAUNCH

It’s Never Too Early to Quit Smoking

Quitting smoking can be challenging, but you can find support for your quit journey where and when you need it, to raise your chances of quitting for good.

“I’m sick of this addiction,” Clay A. left that comment on the CDC Tobacco Free Facebook page. “I quit for a year and four months and came back,” he went on to say. “Quitting is not easy.”

CDC’s Office on Smoking and Health (OSH) knows that it may take a number of tries before you’re able to quit for good, but we also know that it can be done. In fact, so many people have quit that there are now more former smokers than current smokers in the United States. Quitting can be challenging, but we’re here to help. Visit the CDC Tobacco Free Facebook page for support for your quit journey where and when you need it, to raise your chances of quitting for good.

857,000 page likes
What You Can Do

- Send “Dear Colleague” letters
- Share social media posts
- Adopt Year of Cessation messaging
- Stay tuned/stay engaged

It’s never too early to quit smoking.

You can quit smoking. For free help: 1-800-QUIT-NOW.
Looking Ahead: Opportunities

2019
First Surgeon General’s Report on Cessation in 30 Years
National Conference on Tobacco or Health
National Tobacco Control Program 20th Anniversary
Quitline Funding 15th Anniversary

2020
Notice of Funding Opportunity

2022
10th Anniversary of Tips From Former Smokers®
RESOURCES
I didn’t think I smoked that much either.
Christine, age 55, Pennsylvania
Diagnosed with cancer at age 44

BE CAREFUL NOT TO CUT YOUR STOMA.
Shawn, Age 50, Diagnosed at 46
Washington State

Tips From Former Smokers®

She felt healthy. So she didn’t think the amount she smoked would hurt her. But, at 44, she was diagnosed with oral cancer. And it came back twice. Now she has no teeth and only half of her jaw.
You can quit smoking.

For free help, call 1-800-QUIT-NOW.
Ways to Use Tips®
Materials and Resources

Use Tips® to raise awareness and promote quitting.

Use free Tips® materials:
- in partner outreach
- for your website and other communications
- for national observances
- in community and health care settings
- for cessation efforts in smokefree housing
- in paid media
Accessing Free and Low-cost Tips® Materials

OSH Tips® Website
www.cdc.gov/tips

Tips® Download Center
www.plowsharegroup.com/cdctips

Media Campaign Resource Center
www.cdc.gov/tobacco/mcrc

@CDCTobaccoFree
Cessation Coverage

OSH STATE System

https://www.cdc.gov/statesystem/cessationcoverage.html
Tobacco Use

Clinician-led interventions are proven treatments that can help smokers quit and reduce their risk for heart disease and stroke.

- Tobacco Use and Heart Health
- Featured Tools
- References and Resources

Tobacco Use and Heart Health

Tobacco smokers are at greater risk for diseases that affect the heart and blood vessels, including heart disease and stroke. Even people who smoke fewer than five cigarettes a day are at increased risk for these diseases. The risk increases with the number of cigarettes smoked per day and the number of years that smoking continues. Exposure to secondhand tobacco smoke also increases the risk for heart disease and stroke.
Smokefree.gov Website
https://smokefree.gov/

On this site you’ll find support, tips, tools, and expert advice to help you or someone you love quit smoking.

Tools & Tips
Learn about different tools to help you quit and how to use them.
Collaboration Is Key

- What do you see as the biggest opportunities for your organization to leverage the YOC?

- What tools or resources would be needed to support your organization in leveraging this opportunity?

- What tools and resources does your organization currently have that could support efforts among other organizations?

- What other partners should be engaged in the work moving forward?
Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States. Cessation matters now as much as ever, and a changing environment demands innovation to expand and improve what we do to help people quit.

Takeaways

1. Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States.

2. Tobacco control and prevention efforts have been successful in reducing cigarette smoking nationally, but disparities persist across population groups.

3. Cessation matters now as much as ever, and a changing environment demands innovation to expand and improve what we do to help people quit.

4. OSH’s Year of Cessation identifies opportunities throughout 2019 to support and highlight cessation efforts and resources.
Questions or Comments?
THANK YOU!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Q&A

- Submit questions via the chat box
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