

Question	Response
Education/Cessation	
Regarding the priority of increasing quit attempts, what is being done to insure that current and future medical providers are adequately trained on tobacco use and evidence-based interventions? It's been my experience that many of them receive very little information about this as part of their career preparation.	One of OSH's goals for the Year of Cessation is to improve the integration of cessation into clinical care. Activities will include increasing engagement with health care providers and providing tobacco cessation information to clinicians.
what are the biggest barriers to get smokers to fully use the available cessation services? is it cost of services? is it a lack of awareness of the services?	Insurance coverage barriers such as cost-sharing, prior authorization, and annual, lifetime, or duration limits can impede access to cessation treatments, thus reducing smokers’ use of these treatments and their chances of successfully quitting (https://www.lung.org/assets/documents/tobacco/barriers-to-tobacco-cessation.pdf). Other challenges include under-delivery of cessation treatments. For example, a recent review of self-reported smoking cessation interventions among primary care physicians found that, while about two thirds of physicians asked patients whether they smoked and advised patients who smoked to quit, well under half of physicians assessed smokers’ willingness to make a quit attempt, assisted them with making a quit attempt, and arranged follow-up (https://www.ncbi.nlm.nih.gov/pubmed/28002498). Similarly, a recent report from the Centers for Medicare and Medicaid Services found that, while nearly three in four adult Medicaid beneficiaries who used tobacco reported being advised to quit by their doctor or another health care provider, well under half reported that their doctor or provider recommended the use of cessation medications or other cessation strategies that could help them quit (https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/brief-tobacco-cessation.pdf). In addition, while state quitlines exist in all states and the District of Columbia, these quitlines on average reach only about one percent of adult smokers in their states (https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/sectionA-III.pdf).
How likely do you think it is that low-nicotine levels will be required in cigarettes, and how effective do you think that will be?	CDC does not publicly comment on the status or content of specific FDA regulations. CDC is supportive of advancing research to inform FDA’s proposal to limit the nicotine content in cigarettes to minimally addictive levels. (see attached Policy Tools You Can Use document) Additional info to include: FDA regulation of all tobacco products, including manufacturing, marketing, ingredient reporting, labeling, and sales, is critical to our success in tobacco control. In July 2018, the comment period closed for the public to share information with FDA about its goal to reduce nicotine in cigarettes to minimally addictive or non-addictive levels while allowing adults to get nicotine from alternative and potentially less harmful tobacco products. To date, no tobacco product has been approved by FDA to be marketed as a modified risk tobacco product. Current scientific evidence is insufficient to recommend any tobacco product for smoking cessation. CDC is concerned that high-nicotine e-cigarettes, which can harm the developing adolescent brain, are threatening our progress in reducing youth use of tobacco products.
E-cigs/ Vaping	
Where are we with e-cigs/vaping and whether those products have any benefit to help in cessation of tobacco products?	E-cigarettes are not currently approved by the FDA as a quit smoking aid. The National Academy of Sciences, U.S. Preventive Services Task Force, and a Cochrane review have all independently concluded that the evidence is insufficient to recommend e-cigarettes for smoking cessation in adults, including pregnant women <ul style="list-style-type: none">• However, e-cigarettes may benefit non-pregnant adult smokers if used as a complete substitute for all cigarettes and other smoked tobacco products by reducing their exposure to many harmful toxicants and carcinogens present in tobacco smoke.• According to the National Academy of Sciences, there is insufficient evidence from randomized con-trolled trials about the effectiveness of e-cigarettes as cessation aids compared to no treatment or to FDA-approved smoking cessation treatments. While the overall evidence from trials is mixed, there is moderate evidence from observational studies that more frequent use of e-cigarettes is associated with increased likelihood of smoking cessation. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
Where can we get talking points, resources and negative health impacts on vaping?	https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
from a population standpoint, are you concerned that rising ecig/JUUL use will destigmatize smoking?	Yes. As CDC has noted in previous statements and materials, e-cigarettes will harm the public’s health if they renormalize use of conventional tobacco products, including cigarette smoking. Additionally, evidence from several small studies tracking the same youth over time have documented that youth who use e-cigarettes are more likely to transition to use of combustible tobacco products. However, a definitive causal link of a “gateway” effect between e-cigarette use and future smoking has not been proven.
Youth	
Are there evidence-based cessation interventions available for youth under the age of 18? If so, where would I go to locate them?	OSH has compiled resources related to youth cessation on its website: https://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm Of note included is the PHS Guideline Recommendations : How to Help Adolescents Quit Smoking: https://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/phs_adolescents_508.pdf which reviews the recommendations on youth cessation interventions in the 2008 Update to the PHS Clinical Practice Guidelines on Treating Tobacco Use and Dependence: https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html#Clinic , which recommended for the first time that adolescents who smoke tobacco beprovided with counseling interventions to aid them in quitting smoking.

Youth addiction to nicotine via e-cigarettes is a growing concern and also a new-ish phenomenon. It's important to build the evidence for what helps these young people quit vaping (part of the effort you mentioned to tailor our cessation approaches to specific, hard hit populations). What needs to happen to ensure this evidence is built?	Both the 2016 Surgeon General’s Report on E-Cigarette Use Among Youth and Young Adults (see: https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/#report) and the 2018 National Academies of Sciences report on Public Health Consequences of E-Cigarettes (see: https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/#report) include information regarding the impact of youth e-cigarette use. Certain recommendations included in the Surgeon General’s Report can help to build the evidence base to inform a public health strategy to address this crisis, both from a prevention and cessation standpoint. For instance, the Report calls for expansion and enhancement of tobacco-related surveillance to track patterns of e-cigarette use in priority populations and sentinel health events in youth and young adult e-cigarette users, while longer-term health consequences are identified. Substantial gaps remain in the available evidence on effective interventions to help young people who use e-cigarettes to quit. One potential area of research is to examine whether behavioral approaches that have been found to be effective in preventing youth smoking initiation might also be helpful in preventing youth from initiating e-cigarette use and helping them quit e-cigarette use. CDC will continue to conduct surveillance and release data on and analyses of youth use of tobacco products, including e-cigarettes, and will partner with federal colleagues to highlight the need to build the evidence base.
Are there evidence-based strategies for addressing tobacco use among LGBT youth and young adults?	See new network: National LGBT Cancer Network. https://cancer-network.org/
Tips from Former Smokers Campaign	
When will Tips from Former Smokers launch this year?	April
Tips from a former smoker is loss frame focused. What would you recommend for local organizations with a emphasis on gain frame messaging?	<p>CDC’s Tips From Former Smokers® (Tips®) campaign’s strategy is based on a strong evidence base from the United States and around the world which shows that graphic or emotional portrayals of the consequences of tobacco use are effective in motivating smokers to quit. We also conducted our own rigorous formative research process where we heard from smokers themselves about what would motivate them the most to quit smoking. This process included message platform testing, concept testing and rough cut testing. Since our initial testing, we have done additional research with smokers who continue to tell us that graphic, hard hitting ads are what they need to motivate a quit attempt. Studies have also shown that graphic campaigns are more effective than any other forms of advertising and can increase quitline calls and website visits, and that these campaigns’ effects decrease rapidly once they are discontinues.</p> <p>CDC’s guidance to local organizations is to conduct do their own formative research to determine which message emphasis best support your respective communities.</p> <p>Please visit our Tips FAQs page for more information about the campaign.</p> <p>In January 2018, FDA’s Center for Tobacco Products launched a new adult-focused tobacco education campaign at the point of sale called Every Try Counts (ETC).</p> <ul style="list-style-type: none">• Given that it takes most smokers multiple attempts before they are able to quit for good, the purpose of the campaign is to motivate adult smokers to try again.• CDC’s Tips and FDA’s ETC campaigns are uniquely distinct, and serve complementary roles to reduce the burden of tobacco smoking in the United States.• Specifically, the campaigns recognize that smokers are at different places in their quitting journey, thus requiring different tailored messages to encourage a successful quit attempt.• The Tips campaign focuses on the immediate need to quit smoking to avoid impending health consequences, while the ETC campaign strives to increase smoker motivation when and where they purchase tobacco products, encouraging them to take small steps and practice quitting. <p>FDA Every Try Counts Campaign: https://www.fda.gov/TobaccoProducts/PublicHealthEducation/PublicEducationCampaigns/EveryTryCountsCampaign/default.htm</p>
Will future advertising campaigns tie to the current treatment approach of not blaming or shaming and helping the smoker find the steps they can take to quit rather than showing the awful side of smoking (surgical scars, etc.)	<p>CDC’s Tips From Former Smokers® (Tips®) campaign’s strategy is based on a strong evidence base from the United States and around the world which shows that graphic or emotional portrayals of the consequences of tobacco use are effective in motivating smokers to quit. In each Tips campaign, from 2012-2018, there was an immediate, sustained and dramatic spike in calls to 1-800-QUIT-NOW, and in visits to the campaign website. A recently published CDC study on the long-term impact of the Tips campaign found that from 2012 – 2015 the campaign motivated millions of smokers to try to quit, and led to more than a half million (approximately 522,000) smokers quitting for good. Other studies have found that the Tips campaign has had an impact on increased calls to quitlines and increased knowledge of tobacco-related health risks. The Institute of Medicine, National Cancer Institute, and U.S. Surgeon General have all recommended a national media campaign as part of a comprehensive approach for ending the tobacco use epidemic.</p> <p>OSH supports a recovery-oriented approach that tobacco use and dependence is a chronic and recurring condition. Additionally, through CDC's Tips campaign, which focuses on the health damage smoking causes; FDA's Every Try Counts campaign, which focuses on the health benefits of quitting; and NCI's smokefree.gov, which provides support and tools to help people quit smoking, the federal government is engaged in multiple, complementary efforts to support cessation. It is CDC’s hope that all Americans will understand the importance of using strategies found to be most effective to reduce smoking and save lives. Research shows that the most effective smoking-cessation ads show the health consequences and emotional impact of long-term tobacco smoking, encourage smokers to quit, and provide information on how to quit. Please visit our Tips FAQs page page for more information about the campaign.</p>
Resources	
Where can we find the "Dear Colleague" letter?	It is available on OSH's new Year of Cessation webpage: https://www.cdc.gov/tobacco/quit_smoking/cessation/2019-year-of-cessation/index.html
tobacco cessation support groups- resources for this?	Online support is available here: https://www.cdc.gov/tobacco/campaign/tips/connected/index.html?s_cid=OSH_tips_D9403
Is a new FOA for Quitline funding expected soon?	The CDC-RFA-DP14-1410 Public Health Approaches for Ensuring Quitline Capacity Supplement Guidance was posted to GrantSolutions on March 13, 2019 at 1:31 p.m. (EST). These one-time funds will be awarded to the recipients currently funded under CDC-RFA-DP14-1410. Please note applications must be submitted through www.grantsolutions.gov and are due by 4/22/2019, 11:59 pm Eastern Standard Time.