SBM and SRNT urge increased funding of quitlines and research to maximize public health benefits of 1-800-QUIT-NOW on cigarette packs

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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 and Tobacco (SRNT) welcome the historic June 2011 Food and Drug Administration (FDA) rule on new warning labels for cigarettes. Although the rule is currently facing legal challenges, if it were enacted, the U.S.A. would 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 Richard Leon issued a decision granting the tobacco companies a preliminary injunction, and on February 29, 2012, he ruled that the new FDA warning labels violate the First Amendment of the U.S. Constitution. The FDA appealed this decision and the U.S. Court of Appeals heard oral arguments on April 10, 2012. Depending on the outcome, the forthcoming ruling will likely be appealed by either the FDA or the tobacco industry and the issue may eventually reach the U.S. Supreme Court.

While the aforementioned legal challenges move toward resolution, another important tobacco cessation policy change has already gone into effect. To reduce the financial barriers to quitline services,

Implications

Practice: Strong science-based leadership, advocacy, and research 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.

Policy: SBM and SRNT support the design and implementation of planned, proactive research to strengthen early FDA and DHHS policy implementation and impact, including the FDA's rule on graphic warning labels and CMS' provision of matching funds for state quitline services.

Research: SBM and SRNT research communities are uniquely positioned to take a leading role in designing and conducting research monitoring and evaluating inclusion of the 1-800-QUIT-NOW number on the FDA's new graphic warning labels, and increasing CMS coverage of state quitline services.

especially among the disproportionate number of U.S. smokers in lower-income populations, the Department of Health and Human Services (DHHS) Centers for Medicare and 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 [1].

Assuming that the FDA will prevail and warning labels will be affixed to cigarette packages, this change coupled with the new DHHS/CME policy represent an opportunity for maximizing public health impact. To do so, we need planned, proactive research. Research will be needed to monitor and evaluate (1) the inclusion of the 1-800-QUIT-NOW number on the FDA's new graphic warning labels, and (2) the increased CMS coverage of state quitline services. The SBM and

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SRNT research communities are uniquely positioned to take a leading role in designing and conducting this research—to strengthen early FDA and DHHS 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 U.S.A.

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 [2]. Quitline services greatly increase the chances that a smoker will quit and are provided free of charge. The 2010 North American Quitline Consortium (NAQC) Annual Survey of Quitlines [2] 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 [3–5]. 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.A., 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 DHHS 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., Morbidity and Mortality Weekly Report, 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 health-care costs.

Conflict of interest: Pinney Associates provides consulting services to GlaxoSmithKline Consumer Healthcare on issues related to treating tobacco dependence.

Disclaimer: The views presented in this brief represent those of the authors and are not necessarily those of the organizations they represent.

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