

The Good Fight: Legacy's Impact on the Tobacco Epidemic

Tuesday, April 2, 2013 - 2:00 pm ET

Welcome Pioneers for Smoking Cessation




During the Webinar

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- Webinar is being recorded
- Questions are encouraged throughout via the chat box

Agenda

- **Welcome and Greetings**
 - Steve Schroeder, Director, SCLC, *moderator*
- Presentation from Dr. Cheryl Healton
- Questions & Answers
- Technical Assistance and Closing Remarks

Disclosure: Faculty speaker, moderator, and planning committee members have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

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Moderator

- **Steven A. Schroeder, MD**
 - Director, Smoking Cessation Leadership Center
 - Distinguished Professor of Health and Health Care, Department of Medicine, UCSF



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Webinar Objectives:

- Describe the various program initiatives of Legacy and their impact on the tobacco epidemic
- Understand the successes and ongoing challenges in Legacy's effort to combat the deadly toll of tobacco
- Learn how to develop effective smoking cessation policies and practices

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Today's Speaker



- **Cheryl G. Heaton, Dr.P.H.**
 - President & Chief Executive Officer, Legacy

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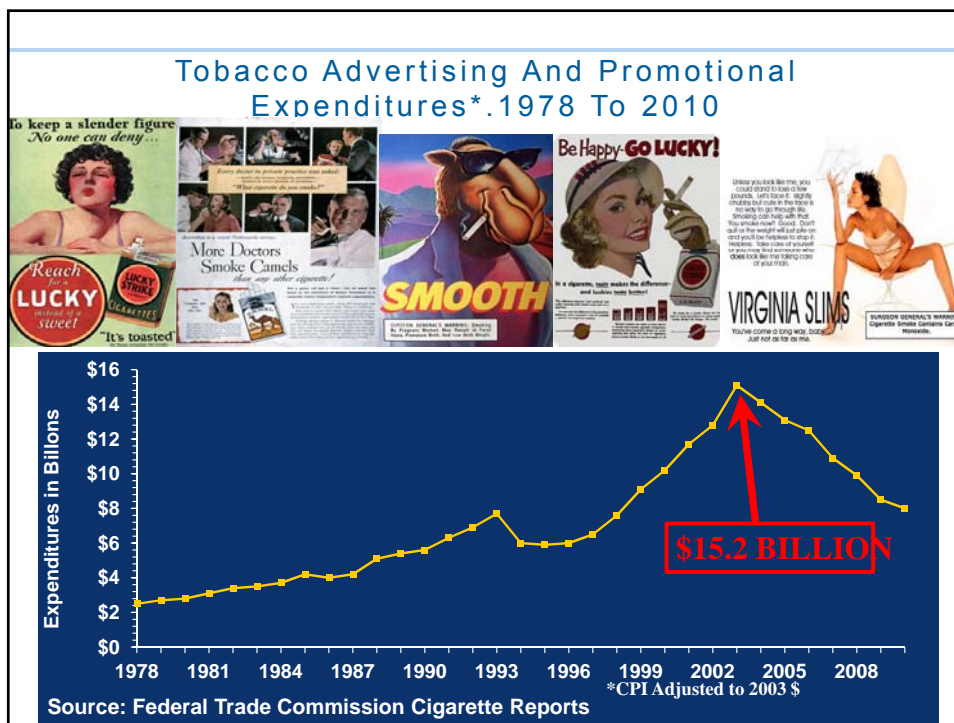
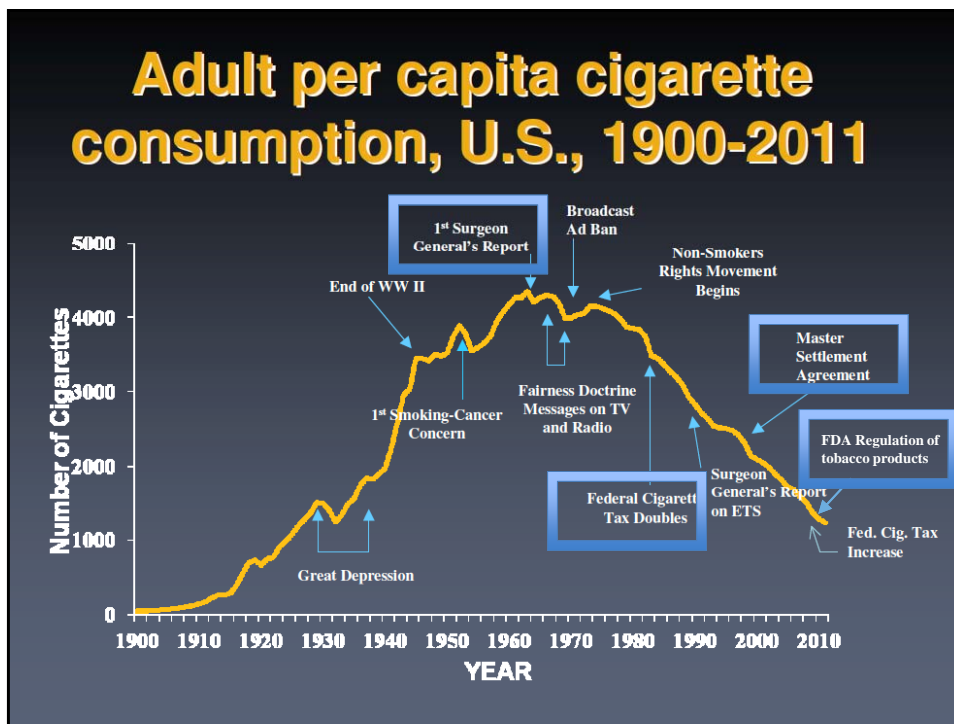
THE GOOD FIGHT: LEGACY'S IMPACT ON THE TOBACCO EPIDEMIC

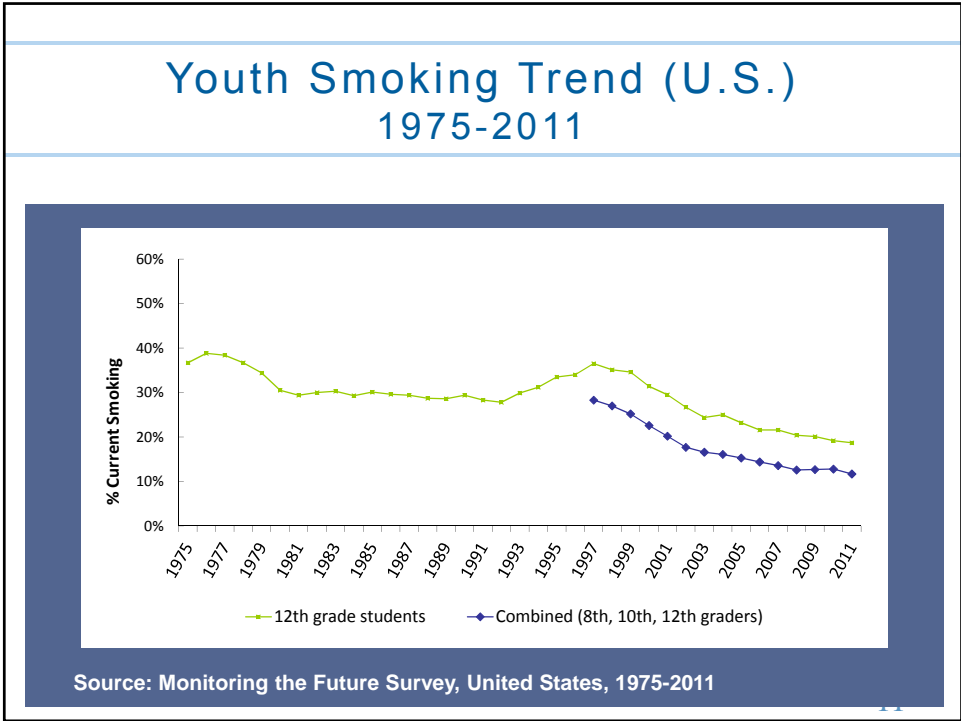
Cheryl G. Heaton, DrPH APRIL 2, 2013



LEAVING A VIABLE LEGACY

- The Master Settlement Agreement and Legacy's Sunset Clause
- Creating and maintaining the foundation's perpetuity model





TELLING THE TRUTH TO THE NATION ABOUT TOBACCO



**State Public Education:
Results From Florida**

JAMA The Journal of the American Medical Association

Home Current Issue All Issues Online First Specialties & Topics CME Multi

August 9, 2000, Vol 284, No. 6 >

< Previous Article Next Article >

Original Contribution | August 9, 2000

Changes in Youth Cigarette Use and Intentions Following Implementation of a Tobacco Control Program
Findings From the Florida Youth Tobacco Survey, 1998-2000

Ursula E. Bauer, PhD; Tammie M. Johnson, MPH; Richard S. Hopkins, MD, MSPH; Robert G. Brooks, MD
 JAMA. 2000;284(6):723-728. doi:10.1001/jama.284.6.723. Text Size: A A A

Article Figures Tables References

DOCUMENTING THE IMPACT OF TRUTH

DOCUMENTING THE IMPACT OF TRUTH

truth

↙ ↘

22% in youth smoking from '00 – '02
 preventing about **300,000** adolescent smokers
*2005 American Journal of Public Health

prevented
450,000
 adolescents from smoking initiation nationwide through 2004
*2009 American Journal of Preventive Medicine

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Cost-effectiveness of **truth**

Over the years 2000 to 2002, expenditures totaled just over

\$324 million

Findings indicated campaign recovered its costs and

saved between
\$1.9 and \$5.4 billion
in medical costs for society

*American Journal of Preventive Medicine, Feb 2009

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Impact Of National Cessation Campaign: EX



- *American Journal of Public Health, 2009*
 - EX causally linked to increases on a cessation-related cognitions index (OR=1.6; P=.046)
 - Those with EX awareness had a 24% greater chance of making a quit attempt between baseline and follow-up (OR=1.24; P=.048)
- *American Journal of Health Promotion, 2011*
 - EX increased favorable cessation-related cognitions among Hispanics and smokers with less than a high school education
 - EX increased quit attempts among non-Hispanic blacks and smokers with less than a high school education

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Cost-effectiveness of EX

Health Affairs



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Analysis Of Media Campaign Promoting Smoking Cessation Was Cost-Effective In Prompting Quit Attempts

Andrea C. Villanti^{1,*}, Laurel E. Curry², Amanda Richardson³, Donna M. Vallone⁴ and David R. Holtgrave

- **EX intervention cost: \$37.8 million.**
- **Reached: 2+ million smokers; 53,000 additional quit attempts; 4,238 quits; and saved 4,450 QALYS.**
- **Cost-effective: (\$37,355 - \$81,301 / QALY).**

Health Affairs. 2012, Dec;31(12):2708-16. doi: 10.1377/hlthaff.2012.0277.17

EXPANDING REACH:
Quitlines, Web, OTC NRT...digital Media ..



Arch Intern Med. 2011 Jan 10;171(1):46-53. doi: 10.1001/archinternmed.2010.451.


A randomized trial of Internet and telephone treatment for smoking cessation.

Graham AL, Cobb NK, Papandonatos GD, Moreno JL, Kanq H, Tinkelman DG, Bock BC, Niaura RS, Abrams DB.

Schroeder Institute for Tobacco Research and Policy Studies, American Legacy Foundation, Washington, DC 20036, USA.
agraham@americanlegacy.org

JOURNAL OF MEDICAL INTERNET RESEARCH

Original Paper

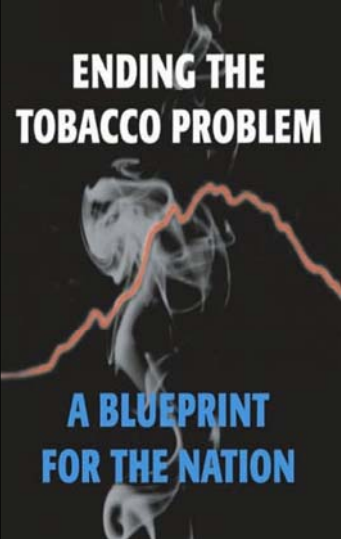


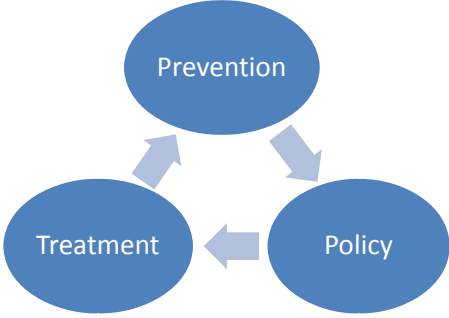
Engagement Promotes Abstinence in a Web-based Cessation Intervention: Cohort Study

Amanda Richardson^{1,2}, MS, PhD; Amanda L Graham^{3,4}, PhD; Nathan Cobb^{3,4}, MD; Haijun Xiao¹, MS; Aaron Mushro⁵, MS, MBA; David Abrams^{3,3,4}, PhD; Donna Vallone^{1,2}, MPH, PhD

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Ending The Tobacco Problem: System Integration
Institute Of Medicine: 2007





Impact = Reach x Efficacy of the Intervention

Abrams D. Comprehensive Smoking Cessation: Systems Integration to Save Lives and Money. In: Bonnie, Stratton, Wallace, eds. Ending the Tobacco Problem: A Blueprint for the Nation. Washington, DC: The National Academies Press 2007. p. A1-A50

TOBACCO DISPARITIES: THE UNDERSTUDIED AND THE UNDERSERVED

TReND

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Tobacco Research Network on Disparities

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Welcome
Latest research
Policies and practice news




Photo: WHO

"Tobacco is a powerful and pervasive cause of health disparities."

Equity, social determinants and

Tobacco is the most preventable cause of death in the world today.

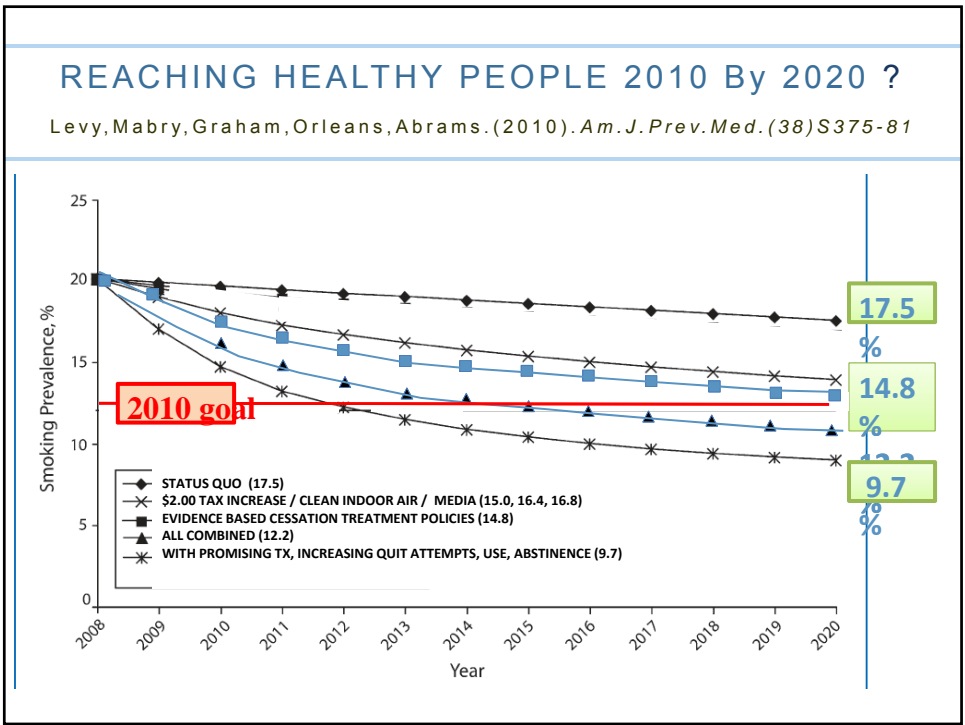
Why do more than 80% of the world's tobacco-related deaths and chronic diseases occur in **low- and middle-income countries**?

Why do most deaths attributable to second-hand tobacco smoke occur among **children & women**?

Why are tobacco's harmful effects concentrated among groups who are **the most vulnerable**?

TReND publishes Research to Reduce Global Tobacco Inequalities, a special supplement to Cancer Causes and Control, in March 2012. [Read more...](#)

The Tobacco Research Network on Disparities (TReND) was created by the National Cancer Institute and the Legacy Foundation to help



Where we must go? Forging a New Path

**“Some people skate to the puck.
I skate to where the puck is going to be”**

WAYNE GRETZKY

- ❖ Industry shift to digital and social media along with focus on point-of-sale, print ads, and smoking in TV/movies
- FDA regulation and Industry Future Plans
 - Marketing of NEW non-combustibles products with harm reduction messages, especially to youth and young adults
- ❖ Global forces, macroeconomics and End Game Scenarios
- Implications for research, intervention and policy:
Regulatory Science as a new discipline

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FDA Regulation -
Critical Opportunities For Tobacco
Research and Policy



Family Smoking Prevention And Tobacco Control Act (2009)

Public Health Standard

Calls for the review of the scientific evidence regarding:

1. Risks and benefits **to the population as a whole**, including both users and non-users of tobacco products;
2. Whether there is an increased or decreased likelihood that existing users of tobacco products will **stop** using such products; and
3. Whether there is an increased or decreased likelihood that those who do not currently use tobacco products, most notably youth, will **start** to use tobacco products

Editorials on FDA Regulation of Tobacco

EDITORIAL

American Journal of Public Health | July 2011, Vol 101
Food and Drug Administration Regulation of Tobacco: Integrating Science, Law, Policy, and Advocacy

The Family Smoking Prevention and Tobacco Control Act (hereafter referred to as "the Act") became law in 2009. One of its provisions grants the Food and Drug Administration (FDA) authority to regulate tobacco products "for the protection of the public health."¹ Recognizing that the traditional "safe and effective standard governing drugs and devices was inappropriate for tobacco products, which are inherently lethal, Congress designed the "public health standard ... (to be a flexible standard that focus on the overall goal of reducing the number of individuals who die or are harmed by tobacco products."² The language is intentionally broad, focusing on protecting the health of the population as a whole.

*Andrea C. Villanti, PhD, MPH
 Raymond S. Niaura, PhD
 Jennifer L. Pearson, MPH
 David B. Abrams, PhD
 Ellen J. Vargyas, JD
 Stacy E. Beck, JD*

Tob Control doi:10.1136/tobaccocontrol-2012-050680

Editorial

TC Online First, published on August 2, 2012 as 10.1136/to

Three years later: an assessment of the implementation of the Family Smoking Prevention and Tobacco Control Act

Mitch Zeller

Commentary

Why We Should Make Menthol Cigarettes History

Cheryl G. Heaton, Dr.P.H.,¹ Amber Thornton Bullock, M.P.H., C.H.E.S.,¹ William S. Robinson, M.A.,² Stacy E. Beck, J.D.,¹ Julia Cartwright,¹ & Sharon Y. Eubanks, J.D.³

¹ American Legacy Foundation, Washington, DC

² William S. Robinson, National African American Tobacco Prevention Network, Durham, NC

³ Sanford Wittels & Heisler, LLP, Washington, DC

(REPRINTED) ARCH PEDIATR ADOLESC MED/VOL 160, SEP 2006 WWW.ARCHPEDIATRICS.COM

Addiction



COMMENTARY

Prohibiting menthol in tobacco products: a policy whose time has come

CHERYL G. HEATON, STACY E. BECK,

JULIA CARTWRIGHT & DONNA M. VALLONE

American Legacy Foundation, Washington DC, WA, USA

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July 2011: Modeling a Menthol Ban Using SimSmoke

Modeling the Future Effects of a Menthol Ban on Smoking Prevalence and Smoking-Attributable Deaths in the United States

David T. Levy, PhD, Jennifer L. Pearson, MPH, Andrea C. Villanti, PhD, MPH, Kenneth Blackman, MS, Donna M. Vallone, PhD, MPH, Raymond S. Niaura, PhD, and David B. Abrams, PhD

We used a validated smoking simulation model and data from the 2003 Tobacco Use Supplement to the Current Population Survey to project the impact that a US menthol ban would have on smoking prevalence and smoking-attributable deaths. In a scenario in which 30% of menthol smokers quit and 30% of those who would have initiated as menthol smokers do not initiate, by 2050 the relative reduction in smoking prevalence would be 9.7% overall and 24.8% for Blacks; deaths averted would be 633 252 overall and 237 317 for Blacks. (*Am J Public Health*. 2011;101:1236–1240. doi:10.2195/AJPH.2011.300179)

TABLE 1—Smoking-Attributable Deaths (SADs) and Deaths Averted if Menthol is Banned Under 3 Scenarios (10%, 20%, and 30% Change in Initiation and Cessation), Projected From 2010 to 2050: Total Population and Black Population, United States

Menthol Ban Scenarios	SADs, 2010	SADs, 2020	SADs, 2030	SADs, 2040	SADs, 2050	Total SADs	Total SADs Averted Compared With Status Quo
Total population							
Status quo	386 732	410 809	399 028	342 472	272 424	17 923 889	-
10% change	386 732	406 046	388 347	331 117	262 574	17 600 782	323 107
20% change	386 732	402 568	382 621	326 799	259 002	17 445 735	478 154
30% change	386 732	399 091	376 893	322 478	255 424	17 290 637	633 252
Black population							
Status quo	53 836	57 056	53 382	45 022	37 475	2 433 536	-
10% change	53 836	55 234	50 086	42 175	35 320	2 341 792	91 744
20% change	53 836	53 706	47 562	40 044	33 340	2 269 071	164 465
30% change	53 836	52 177	45 036	37 908	31 347	2 196 219	237 317

Note. Total SADs averted include all years from 2010 through 2050 and therefore include years not represented in the table.

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INDUSTRY On NEW PRODUCTS
PMI COO, June 21, 2012

On New Generation Noncombustible Tobacco Products

- *The next Generation Products (NGPs) will represent a **potential paradigm shift for our business**...risk reduction in combustible cigarettes through elimination of harmful constituents unlikely to provide material health benefits.*
- *Elimination of combustion via tobacco heating and other innovative systems for aerosol generation is the most promising path to secure risk reduction.”*
- *First factory for NGPs to be ready in 2016 with a launch in the first markets between 2016 and 2017*

Figure 1. Examples of noncombustible advertising pulled from the Competitrack and Mintel databases featuring ads for Marlboro snus and blu e-cigarettes.



E-cigarette Awareness, Use, and Harm Perceptions

e-Cigarette Awareness, Use, and Harm Perceptions in US Adults

American Journal of Public Health | September 2012, Vol 102, No. 9

Jennifer L. Pearson, PhD, MPH, Amanda Richardson, PhD, Raymond S. Niaura, PhD, Donna M. Vallone, PhD, MPH, and David B. Abrams, PhD

[Nicotine Tob Res.](#) 2013 Feb 28. [Epub ahead of print]

Awareness and Ever Use of Electronic Cigarettes Among U.S. Adults, 2010-2011.

[King BA](#), [Alam S](#), [Promoff G](#), [Arrazola R](#), [Dube SR](#).

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA;

Abstract

INTRODUCTION: Electronic cigarettes, or e-cigarettes, were introduced into the U.S. market in recent years. However, little is known about the health impact of the product or the extent of its use. This study assessed the prevalence and correlates of awareness and ever use of e-cigarettes among U.S. adults during 2010-2011.

- ❖ 40.2% of Americans over the age of 18 had heard of an e-cigarette
- ❖ 11.4% of smokers have ever tried an e-cigarette. Of these, about 1/3 (4.1%) had used an e-cigarette in the past 30 days
- ❖ Over 70% of smokers who have heard of e-cigarettes believe that e-cigarettes are less harmful than regular cigarettes
- ❖ Young smokers more likely to have tried e-cigarettes than older smokers

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Rigorous and Rapid Surveillance: the Legacy Young Adult Cohort

- 32% of ever users (18-34) reported product initiation after the age of 18
- Of 23% of young adult current users, **30% report dual use of cigarettes and another tobacco product.**
 - Among dual Users: cigars 23%, little cigars 26%, hookah 17%, dip snuff 12%, chewing tobacco 12%, e-cigs 9%, snus 7%, dissolvables 3%
- Dual use - higher in younger adults, males, less than high school education, and those not able to meet their expenses.

Rath J, Villanti A, Abrams D, Vallone D. Patterns of Tobacco Use and Dual Use in U.S. Young Adults: The missing link between youth prevention and adult cessation. *Journal of Environmental and Public Health*. 2012.

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Flavored Tobacco Product Use Among U.S. Young Adults

(Am J Prev Med, in press)



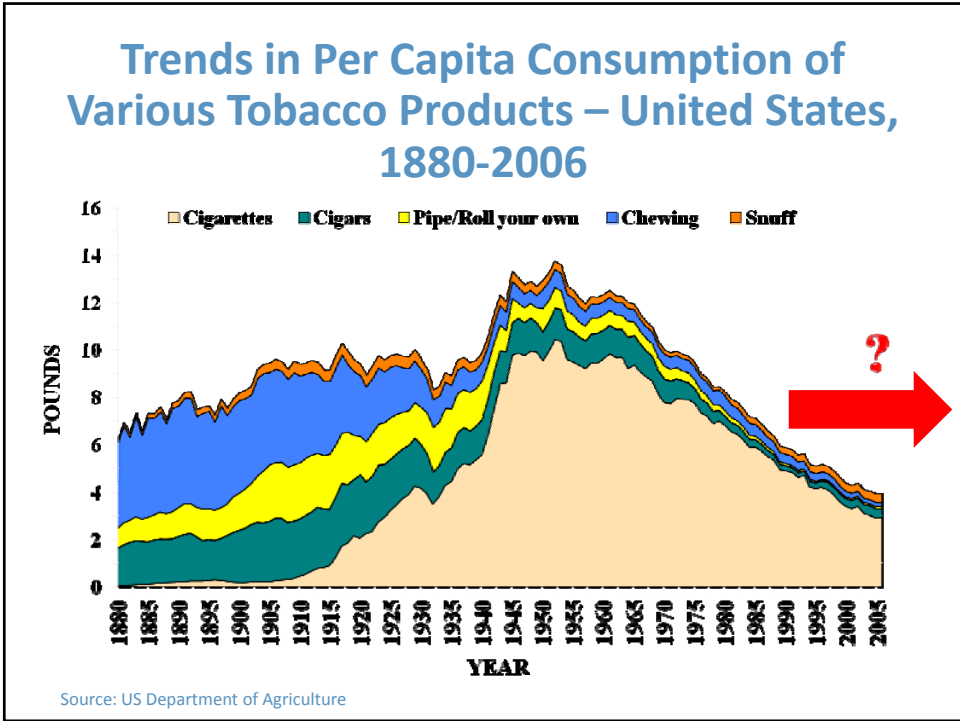
- Overall, 18.5% of young adult tobacco users report using flavored products
- Dual use of menthol and flavored product use ranged from 1% (nicotine products) to 72% (chewing tobacco).
- Younger adults (18-24 vs. 25-34) more likely to use flavored tobacco products

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REAL TIME Geospatial Surveillance: Point-of-sale Tobacco (POST)



Kirchner et al., (2012)
*Proceedings of ACM
Wireless Health.*



Where We Must Go

- **LOOK BEYOND OUR BORDERS:** Are we as passionate as the global initiatives to end polio, measles, malaria, and HIV? Do we have the political will to do this?
- **CONSIDER AN ENDGAME:** A deliberate, planned strategy to end tobacco use; eliminate the preventable disease burden, death, and the financial cost across localities, nations, and the globe...

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The Washington Post

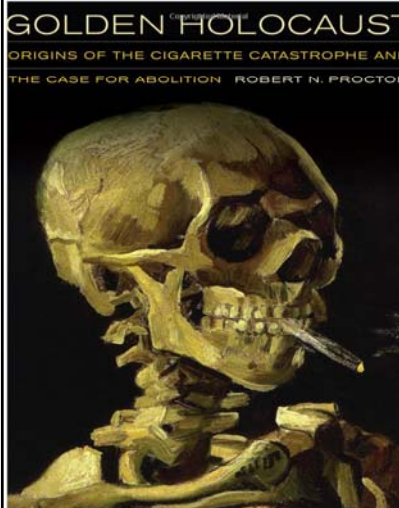
Tobacco Could Kill 1 Billion by 2100

By EDITH M. LEDERER. The Associated Press

Thursday, February 7, 2008; 11:52 PM

NEW YORK -- The World Health Organization warned in a new report Thursday that the "tobacco epidemic" is growing and could claim 1 billion lives by the end of the century unless governments dramatically step up efforts to curb smoking. World Health Organization Director-General Dr. Margaret Chan, right, speaks about the mpower box as New York Mayor Michael Bloomberg listens during a press conference announcing WHO's Report on the Global Tobacco Epidemic 2008 Thursday, Feb. 7, 2008 in New York. The **mpower** box is a symbol of

End Game Strategies Robert Proctor: Golden Holocaust



- Abolition of cigarettes (e.g. New Zealand proposal, sinking lid)
- Reduction/elimination of combustible tobacco use and/or nicotine
- Provide only "clean" recreational nicotine products (pharmaceutical grade, clean nicotine delivery systems), or even in "safer" non-combustible forms (snus, smokeless and dissolvables):
- Need to consider banning combustible tobacco to avoid dual use.
- FDA role in new noncombustible products

End Game Strategies and Tools

- Global considerations: m-Health, WHO, MPOWER
- New reduced-harm: “clean(-er?)” nicotine delivery
- Use of rapid and pervasive communication channels: digital and social media
- Addressing disparities: low-SES, racial/ethnic minorities, substance abusers, mentally ill, women, LGBT, HIV-AIDS patients, young adults to name a few...

Can we envision a world without:

- all tobacco products OR at least without combustible tobacco?

WHAT WILL THAT TAKE?

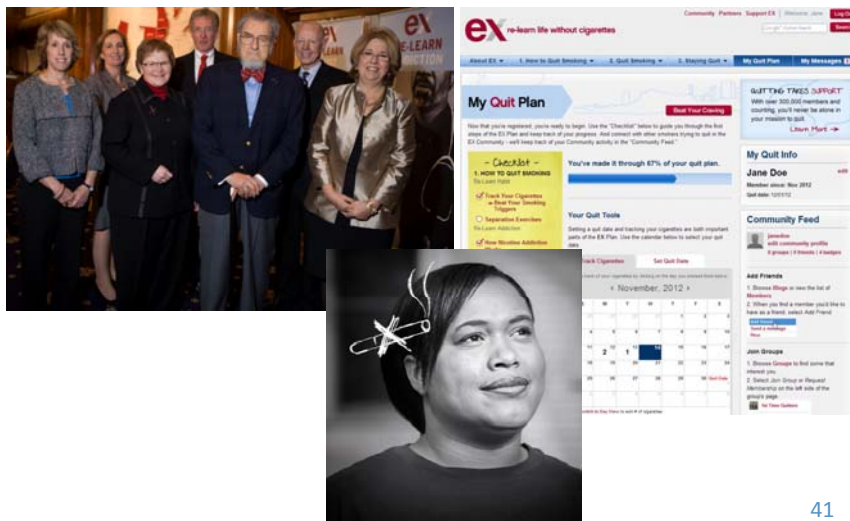
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IT BEGINS WITH A GREAT START



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BECOME AN EX: RE-LEARNING LIFE WITHOUT CIGARETTES



The collage features three main elements: a group photo of diverse individuals, a black and white portrait of a woman with a paperclip in her hair, and a screenshot of the 'My Quit Plan' website. The website interface includes a progress bar showing 67% completion, a calendar for November 2012, and sections for 'My Quit Info' and 'Community Feed'.

THE LEGACY TOBACCO INDUSTRY DOCUMENTS LIBRARY AT UCSF



THE STEVEN A. SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES

Learn more about how apps work now.

UbiQUITous
Quit smoking anytime, everywhere

300 people use this app

ABOUT THIS APP
Quit smoking with 30 days of proven tools and tips, or support a friend who is quitting smoking.

Who can see posts this app makes for you on your Facebook timeline: (?)

THIS APP WILL RECEIVE:

- Your basic info (?)
- Your email address (yourname@email.com)
- Your profile info: birthday, groups, hometown, likes, location and relationship status
- Your photos
- Friends' profile info: birthdays, groups, likes, locations and relationship statuses
- Photos shared with you

This app may post on your behalf, including:

D-B DELI **750** **650**

Steven A. Schroeder National Institute for Tobacco Policy and Policy Studies

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FIGHTING THE GOOD FIGHT: LITIGATION WITH LORILLARD



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A KEYNOTE SPEECH BECAME A BATTLE CRY



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THE LEGACY EVALUATION AND RESEARCH NETWORK (LERN)

- Association of American Medical Colleges
- Association of Schools of Public Health
- Campaign for Tobacco Free Kids
- Dana Farber Cancer Institute
- Emory University
- Harvard School of Public Health
- Health Research Inc./Roswell Park
- Institute for Social and Economic Research and Policy
- Institute on Medicine as a Profession
- Johns Hopkins University, School of Medicine and Bloomberg School of Public Health
- Michigan Public Health Institute

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SMOKING IN THE MOVIES- FIRST MAJOR HEALTH GROUP TO SIGN ON



Smokefree movie policies are endorsed by health authorities worldwide:

- 1 Require strong anti-smoking ads**
Studios and theaters should require a genuinely effective anti-smoking ad (not one produced by a tobacco company) to run before any film with any tobacco presence, in any distribution channel, regardless of its MPAA rating.
- 2 Certify no payoffs**
The producers should post a certificate in the closing credits declaring that nobody on the production received any consideration (cash, free cigarettes or other gifts, publicity, loans or anything else) from anyone in exchange for using or displaying tobacco.
- 3 Stop identifying tobacco brands**
There should be no tobacco brand ID or tobacco brand imagery (such as billboards) in any movie scene.
- 4 Rate new smoking movies "R"**
Any film that shows or implies tobacco should be rated "R." The only exceptions should be when the depiction of tobacco clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent the smoking of a real historical figure.

Using the U.S. film industry's own voluntary rating system, teen exposure to tobacco imagery can be reduced by **HALF**.

*Rosenberg, M., Green, D.A. (2010) Film and smoking: implications for U.S. youth and public health. *Journal of Adolescent Health*, 46(2):123-129

A PUBLIC / PRIVATE SECTOR FUNDRAISING STRATEGY





Questions & Answers

- Feel free to ask questions via the **chat box.**



Contact the SCLC

Visit us online:

<http://smokingcessationleadership.ucsf.edu>

Call us toll-free:

1-877-509-3786



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Closing Remarks

Please help us by completing the post-webinar survey.

Thank you for your continued efforts to combat tobacco.

Stay tuned for SCLC's next webinar on May 16th with Dr. Ken Warner from the University of Michigan.

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Cheryl Heulton's Bio:

Dr. Heulton is the founding President & CEO of Legacy and has worked to further the foundation's ambitious mission: to build a world where young people reject tobacco and anyone can quit. During her tenure with the foundation, she has guided the highly acclaimed, national youth tobacco prevention counter-marketing campaign, truth®, which has been credited in part with reducing youth smoking prevalence to near record lows. Under her leadership Legacy, which is dedicated to evidence-based public health strategies that work, has undertaken numerous other public education campaigns, research, technical assistance and a broad program of grant making.

Dr. Heulton holds a doctorate from Columbia University's School of Public Health (with distinction) and a master's degree in Public Administration at New York University for Health Policy and Planning. She joined the American Legacy Foundation from Columbia University's Joseph L. Mailman School of Public Health in New York, where she served as Chair of the Division of Socio-medical Sciences and Associate Dean for Program Development. Dr. Heulton's involvement with Columbia University spans three decades, in which she has served in a variety of administrative and faculty roles at the medical center and in public health, including Associate Dean of the Medical School.

She led grant-funded projects for the Centers for Disease Control and Prevention (CDC) to study the effects of marketing and counter-marketing on youth tobacco use; developed a series of prevention partnerships linking public health researchers with New York state tobacco-health policy makers; evaluated intervention programs for the state's largest youth tobacco prevention program; worked at Columbia to bring an interdisciplinary approach to tobacco control and prevention, developing innovative grants which link academic researchers to public health practitioners.

She is a wife and mother of three, an author, researcher, professor, and public health administrator with more than 25 years' experience and has served on a vast array of national, state, and local conferences, committees and task forces for public health and policy issues including HIV/AIDS, violence, and alcoholism. Active in grant support, she has been the principal investigator/program director for more than two-dozen grants and has published numerous articles on public health topics. Dr. Heulton is currently writing a book on the topic of women and smoking, with common sense strategies to increase successful quit attempts.

She is also an active member of the broader public health community, serving on several boards. Dr. Heulton is a thought-provoking public speaker and has given a multitude of presentations around the world. Considered bold, inspirational and humorous, she is a frequent commentator on national and local broadcasts and print news coverage of tobacco control issues, appearing on ABC's Good Morning America; CNN's Larry King Live; NBC's Today; MSNBC's Hardball with Chris Matthews, National Public Radio and more.