





<h1>Last Cowboy Standing: Smoking and the Future of Tobacco Control</h1> <p>Thursday, May 16, 2013 1 pm ET</p>	<h2>Welcome Pioneers for Smoking Cessation</h2>   
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Agenda

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.

- **Welcome and Greetings**
 - Brian Clark, SCLC, *moderator*
 - Steve Schroeder, Director, SCLC
- Presentation from Dr. Ken Warner
- Questions & Answers
- Technical Assistance and Closing Remarks

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Welcome



- **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:

- Understand the present landscape of tobacco
- Examine current strategies and explore new directions that could have a more dramatic impact on tobacco control
- Understand why it is now appropriate to consider tobacco endgame strategies

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Today's Speaker



- **Kenneth E. Warner, PhD**
 - Avedis Donabedian Distinguished University Professor of Public Health
 - Professor of Health Management and Policy
 - University of Michigan, School of Public Health (UM SPH)

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Last Cowboy Standing: Smoking and the Future of Tobacco Control



Kenneth E. Warner
University of Michigan School of Public Health

SCLC Webinar, May 16, 2013

Coverage

1. A (brief) consideration of change in smoking behavior past 100 years
2. Policy interventions & their effects
3. Why evidence-based policies
 - a. *Are essential but...*
 - b. *Will not be enough*
4. Hence the need to consider an “endgame” scenario
5. Possible end-game strategies

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Dramatic change in attitudes and norms

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Cultural position of smoking has changed dramatically

Then...



Now...



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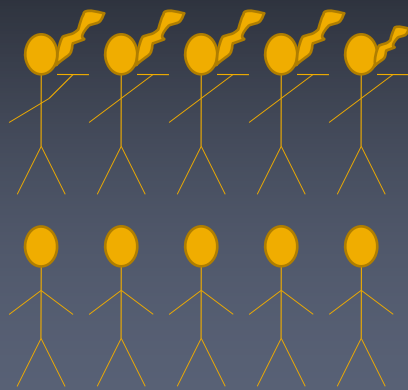
Change in smoking behavior

- Adult smoking prevalence ↓ by more than half
- Total cigarette consumption ↓ from 633B in 1981 to 299B in 2011

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Then...

Now...



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What produced this remarkable change in attitudes, norms, and behavior?

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U.S. anti-smoking campaign

- Phase I (1964-early 1970s): Information & persuasion
- Phase II (1973-late 1980s): “First” non-smokers’ rights movement
- Phase III (late 1980s-early 2000s): Comprehensive tobacco control
- Phase IV (Early 2000s-present): “Second” non-smokers’ rights movement

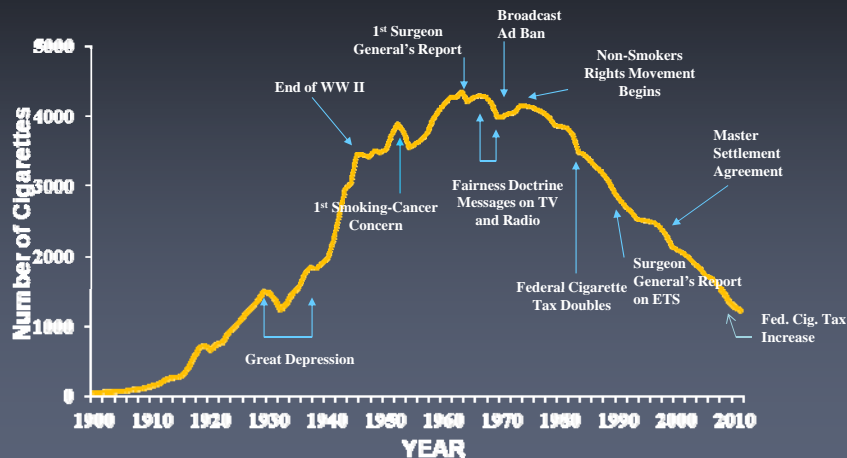
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Process of change

1. Information & public education first, understood & acted upon by SES elite
2. Elites – most politically enfranchised – lobby for policy changes
 - *Public health & social motivations*
 - *But selfish too*
 - Cigarette tax increases
 - Ban on smoking on airlines
3. Middle and lower SES respond to social pressures & environmental changes
4. Norms change leads to more (and stronger) policy change – Virtuous cycle

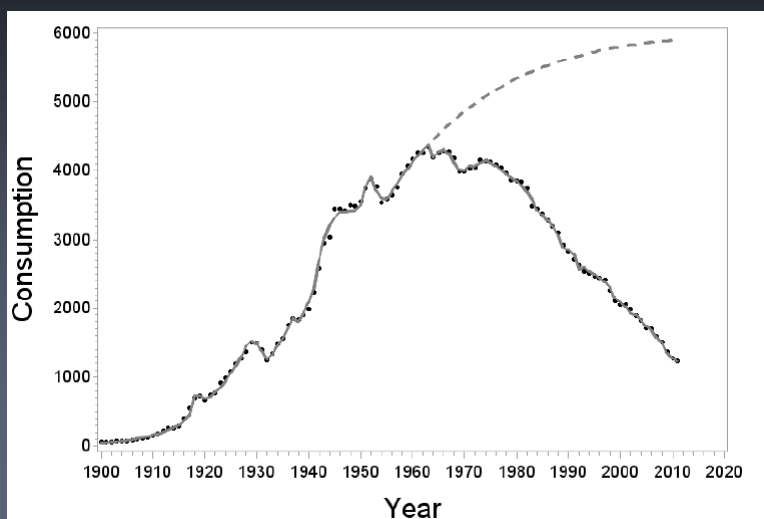
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Adult per capita cigarette consumption, U.S., 1900-2011



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Actual adult per capita cigarette consumption (dotted line) and “predicted” in absence of antismoking campaign (dashed line), U.S., 1900-2011



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Health consequence

Since 1964, > 5 million* premature deaths averted in U.S. as a result of campaign-induced decisions to quit smoking or not to start. On average, 15-20 year gain!

- *Our greatest public health success story of last 50 years*
- *Greatest remaining burden of preventable death and illness*

* Educated guesstimate

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Types of policy interventions

- Information & education
 - *Reports of the Surgeon General; warning labels; school health education; media anti-smoking campaigns*
- Incentives
 - *Tax increase*
- Laws & regulations
 - *Ad ban; smoke-free workplace laws; sales to minors & PUP laws*

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Intervention effectiveness

Effective

1. Info & education
2. Tax
3. Clean indoor air laws, policies
4. Counter-advertising
5. Ad bans
6. Comprehensive TC programs

Not effective

1. School health ed
2. Warning labels (*New ones?*)
3. Insurance differentials?
4. Minors possession, use, & purchase laws
5. Sales to minors laws

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Early years of anti-smoking campaign

- Information & public education
 - 1964 Surgeon General's report & media coverage
 - 15% decline in cig sales first 3 months
 - Fairness Doctrine ads
 - ↓ 4 consecutive years
- Tax increases, 1964-71

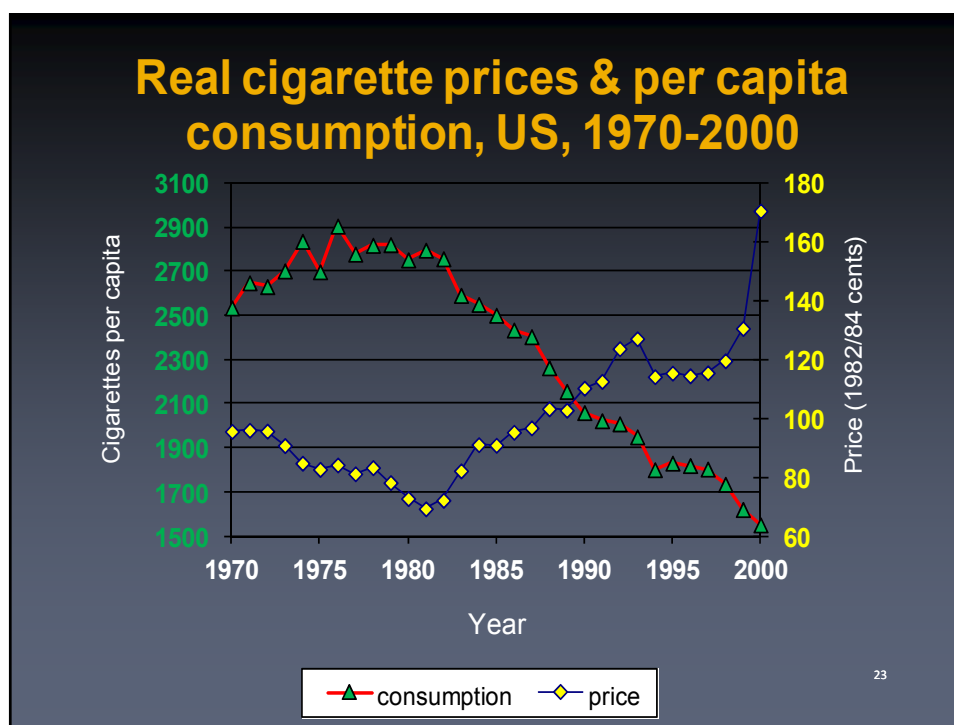


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Effects of tax/price increase

- Price elasticity of demand = -0.3 to -0.5 (10% price increase → 3-5% demand decrease)
 - *Half prevalence, half cigs/day*
- Low-income smokers more price responsive than high-income smokers (implications for health disparities)
- Children 2-3 times more price responsive than adults

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First incarnation of nonsmokers' rights laws

- Nonsmoking areas/sections, 1973-2000
 - *Restaurants*
 - *Airports, etc.*
 - *Arizona 1973, Minnesota 1975*



Second incarnation of nonsmokers' rights laws

- Completely nonsmoking workplaces, including restaurants & bars, 2000-present
 - *Delaware 2002*
 - *Ireland 2004*
 - *Today > 30 U.S. states, > 30 countries*



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Effects of smoke-free air laws

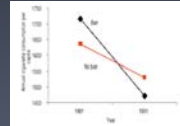


- Reduce worker exposure (80-95%)
- Increase quitting (3%)
- Decrease daily consumption
- Decrease employer costs
- Decrease AMIs

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Advertising & counter-ads

- Restrictions on advertising & promotion



- Counter-advertising



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What doesn't work (well...and now)?



- School health ed (as administered)
- Sales-to-minors and PUP laws

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What may or may not work?

- Warning labels
 - *Current ones don't work*
 - *New ones?*
- Current legal challenge



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Aggregate impacts of TC in US

- Dramatic...but over time
- But the problem isn't solved

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Persistence of smoking

- \approx 20% remain smokers
- 70% want to quit
- 50% try each year
- 2.5% *(or fewer)* **succeed**

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The big problem re smoking: Remaining smokers different

- Heavily addicted (Hard core?)
- Low SES
 - $<$ 10% *college grads smoke*
 - *Some blue collar pops. > 30%*
- \approx $\frac{1}{2}$ **have mental illness or substance abuse co-morbidity**
 - *Self medicating?*
- *Some may not want to quit*



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Concern about where smoking is headed: Adult smoking prevalence leveled off in U.S. 2004-2009

Year	2004	2005	2006	2007	2008	2009	2010	2011
Prevalence (%), Ages 18+	20.9	20.9	20.8	19.8	20.6	20.6	19.3	19.0

Source: National Health Interview Survey, National Center for Health Statistics

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Smoking prevalence rising in Singapore!

Year	1992	2004	2007	2010
Ages 18-69	18.3%	12.6%	13.6%	14.3%
Ages 18-29		12.3%		16.3%

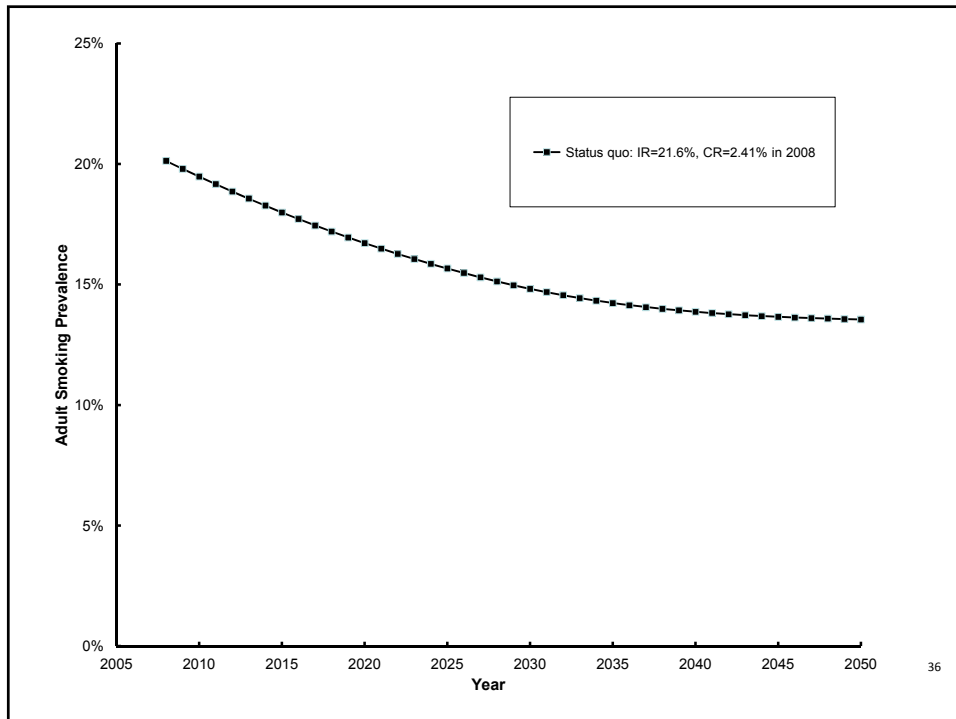
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Mendez-Warner smoking demographics model

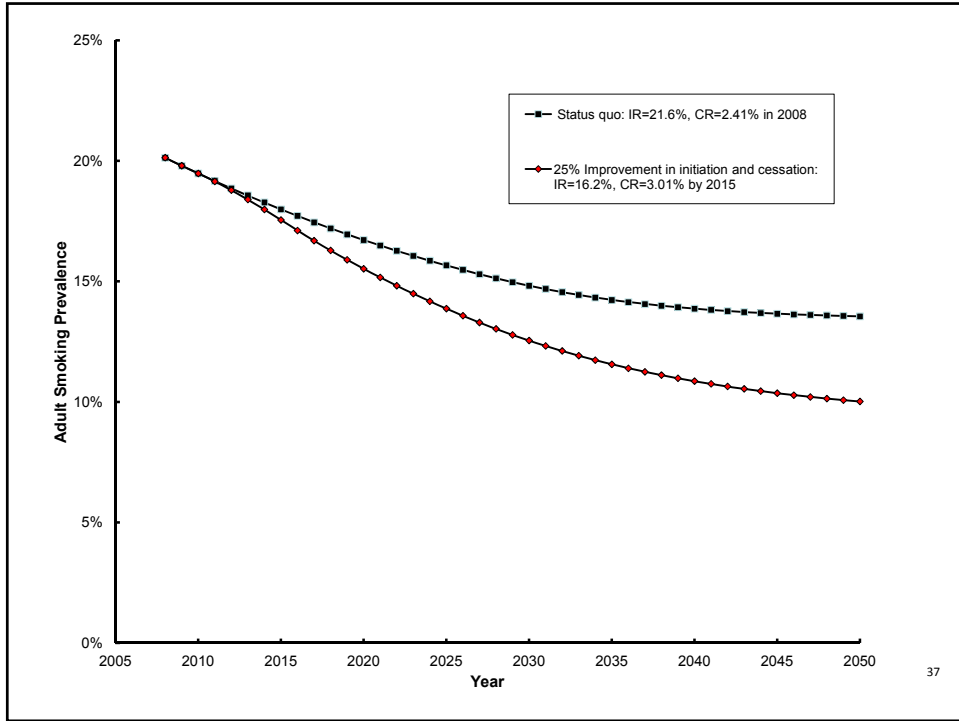
- Calibrated to NHIS data through 1995, projected 2005 U.S. prevalence precisely (20.9%)
- Projected 2010 prevalence 0.6 too high (19.9% vs. actual 19.3%)
- Calibrated to data through 2000, projected 2010 prevalence 0.2 too low (19.1% vs. actual 19.3%)

Source: Mendez and Warner, *AJPH* 2012

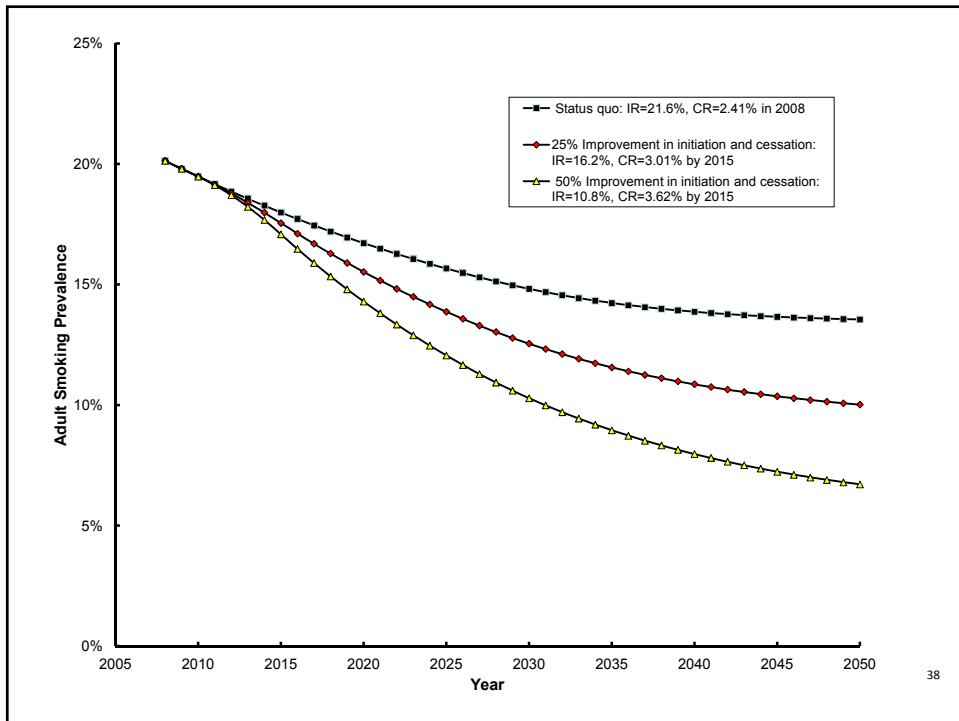
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Where do we go from here? Likely near-future directions

- More states go smoke-free
 - *Within ≈ 5 years, nearly all states will be smoke-free*
- Cigarette excise tax increases – states (and perhaps federal...several years hence)
- U.S. smoking prevalence ↓ to 14.5-17% by 2020 (19% in 2011)

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Policy innovations State, local, & institutional level

- Novel *outdoor* smoking restrictions
 - *Public parks and beaches (NYC)*
 - *Entire university campuses (Univ. of Michigan)*
 - *Cars with kids inside*



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Potential policy innovations Federal level

- Product regulation (with new FDA authority)
 - *Ban menthol?*
 - *Plain packaging?*
 - *Restrictions on marketing of some new products; approval of novel treatments?*
 - How handle E-cigs?
 - *Approval of a true nicotine inhaler??*



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Barriers & opportunities

- Barriers
 - *Industry opposition*
 - *Congressional opposition (See above)*
 - *Legal issues*
 - *Black markets & other "side effects"*
 - *Legitimate philosophical issues*
 - *Low priority in gov't. (and society)*
- Opportunities
 - *Impatience of public health community*
→ *political pressure*
 - *New Director of FDA CTP, Mitch Zeller*



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Need for something more – Origins of the endgame discussion

- Concern about (and frustration with) slowness of progress
- Appreciation that business-as-usual won't solve the problem
- W/o something more, *hundreds of thousands of annual deaths for decades to come*
- Therefore we need...“something more”

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End-game policy ideas

- Govt. control of supply/sales
 - *Not-for-profit regulated supply with harm reduction mandate (Australia, Canada)*
 - *“Sinking lid” on availability (NZ)*
- Prohibiting possession of tobacco for people born after (e.g.) 2000 (*Singapore*)
- Reducing nicotine to non-addicting levels (*US*)
- Eventual prohibition, or “prohibition lite” (banning combusted tobacco products) (*US*)

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What will happen?

- Obvious answer:
 - *I dunno.*
- Barriers to game-changing policy innovation = enormous
 - *But so too is importance of innovation*
- Don't ever underestimate tobacco control



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An additional problem for tobacco control: Defining ultimate success

- Reducing prevalence?
 - *Of what? Cigarette smoking? All tobacco use?*
 - *10%? 5%? 0%?*
- Eliminating nicotine addiction?
- Minimizing harm from tobacco use?

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What will it take to continue making substantial progress?

- Creativity
- Energy
- Politically sophisticated advocacy
- Resources
- Leadership



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Thank you!



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Questions & Answers

- Feel free to ask questions via the **CHAT BOX.**



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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
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**Thank you for your continued
efforts to combat tobacco.**

**Stay tuned for SCLC's next
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