The American Cancer Society Cancer Action Network Comments on Docket Number CDC-2017-0103; Request for Information on Effective, Large-Scale, Sustainable Approaches to Help People Quit Using Tobacco by Employing Evidence-Based Treatment Options

Submitted January 2nd, 2018

The American Cancer Society Cancer Action Network (ACS CAN) is pleased to provide comments on the Centers for Disease Control and Prevention's (CDC) request for information on Effective, Large-Scale, Sustainable Approaches to Help People Quit Using Tobacco by Employing Evidence-Based Treatment Options. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society (the Society) that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Despite our efforts and tremendous progress, tobacco use remains the leading cause of preventable death in the U.S., responsible for more than 480,000 deaths each year.[1] Increasing the risk of at least 12 types of cancer, tobacco use is responsible for 30 percent of all cancer deaths and 80 percent of lung cancer deaths.[2] More than 40,000 nonsmokers die each year from exposure to tobacco smoke.[3] Annual smoking-attributable healthcare costs in the U.S. amount to $170 billion, with more than 60 percent paid for with public dollars, through programs like Medicare, Medicaid, Tricare, and Veterans Affairs health benefits.

Furthermore, certain groups of people have not benefitted from the progress made in reducing overall tobacco use. Chief among them are those with mental illness and/or substance use disorders, collectively known as persons with behavioral health issues. In 2014, 1 in 3 adults with a behavioral health issue smoked cigarettes as compared with 1 in 4 adults without a behavioral health issue.[4] Only recently has this population been identified as a health disparity group or priority population for whom

[1] U.S. Department of Health and Human Services. *The Health Consequences of Smoking – 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, January 2014.

[2] American Cancer Society. *Cancer Facts & Figures 2017.* Atlanta: American Cancer Society, 2017.

[3] U.S. Department of Health and Human Services. *The Health Consequences of Smoking – 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, January 2014.

[4] Lipari, R.N. and Van Horn, S.L. Smoking and mental illness among adults in the United States. The CBHSQ Report: March 30, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

smoking cessation should be important. We are pleased to see the CDC pay special attention to this growing, hidden epidemic.

With at least 36 million adults and 1.4 million middle and high school students smoking cigarettes,[5] the Society and ACS CAN have established and are pursing aggressive goals to reduce tobacco use and tobacco-related cancer incidence and mortality in cooperation and collaboration with the public, private, and nonprofit sectors. The Society and ACS CAN encourage businesses to establish strong tobacco prevention and cessation policies in their workplaces. The Society with Optum currently serve nearly 600 employers and health plans and 27 state agencies, providing access to the Quit For Life® Program to more than 50 million people. The Quit For Life® Program is a phone-based coaching and web-based learning support service to help smokers quit. Additionally, ACS CAN advocates for smoke-free policies in all workplaces and insurance coverage of cessation services at little or no cost to the patient.

The Society and the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco, have embarked on a joint partnership to reduce the burden from smoking on the behavioral health population. This effort was launched on October 13-14, 2016 at ACS headquarters in Atlanta, Georgia, at a summit attended by senior representatives of 16 health professional groups, federal government agencies, not-for-profit entities, corporations, and leading experts in behavioral health and tobacco control. In addition to the convening organizations, each member of this larger network of organizations committed to taking specific, concrete actions to effectuate this initiative in collaboration with each other. The organizations include:

- American Academy of Family Physicians (AAFP)
- American Lung Association (ALA)
- American Psychiatric Association
- American Psychological Association
- Centers for Disease Control and Prevention (CDC)
- NAMI (National Alliance for Mental Illness)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Council for Behavioral Health
- North American Quitline Consortium (NAQC)
- Optum
- Pfizer Inc.
- SAMHSA (Substance Abuse and Mental Health Services Administration)
- Tobacco Control Legal Consortium (TCLC)
- U.S. Department of Housing and Urban Development (HUD)
- United Health Group
- University of Wisconsin—Center for Tobacco Research and Intervention

The participating organizations reviewed data on smoking prevalence among persons with behavioral health issues, the health consequences of smoking on this population, and the science-based interventions proven to reduce tobacco use in this as well as in the broader population. It established

[5] Centers for Disease Control and Prevention. Cigarette Smoking Among Adults—United States, 2005–2015. Morbidity and Mortality Weekly Report 2016;65(44):1205–11. Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2011–2016. Morbidity and Mortality Weekly Report, 2017;66(23):597-603.

the ambitious but attainable goal to reduce smoking prevalence in the United States among those with behavioral health problems from 33.3 percent (more than the national average of 20.7 percent in 2014) to 30 percent by the year 2020.[6] Achievement of this ambitious goal will require a set of interventions. The participating organizations have identified five categories of strategies based on the evidence of what works in tobacco control: clinician education; peer education; tobacco policy and cessation strategies; health care delivery systems change; and data/research/communication. What is needed now is an infrastructure to organize, facilitate, and track progress among the partners, expand the partnership when new organizations are identified that could contribute to the effort, and establish communications both within the effort and more broadly.

In addition to this new partnership, the Society recently tested e-mail as a communication channel for cessation by conducting a three-arm randomized trial that tested the efficacy of sending of up to 27 automated tailored emails that provided evidence-based information and support for smokers' quit attempt before and after smokers' quit date.[7] At the 6-month follow-up, quitting rates for participants in the experimental group was 36.8 percent. This rate is significantly higher than that for smokers attempting to quit alone, higher than that obtained for smokers using other technological innovations such as texting or smartphone apps to quit, and comparable to that of the best smoking cessation medication available for quitting (varenicline). These results led to the conclusion that stand-alone tailored, multiple emails providing support, motivation and information during a quit attempt are an easily deployable, inexpensive mode of providing effective cessation assistance to large numbers of smokers planning to quit.

Because of the low cost of setting up an evidence-based quitting program such as this, the Society and ACS ACN believe the potential for wide-scale dissemination and adoption is great, and would have a net benefit on population health if deployed effectively. Although the intervention was not tested specifically on a high-risk population, results of focus group testing with 2-1-1 clients demonstrated that such an intervention would be well received by smokers who are socioeconomically disadvantaged. All of the 2-1-1 clients had email with most checking email accounts daily. By developing a similar tailored email program and making it widely available for use by individual smokers directly on the CDC main portal, the CDC has the ability to provide tools to smokers in a format that would be widely acceptable and used by a majority of smokers.

Now more than ever, we strongly believe that the CDC has a vital role to play in helping tobacco smokers quit. ACS CAN will continue to advocate for adequate funding to support CDC's evidence-based prevention and cessation programs, quitline support, and the highly successful *Tips from Former* Smokers campaign. It is critical that these programs and resources are available to the public and public health community to end the death and suffering caused by tobacco use. Furthermore, we believe the CDC is uniquely positioned to ensure that high-risk populations (such as smokers living below the poverty level or those with behavioral health conditions) have access to tailored cessation services of appropriate intensity to help them successfully quit.

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[6] Lipari, R.N. and Van Horn, S.L. Smoking and mental illness among adults in the United States. The CBHSQ Report: March 30, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD..

[7] Westmaas JL, Bontemps-Jones J, Hendricks PS, Kim J, Abroms LC: Randomised controlled trial of stand-alone tailored emails for smoking cessation. Tob Control. 2017.

ACS CAN appreciates the CDC's effort to seek information on effective methods to get evidenced-based treatment options to smokers, with a particular focus for those at greatest risk. The nonprofit, public and private sector all have a role in ending the deadly epidemic caused by tobacco. Please contact Katie McMahon, MPH, Principal, Policy Development – Prevention at katie.mcmahon@cancer.org or 202.585.3245 if we can provide additional information. Thank you.