

Designing for Demand: Views from the Consumer Demand Roundtable

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The Big Picture U.S. - 2004

90.2 million ever smokers (42.4% of pop with ≥ 100 lifetime cigarettes)

- 45.6 million (50.6%) former smokers

44.5 million people smoking U.S. (~21%)

- 36.1 million smoked every day
 - 14.6 million of these (40.5%) stopped smoking for one day in past 12 mo trying to quit
- 8.3 million smoked some days

Increasing Population Quit Rates: The Opportunity and the Problem

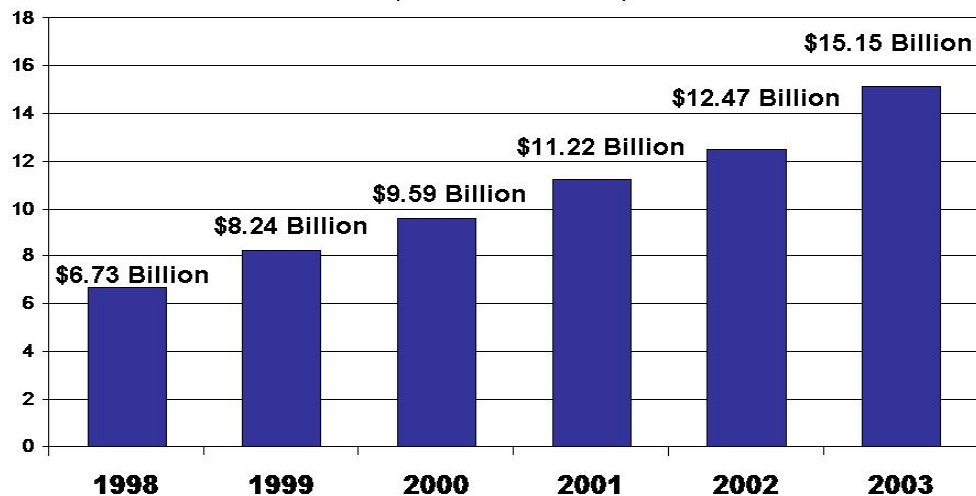
- Greatest hope for HP2010 goal \leq 12% adult prevalence
- Enormous potential to save lives, reduce costs, reduce health disparities
- 70% of nation's 44.5 million adult smokers want to quit
- 40.5% make a serious quit attempt each year (NHIS, 2004)
- Fewer than 5% succeed
- Most attempt to quit on their own, without effective treatments

The Competition's Getting Stiffer



Domestic Cigarette Advertising and Promotional Expenditures 1998 - 2003

(Billions of dollars)



Source: Federal Trade Commission Cigarette Report for 2003

Reduced carcinogens.
Premium taste.
Also available in Ultra Light version. **New**



Addressing this Challenge

- National Tobacco Cessation Collaborative (NTCC) hosted three Consumer Demand Roundtables and a national conference.
- NTCC is funded by ACS, CDC, Legacy, NCI, NIDA and RWJF to identify and address gaps through special initiatives.
- www.tobacco-cessation.org
- www.consumer-demand.org

The Consumer Demand Roundtable

- Aim: Identify and catalyze innovative strategies for increasing demand for and use of evidence-based tobacco cessation products and services --- particularly in underserved low-income and racial/ethnic minority populations

Consumer Demand Roundtable Participants

Roundtable Members

David Abrams, PhD, NIH OBSSR
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Matt Barry, MPA, Center Tobacco Free Kids
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Legacy Foundation: Amber Hardy Thornton, MPH, CHES,
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OBSSR: Patty Mabry, PhD, Brad Wibel, PhD
RWJF: Marjorie Paloma, MPH, Joseph Marx





INNOVATIONS IN BUILDING
ConsumerDemand
FOR TOBACCO CESSATION PRODUCTS AND SERVICES

6 Core Strategies for Increasing the Use of
Evidence-Based Tobacco Cessation Treatments

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Consumer Demand:

The degree to which smokers and other tobacco users who are motivated or activated to quit know about, expect, seek, advocate for, demand, purchase, access and use tobacco cessation products and services that have been proven to increase quitting success.

Building Consumer Demand:

Six core strategies for building demand among smokers for proven tobacco cessation products and services include:

1 Viewing smokers as consumers and taking a fresh look at quitting from their perspective.

2 Redesigning evidence-based products and services to better meet consumers' needs and wants.

3 Marketing and promoting cessation products and services in ways that reach smokers—especially underserved smokers—where they are.

4 Seizing policy changes as opportunities for “breakthrough” increases in treatment use and quit rates.

5 Systematically measuring, tracking, reporting and studying quitting and treatment use—and their drivers and benefits—to identify opportunities and successes.

6 Combining and integrating as many of these strategies as possible for maximum impact.

1. Viewing Smokers as Consumers

- Developing a better understanding of quitters' preference and needs.
- Focusing on the consumer experience.
- Understanding the quitting journey and engaging smokers all along the way.

What Do Smokers Want?

Giardina, Bauer, Hyland & Cummings, 2004

- Percent of Adult Smokers Who Would Think Seriously About Stopping Smoking Because of One of the Eight Intervention Options (N=815)
- An offer of free nicotine patches or gum (53%)
- A chance to win money by stopping smoking (49%)
- Having to pay taxes on cigarettes from Indian reservations (32%)
- Access to a telephone support line to help stop smoking (28%)
- More graphic TV ads about the dangers of smoking (26%)
- No smoking allowed where you work¹ (23%)
- More graphic health warnings on cigarette packs (22%)
- No smoking allowed in bars or bar areas of restaurant (21%)

1 Restricted to those who report working outside the home in a location where smoking is permitted (n=217)

THE SMOKER'S JOURNEY

Once a smoker is triggered to quit, both external and internal motivations influence the quitting process, as the smoker learns about quitting, sets quitting goals, chooses a quitting process for themselves, and attempts to quit. As a smoker succeeds or fails, they continue to customize their approach and repeat attempts at quitting until they are successful.

External Motivations:
Social Pressure
Price
Policy
Products & Services
Social Support
Promotion
Tobacco Advertising
Smoking in Network

Internal Motivations:
Quitting History
Personal Concerns
Special Events
Beliefs & Myths
Psychiatric Conditions
& Other Life Problems

SATISFIED
DEPENDENT OR CASUAL
SMOKER

DISSATISFIED
BUT AMBIVALENT
ABOUT QUITTING

DECIDED TO
MAKE A
QUIT ATTEMPT

CHOOSING A
METHOD NRT,
COLD TURKEY,
QUITLINE

QUIT ATTEMPT

SHORT TERM
SUCCESS

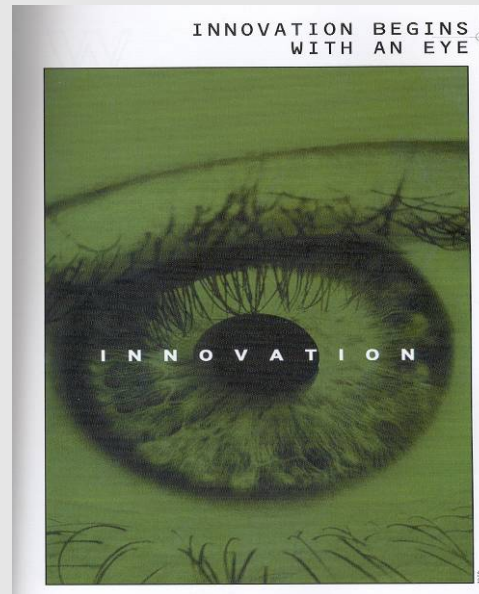
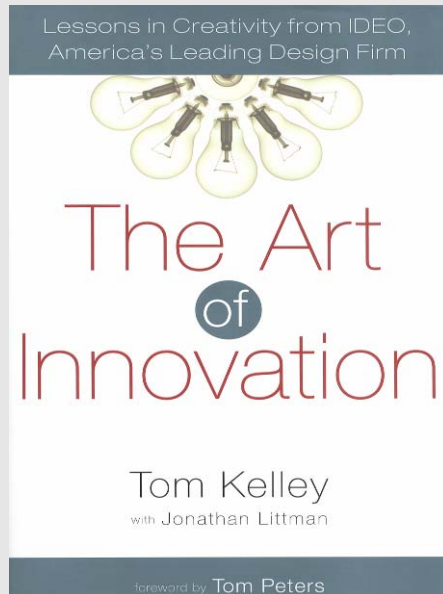
LONG TERM
SUCCESS

RELAPSE &
RECYCLING

2. Redesigning evidence-based products and services

- Using consumer-centered design principles.
- Ensuring products and cessation materials follow health literacy principles.

Need For Bolder Innovation: Discovering Quitters' Latent Unmet Needs



Redesigning Treatments For Wider Use and Appeal

The screenshot shows the QuitNet website in a Netscape browser window. The browser title is "QuitNet - A Free Resource To Quit Smoking - Netscape". The address bar shows "http://www.quitnet.com". The website features a large orange "Q" logo and the text "Welcome to the Q". A navigation sidebar on the left includes links for "Quitting Help", "Talk", "Resources", "Shop", and "Sign In". The main content area is divided into several sections: "QuitNet brings proven scientific methods to the Web to deliver support to smokers whenever they need it.", "Smokers helping smokers quit.", "Quit Tip of the Day: People Are Different", "Personalized Services" (listing tools like Quit Date Wizard, Q Gadget, and Personal Profile), "Resources for Everyone" (listing guides, calendars, and directories), and "Support QuitNet" (listing partners like drugstore.com and amazon.com). A "Member Sign In" form is visible in the top right corner.

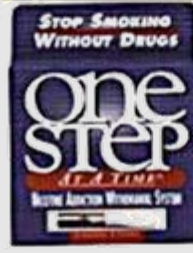
The advertisement features a landscape image of a tree in a field under a blue sky with clouds. Below the image, the text reads "COMMITTED Quitters®" in a large, stylized font. At the bottom, a red banner contains the text "FREE Personalized Stop Smoking Plan".

Consumers Lack a "Good Housekeeping Seal Of Approval"



FDA-Approved NRT

Ariva Tobacco Lozenge: Not FDA-Approved



3. Marketing and promoting cessation products and services in way that reach smokers

- Engaging smokers in new ways and in new places.
- Telling a story is more powerful than simply sharing facts and information.
- Using evidence-based promotion principles.
- Using new forms of marketing to reach smokers.
- Correcting misperceptions about what works and what doesn't.

Going To Where The Smokers Are: Brief Counseling/Medication



- ## 4. Seizing policy changes as opportunities for cessation
- Stimulating and harnessing the treatment demand that is generated by tobacco control policy changes.
 - Expanding tobacco cessation treatment access and coverage.
 - Allocating MSA bonus funds for tobacco control.

Reaching a Tipping Point

Breathe.

Proud to be the first smoke-free major hotel brand in the U.S.

This is how it should feel.SM

WESTIN
HOTELS & RESORTS®

5. Systematically measuring, tracking, reporting, and studying quitting
 - Using longitudinal cohort studies.
 - Funding consumer demand research.

Treatment Use Yields and Utilization

Treatment use → higher 1-year quit rates (15.2% vs. 7%)
(Zhu et al., 2000)

- 2000 NHIS (Cokkinides et al., 2005)
 - Adults with past-year quit attempts
 - 22.4% used any treatments -- 21.7% pharmacotherapy; 1.3% counseling
 - 61.8% received provider advice to quit
- Treatment use and/or provider advice lowest among:
 - Uninsured, Medicaid/Medicare enrollees (Cokkinides et al., 2005)
 - African American, Latino, uninsured, low-income (Houston et al., 2002; Levinson et al., 2004; Zhu et al., 2000)

6. Combining and integrating these strategies

- New York City
 - Increased the excise taxes by \$1.81
 - Went smokefree in 2002
 - Promoted the quitline
 - Provided free NRT to 35,000 smokers
- From 2002-2004, percentage of NYC adults who smoke dropped from 21.6% to 18.4%.

Free NRT (Patches/Gum) Boosts State Quitline Use and Impact



New York State: Free NRT by mail or voucher (1-wk to 6-wk supply) increased:

- Call volume 5-15X with minimal media
- 4-month quit rates from 12% to 21%-33% (Cummings et al., 2006)

Minnesota: Free mailed NRT increased:

- Call volume 3X with no paid media
- "Progress to quitting" at 2 weeks (An et al., 2006)

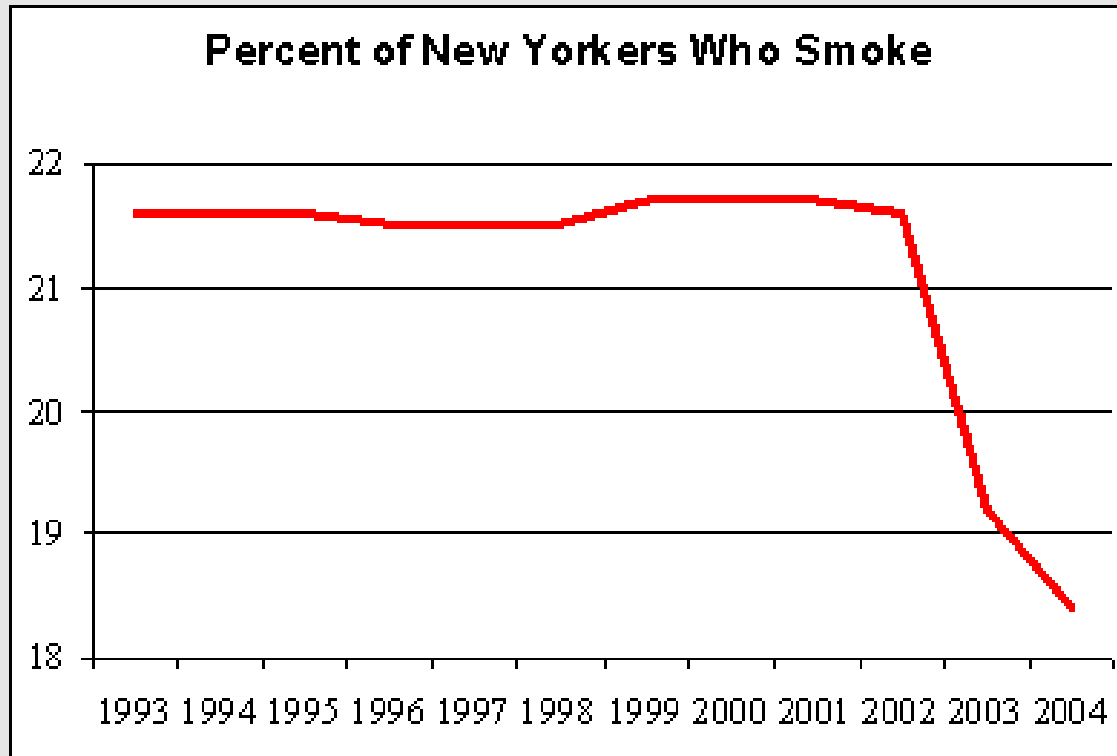
Maine: 82% of quitline callers

- Received free NRT (esp. uninsured)
- 6-month quit rates: 12.3% counseling only; 22.5% counseling + NRT (Swartz et al., 2005)

New York City

*“Coordinated policies and actions can stop the nation's leading epidemic. The increase in the **cigarette tax**, **implementation of the Smoke Free Air Act**, our **nicotine patch distribution program**, and public education about the health risks associated with tobacco have prevented literally tens of thousands of premature deaths.”*

- Commissioner Thomas R. Frieden, MD, MPH
NYC Department of Health and Mental Hygiene



Smoking Is An Addiction, Quitting Is A Journey → Innovative Treatment Models

- Alternatives to abrupt quitting: Pre-quit use of NRT in UK superior to placebo in producing sustained smoking reduction at 4 months, smoking cessation at 1-year (Tonneson & Danielsson, 2005)
- Re-cycling: Polled six months post-treatment, 91% of relapsed VHA smokers want immediate behavioral and/or pharmacological treatment, especially low-income and African American smokers (Fu et al., 2006)
- Extended treatment: Combined medication (NRT, Nortriptyline) and counseling (phone/ face-to-face) over 12 mos. produce a 50% 1-year quit rate (Hall et al., 2004; NIDA, 2006)
- Viral marketing: Draw quitters and ex-smokers into brand communities - buzz marketing, life-long database, websites with prizes, discounts, lifestyle gear (Byrnes, 2005)

An Extraordinary Opportunity for Reaching HP 2010 Prevalence Goal

- Without innovation and new science-based cessation efforts, not likely to achieve more than 16% adult prevalence by 2010 , even if HP 2010 policy goals are met for price, clean indoor air, coverage, media, youth access (Levy et al., 2005)
- With innovation and focused effort to strengthen science push, treatment capacity and consumer and market demand, “breakthrough” national quitting rates and HP2010 prevalence goals may be attainable (Consumer Demand Roundtable, 2005-6)
- Research can drive these innovations - to 2010 and beyond