

Overview of the HHS National Network of Quitlines Initiative

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Background

- Each year smoking causes about 440,000 premature deaths
- Each year smoking costs the nation \$75 billion in direct health care costs
- 46 million U.S. smokers
- About three out of four U.S. smokers say they want to quit

U.S. Interagency Committee on Smoking and Health (ICSH)

- August 2002 - Secretary Thompson requests ICSH establish a subcommittee to craft evidence-based recommendation for promoting cessation in the U.S.
- October 2002 to January 2003 - Subcommittee on Cessation held five meetings

Recommendations of the ICSH Subcommittee on Cessation

- Six recommendations for Federal Initiatives
- Four recommendations for Public-Private Partnership Opportunities
- Report released in February 2004

Recommendations of the ICSH Subcommittee on Cessation

Federal Initiatives

- Launch a National Quitline Network
- Launch an ongoing national media campaign
- Include coverage for evidence-based counseling and medications in Federally-funded health care programs and for Federal employees

Recommendations of the ICSH Subcommittee on Cessation

Federal Initiatives

- Increase research in tobacco use cessation
- Invest in training and education to ensure that clinicians have knowledge and skills to help patients quit tobacco use
- Increase research in tobacco cessation
- Increase Federal Excise Tax by \$2.00 per pack. Use at least half of the funds generated from the new excise tax to create a Smoker's Health Fund

Recommendations of the ICSH Subcommittee on Cessation

Public-Private Partnerships

- The Secretary should work with insurers, employers, and purchasers to provide tobacco cessation coverage as a part of basic benefits packages
- The Secretary should engage in public and private decision makers

Recommendations of the ICSH Subcommittee on Cessation

Public-Private Partnerships

- The Secretary should work in partnership with national quality assurance and accreditation organizations and health care stakeholders to ensure a standard of care and measurement in all health care settings
- The Secretary should initiate and support partnerships among community-based organizations

Recommendation #1 – HHS

- Establish a Federally-funded National Tobacco Quitline network by FY05 that will provide universal access to evidence-based counseling and medications for tobacco cessation
- This quitline would provide a national portal to available state- or regionally-managed quitlines

Overview of the HHS Initiative

Establish a national network of smoking cessation quitlines to provide all smokers in the United States with access to support and the latest information to help them quit

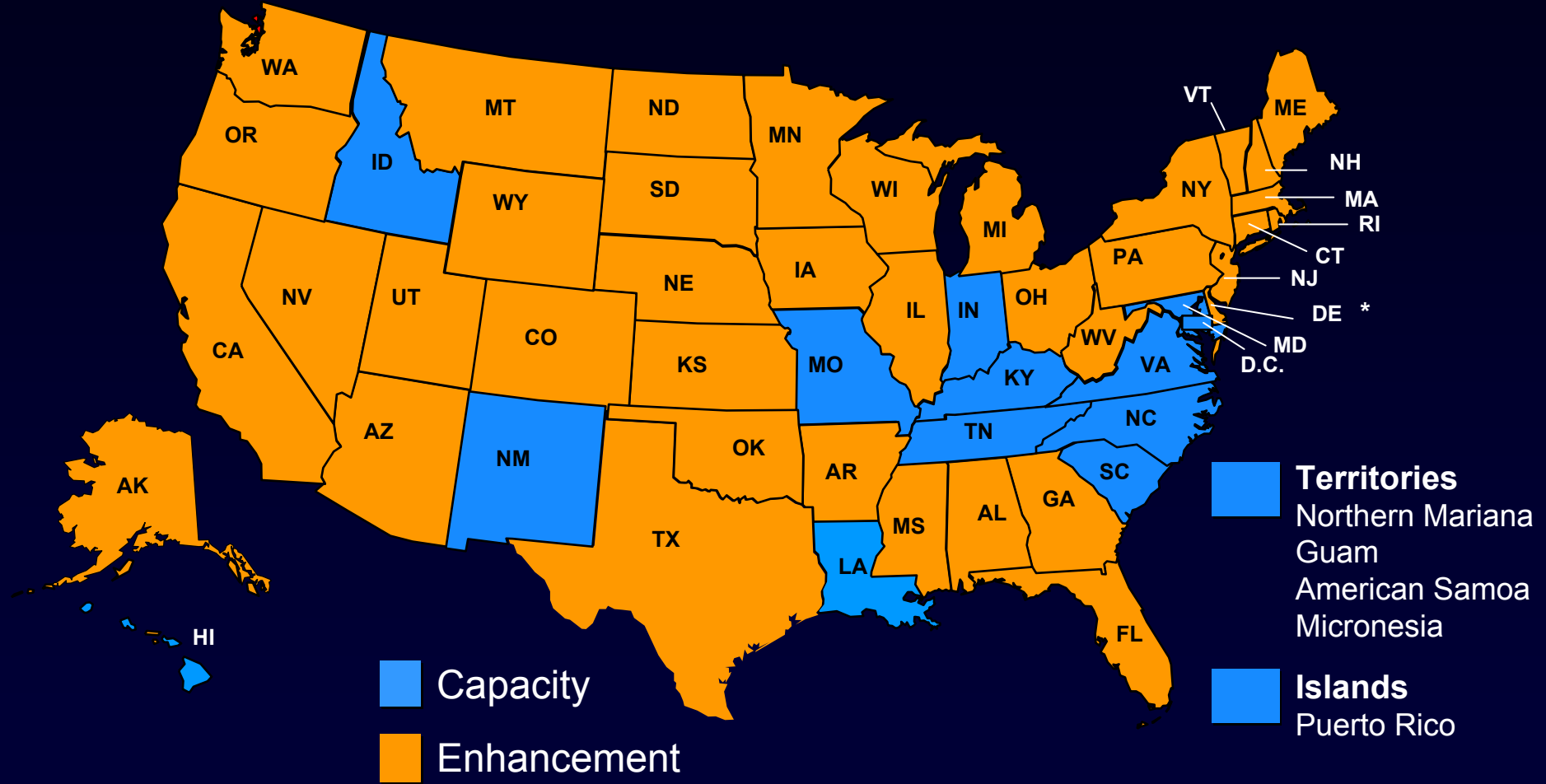
National Partners

- Centers for Disease Control and Prevention—
Office on Smoking and Health
- National Cancer Institute - Cancer Information
Service
- North American Quitline Consortium

HHS Initiative – Three Components

- States with existing quitlines will receive increased funding to enhance state quitline services
- States that do not have quitlines will receive grants to establish them
- NCI Cancer Information Service provide assistance to individuals in states without quitlines

Telephone Cessation Quitlines



* not funded by CDC

National Access Number

- **1-800-QUIT-NOW**
- One single number that serves as a portal to existing state-based quitline or CIS quitline for states without a quitline
- Information about quit tips and cessation medications
- Referrals to local cessation programs and services

Opportunities for Collaboration

- Oral health professionals are key partners who can:
 - Can support funding for state-based quitlines
 - Create systems to refer patients to quitlines
 - Promote the quitline within the oral health community
 - Collaborate with the tobacco control community

Tobacco Cessation Resources

- CDC's Tobacco Information and Prevention Resource (TIPS)

www.cdc.gov/tobacco

www.cdc.gov/tobacco/CRC.htm

www.cancer.gov

www.smokefree.gov

www.naquitline.org

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