



Public Perceptions about the Effectiveness of Tobacco Cessation Products and Services

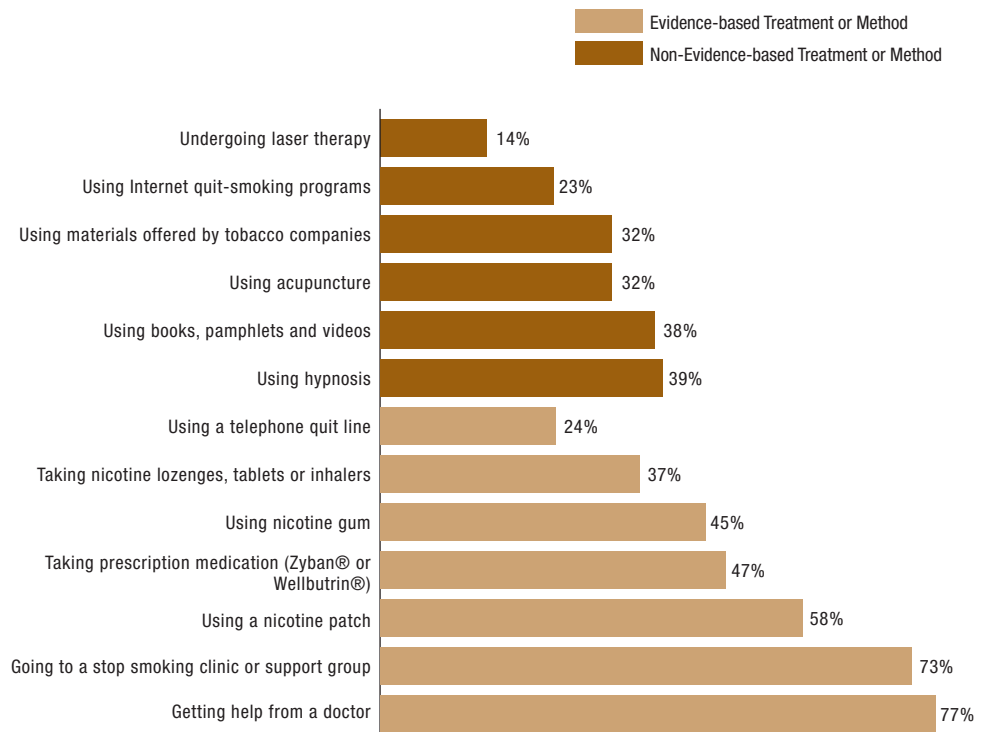
Background

Today in the United States, there are many evidence-based smoking cessation products and services that have been shown to double a smoker's chance of successfully quitting smoking.^{1,2} Despite this fact, tobacco use remains the leading cause of preventable death and disease in the United States. Notably, of the 42.5 percent of American smokers who try to quit smoking each year,³ only 20 percent to 30 percent use treatments proven to help smokers quit.⁴ Boosting the use of and demand for these evidence-based tobacco treatments is one important strategy the Robert Wood Johnson Foundation (RWJF) is using to reduce tobacco use and improve the health of all Americans.

This document highlights results from a survey conducted in the spring of 2006 by the Harvard School of Public Health and RWJF. The team polled a nationally representative sample of 1,076 adults to gauge the perceived effectiveness of several tobacco cessation treatments and methods.

Key Findings

Percent of the Population that Think Tobacco Cessation Treatment or Method is PROVEN EFFECTIVE in Helping People Quit



1 RWJF Research Highlight—Public Perceptions about the Effectiveness of Tobacco Cessation Products and Services

- Evidence-based smoking cessation methods perceived as most effective by both smokers and nonsmokers included: help from a doctor (77%), help from clinics or support groups (73%) and using a nicotine patch (58%). For the seven evidence-based treatments and methods surveyed, the percentage of Americans who perceived them as proven effective ranged from 24 percent to 77 percent.
- Less than half of respondents perceived that some evidence-based treatments were effective, including nicotine tablets, lozenges or inhalers (37%), prescription medication (47%), nicotine gum (45%) and telephone quit lines (24%). In fact, methods without evidence like acupuncture, hypnosis, self-aids and quit smoking programs offered by tobacco companies were perceived as more effective than telephone quit lines.
- Although less than a quarter of respondents thought that using a telephone quit line (24%) was an effective cessation strategy, quit lines are proven effective to help smokers quit smoking. Tobacco users have access to free quit line services in all 50 states and the District of Columbia through 1-800-QUIT-NOW. Quit lines represent one of the most underused effective quitting methods.

This survey and others⁶ show that there is a disconnect between the *perceived* effectiveness and the *actual* effectiveness of tobacco cessation treatments. Many consumers continue to underestimate the benefit of cessation treatments that have evidence supporting their effectiveness. Therefore, attitudes about cessation treatments remain a significant barrier to utilization.^{6,7} RWJF supports the **Consumer Demand Roundtable**, which brings together tobacco cessation researchers, funders, providers, practitioners, policy advocates, consumer product designers and marketing experts to ensure that people not only know about effective, evidence-based cessation products and treatment, but demand that they have access to them. Increasing the population's quit rates is an important strategy for reaching the Healthy People 2010 goal of having fewer than 12 percent of adults smoking.

Methodology

This study was prepared by the Harvard School of Public Health and the Robert Wood Johnson Foundation. It was designed and analyzed by researchers at the Harvard School of Public Health. The project director is Robert J. Blendon of the Harvard School of Public Health. The research team includes John M. Benson, Kathleen Weldon and Channtal Fleischfresser of the Harvard School of Public Health, and Melissa J. Herrmann of ICR/International Communications Research.

A telephone survey was conducted by ICR/International Communications Research (Media, PA) between February 17 and March 5, 2006. The survey was conducted with a nationally representative sample of 1,076 adults age 18 and over. Of those, a total of 105 were African-American respondents and a total of 106 were Hispanic-American respondents. The margin of error for the total sample was plus or minus three percentage points. A significant proportion of people did not feel knowledgeable enough to answer about a strategy's effectiveness.

Possible sources of sampling error include nonresponse bias, as well as question wording and ordering effects. Survey nonresponse bias is a known problem in telephone surveys because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to reflect the most recent U.S. Census data available for gender, age, race, and education, as

well as number of adults and number of telephone lines in the household. Other techniques, including random-digit dialing, replicate subsamples, callbacks staggered over times of day and days of the week, and systematic respondent selection within households, are used to ensure that the sample is representative.

—Melanie Napier

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Resources

The Consumer Demand Roundtable website can be found at: <http://www.consumer-demand.org/>

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- 1 Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence. A Clinical Practice Guideline*. Rockville, MD: US Dept of Health and Human Services. Public Health Service, 2000. AHRQ Publication No. 00-0032.
 - 2 Revell CC and Schroeder SA. "Simplicity Matters: Using system-level changes to encourage clinician intervention in helping tobacco users quit." *Nicotine & Tobacco Research*, 7 (Suppl 1): S67-S69, 2005; Zhu S-H, Anderson CM, Tedeschi GJ, et al. "Evidence of real-world effectiveness of a telephone quitline for smokers." *New England Journal of Medicine*, 347: 1087-1093, 2002.
 - 3 Centers for Disease Control and Prevention. *Cigarette smoking among adults—United States, 2005. MMWR Morbidity and Mortality Weekly Report*, 55(42): 1145-1148, 2006.
 - 4 Cokkinides VE, Ward E, Jemal A, et al. "Under-use of smoking-cessation treatments: Results from the National Health Interview Survey 2000." *American Journal of Preventive Medicine*, 28(1): 119-122, 2005.
 - 5 Schroeder SA. "What to Do With a Patient Who Smokes." *Journal of the American Medical Association*, 294(4): 482-487, 2005.
 - 6 McMenamin SB, Halpin HA and Bellows NM. "Knowledge of Medicaid coverage and effectiveness of smoking treatments." *American Journal of Preventive Medicine*, 31(5): 369-74, 2006.
 - 7 Hammond D, McDonald PW, Fong GT, et al. "Do smokers know how to quit? Knowledge and perceived effectiveness of cessation assistance as predictors of cessation behaviour." *Addiction*, 99(8): 1042-1048, 2004.