SESSION VI DELIVERY ISSUES

Introduction

John M Pinney

Our purpose this morning in this last session is to try to focus on delivery of smoking cessation; all that we talked about yesterday really means very little unless we can find ways to reach people and to deliver what we know will help them. And we have an excellent panel who can bring a number of different perspectives to this issue. Let me introduce the rest of the panel, starting on Dr Davis' right.

Dr Roselyn Epps from the National Cancer Institute.

Dr Jack Hollis, a Senior Investigator for Kaiser Permanente Center for Health Research. He's also Clinical Associate Professor of Public Health and Preventive Medicine at the School of Medicine of Oregon Health Sciences University.

Dr Marc Manley, Acting Chief of the Public Health Applications Research Branch at the National Cancer Institute.

Dr Deborah Ossip-Klein, Associate Professor of Psychology in Community and Preventive Medicine, and Director of the Smoking Research Program at the University of Rochester.

Lastly, Dr Nancy Rigotti who, in addition to being Assistant Professor of Medicine and Preventive Medicine at Harvard Medical School, is launching one of the premier hospital-based smoking cessation programmes at the medical mecca of Massachusetts General Hospital.

Finally, our presenter, Dr Ron Davis, has been the Chief Medical Officer of the Michigan Department of Public Health since April 1991. He's responsible for the medical aspects of the Department's policies and programmes and oversees the Department's chronic and infectious disease activities.

The delivery of smoking cessation services: current status and future needs

Ronald M Davis

What I will try to do is to present a base of information on the extent to which various smoking cessation services and messages are delivered. I will cover the major channels through which such services and messages are delivered, and I will talk about the benefits of each channel. I will also address what I perceive to be the need to enhance the effectiveness or volume of messages and programmes through those channels.

Mass media**BENEFITS**

If we start with the mass media, the benefits include the wide reach and cost-effectiveness – and I use that latter term advisedly. What I refer to here is the likelihood that mass media messages on stopping smoking are more likely to get more people to stop smoking per dollar spent than other smoking cessation programmes and strategies. Ken Warner cited the best example: the anti-smoking public service announcements on television and radio in the late 1960s under the Federal Communications Commission's Fairness Doctrine.¹

Also, the mass media allow us to reach high-risk groups that are difficult to reach through other channels, such as unemployed people. Messages through the mass media augment, reinforce, and tie into other services and programmes, such as telephone hotlines and quit-smoking classes.

CURRENT STATUS

What's the current status of messages being delivered through mass media? Mostly the messages are in the form of public service announcements produced by federal agencies (eg, the Office on Smoking and Health of the Centers for Disease Control and Prevention; the National Cancer Institute; and the National Heart, Lung, and Blood Institute), the voluntary health agencies, and State health departments.^{2,3}

We have, to my knowledge, paid TV or radio messages or paid space on billboards in only three states. California spends about \$16 million a year on a paid media campaign funded through their tobacco tax initiative (Proposition 99).⁴ Minnesota has had \$400 000 to \$700 000 a year allocated to a media

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