Conclusion

John M Pinney

First of all, I want to say that, from a personal perspective, this conference accomplished the objectives that the planning committee had in mind when we put it together. We've certainly achieved some cross-sectional perspective on smoking cessation, which I think this field needs from time to time to bring it back to reality.

So much of the work that's being done is so interesting; so many of you are both researchers and entrepreneurs, in a sense, and what you're doing is so vital. And yet there are some realities to consider, such as reimbursement, health care reform and economics and the broader perspective of research in substance abuse that I think we all need to hear about from time to time. Such a lot is happening that I think it's vital to keep it all in perspective, and so I'm very pleased with the outcome of the meeting.

Secondly, I want to borrow something from the Clinton campaign and give you a little bit of a warning. In the Clinton campaign they said, 'It's the economy, stupid.' I think, for our purposes, 'It's health care reform, stupid.' And I think we've all got to recognise that in the next months and years there are going to be efforts to reshape the way health care is delivered in the US completely, and that, regardless of how you feel about it, and regardless of what you hope the outcome is, you have to accept the fact that major changes are going to take place. There's just no question about it.

And what that means for smoking cessation can be good or bad or it can be neutral, I'm not sure which. The worst case, however, needs to

be kept in mind. The worst case in my view is that if managed competition becomes the dominant principle, and if it derives its operating principles from managed care as it now exists, it will most likely institutionalise the worst kind of smoking cessation, not the kind you heard about from Jack Hollis, because he comes from a staff model Health Maintenance Organisation (HMO) which has always been in the vanguard, such as there is, of delivering preventive care through HMOs. No, it's more likely to be a controlled access cost-containment model for smoking cessation, and that means the fewer people who get the services and get the pharmacological adjuncts, the happier we are. Not we as smoking cessation people, but we who manage the plan. I think you've got to keep that in mind. I don't know what to tell you to do about it except to be aware of it and to be vigilant.

Finally, I want to say I really enjoyed it, and I want to thank Joe Brady and the Behavioral Biology Research Center in particular for sponsoring this conference. Our Federal co-sponsors, the Agency for Health Care Policy and Research, the National Cancer Institute, the National Heart, Lung and Blood Institute, the Office on Smoking and Health, and especially CIBA-GEIGY Pharmaceuticals for their support.

I want to thank the planning committee. We worked very hard on this. We met a number of times, we conference called. Jack, Maxine and Saul are all wonderful people to work with. I want to thank my staff from Corporate Health Policies Group. Thank you, and everyone have a safe trip home.

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