Welcome to NAQC Connections ... Keeping members and partners connected to timely and upcoming events in the quitline community.

Next Issue — January 12th

In this issue ... Take the “NAQC Mini-Members Survey”; save the date for NAQC’s 3rd Annual Conference June 8-9, Phoenix; new Canadian smoking bans and amendments, tobacco control world loses Ron Davis; new reports, surveys and research.

News & Updates

NAQC News
Take the NAQC “Mini-Members Survey”
Please take a few minutes to share your thoughts with us on just a few of our existing programs and services through completing the “NAQC Mini-Members Survey.” The deadline for completing the survey is December 19, 2008. We truly value your input and strive to create programs and services that meet your needs. Your feedback through this survey will help us provide programs and communications that serve you best!

2009 NAQC Annual Conference - Save the Date!
The NAQC 2009 Annual Conference will take place June 8 from 7AM-7PM and June 9 from 7AM-2PM at the Sheraton Phoenix Downtown Hotel (venue for the 2009 NCTOH Conference).
The NAQC Annual Conference aims to provide members and our partners the opportunity to exchange and disseminate the latest research, information and practices related to the promotion and delivery of quitline services with a special emphasis on collaboratively building a quality framework for quitlines in North America. Please look for more details about the conference coming soon!

NAQC Call for Materials on Increasing Reach
NAQC is conducting a review of the literature on methods used to increase reach of quitlines. Please send any published material, unpublished evaluation reports or anecdotal evidence to Jessie Saul, Director of Research, for inclusion in this review. Examples might include a brief description of methods your quitline has used to try to increase reach and how well they succeeded or did not succeed. (Unsuccessful stories are just as important to increasing our knowledge base.) Charts relating media campaigns and call volume used in a presentations would also be helpful. Conference presentations as a whole, unpublished evaluation reports and published manuscripts are also sought. The literature review will be shared with all members in late January. Please send all materials by December 22, 2008 to jsaul@naquitline.org.

Aggregate Data Now Available on Reach and Budgets for U.S. Quitlines
In response to recent requests for data, NAQC staff have prepared summary statistics for U.S. quitlines on total callers (smokers and total tobacco users), reach of quitlines (using total tobacco users divided by state prevalence as measured by BRFSS) and quitline budgets (total sum over 48 reporting U.S. quitlines as well as the median and range) using 2006 Annual Survey data. The median (middle) number of total calls from smokers was 3,844, while the median number of calls from tobacco users was 3,078. The total (sum of 47 quitlines reporting) calls from tobacco users was 328,795. The total quitline budget (sum of all U.S. quitlines reporting) was $70,665,585. The median reach of quitlines in 2005 was just under 0.5% and the median reach of quitlines in 2006 was just over 0.5%. The complete set of information is available upon request – please contact Jessie Saul, Director of Research, at jsaul@naquitline.org. Complete
documentation on these variables for U.S. and Canada as well as your individual quitline’s rank in terms of reach will be available early in 2009.

**Literature Review Conducted on Ranges of Quit Rates Published for U.S. Quitlines from 2005-2008: Information Available to NAQC Members Upon Request**

In response to data requests on what quit rates are being reported by U.S. quitlines, NAQC conducted a literature review of all published manuscripts in the past three years on U.S. quitlines. Ranges of quit rates for quitlines providing NRT and not, for 7- and 30-day point prevalence abstinence measures and for intention-to-treat (missing=smoking) and responder quit rates have been identified. A table listing relevant variables, such as response rate, services provided, counseling protocol, whether NRT was provided or not, time to follow-up, type of abstinence measurement, population served, etc. has been created for all 16 identified studies. This information is available upon request. Because quitlines provide different services, serve different populations and have different objectives, it is important to take all of these variables into consideration when interpreting quit rates. The ranges of quit rates reported in the literature cannot be generalized to all U.S. quitlines. They can, however, be used as examples of what some quitlines are achieving in practice currently, and can provide some perspective and a means of helping to interpret the outcomes for other quitlines. In all cases, factors other than quit rates alone should be incorporated into any interpretation of a quitline’s performance. For more information, contact Jessie Saul, Director of Research, at jsaul@naquitline.org.

**Other Quitline & Tobacco Control News**

**Saskatchewan Workplace Smoking Ban to Take Effect May 2009**

Saskatchewan employees will breathe easier this spring as a workplace smoking ban takes effect. The province-wide ban is the result of amendments to *The Occupational Health and Safety Regulations, 1996* and comes into force on May 31, 2009.

“Our government strongly believes in protecting the health and safety of Saskatchewan people,” Advanced Education, Employment and Labour Minister Rob Norris said. “A workplace smoking ban ensures residents will not be exposed to second-hand smoke as a result of employment.”

Under the existing smoking regulations, workplace smoking is allowed in certain designated smoking areas only. When the new ban takes effect in May, smoking will be prohibited in all enclosed places of employment, including buildings, vehicles, other enclosed structures and underground mines with the following exceptions:

- Traditional First Nations and Métis spiritual or cultural ceremonies;
- Designated smoking rooms for residents and visitors of long-term care homes that are allowed by the Ministry of Health’s Tobacco Control legislation;
- Areas of underground mines that are located more than 10 metres from other workers; and
- Some self-employed businesses, vehicles and camp living accommodations with permission and when others are not present.

“The workplace smoking ban brings our province in line with other jurisdictions in Canada and around the world that have prohibited smoking in the workplace,” Norris said. “It is consistent with our government’s goal of a stronger Saskatchewan and a better life.”

**Manitoba - Bill 5 to Ban Smoking in Vehicles with Children**

Proposed amendments to the Highway Traffic Act (HTA) introduced in the Manitoba legislature late last month would ban smoking in cars when children under the age of 16 are present as well as text messaging and talking on hand-held cell phones while driving, Infrastructure and Transportation Minister Ron Lemieux recently announced. “Second-hand smoke increases a child’s risk of developing a serious respiratory illness,” said Healthy Living Minister Kerri Irvin-Ross. “This new legislation will help protect Manitoba children from exposure to the harmful effects of second-hand tobacco smoke.” Four provinces/territories have banned smoking in vehicles carrying children: Yukon (age 18); B.C. (age 16); Ontario (age 16), N.S. (age 19). A draft bill was tabled for comment in PEI (age 19).

**NYT Anti-Smoking Op-Ed – Anti-Smoking Scare Tactics Futile**

On December 11, 2008, the *New York Times* ran an op-ed urging the Obama administration to eliminate anti-smoking scare tactics. Read the full op-ed.
Report Shows Global Cancer Burden to Triple by 2030 – Rising Tobacco Use in Developing Word Contributes

According to the International Agency for Research on Cancer’s recently released *World Cancer Report*, the international cancer burden doubled between 1975 and 2000 and is set to double again by 2020 and nearly triple by 2030. There were around 12 million new cancer cases and 7 million cancer deaths worldwide in 2008, the report says, with 20-26 million new cases and 13-17 million deaths projected for 2030. Rising tobacco use in developing countries is believed to be a huge reason for the shift, particularly in China and India, where 40% of the world’s smokers now live.

ACS Launches Quitline Program in India - Quitline Service to be Offered to Multi-National Corporations

Earlier this month, the American Cancer Society announced it is launching its Quitline® service in India. The program will be provided through multi-national employers with operations in India. “We are pleased to be the first provider of a tobacco cessation counseling service in India, and we look forward to providing the supportive services that help tobacco users to quit,” said Terry Music, chief mission officer, American Cancer Society. “India became smoke-free on October 2, making this a perfect time for employers to offer Quitline services to their workers.”

India provides a unique challenge regarding tobacco use and quitting – while as many as one-third of Indians smoke tobacco in several forms, a great many Indians also use a far greater array of smokeless tobacco products. In fact, a recent report of the Indian government cited tobacco use prevalence (in all its forms) at nearly half of all adult males and about 14 percent of women. The effect of these various forms of tobacco use in India has not only caused lung cancer incidence to grow significantly in recent years but has also caused India to have the highest rates of oral cancer in the world. The Quitline will be addressing these India-specific issues as it develops its treatment protocols in collaboration with its multi-national employer partners.

Roswell Park Takes Aim at Tobacco Epidemic in Hungary

Roswell Park Cancer Institute (RPCI) faculty members met recently with the Hungarian Health Minister and other government officials to discuss strategies to reduce smoking in Hungary. Laszlo Mechtler, MD, Department of Neurology at RPCI and President of the Hungarian Medical Association of America, led the delegation.

“With one in two tobacco users dying prematurely from tobacco use, we need to be more aggressive in our actions to address the tobacco problem in Hungary,” he said. Hungary was among the first countries in the world to ratify the World Health Organization’s Framework Convention on Tobacco Control, which obligates governments to adopt and effectively implement a series of tobacco control policies that will rapidly reduce demand for tobacco. However, according to K. Michael Cummings, PhD, Director of RPCI’s tobacco research program, “Hungary has lagged in its implementation of a comprehensive smoke-free law, such as the one adopted in New York State.”

Dr. Ron Davis, Tobacco Health Advocate, Dies at 52

Dr. Ron Davis, founding editor of *Tobacco Control* and past president of the American Medical Association, died last month at the age of 52 after a battle with pancreatic cancer. He was a long-time crusader in antismoking efforts and served as the director of the Office on Smoking and health at CDC from 1987-1991. Read New York Times obituary on Dr. Davis’ life and work.

Quitting Smoking Saves Lives and Money: New ALA Report Finds Most States Failing to Adequately Protect Residents and Their Bottom Line

According to a new report, *Helping Smokers Quit: State Cessation Coverage*, released last month by the American Lung Association, states are missing a big opportunity to help smokers quit and to save themselves money by covering comprehensive tobacco treatments.

New Survey Shows Continued Progress in Reducing Youth Smoking, Yet Declines Slowing

The 2008 Monitoring the Future survey released earlier this month by the National Institute on Drug Abuse finds smoking rates among 8th, 10th and 12th graders have declined to the lowest levels recorded in this survey for all three grades. However, like other recent surveys of youth and adult smoking, this survey also shows that smoking declines have slowed in recent years. These declines are powerful evidence that scientifically proven solutions, implemented primarily at the state and local level, are working. These include higher cigarette prices resulting from state cigarette tax increases and the 1998 state tobacco settlement; effective, well-funded tobacco prevention programs run by some states and nationally by the American Legacy Foundation; and a growing number of state and local laws requiring smoke-free workplaces and public places. However, smoking
NAQ Connections

Support person intervention to promote smoker utilization of the QUITPLAN Helpline
This study developed and piloted an intervention for a nonsmoking support person to motivate and encourage a smoker to call the QUITPLAN Helpline. Support persons were provided written materials and three consecutive weekly 20-30 minute telephone sessions teaching them how to be effective supports for the smoker in their life. Of the 30 participants in the pilot program, 93% completed all telephone sessions. Over three-fourths (77%) ranked the program somewhat or very helpful, and nearly all (97%) would definitely or probably recommend the program. Five smokers linked to a support person called the QUITPLAN Helpline. The pilot study authors concluded this type of intervention is both acceptable to the support person and feasible.

A multimedia mobile phone-based youth smoking cessation intervention: findings from content development and piloting studies
J Med Internet Res. 2008 Nov 25;10(5):e49
The study authors previously developed a successful text messaging smoking cessation program. Here, they developed a multimedia mobile phone smoking cessation intervention. Youth participated in consultation, content pre-testing and selection of role models for the intervention. Findings were used to develop video and text messages. Technological systems were established to support the delivery of multimedia messages by mobile phone. The program was pilot tested using an abbreviated four-week program. In the consultation phase, a high priority was placed on music for relaxation (75%) and interacting with others in the program (40% read messages, 36% read a blog). Content pre-testing demonstrated the importance of selecting “real” and “honest” role models with believable stories. Pilot test results showed participants to be generally satisfied with the program. Results from the pilot informed the design of a longer (6-month) intervention currently under evaluation for effectiveness.

The impact of a free nicotine patch starter kit on quit rates in a state quit line
Bush TM, McAfee T, Deprey M, Mahoney L, Fellows JL, McClure J, Cushing C.
NAQC Connections

Nicotine Tob Res. 2008 Sept;10(9):1511-6
In 2004, Oregon initiated its Free Patch Initiative, consisting of a two-week introductory supply of NRT with telephone counseling. This study assessed the impact of the initiative on insured callers. Most (97%) requested free patches, 86% used the patches and 47% got additional patches on their own. Outcome data were collected before and after the initiative started. Free Patch participants were more satisfied with the quitline than callers prior to the initiative. Free Patch callers also had higher quit rates at six months. Study authors conclude offering a starter pack of NRT with telephone counseling is an effective method for promoting quitline use, sharing costs, increasing caller satisfaction, increasing the reach of quitlines and increasing the effectiveness of quitlines among callers with health insurance.

A randomized controlled trial of telephone counseling with smokeless tobacco users: The ChewFree Minnesota study
Boyle RG, Enstad C, Asche SE, Thoele MJ, Sherwood NE, Severson HH, Ebbert J, Solberg LI.
Nicotine Tob Res. 2008 Sep;10(9):1433-40
A randomized trial was conducted comparing proactive telephone counseling plus a self-help manual with a self-help manual alone for smokeless tobacco cessation. Prolonged abstinence at three months was 6.8% for self-help only and 30.9% for telephone counseling. At six months prolonged abstinence was 9.8% for self-help only and 39.9% for telephone counseling. Older age, lower smokeless tobacco dependency and increased readiness to quit predicted quitting success. The authors concluded proactive telephone counseling is an effective strategy for helping smokeless tobacco users quit.

Feasibility, acceptability, and cost of referring surgical patients for postdischarge cessation support from a quitline
Wolfenden L, Wiggers J, Campbell E, Knight J, Kerridge R, Moore K, Spigelman A, Harrison M.
Nicotine Tob Res. 2008 Jun;10(6):1105-8
This study examined the feasibility, acceptability and cost of referring patients to a quitline after discharge from the hospital. More than six in ten (64%) accepted an offer of referral to a quitline by clinic staff. Among referrals, nearly three-quarters (74%) were contacted by quitline staff. Referral cost less than US$2 per patient. Study authors conclude referral to the quitline is feasible, is generally acceptable to surgical patients and staff and is cost-effective.

A smoking cessation intervention plus proactive quitline referral in the pediatric emergency department: A pilot study
Melinda Mahabee-Gittens E, Gordon JS, Krugh ME, Henry B, Leonard AC.
Nicotine Tob Res. 2008 Dec;10(12):1745-1751
Because adult tobacco users are seen in emergency rooms as patients or parents at disproportionately higher rates than national average rates of tobacco use, this study examined the emergency room as a venue for providing tobacco cessation counseling to tobacco users, specifically parents of emergency room patients. Participants received either usual care or a brief cessation intervention (Ask, Assess) and a fax referral to the quitline. At three months, intervention participants were more likely to have made at least one quit attempt, be seriously thinking about quitting and have higher Ladder scores. Quitline counselors were unable to reach 54% of participants.

Web Interventions

A review of web-assisted tobacco interventions (WATIs)
Bock BC, Graham AL, Whiteley JA, Stoddard JL.
J Med Internet Res. 2008 Nov 6;10(5):e39
The study set out to assess the content and quality of smoking cessation treatments most likely to be encountered by smokers seeking Internet-based treatment and to examine differences between sites in 2007 vs. sites reviewed in 2004. Sites were assessed on the degree to which each covered key components of evidence-based treatment as described in the Public Health Service Clinical Practice Guideline, presented information accurately and provided interactivity for users. Most Web sites did not meet the criteria of providing PHS guideline recommended treatment. Twenty-three sites were included in the current study. Sites in 2007 scored much higher than sites in 2004 in terms of advice to quit, practical counseling and enhancing motivation to quit through personal relevance. Yet there was a distinct under-use of interactive capabilities to personalize treatment, to connect users with a virtual support system and to provide follow-up treatment contacts.

The role of peer e-mail support as part of a college smoking-cessation website
The RealU study demonstrated the efficacy of a smoking-cessation Web site for college students that incorporated
identified smokers filling a prescription for NRT using Minnesota Health Care Programs (Medicaid) pharmacy claims databases. The overall response rate was 58%. Abstinence outcomes did not vary by race. There was no evidence that NRT was less effective for racial/ethnic minority smokers compared to white smokers. The authors conclude when racial/ethnic minority smokers access and use NRT to aid in their cessation efforts, they are likely to quit smoking at a level similar to whites. Given the documented disparities in the use of treatments such as NRT, the authors identify the great need for interventions designed to improve access to and utilization of such treatments for racial/ethnic minority groups.

**Racial and Ethnic Differences in Delivery of Tobacco-Cessation Services**


In 2007, data about tobacco screening were analyzed by nearly 30,000 visits by adult patients to over 2,000 physicians. Counseling was examined for visits by people with known current tobacco use. Tobacco screening and counseling were less common at visits made to physicians by Hispanics when compared to non-Hispanic whites. Barriers to care such as lack of insurance and more new-patient visits did not explain this difference.

**Resources & Information**

*6th National Conference on Tobacco or Health - Canada!*

Plan to meet your colleagues and friends in Montréal at next year’s national conference geared to advancing tobacco control in Canada on November 1-4, 2009. The event will be held at the Fairmont the Queen Elizabeth, Montreal, Quebec.

**More information.**

**Call for Nominations - 2009 Adult and Youth Tobacco Industry Documents Awards**

The American Legacy Foundation promotes innovative uses of tobacco industry documents through recognition of individuals who have utilized such documents to benefit the public. The awards recognize research, policy and advocacy contributions that resulted in tangible, positive actions from traditional or innovative use of tobacco industry documents. Winners receive $7,500
and will be honored during the NCTOH in Phoenix, Arizona June 11, 2009. Nominations are due by January 16, 2009, 5PM (PT). More information can be found at www.americanlegacy.org/awards.

**TTAC Fundamentals of Evaluation Web-Based Course**

TTAC presents its *Fundamentals of Evaluation* Web-based Course, an interactive, distance-learning program designed to cover the core concepts of evaluation. The information provided will highlight the importance of evaluating a program, what to expect from your evaluation efforts and what is involved in program evaluation from planning to reporting. The course includes resources and evaluation experts who will provide feedback during the learning process. Class starts February 2, 2009. Registration due date is January 16, 2009. [Learn more.](http://www.naccho.org)

**No Smoking Room Website Launched to Empower Girls to Live a Smoke-Free Life**

An innovative Web site to emphasize smoking prevention for young girls has been launched through Children’s Hospital at Dartmouth (CHaD) and Dartmouth Medical School. The safe, online patient education site was created by a Dartmouth pediatrician to prevent smoking in young girls (8-11 yrs. old). Funded by Pfizer Inc. through an unrestricted educational grant, the site—[NoSmokingRoom.Org](http)—is designed to empower girls to say “no” to smoking or to encourage those who are smoking to quit.

**Healthy Communities RFP**

The National Association of County & City Health Officials (NACCHO), with support from the CDC, will award up to $30,000 each to 10 local health departments to 1) build or strengthen community partner coalitions and 2) to develop a community action plan to address chronic disease risk factors such as tobacco. For more information about the RFP requirements and process, visit [http://www.naccho.org](http://www.naccho.org).

**NALBOH Call for Presentations**


**Fellowships in Tobacco Control Research**

The UCSF Center for Tobacco Control Research and Education (CTCRE) invites applications for fellowships in policy-relevant tobacco control research. Completed applications are due January 28, 2009 for fellowships beginning July 1, 2009. Applicants may learn more about the Center, the fellowship program and review the list of UCSF faculty and their research interests at [http://tobacco.ucsf.edu](http://tobacco.ucsf.edu).

**Call for Papers for Collection of Systems Modeling in Tobacco Control Manuscripts**

The American Journal of Public Health (AJPH) intends to publish a collection of manuscripts on systems modeling in tobacco control. In recognizing the complexity of issues involved in the tobacco epidemic, AJPH seeks to encourage the use of conceptual models, methods and analysis techniques suitable to describe such complexity and the strong interdependence among the elements of the problem as well as its potential solutions. They are particularly interested in manuscripts that use these methods to help inform U.S. policies aimed at reducing smoking attributable mortality as much as possible through the year 2030. Research articles and briefs that address these issues and provide innovative insights will be considered. Conceptual essays defining a strategic framework for the application of system methodologies to the tobacco problem will be considered for the Framing Health Matters; Government, Politics, and Law; and Health Policy and Ethics forums. All manuscripts will undergo the standard peer review process by the AJPH editors and peer referees as defined by AJPH policy. Submit manuscripts to [http://submit.ajph.org](http://submit.ajph.org) by March 31, 2009.

**Connect with NAQC Members!**

NAQC’s Listserv offers an opportunity for NAQC members to connect with one another. Through the Listserv, you can ask questions, post comments and share resources. To post a question or comment to the NAQC Listserv, email NAQC@listserv.naquitline.org. You must be a member of the Listserv to post a question or comment. If you are not on the Listserv and wish to participate, please email bbryan@naquitline.org to join.

*Funding for Connections is provided through a contract from the Centers for Disease Control and Prevention and a grant from the American Cancer Society. We thank them for their support of this publication.*

Visit the [NAQC Connections Archive](http://www.naquitline.org) for more information about *NAQC Connections* or to submit information for consideration in its next issue, email bbryan@naquitline.org.

Information and links are provided solely as a service to NAQC members and partners and do not constitute an endorsement of any organization by NAQC, nor should any be inferred.

The North American Quitline Consortium is a 501(c)(3) organization.