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

Next Issue — March 3rd

In this issue ... information on state provider outreach programs needed, new provincial and state campaigns launch, Connecticut leaders call for quitline restoration, Healthy People 2020 process begins, WHO report on global tobacco.

News & Updates

Washington State DOH Tobacco Prevention and Control Program Collecting Information on State Provider Outreach Programs
The Washington State DOH Tobacco Prevention and Control Program is in the process of collecting information on how states conduct their Health Care Provider outreach and training and how they work with their local Health Departments on outreach efforts. Washington State is seeking to learn from other models, while sharing what has been successful from their model. By participating in a short survey about provider outreach, states can gain (1) information about other state approaches to provider outreach and (2) contact information for those conducting the work in those states, should they want to learn more. If you are interested in completing the brief survey and have a program design or best practice to share, contact Gillian Schauer, WA-DOH Tobacco Cessation Resource Center Program Manager, at 206-876-2275 or gillian.schauer@freeclear.com.

BC Launches IMAGINE A SMOKE-FREE BC Campaign
The Clean Air Coalition of BC, which is made up of the Heart and Stroke Foundation of B.C. & Yukon and the BC Lung Association, recently launched IMAGINE A SMOKE-FREE BC—a campaign to make BC Smoke-Free. The campaign focuses on eleven principles:

- Imagine! 100% smoke-free public places --- including outdoor patios, parks & beaches.
- Imagine! Prohibition of smoking in motor vehicles when a person under the age of 19 is present.
- Imagine! Increased smoke-free multi-unit dwelling options, such as apartment & condominiums.
- Imagine! Prohibition of tobacco sales in pharmacies.
- Imagine! Increased tobacco taxes, which is a proven tobacco prevention and reduction strategy.

The public objective of the campaign is to demonstrate to the BC provincial government that there is strong public support for tougher tobacco control regulations and legislation, especially at the provincial level. For information on the campaign, please go to the CAC website www.cleanaircoalitionbc.com and click on the “Imagine Campaign” link.

New York Unveils “Don’t Be Silent About Smoking” Campaign
Earlier this month The New York State Department of Health unveiled its “Don’t Be Silent About Smoking” ad campaign, urging health care providers to make quitting a priority for their patients who smoke. The $1.3 million campaign features graphic images of health care providers with their mouths stitched or taped shut to dramatize how doctors can help their patients quit by discussing smoking. The “Don’t Be Silent About Smoking” campaign was created by Better World Advertising in collaboration with the state
Health Department Tobacco Control Program and its 19 cessation centers across the state. The campaign’s website, www.TalkToYourPatients.org, offers easy-to-access information and resources to help health care providers assist their patients who smoke.

**Connecticut Leaders Call for Quitline Restoration With Already Appropriated Funds**

Connecticut Attorney General Richard Blumenthal, Senate President Pro Tempore Donald Williams, D-Brooklyn and Speaker of the House James Amann, D-Milford, called last month on Gov. M. Jodi Rell to allocate $2 million that is already appropriated and available to restore the state’s highly successful smoking cessation quitline to help its 450,000 smokers quit.

The quitline combined counseling and nicotine replacement pharmaceutical drugs and received about 13,000 calls and more than 7,000 smokers enrolled in the program in July and August of 2007. Unfortunately, after it exhausted funding, the quitline’s comprehensive service was discontinued to new applicants less than 30 days after it began. It has been continued with counseling alone through January.

"Money is already available for the quitline to break the crippling grasp of tobacco addiction for thousands of Connecticut smokers," Blumenthal said. "We must use $2 million on hand to restore the quitline with full counseling and nicotine replacement pharmaceutical services. I have urged repeatedly that the Governor act to allocate these funds as recently as last month." Blumenthal added, "The quitline has already proved its worth – responding to thousands of smokers in July alone before the money was exhausted."

**Healthy People 2020 Development Process Begins**

The Healthy People 2020 development process is now underway with the first meeting of the Secretary’s Advisory Committee held on Jan. 31 and Feb. 1, 2008. The U.S. Department of Health and Human Services (US DHHS) has announced a series of regional meetings to inform the public about HP2020 and to solicit public comments on the framework for its work. Meetings begin March 17 in Atlanta, GA and run every two weeks through the end of May. There will also be the opportunity to submit public comments on-line throughout the process. NAQC will be working with its members on drafting and submitting comments related to cessation.


Secretary’s Advisory Committee Meeting: [http://www.healthypeople.gov/hp2020/advisory/default.asp](http://www.healthypeople.gov/hp2020/advisory/default.asp)

**BC Joins Nova Scotia in Protecting Kids from Secondhand Smoke in Cars**

The B.C. government recently became the second Canadian province to announce it will introduce legislation to ban smoking in cars where children are present. This marks the first “win” since the Lung Association launched its national campaign to end smoking in cars with kids. This announcement by the B.C. government builds on the actions taken by the Nova Scotia government on this issue – Nova Scotia was the first province to announce its intention to ban smoking in cars with kids. For more information visit www.cleaneairforkids.ca.

**Health Literacy Needs Assessment Survey**

Many tobacco cessation materials may not be appropriate for smokers with lower health literacy skills. The National Tobacco Cessation Collaborative (NTCC) has undertaken a Health Literacy Initiative to address this issue and to provide resources and guidance to the field on creating more health literate tobacco cessation materials. In order to support this goal, NTCC is conducting a brief survey to determine what types of assistance and support are needed to integrate health literacy principles into tobacco cessation materials and services. Please take a moment to complete this brief survey. Your feedback is important in helping NTCC develop additional health literacy resources, including toolkits, online tools and/or trainings. Access the survey. Should you have any questions, please contact Jessica Nadeau, MA, at jnadeau@aed.org.

**Research**

**Effect on Cessation Counseling of Documenting Smoking Status as a Routine Vital Sign**

Stephen F. Rothemich, Steven H. Woolf, Robert E. Johnson, Amy E. Burgett, Sharon K. Flores, David W. Marsland, Jasjit S. Ahluwalia


Physician intervention with smokers is known to be an effective method for smoking cessation activities by smokers. Researchers in Virginia implemented a cluster-randomized controlled trial to understand whether the use
of smoking status as a vital sign promotes cessation counseling by physicians. The study used an exit questionnaire with 6,729 adult patients at 18 primary care practices. At intervention practices, 561 smokers completed the exit interviews with 61.9% reporting they received counseling. At the control practices, 588 smokers completed the exit interview with 53.4% reporting they received counseling, a difference of 8.6% (P=.04). Patients reported physicians were most likely to offer simple advice, with no significant increase observed between the control and intervention groups for extensive discussion. Using a vital sign as an approach to increasing physician’s simple advice to quit to smokers is effective. Link to study: http://www.annfammed.org/cgi/reprint/6/1/60

Dynamic Effects of Smoking Cessation on Disease Incidence, Mortality and Quality of Life: The Role of Time Since Cessation
Hoogenveen RT, van Baal PH, Boshuizen HC, Feenstra TL.
A new model to understand the health effects of quitting smoking that includes relapse was developed by researchers in The Netherlands. The model calculates the effects of smoking cessation interventions on 14 different smoking related diseases, which also considers relapse and effect of time since quitting. The model was demonstrated using two interventions in which part of current smokers in the Netherlands quit smoking. The results show that relapse and time since quit can impact the estimates of the effects of an intervention. When time since quit is not considered, total health gains of smoking cessation are underestimated. Researchers conclude that greater care is needed in defining the assumptions that inform the model. Relapse of quitters and dependency on time since cessation of incidence rates of smoking-related chronic diseases should be considered in future modeling efforts that estimate the effects of smoking cessation interventions on mortality and morbidity.

Smoking Cessation Medication Use Among Pregnant and Postpartum Smokers
Nancy A Rigotti, Elyse R. Park, Yuchiao Chang, Susan Regan
Obstetrics & Gynecolog 2008; 111:348-355
Researchers used end of pregnancy and three-month postpartum surveys of 296 pregnant women enrolled in a randomized controlled trial of telephone counseling for smoking cessation that did not include medication to assess how often pregnant and postpartum smokers used, and were advised to use, smoking cessation medications. Results at end of pregnancy and three-months postpartum showed that fewer than 30% of respondents (29.3% and 29.4%) reported discussing a cessation medication with their obstetric providers. Slightly more (14.3%) women reported using medications at three-months than at end of pregnancy (10%). Factors associated with increased medication use included: being older with more education, living with a partner, previous births, obstetric provider who discussed medication or having private health insurance (Medicaid did not cover cessation medications). This evidence indicates that pregnant women are more reluctant to use cessation medications than clinical guidelines recommend.

Use of Smoking-Cessation Treatments in the United States
Analysis of the 2003 Tobacco Use Special Cessation Supplement to the Current Population Survey assessed frequency of quit attempts, use of treatments for cessation and abstinence rates among treatment users and non-users among 29,537 U.S. smokers aged 18 and over who smoked daily 12 months before the survey. Less than half, 42.5% of the smokers, reported making a quit attempt in the previous 12 months. The majority of smokers making a quit attempt used no cessation treatment (64.2%), 32.2% used medication, 24.1% reported receiving social support, 14.1% used multiple treatments and 8.8% used behavioral treatments. Predictably more nicotine-dependent smokers were more likely to use medications (OR=3.58; 95% CI=3.04-4.20).

ChewFree.com: Evaluation of a Web-based Cessation Program for Smokeless Tobacco Users
Herbert H. Severson, Judith S. Gordon, Brian G. Danaher, Laura Akers
Nicotine & Tobacco Research Volume 10, Number 2 (February 2008) 381–391
This study tested the impact of an interactive, tailored Web-based intervention (enhanced condition) against a more linear, text-based Web site (basic condition) in a randomized trial with 2,523 adult smokeless tobacco users. Follow-up with site users was conducted at three and six months with significant attrition in respondent rates typical of Internet research. Using point prevalence, complete case or intent-to-treat analysis, quit rates were consistently higher for the enhanced condition versus the basic condition for all tobacco types, including smokeless tobacco. Program exposure, assessed by unobtrusive measures, indicated that program use was significantly
related to outcome as well as to attrition. The researches conclude that a tailored, interactive Web-assisted cessation program can be an effective method for helping adult ST users to quit.

*Morbidty and Mortality Weekly Report, Feb. 8 Article: State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2006*

If the national Healthy People 2010 objective to increase insurance coverage of evidence-based tobacco-dependence treatments in all 51 Medicaid programs is to be achieved, Medicaid coverage for tobacco-dependence treatments must increase substantially. Despite high smoking prevalence (35%) among recipients, high economic burden, and the availability of evidence-based and cost-effective treatments, 8 state Medicaid programs did not cover any tobacco-dependence treatments, and only one program (Oregon) covered all recommended treatments in 2006. Additionally, even in states that provide coverage, there were significant restrictions on the use of these treatments. Providing full Medicaid coverage for all recommended tobacco dependence treatments, eliminating barriers to the use of these treatments, promoting treatment use, and educating Medicaid recipients and providers about coverage are critical to reducing tobacco use among this increased-risk population. Community and policy interventions (such as increasing the price of tobacco products, sustained media campaigns encouraging cessation and promoting available treatments, comprehensive smoke-free policies and state-funded quitlines) complement the clinical treatments of tobacco use and increase quit attempts and quitting success.

The online version of the journal is available on the CDC Web site at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr) and more information is available at [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).

**Optimizing the Efficacy of Smoking Cessation Contests: An Exploration of Determinants of Successful Quitting**


Evaluation is of a Quit and Win smoking cessation campaign conducted in The Netherlands: Web-based surveys were conducted with 1,551 Quit and Win participants and 244 control respondents at baseline, one and 12 months after the contest. 35% of participants and 12% of respondents in the Quit and Win intervention and 11% and 3% among the control group reported successful quitting at one and 12 months. The use of supportive email messages predicted both short and long-term abstinence between Quit and Win participants. The “buddy” support system was most widely used by participants and was rated as most highly appreciated. Analysis showed that use of the buddy support system significantly predicted short-term abstinence. The study also identified radio and Internet advertisements as the most effective recruitment channels.

**Resources & Information**

1-800 QUIT NOW Monthly Volume Report: Now Posted

The 1-800 QUIT NOW monthly volume report for the period November 9, 2004 through November 31, 2008 is now posted to the US Network of Quitlines bulletin board on the NAQC member site.

**WHO: New Report on Global Tobacco Control Efforts**

Earlier this month WHO released new data showing that while progress has been made, not a single country fully implements all key tobacco control measures, and outlined an approach that governments can adopt to prevent tens of millions of premature deaths by the middle of this century. In a new report, which presents the first comprehensive analysis of global tobacco use and control efforts, WHO finds that only 5% of the world’s population live in countries that fully protect their population with any one of the key measures that reduce smoking rates. The report also reveals that governments around the world collect 500 times more money in tobacco taxes each year than they spend on anti-tobacco efforts. It finds that tobacco taxes, the single most effective strategy, could be significantly increased in nearly all countries, providing a source of sustainable funding to implement and enforce the recommended approach, a package of six policies called MPOWER:

- **Monitor** tobacco use and prevention policies;
- **Protect** people from tobacco smoke
- **Offer** help to quit tobacco use
- **Warn** about the dangers of tobacco
- **Enforce** bans on tobacco advertising, promotion and sponsorship
• Raise taxes on tobacco

The report also documents the epidemic’s shift to the developing world, where 80% of the more than eight million annual tobacco-related deaths projected by 2030 are expected to occur. This shift, the report says, results from a global tobacco industry strategy to target young people and adults in the developing world, ensuring that millions of people become fatally addicted every year. Access the report.

Tobacco Control Legal Consortium Latest Legal Update Available

The latest issue of the Legal Update, the newsletter of the Tobacco Control Legal Consortium, is now available at www.tclconline.org. This month’s issue features the Legal Consortium’s most recent law synopsis, Light Cigarette Lawsuits in the United States: 2007, an overview of light cigarette litigation and its mixed record in state and federal courts to date. This issue also includes updates of several significant tobacco lawsuits.

Invitation to NAQC Members Attending SRNT to BEA Project Event

The Tobacco Cessation Leadership Network is pleased to announce the launch of its newest project, Bringing Everyone Along (BEA). The BEA project is a two-year project, funded by the American Legacy Foundation, aimed at helping health professionals adapt tobacco cessation programs and services to treat smokers with mental illness and substance use disorders. The first year of this project is dedicated to developing a Resource Guide based on current literature, data from key informant surveys of health professionals and the advice of a national expert advisory committee. The second year of the BEA project is dedicated to dissemination, outreach and education. To help launch the “roll-out” of the Resource Guide and Summary, we invite you to join us at a reception for the BEA project at the SRNT meeting in Portland, OR. Printed copies of the BEA Resource Guide and Summary will be available as well as details of the roll-out plan. There will be an update on the National Mental Health Partnership for Wellness and Smoking Cessation from our partner, the Smoking Cessation Leadership Center. Tasty Pan-Asian inspired appetizers are on the menu along with time to network with your colleagues on this important issue. Please RSVP by email to Elizabeth White at lawse@ohsu.edu by February 22nd if you plan to attend.

Visit the NAQC Connections Archive. 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.