**NAQC Connections**
Connecting with quitlines around the world

**June 9th 2008**

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

**Next Issue—June 23rd**

*In this issue* ... NAQC to release *Policy Playbook*, Canada launches new coalition to fight illegal cigarette trade, hypnosis and smoking cessation randomized trial, new calls for proposals and papers.

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**News & Updates**

**NAQC Welcomes New Advisory Council Members**

NAQC wishes to extend a warm welcome to its newest Advisory Council members – Karen Brown of the Michigan Department of Community Health Tobacco Section and David Tinkelman of the National Jewish Medical and Research Center. The Advisory Council is a leadership group that provides guidance and advice on programmatic issues to NAQC’s CEO and staff. The Council meets four times a year.

**NAQC to Release Policy Playbook**

In the coming days, NAQC will release its much-anticipated *Policy Playbook*—a new, Web-based resource to help states promote the availability of quitline services following the passage of smoke-free policies and tobacco excise tax increases. Please look for a *NAQC Information e-Bulletin* soon with details on accessing the *Policy Playbook*.

**New National Canadian Coalition Leading Fight Against Growing Trade in Illegal Cigarettes**

Last week, amid growing controversy over the rampant trade and access kids are getting to illegal cigarettes, a new organization was unveiled to help in what is becoming an issue of national importance. The National Coalition Against Contraband Tobacco (NCACT) is a Canada-wide organization focused on educating people and politicians of the dire threat posed by illegal cigarettes. Recent estimates suggest that in Ontario and Quebec, the provinces where the contraband tobacco problem is worst, the rates of contraband have exceeded 40% and continue to rise.

Through the [www.stopcontraband.ca](http://www.stopcontraband.ca) Web portal, NCACT will help to deliver the facts about contraband tobacco to retailers, government officials and Canadians everywhere. Through the Web site, people can access current research on the issue of contraband tobacco; read news about the Coalition’s activities and contraband developments in Canada; share their stories about the ill effects of illegal cigarettes; encourage friends to join the Coalition; and write to their federal and provincial elected officials to tell them of their concern about this growing danger.

**ETS Major Trigger for Headaches, According to National Headache Foundation**

The first week in June is Headache Awareness Week. According to the National Headache Foundation and a report entitled *Indoor Air Pollution*, published by the American Lung Association, the Environmental Protection Agency, the Consumer Product Safety Commission and the American Medical Association, environment tobacco smoke (ETS) is one of the three key indoor air quality issues that can be a major headache trigger. ETS, a complex concoction of over 4000 chemicals, many being toxic, can wreak havoc on the health of those who experience frequent exposure. Contrary to popular belief, ventilating a smoking area
with common methods such as opening a window does not remove the dangerous carcinogens from the air. The best way to prevent tobacco smoke from triggering a headache or causing any of the other ill side effects is to avoid exposure and insist that smoking be done outdoors.

New U.K. Department of Health Consultation Document Aims for Further Measures to Stop Smoking

Ideas offered in a new consultation document, The Future of Tobacco Control, issued late last month by the United Kingdom Department of Health advocate for plain cigarette packets with no branding or logos, minimum pack sizes of 20 and a ban on the advertising of cigarette papers. The new consultation document, which coincides with World No Tobacco Day, aims to start a debate around further measures that would stop people smoking and prevent young people starting to smoke. The consultation can be found at http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm.

Pennsylvania Dental Association Calls Attention to Risks of Smokeless Tobacco Use

A recent release by the Pennsylvania Dental Association, reminds the public that at least 28 cancer-causing chemicals have been identified in smokeless tobacco products and its use increases the risk of oral cancer by approximately 50 times. PDA notes that smokeless tobacco is not a safe alternative to cigarettes and reminds teens and adults about the serious health risks, though often underestimated, associated with smokeless tobacco. According to Dr. Bruce Terry, a PDA member and endodontist from Wayne, MI, the University of Minnesota Department of Periodontics cites that of the estimated 10 million users of smokeless tobacco, three million are under the age of 21.

Research

How Broadcast Volume and Emotional Content Affect Youth Recall of Anti-Tobacco Advertising


A study used a random digit-dialed survey to understand the relative impact of emotional content of anti-tobacco advertisements and the broadcast volume (media weight) on youth aged 12-17. The survey was conducted in 2001 and 2002 with 3,863 youth and the data analyzed between 2005 and 2007. Results showed that while media weight was a significant predictor of recall among youth in the survey, advertisements that had a higher emotional intensity were an even more significant predictor of recall. These results show that “emotionally arousing advertisements” may be more cost effective since they require fewer broadcasts to achieve the same impact, or level of recall, than less emotional advertisements.

Stress, Stress Management, Smoking Prevalence and Quit Rates in a Disadvantaged Area: Has Anything Changed?


One thousand smokers between 18 and 75 were recruited from general physician practices in two distinct communities in the metropolitan area of Adelaide, Australia – an affluent area and a neighboring, more disadvantaged area. The purpose of the study was to understand how perceived levels of stress and stress management as a smoking cessation strategy by general practitioners impacted smoking prevalence and quit rates in the two communities. Baseline surveys assessed initial smoking and perceived levels of stress in the two communities. Follow-up was conducted 12 months later, with an additional 50 semi-structured telephone interviews with 50 randomly selected participants from the two areas. The results showed that the disadvantaged metropolitan area had a higher prevalence of smoking and significantly higher levels of perceived stress. Not surprisingly, the less advantaged area had lower quit rates as compared with the more affluent neighboring area. Moreover, stress management as a smoking cessation strategy occurred less frequently and was less effective in the disadvantaged group. Stress management explains lower quit rates and higher smoking prevalence in disadvantaged areas and may be an important area of focus for improved smoking cessation interventions with disadvantaged populations.

Effect of Nationwide Tobacco Control Policies on Smoking Cessation in High and Low Educated Groups in 18 European Countries


National health surveys from 18 European countries were used along with a scale (Tobacco Control Scale) that
quantified the implementation of tobacco control policies at the country level to understand the potential impact of these policies on quit ratios in European countries. Survey data was analysed by country, age and educational level. Cumulative quit ratios were developed as total former smokers divided by total ever smokers. Regression analyses considered the correlation between the national quit ratios and the national tobacco control scale. The results showed that higher quit rates were associated with countries that had more developed tobacco control policies. Importantly, both high and low educated smokers benefited equally from the tobacco-control policies. Price policies followed by advertising bans had the strongest association with quit ratios. This study reinforces the importance of tobacco control policies on quitting and suggests that this impact is equally strong on both higher and lower educated smokers.

**Hypnosis for Smoking Cessation: A Randomized Trial**


Researchers from the University of California, San Francisco and the San Francisco Veterans Affairs Medical Center enrolled 286 current smokers in a randomized control trial to understand whether hypnosis would be more effective in helping smokers quit than standard behavioral counseling when both interventions were combined with nicotine patches (NP). Both treatment conditions included the following treatments for participants:

- Two 60-minute sessions
- Three follow-up phone calls
- Two months of nicotine replacement therapy

Results for 7-point prevalence reported at six months and 12 months consistently showed higher quit rates for the hypnosis condition than behavioral counseling, whether self reported, bio-chemically or proxy verified. At 12 months, the self-reported 7-day point-prevalence quit rate was 24% for the hypnosis group and 16% for the behavioral group (RR = 1.47; 95% CI 0.90-2.40). At 12 months, the biochemically or proxy confirmed 7-day point prevalence quit rate was 20% among participants in the hypnosis group and 14% among those in the behavioral group (RR = 1.40; 95% CI 0.81-2.42). Hypnosis appeared to be particularly effective among participants with a history of depression. For these participants, the hypnosis and nicotine patch intervention had significantly higher validated point-prevalence quit rates at 6 and 12 months than behavioral counseling and nicotine patches. These results concluded that hypnosis combined with nicotine patches has comparable quit rates to standard behavioral counseling and nicotine patches.

**Youth Risk Behavior Surveillance — United States, 2007**

Eaton DK, Kann L, Kinchen S, Shanklin S, Ross J et al The CDC’s Division of Adolescent and School Health released the “Youth Risk Behavior Surveillance – United States, 2007” in last week’s issue of the *MMWR* Surveillance Summary publication. The comprehensive report contains national data along with data from 39 state surveys and 22 local surveys conducted among students (grades 9-12). The survey covers issues that include injury- and violence-related behaviors (e.g., seat belt use, weapon carrying, physical fighting, attempting suicide), tobacco use, alcohol and other drug use, sexual behaviors, dietary behaviors, physical activity behaviors, obesity and asthma. Results show that since 1991, prevalence of many health-risk behaviors among high school students nationwide has decreased. However, many high school students continue to engage in behaviors that place them at risk for the leading causes of mortality and morbidity. A tobacco-specific *MMWR* article is tentatively scheduled for release at the end of June 2008 and will present national YRBS trend data.

For more information about this report, please go to [http://www.cdc.gov/HealthyYouth/yrbs/](http://www.cdc.gov/HealthyYouth/yrbs/).

**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 May 31, 2008 is now posted to the [US Network of Quitlines bulletin board](http://www.naqc.org/members/quitlines) on the NAQC member Web site.

**Tobacco Report to Be Released and CARE Program Expanded**

Last week, the Newfoundland & Labrador Lung Association released a Smoking Cessation Report and announced the expansion of the Smokers’ Helpline CARE Program to Respiratory Therapists. Access Report.

**Arkansas Tobacco Quitline Releases RFP**

The Arkansas Tobacco Quitline RFP released an RFP on Thursday, May 29, 2008. Interested vendors should visit the [OSP Web site](http://www.naqc.org/OSP) Vendors will need to access this Web site. Under the “vendor” drop down, select “bid notices.”
The Arkansas Tobacco Quitline bid number is DH-08-0011. Interested Vendors must submit a mandatory pre-submission letter of intent by June 9, 2008. All bids must be received by June 27, 2008 at 2PM (CST).

**Colorado Seeking Information on Collaborations with Health Plans/Insurance Carriers to Promote Cessation**
The State of Colorado is developing an action plan to increase health plan coverage for tobacco cessation and support of their QuitLine. Colorado tobacco program staff would like to know if there are any states that are working collaboratively with health care plans/insurance carriers to promote tobacco cessation, and if so, if you would be interested in talking with them about your work. Please contact Claire Brockbank at brockbank@segueconsulting.com or (303) 316-2655.

**Newfoundland & Labrador Smokers’ Helpline Seeks Your Input on Workplace Project**
The Newfoundland & Labrador Smokers’ Helpline recently received funding from Health Canada to implement a Workplace Project. This project will strategically target workplaces that employ individuals from the blue-collar and service industry sectors and support these workplaces in developing comprehensive strategies to assist their employees in becoming tobacco free. It is very important to accurately capture employment information for clients participating in the Workplace Project in order to effectively evaluate the program and produce statistics. The NL Smokers’ Helpline is interested in speaking with other Quitlines who already collect employment information during intake or have already developed workplace cessation data protocols. If you can provide assistance in this matter, please contact Jennifer Woodrow at (709) 726-4664, ext. 217 or email jennifer.woodrow@nf.lung.ca.

**ACS Seeks Counseling Initiatives Expert**
The American Cancer Society at the National Cancer Information Center in Austin, TX is seeking a Counseling Initiatives Expert for our social science based tobacco cessation program. The position’s benefits include four weeks paid time off, three medical plans to choose from, excellent work-life balance and 403(b) with matching. Major job responsibilities:
- Serves as clinical expert and consultant for Quitline counseling.
- Monitors Quitline counselor activities to ensure counseling standards are being met (Schedule and methods to be developed with Quitline Director).
- Assists in the development and revision of Quitline protocols to ensure they meet counseling standards.
- Provides assistance with development, implementation and maintenance of clinical trial protocols.
- Delivers clinical components of standard and continuing Quitline training.
- Supports account management team by serving as a clinical expert at sales and customer service presentations and meetings.
- As requested, provides assistance in responding to public inquiries about Quitline, addiction and smoking cessation, including but not limited to the general public, Quitline accounts and the media.
- Serves as a member of the NCIC training team, providing assistance with curriculum development and training as needed for all components of NCIC.
- Serves as counseling consultant for all related NCIC activities, projects and studies.


**“Heaven Sent”—Faith-Based CD to Help Smokers Quit**
The “Heaven Sent” Quit Smoking CD by Vivian Johnson tells the story of the author’s journey to overcome a 25-year addiction to nicotine. The CD incorporates faith into quitting and includes directions, a printed keepsake scripture directory, and seven spiritual steps to success. Quitlines can learn more about “Heaven Sent” at [www.theservant.tv](http://www.theservant.tv) or by calling (800) 443-9935. With questions related to this product, email admin@theservant.tv or call (760) 494-7352.

**Call for Proposals – Evidence for Improvement: Evaluating Quality Improvement Training Programs**
Public health and healthcare workers have many opportunities to acquire quality improvement (QI) training. However, limited evidence exists about whether and how these training programs increase the ability of individuals to successfully engage in work to improve health and healthcare. Information about the impact of such programs on organizational culture and patient outcomes is also scarce. This information gap may lead to under-investment in effective QI training opportunities
and over-investment in training that is not effective. This call for proposals solicits evaluations of existing QI training programs to produce evidence that will inform decision-making about whether and how to invest in QI training. Application deadline is July 16, 2008, 3PM (ET). On June 3 and June 12, 2008, a Web conference will be held for potential applicants to provide an overview. To register, email EQIThelpdesk@sra.com. In the email, please include your name, organization and e-mail address. Learn more about this Call for Proposals.

Journal of the American Psychiatric Nurses Associations (JAPNA) Announces Call for Papers
JAPNA has announced a call for papers for a special issue of the journal. The special issue will be titled Failure to Act Equals Harm; Action Equals Hope Smoking Cessations in Persons with Mental Disorders. Papers for the journal should focus on the intersection between tobacco use and nicotine dependence, mental disorders, smoking cessation interventions and psychiatric nursing practice. Article submissions may include linkages between mental disorders and smoking behavior patterns, issues related to nicotine dependence and innovative models of smoking cessation intervention including harm reduction approaches. Data based manuscripts and state-of-the-science/critical literature reviews are preferred. All manuscripts should include key practice points that can be implemented in the healthcare setting by psychiatric nurses. Learn more.