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

Next Issue—March 17th

In this issue ... Register for NAQC March conference call, NAQC member retires, new research, TCLN BEA Resource Guide available.

News & Updates

Register Now for NAQC March Conference Call on Annual Survey of Quitlines
March 5th: 3:30 - 5PM ET and March 7th: 12:30 - 2PM ET
“2006 Annual Survey of Quitlines”
Yearly since 2004, NAQC has conducted an Annual Survey of Quitlines in North America.

During this conference call, members will learn about the process used to conduct the 2006 NAQC Annual Survey, hear the results of the survey and understand how the data is being used to inform quitline research and practice. We will conclude the conference call with a look ahead to the planning and preliminary timing for the NAQC 2008. Information on this call can be found on the NAQC Member Only Web Site Event Calendar.

Stanley Cowan of the Missouri Department of Health and Senior Services Retires
NAQC member Stanley Cowan of the Missouri Department of Health and Senior Services, Tobacco Prevention Program recently announced his retirement. After his departure from his current position, Mr. Cowan plans to continue to work part-time and in volunteer capacities on tobacco control issues, including work with the local smokefree coalition and with the statewide tobacco control coalition. He also plans to stay abreast of tobacco control activities. As a community of practice, NAQC would like to thank Mr. Cowan for his many contributions as a key member of NAQC in helping to build the quitline community. Members like Mr. Cowan make NAQC work because of their willingness to actively share their experiences and knowledge with others. We wish Mr. Cowan well in his future endeavors. Upon Mr. Cowan’s retirement from Missouri Department of Health and Senior Services, Tobacco Prevention Program, he can be reached at SmokefreeStan@embarqmail.com.

Mexican Senate Approves Anti-Smoking Law
Mexico’s Senate approved a law Tuesday, February 26, 2008 that would ban smoking in workplaces, public buildings and public transportation across the country, allowing it in private businesses only if special, ventilated smoking areas are set up. Mexico City’s legislature went even further, modifying a previous anti-smoking measure to eliminate even such special smoking areas in the city’s bars and restaurants. The federal law was approved by a 101-5 vote, with two abstentions. It has already passed the lower house of Congress, and only awaits enactment by the president. Mexico City’s law will take effect one month after being published by the city’s mayor.

Current federal laws allow people to smoke only in select areas of certain businesses, but don’t require them to be separated by a physical barrier and ventilation. Businesses would now have 180 days following the law’s enactment to create enclosed smoking areas. The new law would also ban a common practice in Mexico in which street vendors sell individual cigarettes, instead allowing only full packs to be sold. Businesses could face fines of up to US$40,000 or closure if they fail to comply...
with the federal measures. The new law sets a minimum standard of protection for nonsmokers nationwide, leaving state and local legislatures free to pass even tougher limits, as Mexico City did on Tuesday. The city had enacted a law in January allowing smoking areas in just 30 percent of bars and restaurants. The new national law bans smoking entirely.

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**Nebraska Joins 22 Other States with New Smoke-Free Law**

All Nebraska workplaces, including restaurants, bars and gaming facilities, will be smoke-free beginning June 1, 2009, thanks to legislation overwhelmingly approved by the Legislature last week and signed into law today by Governor Dave Heineman. Nebraska is the 23rd state to pass a strong smoke-free law that includes restaurants and bars. Nebraska’s smoke-free law adds to the growing momentum across the country and around the world to protect all workers and the public from the serious health hazards of secondhand smoke.

Nebraska joins 22 other states, Washington, D.C., and Puerto Rico in passing smoke-free laws that cover restaurants and bars. The states are Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oregon (effective Jan. 1, 2009), Rhode Island, Utah, Vermont and Washington (the Montana and Utah laws extend to bars in 2009). A growing number of countries have also passed nationwide smoke-free laws, including Bermuda, Bhutan, France, Iceland, Ireland, Italy, Lithuania, New Zealand, Norway, Panama, Sweden, Thailand, Turkey, the United Kingdom and Uruguay.

**Philip Morris International Spin-off Could Have Devastating Health Effects in Developing Nations**

Philip Morris International’s announced spin-off and launch of new products are at odds with the company’s claims to be a responsible business and maker of a ‘product intended for adults’. With new products and marketing strategies aimed at the developing world, including products with higher nicotine levels and some with sweetened flavors that appeal to children, such products pose a serious public health and economic threat for developing nations already struggling for a better quality of life.

**Research**

**Characteristics of Smokers Calling a National Reactive Telephone Helpline**


A study conducted by the University of New Mexico Health Sciences Center School of Medicine of 890 current adult smokers in New Mexico who were new callers to a national reactive helpline were studied to describe the characteristics of callers using quitlines. Demographic information collected on the participants was compared to demographics of the population as a whole. This cross-sectional study demonstrated that, compared to smokers in the general population, significantly more blacks, non-Hispanics, women and urban residents called the quitline. Moreover, callers using the quitline were poorer, older, less educated and heavier smokers than those in the study population. This study concludes that parts of the population who are likely most in need of quit smoking assistance – those who are disadvantaged and who smoke more heavily – use quitlines in a higher proportion than other parts of the population.

Three updated Cochrane Database Systematic Reviews relevant to smoking cessation are now available. Key conclusions of each of the reviews are outlined below:

**Nicotine replacement therapy for smoking cessation**


This most recent review confirms that all of the commercially available forms of NRT (gum, transdermal patch, nasal spray, inhaler and sublingual tablets/lozenges) can be effective at increasing the efficacy of quit attempts among people who smoke. Evidence shows that NRTs increase the rate of quitting by 50-70%, regardless of setting. While NRT is effective no matter the level of support, the level of effectiveness appears to depend on the intensity of additional support provided to the individual with more intense support leading to higher effectiveness.

**Mass Media Interventions for Smoking Cessation in Adults**

Bala M, Strzeszynski L, Cahill K
The Cochrane Review found that while mass media campaign studies were heterogeneous and variable methodological quality, there is evidence that comprehensive tobacco control programs, which include mass media campaigns, can be effective in changing smoking behaviour in adults. State-wide tobacco control programmes in Massachusetts and California showed positive results for smoking cessation among adults. In Massachusetts, the effects were seen up to eight years after the campaign, while in California the impact was seen only during the period of adequate funding and implementation. Among nine other studies, six showed some positive effects on smoking behaviour and in Sydney, Australia, one study showed significant change in smoking prevalence. It is difficult to assess how the intensity and duration of the campaigns affect their effectiveness because simultaneous and coexisting trends and events in tobacco control through the duration of the follow-up period can confound results.

**Nursing Interventions for Smoking Cessation**

Rice V, Stead L

*Cochrane Database Syst Rev* 2008 Jan 23

This updated review indicates that nurses who provide smoking cessation advice and/or counselling to patients can be effective. More intensive counseling by specialized health promotion or smoking cessation nurses is more effective than brief intervention from nurses not specifically responsible for health promotion or smoking cessation. The challenge for the nursing environment is to standardize smoking behavior monitoring and smoking cessation interventions to ensure that all patients are asked about their tobacco use and advice and/or counseling.

**Is Tobacco a Gay Issue? Interviews with Leaders of the Lesbian, Gay, Bisexual and Transgender Community**

Offen N, Smith EA, Malone RE

*Cult Health Sex* 2008 Mar-Apr;10(2):143-57

Leaders of 74 lesbian, gay, bisexual and transgender (LGBT) organizations and publications in the U.S. were interviewed to understand the extent of tobacco industry funding of these groups and whether these opinion leaders considered tobacco a priority health issue for their community. Twenty-two percent of the leaders reported that their groups accepted tobacco industry funding and less than a quarter (24%) felt that tobacco was a priority issue for their community. The majority of leaders felt that tobacco was a personal choice and individual right and did not consider the tobacco industry responsible for the public health crisis. Tobacco control was considered to be potentially alienating and divisive among the LGBT community and, in particular, with funders. The tobacco industry was held culpable among the majority of leaders who considered tobacco an important issue for the LGBT community. These leaders considered their role as that of protecting the community from all harms, not just those specific to the gay community. The authors postulate that advocates in the LGBT community should reframe smoking as an unhealthy response to the stresses of homophobia in order to persuade leaders that tobacco control is essential to LGBT health.

**Resources & Information**

**Tobacco Cessation Leadership Network Bringing Everyone Along Resource Guide and Summary Available & Upcoming Conference Calls to Learn More**

We are very pleased to announce that the *Bringing Everyone Along Resource Guide and Resource Guide Summary* are now available to download on the [TCLN Web site](http://TCLN.com). The Resource Guide and Summary are the product of a year long effort through the TCLN and funded by the American Legacy Foundation to develop a practical guide for assisting health professionals in tobacco dependence treatment programs, tobacco quitlines, mental health treatment programs, substance use treatment programs and primary care to treat smokers with mental illness and substance use disorders. Beginning with a national survey of tobacco cessation leaders and assisted throughout by an Expert Advisory Committee, the BEA Resource Guide is a compilation of the existing evidence base, professional experience and advice and emerging resources to help improve tobacco dependence treatment for these underserved smokers.

In the coming months, the TCLN is offering a series of conference calls, CME workshops and online programs to help professionals adapt their programs and services to better serve these populations. The TCLN 3-part conference call series will begin on March 13. To find out more about topics and to register for these calls, please visit the [TCLN Web site](http://TCLN.com).

**Massachusetts Department of Public Health Posts New Notice of Intent for a Solicitation**

Please be advised that the Massachusetts Department of Public Health has posted a new Notice of Intent for a Solicitation: Try to Stop Tobacco Quitline. Information
about the solicitation can be found at www.comm-pass.com. The Document Number is 900315 and the Comm-PASS Category is Health, Human and Social Services.

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.

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