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

Next Issue—November 10th

In this issue ... Register for Nov. promotion conference call, sign-up for NAQC workgroups, new Cochrane reviews released, job & fellowship posting and new tobacco control resources.

News & Updates

Register for Upcoming NAQC Conference Calls

NOVEMBER CALL: A Review of 2008 National Quitline Promotions: What’s New, What’s Changed, How Are We Moving Forward?
November 5 from 3:30 - 5PM ET and November 7 from 12:30 - 2PM ET
Register now for a lively discussion and update on national quitline promotions. We will review and seek feedback on key products created as part of the Building Consensus project, discuss the impact of 2008 promotions and how to track and measure the impact. The American Legacy Foundation will also provide an update on the EX campaign, evaluation and future plans. Confirmed speakers include Tracey Strader and Sjonna Paulson from the Oklahoma Tobacco Settlement Endowment Trust.

DECEMBER CALL: Minimal Data Set (MDS) Implementation Assessment
December 3 from 3:30 – 5PM ET and December 5 from 12:30 – 2PM ET
The implementation of the NAQC MDS was a significant early accomplishment for NAQC and the North American quitline community. In 2007, NAQC conducted an assessment of the implementation of the MDS in North America. This conference call will highlight the findings of the MDS Implementation Assessment for the quitline community. Highlights will include how widespread implementation of the MDS among North American quitlines is, opportunities for improving the MDS and further efforts that will be required to increase the comparability of quitline data across North American quitlines.

*Register for NAQC Conference Calls by visiting the NAQC Web site at www.naquitline.org. Once there, you will need to login as a member and click the “View Calendar” button at the top of the page. Then, please select the appropriate call date and register. Call materials will be sent to you prior to the call and posted to the calendar date.

NAQC Forming New Workgroups – Join & Make Your Voice Heard
Space Limited, Sign-up Now
NAQC is forming four new Workgroups on critical mission-specific projects:

- Reviewing the MDS Assessment report and making recommendations for revisions
- Developing a research infrastructure for NAQC
- Developing a collaborative research agenda with the European Network of Quitlines
- Knowledge Integration in Quitlines: Networks that Improve Cessation (KIQNIC) grant

Each work group will have a maximum time commitment of one conference call per month (90
minutes maximum) between now and August 2009, plus review of documents in preparation for the calls. Each work group will have representation from each NAQC stakeholder group (funders, service providers, administrators, evaluators and researchers) as well as representation from both U.S. and Canadian members. Participation is limited to members in good standing.

If you are interested in any of these projects, want more information or want to make sure your voice is heard during the process, please email Jessie Saul, Director of Research, at jsaul@naquitline.org or call 602.279.2719 by November 1, 2008. NAQC work groups are an excellent way to help determine the direction of quitline operations and research. NAQC values the opportunity to involve members in all aspects of projects, and membership on work groups is a key mechanism for member participation.

**Policy Changes and Quitlines? Seeking More Examples for the NAQC Policy Playbook**

NAQC members are invited to submit more examples for the NAQC Policy Playbook (www.naquitline.org/playbook). The Playbook currently includes a comprehensive list of strategies used by states and municipalities, and we are looking for more examples of how states integrated quitline promotions with the implementation of smokefree laws and/or tobacco tax increases. Items to submit include: paid media, public relations and earned media, online strategies, promotional items, outreach and education materials, quitline materials, policy implementation materials such as tool kits, brochures, Web sites, fact sheets, etc., local approaches, quit and win contests and specific examples of how the quitline was integrated with a tax increase.

To view the examples currently in the playbook, visit www.naquitline.org/playbook. Please contact Randi Lachter (rlachter@naquitline.org) with any questions or to submit your items.

**Virginia Ad Campaign Calls for Smokefree Restaurants at All Times**

Secondhand smoke is dangerous no matter the time of day. Virginia needs a law requiring restaurants to be smoke-free at all times and not just at certain times as some leaders have proposed, according to a newspaper advertising campaign launched earlier this month by a coalition of public health organizations, including RWJF. To view the ad, go to http://www.tobaccofreekids.org/campaign/va2008/everyhour.pdf. News reports indicate some state officials are considering a plan that would still allow smoking in Virginia restaurants after 10 p.m. Leading public health organizations have criticized the plan, which would be difficult and costly to enforce, and most importantly would continue to put workers’ and customers’ health at risk.

**Historic Appeals Case Against The Tobacco Industry Positions Court To Decide On Key Tobacco Control Issues**

Earlier this month, the U.S. Department of Justice and public health intervenors presented oral arguments before the United States Court of Appeals in a landmark case against the tobacco industry. The plaintiff-intervenors (Tobacco-Free Kids Action Fund, American Cancer Society, American Heart Association, American Lung Association, Americans for Nonsmokers’ Rights and National African-American Tobacco Prevention Network) argued that the Court of Appeals should permit the District Court to impose a broad range of remedies against the tobacco industry. Read more.

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**Quit and Win Contests for Smoking Cessation**


Since 1994, an international Quit and Win contest has been held every two years in as many as 80 countries. A review of existing published evidence was conducted to determine whether quit and win contests can deliver higher long-term quit rates than baseline community-wide quit rates. Impact was assessed by considering both quit rates and population impact, which take into account the proportion of the target population entering the contest. The most recent search date for published literature was November 2007. The main outcome measure was abstinence from smoking for at least six months from the start of the intervention. The most rigorous definition of abstinence was used for each trial, and where possible, biochemically validated rates were preferred. No meta-analysis was performed due to the wide variation of the included studies and the small number of scientifically valid studies.

Five studies met the inclusion criteria. Three demonstrated significantly higher quit rates for the quit and win group than for the control group at 12 months.
However, “the population impact measure, where available, suggests that the effect of contests on community prevalence of smoking is small, with fewer than one in 500 smokers quitting because of the contest.” Deception levels were high, where measured. While surveys suggest that quit and win contests may be effective, especially in developing countries, firm conclusions could not be drawn from this review due to the lack of any controlled studies.

**Workplace Interventions for Smoking Cessation**
Cahill K, Moher M, Lancaster T.  
*Cochrane Database Syst Rev.* 2008 Oct 8;(4):CD003440  
This review sought to determine the extent to which workplace interventions for smoking cessation help workers quit or reduce tobacco use. Only randomized and quasi-randomized controlled trials were included in the review. The latest search was done in April 2008. Formal meta-analysis was not conducted due to the variety in design and content of the studies included in the review. The review included 51 studies covering 53 interventions. The 37 studies aimed at individual workers, covering group therapy, individual counseling, self-help materials, nicotine replacement therapy and social support produced findings consistent with those interventions in other settings. Group and individual counseling and NRT were more effective than no treatment or minimal treatment controls. Self-help materials were less effective. There were 16 studies included that tested comprehensive interventions for the entire workplace, which did not yield enough evidence to conclude they were effective at reducing the prevalence of smoking. While incentives increased quit attempts, there was less evidence they increased successful quits.

**Exercise Interventions for Smoking Cessation**
Ussher MH, Taylor A, Faulkner G.  
This review sought to determine whether exercise-based interventions (either by themselves or combined with a smoking cessation intervention) are more effective than smoking cessation interventions alone. A search was done in July 2008. Published studies were included that were randomized trials with a follow-up period of six months or more. No meta-analysis was conducted due to variance in the studies included in the review. Thirteen trials were included, six of which had fewer than 25 people in each treatment arm. While some studies showed significantly higher quit rates for the physically active group versus a control group at the end of treatment, only one study offered support for effectiveness of an exercise program at 12-month follow-up. The review authors concluded that additional trials are needed “with larger sample sizes, sufficiently intense exercise interventions, equal contact control conditions, measures of exercise adherence and change in physical activity in both exercise and control groups.”

**The Establishment and Promotion of the First Youth Quitline in Hong Kong: Challenges and Opportunities**  
Chan SS, Wong DC, Fong DY, Leung AY, Lam DO, Mak YW, Lam TH.  
*Eval Health Prof.* 2008 Sep;31(3):258-71. Epub 2008 Jun 19  
This study examined The Youth Quitline which provided peer-led smoking cessation services for Chinese youth smokers in Hong Kong using a translated version of the California Smoker’s Helpline protocol. Current smokers from 12 to 25 years old (smoked at least 1 cigarette in the past 30 days) and who completed the first counseling call were eligible for follow up at six months. Three hundred and thirty nine youth smokers were eligible to participate. Follow-up calls were made at one week and one month to provide support and further counseling if needed. No medication was provided through the Quitline. Six months after the initial call, 55% reported at least one quit attempt, and 22.1% reported being quit (7-day point prevalence, intention to treat). Using a 30-day point prevalence measure, 17.5% reported being quit.

**Pregnant Smokers are Receptive to Smoking Cessation Advice and Use of Nicotine Replacement Therapy**  
Bedford K, Wallace C, Carroll T, Rissel C.  
A New Zealand study examined attitudes of pregnant women smokers toward NRT and their likelihood of using it if provided free of charge at prenatal clinics. A majority of women (87%) were supportive of NRT being offered free of charge to pregnant smokers, and over six in ten (64%) said they would be very likely to use NRT if it were offered free of charge. The results provide strong support for this type of cessation strategy to be used in prenatal clinics.

**Effectiveness of a Mobile Smoking Cessation Service in Reaching Elderly Smokers and Predictors of Quitting**  
Abdullah AS, Lam TH, Chan SK, Leung GM, Chi I, Ho WW, Chan SS.  
A pilot mobile smoking cessation program was evaluated for the Chinese elderly in Hong Kong. Smokers aged 60 or above were provided service by trained counselors and four weeks of NRT. Face-to-face follow-up was conducted at one month. Telephone follow-up was conducted at three and six months. Urinary cotinine validation was also obtained. Smokers (365) received counseling. Cotinine validated quit rate at six months was 20.3% (intention to treat). Being light smokers (10 or fewer cigarettes per day) and using NRT for four weeks or more were significant predictors of quitting. The average cost per quitter was US$594; the average cost per validated quitter was US$827. The study concluded the mobile smoking cessation program was acceptable to elderly Chinese smokers and is a promising model to reach this and likely other hard-to-reach populations of smokers.

**Acute (adult clinical inpatient) Care Nurses’ Attitudes Towards and Knowledge of Nationally Endorsed 5As Smoking Cessation Guidelines**

Scanlon A, Clark E, McGuiness W. *Contemp Nurse.* 2008 May;29(1):80-91

This Australian study examined nurses’ knowledge of the 5As for smoking cessation and their sense of responsibility and willingness to provide smoking cessation interventions as described in the 5As. A convenience sample of 162 nurses at 13 different adult acute care wards in Melbourne was included in the study. While most respondents (87%) said they believed they had a responsibility to advise patients to quit, and nearly one-quarter (22%) said they were already doing so, only 22% demonstrated a level of knowledge about cessation necessary to provide cessation counseling. The authors conclude that a greater emphasis on the 5As is needed in undergraduate courses and in-service programs.

**Reduction and Cessation of Cigarette Smoking and Risk of Cancer: A Cohort Study of Korean Men**


The purpose of the study was to examine the effect of cigarette smoking reduction on cancer risk in an Asian population. Nearly half a million Korean men (479,156), ages 30-58, were grouped by smoking status in 1990 and 1992. Patients were observed and tested for cancer occurrence until 2003. While there was no association between a reduction in smoking and the risk of all cancers, the risk of smoking-related cancers decreased when heavy smokers became moderate smokers, although the finding was not significant. Patients who reduced from heavy to moderate smoking and from heavy to light smoking had significantly decreased risks for lung cancer, but the amount of the risk reduction was smaller than the reduction expected based on the reduction of cigarette use. The authors conclude “although smoking cessation should be the cornerstone of preventing smoking-related cancers, smoking reduction could be considered as a strategy to supplement smoking cessation for those who are unable to quit smoking immediately.”

**Perceived Trendiness in Smoking and Snus Use: A Study Among Young Norwegians**


While cigarette smoking has declined in Norway, there has also been an increase in the use of snus, especially among young men. This study assessed the role of subjective attractiveness (SA) (the individual’s opinion about how attractive a snus user is) and perceived trendiness (PT) (the individual’s perception of how popular snus use is) on current trends in smoking and snus use among young people in Norway. A representative sample (2400) young people (16-20 years old) were surveyed by telephone. SA and PT were significant predictors of behavior (both smoking and snus use). Both smoking and snus were perceived as unattractive, while snus was perceived as trendier than smoking. More men than women perceived snus use to be attractive and trendy.

**Resources & Information**

**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.

**TTAC Tobacco Training Calendar**

TTAC has developed a training calendar at http://www.ttac.org/calendar/Schedule.aspx to help promote all national, state, regional or local trainings and events open to the public. Visit the Web site to view training schedules or submit an event to post to the calendar by emailing details to ttac@sph.emory.edu.
TTAC Job Openings
TTAC seeks to fill two positions: a Senior Manager, Training and Technical Assistance and an Associate Director. Interested applicants will need to apply online though the Emory University Careers Web site at http://emory.hr.emory.edu/careers/index.html. Questions related to these positions can be directed to Pam Redmon, MPH, Executive Director at email: ttac@sph.emory.edu or phone: (404) 712-8474.
View full job description – Senior Manager
View full job description – Associate Director

Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC): Update
The Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC) system is an online application which allows users to estimate the health and health-related economic consequences of smoking among adults and infants. SAMMEC has two different modules: Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC. The application is available at http://apps.nccd.cdc.gov/sammec/index.asp. SAMMEC has been updated recently to include new features and data.

TTAC Releases New Toolkit
TTAC is pleased to announce the release of the Developing Smokefree Implementation Regulations (DSIR) toolkit. The DSIR is a Web-based toolkit designed to help health departments, advocacy organizations and others in the public health community draft and adopt regulations to implement comprehensive smokefree laws.

Interagency Committee on Smoking or Health (ICSH) Seeks Nominations for Public Members
US DHHS’ ICSH is a federal advisory group staffed by CDC’s Office on Smoking and Health. ICSH seeks nominations for three public members.

Nominations (preferably in electronic format) should include the individual’s name, occupation, position, qualifications to address the issue and contact information (i.e., telephone number, fax number, mailing address, e-mail, and/or Web site). To be considered, all nominations must also include a current bio, resume or curriculum vitae (preferably electronic in MSWord).

Nominations should be provided in the following way by October 31, 2008:
(1) Send the nomination by e-mail to zqe0@cdc.gov
(2) Use one e-mail per person being nominated
(3) Please use ICSH in the subject field followed by the last name of the candidate you are nominating. (For example, “ICSH Nomination:Smith”)
(4) Attach supporting information in MS Word

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 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.

2009 National Conference on Tobacco or Health Call for Abstracts
NCOTH will be held June 10–12, 2009 in Phoenix, AZ. Invitation to submit abstracts for presentation is open. The submission deadline is Friday, November 14, 2008. Access more information about the abstract submission process or the conference.

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.