BACKGROUND

The North American Quitline Consortium (NAQC) is an international, non-profit membership organization based in Phoenix, Arizona which seeks to promote evidence based quitline services across diverse communities in North America. NAQC membership is comprised of quitline service providers, funders of quitlines, researchers and strategic partners. NAQC has conducted an annual survey of all public tobacco cessation quitlines in the US and Canada since 2004. This survey provides the most comprehensive data on tobacco quitlines in North America. As such it supports the strategic directions and goals of the Steering Committee of the National Strategy to Reduce Tobacco Use in Canada and the Advisory Committee on Population Health in the areas of cessation and research to increase knowledge about tobacco use. Data from the survey are used to provide a picture of the status of quitlines in North America in the areas of service provision, budget, utilization of services, and evaluation.

METHODS

The 2008 Annual Survey was fielded in October 2008 using an online web-based data collection tool. All publicly-funded quitlines (10 Canadian and 53 US) completed the 2008 survey. Reporting was for each quitline's Fiscal Year 2008, however they defined that fiscal year. A workgroup of NAQC members participated in all aspects of survey development, data analysis, and interpretation of results.

QUILTLINES—A PUBLIC HEALTH SUCCESS STORY

Telephone quitlines are now available to every tobacco user who wants to quit in Canada or the US. All 53 US quitlines are accessible through a single portal (1-800-QUIT-NOW), and a similar central phone number is expected to be launched in Canada in 2010. Eleven (11) provinces and territories now provide quitline services in Canada, with the Yukon as the most recent addition, launching their quitline in October, 2009.

Profiles of each quitline’s services, hours of operation, and other information are available on NAQC’s website at www.naquitline.org by clicking on “About Quitlines” and then “Quitline Map.” The profiles can be accessed by selecting each quitline from the dropdown menu in the upper right corner of the page. Additional tables detailing specific services provided by each quitline can also be accessed from the links in the lower left hand corner of the page. (See map at right for details.)

SERVICES OFFERED

All quitlines reported having counseling services available at least five days per week for a minimum of eight hours per day. Eight (8) Canadian and 46 US quitlines also reported providing counseling services on at least one weekend day. In addition, 13 quitlines (1 Canadian and 12 US) reported live-pickup of incoming calls 24 hours per day 7 days per week (whether or not counseling was available at all times). All Canadian and US quitlines provided proactive multi-session telephone counseling in 2008. Slightly more Canadian than US quitlines provided web-based services for tobacco users.

REACH* AND SPENDING PER SMOKER* FOR CANADIAN QUITLINES

Reach was calculated for Canadian quitlines using the total number of tobacco users calling for self divided by the total number of smokers in each province (15+ population in 2007 using STATCAN, smoking prevalence in 2007 from CTUMS). Median reach for Canadian quitlines was 0.5%, while median reach for US quitlines was 0.9%. Spending per smoker was calculated by taking the sum of the quitline services, media, and outreach budget figures and dividing by the number of smokers in each province. There is a fairly close correlation between reach and spending per smoker.

EVALUATION OF QUITLINES

Three (3) Canadian quitlines (30%) and 52 US quitlines (98%) conducted follow-up evaluation with quitline participants in 2008. Of the three Canadian quitlines conducting some type of follow-up evaluation, three assessed caller satisfaction, one assessed staff performance, and two assessed caller outcomes (quitting). This limited follow-up data on callers may have implications for Canadian quitlines’ collective ability to generate useful information about short- or long-term outcomes. Additional data is needed on the other forms of evaluation conducted by quitlines, including process evaluation.

CONCLUSIONS

Telephone quitlines are an important part of comprehensive tobacco control programs in Canada and the US. Canadian services are similar in scope to those provided in the US, but Canadian budgets are far below those of US quitlines. Reach is consequently lower for Canadian quitlines. Continued funding at increased levels for services, media, and outreach is needed to increase the reach of quitlines in Canada.

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