Quitline Basics: Telephone-based cessation services that help tobacco users quit

What are Quitlines?
Quitlines are telephone-based tobacco cessation services that help tobacco users quit through a variety of services, including counseling, information and self-help materials.1 The evidence-base for these services was established through clinical trials and recommended to health care practitioners through the U.S. Public Health Services Clinical Practice Guideline: Treating Tobacco Use and Dependence. In addition to treating tobacco users, some quitlines also provide services to friends and relatives of tobacco users and health care professionals. Quitlines have grown significantly over the last two decades. Within North America quitlines exist in all U.S. states, D.C. and five territories; in each Canadian province; and, most recently, in Mexico. Quitlines exist heavily in Europe as well as in Brazil, South Africa, Australia, New Zealand and some Asian countries. Quitlines vary in size and sophistication and offer counseling that is reactive and/or proactive. Reactive quitlines respond only to incoming calls; whereas, proactive quitlines respond to incoming calls and make additional outbound, follow-up calls.

Why Are Quitlines Increasing in Prevalence?
Tobacco use continues to be a leading cause of death and disease worldwide. North America is no exception. In the U.S. each year, an estimated 438,000 people die prematurely from tobacco use or exposure to secondhand smoke, and another 8.6 million have a serious illness caused by smoking.2 In Canada, 45,000 deaths annually can be attributed to tobacco, translating to a Canadian dying every 12 minutes from a tobacco-related disease.3 According to the most recent data from the World Health Organization (WHO), in Mexico, just over 30% of the adult population use tobacco.4 Quitlines play an important role in a comprehensive tobacco control program, and the evidence base supporting the efficacy of quitlines continues to grow. Meta-analytic reviews and individual studies have established that proactive quitlines in particular are an effective intervention for smoking cessation. Research shows that proactive telephone counseling, in particular, helps smokers interested in quitting. There is evidence of a dose response: one or two brief calls are less likely to provide a measurable benefit, while three or more calls increase the odds of quitting compared to a minimal intervention such as providing standard self-help materials, brief advice or compared to pharmacotherapy alone. Research shows that telephone quitlines provide an important access route to support smokers, with call-back counselling enhancing their usefulness.1,5

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Within North American quitlines exist in all U.S. states, D.C. and five territories; in each Canadian province; and, most recently, in Mexico. Quitlines exist heavily in Europe as well as in Brazil, South Africa, Australia, New Zealand and some Asian countries.
U.S. quitlines have an average utilization rate of 0.99%, with an average of $1.77 spent per smoker, according to data from NAQC’s 2005 Annual Survey of Quitlines in North America.
Quitlines offer distinct advantages as a cessation strategy, including acting as a central resource to serve as a direct provider of services or as an information clearinghouse for other cessation services.

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Quitlines as Part of Broader Tobacco Control

The movement from traditional cessation programs with a clinical approach toward a more public health-oriented approach to cessation concerned not only with the cessation rate of individuals seeking help quitting but with all tobacco users in the population places cessation as a key part of a comprehensive tobacco control program. As a vital cessation service, quitlines can serve as a portal for other cessation resources, acting as a central location for receiving services or as the hub in the wheel to route callers to other resources. Acting in this capacity, quitlines can:

- Make a large-scale promotional campaign more cost efficient and effective through promoting a central number to the quitline versus promoting several cessation programs.
- Be integrated with social norm change messaging within other promotion efforts.
- Serve to help eliminate tobacco-related disparities among some hard to reach ethnic groups by providing an alternate way to receive cessation help that breaks down access-related and other barriers as well as provides a degree of anonymity to callers.
- Support broader tobacco control program goals at the state, county and local levels as well as at the systems-level with other non-governmental organizations.

The importance of integrating a quitline into the larger tobacco control environment was noted in a 2005 environmental scan of quitlines in Canada. The scan found that quitlines fully integrated in the tobacco control environment and offering more comprehensive services had higher quit rates and larger call volumes than those less comprehensive or integrated. Integration of a quitline into a broader tobacco control program can also:

- Lesson the impact of the punitive effects of secondhand smoke policies on tobacco users, providing them with a widely available cessation service.
- Help to increase the impact of a quitline and support comprehensive programmatic goals through linkage with other tobacco control program activities such as media campaigns, school-based programs and efforts to mobilize physicians to increase advice to smokers.
- Bolster the quitlines public relations value, reminding tobacco users there is highly accessible service available to help them quit.

U.S. Public Health Services Clinical Practice Guideline: Treating Tobacco Use and Dependence Highlights Effectiveness of Telephone Counseling

The 2000 update of the U.S. Public Health Services Clinical Practice Guideline: Treating Tobacco Use and Dependence notes considerable progress made in tobacco research over the brief period separating its newest version from the original 1996 edition. Among the important differences, “the updated guideline reveals even stronger evidence of the association between counseling intensity and successful treatment outcomes, and also has revealed evidence of additional efficacious counseling strategies. These include telephone counseling and counseling that helps smokers enlist support outside the treatment context.”

Additionally, quitlines are highlighted within one of the guide’s key recommendations: There is a strong dose-response relation between the intensity of tobacco dependence counseling and its effectiveness. Treatments involving person-to-person contact (via individual, group or proactive telephone counseling) are consistently effective, and their effectiveness increases with treatment intensity (e.g., minutes of contact).

Continued and sustained investment in the quitline community will ensure that quitlines reach tobacco users and help them quit through the effective and evidence-based approach of telephone counseling.
Why Are Quitlines Increasing in Prevalence?
(cont’d from page 1)

Along with their proven effectiveness, quitlines offer distinct advantages as a cessation strategy:

■ Access:
  ✓ Quitlines overcome challenges to seeking tobacco treatment such as transportation, childcare, financial or geographical barriers.

■ Centralization:
  ✓ Quitlines create a central resource to serve as a direct provider of services or as an information clearinghouse for other cessation services.
  ✓ Through their role as a direct service provider or portal for other cessation programs, quitlines provide economy of scale by enabling a broader reach to tobacco users via the quitline, resulting in cost-efficiencies.
  ✓ Cost-efficiencies can allow quitlines to offer resources to priority populations and/or multilingual services and make single, large-scale promotional campaigns more feasible and effective.

snapshot (cont’d from page 1)

■ Through their role as a direct service provider or as a portal for other cessation programs, quitlines provide economy of scale by enabling a broader reach to tobacco users via the quitline, resulting in cost-efficiencies. This can help allow quitlines to offer resources to priority populations and/or multilingual services and make single, large-scale promotional campaigns more feasible and effective.

■ Quitline also contribute to eliminating tobacco-related disparities among some hard to reach ethnic groups by providing an alternate way to receive cessation help that breaks down access-related and other barriers as well as provides a degree of anonymity to callers.

■ Quitlines vary in structure, size and sophistication. The most typical quitline models are smoking cessation quitlines. An alternate model is to have a quitline as part of a broader, health-related information and assistance hotline service such as a nurse line.

■ Services quitlines offer often include counseling, nicotine replacement therapy (NRT), referrals, mailed materials, training to health care providers and, more recently, more and more quitlines are offering Web-based services.

■ Integrating a quitline into the larger tobacco control environment has many advantages that strengthen not only the quitline, but also the goals of an overall tobacco control program.

■ Emerging trends impacting quitlines include partnerships to enhance reach and referral to quitlines, maximizing and understanding the effects of national promotion of 1-800-QUIT-NOW and how new technologies will impact and shape quitlines.

■ Key reports from the Institute of Medicine, Centers for Disease Control and Prevention and others advocate for stable, continuous funding to the national quitline network, quitlines to reach 5-10% of smokers in its population and to provide NRT with a floor of two weeks and a ceiling of a full course of FDA-approved NRT.

■ Investment to maintain and enhance the operation and promotion of quitlines will be vital to the future success of the quitline network and its ability to continue to help tobacco users quit.
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Key Quitline Facts

■ How Do Quitlines Work?
Quitlines vary in structure, size and sophistication. The most typical quitline models are smoking cessation quitlines where clients may call and speak directly with a counselor; calls go directly to a taped recording and callers hold while the call is dispatched to a counselor; or callers are presented with a telephone tree with options for selecting the services they need (e.g., materials, counseling, referral). An alternate model is to have a quitline as part of a broader, health-related information and assistance service such as a nurse line. Some quitlines are small, with one or two staff managing the quitline, providing counseling and conducting promotions and evaluation; while larger, well-established quitlines will likely have 100 or more staff.

■ What Services Do Quitlines Offer?
Quitlines offer telephone-based support for people who want to quit using tobacco. According to data from NAQC’s 2005 and 2006 Annual Survey of Quitlines in North America, the most common services provided by quitlines include:*
- Telephone counseling:
  - Proactive counseling
  - Reactive counseling
- Nicotine replacement therapy (NRT)
- Referrals – In the past three years, quitlines have moved from a handful of states offering fax referral to about two-thirds of states offering such services. Fax referrals vary from passive processes to those well integrated into health care and other organizational systems. Quitlines provide referrals out to other local cessation services as well as receive referrals to the quitline from outside sources, notably from health care providers. (For more information on fax referrals, please see Chapter 2 of Quitline Operations: A Practical Guide to Promising Approaches available on NAQC’s Web site at www.naquitline.org.)
- Training for health care professionals and the public
- Mailed materials – Most quitlines mail materials. In 2005, NAQC members reported having over 300 such materials, which included literature in a variety of languages and materials for special populations, including racial/ethnic groups, LGBT community, youth, elderly, low socio-economic status and pregnant women. While most materials were for smokers, some were also for family, friends and health care providers.
- Web-based services – Many quitlines provide or coordinate with a Web-based vendor to offer one or more of the following services:
  - Internet counseling and/or email messaging
  - Chat rooms
  - Automated email messaging
  - Self-directed Web-based intervention
  - Information about tobacco cessation
  - Information about the quitline

■ Who Do Quitlines Serve?
The reach and scope of those served by a quitline often depends on its capacity. NAQC’s 2005 Annual Survey of Quitlines in North America found of those surveyed, U.S. quitlines have an average utilization rate of 0.99%, with an average of $1.77 spent per smoker. Some quitlines also serve special populations, including teen and pregnant smokers. NAQC 2005 survey data found that over 41% of quitlines varied counseling protocol for teen smokers and over 88% for pregnant smokers. Additionally, 61% of quitlines restrict proactive counseling – its most expensive counseling service – based on eligibility, with 83% restricting based on readiness to quit; 64% on age; 19% on insurance; and 17% on...
Investing in Quitlines

Investments to maintain and enhance the operation and promotion of quitlines will be vital to the future success of the quitline network and its ability to continue to help tobacco users quit. Research supports the efficacy and effectiveness of quitlines. A study of the California Smokers’ Helpline provided strong evidence that telephone counseling conducted in a real-world setting can be an effective means of helping smokers quit. This research served as a key study supporting the Public Health Service Clinical Practice Guideline, which recommends use of the telephone for delivering cessation counseling services partly due to quitlines ability to reach large numbers of tobacco users.12

Key U.S. reports such as the 2007 Ending the Tobacco Problem: A Blueprint for the Nation published by the Institute of Medicine (IOM) support the role of quitlines and include among its recommendations that Congress ensure stable funding is continuously provided to the national quitline network.13 The National Action Plan for Tobacco Cessation advocates for the establishment of a federally funded network of state quitlines with universal access to counseling and medications.14 A draft letter released in February 2007 with recommendations for updating the Best Practices in Comprehensive Tobacco Control Programs advises funding for quitlines to reach 5 to 10% of smokers annually within a population and to provide NRT with a floor of two weeks and a ceiling of a full course of FDA-approved NRT.15 In Canada, the provinces and federal government via Health Canada are the primary funders of the provincial quitlines, showing support for the countries 10 provincial helplines. Funding to support the operation and promotion of quitlines will be vital to the future success of the quitline network and its ability to continue to help tobacco users quit.

Considerations for Research and Practice

Many research endeavors are needed to better understand what works best for quitlines in varying environments, including a better understanding about how quitlines reach more tobacco users, the effects of national promotion, and the most cost-effective mix of NRT and the benefits of proactive and reactive counseling. From a practice perspective, evidence-based counseling protocols continue to evolve-particularly with regard to reaching disparate groups; issues around balancing capacity with demand, yet maintaining effective counselor productivity should continue to be monitored; and training programs should seek to cultivate quality services. Seeking ways to effectively promote a quitline through the mass media as well as through partnerships within the health care community should also be a priority for quitlines. Developing linkages with other organizations for referrals decreases a quitline’s reliance on media-generated activity and promotes a more steady, consistent call volume. Lastly, evaluation is critical to a quitline’s success and should be a key priority in allocating resources for a quitline.

Key Quitline Facts (cont’d from page 4)

certain populations. While quitlines strive to reach as many tobacco users as possible, eligibility restrictions are often a necessary concession to a quitline’s available resources.

Cultural and linguistic diversity also play a role in determining the languages in which services and materials are offered and who is ultimately served by the quitline. NAQC found in its 2005 survey that all U.S. and Canadian quitlines offer services and materials in English, all Canadian quitlines in French and 43 U.S. quitlines in Spanish. Some quitlines offer services through translation services in languages other than those listed above, representing 150 additional languages.

In addition to serving tobacco users, most quitlines also provide information and training to the health care community as well as friends and family members of tobacco users. According to NAQC survey data, approximately 5% of calls to the quitline are from health care providers, and an additional 5% of calls are from families and friends.7
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Emerging Trends and Technologies Impacting Quitlines

Partnerships to Enhance Reach and Referral to Quitlines

With telephone counseling becoming more institutionalized, quitlines will be faced with new challenges in addressing and reaching tobacco users, especially underserved communities with disproportionate health burdens from tobacco use and less access to smoking cessation and prevention services. Additionally, the establishment of partnerships with health care providers has been well documented and partnerships to reach priority populations continue to evolve.¹⁰ One example of a collaborative effort to learn about and make recommendations for reaching a priority population is the partnership between NAQC and the National African American Tobacco Education Network (NAATEN), who worked together to assess quitlines as an intervention to reach and increase quit rates among African American and Black tobacco users.

The objectives of the partnership were to increase awareness and knowledge among NAATEN stakeholders about the quitline community and its’ operations; assess state-level data related to quitline services to African Americans; develop a partnership between NAATEN and the quitline community; and make recommendations to State health departments and quitline service providers regarding ways to increase the effectiveness of quitlines to help African Americans and black tobacco users quit. The NAATEN collaboration with the quitline community highlights one example of how strategic partnerships can help to bridge the gap between priority populations and quitlines, ultimately seeking to increase utilization of quitlines by such groups and help tobacco users within the population quit. Additionally, this work shows important steps toward increasing utilization of quitlines by communities most impacted by tobacco use.

Promotion Opportunities

In November 2004, 1-800-QUIT-NOW was established as a toll-free access number that routes calls to the respective state quitlines, providing quitlines with a new opportunity to utilize various tools for national-level promotion. In November 2005, in the wake of Peter Jennings death from lung cancer, ABC launched the month long series “Quit to Live: Fighting Lung Cancer,” the first national promotion of the 1-800-QUIT-NOW number, on World News Tonight. Although large variability across states was present, an average per state increase from 194 calls in October (pre-promotion) to 599 calls in November (during the promotion) to 179 calls in December (post-promotion) was measured.¹¹ The “Quit to Live” promotion provided the first opportunity to gauge the impact of national promotion of 1-800-QUIT-NOW, providing lessons learned on coordinating efforts between stakeholders to prepare for increasing quitline capacity. Much work is needed to continue to learn how a national promotion works and its effect on the quitline network as well as an understanding of the need to balance issues of capacity and limited state and federal resources with large-scale promotion efforts.

Technology

Rapidly changing technology will continue to impact quitlines. Once such example is eHealth, the application of information technology to the provision of health services and information. eHealth is proving to be a successful and popular approach to delivering a wide range of health promotion and behavior change interventions. Web-Assisted Tobacco Interventions (WATI) are health behavior change and health promotion interventions designed specifically for tobacco prevention and cessation. An increasing number of tobacco cessation service providers are dedicating time and resources to WATI. This is no surprise given the Internet’s reach and availability – even small changes attributed to a Web-based intervention could translate into a large population health effect. It is important to note that at present, more research is needed to establish an evidence base and fully understand the potential for WATI in helping tobacco users quit. However, the growing popularity and cost-effectiveness of eHealth in general means the quitline community is taking notice of WATI. It will be important to keep a pulse on this and other emerging technologies for their application to quitlines. (For more information on WATI, please see the NAQC Fact Sheet Web-Assisted Tobacco Interventions (WATI): The Future of Tobacco Cessation? available on NAQC’s Web site at www.naquitline.org.)
Quitline in Action: The California Smokers’ Helpline

In 1990, researchers at the University of California, San Diego (UCSD) received funding for a study to develop and test a telephone-based cessation service. During the study, participants were randomly assigned to one of three treatment options: self-help materials, a single session of counseling or multiple sessions of counseling. Results found that those assigned to the multiple counseling group had a higher abstinence rate than those assigned to the single counseling group followed by those in the self-help group. Additionally, the rates for the multiple counseling group were comparable to outcomes found in intensive, face-to-face clinical programs. The study clearly demonstrated the efficacy of telephone-based cessation strategies, and in its wake, the California Tobacco Control Program provided funding for a Helpline as a statewide program.

The California quitline experience helped to establish early, compelling rationale for quitlines, including:

- A quitline’s role in leading cessation efforts due to its accessibility: everyone in the state with access to a telephone can get free services.
- Providing assurance that local health officials always have a place to refer a smoker to and that every area within the state has cessation service.
- Ease of access in promoting the state’s cessation services: promotion of a single, centralized service saves resources for other program needs.
- Providing certain economy of scale for enabling cessation services to be offered at convenient and extended hours; services in multiple languages; and quality program assurance through standardized training, rigorous clinical supervision and continuing education.
- Enabling tobacco users a degree of anonymity to facilitate frank discussion.

Special populations, including:

- Teens, where a procedure for obtaining parental consent was created and funding from the National Institutes of Health was received to develop and test an innovative telephone counseling intervention for teen smokers in response to the dearth of evidence for adolescent cessation programs.
- Smokeless tobacco users, where a separate Chew Line was established.
- Pregnant smokers, where a collaborative effort with three major hospital systems in San Diego County was established to develop a specialized counseling protocol for pregnant smokers, who were then recruited proactively by the Helpline.

- Modified counseling protocols to help spontaneous quitters, pregnant smokers, NRT users, smokeless tobacco users and Asian-language callers.
- A variety of cessation methodologies, including referral to local programs, psychoeducational materials, tailored messaging and counseling.
- Intensive training for counselors with a focus on research since counselors play a key role in Helpline studies to ascertain the efficacy of new interventions.
- Developing standards for quality assurance through training, supervision, a structured protocol, evaluation and peer feedback.
- A statewide media campaign, which drives calls to the Helpline and supports the programs overall goal of de-normalizing tobacco use.

Many other states and provinces have and continue to make substantial contributions to the knowledge base around quitlines. As the first publicly supported quitline in North America, California provides a unique look at the evolution of a now, well-established quitline and provides many examples of the types of cessation strategies a quitline uses and its role in effectively helping tobacco users quit.

Information derived from The California Smokers’ Helpline: a case study (2000), California Department of Health Services/Tobacco Control Section.
Resources used for this publication:


