

**Overview of Ferguson, et al.
“Effect of offering different levels of support and free nicotine replacement therapy via an English national telephone quitline: randomised controlled trial”**

BMJ 2012;344:e1696 (Published 23 March 2012)

Study Design & Methods

- Setting: National quitline, England
- Participants: 2591 non-pregnant adult (16+) smokers, called quitline and agreed to set a quit date
- Randomization: participants assigned to
 - standard support (no NRT) (n=648)
 - proactive support (no NRT) (n=648)
 - standard support (NRT) (n=648)
 - proactive support (no NRT) (n=649)

Intervention – Level of Support

Standard Support

- Initial enrollment call
- Messages sent before, on, and after quit date (1, 3, and 6 mo) by email, letter, or text (opt-out)
- 4 Proactive telephone support calls offered. If accepted, contacted -1wk, on quit date, +2d, +3wk. Calls were brief and unstructured

Proactive Support

- Initial enrollment call
- Messages sent before, on, and after quit date (1, 3, and 6 mo) by email, letter, or text (opt-out)
- 6-7 Proactive telephone support calls (no opt-out) at (-2wk), -1wk, quit date, +3d, +7d, +14d, +21d. Calls were highly structured, tailored to quit process

Intervention – Nicotine Replacement Therapy

No NRT

- Info re: obtaining support including NRT from NHS sources

NRT

- 21 days of patches (15mg)
- Participants had to call the NHS pharmacy (toll-free number) to have NRT mailed
- 2nd 21-day supply available in same way

Results

- Response rates and baseline characteristics similar across conditions

Results – Cessation Outcomes (standard vs. proactive)

Outcomes at follow-up	Total (n=2591)	Level of support		Unadjusted odds ratio (95% CI)	P value
		Standard (n=1295)	Proactive (n=1296)		
Six months:					
Prolonged cessation†	490 (18.9)	254 (19.6)	236 (18.2)	0.91 (0.75 to 1.11)	0.36
Carbon monoxide validated cessation	207 (8.0)	107 (8.3)	100 (7.7)	0.93 (0.70 to 1.23)	0.61
Self reported cessation for ≥7 days	531 (20.5)	272 (21.0)	259 (20.0)	0.94 (0.78 to 1.14)	0.52
Carbon monoxide validated cessation for ≥7 days	200 (7.7)	104 (8.0)	96 (7.4)	0.92 (0.69 to 1.22)	0.55
Reported cessation for ≥3 months	401 (15.5)	202 (15.6)	199 (15.3)	0.98 (0.79 to 1.21)	0.86
Reported ≥1 quit attempts lasting >24 hours‡	594 (22.9)	295 (22.8)	299 (23.1)	1.02 (0.85 to 1.22)	0.86

Results – Cessation Outcomes (no NRT vs. NRT)

Outcomes at follow-up	Total (n=2591)	Nicotine replacement therapy		Unadjusted odds ratio (95% CI)	P value
		Not offered (n=1296)	Offered (n=1295)		
Six months:					
Prolonged cessation†	490 (18.9)	261 (20.1)	229 (17.7)	0.85 (0.70 to 1.04)	0.11
Carbon monoxide validated prolonged cessation	207 (8.0)	122 (9.4)	85 (6.6)	0.67 (0.50 to 0.90)	0.008
Self reported cessation for ≥7 days	531 (20.5)	283 (21.8)	248 (19.1)	0.85 (0.70 to 1.03)	0.09
Carbon monoxide validated cessation for ≥7 days	200 (7.7)	119 (9.2)	81 (6.2)	0.66 (0.49 to .88)	0.006
Reported cessation for ≥3 months	401 (15.5)	216 (16.6)	185 (14.3)	0.83 (0.67 to 1.03)	0.09
Reported ≥1 quit attempts lasting >24 hours‡	594 (22.9)	289 (22.3)	305 (23.5)	1.07 (0.89 to 1.29)	0.45

Successful Telephone Contacts

Reported use of support	Standard Support (n=1295)	Proactive Support (n=1296)
No. participants receiving outbound calls	1053	1081
Mean (SD) No. of calls participants received	2.44 (1.38)	3.35 (1.97)
Median (interquartile range) no. of calls participants received	2 (1-3)	3 (1-5)

Use of NRT

Reported use of support	No NRT (n=1296)	NRT (n=1295)
Received any study NRT	--	555 (42.9%)
Non-trial support		
NRT w/out prescription	222 (17.1%)	276 (21.3%)
NRT from health prof.	254 (19.6%)	225 (17.4%)
Bupropion	17 (1.3%)	20 (1.5%)
Varenicline	101 (7.8%)	64 (4.9%)

Discussion

- In England, cessation medications are freely available through the NHS, and standard care includes information about how to access them.
- Similar numbers of completed calls between groups
- Similarity between services received “probably explains the similarity in outcomes achieved.” (p. 5)

Conclusion and Policy Implications

“In England, where support for smoking cessation is available to all smokers either free or at relatively low cost, adding additional proactive telephone counseling or an offer of free nicotine replacement therapy to usual quitline care did not affect smoking cessation rates. On the basis of this study, providing these through a quitline is not recommended.”

(p. 5)