



POSITION STATEMENT

Implications for North American Quitlines of a Recent Study on NRT and Quitline Counseling in England

June 29, 2012

In March 2012, the British Medical Journal published an article by Ferguson et al. that concludes, "In England, where support for smoking cessation (i.e., counseling and NRT) 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." *Effect of offering different levels of support and free nicotine replacement therapy via an English national telephone quitline: randomised controlled trial* has attracted much attention and has raised questions about the wisdom of providing NRT as part of quitline services. In response to such questions, the North American Quitline Consortium (NAQC) convened a webinar (<http://www.naquitline.org/?page=CallInformation>) to consider the implications of the study for quitlines in North America.

Based on the full discussion of the article by NAQC members and the expert opinions expressed by Drs. Jessie Saul, N. Bruce Baskerville, Shu-Hong Zhu and others:

- NAQC agrees with the findings as stated by Ferguson et al. for the national quitline in England within the context of the National Health Service.
- NAQC notes that the availability of NRT in England differs significantly from the availability of NRT in the U.S. and Canadian context. NRT is not freely available in the U.S. and Canada, thus making it difficult to generalize the study findings to a North American context.
- NAQC notes that the current state of the evidence suggests that providing NRT through quitlines in the U.S. does help more smokers quit.^{1, 2, 3}
- Given the state of the evidence and that the context within which quitlines operate is significantly different for U.S. and Canadian quitlines as compared to those in England, NAQC recommends that U.S. and Canadian quitlines should continue to provide NRT through quitlines, or consider providing it through quitlines.

¹ McAfee, T. A., Bush, T., et al. (2008). Nicotine patches and uninsured quitline callers. A randomized trial of two versus eight weeks. *Am J Prev Med*; 35(2): 103-110.

² An, L. C., Schillo, B. A., et al. (2006). Increased reach and effectiveness of a statewide tobacco quitline after the addition of access to free nicotine replacement therapy. *Tob Control*; 15(4): 286-293.

³ NAQC. *Quitline Service Offering Models: A Review of the Evidence and Recommendations for Practice in Times of Limited Resources*. Quality Improvement Initiative (B. Schillo, PhD). Oakland, CA. Forthcoming 2012.

NAQC suggests that more research is needed around what elements of counseling make it more effective; what timing, dose and distribution mechanisms make it more effective; and for what populations. More research is also needed around the psychology of NRT use. These types of research questions have been included in NAQC's Research Agenda for Quitlines(<http://www.naquitline.org/?page=RS#Agenda>).