

NAQC Connections

Connecting with quitlines around the world

October 14th

2008

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

Next Issue—October 27th

In this issue ... register for upcoming NAQC conference calls, view video of UK's new graphic tobacco packet warnings, new research summaries, NCTOH call for abstracts.

News & Updates



Register for Upcoming NAQC Conference Calls

NAQC Quality Initiative
– October Conference Calls on Framework Paper

October 22 from 3:30 – 5PM ET and October 24 from 12:30 – 2PM ET

Join us for a brief introduction of the framework paper by

the author and a facilitated discussion of the paper's strengths and weaknesses. Your thoughts on this paper really matter, so please mark your calendars and plan to join one of the calls. To learn more about *NAQC's Quality Initiative*, please view the September [Quality Update](#).

A Review of 2008 National Quitline Promotions: Gathering Member Feedback and Recommendations
November 5 from 3:30 - 5PM ET and November 7 from 12:30 - 2PM ET

This conference call will invite members to provide feedback on several key aspects of the plan developed earlier this year to coordinate the effective use of 1-800-QUIT-NOW in national media. Members can share their experiences related to national promotions in 2008 and based on these experiences, provide feedback on the amount of notice given before the launch of national promotions and share thoughts about the accessibility, usability, timeliness, format and level of detail provided. Members will be invited to recommend changes and provide input on future issues related to national quitline

promotions. Information gathered during this call will be incorporated into a final assessment report for the Building Consensus: National Quitline Promotions project and can help inform future efforts related to national promotions.

*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.

Deadline Extended to Oct. 15 to Renew NAQC Membership

Recently, NAQC sent an [Information e-Bulletin](#) sharing that the deadline to renew your membership with NAQC has been extended. Originally, the deadline for current NAQC members to renew NAQC membership and become a "Charter" member was September 15. However, based on feedback we have heard from many organizations for the need for additional approval time, we are extending the deadline for membership renewal and "Charter" member status for current NAQC members to October 15.

DC Quit Line Unveils New Media Campaign Featuring NFL Hall of Famer Darrell Green

The DC Tobacco Free Families Campaign (DCTFF), a partnership of the American Cancer Society, the American Lung Association of DC and the DC Department of Health, just unveiled its new quitline media campaign starring former Washington Redskin and

includes television, radio, metro and print ads that also feature DC's own go-go band, Mambo Sauce; Nakia Sanford of the Washington Mystics; Caron Butler of the Washington Wizards; and WPGC radio personality, Justine Love. The program offers DC residents access to free nicotine replacement therapy (NRT) and counseling through 1-800-Quit-Now services and community-based programs.

The two PSAs feature Green educating residents about the 250 deadly poisons contained in tobacco smoke and encouraging smokers to call the quit line to receive free counseling and NRT to improve their chances of quitting for good. In addition to the PSAs, once a month Green will return calls from actual 1-800-Quit-Now callers. Green and his family have been personally affected by the tragedy of tobacco use. "My family suffered when my father-in-law died from lung cancer due to smoking," said Green.

UK Smokers to See Stark Picture Warnings on Tobacco Packets Beginning Oct. 1

Beginning Oct. 1 the UK's 10 million smokers will begin seeing graphic picture warnings on all tobacco products as the UK becomes the first country in the EU to introduce such graphic warnings. The warnings illustrate the devastating effects that tobacco can have on health. The new warnings, which include pictures of rotting teeth and lungs, throat cancer, and a 'flaccid cigarette', will replace the written warnings currently featured on packs, which were introduced in January 2003.

Written warnings have been a huge success, according to new figures released recently release by the UK Department of Health. Since their introduction five years ago, more than 90,000 smokers have been motivated by the warnings to call the NHS Smoking Helpline. The visual wake-up calls are expected to be even more effective than written warnings. Research suggests that warnings should be changed periodically to maintain effectiveness, and smokers are more likely to remember the damage they are doing to their health if they have seen a picture.

View a [CNN video](#) on UK's new picture warnings.

Four Groups File Complaints Against Carmona's 2006 Report

In June 2006, then Surgeon General Carmona released his report titled "The Health Consequences of Involuntary Exposure to Tobacco Smoke." Four separate groups have filed complaints with the Office of

Research Integrity, Health and Human Services against Ex-Surgeon General Carmona's 2006 Report, citing scientific misconduct as reasons for complaints.

Research



So You Want to Quit Smoking: Have You Tried a Mobile Phone?

Labonne, Julien and Chase, Robert S.,
World Bank Policy Research Working Paper No. 4657, June 1, 2008.

Available at SSRN: <http://ssrn.com/abstract=1152484>

A study conducted in the Philippines investigated the impacts of mobile phone ownership on tobacco consumption. Using panel data from 2,100 households in 135 communities collected in 2003 and 2006, the study found that among households in which at least one member smoked in 2003, purchasing a mobile phone led to a 32.6% decrease in tobacco consumption per adult over the age of 15. This is equivalent to one less pack of cigarettes per month per adult. The findings suggest that people are shifting money they would have spent on cigarettes to mobile phone costs.

Nicotine Gum for Pregnant Smokers: A Randomized Controlled Trial

Oncken C, Dornelas E, Greene J, Sankey H, Glasmann A, Feinn R, Kranzler HR.

Obstetrics & Gynecology 2008;112:859-867.

Pregnant women who were daily smokers were randomized into two groups: the treatment group received six weeks of behavioral counseling with 2-mg nicotine gum followed by a six-week taper period. The control group received the same counseling and taper period, but received a placebo gum. Women who did not quit smoking were instructed to reduce the number of cigarettes smoked by using the gum instead of smoking. While cessation rates were not significantly different between treatment and control groups, use of gum significantly reduced the number of cigarettes smoked per day and cotinine concentration. Birth weights were significantly greater with nicotine gum compared with placebo. Gestational age was also greater with nicotine-replacement therapy than with placebo. Both birth weight and gestational age are key variables in predicting neonatal well being.

In-Practice Management Versus Quitline Referral for Enhancing Smoking Cessation in General Practice: A Cluster Randomized Trial

Borland R, Balmford J, Bishop N, Segan C, Piterman L, McKay-Brown L, Kirby C, Tasker C. *Family Practice* 2008 Aug 9 [Epub ahead of print].

This cluster randomized trial examined whether it would be acceptable and effective to encourage general practitioners (GPs) to refer their patients who smoke to a specialist service when compared with a model of in-practice management. Practices were randomized to standard in-practice GP management (1/3) or referral to a quitline service (2/3). At three-month follow-up, patients in the referral condition (12.3%) were twice as likely to report sustained abstinence as those in the in-practice condition (6.9%) (OR=1.92; 95% CI=1.17-3.13). At 12-month follow-up, patients in the referral condition had nearly three times the odds of sustained abstinence (6.5%) than those in the in-practice condition (2.6%) (OR=2.86; 95% CI=0.94-8.71). The effect of the intervention was mediated by how much help patients received outside the practice. The study authors recommend that where suitable services exist, referral become the normative strategy for management of smoking cessation in general practice to complement any practice-based help provided.

Nicotine Patches and Uninsured Quitline Callers: A Randomized Trial of Two Versus Eight Weeks

McAfee TA, Bush T, Deprey TM, Mahoney LD, Zbikowski SM, Fellows JL, McClure JB. *Am J Prev Med* 2008 Aug;35(2):103-10.

This study, conducted with the Oregon Quit Line during a free-patch initiative from October 18, 2004 to May 5, 2005, was designed to compare two weeks of nicotine patches to the standard protocol of eight weeks of patches along with up to two telephone counseling sessions. Uninsured callers who were 18 years or older, smoked five or more cigarettes per day, did not have a medical contraindication to NRT use and were interested in quitting in the next 30 days were randomized into either the two- or eight-week group. Follow-up was conducted at six months. Intent-to-treat 30-day abstinence was 14.3% in the two-week group, and 19.6% in the eight-week group (OR 1.45 [CI=1.01, 2.12]). Average cost per quit was \$1,156 for two weeks and \$1,405 for eight weeks, with an incremental cost effectiveness of \$2,068. Satisfaction increased from 90% to 97% with eight weeks. Those receiving eight weeks of NRT took more calls (2.0 vs. 1.6) and used more patches (6.3 weeks vs. 4.3 weeks), but were less likely to purchase patches (16.2% vs. 39.3%). The study concluded that eight weeks

of patches improved quit rates compared with two weeks and was cost effective.

Preliminary Findings From a Clinical Demonstration Project for Veterans Returning From Iraq or Afghanistan

Beckham JC, Becker ME, Hamlett-Berry KW, Drury PD, Kang HK, Wiley MT, Calhoun PS, Moore SD, Bright MA, McFall ME. *Military Medicine* 2008 May;173(5):448-51.

In this feasibility study, three groups (500 each) of recently separated veterans from Afghanistan and Iraq were contacted by letter. Interested veterans were contacted by telephone and referred to the National Cancer Institute's Smoking Quitline (1-877-44U-QUIT) and offered local Veteran Affairs pharmacologic treatment for smoking cessation. Over four in ten (43 percent) of respondents who were smokers were interested in the program. Of these, nearly eight in ten (77 percent) participated. At two months follow-up, 38 percent of participants reported being abstinent. Results suggest that the intervention was feasible and assisted the small number of veterans who participated.

QuickStats: Percentage of Adults Who Were Current Smokers, by Type of Difficulty or Limitation – National Health Interview Survey, United States, 2001–2005

MMWR, September 26, 2008 / 57(38);1054

During 2001-2005, the percentage of adults who were current smokers was greater among those with emotional (43%), cognitive (27%), movement (24%), and seeing or hearing (23%) difficulties and among those with complex activity limitations (26%) than among adults with no disabilities (20%).

SOURCE: Altman B, Bernstein A. Disability and health in the United States, 2001--2005. Hyattsville, MD: National Center for Health Statistics; 2008. Available at <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.

Resources & Information



1-800 QUIT NOW Monthly Volume Report: Now Posted
The 1-800 QUIT NOW monthly volume report for the period November 9, 2004 through September 30, 2008 is now posted to the [US Network of Quitlines bulletin board](#) on the NAQC member site.

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.

<http://www8.nationalacademies.org/cp/projectview.aspx?key=48966>.

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.

IOM Expert Committee to Assess State of Science on Secondhand Smoke and Acute Coronary Events

The Institute of Medicine has convened an expert committee to assess the state of the science on the relationship between secondhand smoke exposure and acute coronary events. Specifically, the committee will review available scientific and evaluation literature on secondhand smoke exposure (including short-term exposure) and acute coronary events and produce a report characterizing the state of the science on the topic, with emphasis on the evidence for causality and knowledge gaps that future research should address.

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Formal comments on the provisional appointments to a committee of the National Academies are solicited during the 20-calendar day period following the posting of the membership and these comments will be considered before committee membership is finalized. Comments on the committee can be made by clicking on the "Feedback" button at the bottom of the following page:

Visit the [NAQC Connections Archive](#). For more information about *NAQC Connections* or to submit information for consideration for 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.