

All Quitline Facts

The North American Quitline Consortium (NAQC), established in 2004, provides leadership and forums for health departments, quitline service providers, researchers and national organizations to maximize the access, use and effectiveness of quitlines. In 2004, NAQC fielded its first survey among quitlines to collect data on the organization, delivery and financing of quitline services, with additional surveys fielded in 2005, 2006 and 2008. Questions and answers provided below feature data from the 2008 NAQC *Annual Survey of Quitlines in North America*. Sixty-three North American quitlines (53 U.S. states, the District of Columbia, Puerto Rico, Guam and 10 Canadian provinces) responded to some or all of the 2008 survey questions. Data provided by quitlines, and reported in this quitline facts summary, are for fiscal year 2008 (fiscal year varied by state/province and was defined by the state/province).

Q: What is a tobacco cessation quitline?

A: A tobacco cessation quitline is a helpline offering counseling services via telephone for smokers and other tobacco users who want to quit. Quitlines provide a centralized resource for easy access to evidence-based information and effective counseling to assist tobacco users in discontinuing their use of tobacco products. Quitlines also help states and provinces reach a large, diverse population in a cost-effective way.

Q: How many quitlines exist in North America?

A: Quitlines currently exist in all fifty U.S. states, the District of Columbia, the Commonwealth of Puerto Rico and the Territory of Guam; in each of the ten Canadian provinces; and, most recently, in Mexico.

Q: What types of services do quitlines provide?

*A: Quitlines provide telephone counseling services, which can occur as single session counseling (typically lasting longer than 10 minutes), multiple session **client-initiated counseling (reactive)** or multiple session **counselor-initiated counseling (proactive)**. Counseling refers to a person-tailored in-depth motivational interaction occurring between the cessation specialist or counselor and the caller. Interactions not meeting this standard and lasting 10 minutes or less are considered minimal/brief interventions.*

Quitlines also offer a variety of other services, in addition to telephone counseling, such as: Internet-based services and tobacco cessation materials designed for callers other than tobacco users (such as proxy callers or health professionals). Some U.S. quitlines also offer free quitting medications or provide tobacco users with vouchers or discounts to receive quitting medications at reduced costs. Most quitlines also offer counseling protocols and materials designed for special populations. Translation services are also available in almost all quitlines.

Q: How many calls do quitlines receive from tobacco users?

A: In fiscal year 2008, fifty-six North American quitlines received 428,027 calls from tobacco users. Forty-seven U.S. quitlines reported 409,902 incoming calls from tobacco users (median = 4,847 calls per quitline). Nine Canadian quitlines reported 18,125 incoming calls from tobacco users (median = 591 calls per quitline). Quitlines also receive calls from people who are not tobacco users, such as health professionals or proxy callers who want to help friends or family quit (23,704 proxy calls received, for 52 North American quitlines reporting on proxy calls).

Utilization reach is defined as “the proportion of a population who use a service”¹. Utilization reach for smokers can be calculated for North American quitlines by dividing the number of calls received from smokers in the state/province by the estimated smoking population for each state/province. The mean utilization reach for 40 U.S. quitlines with data available was 1.3% (median=0.7%), with a range of 0.1% to 5.2%. The mean utilization reach for the three Canadian quitline with data available was 0.44% (median 0.38%) with a range of 0.3% to 0.6%.

Q: What type of telephone counseling services do quitlines provide?

A: Quitlines provide multiple types of telephone counseling services. In fiscal year 2008, North American quitlines provided: multiple session **proactive telephone** counseling (**counselor-initiated**), multiple session **reactive telephone** counseling (**client-initiated**) and single session telephone counseling (typically lasting longer than 10 minutes). Quitlines also provide minimal/brief interventions, which typically last 10 minutes or less.

Telephone Counseling Quitline Services², Fiscal Year 2008			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Multiple session proactive telephone counseling	100%	100%	100%
Single session telephone counseling	71%	66%	100%
Minimal/brief interventions	56%	47%	100%
Multiple session reactive telephone counseling	43%	32%	100%

Q: How long is an average counseling call?

A: The average length of counseling during the typical first counseling call was reported as a median of 30 minutes for U.S. quitlines (51 U.S. quitlines reporting) and 15 minutes for Canadian quitlines (10 Canadian quitlines reporting). Quitlines were also asked to separate out the time taken for intake/enrollment and assessment during the first counseling encounter if possible. Twenty-five U.S. quitlines could separate out the time taken for intake/enrollment (median = 15 minutes) and 25 could parse out the time taken for assessment during the first counseling call (median assessment time = 10 minutes). Two Canadian quitlines could separate out the time taken for intake/enrollment (median = 15 minutes) and nine reported a median five minutes devoted to assessment during the first counseling call.

Q: What type of Web-based services do quitlines provide?

A: In fiscal year 2008, forty-seven North American quitlines (75%) offered some type of Web-based services for tobacco users, which included thirty-eight U.S. quitlines (72%) and nine Canadian quitlines (90%). Web-based services include: providing general information on the quitline, providing information about tobacco cessation, self-directed Web-based interventions, automated e-mail messaging, chat rooms, and interactive counseling and/or e-mail messaging. While the evidence base for web-based services is still developing, a recent meta-analysis concluded that there is sufficient clinical evidence to support the use of

¹ North American Quitline Consortium. (2008). *Measuring Reach of Quitline Programs*. Cummins, S, Editor. Phoenix, AZ: North American Quitline Consortium.

² Quitlines can offer more than one type of service, so percentages may not add up to 100%.

Web- and computer-based smoking cessation programs for adult smokers (Myung 2009). Additional research is needed, especially to determine what elements of web-based services are necessary to be effective.

Web-Based Quitline Services, Fiscal Year 2008			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Information about tobacco cessation	75%	72%	90%
General information on the quitline	68%	64%	90%
Self-directed Web-based interventions	43%	42%	50%
Automated e-mail messaging	32%	30%	40%
Chat rooms	32%	29%	50%
Interactive counseling and/or email messaging	32%	30%	40%

Q: How many quitlines offer proactive referral services?

A: Proactive referrals, such as fax referrals, are a growing source of calls for many quitlines. These proactive calls are initiated by a quitline counselor in response to a request for tobacco counseling, typically provided via fax, from health professionals who have delivered a brief intervention to tobacco users during an office visit. The tobacco user is required to provide contact information and consent, agreeing to receive a follow-up call initiated by the quitline. Fifty-two North American quitlines (43 U.S. and 9 Canadian quitlines) reported receiving at least one proactive fax referral in fiscal year 2008. Altogether, over 66,000 proactive fax referrals were received by North American quitlines in fiscal year 2008.

Q: What languages do quitlines support?

A: Most North American quitlines, including fifty-one U.S. quitlines and eight Canadian quitlines, supported counselors fluent in at least one additional language, with Spanish being the most common in the U.S. (96%) and French being the most common in Canada (80%). In fiscal year 2008, U.S. quitlines provided counseling services in Spanish (96%), via TTY for deaf and hard of hearing persons (17%), Korean (4%), Cantonese (2%), Mandarin (2%), Vietnamese (2%), and via TTY with video relay (2%). Eight Canadian quitlines provided counseling services in French. A majority of U.S. quitlines (92%) also conducted counseling through a third-party translation service, when needed, while 20% of Canadian quitlines contracted with third-party translation services.

Sixty-two of 63 North American quitlines surveyed provided tobacco cessation materials in English; the Puerto Rico quitline was the exception. Most U.S. quitlines (96%) provided cessation materials in Spanish and 100% of Canadian quitlines provided these materials in French. Tobacco cessation materials were also provided in a variety of other languages by U.S. and Canadian quitlines: Amharic/Ethiopian (U.S. = 2%; Canadian = 10%), Cantonese (U.S. = 8%; Canadian = 20%), Greek (U.S. = 4%), Korean (U.S. = 8%; Canadian = 20%), Mandarin (U.S. = 6%; Canadian = 10%), Punjabi (U.S. = 2%; Canadian = 10%), Russian (U.S. = 6%) and Vietnamese (U.S. = 6%; Canadian = 10%).

Q: How many quitlines offer specialized counseling protocols tailored to specific populations?

A: In fiscal year 2008, fifty-nine North American quitlines (94%) provided specialized counseling protocols

tailored to meet the needs of special populations. Quitlines providing specialized counseling protocols included fifty U.S. quitlines and nine Canadian quitlines.

Quitlines Providing Specialized Counseling Protocols, Fiscal Year 2008			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Pregnant women	92%	94%	80%
Smokeless tobacco users	70%	81%	10%
Youth aged 12-17 years	57%	66%	10%
Racial/ethnic populations	43%	49%	10%
Persons with chronic mental illness	37%	40%	20%
Young adults aged 18 -24 years	32%	36%	10%
Persons with multiple addictions	32%	34%	20%
Persons with chronic disease	32%	34%	20%
Older adults aged 55+ years	30%	32%	20%
LGBT groups	29%	34%	0%
Persons with low literacy levels	27%	30%	10%
Persons with low SES/Medicaid	25%	30%	0%

Q: How many quitlines offer specialized tobacco cessation materials tailored to specific populations?

A: In fiscal year 2008, fifty-six North American quitlines (89%) sent specialized tobacco cessation materials designed for specific population groups. Quitlines providing specialized counseling materials included fifty-two U.S. quitlines and four Canadian quitlines.

Quitlines Providing Specialized Tobacco Cessation Materials, Fiscal Year 2008			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Pregnant women	87%	98%	20%
Smokeless tobacco users	83%	94%	20%
Racial/ethnic populations	68%	77%	20%
Youth aged 12-17 years	68%	75%	30%
Persons with chronic disease	38%	45%	0%
Persons with low literacy levels	35%	42%	0%
Young adults aged 18 -24 years	19%	19%	20%
Large print for the visually impaired	13%	13%	10%
LGBT groups	13%	15%	0%
Older adults aged 55+ years	8%	8%	10%
Persons with multiple addictions	6%	4%	20%
Persons with low SES/Medicaid	5%	6%	0%
Persons with chronic mental illness	2%	0%	10%

Q: How many quitlines distribute cessation medications?

*A: The FDA has approved seven medications for smoking cessation: nicotine patches, nicotine gum, nicotine inhaler, nicotine lozenges, nicotine nasal sprays, bupropion (Zyban®) and varenicline (Chantix®). In fiscal year 2008, there were thirty-seven U.S. quitlines (70%) that provided **free** quitting medications to callers. All of the quitlines distributing free cessation medications offered the patch, while nicotine gum and nicotine lozenge were the next most commonly distributed medications. Very few US quitlines offered free bupropion (Zyban®) or varenicline (Chantix®), which are prescription medications. Even fewer offered free nicotine nasal spray or nicotine inhalers (one U.S. quitline each). Almost all U.S. quitlines providing free cessation medications had eligibility criteria for a caller to receive free medications. Most common were being a resident of the state, age criteria, having no medical contraindications, enrollment in quitline counseling and readiness to quit.*

One Canadian quitline provided 12 weeks of free patch and gum during a time limited project for people on income assistance during fiscal year 2008.

*There were also five U.S. quitlines (9%) that offered **discounted** quitting medications to callers, including five with discounts for the patch, gum and lozenge, four with discounts for varenicline (Chantix®), three with discounts for bupropion (Zyban®), and two with discounts each for nasal spray and the nicotine inhaler. Seven U.S. quitlines (13%) distributed vouchers for NRT products or prescription medications, most frequently the patch, gum and lozenge.*

Quitlines Providing Cessation Medications, Fiscal Year 2008								
	Patch	Gum	Lozenge	Bupro pion	Varenic line	Nasal Spray	Inhaler	ANY Free Meds
US (N=53)								
Provide free meds	70%	57%	34%	7%	4%	2%	2%	70%
Provided voucher for meds	13%	11%	9%	6%	7%	4%	4%	
Provided discounted meds	9%	9%	9%	6%	7%	4%	4%	
Canada (N=10)								
Provide free meds	10%	10%	-	-	-	-	-	10%
Provided discounted meds	10%	10%	-	-	-	-	-	
Provided voucher for meds	-	-	-	-	-	-	-	

Some U.S. quitlines also referred callers to organizations providing free or discounted products, including nineteen quitlines that referred callers for the patch, eighteen for gum, sixteen for lozenge, fourteen for bupropion, twelve for varenicline, and four each for nasal spray and the nicotine inhaler. Two Canadian quitlines referred callers to organizations providing free or discounted patches. Most North American quitlines (n=62) also provided information to callers about one or more quitting medications, which included fifty-two U.S. quitlines and all Canadian quitlines.

Quitlines Providing Information about Cessation Medications, Fiscal Year 2008							
	Patch	Gum	Lozenge	Bupro pion	Varenic line	Nasal Spray	Inhaler
US (N=53)							
Provided info about using meds	98%	98%	94%	94%	81%	49%	49%
Referred to organization that provides meds	36%	34%	30%	26%	23%	7%	7%
Provided info about accessing meds	28%	25%	23%	23%	26%	19%	17%
Canada (N=10)							
Provided info about using meds	100%	100%	90%	100%	100%	30%	90%
Referred to organization that provides meds	20%	20%	-	-	-	-	-
Provided info about accessing meds	30%	30%	10%	20%	10%	10%	20%

Q: How much do quitlines cost to run?

A: In fiscal year 2008, North American quitlines budgeted a median \$1,000,000 in the U.S. and \$324,624 in Canada for the total quitline budget including services, medications, media, evaluation and outreach. For services alone, the median budget in fiscal year 2008 was \$683,944 for U.S. quitlines and \$221,500 for Canadian quitlines.

Twenty-six percent of U.S. quitlines (n=14) cited only a single funding source and four Canadian quitlines (40%) reported the same. Most U.S. quitline reported two funding sources (n=28) and five Canadian quitlines also reported dual funding sources.

Q: Who delivers quitline services?

A: In fiscal year 2008, North American quitline counseling services were delivered by a total of twenty-three different vendors (primary service providers) across the U.S. and Canada. Five US Quitlines also reported a secondary service provider.

Q: During what hours are quitlines open to take incoming calls?

A: All quitlines reported having counseling services available at least five days per week for a minimum of eight hours per day. Forty-six US and eight Canadian quitlines also offered counseling service on at least one day of the weekend. Thirteen quitlines (twelve U.S., one Canadian) reported having live pick-up of incoming calls (may or may not have counseling services available) 24 hours a day, 7 days a week. Most North American quitlines, 72% of US and 80% of Canadian quitlines, reported closing on holidays.

References

Myung SK, McDonnell DD, Kazinets G, Seo HG, Moskowitz JM. Effects of web- and computer-based smoking cessation programs: meta-analysis of randomized controlled trials. Arch intern MED. 2009 Jul 13;169(13):1194.