

# Tobacco Quitlines

at a glance

## What are tobacco quitlines?

Tobacco quitlines are telephone-based tobacco cessation services. Since the late 1980's, quitlines have been established in many countries around the world. Most are accessed through a toll-free telephone number and provide callers with a myriad of services including educational materials, referral to local programs, and individualized telephone counseling. Counselors assist callers by answering questions about the cessation process and by helping develop an effective plan for quitting.

Reactive quitlines only respond to incoming calls. Proactive quitlines handle incoming calls and also follow up the initial contact with additional outbound calls in order to help prevent relapse. In some cases, when written consent is obtained by a provider, the contact is entirely proactive. Proactive telephone counseling has been shown to have a profound effect on the probability of success and in maintaining long-term abstinence.

## Where are they available?

Most European countries, Australia, Canada and the United States have established publicly financed quitline services. There are also quitlines in South Africa and in some Asian and Latin American countries. In addition, some employers and private health insurers have established quitlines for their employees and members. Many new quitlines have been set up in recent years, as evidence of their efficacy has become more solid and as tobacco control programs worldwide have grown more sophisticated.

## Why have quitlines become popular?

**Quitline services are easy to access and free to users.** Traditionally, tobacco users have had to overcome various barriers in accessing cessation services, including:

- Sporadic availability of programs, both geographically and over time
- Transportation difficulties
- Childcare responsibilities
- Financial cost of participating.

Quitlines reduce these barriers by allowing tobacco users to access service from their own homes at a time that is convenient for them and usually at no cost. Partly for these reasons, surveys have shown that tobacco users are much more likely to use a telephone-based service than face-to-face programs.

Because it provides services over the telephone, a quitline can serve a large geographic area from a centralized base of operations. As a result, unlike traditional cessation programs in which it is common for participants to have to wait until a group forms, quitlines are able to staff for year-round operation, often with extended hours of business and multilingual capabilities. Quitline services have the potential to reach large numbers of tobacco users including low income, rural, elderly, uninsured and racial/ethnic populations who may not otherwise have access to cessation services

## Practical considerations

**The range of services provided:** Quitline callers have a wide range of expectations, and most quitlines offer a correspondingly wide range of services. Adult smokers wanting help to quit are the most common callers, but there are also those who are not yet ready to quit, or who have already quit. There are smokers of cigarettes, cigars, and pipes, and callers who use chewing tobacco or other smokeless tobacco. There are callers of all ages, including minors, and callers who speak different languages. In all of these categories, there are those who want counseling and those who just want printed information or referral. Some callers have particular needs such as learning more about smoking while pregnant, or quitting tobacco while managing a psychological condition such as bipolar disorder or schizophrenia. There are non-tobacco-users calling on behalf of friends and family members, and health care professionals or other community members trying to decide whether to refer their patients, students, and neighbors. Comprehensive quitlines develop protocols, resources, and staff training to address each of these situations.

Evidence-based structured protocols guide the flow of counseling sessions and remind counselors of topics considered to affect quitting success. Counselors using clinically validated protocols help clients to:

- Clarify and enhance motivation to quit

- Boost self-efficacy for quitting
- Identify situations that will trigger an urge to use tobacco and plan effective strategies for getting through them without tobacco
- Identify ways to get social support
- Commit to a quit date, often with counselor follow-up for accountability and extra support.

## Supporting quitlines

The main reason quitlines have proliferated is that there is strong evidence of their efficacy. A quitline can help to normalize cessation and eliminate disparities in tobacco use or access to treatment. Dental hygienists are natural partners for quitlines and can play a major role in increasing their utilization. Providers who ask all patients whether they use tobacco, advise quitting, and refer to quitlines for comprehensive cessation counseling can have a profound impact on patient health.