# National Tobacco Quit-line Services

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Tobacco Quit-line services are the telephone-based free-of-cost services, with primary aim to provide counselling to stop use of tobacco in any form. These services include support through educational material in the form of SMS, e-mails and websites. Quit-line services are mostly owned and managed by the Government and/or NGOs in most of the countries including India. However, in some countries these are operated by private service providers.

There are several advantages of these services to stop use of tobacco.1 First, it is convenient, and counselling on phone decreases logistical barriers to treatment and increases utilisation of services more effectively. No need to go anywhere, just sit in a room or any place, make a phone call and get the quitting tips and counselling straight on your phone. If additional help over the time is needed, one can simply call back and re-engage in counselling. Secondly, the initial counselling session can progress rather quickly. The semi-anonymous nature of phone counselling facilitates candid discussion that helps counsellors gain an accurate clinical picture in a short time. Thirdly, it allows counsellor to provide proactive counselling (i.e., the counsellor calls the client), which ultimately increases the satisfaction levels in callers. In addition to reducing attrition, proactive counselling promotes accountability and social support. Fourthly, the telephone format lends itself to the use of a structured counselling protocol, thereby providing the minimum acceptable content for each session. A structured protocol ensures that every call is thorough yet focused and brief, making it suitable for large-scale application.

#### Tobacco Quit-line in India

In India, the much awaited project of Tobacco Quitline Services launched and inaugurated by *Shri Jagat Prakash Nadda*, Honorable Union Minister of Health and Family Welfare, Government of India under the name "NATIONAL TOBACCO QUIT-LINE SERVICES" (NTQLS) on 30th May 2016.

These services are financially supported by Ministry of Health and Family Welfare, Government of India and runs under the aegis of Vallabhbhai Patel Chest Institute (VPCI), University of Delhi, Delhi.

### History and Growth of Tobacco Quit-lines

In the early 1980s, the U.S. National Cancer Institute provided the first telephone-based smoking cessation service as a component of the Cancer Information Service. However, the services were limited and its effectiveness were not formally evaluated but this had demonstrated that people are interested in these services for smoking cessation.<sup>2</sup> The effectiveness of a reactive quit line-client-initiated calls only-was reported by Ossip-Klein<sup>3</sup> and Colleagues in 1991. Tobacco Quit-line services were expanded so rapidly that in 2004 North American Quit-line Consortium (NAQC) was formed to share the experience and information among the 50 states of North America. In 1985, Quit Victoria was started for providing telephone-based tobacco cessation service to its people. In Europe, UK Quit was launched in 1988 exclusively for smokers to help them in their efforts to quit smoking. The experience gained from these Quit-line services encouraged to start the development of Quit-line services in other countries. Now, as per World Health Organization (WHO) report more than 53 countries have been operating tobacco Quit-line services.4 According to WHO, tobacco Quitline services potentially reach 4% to 6% of total tobacco users a year in a country. About 400,000 smokers in the United States are served annually by 50 state Quit-lines,<sup>5</sup> representing about 1% of the 40 million smokers in the United States. In the first year of operation, the Australian National Quit-line received 144,000 calls, representing 4% of all Australian smokers of age 18 or more.<sup>6</sup> Due to limitations in marketing and promotion (wider publicity through print as well as electronic media), benefit of these services is not reaching to all, and hence, it affect the outcomes/results of this service world-wide.<sup>5</sup> However, for a better promotion of this service, many countries have already made it mandatory to print its tobacco Quit-line number on the tobacco packets/products.

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## Functioning of Tobacco Quit-lines

Tobacco Quit-line services work on reactive and proactive both ways. The tobacco users initiate the call and the counsellors or quit coaches sitting in the Quit-line office responds to the callers. The quit coaches register the callers, assess them and apply the intervention strategies. Intervention strategies include 5As (Ask, Advise, Assess, Assist and Arrange), 5Rs (Relevance, Risks, Rewards, Roadblocks, Repetition), recognising danger situations, provide basic knowledge, develop coping skills etc. World Health Organization protocol suggests setting a quit date and making a pre-quit date call, post-quit date call and follow-up calls will prevent from lapses and relapses, followed by motivational interviewing in reactive call.

## National Tobacco Quit-line Services at VPCI

The aim of these services is to make people aware to quit tobacco and live a healthier life. The NTQLS is a confidential, non-judgmental telephonic counselling, information and referral service for anyone seeking help for own or for other relatives who use any type of tobacco product. The NTQLS is accessed through a toll-free no. 1800-11-2356. At VPCI these services are monitored under Dr Raj Kumar, Head, National Centre of Respiratory Allergy, Asthma and Immunology (NCRAAI). As a pilot project, these services are operational six days a week, (Tuesday to Sunday; 8AM to 8PM), following WHO protocol of Quit-line services.

Process of NTQLS at VPCI

- Make a call to the service on toll free number 1800-11-2356
- All the conversation and information will be kept confidential
- Select the preferred language (Hindi or English)
- Callers will be registered with this service and the assessment will be done
- We will arrange for follow-up calls and call you back as per your convenience
- Quit pack will be sent via mail/e-mail

Call Sequence of Quit-line is as follows

- Call 1 Call made by the tobacco user
- Call 2 Pre-quit date call made by the counsellor 3-4 days before the planned quit date
- Call 3 Quit date call made by the counsellor on the planned quit date
- Call 4 Quit date follow-up call made by counsellor 3-7 days after the planned quit date

Call 5 – Ongoing support call made by counsellor about 1-3 weeks after the fourth proactive call

Types of Calls Attended by the Counsellors

- 1. Inbound calls An inbound call is the one that a client (tobacco user) initiates
- 2. Outbound calls An outbound call is the one initiated by the counsellor to a client for follow-up Inbound call is further divided into two sub-types: inbound answered calls by counsellors and inbound not answered calls. Outbound calls are divided into four sub-types i.e. follow-up proactive calls, in full registered call backs, outbound answered calls and outbound calls not responding.

#### National Tobacco Quit-line Service (NTQLS): Current Data

National Tobacco Quit-line Service has received a total of 76539 (9600 inbound calls and 66939 outbound calls) phone calls from 31st May 2016 to 31st December 2016. The call leads for outbound calls which were taken from calls hit on IVR were 50993, an average of 270 calls per day. 3255 tobacco users registered actively for whole tobacco quitting process. The calls are received from every corner of India, highest number of calls from Uttar Pradesh (49.1%), followed by Delhi (13.1%). The lowest number of calls were from North-Eastern area aggregating 1.1% of total callers. Calls are received in other languages also, apart from Hindi and English.

We observe that 97.8% male tobacco users were registered with us for tobacco cessation programme in comparison to 2.5% female tobacco users. The reason of this large difference could be social stigma attached with females or shyness to disclose about their tobacco use/habit.

From the database of the registered tobacco users, it has been found that 64.8% were smokeless tobacco users as compared to smoking (23.1%). Number of tobacco users who take smoking as well as smokeless tobacco products were 12.1%. Out of all the registered callers who called NTQLS, 96.5% were literates. This indicates that illiterate population in India are not aware about availability of such kind of services as well as of health issues associated with tobacco use. Sixty-eight percent callers had previously tried to quit before calling NTQLS, while 32.3% had never tried, showing that most of the callers are willing to quit tobacco.

During motivational interviewing it has been observed that 26.7% of tobacco users take alcohol and 53% of tobacco users spend more than 500 rupees per month on tobacco products alone. Tobacco users were suffering from other disorders, such as, hypertension (2.9%), diabetes (2.2%), heart attack (1%), stroke (0.09%), asthma (1.9%), cancer (0.1%), sexual dysfunction (0.3%) and other co-morbid conditions (12.3%).

### Conclusions

During these seven months, nearly 43% quitters benefited with the Quitline services. However, need of the hour is to encourage other states/cities to start/ implement these Quit-line services, as smoking as well as use of tobacco in other forms is prevalent in all the cities/states of our country, and thereby, help our young generation to live a tobacco-free life. All medical professionals, researchers, NGOs, government organisations/departments, educational institutions including universities, colleges, and schools should come forward to save our youth and our nation from the rising menace of tobacco use.

#### References

 Lichtenstein E, Zhu S-H, Tedeschi GJ. Smoking Cessation Quitline: an under recognized intervention success story. *Am Psychol* 2010;65:252–61.

- Anderson DM, Duffy K, Hallett CD, Marcus AC. Cancer prevention counseling on telephone helplines. *Public Health Reports* 1992;107:278–83.
- 3. Ossip-Klein DJ, Giovino GA, Megahed N, Black PM, Emont SL, Stiggins J, *et al.* Effects of a smoker's hotline: results of a 10-county self-help trial. *J Consult Clin Psychol* 1991;59:325–32.
- 4. World Health Organization. Worldwide current situation of national quit-line services. In: *Developing and Improving National Toll-free Tobacco Quit Line Services: A World Health Organization Manual.* WHO: Tobacco Free Initiative Publications;2011:pp12–14.
- Cummins SE, Bailey L, Campbell S, Koon Kirby C, Zhu S. Tobacco cessation quitlines in North America: a descriptive study. *Tobacco Control* 2007;16(Suppl.1):i9–i5.
- 6. Miller C, Wakefield M, Roberts L. Uptake and effectiveness of the Australian telephone Quitline service in the context of a mass media campaign. *Tobacco Control* 2003;12:ii53–ii58.