Variation in the Use of a National Quitline by Smoker Characteristics

Nick Wilson*[1], Deepa Weerasekera[1], Ron Borland[2], Richard Edwards[1], Chris Bullen[3], Judy Li[1]

[1] Department of Public Health, University of Otago, Wellington, New Zealand
[2] VicHealth Centre for Tobacco Control, Melbourne, Australia
[3] School of Population Health, University of Auckland, Auckland, NZw

* Corresponding author: Associate Professor Nick Wilson, Email:nick.wilson@otago.ac.nz

Background

Quitlines are an effective smoking cessation intervention.[1] New Zealand (NZ) has a national toll-free quitting support service "Quitline" which has been shown to be effective at achieving quitting,[2] and to be relatively cost-effective.[3] Initiatives by this service to attract Māori and socio-economically disadvantaged smokers have included: targeted advertising, promotion of the service at relevant cultural events, partnering with Māori health providers, providing heavily subsidised nicotine replacement therapy, and having Māori quit advisors (25% of the total) responding to telephone calls.

Image: Photograph of oral cancer sufferer from a media campaign that includes the Quitline number

Methods

The NZ arm of the International Tobacco Control Policy Evaluation Survey (ITC Project) derives its sample from the NZ Health Survey (a representative national sample). From this sample we surveyed adult smokers in two survey waves (n=1376 and n=923) one year apart (with wave 2 in 2008/early 2009). Further details of the methods, (including response rates, attrition and weighting processes) are available in online reports.[4]

Results

Quitline use in the 12 month period rose from 8.1% (95%CI = 6.3% – 9.8%) in wave 1 to 11.2% (95%CI = 8.4% – 14.0%) at wave 2. There was no significant variation in use of the Quitline by gender or age group but usage was higher by all non-European ethnic groups and was statistically significantly higher for Māori in wave 1 (11.5% vs 6.8% for European/Other, p=0.02) (Fig 1). There was higher usage with increasing small-area deprivation (p=0.04 for trend) (Fig 2) and for higher ratings in one of two measures of financial stress.

Relatively higher call rates also occurred among those reporting a past mental health disorder, a past drug-related disorder, and higher psychological distress (Kessler 10-item index). Independent associations in the multivariate analyses for relatively higher Quitline use were: being Māori, reporting financial stress and ever having been diagnosed with a mental health disorder.

Fig 1: Percentage of smokers who used the Quitline in the previous 12 months by ethnicity

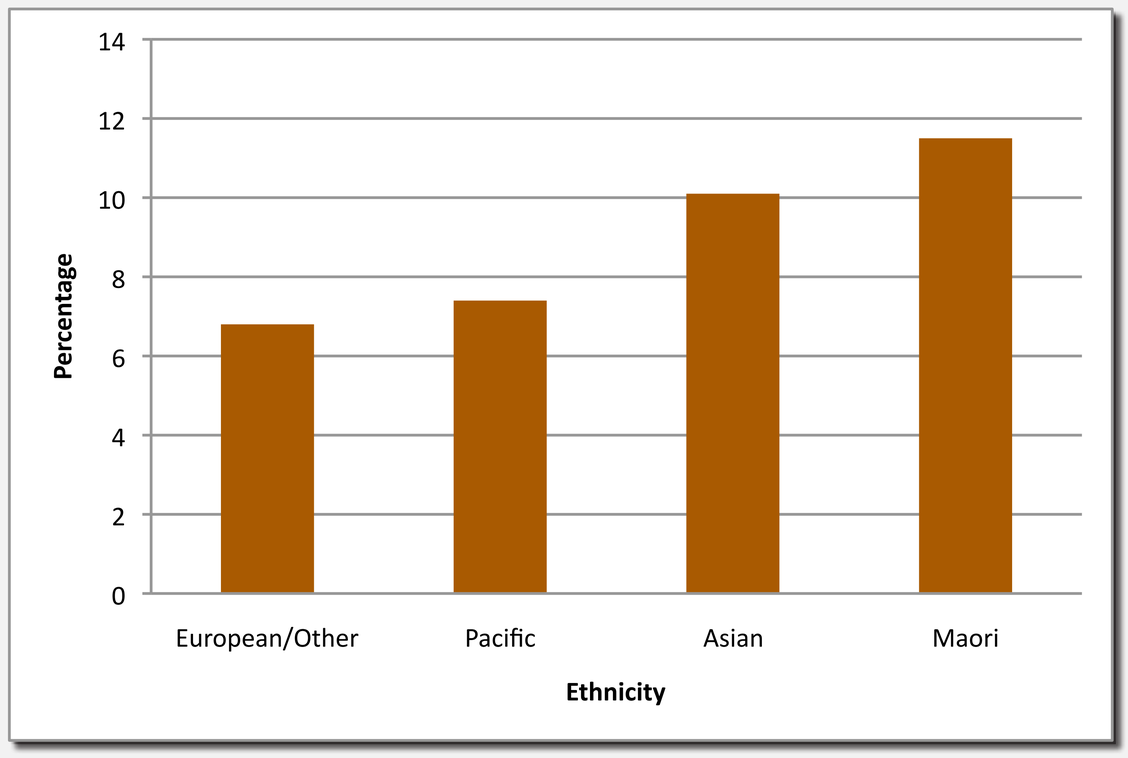
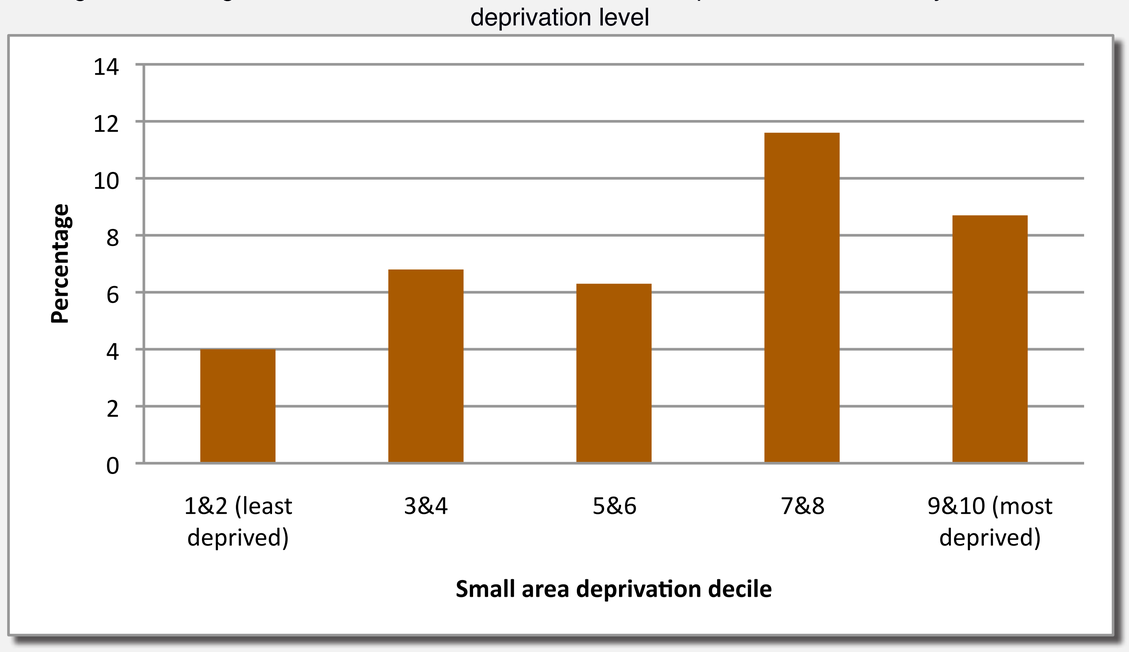


Fig 2: Percentage of smokers who used the Quitline in the previous 12 months by small area deprivation level



Discussion

This study found significantly higher Quitline usage by Māori smokers compared to European/Other smokers and also for those smokers under financial stress. Given that the Quitline marketing and service provision is particularly orientated towards attracting Māori smokers, the finding for Māori usage indicates that this strategy is working. This study therefore provides evidence that it is possible to position cessation services in ways that attract disproportionately higher use from disadvantaged groups. Given that these services are demonstrably effective,[1-3] it is likely that they can therefore play a role in reducing health-related inequalities.

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Competing interests: One author (JL) has worked previously as a researcher for "The Quit Group" which is the non-profit organization that runs the Quitline on contract to the NZ Ministry of Health.

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4. See reports by Wilson (2009) and by Clark (2008 & 2009) at: http://www.wnmeds.ac.nz/itcproject.html