



European Network of Quitlines Guide to Best Practice



CONTENTS

Foreword	IFC
Introduction	1
1 Definition of a Quitline	3
Description of a service (Reactive/Proactive)	4
Confidentiality	5
Funding	5
Organised Structure	6
2 Implementation Phase	9
Recruitment	9
Training	10
Delivery of Service	10
Debrief and Supervision	11
Theoretical model employed	11
3 Access to services (including key groups)	13
4 Data collection and analysis	15
5 Research	17
6 Promotion	19
7 Behaviour Modification (Quitline) Technology	21
Basic technology providing essential service	21
Increased cost-effectiveness and customer service	21
Relationship management and customer differentiation	21
Enterprise-wide Customer management	22
8 Final Note	24

FOREWORD

This first edition Guide to Best Practice is the result of the collaboration of Quitlines from over sixteen European Countries, including, Cyprus, Denmark, Finland, France, Germany, Greece, Holland, Ireland, Italy, Norway, Poland, Portugal, Spain, Sweden, Switzerland and the U.K. It aims to promote best practice in Quitline development, delivery and research across Europe in order to provide the very best service to smokers and maximise impact on smoking behaviour. We hope that the Guide will help existing Quitlines to develop their services and to assist colleagues to establish new Quitlines without having to 'reinvent the wheel'.

The European Network of Quitlines would like to thank The European Network for Smoking Prevention, The European Commission and Pfizer for their invaluable support.*

Steve Crone

Chairman

European Network of Quitlines

*This project receives financial support from the European Commission Public Health Program via the European Network for Smoking Prevention and Pfizer. Neither the afore mentioned institutions, nor the ENSP, nor any persons acting in their name can be held responsible for any use that may be made of the information contained in this document



INTRODUCTION

The European Network of Quitlines (ENQ) is an initiative aimed at maximising collaboration between those European countries providing Quitline services and helping to develop Quitline services further in European and Accession countries.

The Aims and Objectives of the ENQ are:

- To share expertise and experience of running Quitlines
- To offer assistance to those wishing to establish new Quitlines in Member and Accession countries
- To raise the standards of Quitlines in order to help more smokers in Europe who want to give up
- To examine the range of practice and evidence of success in different states and disseminate this information
- To produce a definitive European Guide to Best Practice
- To develop the ENQ Quality Standard Accreditation across Europe

The Network was established in 2000 and has grown from six to fifteen members.

The Network is funded by the European Commission through the European Network for Smoking Prevention.

DEFINITION OF A QUITLINE

1

A Quitline is a service that offers telephone support for smoking cessation. This may involve giving information, advice and/or counselling to a population or key target group of smokers and their friends and relatives. In addition to this, services may offer self-help materials and referrals to local services for cessation groups.

A service will commonly offer information on the following:

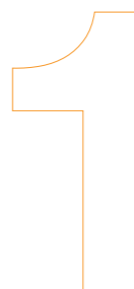
- Evidence-based methods of quitting
- Nicotine addiction
- Pharmacological therapies
- Habit and psychological addiction
- Emotional support
- Strategies for quitting
- Health risks and health benefits
- Diet and exercise

Some services will also provide information on:

- Promotion of a smoke free lifestyle
- Information on tobacco related issues
- Services for smokers, via the internet
- Legal advice in relation to smoking/
non-smokers protection
- Legislation on smoking
- Alternative therapies

A Quitline can work well as a stand-alone service, however they work best as part of an overall tobacco control programme, which might include smoking cessation clinics and health education campaigns.

DESCRIPTION OF A SERVICE (REACTIVE/PROACTIVE)



A reactive and/or proactive approach may be employed by a Quitline service. The essential features of a reactive approach are the establishment of a dedicated telephone number and communicating its availability to a population. These services may offer:

- Information
- Advice
- Counselling
- Pre-recorded messages
- Or a combination of these

A service normally involves personal contact between a counsellor and client, although interactive voice recorder (IVR) services can offer additional possibilities.

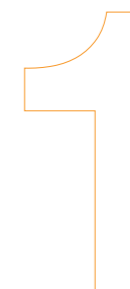
In the case of a proactive approach Quitline staff members initiate the calls by agreement with the smoker. Smokers may be recruited in a number of ways:

- After a first call initiated by the smoker himself
- After participation in a smoking cessation group
- Through a presentation
- After an intervention initiated during hospitalisation

Proactive services allow more data to be recorded from callers throughout the counselling process. At the beginning of a series of proactive calls, the advisor may say (for example), "I'll make notes on what you tell me about your smoking so that when we next call you, you won't have to explain everything again".

Callers must give their permission for data to be used in research.

CONFIDENTIALITY



Quitlines should provide a confidential service.

The confidentiality agreement is between the caller and the service, not the caller and the counsellor. Callers should be informed of this when leaving their personal details. Confidentiality will only be broken in exceptional circumstances in accordance with domestic laws. These may include the following:

1. When the counsellor believes the client may be in danger of being harmed or harming self.
2. Where the counsellor believes that the client may harm others
3. When not to reveal information would be breaking the law (e.g. withholding information regarding acts of terrorism)

These conditions may vary from country to country.

It is important to advise the caller if a counsellor feels the need to break confidentiality.

Clinical data should not be used for purposes other than therapy without the callers permission, e.g. in the case of a research programme. Personal data cannot be registered in a database without users' permission.

FUNDING

Funding for Quitlines may come from several different sources or a combination of the following:

- National or local government
- Medical foundations
- Trusts
- National Lottery Boards
- NGO's
- Pharmaceutical companies
- Other private companies
- National Health Insurance systems
- Individual donations

Whatever contractual agreements are made regarding funding, it is essential that the Quitline retains editorial control and independence of the advice and support given. For ethical reasons it is advisable to declare sources of funding and for reasons of confidence to demonstrate to the caller the independence of the service. It would of course be unacceptable to receive funding from the tobacco industry.

ORGANISATIONAL STRUCTURE

1

There is a wide range of organisational and operational structures dependent on the number of clients served and the level of funding. It is possible to start with one or two staff who manage the Quitline, handle the promotion, provide the counselling and run the evaluation.

In the case of a well-established service taking more than 10,000 calls a year it might be useful to separate administration and management, clinical work, training and research. Counsellors should be headed by a 'Shift Leader' who supervises counsellors who are on-line handling calls.



IMPLEMENTATION PHASE

2

RECRUITMENT

Quitline counsellors tend to have a variety of professional experience and come from a range of disciplines. Some services require that all counselling staff should hold a recognised qualification in counselling, whilst others select candidates on the basis of whether they think that the person has the appropriate personal characteristics (empathy, understanding etc).

Experience as a health professional, physician, psychologist, nurse, pharmacist or social worker may provide the skills particularly suited to working on a Quitline. For evaluation purposes, it is helpful to have the expertise of statisticians and researchers. If a Quitline aims to offer legal advice to callers they would of course require the assistance of a lawyer.

The following personal characteristics may be valuable when recruiting staff:

- Excellent telephone communication skills
- A belief in the value of smoking cessation
- Ability to work independently and as part of a team
- Empathy with quitters
- Knowledge of personal boundaries
- Ability to monitor own stress levels
- Attention to detail
- Impartiality
- A commitment to Equal Opportunities practice
- Commitment to professional development
- A commitment to the service's Code of Practice e.g. non-judgmental approach; confidentiality; maintaining appropriate boundaries
- Non/ex-smoker

2

TRAINING

The first stage of initial training should cover basic counselling issues in smoking cessation:

- Biological, psychological and social background on smoking
- Health consequences of smoking
- Health benefits of quitting
- Nicotine addiction and withdrawal
- Stages of change model
- Diagnosis (chemical, social, behavioural or emotional addiction)
- Follow-up
- Use of Nicotine Replacement Therapy and Zyban in increasing the chances of success
- Offering support to target groups e.g. pregnant women, youth, low income groups and minority ethnic communities
- Tobacco industry facts
- Confidentiality
- Telephone counselling guidelines
- Motivational interviewing.

The second stage may consist of:

- Explanation of the telephone system
- Role playing over the telephone with a supervisor or another more experienced member of staff
- Shadowing a more experienced counsellor
- Practical testing calls
- Information/administration
- Challenging calls
- Using debrief sessions
- On-going training

Before speaking to clients, new counsellors should pass a written assessment.

DELIVERY OF SERVICE

The following issues will need attention in establishing appropriate service delivery

- Opening hours
- Freephone/local rate numbers
- Number of lines and overflow lines
- Use of pre-recorded messages or automated voice systems
- Suggested methods of quitting
- Data collection
- Reactive/Proactive service
- Counselling protocol
- Self-help materials sent out

2

DEBRIEF AND SUPERVISION

Debrief and Supervision are the processes that safeguard the needs of clients and counsellors and should be viewed as an essential part of quality assurance and training. Regular group meetings and individual sessions can be run by a facilitator with appropriate training and experience. The frequency of meetings should follow the guidance of the professional counselling body in the Member State. Both processes allow space for counsellors to discuss how they handle calls in confidence and should emphasise the clinical strength and diverse talent of counsellors rather than focus on personal limits or low performance.

Clinical Supervision is most appropriate when there is an on-going relationship with clients and is a formalised arrangement that develops the counsellor/client relationship. The Supervisor must comment on clinical practice and confront the counsellor to ensure adequate standards of work and develop the counsellor.

Debrief may be particularly suitable for a Quitline where counsellors take many calls in an hour with callers presenting different issues. The Debriefers' role is to look after the counsellor, monitor, support and educate to enable the counsellor to do the best possible job. Debrief is an opportunity to off load the pressures of particularly stressful calls immediately, relax with colleagues, share experience and good practice. It allows counsellors to learn from one another's work and provides support for their on-going development.

THEORETICAL MODEL EMPLOYED

The theoretical base of counselling protocols is quite different between services. Some Quitlines base their counselling on non-directive, humanistic theories, while other protocols fall within the more general framework of social learning theory and use a directive cognitive-behavioural approach. Some use a combination of both.

The motivational interviewing approach is a common element that enhances callers' motivation to change. According to Miller, Rollnick, "Motivational interviewing, - Preparing people to change addictive behaviour", (1991, NY) the motivational interviewing approach prepares callers to adjust their addictive behaviour.

Counselling is a structured relationship involving a counsellor and a user where the counsellor applies his knowledge, personal skills, ability and communication strategies to activate the user's individual resources.

ACCESS TO SERVICES (INCLUDING KEY GROUPS)

3

Quitline services should provide services to their target population, which often requires providing services in different languages. It is recommended that services recruit staff from the target group themselves, to ensure that these staff have the appropriate cultural and linguistic knowledge and will be able to empathise to a greater extent with the issues affecting that particular group.

It is good practice to provide services to meet the needs of hearing and visually impaired groups.

Monitoring results will show whether the organisation has been successful in helping all sectors of the community and will highlight gaps requiring targeted promotion.



DATA COLLECTION AND ANALYSIS

4

Each call should be recorded on a data collection form/screen containing various demographic and smoking related data, and the advice given by the member of staff concerned.

Data should also be recorded on call patterns and service performance. The following data should be collected and services should be adjusted accordingly:

Types of data which may be recorded to monitor calls include the following:

- Personal data (Name, address, postcode, telephone number, age, ethnic origin, gender)
- Choice of Nicotine Delivery System (i.e. cigarettes, pipes, cigars, roll-ups)
- How many cigarettes people smoke/ amount of tobacco / per day
- At what time in the morning people smoke their first cigarette
- Nicotine content of cigarettes
- Smoking status
- Planned quit date of caller if caller's intention is to quit
- Previous quit attempts
- Dependency
- Any health problems
- Other medication taken
- Relapse history
- Where they saw the Quitline number
- Fears of quitting
- Self-efficacy/Motivation to quit
- Anxiety Disorder/potential psychiatric problems
- Consumption of other substances, e.g. alcohol, drugs
- Other help used
- Environment smoker is in
- Outcome

- Call volumes
- Effectiveness of call (i.e. Did the client speak to a counsellor?)
- Length of call
- Occupancy
- Message use
- Lost calls
- Geographical source of call
- Time band when call was received (i.e. 1-5pm, 5-9pm)



RESEARCH

5

A range of research exists which demonstrates the effectiveness of reactive and pro-active telephone counselling. For example the following studies carried out by:

- Shu-Hong Zhu et al, Telephone Counseling for Smoking Cessation: Effects of Single-Session and Multiple-Session Interventions – *Journal of Consulting and Clinical Psychology* (1996) 64:202-211
- Borland R, Watt J, Quitlines as an effective, efficient and equitable way of helping smokers quit- Paper presented to the 30th Annual Conference of the Public Health Association. Hobart, September 1998
- Platt S et al Effectiveness of antismoking telephone helpline: follow up survey - *British Medical Journal* (1997) 314 (7091):1371-1375)
- Owen L, Impact of a telephone helpline for smokers who called during a mass media campaign - *Tobacco Control* (2000) 9:148-154

The scientific community has however interpreted some of these results with caution, due to the absence of randomised controlled trials in a number of studies.

The UK Smoking cessation guidelines for health professionals: an update states that “Proactive, frequent telephone counselling can be effective as an aid to smoking cessation”. The guidelines state “Reactive telephone counselling may be effective as an aid to smoking cessation but is difficult to evaluate in randomised trials”. It does however clarify that “a follow up study of the English Quitline found high self-reported sustained abstinence rates” and concludes that research into the efficacy of reactive helplines is urgently needed.

Despite the importance of the existing research which has been invaluable in the development and effectiveness of Quitlines, if we wish Quitlines to have a bigger impact within smoking cessation programmes internationally we may need to overcome these concerns.

It may be possible to carry out this research by having randomised controlled trials where the intervention group is offered a more intense counselling programme than the other group in question. The control group should be a minimum size if results are to be published.

In evaluation follow-up calls should take place at least three, six and twelve months after the initial call. Participants should be asked about the helpfulness of the initial call and the self-help materials received, about their current smoking status and any change in smoking patterns, i.e. Successful quit attempt or reduction of daily consumption. Callers who did not succeed in their quit attempt should be asked about any further plans to quit. Except in the case of very few small services, evaluation should normally be carried out by staff who are independent of those providing counselling.

It is clear that telephone counselling works from a scientific point of view, makes sense from a public health point of view and that telephone counselling can help as part of a comprehensive programme to help people stop smoking. However it is recommended that future research that is based on Randomised Control Trials (RCT's) is carried out. This evidence is more likely to be accepted by both scientific and academic communities.

PROMOTION

6

To ensure optimum usage of a service, a Quitline needs to be continually promoted. Quitlines that are part of a government smoking cessation programme may generate a high number of calls through TV advertising.

In 1997/98 in the UK a government led TV advertising campaign generated half a million calls to the Quitline during that year.

With smaller services that do not have a paid promotion budget, services can make use of editorial, television and radio coverage, press releases, mass-market magazines and advertising via pharmacies, General Practitioners (G.P.'s) and outreach staff working with G.P.'s. It is also useful to carry out promotion work with dental services and to exploit key events in the tobacco control calendar such as Quit and Win, No-Smoking Day and World No Tobacco Day.



BEHAVIOUR MODIFICATION (QUITLINE) TECHNOLOGY

7

It would be hard to imagine modern medicine without information technology. With time, technology has become important also in behavioral medicine, and one of the latest examples is the telephone helpline. In support of the Quitlines, a wide array of technological innovations have emerged. This is a review of the most advanced technologies currently in use by smoking cessation helplines worldwide, and it describes a step-by-step increased sophistication of information technology and management (See Fig. 1)

BASIC TECHNOLOGY PROVIDING ESSENTIAL SERVICE

An essential service describes a system where basic patient data is taken down on paper in a structured fashion combined with regular commercial telephone services, and thus being able to meet basic needs like:

- Simple statistics
- Telephone queue
- Answering machine

This could be described as a necessary, basic service. Basic service need not automatically mean low treatment efficacy. However, this kind of service will be more dependent on the devotion and skills of individual counsellors than more organized systems.

INCREASED COST-EFFECTIVENESS AND CUSTOMER SERVICE

A “emerging” technological service would offer:

- Advanced routing of calls between counsellors and reporting
- Self-service IVR (interactive voice recorder) when the service is not in operation
- Performance and quality management tools

Some Quitlines have been designed for more structured counselling. Counselling is provided following a decision-tree of questions, answers, advice and comments. This system can be used by counsellors who have shorter training than the one year training period that is required in most Quitlines. This service may of course be combined with all other services discussed here.

RELATIONSHIP MANAGEMENT AND CUSTOMER DIFFERENTIATION

This is an advanced service and it is Computer Telephony Integration (CTI) enabled

Features of a Computer Telephony Integration (CTI) enabled service:

Computer Telephony Integration (CTI) can provide sizeable improvements to the service. CTI provides many of the features that are synonymous with telephone helplines. The most common applications of CTI are:

- ‘Pop-up’ application on the agents PC when an incoming call is received
- Intelligent call routing using internal data to route the call.
- Using the Calling Line Identification to locate a caller in a database.
- Using the dialed number to ‘Pop’ the appropriate record to the number dialed
- Provide real-time information to call supervisors.
- Automate dialing of outbound



Customer Relation Management (CRM)

- Good customer relations are crucial for any service and the most important asset of a Quitline is of course the skills of the counsellors. But a well-designed and functional technology supports the counsellors. Automated routines for callbacks, follow-ups etc make life easier for both customers and counsellors.

Multi-site virtual center

- A web-based interface allows the service to be virtual and counsellors may be stationed anywhere in a country. Countries that share the same language and culture may even collaborate.

Self service web

- Access to the service via the Internet is preferred by some customers who can log on and provide important information, and thus save time in the counselling session proper.

E-mail management

- Question and Answers via e-mail is another service increasing in usage. An answering service by e-mail may however, be time-consuming and needs careful structuring in order to be rational and worthwhile.

ENTERPRISE-WIDE CUSTOMER MANAGEMENT

LEADING EDGE MANAGEMENT AND TECHNOLOGY

- Integrated multimedia means using advanced, computerised virtual telecommunication (see above) which is integrated with an interactive website together with an e-mail service. Customers can choose to be reminded by callbacks, e-mail reminders or SMS messages sent to their cell phones. With the emerging 3G-communications network visual aids may be incorporated into the service and sent to multimedia cell phones. A self-service, automated computer tailored smoking cessation website may be an extra asset.

QUALITY FOCUSED REPORTING

- The quality of the service is routinely monitored and used to improve the service. Quality reports are issued and discussed by the staff. Quality reports are frequently updated and displayed on the website.

A new technology system serves several purposes:

- To support the treatment
- To standardise the treatment, especially when educating new counsellors
- To administrate telephone and mail contacts with the clients
- To collect data for evaluation and research

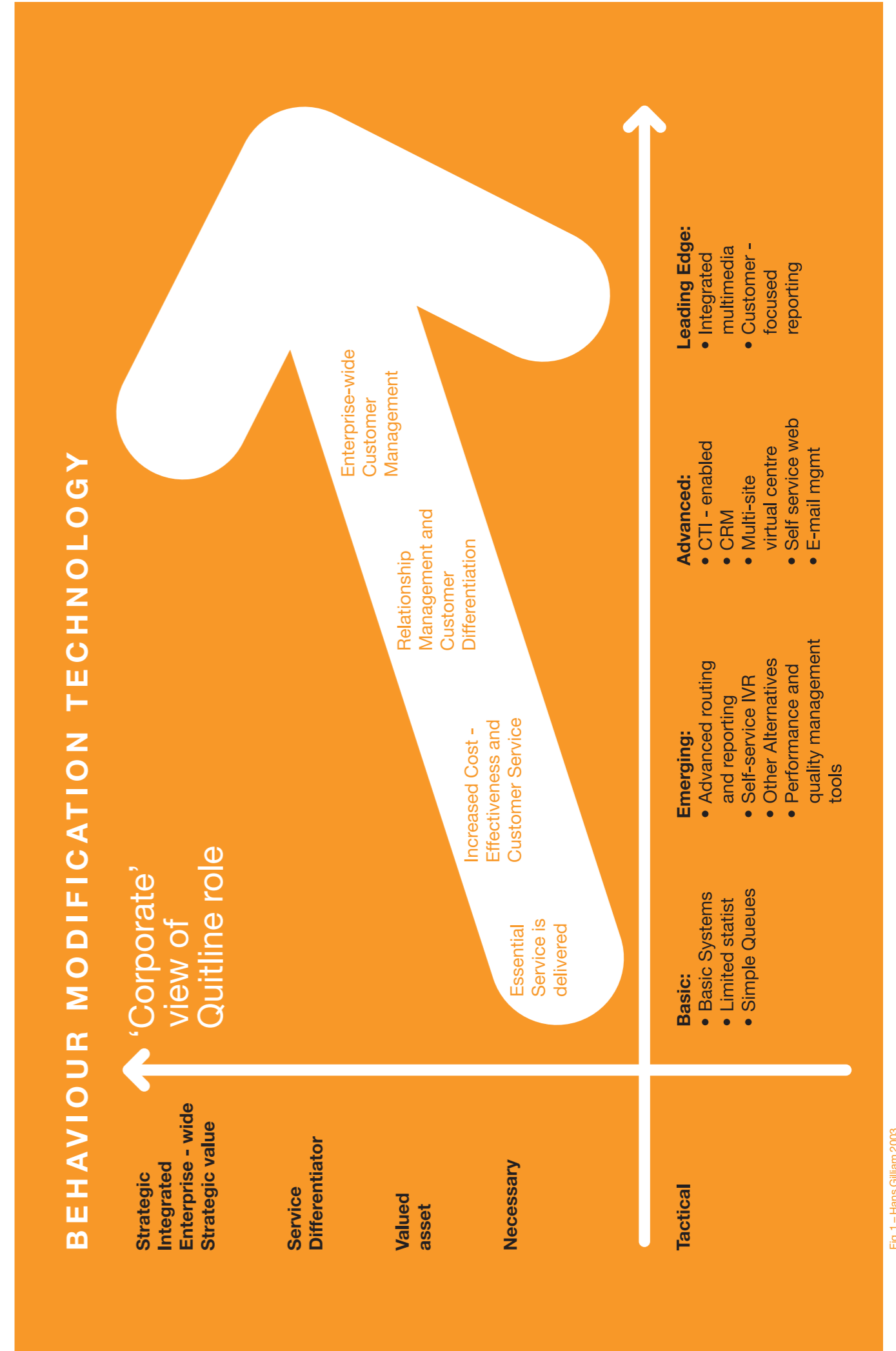


Fig. 1 – Hens Gijljam 2003

FINAL NOTE

8

We hope that you have found this first edition Guide to Best Practice helpful. We would like to thank all our members and colleagues of the European Network of Quitlines across Europe for their invaluable help.

We shall be printing this document in three languages – French, German and English

We plan on updating this publication, to keep up it up to date. Please do not forget that all feedback on this first edition is most welcome.

Hannah Byrne
Project manager – European Network of Quitlines
QUIT
211 Old Street
London EC1V 9NR
United Kingdom

Tel: +44 (0) 20 7251 1551 (ext.222)
Fax: +44 (0) 20 7251 1661
E-mail: h.byrne@quit.org.uk

ENQ PARTNERS CONTACTS

QUIT* - UK
211 Old Street
London
EC1V 9NR

Steve Crone
s.crone@quit.org.uk
Hannah Byrne
h.byrne@quit.org.uk

www.quit.org.uk

STIVORO - THE NETHERLANDS
Parkstraat 83
PO Box 16070
2500 BB The Hague

Grieto Zeeman -
gzeeman@stivoro.nl
Marc Willemsen -
mwillemsen@stivoro.nl

www.stivoro.nl

STOP - LINE COUNSELLING - DENMARK
Sjællandsgade 40,
DK-2200 Copenhagen N

Torsten Sonne Fuchs Sonne -
TSonne.suf@ipost.kk.dk

www.drstop.dk

INPES - FRANCE
42, boulevard de la Libération
93203 Saint Denis Cedex
France

Karina Oddoux -
Karina.Oddoux@Inpes.Sante.Fr
www.Inpes.Sante.Fr

DEUTSCHES KREBSFORSCHUNGSZENTRUM (GERMAN CANCER RESEARCH CENTER) GERMANY
Im Neuenheimer Feld 280
D-69120 Heidelberg

Dr. Martina Pötschke-Langer -
m.poetschke-langer@dkfz.de
Peter Lindinger

www.tabakkontrolle.de

HELLENIC CANCER SOCIETY - GREECE
18-20 A. Tsoha Str.,
GR 115 21 Athens,

Evangelos Filopoulos
Hellas-cancer@ath.forthnet.gr

IRISH CANCER SOCIETY - IRELAND
5 Northumberland Road
Ballsbridge
Dublin 4

Norma Cronin
ncronin@irishcancer.ie
Brenda Flannery
bflannery@irishcancer.ie

www.irishcancer.ie

LEGA ITALINA PER LA LOTTE CONTRO I TUMORI - ITALY
Via A.Torlonia, 15
00161 Roma

Raffaele Luise
luise@lilt.it

www.legatmori.it

DIRECTORATE FOR HEALTH AFFAIRS - NORWAY
Universitetsgata 2,
P.O. Box 8054 Dep,
0031 Oslo

Kristin M. Granborg
kmg@shdir.no

www.shdir.no
www.tobakk.no

INSTITUTO NACIONAL DE CARDIOLOGIA PREVENTIVA - PORTUGAL
Av. António Serpa, 26, 2º dto.
1050-027 Lisboa

M. Pais Clemente -
pais.clemente@mail.telepac.pt
Paulo Vitoria
pvtoria.cpt@mail.telepac.pt
Carlota Simoes Raposo -
carlota.simoes.raposo@clix.pt

www.incp.pt

SCAPT - SPAIN
Mejia Lequirica s/n
Edificio Helios-II
08028
Barcelona

Dolors Marin
dmarin@medicina.ub.es

<http://webs.comb.es/scapt/home.htm>

TOBACCO PREVENTION CENTER - SWEDEN
PO Box 17533
SE-118 91 Stockholm

Hans Gijlam
Hans.Gijlam@smd.sll.se

www.smd.sll.se

PROMOTION GESUNDHEITSFÖRDERUNG (PROGEF) - SWITZERLAND
Neufeldstrasse 134
CH-3012 Bern

Christine Gafner
Christine.Gafner@milprog.ch
www.progef.ch

CANCER CENTER AND INSTITUTE OF ONCOLOGY - POLAND
5, Roentgen Str.
02-781 Warsaw, Poland

Krzysztof Przewozniak
Przewozniakk@coi.waw.pl
Magdalena Cedzynska
magda@promocjazardrowia.pl

www.coi.waw.pl

THE NON SMOKERS LEAGUE OF THE CYPRUS ANTICANCER SOCIETY - CYPRUS
P.O.Box 25296, CY 1308 Nicosia

Stavros G Matoudis
Matoudi@spidernet.com.cy
vassilis.i@anticancersociety.org.cy

www.anticancersociety.org.cy