

Impact of 'Help-For a life without tobacco' on call volumes of European quitlines in 2005 and 2006

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Management Summary

This study evaluates the impact the ‘HELP-For a Life Without Tobacco’ campaign, 2005 and 2006, has on the total number of answered calls by European quitlines. In the campaign, the national quitline numbers were promoted in television spots. Due to the extra attention given to the quitlines during the campaign, it was expected to increase the total number of phone calls. Data on the number of calls to the national quitlines among 17 members of the European Network of Quitlines (ENQ) was collected before, during and after the HELP campaign.

It was taken into account that factors, other than the HELP campaign could influence call volumes. This was monitored using qualitative data. Time series analyses (ARIMA) were conducted to examine the impact of the HELP campaign on call volumes, whilst controlling these other factors.

A small but significant relationship between the HELP campaign and call volumes was found for Belgium, Czech Republic, Denmark, Germany, Ireland, Italy, Luxembourg, and the United Kingdom. In most of these countries the observed effects were restricted to the third wave of the HELP campaign. In the third wave, the quitline number was shown longer in the television spots. In general, the HELP campaign added less than 1% to the call volume of the quitlines. In Belgium and Italy this was somewhat more, 3.3% and 1.4% respectively. The impact of the ‘HELP-For a Life Without Tobacco’ campaign television spots on the number of calls to EU quitlines seems to be minimal. This is hardly surprising, since large effects on call volumes cannot be expected from a ‘television-only’ campaign, which not only focuses on cessation but also on prevention and awareness, and that lacks a call to action element. Furthermore, some smokers might have quit because of the campaign but without calling a quitline.

Introduction

In March 2005, the European Union anti-smoking ‘HELP-For a Life Without Tobacco’ campaign was launched. It was targeted at young people aged between 15 and 18, and young adults, aged between 18 and 30. This awareness raising campaign focused on smoking prevention, giving up smoking, and the dangers of passive smoking. The campaign tools consisted of a road show, television adverts, the generation of press articles, and an internet site. In all 21 European countries that provide a telephone quitline, the phone number was written down on cards, shown on the internet site and on the television adverts. The adverts were broadcast in three waves. The first wave was around June 2005, the second wave around September 2005, and the third wave was around January 2006.

STIVORO assessed the impact of the HELP campaign on the number of smokers who contacted the national quitlines. Due to the extra attention given to the quitlines, the campaign was expected to increase the total number of answered phone calls by EU quitlines. Changes in call volumes to quitlines are regarded as an important indicator of population impact of anti-smoking mass media campaigns (Miller, Wakefield & Roberts, 2003).

The question to be answered in this study is: What is the impact of the ‘HELP- For a Life Without Tobacco’ campaign on the total number of answered calls by EU quitlines?



Method

The number of answered calls by the national quitlines from 18 of the 21 members of the European Network of Quitlines (ENQ) was monitored and data was collected before, during and after the HELP campaign in 2005 and 2006. Qualitative data was collected on potential influences on call volumes other than the HELP campaign. These could be another campaign, a smoking ban or a price increase of cigarettes. Data was provided using two questionnaires, which were sent to the quitline coordinators for each country. The first questionnaire was sent in September 2005, after the second wave of television spots had ended (see appendix A). The second questionnaire was sent in March 2006, two months after wave 3 of the campaign (see appendix B). After several reminders, the first questionnaire was returned by 17 quitline coordinators, and the second questionnaire by 14 coordinators.

To evaluate the impact of the HELP campaign on participating quitlines, each country's call volumes were analysed over time. We tried to relate any observed changes to the occurrence of the three waves of the HELP campaign. The statistical method of choice is ARIMA (Autoregressive Integrated Moving Average Analysis). ARIMA analyses are time series analyses which can be used to evaluate the effect of a variable on another variable through time. In this case the effect of the waves of the HELP campaign on call volumes to the national quitline was evaluated for each country.

Although *weekly* data was available for most countries, for the analysis *monthly* call volumes and *monthly* GRP's (Gross Rating Points¹) of the television spots from the HELP campaign were used. This was done to enable us to use ARIMA analysis that recognises periodicity in the data. The periodicity of years cannot be recognised in weekly data. With monthly data, ARIMA automatically recognises the periodicity of 12 months in a year. For example a possible rise in call volumes every January due to New Year's resolutions, or in May because of World No Smoking Day. The results of the ARIMA analysis are only reported when a model could be fitted without significant autocorrelations and where at least one wave of the HELP campaign could significantly predict call volumes with an alpha of .05 or below.

The data was analysed with SPSS 16.0, whose expert modeller was used to choose the best fitting ARIMA model. If the country's questionnaire contained information about factors other than the HELP campaign, this could influence the call volumes of that country. These factors were included in the ARIMA model. For example, when the smoking ban was in place from January 2005, a dummy variable was created with 0 until January 2005 and 1 from January 2005 until the end of the period under analysis.

¹ GRP (Gross Rating Point) is the sum of ratings achieved by a specific advertisement. It represents the percentage of the target audience reached by an advertisement.



This variable was used as an independent variable next to the waves of the HELP campaign.

In three countries we found high peaks in call volumes in a period when there were no television spots showing the HELP campaign and the quitline coordinators reported no other factors that could have influenced the call volumes. In these cases the quitline coordinators were contacted again to ask for an explanation. Two of those three countries gave an additional explanation for the high peaks in call volume.



Results

Table 1 provides an overview of data available for each country. For Hungary and Latvia only monthly data was available. For Latvia the call volumes from wave 3 were not available, as was the case for Finland and France. For Lithuania no call volumes were available before the start of the HELP campaign. Call volumes from 2004 were not available for the Czech Republic and Luxembourg. For Germany only monthly data was available for 2004. Belgium did not provide call volumes for week 1 to 22 in 2004 and similarly Poland did not provide for week 1 in 2004.

The mean number of quitline callers per country, per month was 849, but there were substantial differences between countries. Table 2 shows per country information on the mean number of calls per month in 2005, the number of lines and advisors/counsellors available and the hours of counselling/advice provided per week. Fewest calls were received in Luxembourg (mean in 2005 = 6 calls/month) and most calls were received in the UK (mean in 2005 = 4100 calls/month).

Live pick-up opening hours greatly differed between the quitlines, from three hours per day during the weekdays in Lithuania, to 12 hours per day for 7 days a week in the UK. Nine of the 17 quitlines either had a voicemail service or a recorded message service that operated 24 hours a day, 7 days a week. During the HELP campaign, quitlines generally did not extend their opening hours. Only the UK quitline stayed open for one extra hour on the 8th of July, which was the first day of the first wave of the campaign.

The number of phone lines that were available on an average day was 2.24 (SD=1.03). During the HELP campaign this was slightly higher, i.e. 2.35 (SD=1.13), due to an extension by two operating lines in the UK. The number of advisors or counsellors working at a quitline differed between 1 in Luxembourg and Malta, to 40 in the UK, with a mean of 11.41 (SD=11.67). The advisors/counsellors worked on average between 15 and 300 hours during an average week (mean=104, SD=88).

Table 1: Campaign (television spots) and data overview

	Jan. - Dec. 04	Jan. - May 05	June 05	July 05	Aug. 05	Sep. 05	Oct. 05	Nov. 05	Dec. 05	Jan. 06	Feb. 06	Mar. 06	Total
	Wk 23-52	Wk 1-22	Wk 23-26	Wk 27-30	Wk 31-35	Wk 36-39	Wk 40-44	Wk 45-48	Wk 49-52	Wk 01-05	Wk 06-09	Wk 10-13	
Belgium		Wk 1-22	269			151				501			921
Czech Rep.		Wk 1-22	370			251				515			1136
Denmark	Wk 1-52	Wk 1-22	236			205				375			816
Finland	Wk 1-52	Wk 1-22		169		120				239			529
France	Wk 1-52	Wk 1-22	280			125				254			659
Germany	Jan-Dec	Wk 1-22	200			200				400			800
Hungary	Jan-Dec	Jan-May	250	r r r r r	r r r r r	200	r r r r r	r r r r r	r r r r r	560	n n n n n	n	1010
Ireland	Wk 1-52	Wk 1-22		308		138				355			801
Italy	Wk 1-52	Wk 1-22	185			152				302			639
Latvia	Jan-Dec	Jan-May	488	r r r r r	r r r r r	410	r r r r r			954			1852
Lithuania			368			250				747			1365
Luxembourg		Wk 1-22	103			30				111			244
Malta	Wk 1-52	Wk 1-22	NA			NA				45			NA
Netherlands	Wk 1-52	Wk 1-22	210			120				413			743
Poland	Wk 2-52	Wk 1-22	395			230				360			985
Sweden	Wk 1-52	Wk 1-22	204			202				340			342
UK	Wk 1-52	Wk 1-22		250		120				243			613
MTV			122 spots			122 spots							244
Eurosport			72 spots			72 spots							144
Euronews			NA										NA

= Gross Rating Point television spots HELP-campaign = Week data available = Only month data available = # of spots not available



Table 2: Country information with respect to number of calls and capacity

Country	Average number of callers per month in 2005	Number of phone lines available during HELP	Number of advisors/counsellors	Average hours of counselling/advice provided per week
Belgium	106	2	10	40
Czech Republic	81	1	16	40
Denmark	255	2	10	58
Finland	2148	2	5	55
France	3121	3	39	200
Germany	307	3	9	144
Hungary	272	2	2	43
Ireland	867	4	9	263
Italy	183	2	8	55
Latvia	225	1	5	105
Lithuania	25	1	2	15
Luxembourg	6	1	1	20
Malta	66	2	1	40
Netherlands	427	4	13	300
Poland	860	2	6	96
Sweden	1391	4	18	204
UK	4100	4	40	84

Services provided

Table 3 provides quitline information with respect to services provided. Recorded messages for help with quitting were provided in four countries (Hungary, Italy, Netherlands and Sweden). All other types of services were provided in the majority of the countries. All quitlines, except for Denmark and Luxembourg, referred clients to other services, such as quit smoking programs or professional services. Mailed information or self-help resources were not provided in Denmark, Finland, Hungary and Lithuania.

Counselling was provided by all quitlines, except for Hungary. Four types of counselling was distinguished: 1) Brief phone counselling, which typically took less than 10 minutes, 2) Single session counselling which typically took between 20 and 40 minutes, 3) Reactive multiple sessions (client initiated) or 4) Pro-active multiple sessions (counsellor initiated). For Ireland, data on the types of counselling was missing. Within the remaining countries, brief phone counselling was not provided in the Czech Republic, but it was provided by all other quitlines. Single-session counselling was provided by all quitlines, except for Lithuania, Luxembourg, and the Netherlands. Most quitlines provided either reactive or multiple counselling sessions. Only Latvia, Poland, Italy, and Sweden provided both. Reactive multiple session counselling was provided in Belgium, Denmark, Finland, and the UK. Pro-active multiple session counselling was provided in France, Malta, and the Netherlands. Five countries, Czech Republic, Germany, Hungary, Lithuania, and Luxembourg, did not provide multiple sessions counselling at all.



Table 3: Services provided per quiline

Country	Recorded messages for help with quitting	Referral to other services	Mailed information or self help resources	basic information	specific information	advice	brief phone counselling	single session counselling	multiple sessions-client initiated	multiple sessions-counsellor initiated	information pages	email pages	chat rooms	interactive counselling	other services
Belgium	-	+	+	+	+	+	+	+	+	-	+	+	-	-	-
Czech Republic	-	+	+	+	+	+	-	+	-	-	+	+	-	-	-
Denmark	-	-	-	+	+	+	+	+	-	-	-	-	+	+	-
Finland	-	+	-	+	+	+	+	+	+	-	+	+	+	-	-
France	-	+	+	+	+	+	+	+	-	-	+	+	-	+	+
Germany	-	+	+	+	+	+	+	+	-	-	+	+	-	+	-
Hungary	+	+	-	+	+	-	+	+	-	-	-	-	-	-	-
Ireland	-	+	+	+	+	+	mv	mv	mv	mv	-	-	-	-	-
Italy	+	+	+	+	+	+	+	+	+	+	+	+	-	-	-
Latvia	-	+	+	+	+	+	+	+	+	+	-	+	-	+	-
Lithuania	-	+	-	+	+	+	+	-	-	-	-	-	-	-	-
Luxembourg	-	-	+	+	+	+	+	-	-	-	-	-	-	-	-
Malta	-	+	+	-	+	-	+	+	-	+	+	+	-	-	+
Netherlands	+	+	+	+	+	+	+	-	-	+	+	+	-	-	+
Poland	-	+	+	+	+	+	+	+	+	+	-	+	-	-	-
Sweden	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
UK	-	+	+	-	-	-	+	+	+	-	+	-	-	+	-
% of countries that provides service	24%	88%	76%	88%	94%	82%	94%	81%	50%	44%	59%	65%	12%	35%	18%

mv = missing value



Call volumes per country

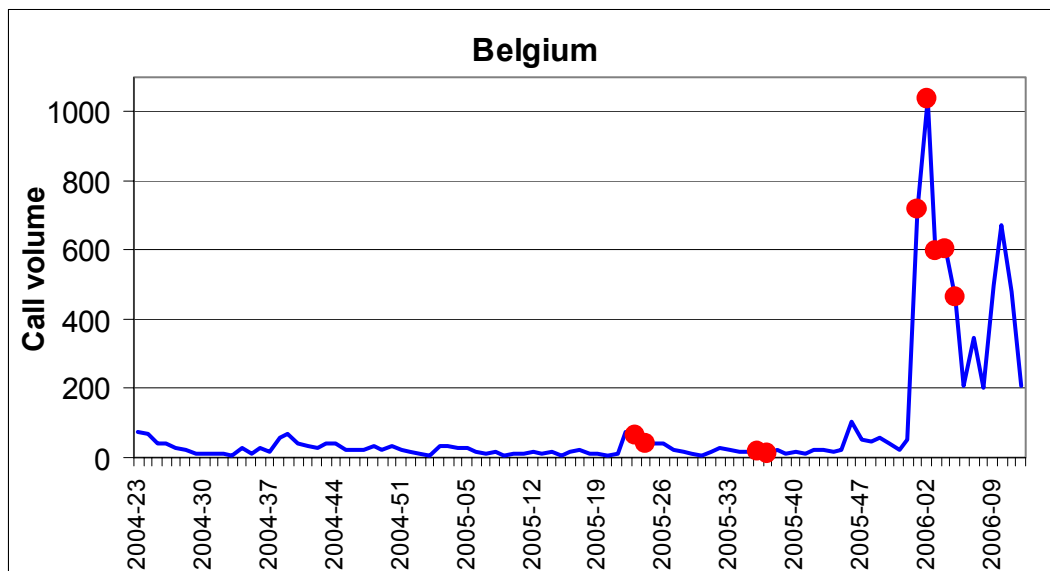
Results per country are described below in alphabetical order of the countries' names. First the changes in call volumes during the waves of the HELP campaign are described, together with possible interfering factors. This is followed by a graph of the weekly call volumes in which the waves of the HELP campaign are marked with red dots. After this, a description of the results of the ARIMA analysis is given, which was done using the monthly data. The output of the ARIMA can be seen in a graph that shows the monthly call volumes (observed) and the model which was fitted (fit) and also through a table that shows the baseline level of calls and the number of calls added by the waves of the HELP campaign.



Belgium

The volume of calls to ‘Ligne Tabac Stop / Tabak Stop Lijn’, the Belgium quitline, are shown in Figure 1. In contrast to 2005, call volumes strongly increased in January 2006, from 55 in the last week of December to 716 in the first week of January. This coincided with the first week of wave 3 of the HELP campaign. Call volumes dropped rapidly in the second week, until the fifth week of the campaign. There were several events that may have interfered with the HELP campaign such as the introduction of a workplace smoking ban from January 1st 2006. Several accompanying campaigns were broadcast at that time which also promoted the quitline number.

Figure 1: Call volumes to the quitline in Belgium (waves of HELP-campaign are indicated by red dots)



With ARIMA analysis, a small significant relation between the third wave of the HELP campaign and call volumes was found. The influence from the events in 2006 was also significant. According to this model, the baseline level of call volumes is approximately 113 calls per month. The third wave of the HELP campaign added almost 4 calls per month, whereas the smoking ban and accompanying campaigns added almost 1,118 calls per month.



Figure 2: Results ARIMA-analysis for Belgium (waves of HELP-campaign are indicated by red dots)

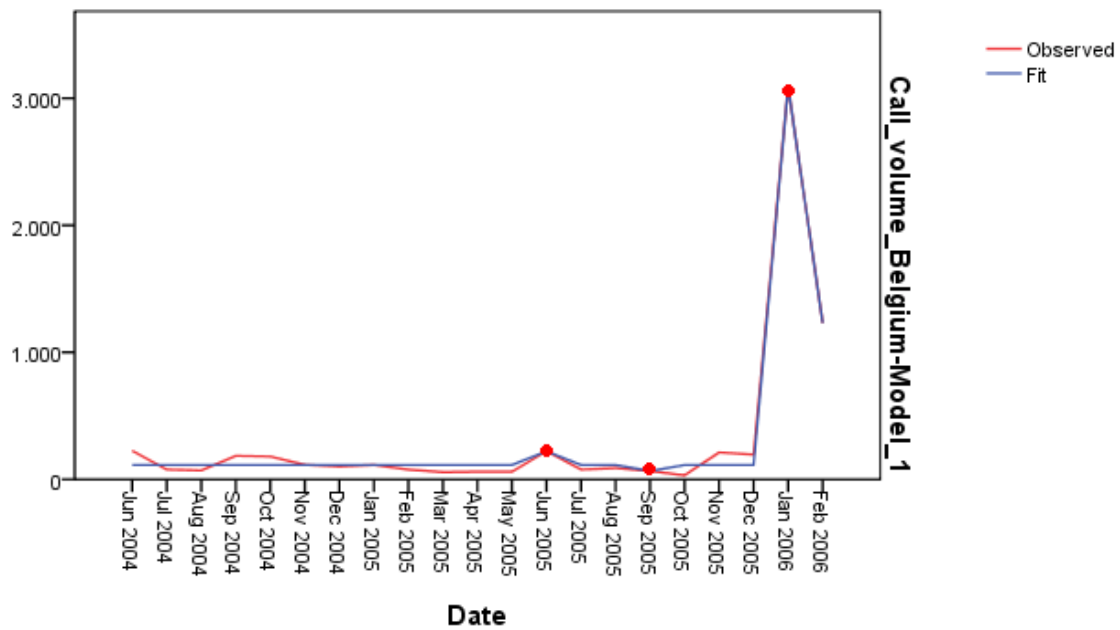


Table 4: Results ARIMA-analysis for Belgium

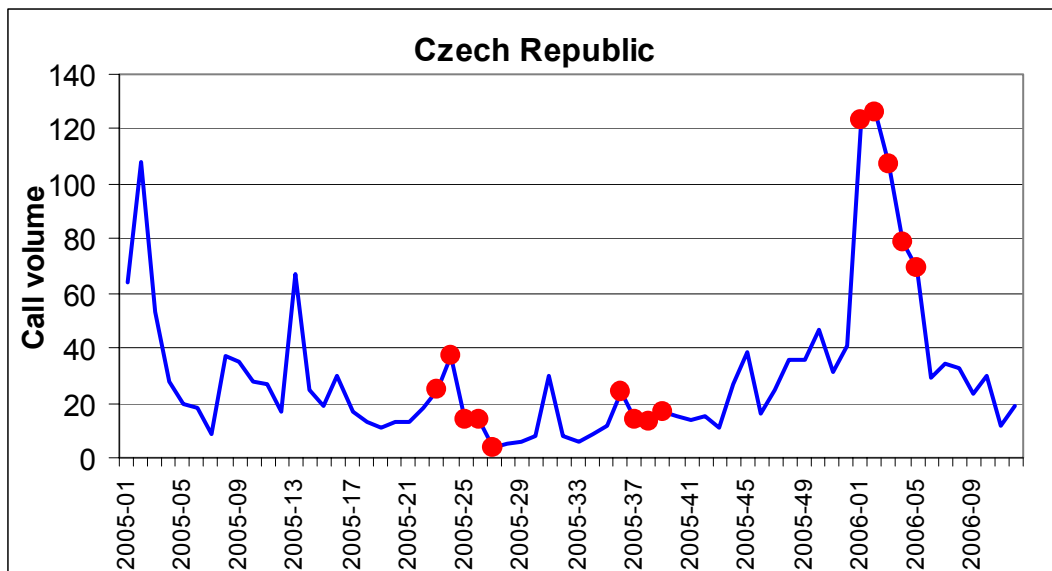
	Estimate	S.E.	Significance	
Baseline level	113.1	15.0	.000	
HELP-campaign wave 1	.41	.24	.106	
HELP-campaign wave 2	-.31	.42	.469	
HELP-campaign wave 3	3.72	.17	.000	Model type: ARIMA(0,0,0)(0,0,0)
Smoking ban + campaigns	1,117.9	63.5	.000	Stationary R²: .993



Czech Republic

The volume of calls to the ‘Quitline Czech Republic’ are shown in Figure 3. Call volumes tended to slightly increase in the first one or two weeks of each campaign wave, but decreased during the following campaign weeks. There is no comparative data with call volumes from the year before the HELP campaign was launched, as the Czech Republic did not start their quitline until 2005. The slightly higher call volumes in January 2006, compared to January 2005 could have been caused by a public places smoking ban, which came into effect in January 2006.

Figure 3: Call volumes to the quitline in the Czech Republic



With ARIMA, a very small significant relation between the third wave of the HELP campaign and call volumes was found. The influence from the smoking ban was not significant. According to this model, the baseline level of call volumes is approximately 90 calls per month. The third wave of the HELP campaign added less than one call per month.



Figure 4: Results ARIMA-analysis for the Czech Republic

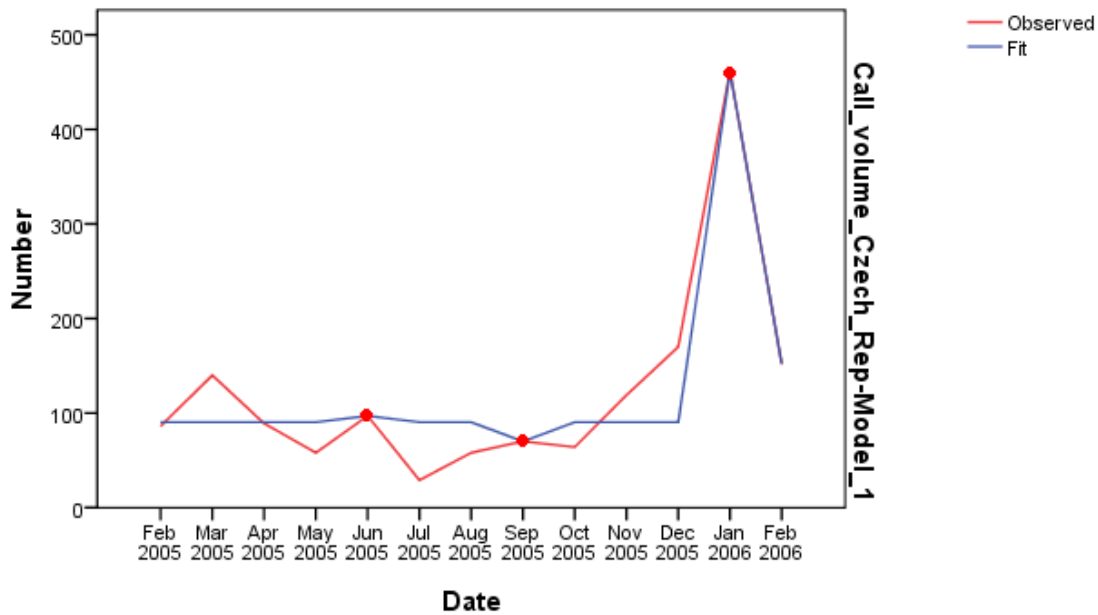


Table 5: Results ARIMA-analysis for the Czech Republic

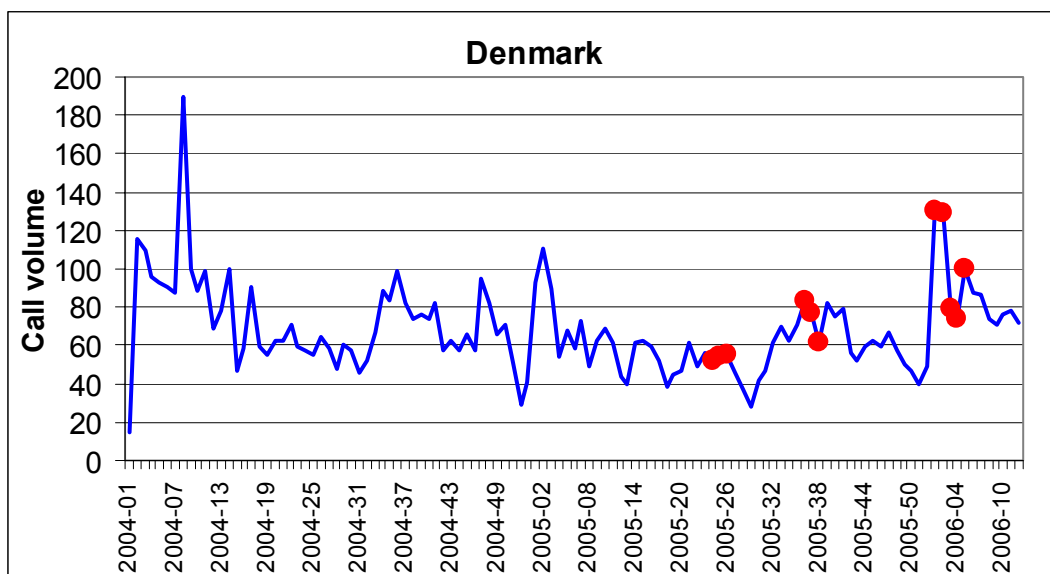
	Estimate	S.E.	Significance	
Baseline level	90.3	15.0	.000	
HELP-campaign wave 1	.02	.13	.892	
HELP-campaign wave 2	-.08	.19	.679	
HELP-campaign wave 3	.60	.12	.001	Model type: ARIMA(0,0,0)(0,0,0)
Smoking ban	61.7	47.4	.230	Stationary R²: .888



Denmark

The volume of calls to the quitline ‘STOP – Line counselling’ in Denmark are shown in Figure 5. The call volumes fluctuated from week to week. Call volumes did not seem to be higher in wave 1 and 2 of the campaign. In the third wave of the campaign, there was a peak in call volumes that was higher than the peak in the same weeks the year before. The high peak in February and March 2004 was probably due to television spots on local television stations in which the quitline was promoted.

Figure 5: Call volumes to the quitline in Denmark



A very small significant relation between the third wave of the HELP campaign and call volumes was found. The influence from the local television spots in 2004 was also significant. According to this model the baseline level of call volumes is approximately 280 calls per month, the third wave of the HELP campaign added less than one call and the local television spots added almost 150 calls per month.



Figure 6: Results ARIMA-analysis for Denmark

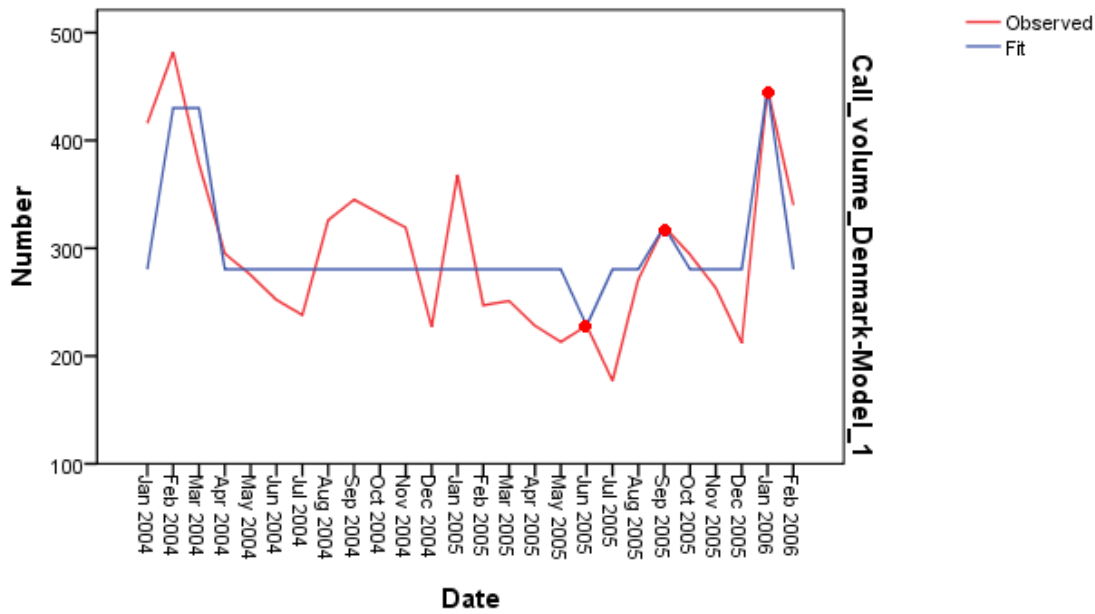


Table 6: Results ARIMA-analysis for Denmark

	Estimate	S.E.	Significance	
Baseline level	280.4	13.2	.000	
HELP-campaign wave 1	-.22	.26	.405	
HELP-campaign wave 2	.19	.30	.528	
HELP-campaign wave 3	.45	.17	.013	Model type: ARIMA(0,0,0)(0,0,0)
Local broadcasting spots	149.6	44.6	.003	Stationary R²: .476



Finland

The volume of calls to the ‘Finnish Quitline Stumppi’, are shown in figure 7. Only data until wave 2 of the HELP campaign is available. Call volumes during wave 1 are somewhat higher than the rest of 2005 but comparable with the same period in 2004.

Figure 7: Call volumes to the quitline in

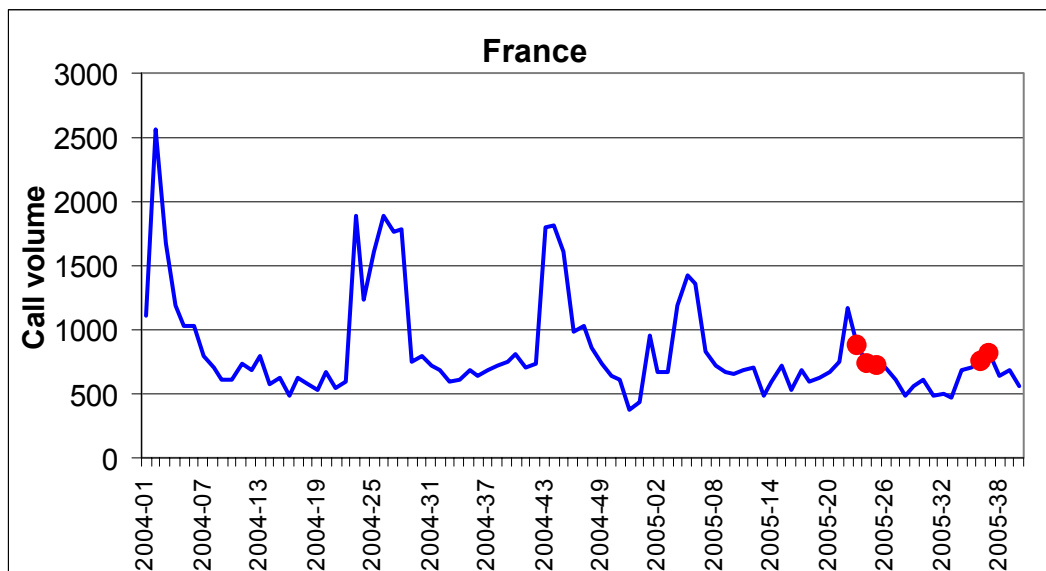


It is not possible to apply an ARIMA model to the data from Finland without significant autocorrelations. Therefore it can't be concluded that the television spots from the HELP campaign, as broadcast in Finland in 2005 have an effect on call volumes to the national quitline.

France

The volume of calls to the quitline, 'Tabac Info Service' in France are shown in figure 8. Only data until wave 2 of the HELP campaign is available. The call volumes in the week before the first wave of the HELP campaign are somewhat higher in comparison with other weeks. This could be because of World No Smoking Day. The peak in call volumes in January 2004 could be caused by a price increase for cigarettes. The peaks in June and October 2004 could be the consequence of a national campaign about passive smoking with television spots that promoted the quitline number.

Figure 8: Call volumes to the quitline in France



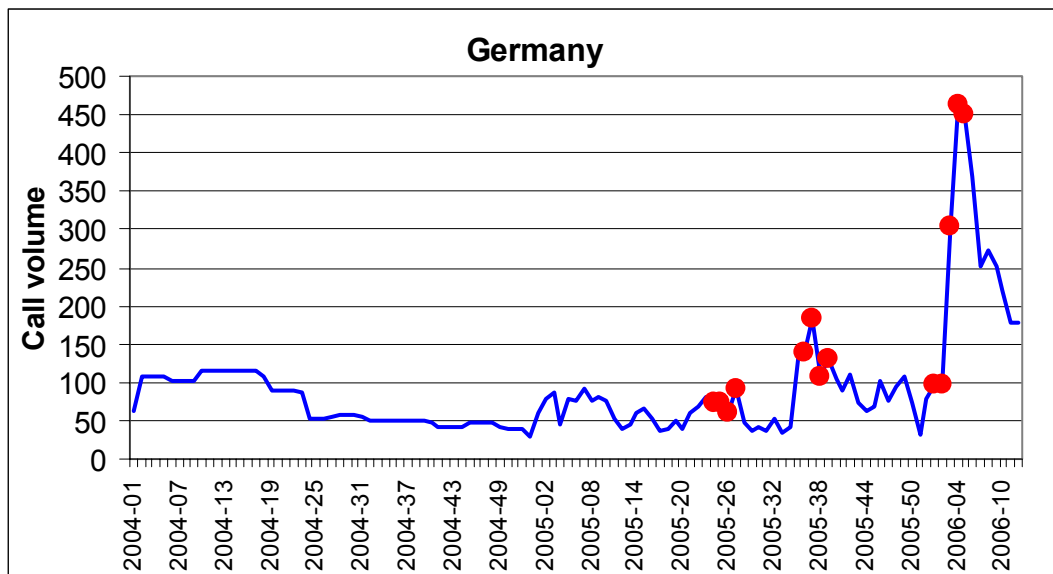
The ARIMA model used for the French data did not use the television spots from the HELP campaign to predict call volumes to the national quitline of France. The television spots from the HELP campaign as broadcast in France in 2005, do not predict call volumes to the quitline.



Germany

The volume of calls to the 'Quitline Federal Centre for Health Education', in Germany can be seen in figure 9. Only monthly data for 2004 is available. Call volumes in Germany increased in wave 2 and 3 of the HELP campaign. Call volumes were slightly higher in March and April 2004, when there was a wideline promoted WHO contest in which the quitline number was promoted. The high call volume in wave 3 of the campaign could be explained by the quitlines extension of counselling service in the form of voicemail mid January 2006.

Figure 9: Call volumes to the quitline in Germany



A very small significant relation between the second wave of the HELP campaign and call volumes was found. The influence from the WHO contest and the quitlines voicemail was also significant. The baseline level of Germany's call volumes was approximately 267 calls per month. The second wave of the HELP campaign added less than 2 calls per month, the WHO contest almost 187 and the quitlines voicemail more than 1,018.



Figure 10: Results ARIMA-analysis for Germany

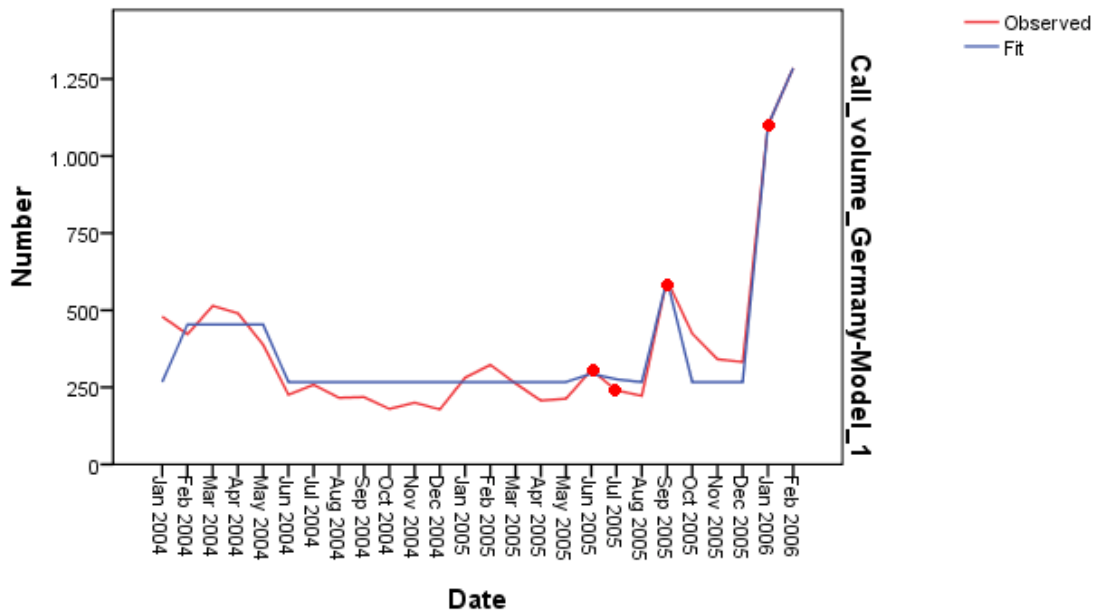


Table 7: Results ARIMA-analysis for Germany

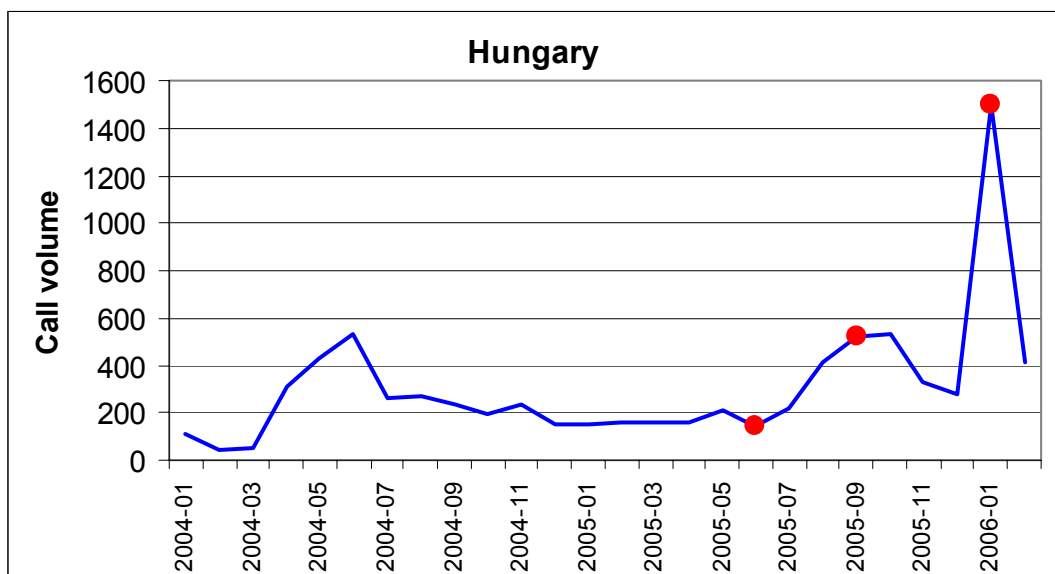
	Estimate	S.E.	Significance	
Baseline level	266.8	19.3	.000	
HELP-campaign wave 1	.18	.53	.737	
HELP-campaign wave 2	1.7	.41	.001	
HELP-campaign wave 3	-.5	.29	.118	
WHO contest	186.7	44.6	.000	Model type: ARIMA(0,0,0)(0,0,0)
Quitline voicemail	1018.7	82.8	.000	Stationary R²: .927



Hungary

Call volumes for the ‘Hungarian Blue Line helping smokers to quit’ are shown in figure 11. Only monthly data was available for Hungary. There was a large increase in the volume of calls to the quitline in January 2006 (wave 3), from around 300 to almost 1500 in January 2006. A peak like this has not been seen before. In January 2006 a complete smoking ban was introduced in kindergartens, pediatric wards and hospital units.

Figure 11: Call volumes to the quitline in Hungary



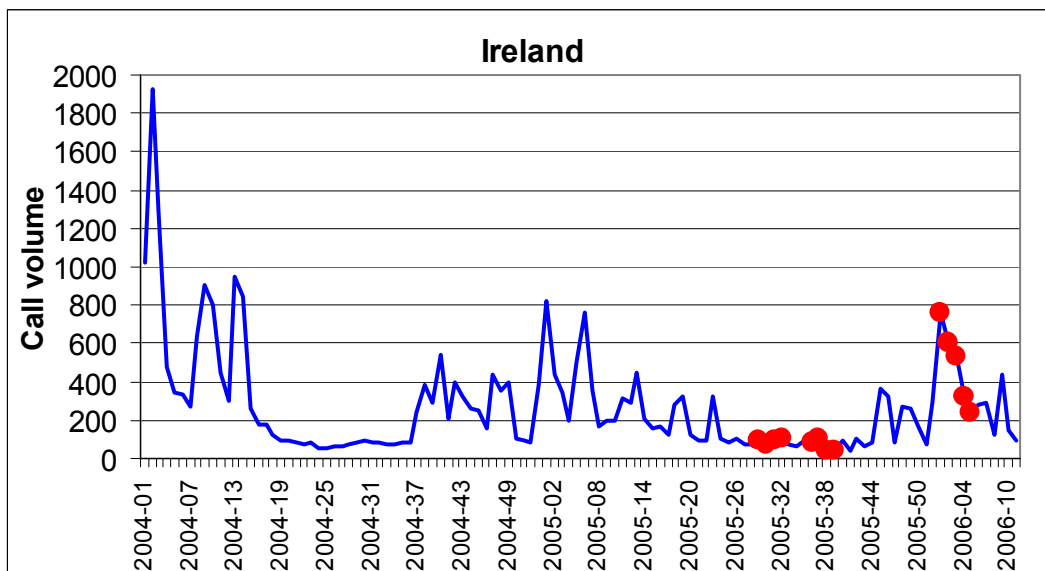
It is not possible to apply an ARIMA model to the data from Hungary without significant autocorrelations. Therefore it can't be concluded that the television spots from the HELP campaign, as broadcast in Hungary in 2005 and 2006, and the smoking ban in 2006 have an effect on call volumes to the national quitline.



Ireland

Call volumes for the ‘Irish Cancer Society’ are shown in figure 12. Call volumes stay constant during wave 1 and 2 of the HELP campaign in Ireland. In wave 3 of the HELP campaign there is an increase in call volumes that is comparable to the increase in January 2005. There were several campaigns with television spots that promoted the Irish quitline: from January to March 2004, in July 2004, from September to November 2004, January to June 2005 and in December 2005. Further contribution could come from a smoking ban that has been in place since March 2004.

Figure 12: Call volumes to the quitline in Ireland



With ARIMA analysis a model was fitted from May 2004 instead of January, because of the extreme peak in call volumes before May 2004. A very small significant relation was found between the third wave of the HELP campaign and call volumes. The influence of the campaigns was also significant. According to this model the baseline level of call volumes is approximately 589 calls per month. The third wave of the HELP campaign added almost 5 calls, and the campaigns added almost 565 calls per month.

Figure 13: Results ARIMA-analysis for Ireland

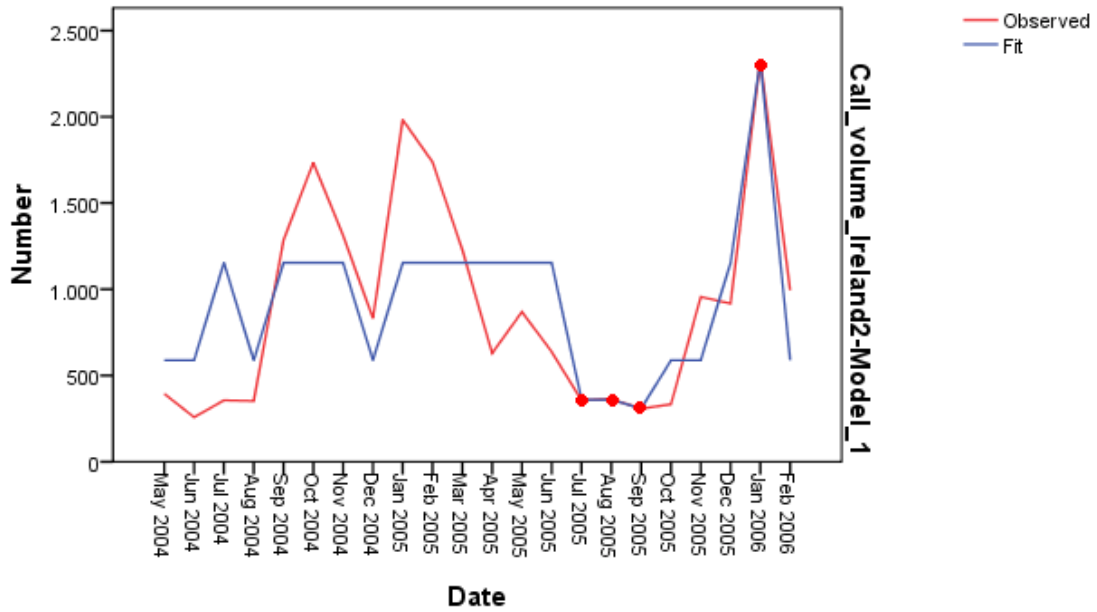


Table 8: Results ARIMA-analysis for Ireland

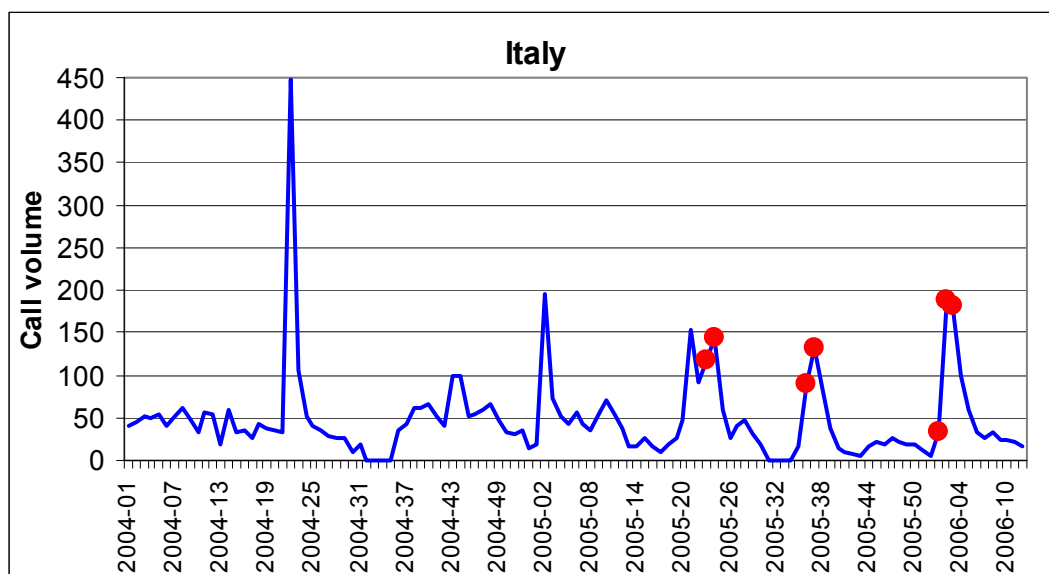
	Estimate	S.E.	Significance	
Baseline level	588.6	167.9	.003	
HELP-campaign wave 1	-1.5	2.31	.529	
HELP-campaign wave 2	-2.0	3.44	.562	
HELP-campaign wave 3	4.9	1.34	.002	Model type: ARIMA(0,0,0)(0,0,0)
Campaigns	565.0	214.8	.018	Stationary R²: .565



Italy

The volume of calls to the quitline, 'SOS Fumo' in Italy are shown in figure 14. The Italian quitline call volumes are higher during the three waves of the HELP campaign than in the periods before and after the waves. The peak in call volumes in May 2004 can be due to the national competition, 'Don't Smoke.... Kiss Me'. The higher call volumes in January 2005 could be due to the implementation of a workplace smoking ban at that time.

Figure 14: Call volumes to the quitline in Italy



A small significant relation between the first and third wave of the HELP campaign and call volumes was found. The influence of the smoking ban was not found to be significant. According to this model the baseline level of calls is approximately 191 per month. The first and third wave of the HELP campaign both added more than one call per month.

Figure 15: Results ARIMA-analysis for Italy

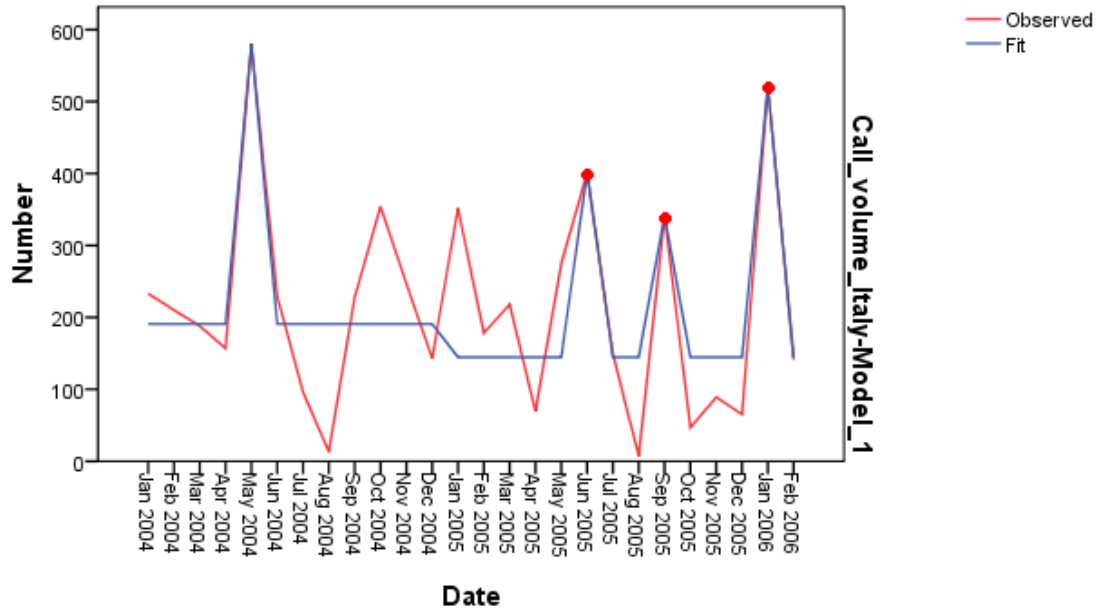


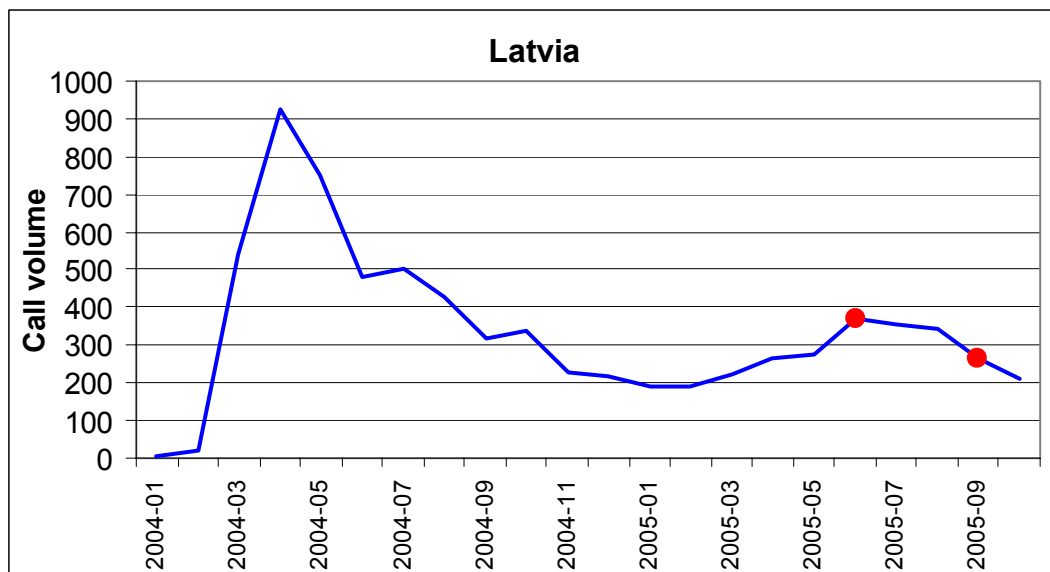
Table 9: Results ARIMA-analysis for Italy

	Estimate	S.E.	Significance	
Baseline level	190.7	29.31	.000	
HELP-campaign wave 1	1.4	.55	.020	
HELP-campaign wave 2	1.3	.67	.067	
HELP-campaign wave 3	1.3	.34	.001	
Smoking ban	-46.2	41.45	.278	Model type: ARIMA(0,0,0)(0,0,0)
National competition	389.3	101.53	.001	Stationary R²: .642

Latvia

Calls to the quitline 'Riga Addiction Prevention Centre' in Latvia are shown in figure 16. Only monthly data was available from Latvia. The volume of calls to the quitline shows no increase during wave 1 and 2 of the HELP campaign and the call volumes from wave 3 are not available.

Figure 16: Call volumes to the quitline in Latvia

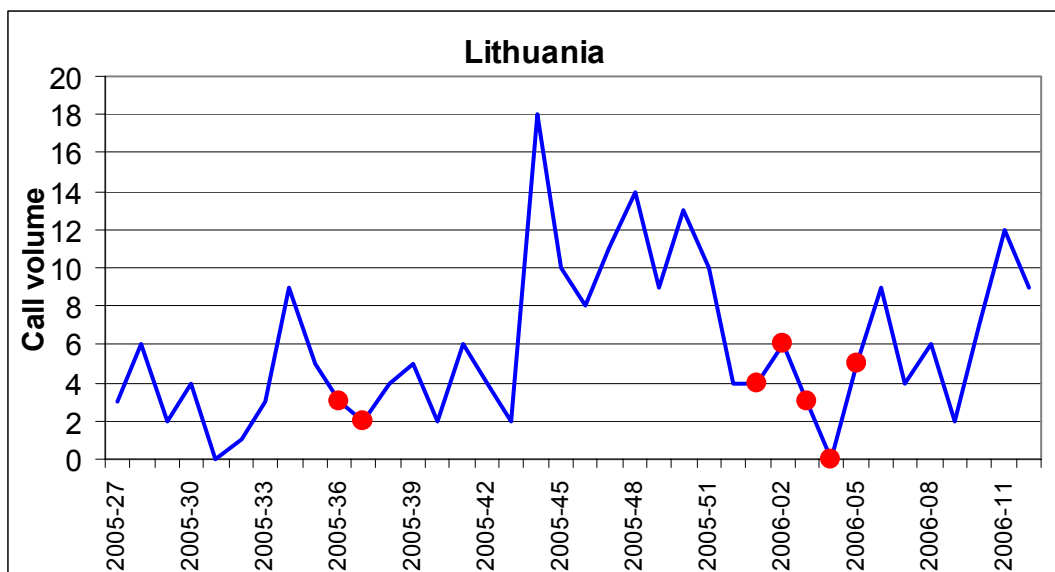


The ARIMA model applied for the data from Latvia did not use the television spots from the HELP campaign to predict call volumes to the national quitline. The television spots from the HELP campaign in 2005 do not predict call volumes to the quitline in Latvia.

Lithuania

The volume of calls made to the ‘Lithuanian Quitline’ are shown in figure 17. The call volumes before July 2005 are not available. There is no increase in calls in the second wave of the HELP campaign. During the third wave, call volumes are higher in the second and fifth week of the HELP campaign, but drop in the third and fourth weeks of the campaign.

Figure 17: Call volumes to the quitline in Lithuania

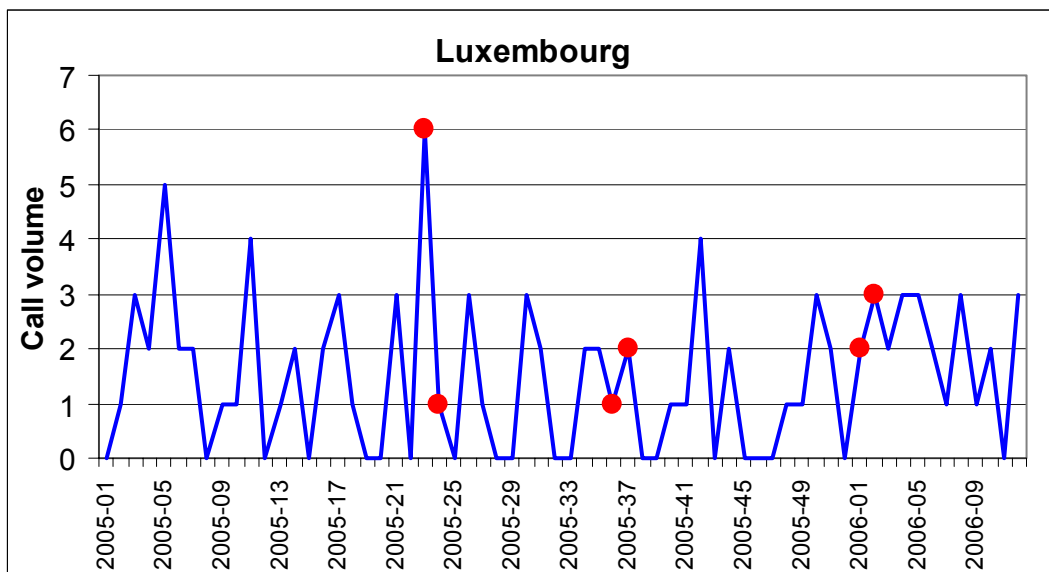


The small number of data points for Lithuania mean significant autocorrelations could not be calculated. The ARIMA model fitted didn't use the television spots from the HELP campaign to predict call volumes to the national quitline. The television spots from the HELP campaign in 2005 and 2006 do not predict call volumes to the quitline in Latvia.

Luxembourg

Calls to the quitline 'Tabac-Stop' in Luxembourg are shown in figure 18. There are no call volumes available for Luxembourg for 2004. Call volumes were higher in some weeks than in others, but since then they varied from 0 to 6 per week. It is difficult to draw conclusions from this.

Figure 18: Call volumes to the quitline in Luxembourg



A very small significant relation between the third wave of the HELP campaign and call volumes was found. According to the model fitted, the baseline level of calls is almost 6 calls per month, the third wave of the HELP campaign added less than one call per month. However, because of the small numbers of calls, the significant relationship is probably based on a coincidence.

Figure 19: Results ARIMA-analysis for Luxembourg

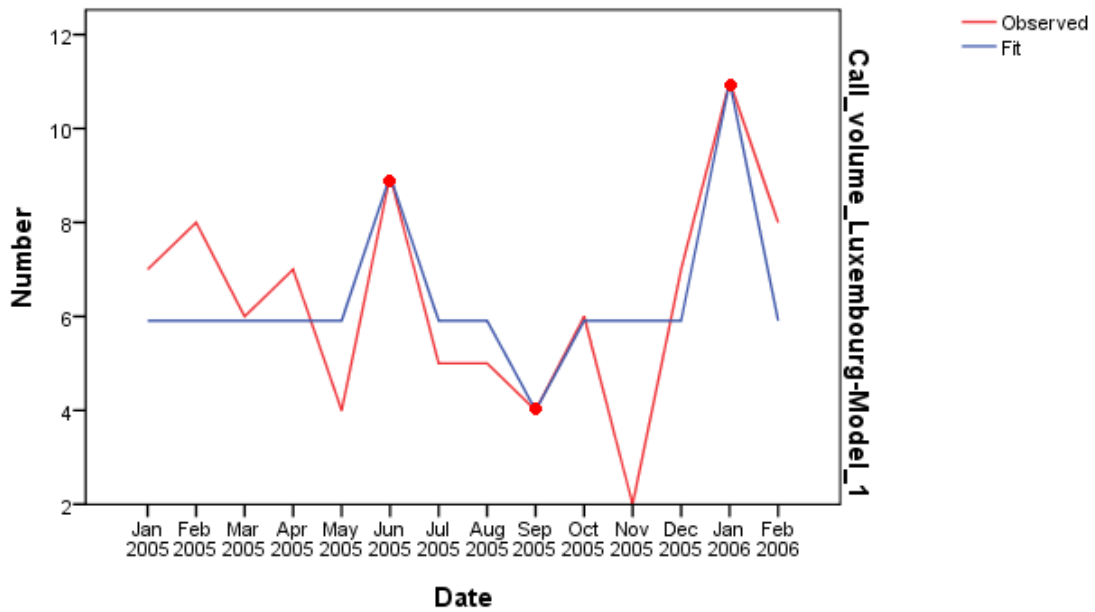


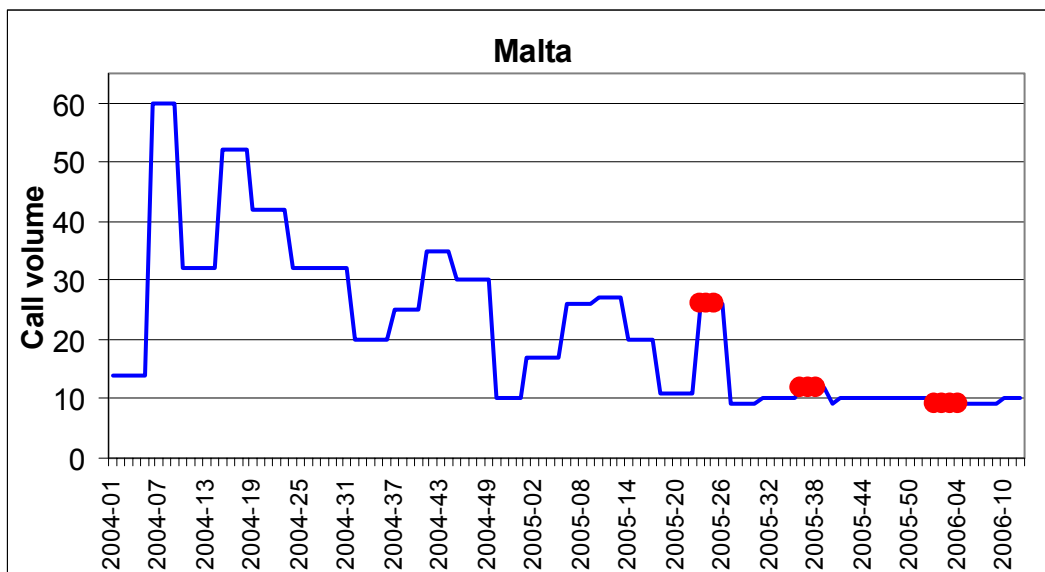
Table 10: Results ARIMA-analysis for Luxembourg

	Estimate	S.E.	Significance	
Baseline level	5.9	.55	.000	
HELP-campaign wave 1	.0	.02	.134	
HELP-campaign wave 2	-.1	.06	.337	Model type: ARIMA(0,0,0)(0,0,0)
HELP-campaign wave 3	.1	.02	.023	Stationary R²: .525

Malta

Calls to the 'Quitline 21231247' in Malta are shown in figure 20. Call volumes were higher during the first wave of the HELP campaign in Malta. During wave 2 and 3 call volumes stayed more or less constant. In April 2004, Malta's quitline number was put on cigarette packages, which was followed by a rise in call volumes.

Figure 20: Call volumes to the quitline in Malta

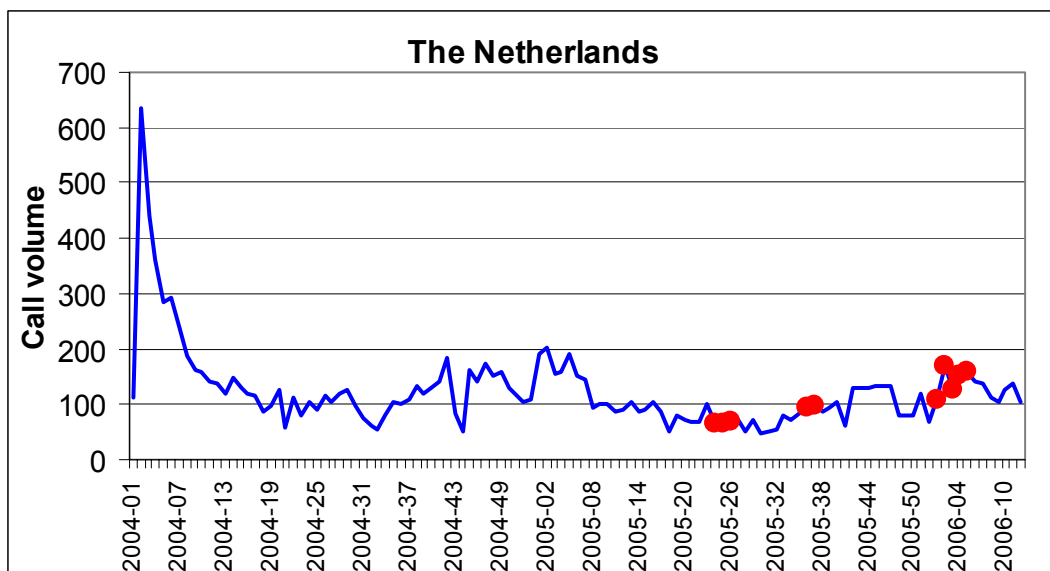


It is not possible to fit an ARIMA model on the data from Malta without significant autocorrelations. Because of this, it can't be concluded that the television spots from the HELP campaign as broadcasted in Malta in 2005 and 2006, and the intervention of putting the quitline number on cigarette packages have an effect on number of calls to the national quitline.

The Netherlands

The number of calls to the quitline ‘STIVORO Roken Infolijn’ in the Netherlands are shown in figure 21. In the Netherlands, call volumes were higher during wave 3 of the HELP campaign than in the surrounding periods but comparable to the year before. Call volumes during wave 1 and 2 of the campaign are no higher than usual. The extreme peak in call volumes in January and February 2004 is probably due to the implementation of a workplace smoking ban that was accompanied by several campaigns.

Figure 21: Call volumes to the quitline in the Netherlands



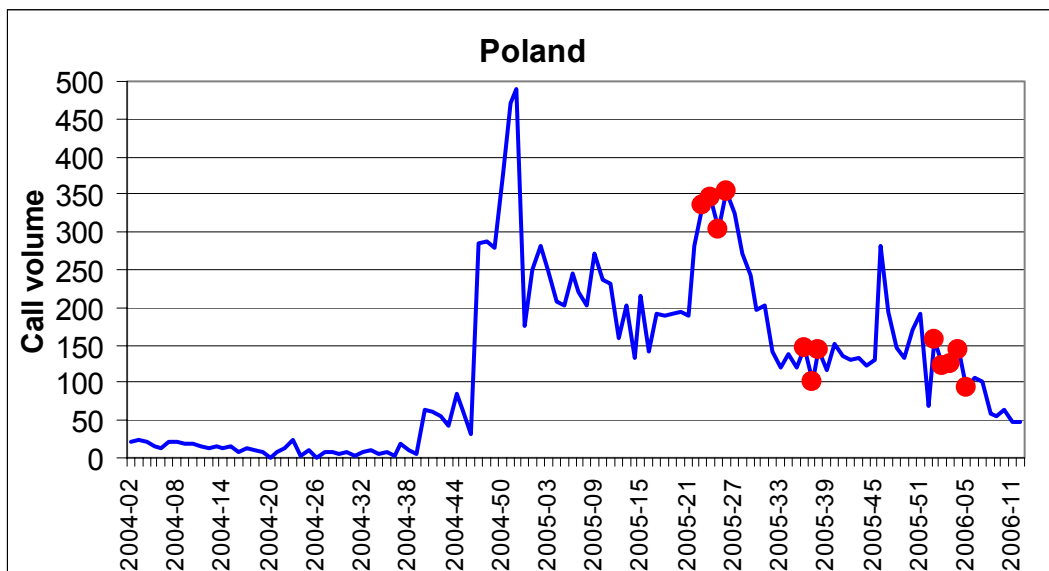
The ARIMA model fitted for the data from the Netherlands did not use the television spots from the HELP campaign to predict call volumes to the national quitline. The television spots from the HELP campaign in 2005 and 2006 don't predict call volumes to the Dutch quitline.



Poland

The number of calls to the 'Polish Quitline' are shown in figure 22. Polish call volumes showed higher call rates during wave 1 of the HELP-campaign. Call volumes already started to rise in the week before the campaign started. This could be due to a campaign in the weeks around World No Tobacco Day (May 31st 2005) in which the quitline number was promoted. Polish call volumes showed no increase during wave 2 and 3. The high call volumes in November and December 2004 could be because of a Polish campaign in which the quitline number was promoted.

Figure 22: Call volumes to the quitline in Poland

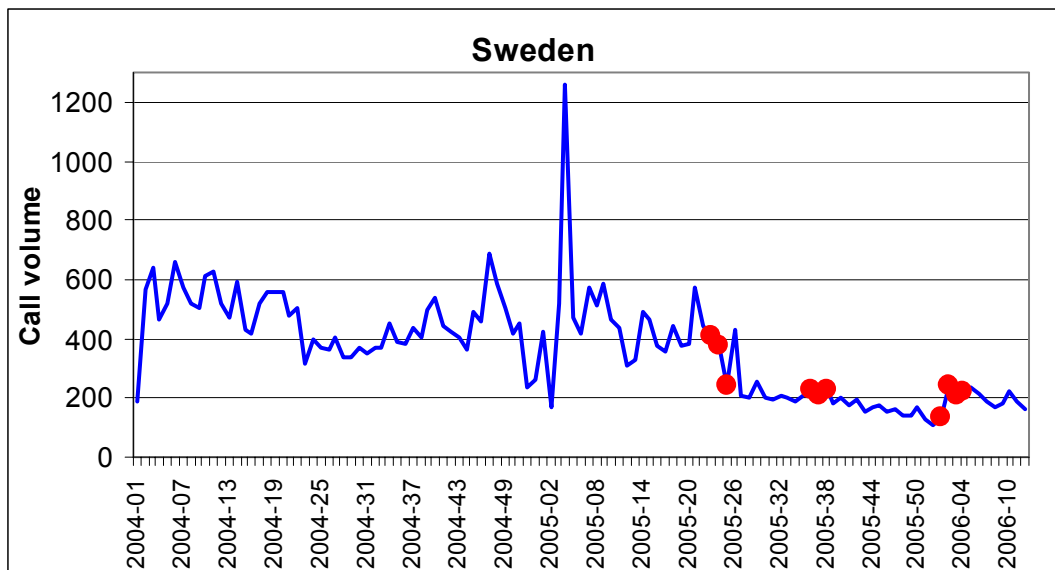


It is not possible to apply a ARIMA model to the Polish data without significant autocorrelations. Therefore it can't be concluded that the television spots from the HELP campaign in 2005 and 2006 and the other campaigns in Poland have an effect on call volumes to the national quitline.

Sweden

Calls to the quitline, 'Tobacco Prevention Center' in Sweden are shown in figure 23. In Sweden call volumes were not higher than usual during the waves of the HELP campaign.

Figure 23: Call volumes to the quitline in Sweden

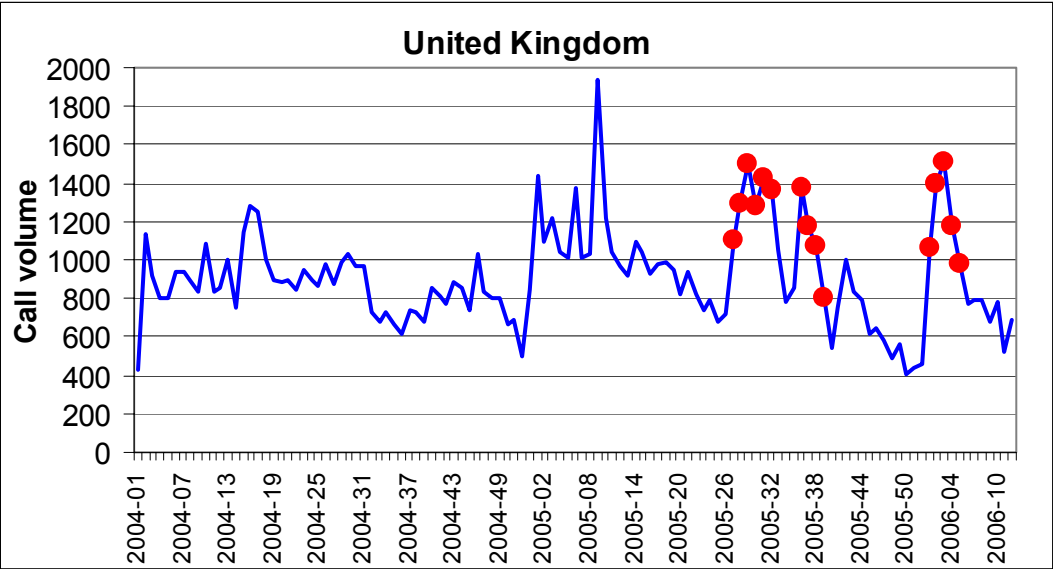


It is not possible to apply an ARIMA model to the Swedish data without significant autocorrelations. Therefore it can't be concluded that the television spots from the HELP campaign as broadcast in Sweden in 2005 and 2006 have an effect on call volumes to the national quitline.

United Kingdom

The volume of calls to ‘QUIT’, the quitline of the United Kingdom, are shown in figure 24. In the UK, call volumes were higher than usual during all three waves of the HELP campaign. The coordinator of the quitline reported to have noticed an increase of callers aged under 18 that have engaged with a counsellor looking for support with smoking, but no official data or figures showing this were available. There had been no campaign that might have interfered with the HELP campaign. There are smoking cessation campaigns in the UK all year round, either from the pharmaceutical industry or from the government, but none of them featured the quitline number. No price increases or policy changes came into effect during the campaigns.

Figure 24: Call volumes to the quitline in the United Kingdom



A very small significant relation between the first and second wave of the HELP campaign and call volumes was found. The baseline level of call volumes was approximately 3,811 calls per month, the first wave of the HELP campaign added almost 11 calls, and the third wave added almost 7 calls per month.



Figure 25: Results ARIMA-analysis for the United Kingdom

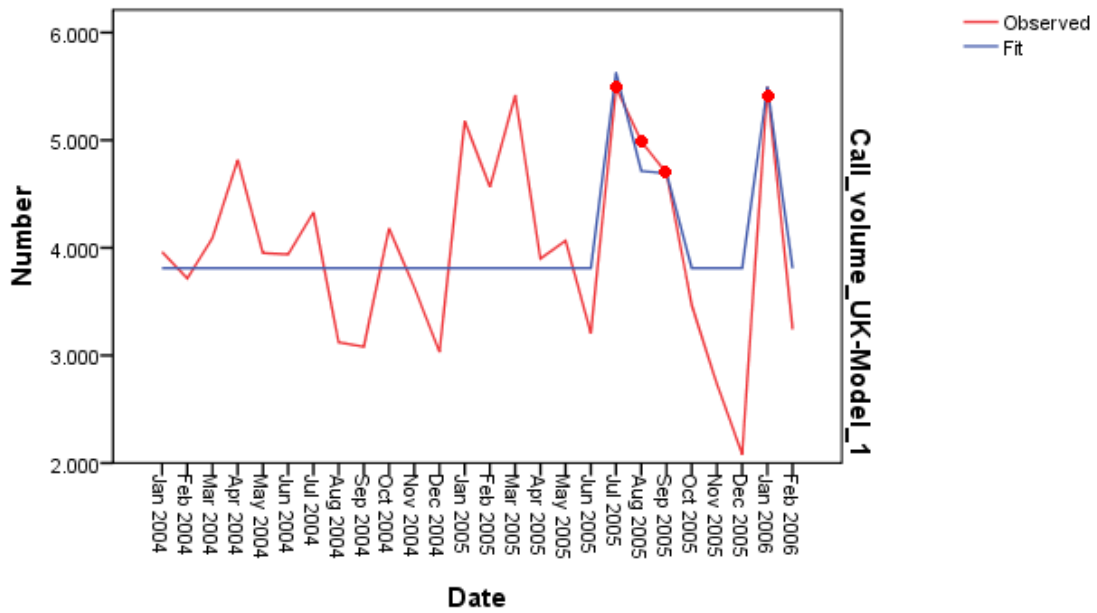


Table 11: Results ARIMA-analysis for the United Kingdom

	Estimate	S.E.	Significance	
Baseline level	3,810.54	165.34	.000	
HELP-campaign wave 1	10.87	4.34	.020	
HELP-campaign wave 2	7.35	6.64	.280	Model type: ARIMA(0,0,0)(0,0,0)
HELP-campaign wave 3	6.92	3.28	.046	Stationary R²: .332



Discussion and Conclusions

The main finding of the study is that the television spots of the EU ‘HELP-For a Life Without Tobacco’ campaign had a very small impact on the number of answered calls by European quitlines. A small but significant relationship between the HELP campaign and call volumes was found for Belgium, Czech Republic, Denmark, Germany, Ireland, Italy, Luxembourg, and the United Kingdom. In most countries there was only a small effect of the third wave of the HELP campaign. The third wave of the HELP campaign in Belgium added 3.7 calls to the baseline level of 113 calls per month, which means the television spots of the HELP campaign added 3.3% to the call volume of the quitline. The first and third wave of the HELP campaign in Italy added 1.4% to the call volume of the Italian quitline. In the rest of the countries, the HELP campaign added less than 1 percent to the call volume of the quitlines.

The HELP campaign television spots added a maximum of 3.3% more callers to the quitline per month. There was probably no structural increase, as the call volumes tended to drop immediately after the campaign waves that had caused an increase in call volumes. In short, the HELP campaign had a very small effect on call volumes to the national quitlines, with no lasting effect.

Table 12: Summary of results for the countries for which an ARIMA-model could be fitted (number of calls is rounded to the nearest integer).

	Baseline level calls per month	Wave 1 added calls per month	Wave 2 added calls per month	Wave 3 added calls per month	Stationary R ²
Belgium	113	-	-	4 (3.3%)	.99
Czech Republic	90	-	-	1 (0.7%)	.89
Denmark	280	-	-	<1 (0.2%)	.48
Germany	267	-	2 (0.6%)	-	.93
Ireland	589	-	-	5 (0.8%)	.56
Italy	191	1 (0.7%)	-	1 (0.7%)	.64
Luxembourg	6	-	-	<1 (0.8%)	.53
UK	3,811	11 (0.3%)	-	7 (0.2%)	.33

- = no significant relationship

For all countries, an ARIMA (0,0,0) (0,0,0) model was fitted. This means there are no autoregressive, integration or moving average components in the model. A model without such components has fluctuations in the series that tend to be very small and close to the average of the series, or due to events which are controlled by modelling them as outliers.



For all countries where a model was fitted, the stationary R^2 was positive. The stationary R^2 compares the stationary part of the model to a simple mean model. Positive values mean that the model under consideration is better than the baseline model. Values close to 1 mean that there is a great proportion of the total variation in the series that is explained by the model. For all countries where a model was fitted, the proportion of explained variation by the model is acceptable to good.

In almost all countries that found effects of the HELP campaign on call volumes to the quitline, there was an effect from wave 3. Most countries did not find an effect from wave 1 and 2 of the HELP campaign. In the television spots from wave 3, the quitline number was shown for a longer period to the viewers (20 or 30 seconds in stead of 4 seconds), so people had more time to remember or write down the telephone number. The Danish, French and UK versions of the television spots were already longer in wave 2. Another explanation for the larger effect from wave 3 might be that there were only television spots in 2005 (wave 1 and 2) and also an online campaign in 2006 (wave 3). The larger effects from the spots in wave 3 might also (partly) be due to the fact that they were broadcast in January, when the spots in combination with New Year's resolutions were a trigger to call to a quitline.

A striking result of this study is the large effects of other factors, such as national smoking bans and national mass media campaigns. The smoking ban and accompanying campaigns in Belgium caused an increase of approximately 988% in call volumes. A national competition in Italy led to an increase of 204%, the campaigns in Ireland 96%, the WHO contest in Germany increased call volumes by 70%, and the promotion of the quitline number on local television in Denmark led to a rise in calls of more than 53%. It was not the goal of this study to further investigate this, but what we can learn from this are two things. First, call volumes are an exceptionally sensitive indicator of the success of national tobacco control measures. Second, national campaigns seem to have a greater impact on call volumes to national quitlines than Europe wide campaigns might have. However, the difference in effects of national campaigns and the HELP campaign can probably partly be explained by the fact that most national campaigns have print advertisements and the HELP campaign hasn't. Communicating a quitline number may be easier on print than on television.

Giving up smoking is only one of the goals of the HELP campaign. The other two goals, preventing young people to start smoking and becoming aware of the dangers of passive smoking, cannot be measured through call volumes to quitlines. As a whole, the HELP campaign is more an awareness raising campaign than a call to action campaign. Carroll and Rock (2003) studied the effects of adding a call to action element to a campaign that focused on the health effects of smoking on call volumes to Australia's national telephone Quitline. The call to action element (an advertisement that modelled a smoker calling the quitline) significantly added to the effect of the health effects advertisement. The HELP campaign might have needed a call to action element for seeing more effect of the campaign on the number of calls to the quitlines.



Finally, it is important to note that, although call volumes are an important indicator of the success of a campaign, a low increase in call volumes does not mean that the campaign did not cause smokers to (consider) giving up smoking. The campaign might have had an effect on attitude towards quitting and intention to quit and might have caused smokers to quit without calling a quitline. In a study about the effects of a campaign that promoted the American Cancer Society Smokers' Quitline, 2% of the population of daily smokers quit smoking, but only 0,5% called the quitline for help with quitting (McAlister et al., 2004).

Acknowledgements

We are grateful to the quitlines that participated in this study (Ligne Tabac Stop / Tabak Stop Lijn, Quitline Czech Republic, STOP – Line counselling, Finnish Quitline Stumppi, Tabac Info Service, Quitline Federal Centre for Health Education, Hungarian Blue Line helping smokers to quit, Irish Cancer Society, SOS Fumo, Riga Addiction Prevention Centre, Lithuanian Quitline, Tabac-Stop, Quitline 21231247, STIVORO Roken Infolijn, Polish Quitline, Tobacco Prevention Center, QUIT) as well as to Amber van der Toorn for her support in the data collection, Alice Roberts for her comments on a draft version of the report and the rest of the staff of ENQ for assisting with the research.

Literature

Carroll, T. & Rock, B. (2003). Generating quitline calls during Australia's National Tobacco Campaign: effects of television advertisement execution and programme placement. *Tobacco Control*, 12(Suppl II), ii40-ii44.

McAlister, A., Morrison, T.C., Hu, S., Meshack, A.F., Ramirez, A., Gallion, K. et al. (2004). Media and community campaign effects on adult tobacco use in Texas. *Journal of Health Communication*, 9, 95-109.

Miller, C.L., Wakefield, M. & Roberts, L. (2003). Uptake and effectiveness of the Australian telephone Quitline service in the context of a mass media campaign. *Tobacco Control*, 12, 53-58.



**CALL VOLUME QUESTIONNAIRE
&
CO-ORDINATOR QUESTIONNAIRE**



HELP-research

Name Qutline:
Country:
Date:

Contact Information for questionnaire completer

1. Please provide your contact information so that we can follow up to clarify responses, if needed

Name:

Email:

Phone:

Call volume

2. Please fill in the weekly numbers of calls* for 2004 and 2005.

**Number of calls: number of incoming calls per week from callers who are calling to the Quitline for telephone support for smoking cessation. Support includes information, advice and counselling.*

Week - 2004	Number of calls
Week 1 1/1/2004 - 4/1/2004	
Week 2 5/1/2004 - 11/1/2004	
Week 3 12/1/2004 - 18/1/2004	
Week 4 19/1/2004 - 25/1/2004	
Week 5 26/1/2004 - 1/2/2004	
Week 6 2/2/2004 - 8/2/2004	
Week 7 9/2/2004 - 15/2/2004	
Week 8 16/2/2004 - 22/2/2004	
Week 9 23/2/2004 - 29/2/2004	
Week 10 1/3/2004 - 7/3/2004	
Week 11 8/3/2004 - 14/3/2004	



Week 12 15/3/2004 – 21/3/2004	
Week 13 22/3/2004 – 28/3/2004	
Week 14 29/3/2004 – 4/4/2004	
Week 15 5/4/2004 – 11/4/2004	
Week 16 12/4/2004 – 18/4/2004	
Week 17 19/4/2004 – 25/4/2004	
Week 18 26/4/2004 – 2/5/2004	
Week 19 3/5/2004 – 9/5/2004	
Week 20 10/5/2004 – 16/5/2004	
Week 21 17/5/2004 – 23/5/2004	
Week 22 24/5/2004 – 30/5/2004	
Week 23 31/5/2004 – 6/6/2004	
Week 24 7/6/2004 – 13/6/2004	
Week 25 14/6/2004 – 20/6/2004	
Week 26 21/6/2004 – 27/6/2004	
Week 27 28/6/2004 – 4/7/2004	
Week 28 5/7/2004 – 11/7/2004	
Week 29 12/7/2004 – 18/7/2004	
Week 30 19/7/2004 – 25/7/2004	
Week 31 26/7/2004 – 1/8/2004	
Week 32 2/8/2004 – 8/8/2004	



Week 33 9/8/2004 – 15/8/2004	
Week 34 16/8/2004 – 22/8/2004	
Week 35 23/8/2004 – 29/8/2004	
Week 36 30/8/2004 – 5/9/2004	
Week 37 6/9/2004 – 12/9/2004	
Week 38 13/9/2004 – 19/9/2004	
Week 39 20/9/2004 – 26/9/2004	
Week 40 27/9/2004 – 3/10/2004	
Week 41 4/10/2004 – 10/10/2004	
Week 42 11/10/2004 – 17/10/2004	
Week 43 18/10/2004 – 24/10/2004	
Week 44 25/10/2004 – 31/10/2004	
Week 45 1/11/2004 – 7/11/2004	
Week 46 8/11/2004 – 14/11/2004	
Week 47 15/11/2004 – 21/11/2004	
Week 48 22/11/2004 – 28/11/2004	
Week 49 29/11/2004 – 5/12/2004	
Week 50 6/12/2004 – 12/12/2004	
Week 51 13/12/2004 – 19/12/2004	
Week 52 20/12/2004 – 26/12/2004	
Week 53 27/12/2004 – 02/01/2005	



Total 2004 Week 1 – Week 53	
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Week - 2005	Number of calls
Week 1 3/1/2005 – 9/1/2005	
Week 2 10/1/2005 – 16/1/2005	
Week 3 17/1/2005 – 23/1/2005	
Week 4 24/1/2005 – 30/1/2005	
Week 5 31/1/2005 – 6/2/2005	
Week 6 7/2/2005 – 13/2/2005	
Week 7 14/2/2005 – 20/2/2005	
Week 8 21/2/2005 – 27/2/2005	
Week 9 28/2/2005 – 6/3/2005	
Week 10 7/3/2005 – 13/3/2005	
Week 11 14/3/2005 – 20/3/2005	
Week 12 21/3/2005 – 27/3/2005	
Week 13 28/3/2005 – 3/4/2005	
Week 14 4/4/2005 – 10/4/2005	
Week 15 11/4/2005 – 17/4/2005	
Week 16 18/4/2005 – 24/4/2005	
Week 17 25/4/2005 – 1/5/2005	
Week 18 2/5/2005 – 8/5/2005	
Week 19 9/5/2005 – 15/5/2005	



Week 20 16/5/2005 – 22/5/2005	
Week 21 23/5/2005 – 29/5/2005	
Week 22 30/5/2005 – 5/6/2005	
Week 23 6/6/2005 – 12/6/2005	
Week 24 13/6/2005 – 19/6/2005	
Week 25 20/6/2005 – 26/6/2005	
Week 26 27/6/2005 – 3/7/2005	
Week 27 4/7/2005 – 10/7/2005	
Week 28 11/7/2005 – 17/7/2005	
Week 29 18/7/2005 – 24/7/2005	
Week 30 25/7/2005 – 31/7/2005	
Week 31 1/8/2005 – 7/8/2005	
Week 32 8/8/2005 – 14/8/2005	
Week 33 15/8/2005 – 21/8/2005	
Week 34 22/8/2005 – 28/8/2005	
Week 35 29/8/2005 – 4/9/2005	
Week 36 5/9/2005 – 11/9/2005	
Week 37 12/9/2005 – 18/9/2005	
Week 38 19/9/2005 – 25/9/2005	
Week 39 26/9/2005 – 2/10/2005	
Week 40 3/10/2005 – 9/10/2005	



Week 41 10/10/2005 – 16/10/2005	
Week 42 – Week 52 17/10/2005 – 31/12/2005	We like to ask you these figures at the end of the year
Total 2005 Week 1 – Week 41	

3. Does the number of calls described in question 2 include recorded messages for help with quitting (e.g., phone tree / Interactive Voice Response System)?
- No
- Yes
- We don't have recorded messages
4. Does the total number of calls described in question 2 include the voicemail?
- No
- Yes
- We don't have a voicemail
5. There are three different HELP TV spots: A prevention TV spot, cessation TV spot, passive smoking TV spot.
- 5a. Was the Quitline number promoted at the end of the prevention TV spot?
- No
- Yes
- 5b. Was the Quitline number promoted at the end of the cessation TV spot?
- No
- Yes
- 5c. Was the Quitline number promoted at the end of the passive smoking TV spot?
- No
- Yes
- 6a. Have you noticed a change in the characteristics of callers to the Quitline because of the HELP campaign (e.g. Gender, Age, Motivation stage, Nicotine dependency, Social Economic Status)? If so, please describe the changes you have noticed:



- 6b. Do you have figures about these changes? (We might ask you in a later stage of the research to share these with us)
- No
 - Yes
 - Not applicable (no changes observed)

Description Quitline

7. Please provide contact information for your Quitline?

Name of Quitline:

Phone number of Quitline (the number that you provide to smokers):

Website:

8. When did the Quitline begin to provide counselling* services?

_____ (Month/Year)

* *counselling means caller centred and person tailored, in-depth, motivational interaction between caller and counsellor*

9. Which of the following services do you provide? Select all that apply.
- Recorded messages for help with quitting (e.g. phone tree)
 - Referral to other services (quit smoking programs, professional services)
 - Mailed information or self-help resources
 - Basic information*
 - Specific information**
 - Advice***
 - Counselling****
 - Brief phone counselling – typically < 10 minutes
 - Single session counselling – typically 20-40 minutes
 - Multiple sessions – client initiated (re-active)
 - Multiple sessions – counsellor initiated (pro-active)
 - Computer-based
 - Information pages
 - Email pages
 - Chat rooms
 - Interactive counselling
 - Other services, please describe:



- * *Basic information: Objective/neutral information to the caller about facts, consequences of stopping smoking, cravings etc. (quick call).*
- ** *Specific information: Objective/neutral information to the caller about cessation methods, referral to the local smoking cessation services or referral to health professional.*
- *** *Advice: Caller receives recommendations on how to quit smoking. For example what would be the best method and a recommendation for seeing a health professional.*
- **** *Counselling: caller centred and person tailored, in-depth, motivational interaction between caller and counsellor.*

10. Are there eligibility criteria for receiving counselling (single session or multiple session counselling only, as described in question 9) from the quitline? Briefly describe the criteria.
- O No, there are no restrictions on receiving counselling.
- O Yes, the eligibility criteria include:

11. What are the typical hours and days of operation of the Quitline?

Live pickup of incoming calls:

Counselling assistance available:

Voicemail service:

Recorded messages service:

12. During the HELP-campaign did you continue the typical operation hours and days as described in question 11 or did you in any way adapt these hours and days? If so, please describe the hours and days during the HELP-campaign:

Live pickup of incoming calls:

Counselling assistance available:



Voicemail service:

Recorded messages service:

13. How many phone lines are typically available on an average day?
 - 13a. What is the number of operating lines on an average day?
 - 13b. What is the number of operating lines for counselling on an average day?
 - 13c. What is the number of operating lines for information/advice on an average day?
14. During the HELP campaign, did you have the typical phone lines available as described in question 13 or did you in any way adapt the number of phone lines?
If so, please describe the number of phone lines during the HELP campaign
 - 14a. What is the number of operating lines during the HELP-campaign?
 - 14b. What is the number of operating lines for counselling during HELP-campaign?
 - 14c. What is the number of operating lines for information/advice during the HELP-campaign?
15. What is the total number of advisors / counsellors?
16. How many hours do these advisors/counsellors (together) complete in total work during an average week?

_____ (total of hours)



Campaigns / Tobacco control policies

17. Briefly describe any smoking cessation campaign that might have interfered with the HELP campaign (from the government, pharmaceutical industry etc.). Please describe the aim, target group, duration of that campaign and describe also if your Quitline number was promoted through that specific campaign?

18. Were there smoking cessation campaigns in your country in 2004 (from the government, pharmaceutical industry etc.)?
If so, please describe the aim, target group, duration of every campaign and describe also if your Quitline number was promoted during that specific campaign?

19. Did the price of cigarettes increase during the period of the HELP campaign (including two months before the start of the campaign)?
If so, please describe the price of a pack of Marlboro (20 cigarettes) before and after the increase of the price or give the % increase in purchase price?

- 20a. Did the government improve smoking policy with respect to workplaces (i.e., impose smoking bans) during the period of the HELP campaign (including two months before the start of the campaign)? If so, describe the policy change:

- 20b. Did the government improve smoking policy with respect to cafés, restaurants and hotels (i.e., impose smoking bans) during the period of the HELP campaign (including two months before the start of the campaign)? If so, describe the policy change:

21. Can you please let us know when exactly the Quitline number appeared on the cigarette packets in your country?
In other words when did the Quitline number (as part of the EU health warnings) come into effect in your country?

22. Briefly describe any other factor / event in your country that might have interfered with the HELP campaign? (e.g. the weather etc.)



End of the questionnaire

Many many thanks!



**CALL VOLUME QUESTIONNAIRE
&
CO-ORDINATOR QUESTIONNAIRE**



**HELP-research
Wave 3**

Name of Quitline:
Country:
Date:

Contact Information for person who completes the questionnaire

1. Please provide your contact information so that we can follow up to clarify responses, if necessary

Name:

Email:

Phone:

Call volume

2. Please fill in the weekly number of calls* for 2004, 2005 and 2006.

**Number of calls: number of incoming calls per week from callers who call the Quitline for smoking cessation telephone support. Support includes information, advice and counselling.*

Week 2004	Number of calls
Week 1 1/1/2004 – 4/1/2004	
Week 2 5/1/2004 – 11/1/2004	
Week 3 12/1/2004 – 18/1/2004	
Week 4 19/1/2004 – 25/1/2004	
Week 5 26/1/2004 – 1/2/2004	
Week 6 2/2/2004 – 8/2/2004	
Week 7 9/2/2004 – 15/2/2004	
Week 8 16/2/2004 – 22/2/2004	
Week 9 23/2/2004 – 29/2/2004	
Week 10 1/3/2004 – 7/3/2004	
Week 11 8/3/2004 – 14/3/2004	



Week 12 15/3/2004 – 21/3/2004	
Week 13 22/3/2004 – 28/3/2004	
Week 14 29/3/2004 – 4/4/2004	
Week 15 5/4/2004 – 11/4/2004	
Week 16 12/4/2004 – 18/4/2004	
Week 17 19/4/2004 – 25/4/2004	
Week 18 26/4/2004 – 2/5/2004	
Week 19 3/5/2004 – 9/5/2004	
Week 20 10/5/2004 – 16/5/2004	
Week 21 17/5/2004 – 23/5/2004	
Week 22 24/5/2004 – 30/5/2004	
Week 23 31/5/2004 – 6/6/2004	
Week 24 7/6/2004 – 13/6/2004	
Week 25 14/6/2004 – 20/6/2004	
Week 26 21/6/2004 – 27/6/2004	
Week 27 28/6/2004 – 4/7/2004	
Week 28 5/7/2004 – 11/7/2004	
Week 29 12/7/2004 – 18/7/2004	
Week 30 19/7/2004 – 25/7/2004	
Week 31 26/7/2004 – 1/8/2004	
Week 32 2/8/2004 – 8/8/2004	



Week 33 9/8/2004 – 15/8/2004	
Week 34 16/8/2004 – 22/8/2004	
Week 35 23/8/2004 – 29/8/2004	
Week 36 30/8/2004 – 5/9/2004	
Week 37 6/9/2004 – 12/9/2004	
Week 38 13/9/2004 – 19/9/2004	
Week 39 20/9/2004 – 26/9/2004	
Week 40 27/9/2004 – 3/10/2004	
Week 41 4/10/2004 – 10/10/2004	
Week 42 11/10/2004 – 17/10/2004	
Week 43 18/10/2004 – 24/10/2004	
Week 44 25/10/2004 – 31/10/2004	
Week 45 1/11/2004 – 7/11/2004	
Week 46 8/11/2004 – 14/11/2004	
Week 47 15/11/2004 – 21/11/2004	
Week 48 22/11/2004 – 28/11/2004	
Week 49 29/11/2004 – 5/12/2004	
Week 50 6/12/2004 – 12/12/2004	
Week 51 13/12/2004 – 19/12/2004	
Week 52 20/12/2004 – 26/12/2004	
Week 53 27/12/2004 – 02/01/2005	



Week - 2005	Number of calls
Week 1 3/1/2005 - 9/1/2005	
Week 2 10/1/2005 - 16/1/2005	
Week 3 17/1/2005 - 23/1/2005	
Week 4 24/1/2005 - 30/1/2005	
Week 5 31/1/2005 - 6/2/2005	
Week 6 7/2/2005 - 13/2/2005	
Week 7 14/2/2005 - 20/2/2005	
Week 8 21/2/2005 - 27/2/2005	
Week 9 28/2/2005 - 6/3/2005	
Week 10 7/3/2005 - 13/3/2005	
Week 11 14/3/2005 - 20/3/2005	
Week 12 21/3/2005 - 27/3/2005	
Week 13 28/3/2005 - 3/4/2005	
Week 14 4/4/2005 - 10/4/2005	
Week 15 11/4/2005 - 17/4/2005	
Week 16 18/4/2005 - 24/4/2005	
Week 17 25/4/2005 - 1/5/2005	
Week 18 2/5/2005 - 8/5/2005	
Week 19 9/5/2005 - 15/5/2005	
Week 20 16/5/2005 - 22/5/2005	



Week 21 23/5/2005 – 29/5/2005	
Week 22 30/5/2005 – 5/6/2005	
Week 23 6/6/2005 – 12/6/2005	
Week 24 13/6/2005 – 19/6/2005	
Week 25 20/6/2005 – 26/6/2005	
Week 26 27/6/2005 – 3/7/2005	
Week 27 4/7/2005 – 10/7/2005	
Week 28 11/7/2005 – 17/7/2005	
Week 29 18/7/2005 – 24/7/2005	
Week 30 25/7/2005 – 31/7/2005	
Week 31 1/8/2005 – 7/8/2005	
Week 32 8/8/2005 – 14/8/2005	
Week 33 15/8/2005 – 21/8/2005	
Week 34 22/8/2005 – 28/8/2005	
Week 35 29/8/2005 – 4/9/2005	
Week 36 5/9/2005 – 11/9/2005	
Week 37 12/9/2005 – 18/9/2005	
Week 38 19/9/2005 – 25/9/2005	
Week 39 26/9/2005 – 2/10/2005	
Week 40 3/10/2005 – 9/10/2005	
Week 41 10/10/2005 – 16/10/2005	



Week 42 17/10/2005 – 23/10/2005	
Week 43 24/10/2005 – 30/10/2005	
Week 44 31/10/2005 – 6/11/2005	
Week 45 7/11/2005 – 13/11/2005	
Week 46 14/11/2005 – 20/11/2005	
Week 47 21/11/2005 – 27/11/2005	
Week 48 28/11/2005 – 4/12/2005	
Week 49 5/12/2005 – 11/12/2005	
Week 50 12/12/2005 – 18/12/2005	
Week 51 19/12/2005 – 25/12/2005	
Week 52 26/12/2005 – 01/01/2005	

Week 2006	Number of calls
Week 1 2/1/2006 – 8/1/2006	
Week 2 9/1/2006 – 15/1/2006	
Week 3 16/1/2006 – 22/1/2006	
Week 4 23/1/2006 – 29/1/2006	
Week 5 30/1/2006 – 5/2/2006	
Week 6 6/2/2006 – 12/2/2006	
Week 7 13/2/2006 – 19/2/2006	
Week 8 20/2/2006 – 26/2/2006	



Week 9 27/2/2006 – 5/3/2006	
Week 10 6/3/2006 – 12/3/2006	
Week 11 13/3/2006 – 19/3/2006	
Week 12 20/3/2006 – 26/3/2006	

3. Does the total number of calls described in question 2 include recorded messages for help with quitting (e.g., phone tree / Interactive Voice Response System)?
- No
- Yes
- We don't have recorded messages
4. Does the total number of calls described in question 2 include voice mail?
- No
- Yes
- We don't have a voicemail system
5. During the HELP TV adverts in **January 2006** there were three different HELP TV adverts: A prevention TV advert, a cessation TV advert, and a passive smoking TV advert.
- 5a. Was the Quitline number promoted at the end of the prevention TV advert?
- No
- Yes
- 5b. Was the Quitline number promoted at the end of the cessation TV advert?
- No
- Yes
- 5c. Was the Quitline number promoted at the end of the passive smoking TV advert?
- No
- Yes



- 6a. Have you noticed a change in the characteristics of callers to the Quitline because of the **HELP campaign of January 2006** (e.g. Gender, Age, Motivation stage, Nicotine dependency, Social Economic Status)? If so, please describe the changes you have noticed:
- 6b. Do you have statistics to support these changes? (We might ask you in a later stage of the research to share these with us)
- No
 - Yes
 - Not applicable (no changes observed)

Description of Quitline

7. What are currently the typical hours and days of operation of the Quitline?

Live pickup of incoming calls:

Counselling assistance available:

Voicemail service:

Recorded messages service:

8. During **the HELP-campaign in January 2006** did you continue the typical operation hours and days as described in question 7 or did you in any way adapt these hours and days? If so, please describe the hours and days during the HELP-campaign:

Live pickup of incoming calls:

Counselling assistance available:

Voicemail service:

Recorded messages service:



9. How many phone lines are typically available on an average day?
- 9a. How many operating lines are available on an average day?
- 9b. How many operating lines are available for counselling on an average day?
- 9c. How many operating lines are available for information/advice on an average day?
10. During the **HELP campaign in January 2006**, were the typical phone lines available as described in question 9 or did you in any way adapt the number of phone lines?
If so, please describe the number of phone lines available during the HELP campaign of January 2006:
- 10a. How many operating lines were available during the HELP-campaign?
- 10b. How many operating lines were available for counselling during the HELP-campaign?
- 10c. How many operating lines were available for information/advice during the HELP-campaign?
11. What is the current total number of advisors / counsellors?
12. How many hours do these advisors/counsellors (together) work in total during an average week?

_____ (total of hours)



Campaigns / Tobacco control policies

13. Briefly describe any smoking cessation campaigns that might have interfered with the **HELP campaign of January 2006** (from the government, pharmaceutical industry etc.) Please describe the aim, target group and duration of that campaign and also indicate if your Quitline number was promoted through that specific campaign?

14. Were there smoking cessation campaigns in your country in 2005 (from the government, pharmaceutical industry etc.)? If so, please describe the aim, target group, duration of every campaign and indicate also if your Quitline number was promoted during that specific campaign?

15. Did the price of cigarettes increase during the period of **the January 2006 HELP campaign** (including two months before the start of the campaign)? If so, please describe the price of a pack of Marlboro (20 cigarettes) before and after the increase of the price or give the % increase in purchase price?

- 16a. Did the government improve smoking policy with respect to workplaces (i.e., impose smoking bans) during the period of **the January 2006 HELP campaign** (including two months before the start of the campaign)? If so, describe the policy change:

- 16b. Did the government improve smoking policy with respect to cafés, restaurants and hotels (i.e., impose smoking bans) during the period **of the January 2006 HELP campaign** (including two months before the start of the campaign)? If so, describe the policy change:

17. Briefly describe any other factor / event in your country that might have interfered with **the HELP campaign of January 2006**? (e.g. the weather etc.)

End of the questionnaire

Many many thanks!

