Reducing Tobacco Use and Secondhand Smoke Exposure: Multicomponent Interventions that Include Telephone Support (2000 Archived Review)

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Review Summary

Intervention Definition
These multicomponent interventions provide people who use tobacco products with cessation counseling or assistance in initiating or maintaining abstinence via telephone. Telephone support can be reactive (tobacco user initiates contact) or proactive (provider initiates contact or user initiates contact with provider follow-up). Telephone support includes the use of trained counselors, health care providers, or taped messages in single or multiple sessions. Sessions usually follow a standardized protocol for providing advice and counseling, and the telephone support component is usually combined with other interventions, such as client education materials, individual or group cessation counseling, or nicotine-replacement therapies.

Summary of Task Force Finding
The Community Preventive Services Task Force recommends cessation interventions that include telephone support based on strong evidence of effectiveness that this combination intervention:

- Increases patient tobacco cessation
- Is effective in both clinical settings and when implemented community-wide

It was not possible to determine the effect of the telephone support component alone. The minimum effective combination evaluated by the Task Force was community-wide, proactive telephone support (proactive follow-up) combined with patient education materials.

Results from the Systematic Reviews
Thirty-two studies qualified for the review of this intervention.

- Client tobacco cessation over a median follow-up of 12 months (range: 5 weeks to 34 months): median increase of 2.6 percentage points (range: -3.4 to 23 percentage points; 30 studies)
- Increase in tobacco cessation rates for patient education with client telephone support compared to patient education alone: median of 2.4 percentage points (range: 0.9 to 6.3 percentage points; 6 studies)
- In all of the qualifying studies, telephone support was coordinated with additional interventions including: patient education, provider-delivered counseling, nicotine replacement, smoking cessation clinics, and televised cessation series. The client telephone support efforts were proactive in twenty-seven studies and reactive in the other five.

These findings were based on a systematic review of all available studies, conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice and policy related to tobacco use and secondhand smoke exposure.

Publications


Task Force Finding

Intervention Definition
Patient telephone support interventions provide tobacco-product users with cessation counseling or assistance in attempting to quit and to maintain abstinence. Telephone support can be reactive (tobacco user initiates contact) or proactive (provider initiates contact or user initiates contact with provider-initiated follow-up). Techniques for delivery of telephone support include the use of trained counselors, health care providers, or taped messages in single or multiple sessions. Telephone support sessions usually follow a standardized protocol for providing advice and counseling. The telephone support component is usually combined with other interventions, such as patient educational materials, formal individual or group cessation counseling, or nicotine replacement therapies.

Task Force Finding (May 2000)*
Multicomponent cessation interventions that include telephone support are strongly recommended by the Task Force based on a strong body of evidence that this combination intervention (1) increases patient tobacco cessation, and (2) is effective in both clinical settings and when implemented community-wide. It was not possible in this evaluation to determine the effect of the telephone support component alone. The minimum effective combination evaluated by the Task Force was community-wide, proactive telephone support (proactive follow-up) combined with patient education materials.

*From the following publication:
Supporting Materials

Evidence Gaps

What are Evidence Gaps?
Each Community Preventive Services Task Force (Task Force) review identifies critical evidence gaps—areas where information is lacking. Evidence gaps can exist whether or not a recommendation is made. In cases when the Task Force finds insufficient evidence to determine whether an intervention strategy works, evidence gaps encourage researchers and program evaluators to conduct more effectiveness studies. When the Task Force recommends an intervention, evidence gaps highlight missing information that would help users determine if the intervention could meet their particular needs. For example, evidence may be needed to determine where the intervention will work, with which populations, how much it will cost to implement, whether it will provide adequate return on investment, or how users should structure or deliver the intervention to ensure effectiveness. Finally, evidence may be missing for outcomes different from those on which the Task Force recommendation is based.

Identified Evidence Gaps

Effectiveness
The effectiveness of increasing the unit price for tobacco products and mass media campaigns (when implemented with other interventions) is established. However, research issues regarding the effectiveness of these interventions remain.

- What intervention components contribute most to effectiveness of multicomponent interventions? What components contribute the least?
- What are the minimum and optimal requirements for the duration and intensity of mass media campaigns?
- What are the most effective combinations of messages for mass media campaigns?
- Do tobacco users respond differently to changes in product price that result from excise tax increases than to industry-induced increases?
- How long do the effects of a single excise tax increase last? Because the effectiveness of mass media cessation series and smoking cessation contests has not been established, basic research questions remain.

Because the effectiveness of mass media cessation series and smoking cessation contests has not been established, basic research questions remain.

- Are these interventions effective in increasing tobacco use cessation in the population?
- Do recruited tobacco users exposed to these interventions quit at a greater rate than recruited tobacco users not exposed to these interventions?
- What are the rates of participation in these interventions?

Applicability
The effectiveness of increasing the unit price and of mass media campaigns in reducing tobacco use in the population is established. However, identifying differences in the effectiveness of each intervention for specific subgroups of the population remains important.
Do significant differences exist regarding the effectiveness of these interventions, based on the level of scale (i.e., national, state, local) at which they are delivered?

What are the effects of mass media campaigns among populations that differ by race and ethnicity?

**Other Positive or Negative Effects**

Several potential negative effects of tobacco product price increases were reviewed in this evaluation. Although further research on the potential negative effects is warranted, evaluating the effect of potential positive effects of reductions in tobacco use should also be investigated to provide a complete picture of the effects of increases in state and federal excise taxes.

- What are the effects of these interventions on reducing smoking-related fires? What are the effects on secondhand smoke exposure?
- What proportion of smokers substitute tobacco products, modify their smoking habits, or both in response to an increase in the price of tobacco products? How much of the potential health benefit of a price increase is reduced by these behaviors? How can these potential problems be reduced?
- Do mass media campaigns that focus on tobacco have additional effects on other drug use?

**Economic Evaluations**

The available economic information on mass media campaigns was limited. Considerable research is, therefore, warranted regarding the following questions:

- What are the costs of mass media campaigns, especially campaigns that achieve an effective intensity over an extended duration?
- How do the costs per additional quitter compare with other interventions intended to reduce tobacco use?
- What is the cost-benefit, cost-utility, or cost per illness averted of these interventions?

**Barriers**

Implementation of these interventions requires political action and support. Research issues generated in this review include the following:

- What components of successful legislative and referendum campaigns are most effective? What components are least effective?
- What information is most important in gaining public support for these interventions? In gaining legislative support?

What are the most effective ways to maintain adequate funding levels for mass media campaigns?

**Included Studies**


**Disclaimer**

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they
provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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