



BC Smoking Cessation Program: Evaluation of the Nicotine Replacement Therapy Component

July 2015

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ABBREVIATIONS

BCBritish Columbia
CIConfidence Interval
HLBCHealthLink BC
NMANetwork Meta-analysis
NRTNicotine Replacement Therapy
NSNot significant

GLOSSARY

Cessation Also called 'quitting.' The goal of treatment to help people achieve abstinence from smoking or other tobacco use; it is, also used to describe the process of changing the behaviour.¹

Nicotine replacement therapy (NRT) Non-prescription medications that contain nicotine. They work to reduce withdrawal symptoms by replacing the nicotine received through smoking. With NRT products, individuals reduce the amount of nicotine gradually and handle withdrawal symptoms more easily.²

PharmaCare A coverage plan that helps B.C. residents with the cost of eligible prescription drugs and certain medical supplies. PharmaCare provides access to drug therapy through several drug plans.³

PharmaNet A province-wide network that links all B.C. pharmacies to a central set of data systems. Every prescription dispensed in B.C. is entered into PharmaNet.⁴

30-day point prevalence abstinence (PPA) A measure of smoking cessation. At a given point in time (in this case, 10-13 months after registering for the Program), participants were asked whether they have used cigarettes in the past 30 days. Those who reply that they have not smoked in the past 30 days are considered to have quit. Employing a 30-day point prevalence measure assures that individuals who are still in this very steep section of the relapse curve are not counted as “successes” in the quit rate calculation.^{5,6} This measure is the recommended primary measure for reporting on quitlines, and has been adopted for the Program.¹

QuitNow A program that offers phone, web and text support to help smokers quit (through BC Lung, with a grant from the BC Ministry of Health).

Quit Rate Quit rate was measured and reported as a 30-day point prevalence at the time of the survey.

¹ Since evaluation standards have not been developed for smoking cessation programs, quitlines standards were used.

EXECUTIVE SUMMARY

The BC Smoking Cessation Program (the Program) was launched in September 2011.⁷ Each year, the Program offers eligible B.C. residents either non-prescription nicotine replacement therapy (NRT) gum or patchⁱⁱ with a free supply for up to 12 weeks, or PharmaCare coverage of prescription smoking cessation drugsⁱⁱⁱ for up to 12 weeks. Clients may register for their supply of NRT by calling HealthLinkBC/811, and may choose to pick up the NRT at a local pharmacy or receive free delivery by mail via the government's Product Distribution Centre. Clients may receive a prescription for smoking cessation when visiting a physician for another reason, and must pick up their medication at a community pharmacy. Information about the Program was available through earned or owned media, not paid media. From September 30, 2011 to October 31, 2014, almost 122,000 residents received nicotine gum or patches. The cost of these medications was approximately \$34.4 million.

To determine the effectiveness of the NRT component of the Program on smoking cessation, a one-time survey was conducted to determine the following: a) the smoking status of clients after using the Program's NRT, b) the predictors of success/failure in smoking cessation, c) client satisfaction with the Program.

British Columbians who registered for the Program NRTs between January 1, 2014 and March 31, 2014 were contacted between January and February 2015. There were 3,001 registrants who met the inclusion criteria and completed the survey.

For Program NRT registrants who responded to the survey:

- 27% quit smoking
- 76% smoked less after using the program
- 52% remained smoke free for >30 days
- 65% strongly agreed/agreed that the program helped (or is helping) them quit smoking

The overall quit rate was 26.8%, 95% CI [25.2, 28.4]. Cigarette consumption since using the Program was determined and 76% reported that they were smoking less than before using the Program. There were 71% who made at least one quit attempt by stopping smoking for at least 24 hours. There were more respondents (52%) who remained smoke free for >30 days after using the Program. Overall, 65% of Program respondents strongly agreed/agreed that the Program helped (or is helping) them quit smoking.

The results indicate that the NRT component of the Program is effective, and should be continued to assist those who wish to stop smoking.

ⁱⁱ Thrive[®] gum and Habitrol[®] patch are the current brands free through the Program

ⁱⁱⁱ bupropion/Zyban[®], varenicline/Champix[®]

INTRODUCTION

Background

In 2013, the prevalence of smoking in the population was 19.3% in Canada, and 16.2% in British Columbia (>644,591 smokers in BC).⁸ Tobacco-related illness is the leading cause of preventable death in British Columbia.⁹ Tobacco use causes up to 6,000 deaths in the province each year, including over 100 non-smokers who die from diseases caused by second-hand smoke. Smoking kills more people in British Columbia than all other drugs, motor vehicle collisions, murder, suicide and HIV/AIDS combined. Tobacco use is estimated to cost the British Columbian economy over \$2.3 billion each year, including health care costs from treating tobacco-related illnesses, increased sick time and lower productivity.

B.C. has a comprehensive Tobacco Control Program, administered by the Ministry of Health in collaboration with community partners including Health Authorities, WorkSafe BC, the BC Lung Association, and others).⁹ The main goals of the Tobacco Control Program were to help smokers quit and to reduce the percentage of British Columbians who smoke to 10%, by 2023.¹⁰ However, nicotine is a powerful drug and smokers often have enormous difficulty in quitting. The Tobacco Control Program has three key components: ensuring youth do not start to use tobacco, protecting people from second-hand smoke, and helping smokers quit. B.C. also has other policies (smoking bans or restrictions, advertising restrictions, and high taxes on tobacco products) designed to reduce smoking incidence.

Program Description

The BC Smoking Cessation Program (the Program) was announced by Premier Christy Clark on May 9th, 2011, and launched on September 30, 2011.¹¹ Each calendar year (January 1st to December 31st), the Program offers eligible B.C. residents either non-prescription nicotine replacement therapy (NRT) gum or patch^{iv} with a free supply for up to 12 weeks, or PharmaCare coverage for eligible claimants of prescription smoking cessation drugs^v for up to 12 weeks. Clients may register for their supply of NRT by calling HealthLinkBC (HLBC)/811, and may choose to pick up the NRT at a local pharmacy or receive free delivery by mail within 5 to 10 business days, via the government's Product Distribution Centre. Clients may receive a prescription for smoking cessation when visiting a physician for another reason, and must pick up their medication at a community pharmacy. Information about the Program was available through earned or owned media, not paid media.

The Program has encouraged a significant number of British Columbian residents to make a quit attempt. From September 30, 2011 to October 31, 2014, almost 178,000 residents received one of the Program's smoking cessation products (122,000 for nicotine gum or patches, and 74,000 for bupropion or varenicline). The cost of these medications was approximately \$34.4 million.

^{iv} Thrive[®] gum and Habitrol[®] patch are the current brands free through the Program

^v bupropion/Zyban[®], varenicline/Champix[®]

Survey Objectives

To determine the effectiveness of the NRT component of the Program on smoking cessation, a one-time survey was conducted to determine the following:

- A. **The smoking status of clients after using the Program's NRT.** The average number of times it takes to quit successfully is 30 times over a person's lifetime.¹² The survey was designed to determine whether the Program helped clients quit, decreased cigarette consumption, increased the number of quit attempts, and increased the duration of abstinence.
 - a. What percentage of smokers quit smoking?
 - b. Did the Program help reduce the number of cigarettes consumed?
 - c. What was the number of quit attempts?
 - d. How long were the smoke free periods?
- B. **The predictors of success/failure in smoking cessation.**
- C. **Client satisfaction with the Program.**

METHODS

Survey Methods

Questionnaire Design

A survey was developed to address the identified objectives (please see Appendix 1). The Ministry of Health and BC Stats developed this survey questionnaire in consultation with NRG Research Group. Where appropriate, definitions and survey questions from the North American Quitline Consortium (NAQC) and the Ontario Tobacco Research Unit were used.^{5,13}

Questionnaire Sampling

BC Stats and the Ministry of Health developed a sampling plan that utilized a stratified sampling method. This method was used to ensure that respondents were representative of the target population in terms of Health Authority and month of registration. This quota plan was modified during fielding in recognition of the fact that the quotas were not adequately representative of the sample or the Program participants.

Clients who called HBLC/811 and registered for the Program NRT between January 1, 2014 and March 31, 2014, and received NRT, were eligible for survey participation.

A total of 80,491 clients called HBLC/811 and registered for the NRT program between June 30, 2013 and July 31, 2014. These records included first time registrations and subsequent requests for refills. These records were validated against the Ministry of Health administrative data holdings including: Registration and Premium Billing (R&PB), Client Registry, and Translation Master File (TMF) on BC resident's Personal Health Number, age restriction of 19 years and older and postal code validation.

There were three types of NRT users: nicotine gum only, nicotine patch only, and nicotine gum and nicotine patch combined. An NRT type was assigned to the individual based on the dispensed NRT between registration date in 2014 and October 31, 2014. In addition, each record was assigned to a Health Authority (HA) based on the validated postal code on the original HBLC/811 records.

This series of validations, as well as the registrations limited to the 3-month time period of January 1 – March 31, 2014 resulted in a cohort list of 14,486 for BC Stats to conduct its survey.

Survey Administration

The BC Smoking Cessation Program Survey was administered by telephone and online, using Computer-Assisted Telephone Interviewing (CATI) and Computer-Assisted Web Interviewing (CAWI). NRG Research Group was responsible for all data collection activities.

Prior to the beginning of fieldwork, BC Stats assigned 6,000 sample cases (using stratified random sampling) to receive a letter explaining the purpose of the survey. The remaining 8,486 sample cases were not sent a letter, and were instead prioritized for telephone interviewing.

Records identified as duplicate phone numbers belonging to different people (e.g., multiple members of the same household, recovery facilities) were removed from the initial sample load pursuant to further clarification on contact rules.

Qualifying Criteria

The BC Smoking Cessation Program Survey included screener questions meant to confirm a potential respondent's eligibility to participate. Anyone who did not recall enrolling in the Program was disqualified from participating. Additionally, respondents who did not smoke cigarettes prior to using the Program (i.e., used other types of tobacco) were disqualified.

Response Rate and Margin of Error

Out of an initial sample of 14,486 potential participants, 172 records were identified as unusable (i.e., were on the Do Not Call registry, or were not mailed a letter and had no valid phone number). This left 14,314 eligible records for dialing.

In total, 3,001 surveys were completed, resulting in a response rate of 21.0% (based on the total number of eligible records). The response rate based on total people reached during the survey period (5,418 people) was 55.4%.

The overall margin of error for this sample size, based on the population of 14,486, is $\pm 1.59\%$ at the 95% confidence level. This means that if the surveys were conducted 100 times, responses to key questions would be expected to fall between -1.59% and +1.59% of the reported results, 95 times out of 100.

Statistical Methods

Data was analyzed using SPSS by the Ministry of Health Surveillance and Epidemiology team. The data set was weighted post-survey for age and gender against the original cohort list of 14,486, based on the assumption that the cohort list reflected the age and gender distribution of the relevant program participants. Chi-square tests of significance were used for all of the cross-tabulations.

Privacy Impact Assessment, Information Sharing Agreement

A Privacy Impact Assessment was conducted to ensure compliance with government's privacy protection responsibilities. As per the Freedom of Information and Protection of Privacy Act, an Information Sharing Agreement was also established.

RESULTS

British Columbians who registered for the Program NRTs between January 1, 2014 and March 31, 2014 were contacted between January 5, 2015 and February 17, 2015. There were 3,001 registrants who met the inclusion criteria and completed the survey.

Characteristics of respondents (n=3,001) were compared to the characteristics of the sample population (n=14,486). There was a very clear parallel between the two groups to key variables of interest (i.e., Health Authority, month of registration in the Program, and NRT type). This is a strong indicator that the respondent population is indeed representative of the sample population.

Results addressing the survey objectives are presented in this report.

Table 1: Survey and survey respondent characteristics

Parameter	Results
Total completed surveys	3,001
Average age of responders	52
% males, % females	53%, 47%
Average time per survey completion	11.6 minutes
Respondents by Health Authority	
Fraser Health	878
Interior Health	709
Island Health (Vancouver Island)	595
Vancouver Coastal (VCH)	508
Northern Health*	311

**Northern Health Authority was under represented in the sample. However it is also has the smallest population.*

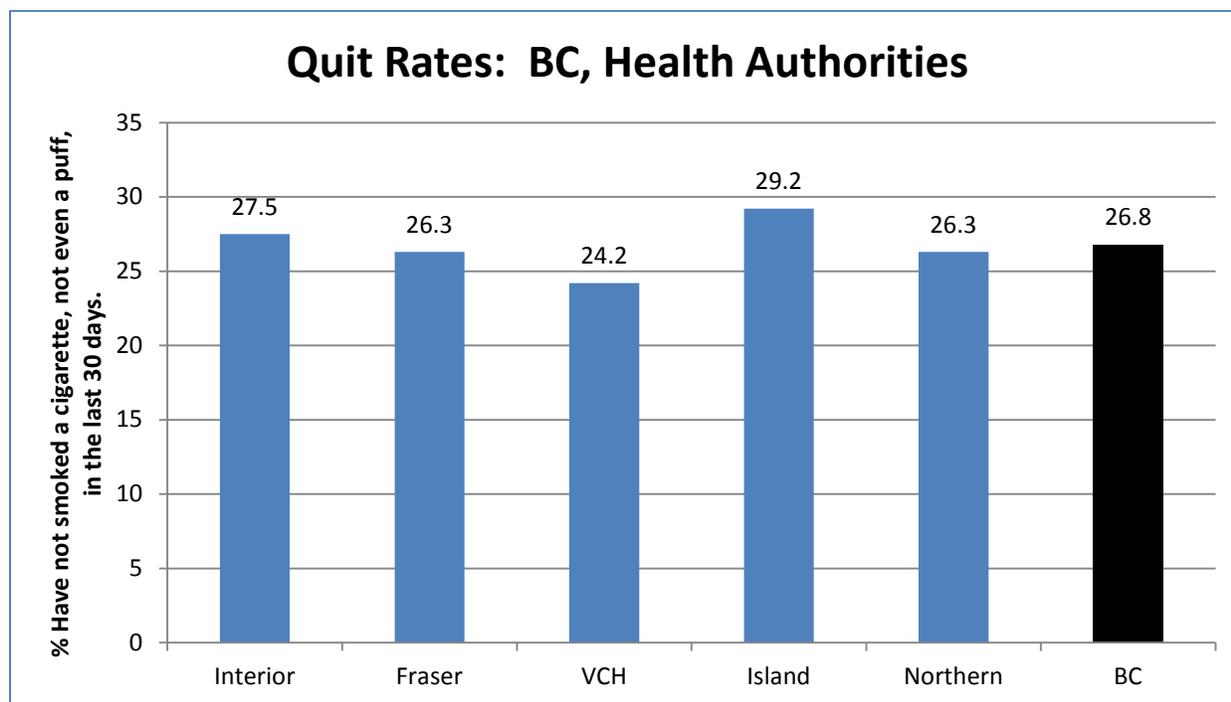
Slightly more than one-half of all respondents (53%) were male and the rest were female (47%).

There were 29% respondents from the Fraser Health Authority, 24% from the Interior Health Authority, and 20% from the Vancouver Island Health Authority. A further 17% of surveys were completed with residents of the Vancouver Coastal Health Authority, and the final 10% came from the Northern Health Authority.

Nearly all (99%) chose to complete the survey in English; less than 1% each chose to complete the survey in Cantonese, Mandarin, Punjabi, or Farsi.

Objective 1: Smoking Status

Figure 1: Quit Rates: BC, Health Authorities



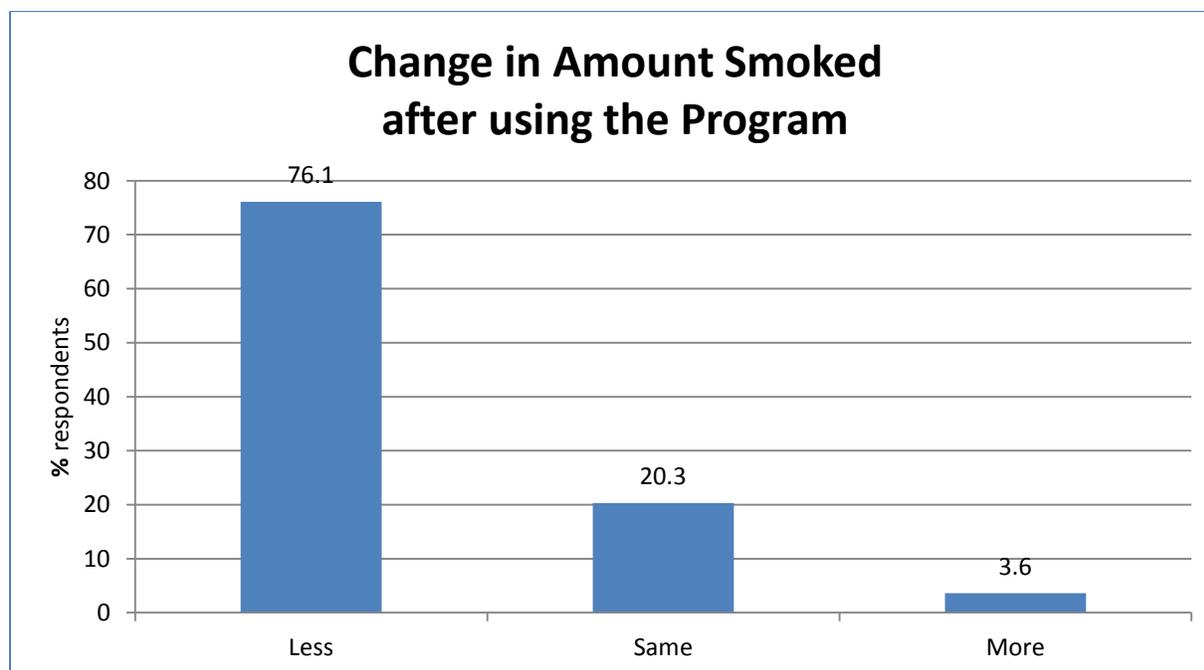
The quit rate was measured and reported as a 30-day point prevalence abstinence at the time of the survey; there is a correlation between this measurement and remaining smoke free.⁵ This information was determined in response to the question: *Have you smoked a cigarette, even a puff, in the last thirty days?*

The overall quit rate was 26.8%, 95% CI [25.2, 28.4]. Comparisons to other programs providing NRT are unavailable. When extrapolated to the total number of NRT participants (122,000 British Columbians),^{vi} it was estimated that the Program may have helped 32,696 clients using NRT quit. The variation between Health Authorities was not statistically significant (Figure 1).

The survey response rate was 55.4%, which was above the target response rate of 50%.⁵ The 55.4% response rate helps decrease response bias (i.e. survey responders and non-responders are less likely to differ in their quit rates) and increases the accuracy with the observed quit rate.

^{vi} September 31, 2011 – October 31, 2014

Figure 2. Change in Amount Smoked after using Program



Cigarette consumption since using the Program was determined. At the time of the survey, 76.1% of respondents reported that they were smoking less than before using the Program (Figure 2). This was significant.

Table 2. Number of Quits Before and After the Program

Parameter	Six Months Before Program	After Program
average number of quits	4.3	4.3

There was no difference in the average number of quits before and after the Program (Table 2). The average number of times it takes to quit successfully is 30 times over a person’s lifetime.¹² As this survey represents a short period of time, a comparison in number of quit rates cannot be made.

However since using the Program, 71% made at least one quit attempt by stopping smoking for at least 24 hours

Table 3. % Respondents with Duration of Abstinence >30 days Before and After the Program

Parameter	Six Months Before Program	After Program
% respondents abstinent >30 days	40%	52%

There were more respondents (52%) who remained smoke free for >30 days after using the Program (Table 3). This was statistically significant. This was higher than the quit rate of 26.8% because 52% was at any time after using the Program, versus 26.8% was only at the time of the survey.

Objective 2: Predictors of success/failure in quitting smoking.

Table 4. Relationship between Personal Characteristics and Quit Rates

Characteristic	Quit Rate (%)	Significance
Gender		
Male	26.5	NS
Female	27.0	
Age		
20-34	25.8	NS
35-44	29.6	
45-64	25.6	
65+	28.7	
Education		
Less Than Secondary	15.4	P<.000
Secondary Complete	26.9	
Some Post-Secondary	27.9	
Trades/Apprenticeship	25.6	
College Diploma	29.0	
University	33.9	
Employment Status		
Currently Working	29.3	P<.000
Not Working	23.2	
Ethnic/Racial		
White	26.7	NS
Aboriginal	20.2	
Asian	26.6	
Other	30.0	
Self-Rated Mental Health		
Excellent	34.2	P<.000
Very Good	20.0	
Good	25.4	
Fair or Poor	16.2	

Gender, age, and racial/ethnic group were not related to quit rates (Table 4). For example, the quit rate for males was 26.5%, and the quit rate for females was 27.0% (NS). Literature has shown that age is one of the main predictors of quitting, with older smokers more likely to successfully quit than younger smokers.⁵ However since more than 85% of the survey respondents were younger (<65 years old), there could be a range of reasons why younger smokers engaged in the Program (e.g. ease of registration, cost of product, etc.) that were not captured.

Education, employment status and self-rated mental health were significantly related to quit rates. Employed persons with higher levels of education and high levels of self-rated mental health reported the highest quit rates.

Table 5. Relationship between Previous Smoking Behaviour and Quit Rates

Characteristic	Quit Rate (%)	Significance
Longest Quit During the Six Months Before Program		
1-7 Days	21.0	P<.000
8 to 30 Days	22.0	
More Than 30 Days	29.4	
Age At Which They Began Smoking		
Less than 12	18.2	P<.01
12 to 15	25.4	
16 to 19	26.8	
20 to 24	32.2	
25 or Older	27.9	
Number of Times Quit Prior to Program		
0	31.3	P<.000
1	31.5	
2	27.5	
3	19.2	
4	20.6	
5	25.3	
6	26.9	
7 to 10	20.4	
11 to 20	24.0	
More Than 20	24.0	
Number of Times Quit After Program		
1	36.8	P<.000
2	17.0	
3	15.2	
4	16.3	
5	19.7	
6	16.7	
7 to 10	12.4	
11 to 20	15.8	
More Than 20	8.0	

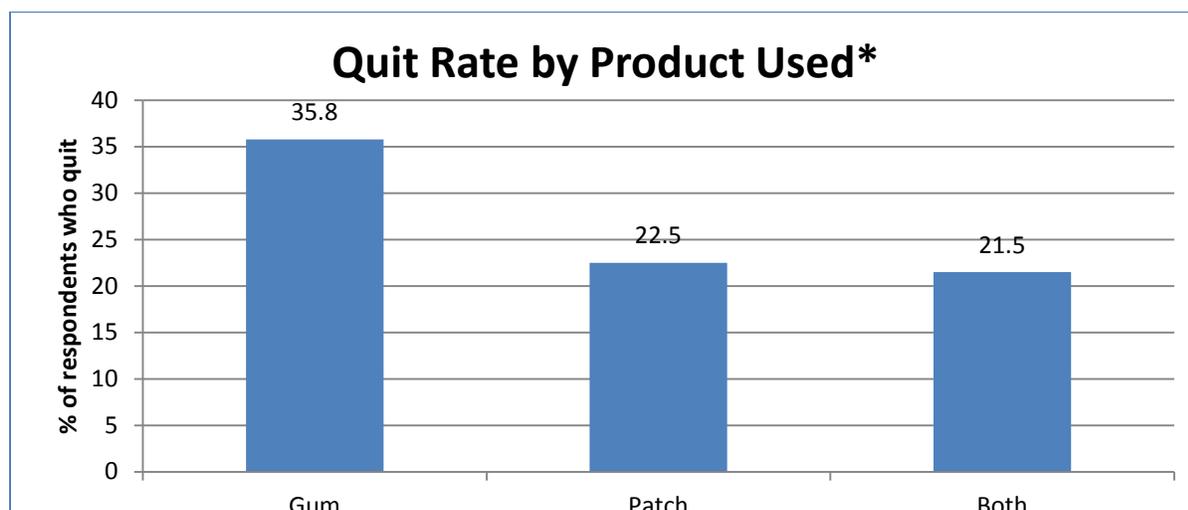
Previous smoking behaviour was strongly related to quit rates (Table 5). Respondents with the highest quit rates were those who had managed to quit for at least thirty days on at least one occasion prior to the program, had begun smoking in their early twenties, and had only quit once or twice before the program. Rates decreased with the number of post-program quit attempts.

Table 6. Longest Quit Before and After Program

Number of Days	Six Months Before Program	After Program
1-7 days	43.1	27.2
8-30 days	17.1	20.7
>30 days	39.8	52.1
Total	100	100

Quitting was more likely in those who had previously quit for a period of more than 30 days before using the Program (Table 6). This was statistically significant.

Figure 3. Product Used



*Source: PharmaNet

About one-third (32.5%) of all respondents used gum as their nicotine replacement therapy, while nearly two-thirds (63%) used nicotine patches. The remaining 4% used both gum and patches as part of their treatment.

It is noteworthy that quit rates were significantly higher for gum users (35.8%) compared to patch or those who used both ($p < .000$) (Figure 3). This is not consistent with a recent network meta-analysis (NMA), which showed no difference between gum and patch.¹⁴ The results are different because the NMA included over 15,000 patients from clinical trials, not from real-world data.

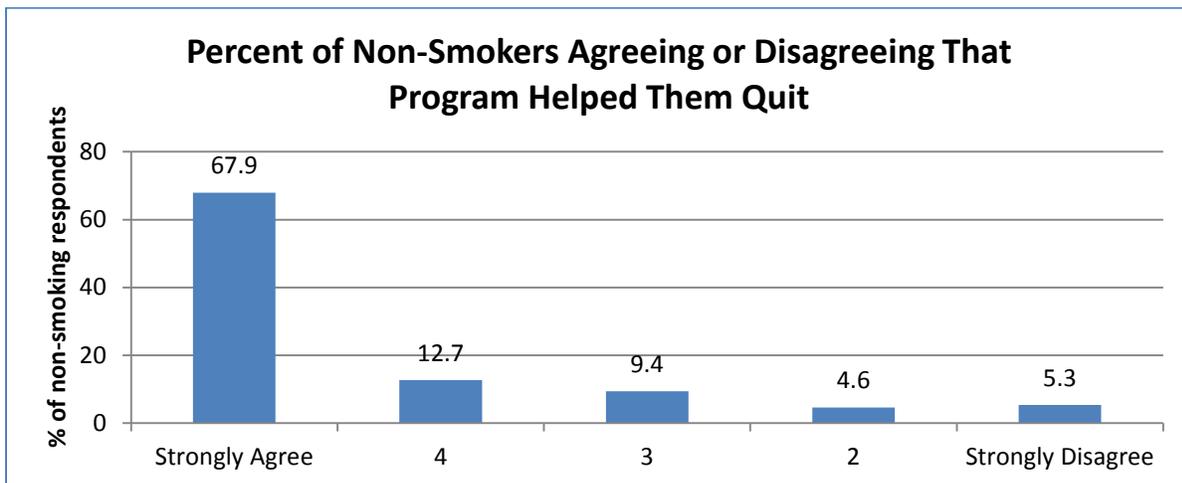
Interestingly, a New Year's resolution was not a predictor of success/failure of quitting smoking, and those who made a resolution were less likely to quit. The 30-day quit rate among those who made a New Year's resolution was 8%, vs. those who did not was 36.4%. This was significant.

The relationship between respondent characteristics and behaviours to quit rates described above was for those who sought treatment. Predictors in the general smoking population may be different.

Objective 3: Client Satisfaction

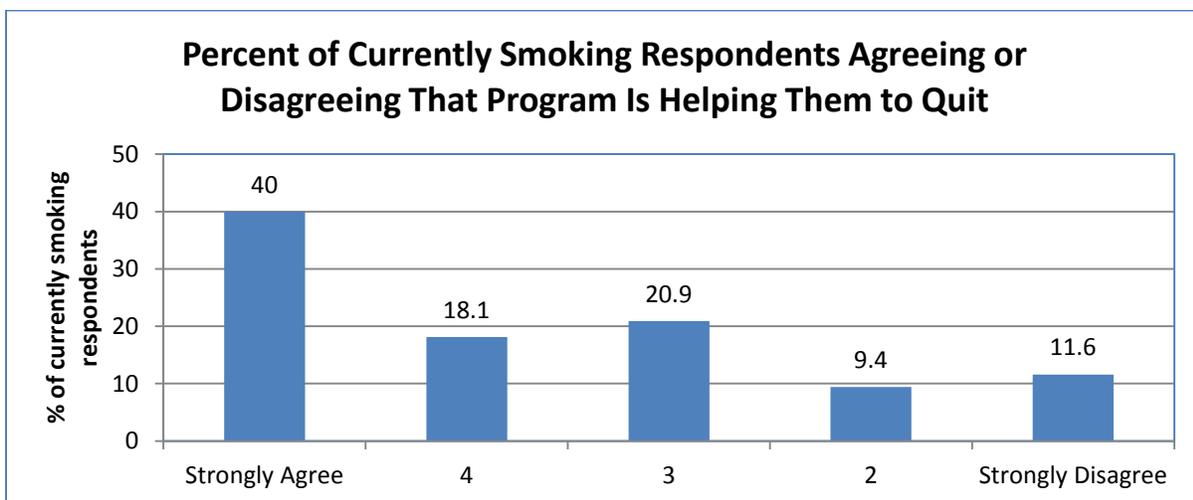
Client satisfaction was measured through their perception of Program effectiveness. Overall, 65% reported that they strongly agree/agree that the Program helped (or is helping) them quit smoking. Responses were further stratified into respondents who declared at the time of the survey, whether they were smoking (daily or occasionally) or not smoking at all (Figures 4 and 5). Note that not all non-smokers met the definition of “quit” as defined in this study.

Figure 4. Effectiveness of the Program as determined by current non-smokers



Among persons who were not smoking at the time of the interview (n=1074), 80% strongly agreed/agreed that the Program had helped them to quit (Figure 4). This was statistically significant.

Figure 5. Effectiveness of the Program as determined by current smokers



Among respondents who were still smoking (n=1,909), 58% strongly agreed/agreed that the Program is helping them to quit (Figure 5). This was statistically significant.

DISCUSSION

The Ministry of Health has adopted dimensions of quality from the approach used by the BC Patient Safety and Quality Council.¹⁵ These dimensions of quality include effectiveness, appropriateness, accessibility, safety, acceptability. The results from this survey addressed effectiveness: care (or services) that are known to achieve intended outcomes.

Most notably, the NRT component of the Program encouraged 122,000 British Columbians to order an NRT to help quit smoking, and respondents achieved a 26.8% quit rate. Seventy-six percent said they consumed fewer cigarettes after the Program, and 65% strongly agreed/agreed that the Program helped/is helping them quit smoking.

Predictors of success/failure in quitting smoking was measured, however some of the results were not consistent with the literature. As a result, we were unable to determine the predictors of success/failure of quitting smoking in the Program at this time

Limitations

The survey was limited to Program users who had registered for NRTs (some of which may have had smoking cessation prescription medications), as contact information was not available for clients who received only prescription medications. Scientific studies have shown that prescription medications are more efficacious than NRTs; it is expected that the effectiveness of the Program's prescription medications would not be different from these results.¹⁴

The 30-day point prevalence abstinence was measured 10-13 months after Program registration; the quitline standard recommends measuring at 7 months.⁵ This was not logistically possible for this evaluation because there would be an insufficient cohort to draw upon from to meet the quota for this survey (most clients registered at the beginning of the calendar year), and the survey could not be conducted on an ongoing basis throughout a calendar year.

The survey was limited to clients who registered for NRTs in 2014, and did not reflect the entire Program since inception. However, recall would be an issue for clients from previous years, thus the results reflect recent users of the Program.¹⁶

Strengths

Sample size (n=3,001) was high and response rate (55.4%) was above the target. Characteristics of respondents paralleled of the characteristics of the sample population. Since the respondent population was a representative of the sample population, this allowed extrapolation of results to the population of Program users.

Where appropriate, definitions and validated questions were used to determine smoking status.

CONCLUSION

The NRT component of the Program had the following outcomes:

- It encouraged a significant number of British Columbians (n=122,000) to order an NRT to help quit smoking.
- The quit rate for respondents was 26.8%, 95% CI [25.2, 28.4].
- 76% reported that they were smoking less than before using the program.
- 71% reported making at least one quit attempt where they stopped smoking for at least 24 hours.
- 52% remained smoke free for >30 days after using the program.
- Overall, 65% strongly agreed/agreed that the Program helped (or is helping) them quit smoking.

The results indicate that the NRT component of the Program is effective and should be continued to assist those who wish to stop smoking.

APPENDIX 1: BC SMOKING CESSATION SURVEY QUESTIONS

We are interested in knowing your smoking behaviours *before* you used the BC Smoking Cessation Program.

- 1) At what age did you begin to smoke cigarettes (daily)?
- 2) In the **6 months before** you used the Program in 2014, how many times did you stop smoking for at least 24 hours because you were trying to quit?
- 3) In the **6 months before** you used the Program in 2014, what is the longest period of time you had quit and remained smoke-free?

Now, we are interested in your smoking behaviour *since* using the BC Smoking Cessation Program.

- 4) At the present time, do you smoke cigarettes daily, occasionally or not at all?
- 5) Did you recently make a New Year's resolution to reduce your cigarette smoking or stop smoking
- 6) Have you smoked a cigarette, even a puff, in the last 7 days?
- 7) Have you smoked a cigarette, even a puff, in the last 30 days?
- 8) At the present time, on the days you smoke, or when you were last smoking, how many cigarettes do you usually smoke?
- 9) At the present time, are you smoking less, smoking the same, or smoking more cigarettes than before using the Program?
- 10) In the time *since* using the Smoking Cessation Program, how many times have you stopped smoking for at least 24 hours, because you were trying to quit?
- 11) In the time *since* using the Program, what is the longest period of time you have quit and remained smoke-free?
- 12) On the days you smoke or when you were last smoking, how soon after you wake up do you smoke your first cigarette?

Now we are interested in your experiences with the BC Smoking Cessation Program.

- 13) How did you first hear about the B.C. Smoking Cessation Program?
- 14) Using a scale from 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree", please respond to this statement: *The BC Smoking Cessation Program has helped (or is helping) me quit smoking.*

Now, we are interested in your interactions with QuitNow, a free service to help you quit smoking and remain smoke-free.

- 15) Did you use QuitNow services?
- 16) Which QuitNow services did you use?
 1. Telephone counselling
 2. Text messages
 3. Web counselling
 4. Facebook
 5. Downloaded materials from website

We are interested in learning more about what helps people quit.

17) Since contacting the BC Smoking Cessation Program, other than the free nicotine patches or gum you received, have you used any of the following products or medications to help you quit?

1. Nicotine patches [NOTE: Other than the free nicotine patches]
2. Nicotine gum [NOTE: Other than the free nicotine gum]
3. Nicotine lozenges
4. Nicotine spray
5. Nicotine inhaler
6. Prescription medication called Zyban (also called Wellbutrin or bupropion)
7. Prescription medication called Champix (also called varenicline)
8. Other (specify _____)
9. No additional products or medications

18) Did you use any other kind of assistance to help you quit? IF YES, What kind of assistance have you used?

1. Advice from health professional. [If “health care professional” probe:]
 - i. Doctor
 - ii. Dentist
 - iii. Pharmacist
 - iv. Other health professional (please specify _____)
2. Website. If yes, which one(s).
3. Telephone program. If yes, which one(s).
4. Counselling program. If yes, which one(s)
5. Self-help materials (booklets, pamphlets, books, etc.). If yes, which one(s).
6. Quit with a friend or family member for support
7. E-cigarette
8. Special filters or holders
9. Other (specify _____)
10. None

We have just a few more general questions about you. We’d like to understand a bit more about those who have used the Program – for example, education, employment status, mental health status, and nationality of origin. Please remember that your answers are kept completely confidential by BC Stats and the Ministry of Health.

19) What is the highest level of education you have completed?

1. Less than high school
2. High school diploma, certificate or equivalent
3. Some post-secondary education without degree, certificate or diploma
4. Registered apprenticeship or trades certificate or diploma
5. College, CEGEP, or other non-university certificate or diploma
6. University degree including Bachelor’s, Master’s or PHD

- 20) Do you currently work at a job or business?
1. Yes
 2. No
- 21) In general, would you say your overall mental health is...?
1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor

The BC Government – as well as many other organizations in BC – offer services for people who may be experiencing mental health issues or simply going through a tough time. You can learn more about some of these services by calling 8-1-1 or by visiting heretohelp.ca.

22) People living in Canada come from many different cultural and racial backgrounds. This information is collected so that we can monitor and ensure our program is reaching people from different cultural and racial backgrounds. People may identify with one or more of the following groups. Do you consider yourself to be:

1. White
2. Asian. [IF YES] Which specific ethnicity or race do you identify with most?
 - i. Chinese
 - ii. Filipino
 - iii. Korean
 - iv. Japanese
 - v. South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)
 - vi. Southeast Asian (e.g. Vietnamese, Cambodian, Malaysian, Laotian, etc.)
3. Middle Eastern, for example Arab, Iranian, Persian, or Afghan
4. Black
5. Latin American
6. Aboriginal, for example First Nations, North American Indian, Metis, or Inuk)
7. Other (please specify)

23) One last question, the Ministry of Health may want to contact you again to do additional evaluations of the BC Smoking Cessation Program.

- i. May we call you again to participate in this future research?
- ii. May I confirm your first and last name?
- iii. May I confirm your 10-digit phone number?
- iv. Is there an email address where we could reach you?

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