

QUITLINE SUPPLEMENT

Taiwan Report on Quitline Activities

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Abstract

Aiming at reducing smoking population, Taiwan government adopted a successful smoking cessation quitline model from California Smokers' Helpline, commissioned a private non-profit organization—Teacher Chang Foundation, which was well-known for its quality telephone counseling service—to set up Asia's first quitline, Taiwan Smokers' Helpline (TSH) in 2003. The establishment of the quitline is a significant progress for tobacco control in Taiwan, as it built up a cooperative model with smoking cessation clinics to increase the quit rate through assisting smokers to overcome their psychological obstacles while quitting smoking.

Keywords: Taiwan Smokers' Helpline - Taiwan quitline - smoking cessation - quitline

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Introduction

Taiwan Smokers' Helpline (TSH) has been provided quality services for 12 years since 2003. Financial resource for TSH comes from the Health and Welfare Surcharge on tobacco products, which is imposed since 2002. TSH is commissioned by Health Promotion Administration, Ministry of Health and Welfare, Taiwan and is operated by Teacher Chang Foundation, a non-governmental organization providing telephone counseling services since 1969.

People living in Taiwan, regardless of smokers or non-smokers, who would like to quit or help their friends and loved ones quitting smoking, may call TSH for smoking cessation information or assistance. TSH is open Monday through Saturday from 9am to 9pm, and close on Sundays and during Chinese New Year. TSH service is accessible through toll-free number dialed from landlines, payphones, mobile, and Internet phones. The service is also provided via emails.

Brief Overview of Tobacco Control in Taiwan

When WHO FCTC took effect on Feb. 17, 2005, it became the first worldwide public health convention. As of September 2010, 168 countries had already signed onto the treaty. Taiwan announced its approval and support for the world's first worldwide public health convention when the president signed a document expressing the country's commitment to the pact on March 30, 2005. Although Taiwan has not been able to sign the WHO FCTC, yet it remains deeply committed to the development of public health around the world. With the efforts and hard work, smoking rate in Taiwan among adults has been dropped almost a half over past 25 years (Figure 1).

Major Tobacco Control Policies

The implementation of Tobacco Hazards Prevention Act (THPA) is a milestone for tobacco control in Taiwan. According to THPA, smoking is completely prohibited in the indoor workplaces jointly used by three people or more. In addition, selling and offering tobacco products to persons under the age of eighteen is banned. Forcing, inducing or using other means to cause the pregnant woman and the youth under the age of eighteen to smoke is not allowed either. THPA also demands children and minors who smoke to receive education about quitting-smoking. THPA also requires quitline number to be imposed on tobacco packages.

Timeline of Major Tobacco Control Policies

In 1997, Tobacco Hazards Prevention Act was announced and in effect. In 2002, the Health and Welfare Surcharge was imposed on tobacco products (5 NT\$/pack) and Outpatient Smoking Cessation Treatment Trail was implemented. Outpatient Smoking Cessation Treatment Trail was made a regular plan in 2004, and the Health and Welfare Surcharge was increased to 10 NT\$/pack in 2006. Amended Tobacco Hazards Prevention Act was enacted and the Health and Welfare Surcharge was raised to 20 NT\$/pack in 2009. Also, Second-Generation Outpatient Smoking Cessation Treatment Plan was implemented in 2012.

Overview of Taiwan Smokers' Helpline

Staff

Taiwan Smokers' Helpline has 15 full-time staff members and 25 part-time counselors in 2014. Figure 2 shows the staff organization. Figure 3 and Table 1 illustrate the structure and content of the training for telephone

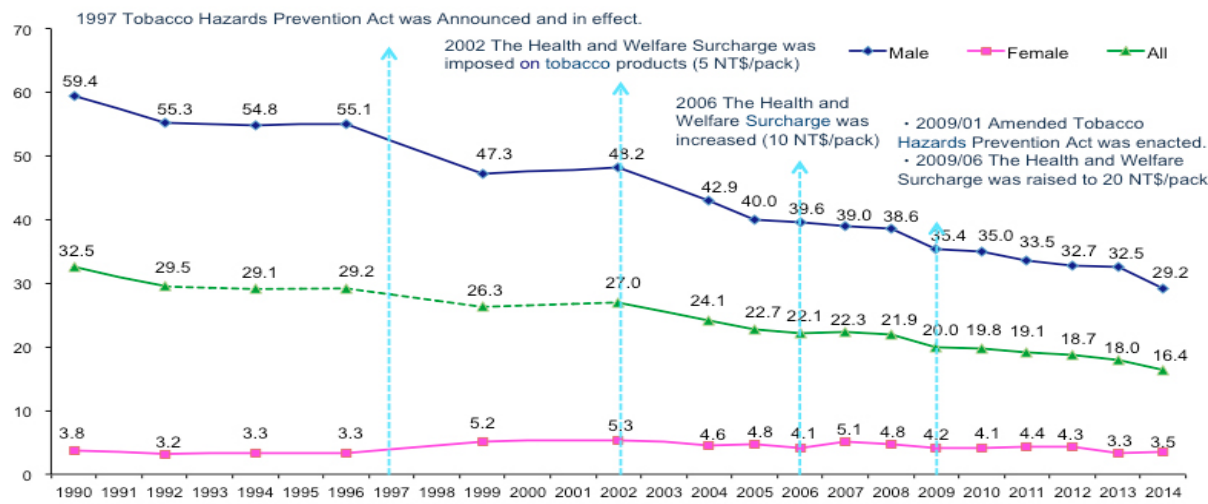


Figure 1. Trends of Smoking Rate in Taiwan, from 1990 to 2014. Adapted from “Adult Smoking Behavior Surveillance System, ASBS,” by Health Promotion Administration. (2015)

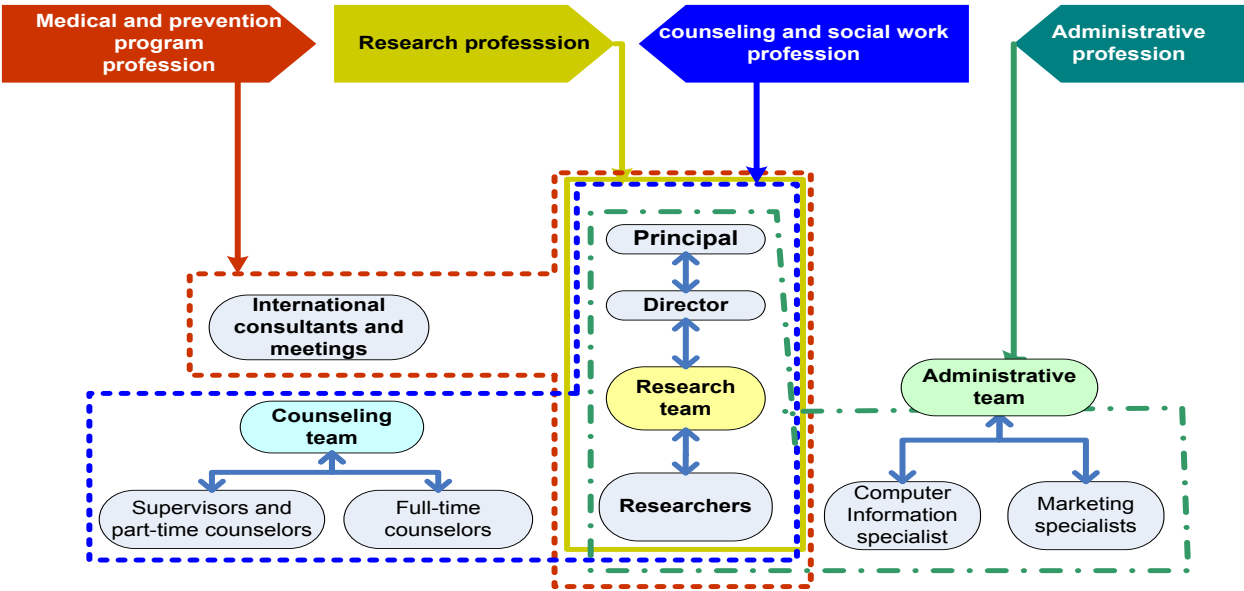


Figure 2. Staff Organization of Taiwan Smokers' Helpline

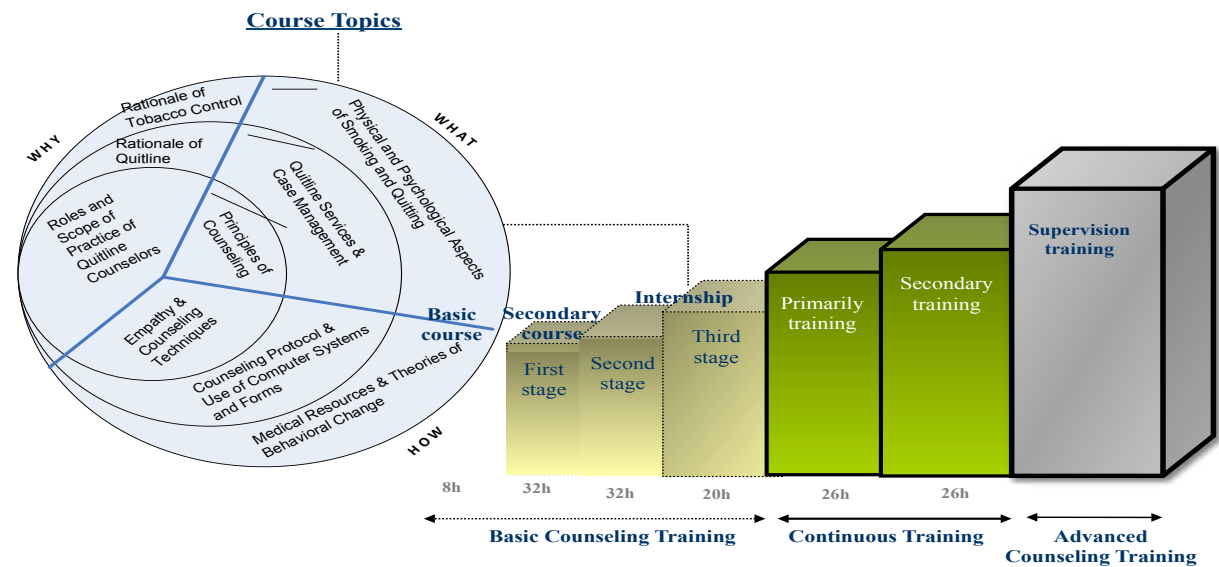


Figure 3. Telephone Counselor Training

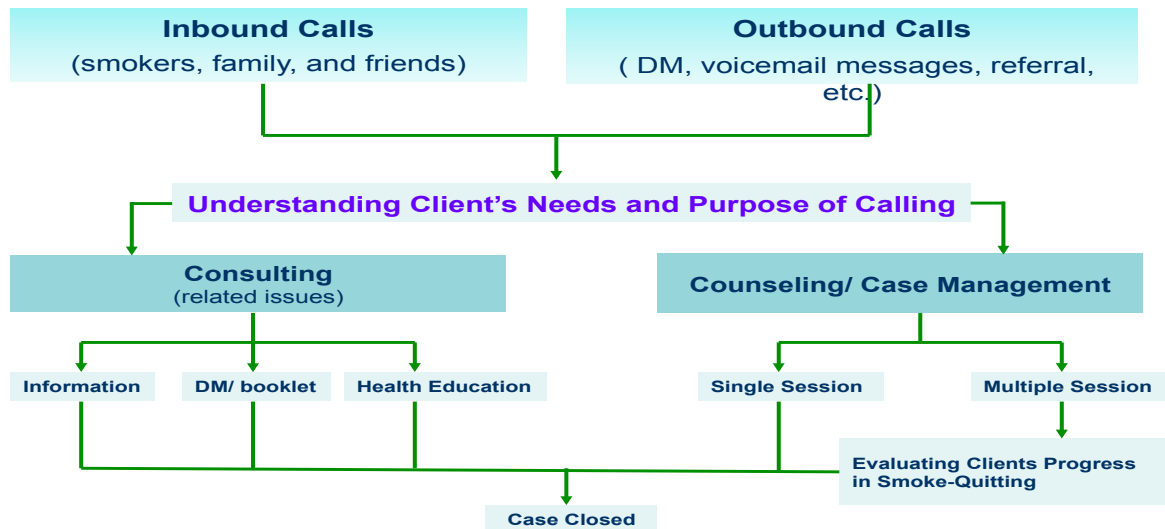


Figure 4. Service Protocol of Taiwan Smokers' Helpline

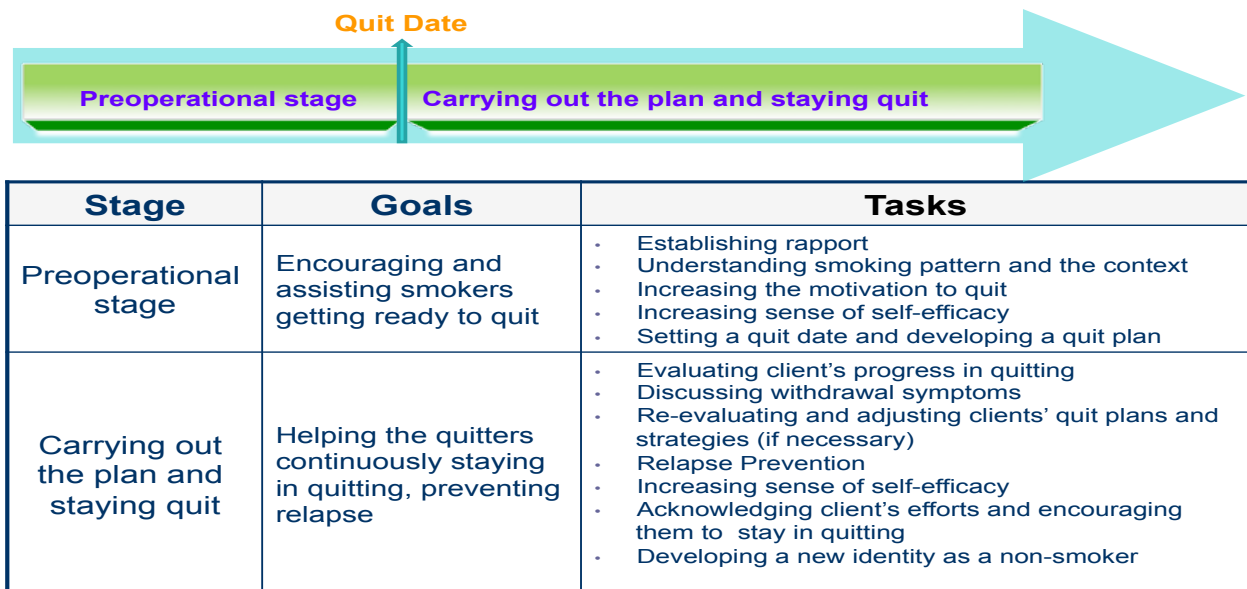


Figure 5. Counseling Framework for Smoking Cessation

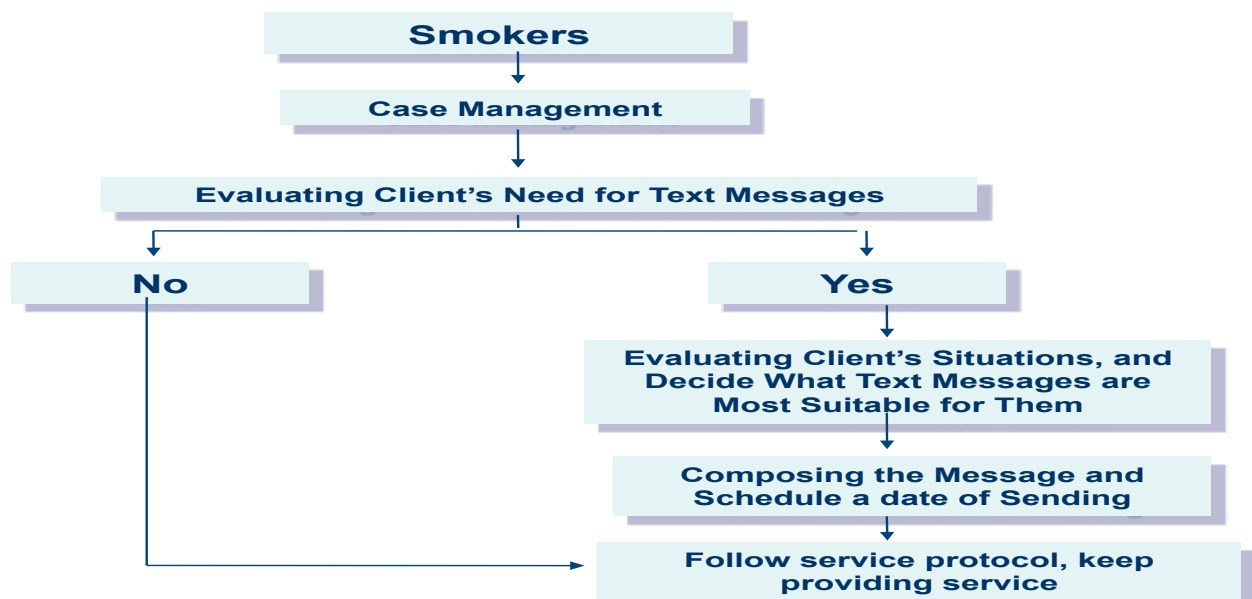


Figure 6. Short Message Service Protocol

Table 1. Regular training schedule and contents of Telephone Counselors for Smoking Cessation, Taiwan

Type of Training	Smoking Cessation Counseling Training	On-the-job Training	Counseling Supervision
Trainee	TSH prospective part-time counselors (people who have Counseling, Guidance, Education, Public Health, Medical, etc. background)	Full-time and part-time counselors	Full-time and part-time counselors
Hours	40-50 hours	50 hours per year	Varied
Format	1. Lecture 2. Skill-Training Group 3. Internship	1. Lecture 2. Workshop 3. Case Conference	1. Individual Supervision 2. Group Supervision 3. On site Monitoring/Supervision
Course Content	1. Physical and Psychological Aspects of Tobacco Addiction 2. Smoking Cessation Consultation and Counseling 3. Smoking Cessation Service and Work Ethics 4. Introduction to TSH Case Record and Call System	1. Psychological Mechanism of Smoking and Quitting Strategies and Skills for Smoking Cessation counseling 2. Smoking Cessation Strategies and Skills for Specific Groups 3. Smoking Cessation Medication 4. Smoking Cessation Service and Work Ethics 5. Self-Care for Smoking Cessation Counselors	Recorded sessions are used for individual or group supervision. Discussion can be focused on the clients, the counselor, and /or the process. Skill and content may also be targeted.

Table 2. Smoking Cessation Telephone Counseling and Case Management, 2003 - 2014

Year	Total Service (Consultation and Counseling)		Single- and Multiple- Session Counseling (Case Management Service)		
	No. of Individuals Received TSH Service	No. Of Services TSH has Provided	No. of Individuals Received TSH Single-Session Counseling	No. of Individuals Received TSH Multiple-Session Counseling	No. of Sessions TSH has Provided
2003	23,227	23,719	9,315	n/a	9,315
2004	28,146	47,218	12,144	n/a	16,989
2005	34,148	67,712	8,119	n/a	13,319
2006	43,748	69,246	9,295	n/a	14,321
2007	29,265	55,581	14,238	n/a	15,157
2008	13,284	76,800	6,685	3,081	12,280
2009	11,412	83,839	7,440	3,903	15,000
2010	19,836	89,808	8,687	5,212	18,701
2011	14,571	98,486	10,086	5,169	24,573
2012	14,188	98,237	10,143	5,218	26,404
2013	17,074	101,834	10,360	5,303	26,400
2014	15,387	104,436	10,032	5,129	27,077
Cumulative Total	264,286	916,916	116,544	33,015	219,536

Table 3. Selected Research and Report, 2003-2014

Year	Research Topic
2003	The Process of Formation, Duration, Abstinence, and Relapse on Smoking Behavior
2005	The Relapse of Gradual Nicotine Reduction and Abrupt Nicotine Withdrawal—An Analysis of Clients from Taiwan Smokers' Helpline
2007	Telephone Counseling Protocol for Pregnant Smokers—a Case Study on Taiwan Smokers' Helpline Callers
2008	A Formative Evaluation of Calling Taiwan Smokers' Helpline from Mobile Phones
2008	Satisfaction and Images on Taiwan Smokers' Helpline Self-Help Guide for Smoking Cessation
2009	The Influence of Short Message Services on Changing Smoking Behavior
2009	Effectiveness of Taiwan Smokers' Helpline Case management Services—Results from Surveys at the 1 st , 3 rd , 6 th , and 12 th Month
2009	Quitline Awareness Survey on Taiwan Smokers' Helpline Integrated Marketing—a Case Study at Chinese Culture University
2010	An Exploratory Study on Applying SMS to Smoking Cessation
2010	The Effectiveness of Proactive Telephone Counseling for Smoking Cessation in a Fixed-Interval Contact Schedule
2011 2013	Serial Studies of "Two-Stage Smoking Cessation Counseling Protocol On-the-job Training Program "
2014 2016	Understanding Male and Female Smokers' Experiences of Quitting Smoking

Cover			
Title	Quit for a New Life	Self-Help Guide for Quitting Smoking	Quit DIY: Steps to help you to quitting smoking
Targeted Population	People having not thought about quitting smoking	People considering to quit but are not completely ready	People having made the attempt in quitting
Content	<ol style="list-style-type: none"> General information Trends in tobacco control Introduction of tobacco hazard 	<ol style="list-style-type: none"> General information Quitting Q & A Quitters' testimony 	<ol style="list-style-type: none"> 4 stages in quitting Nicotine withdrawal symptoms and how to cope with them Building up healthy lifestyle Preventing from relapse

Figure 7. Available Materials for Helping Smokers Quit

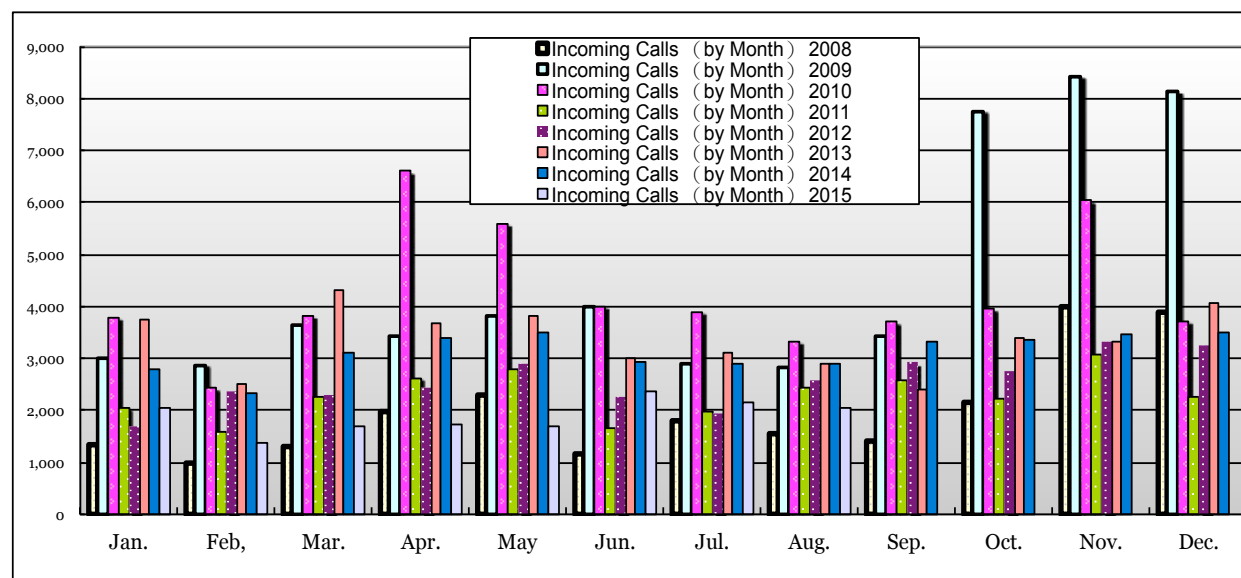
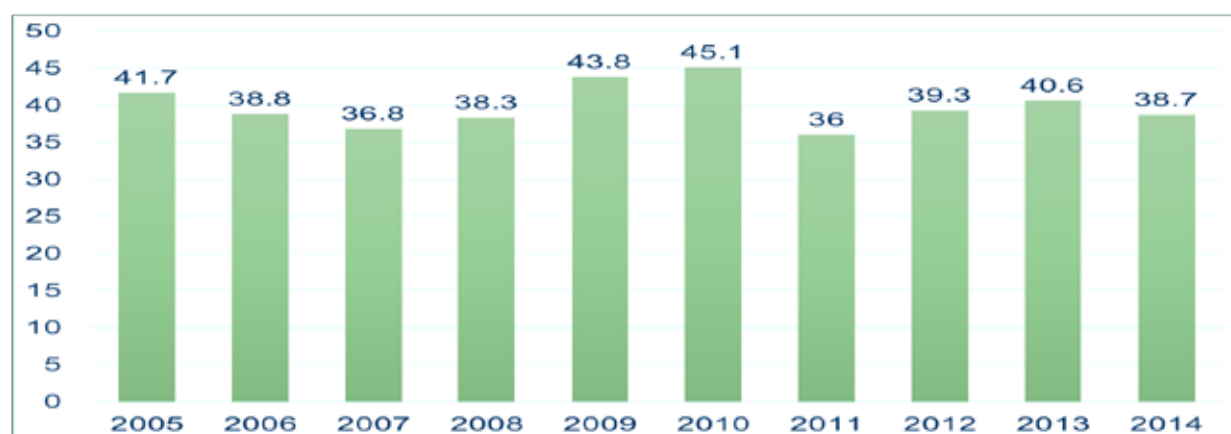


Figure 8. Trends on Number of Inbound Calls Per Month, Jan. 2004 - Jan. 2015



(*6-month Point-Prevalence Abstinence: Not smoking 7 days prior to a 6-month follow-up)

Figure 9. 6-month Point-Prevalence Abstinence Rate from 2005 to 2014.

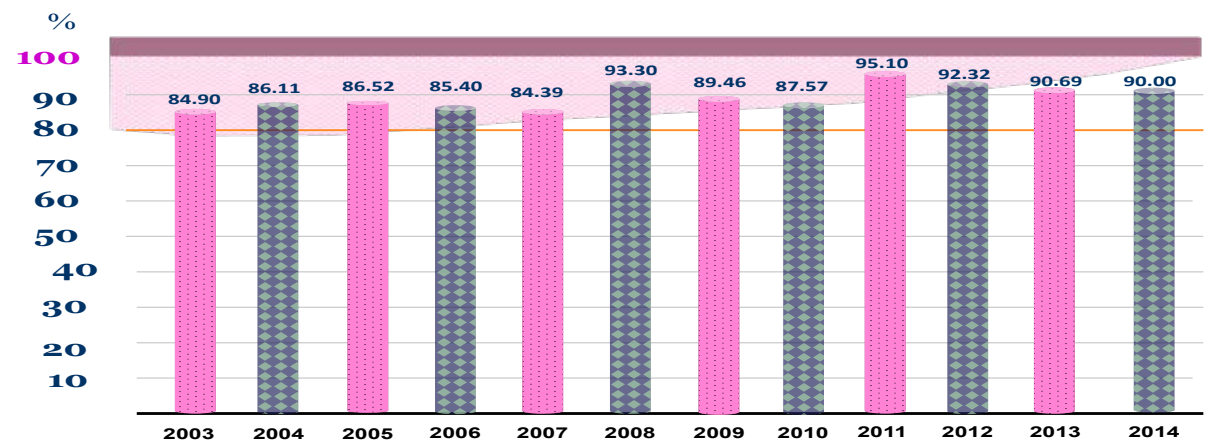


Figure 10. Overall Client Satisfaction from 2003-2014

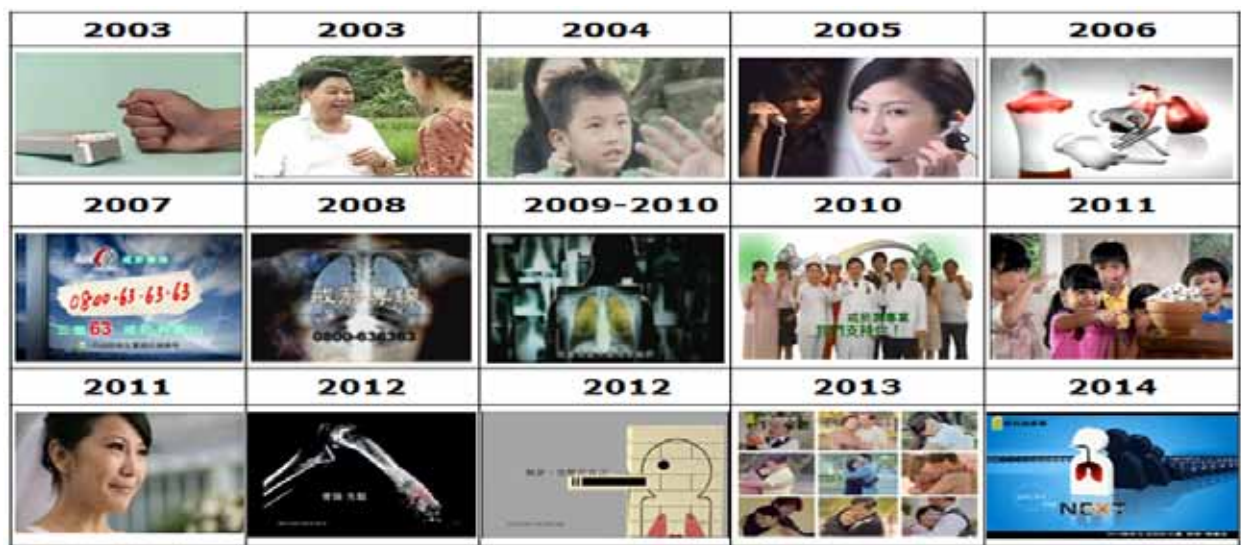


Figure 11. Screen captures of the commercial films from 2003-2014

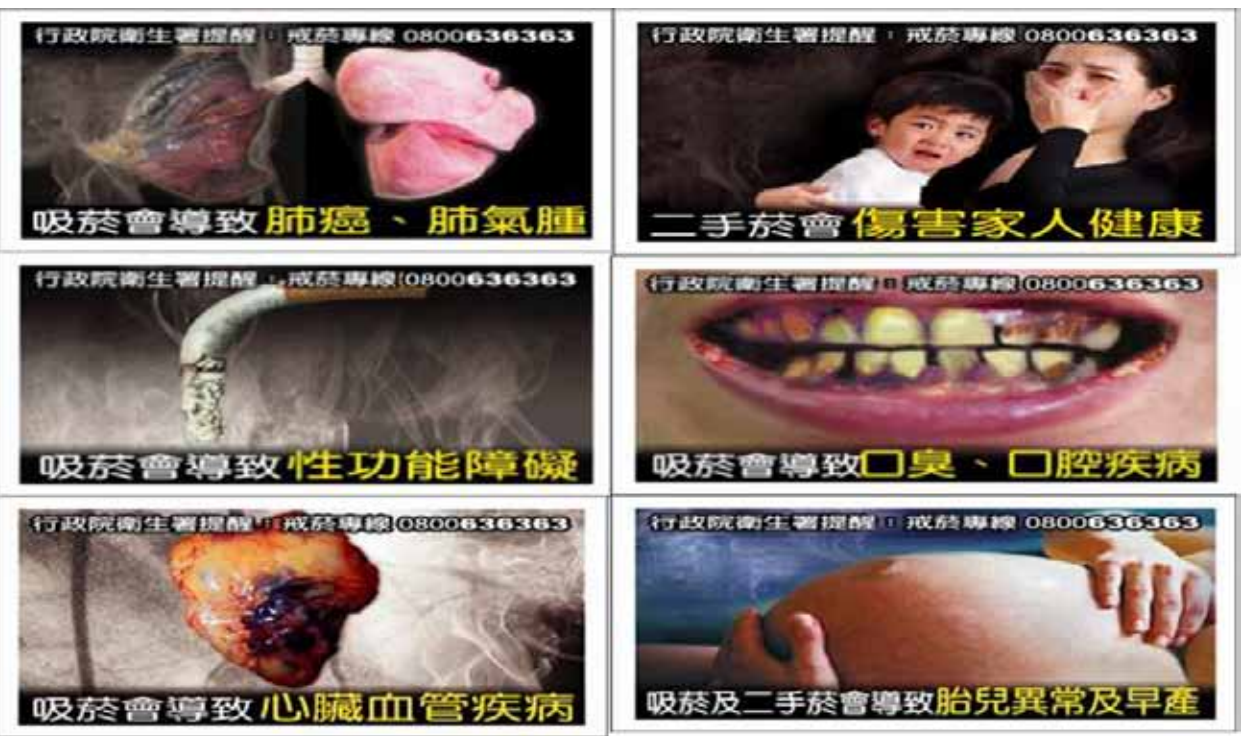


Figure 12. Health Warnings on Tobacco Packages from June, 2009 to May 2014



Figure 13. Health Warnings on Tobacco Packages since June 2014

counselors.

Performance Evaluation

Three aspects of performance are evaluated regularly. (1) For the counseling service evaluation, a performance/service evaluation meeting is held every month. External reviewers (usually a physician and a counselor) are invited to evaluate TSH service/performance by listening recorded telephone counseling session that are randomly selected at the meeting. Performances of the counselors are reviewed with a total of 16 questions in 3 areas: professional knowledge, counseling skills, and professional ethics. (2) For counselor evaluation, supervisors from counseling team will evaluate counselors who have been providing counseling for more than 3 month in every 6 months. Evaluation includes: counseling service, attendance, participation in on-the-job training. (3) During September 2010 to December 2011, Dr. Chih-Cheng Hsu in Min-Sheng General Hospital serves as the principle investigator of TSH External Program Evaluation, which is commissioned by Bureau of Health Promotion and Department of Health (now as Health Promotion Administration, Ministry of Health and Welfare) of Taiwan. The external program evaluation mainly focuses on performance of quitline and efficiency of service.

Services Provided by Taiwan Smokers' Helpline

Taiwan Smoker's Helpline established service protocol (Figure 4) and developed "Two-Stage Smoking Cessation Telephone Counseling Framework" (Figure 5) to guide the counseling services. Short Message Service (SMS) and booklets are also used as a supplementary to assist smokers in quitting (Figure 6 and 7).

Achievements of Quitline

Over the past 12 years, Taiwan Smokers' Helpline

had provided services to 264,286 individuals, of whom, 116,544 received single-session counseling and 33,015 have received multi-session counseling (Table 2). Figure 8 illustrates trends on number of the inbound calls.

Quit Rates and Client Satisfaction

Six-month point-prevalence abstinence rate in 2005 and in 2014 were 41.7 and 38.7 respectively. The rate fluctuates but it is not off the range of 36~46 (Figure 9).

Overall client satisfaction is about 90% (Figure 10).

Research Related to Quitline Activities.

Selected research and reports are listed in Table 3.

Activities for Quitline Promotion

CF (Commercial Films)

Each year, there will be a new TSH TV commercial released to increase public awareness of TSH service and its toll-free number. The commercial promotes the idea of freeing oneself from smoking and taking personal health seriously. It also shows how beneficial it is to oneself and her/his family once s/he quits smoking (Figure 11).

Other Promotion

In addition to commercial films, Taiwan Smokers' Helpline promotion and Anti-Smoking messages are also delivered through various means, such as newspaper, light-box, and side panel advertising on the buses.

Text and Pictorial Warnings on Cigarette Packages

Amended Tobacco Hazard Prevention Act requires that the front side of tobacco products carry a warning that covers at least 35 percent of the principle display area. The warning needs to include not only a written message about smoking hazards but also a picture and information to help smokers quit. Figure 12 and 13 demonstrate the health warnings on tobacco packages.

Future Development & Facing Challenge

Future Development

Taiwan Smokers' Helpline (TSH) will be providing standardized and professional telephone counseling and assisting smokers to get continuous and comprehensive care with dual referral service. By integrating information and resources of tobacco-control related field, TSH will establish a platform for the public and the health professionals on smoke cessation. Furthermore, TSH will connect with the quitlines worldwide to exchange experiences and knowledge. All of these developments will enhance the capability to offer better service.

Facing Challenge

In Taiwan, smoking rate among adults is gradually decreased, of which, male smoking rate has continuously and significantly reduced whereas female smoking rate seems gradually approached to its "plateau". In addition, smoking becomes prevalent in younger adolescence. Thus, smoking cessation service has to be tailored according to various groups of smokers, in order to fulfill their needs and increase the abstinence rate.

In the earlier years, TSH mainly provided services to callers, and yet in the recent years, TSH has collaborated with health facilities, schools, employers, community health centers, etc. proactively reach out to smokers, who may still struggle with the idea of quitting. In this case, counselors will have to encourage them and strategically get them motivated to quit.

References

Health Promotion Administration. (2015). Adult Smoking Behavior Surveillance System, ASBS. Retrieved from <http://tobacco.hpa.gov.tw/Show.aspx?MenuId=581>