HEALTH PROMOTION AND DISEASE PREVENTION **A Handbook for Teachers, Researchers, Health Professionals and Decision Makers**	
Title	**Quit & Win Campaign**
Module: 5.6.1	**ECTS: 0.5**
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Key words	Quit & Win, smoking cessation, community intervention
Learning objectives	After completing this module students should: • increase knowledge about smoking cessation campaigns as a method of decreasing the prevalence of smoking among mostly adult population • recognise and be aware of strengths and limitations of this kind of preventive measures • be able to critically assess the effectivenes of this kind of preventive measures.
Abstract	Quit and Win is a smoking cessation campaign/competition for adults. It has proved to be a cost-effective way to help a wide group of people to stop smoking. It was developed in the 1980s by the Minnesota Heart Health Program and has been widely used since then as a population-based smoking cessation intervention. The idea of the contest is to abstain from smoking for four week period in May. At the end of this period, there is a draw for prizes among the contestants in participating countries. Abstinence is verified by a witness and by a biochemical test. One year after, there is a follow-up survey of contest participants in order to assess abstinence rates and evaluate the effectiveness of the campaign.

Teaching methods	Teaching methods include introductory lecture, exercises, and interactive methods such as small group discussions. Students after introductory lectures first try to find at least two scientific papers describing Quit&Win campaign course and/or its effectiveness, as well as publications on similar campaigns. Afterwards they critically discuss strengths and limitations of this kind of preventive measures in reducing prevalence of smoking with other students, as well as their effectiveness.
Specific recommendations for teachers	• work under teacher supervision/individual students' work proportion: 30%/70%; • facilities: a computer room; • equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases; • training materials: recommended readings are mainly available in the internet; • target audience: master degree students according to Bologna scheme.
Assessment of students	Assessment is based on multiple choice questionnaire (MCQ).

QUIT&WIN CAMPAIGN

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Theoretical background

Definition

Quit&Win is a practical, cost-effective evidence-based smoking cessation method (usually designated as campaign, contest or competition) for population-wide public health use in adult population (1, 2). It is meant to stimulate smoking cessation in smokers of both genders.

This method is basing on sociological theories such as social support, social change, behaviour change, community organisation, and communication theories (3, 4, 5).

Quit&Win campaign represents one of possible measures of influencing the demand for tobacco products (6). The success of the campaigns is assessed by standardized evaluation and follow-up procedures.

The campaign unites people around the world irrespective of their age, gender, ethnicity, religion and social class.

Short history

The very beginnings

Quit&Win campaign was developed in the early 1980s by the Minnesota Heart Health Programme in U.S. and applied in three Minnesota communities in the early 1980s (7). The key features of the very first contests, many of which remained unchanged through their national and international versions, were (7):

1. smoking status was validated prior to entry, and quitting was biochemically validated among potential winners;
2. smokers were adults (18+), and pledged to quit for 30 days on the target quit date;
3. a large grand prize was offered, being a family holiday to Disneyworld., plus several smaller prizes such as bicycles or health club membership;
4. prizes were donated or paid for by donation;
5. contests were heavily promoted through the media, through school children, and through community organizations and worksites;
6. support was sought from health professionals and community leaders;
7. contests were run and promoted by a local volunteer task force, led by a single paid staff member.

Subsequently, the campaign was further developed and extended to national and international applications (5, 7, 8).

Quit&Win in Europe

In Europe, in 1985, Quit&Win was introduced as an innovative method in a regional anti-smoking campaign in North Karelia in Finland in the frame of the famous North Karelia Project (5, 7). One of the basic elements of the project was also to decrease the prevalence of smoking, since in 1972, in North Karelia there were 53% smokers among adult males. There were 250 participants who attended the first campaign in this province.

The next year, in 1986, the campaign spread nationwide with 15.098 participants from the whole Finland.

The campaign in North Karelia proved to be successful since the prevalence of smoking decreased from 53% in 1972 to 32% in 1992 (5, 9).

International Quit&Win

In 1994, the first worldwide Quit&Win campaign was organized within the WHO's CINDI (Countrywide Integrated Non-communicable Disease Intervention) framework. It was organized in 13 countries which all applied jointly agreed rules. Since then, the competition has been performed every second year and the number of participants has grown rapidly from about 60,000 participants in 13 countries in 1994 to about 700,000 participants in 71 countries in 2004 (10). In Table 1 approximate number of participants by year is presented. The number is very rough since not all countries are reporting the number of participants in their country.

Table 1. Approximate number of collaborating countries and participants in international Quit&Win campaigns in period 1994-2004 (10).

Year	Collaborating countries	Approximate number of participants
1994	13	60,000
1996	25	70,000
1998	48	200,000
2000	69	426,000
2002	76	675,000
2004	71	690,000

In the latest International Quit&Win 2006 about 1,000,000 smokers took part in about 100 countries worldwide (1).

The International Quit&Win is being coordinated by Finnish National Public Health Institute KTL (1). The task of the Coordinating Centre is to prepare the rules for the current campaign and its promotional material, and to advise participating countries.

In participating countries the campaign is coordinated by a national coordinator. Its task is to prepare and realize the campaign on national or local level, including media campaign, and distribution of entry forms.

Rationale for developing the campaign

The rationale for developing the Quit and Win model was based on following assumptions (7):

- most smokers prefer to try to quit smoking on their own rather than seeking treatment;
- widespread quit attempts may benefit from a network of support from family, friends, colleagues, and other smokers trying to quit, and from non-smoking members of the community;
- most quit attempts fail within the first 30 days, with less than half surviving even for one week;
- the possibility of winning a large prize could offset the discomforts of quitting, and could attract large numbers of smokers to make the attempt;
- after 30 days of abstinence, the intrinsic reinforcements for quitting are more likely to maintain abstinence.

Campaign rules and its course

The Quit&Win campaign takes a course every 2 years in May (from May 2 to May 29). The last day for entrance in the campaign as a participant is May 2. This date is also the last possible date for cessation of smoking. The participants fill in the entry form and engage themselves not to smoke during the campaign. The verification is assured by the witness stated in the entry form and the biochemical (urine cotinine test) or substitutional test (carbon monoxide in the expired air test).

The competition rules are unified in all respects including age of participants, type of smoker, the winner candidates characteristics, the course of drawing lots, etc. The rules and the course of the latest International Quit&Win 2006 were as follows (11):

- the competition period was four weeks in May 2006, with possibility of exceptions;
- the participants had to be at least 18 years of age and current daily smokers; users of smokeless tobacco were also eligible;
- the participants had to be send the entry form to local organizer no later than the quit date;
- participants who had completely abstained from smoking and tobacco for at least four weeks after the quit date were eligible for the prizes;
- the draw took place among the participants; the winner candidates were contacted immediately after the contest period; the abstinence was verified by a witness and a biochemical test;
- the international super prize of USD 10,000 and six regional prizes of USD 2,500 were drawn among the main prize winners of each country; the probability to win was proportional to the number if participants in each country;
- in May 2007 a follow-up survey to assess the abstinence rates was carried out by the Quit&Win country organizers;
- an optional supporters contest was recommended for non-smokers who wished to participate in the campaign; the task of a supporter was to recruit at least one smoker who should quit smoking with the help of the campaign; a separate prize was drawn among the supporters.

The Campaign prizes

There exist three types of prizes: national, regional, and international, starting from 2000 regional prizes as well.

On a national level, each country arranges its own prizes, with emphasis on the main prize.

The international super prize winner is drawn among the national main prize winners. A minimum entry criterion for a country is at least 100 participants. To compensate for the population size differences between countries the countries get tickets for the draw according to the number of participants in the contest one ticket per beginning one thousand participants. From 1994-1998, international prize was worthy 5,000 USD, starting from 1998 it is worthy 10,000 USD.

Starting from 2000, regional prizes were awarded as well. There are six regional prizes, one for each of WHO regions (AFRO, AMRO/PAHO, EMRO, EURO, SEARO, and WPRO).

Evaluation of the Campaign

A one-year follow-up study to assess the abstinence rates and to evaluate the effectiveness of the campaign is carried out by the participating countries (12-20). The international rules require at least 1000 participants per country to be surveyed one year after the campaign. In the case of small number of participants or limited sources, a follow-up could be made with a smaller sample, but no less than 300 participants.

Case study – Quit&Win in Slovenia

Short history of the Campaign in Slovenia

Slovenia was one of the countries which joined international campaign at its very beginning in 1994. At that time it was coordinated by the Slovene Society for health promotion and health education. In 2000 the coordination took over CINDI Slovenia Preventive Unit, Community Health Centre Ljubljana.

The number of participants was constantly increasing from 1994-2002 while in 2004 it decreased. In Table 2 approximate number of participants in Slovenia by year in period 1994-2004 is presented.

Table 2. Approximate number of participants of Slovenia in international Quit&Win campaigns in period 1994-2004 (10, 21).

Year	Number of participants
1994	851
1996	760
1998	405
2000	699*
2002	1416
2004	887

* the analysis of the application forms has shown, that the number of participants is 699 and not 700, as it has been stated in publications

The course of the Campaign in Slovenia

Usually, the preparations on the campaign start already 8 months before the campaign itself really gets in progress. Upon the proposal of the international coordination centre printed material, posters and application forms are designed and sent to community health centres, hospitals, drug stores, student organizations, faculties and Regional Public Health Institutes. The latter then distribute the material inside the region they cover. The application forms are also being published in most read newspapers and magazines. We choose them with the help of the results of National research of the most read written media (22). Media promotion of the campaign is usually carried out by advertising in printed media, on the radio, and television, and internet. Since 2002, participants have possibility to register using the home page of CINDI Slovenia (23).

On the application forms the participants name also a witness/supporter, who gives them a hand during the campaign. Anybody can be a witness/supporter: a co-worker, friend, partner, son or daughter, one of the parents, health professional, non-smoker or smoker.

When the campaign, which lasts for 4 weeks, is over, can participants, who succeed in abstinence win catchy prizes. These are contributed by Slovenian enterprises and organizations. Additional prizes are given to health professionals, who quit smoking, and to the witness/supporter who was most mentioned on the application forms. Before the

prizes are handed over, those participants, who were decided by lot, are invited to take part at a biochemical test, which shows, if they really were not smoking in the past 4 weeks. In Slovenia, the carbon monoxide breath test using the machine Smokecheck is used. We do not use the urine cotinin test strips NicCheck provided by KTL. The reason for this decision is, that in 2002 it showed, they were not usable, because the transport in letter form does not enable to maintain test strips constantly on low temperature as recommended by the producer. Similar problems were perceived in other participating countries.

Media activities

Since 2000, "The First Morning Programme" of the national Radio Slovenia is used during the campaign as a channel for dissemination of messages. Through this channel different messages, stimulations and talk-shows, which remind people on the problem of smoking are conveyed to the people, and acquaint them with disposable methods, how to quit smoking (individual advising, group workshops "Yes, I quit smoking", advisory phone line "CINDI help at smoking cessation", different medicaments, etc.). In 2002 the radio accompanied participants of the workshops for smoking cessation at community health centres, which took place at the same time as the campaign Quit and Win.

Accompanying activities

According to a pilot study about range of smoking among health workers in Slovenia smoking is quite widespread even among health professionals, especially among hospital nurses. Therefore a special campaign is organized, which is oriented at health professionals, every time, the campaign Quit and Win takes place since 2002.

In 2004 we have variegated the campaign with measurements of carbon monoxide in the expired air using the SmokeChech machine and measurements of lung capacity. In may 2004 health workers carried out more than 400 measurements and counsellings about smoking cessation in several shopping centres across Slovenia.

Quit&Win Campaigns 2000, 2002, and 2004 effectiveness

Methods of assessment

Basic data about participants' characteristics were acquired from application forms, which had been filled in and had arrived at the address of the campaign organizer. The analysis contains data about: age, gender, present smoking per day by the time of entering the campaign, number of previous attempts to quit, years of smoking and who directed the participant towards smoking cessation. We are interested in success rate (number/rate of quitters) as soon as the campaign is over. Therefore, starting from campaign 2002 the follow-up surveys were conducted using a mailed questionnaire. The questionnaire contains questions about: purpose of entering the campaign, reasons for smoking cessation, the status of abstinence, reasons for failure in smoking cessation (if the person keeps on smoking), whether the participant maybe used nicotine replacement therapy, about getting support in cessation attempt with the contest, where he/she got information about the contest, about importance of the campaign for participant's smoking cessation, marital status, educational level, work the participant does and about residence community. One year after the campaign the participants again receive a questionnaire to estimate current smoking status. After two weeks we send the questionnaires again to non-respondents.

For estimation of the abstinence rates only the questionnaires of respondents are considered.

The abstainers are defined as those who are totally smoke free in the time of the campaign or who completely abstain from smoking during the whole one-year follow-up period after the quit date. The data are represented in groups (age, years of smoking, smoked cigarettes per day by the time entering the campaign, number of previous attempts to quit). Presentation in groups suits data review that is used by international coordination centre and it enables to compare Slovenian data to those of other countries.

The analysis of basic data is made for the whole sample of participants in particular campaign. On the contrary, the analysis of the evaluation's questionnaires at the time the campaign ends is made only for respondents to the follow-up.

Results of the study

Rates of individual characteristics of all the participants in the campaigns in 2000, 2002 and 2004 are presented in Table 3.

Table 3. Quit&Win campaigns in Slovenia in 2000, 2002 and 2004 participants' characteristics.

	%		
Characteristics	**Campaign 2000** N=699	**Campaign 2002** N=1473	**Campaign 2004** N=887
Gender			
male	55.7	50.5	49.8
female	44.3	49.5	50.2
Age groups			
18-24 years	10.6	9.5	13.3
25-34 years	20.9	19.6	25.4
35-44 years	28.3	31.1	24.6
45-54 years	27.6	28.2	24.7
55-64 years	8.3	9.0	9.5
65 + years	4.2	2.5	2.4
Years of smoking - groups			
1-9 years	17.7	16.1	21.4
10-19 years	24.5	24.1	26.5
20 + years	54.8	59.2	52.0
Number of smoked cigarettes per day - groups			
1-9 cigarettes	3.6	2.9	5.4
10-19 cigarettes	21.0	22.8	25.9
20 + cigarettes	75.4	74.2	68.6
Number of previous attempts to quit			
never	16.8	19.1	19.8
1-2 times	45.4	45.5	43.4
3 times or more	37.7	35.4	36.9
Directed to smoking cessation by			
Health professional	8.2	11.2	13.9
other	21.7	24.4	30.0
By him-/herself	64.9	59.2	56.1
Non-smokers			
By the end of the campaign	*	39.2 (among respondents 74.4)	50.3 (among respondents 75.0)
One year since the campaign ended	*	17.9 (among respondents 53.7)	17.4 (among respondents 55.8)

* Data is not available, the evaluation questionnaire, that had been used in 2000 differs from those used in 2002 and 2004; data comparison is not possible

There were more male than female participants in 2000 and 2002, but in 2004 most participants were female. Age of participants varied from 25 to 54 years of age. As they entered the campaign majority has been smoking for 20 years or even more and at least 20 cigarettes a day. Most of them tried previously to quit smoking once or twice. To take part at the campaign they mostly decided by themselves, less they were directed by health professionals. There were also health professionals among participants; doctors were in minority (8 in 2002 and 8 in 2004), while there were some more other health professionals (66 in 2002 and 51 in 2004).

Response rate by the end of the campaign was 52.8% (778 questionnaires) in 2002 and 67.5% (599) in 2004, where one year after the campaign the response rate was 33.3% (491 questionnaires) in 2002 and 31.1% (276 questionnaires) in 2004.

Number of non-smokers by the end of the campaigns in 2002 and 2004 as well as number of those, who managed to maintain in abstinence one year after the end of each campaign, has shown the response rate. We presumed the non-responders to be smokers, which in not completely correct, since we have not known their actual smoking status. Therefore we consider the response rate to be more reliable information than the absolute number of questionnaires that came back.

The data analysis among responders has shown that most people participated with the intention to quit smoking permanently (92.0% in 2002 and 93.6% in 2004). As the most important reason to quit smoking was mentioned taking care of their own state of health (61,0% in 2004).

During the campaign most of participants didn't use any additional therapy (82.7% in 2002 and 79.6% in 2004), in low part there had been used nicotine replacement therapy in form of nicotine chewing gum (10.0% in 2004). In 2004 2.8% participants reached after bupropion chloride.

Important role in supporting those, who decided to take part at the campaign, had their family members (64.4% in 2002 and 67.6% in 2004), friends or co-workers (31.0% in 2002 and 37.9% in 2004), less health professionals (12.4% in 2002 and 16.5% in 2004).

The majority of participants shared the opinion that the campaign has been important for their smoking cessation.

Most participants have finished 4-years secondary school or high school (42.2% in 2002 and 38.4% in 2004); this group is being followed by those who have finished 2- or 3-years professional school (25.0% in 2002 and 27.7% in 2004). Lower is the part of those with university education.

The greater part of participants has lived in urban areas.

Beside media are the family members those who contributed a lot to promotion of the campaign (Table 4).

Table 4. Where did the participants get the information about the Quit&Win campaign in Slovenia.

	(%)	
Source	**Year 2002**	**Year 2004**
Radio, television	39.1	24.2
Newspapers, magazines	50.3	25.4
Family members	19.0	20.9
Friends, co-workers	12.4	18.2
Health professionals	16.4	20.7

What the results of the evaluation tell us

In 2002 and 2004 the participation rates of male and women were approximately the same, but there were differences regarding the age-groups: young adults have been more interested in participating in the campaign than others. The higher part of participants from 18 to 34 years of age in 2004 is probably a reflection of directed mailing about the campaign to secondary schools, student organizations and student gazettes. If we compare age distribution among the participants of the action and the participants of workshops, which have taken place at the community health centres, we can see that rather elder people, age 35 to 64, have joined in the organized workshops (unpublished data). Therefore we could come to a conclusion the campaign is an important part of stimulating smoking cessation and a way how to quit smoking, which enables us to approach the young adults.

Among the participants of the campaign there were many of those who had been heavy smokers for many years (20 or more years of smoking and 20 or more smoked cigarettes a day). This group had possibly been more motivated to quit smoking than other groups. Later the data analysis proved that; as variables there were included: smoking status, years of smoking and number of smoked cigarettes per day. It turned out that among heavy smokers there has been a higher number of non-smokers, if we compare it to younger ones and those, who smoke less than one cigarette package per day. The higher success rate in smoking cessation there is to find by the participants in age from 25 to 54.

The role the health professionals play by the promotion of the campaign and in supporting the participants is getting more and more important. That is most possible a reflection of pointed advertising in the official journals of associations of health professionals in Slovenia, and of inclusion of Health education centres in the promotion.

Use of additional therapy among the participants has been quite rare. But on the other side, until April 2006 nicotine chewing gum has been the only form of nicotine replacement therapy available in Slovenia. We have been following the use of bupropion chloride since 2004 therefore a comment on its use could not be possible until the data on the campaign in 2006 are on disposal.

Among the respondents there has been a high rate of non-smokers (by the end of the campaign and one year later); we presume that non-smokers are more motivated to fill out the questionnaire than smokers.

The Quit&Win campaign enables us to embrace also young adults. That is important because they are less interested in taking part at organized forms of smoking cessation in community health centres. We are able to reach to the population with secondary school education and we draw attention of greater number of potential participants. Beside that, using mass media, we give laic and professional public a chance to talk about problem of active and passive smoking and about possibilities how to quit smoking, so individual can choose a method which suits him the best. Experiences, gained in past years (2002 and 2004), have shown that 40-50% of people, who enter the campaign, declare them for non-smokers by the time the campaign is over; after one year there are 17,4-17,9% of those. That is an important contribution to reduction of wide-ranged smoking in Slovenia.

Exercise

Task 1:

In bibliographic database (e.g. MEDLINE, PUBMED, etc.) find at least two scientific papers describing Quit&Win campaign course and/or its effectiveness.

Task 2:

Also try to find publications on similar campaigns.

Task 3:

Discuss critically strengths and limitations of this kind of preventive measures in reducing prevalence of smoking with other students.

Task 4:

Discuss critically the effectiveness of this kind of preventive measures in reducing prevalence of smoking with other students.

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