

# OKLAHOMA TOBACCO HELPLINE QUIT FACTS-COMBINATION NRT

The Oklahoma Tobacco Helpline began offering free combination nicotine replacement therapy (NRT) in FY16 to participants in the most intensive Helpline service, the multiple call program, which includes up to five proactive quit coaching calls and eight weeks of NRT. Supportive text messages, email and integrated web services are also available. Tobacco users who are uninsured or have Medicare are eligible for this level of service.

Combination NRT combines a faster-acting oral NRT product, such as gum or lozenges, with the steady long-acting delivery of nicotine through the patch. This combination relieves cravings which more effectively manages withdrawal and prevents relapse. Studies have shown that combination NRT improves quit rates.

The utilization of combination NRT and its effectiveness are evaluated by the OU College of Public Health. FY17 registration data from the Helpline are summarized here along with results from the seven-month, post-registration follow-up evaluation of sampled participants. Participants in the multiple-call program who received combination NRT are compared to those receiving single NRT — either the patch, gum, or lozenges.

Among the 7,085 Helpline multiple-call program participants potentially eligible for combination NRT, about three-quarters (76%) received it. Those receiving combo NRT were more likely to be male, white, and have higher levels of nicotine addiction. This was measured by how long after waking the first cigarette was smoked, and how many were smoked per day. These participants were also less likely to have Medicare.

Figure 1. Single vs combo NRT among Helpline multiple call participants, FY17, n= 7,085

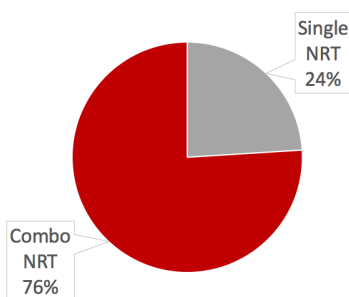
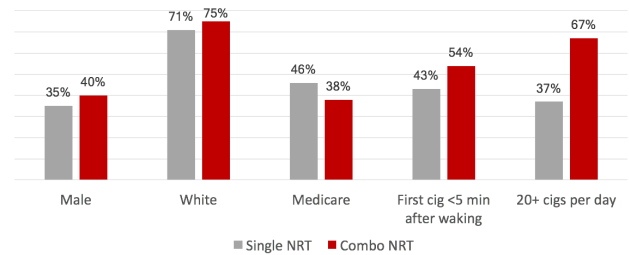


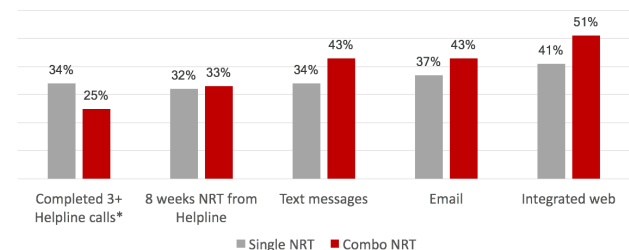
Figure 2. Characteristics of single vs combo NRT recipients\*, FY17, n=7,085



\*All percentages are statistically significantly different, p<0.001

Participants receiving single NRT were more likely to complete three or more Helpline coaching calls than those receiving combo NRT. However, combo NRT recipients were more likely to engage with the Helpline through text messages, email and integrated web tools. Both groups received similar weeks of NRT from the Helpline, with about a third receiving the full eight weeks of NRT available to them.

Figure 3. Helpline program utilization among participants receiving single vs combo NRT, FY 17



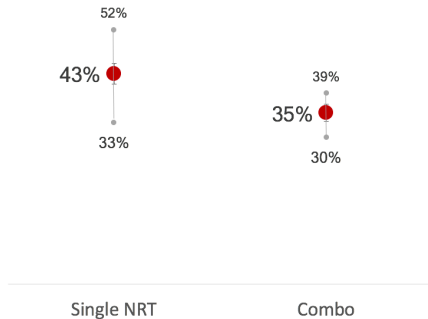
\*Percentages are statistically significantly different, p<0.001

To evaluate satisfaction with services and quit outcomes, a survey of a random sample of Helpline participants is conducted seven months after registration. The response rate for the follow-up survey was 58% among those receiving single NRT and 55% among those receiving combo NRT, exceeding the NAQC benchmark for quitline evaluations (50%). Randomly selected participants are contacted by telephone to complete the follow-up evaluation.

Satisfaction with Helpline services was somewhat higher in those receiving combo NRT, with 87% very or mostly satisfied compared to 82% among those receiving single NRT. Statistically, this difference was not significant.

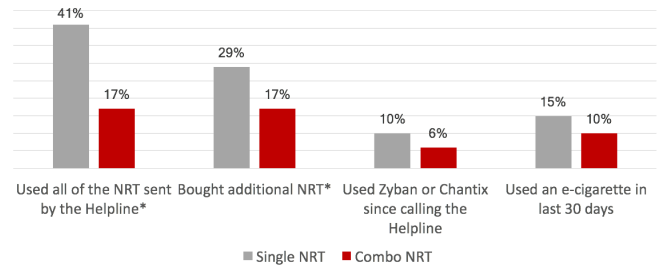
The quit rate among participants receiving combo NRT was 35%. Although the quit rate among participants receiving a single form of NRT was 43%, the confidence interval was wide and overlapped that of the combo NRT; thus the quit rates between the two groups are not significantly different.

Figure 4. Quit rates (and 95% CIs) among participants receiving single vs combo NRT, evaluation follow-up, n=867



Utilization of NRT and other products was examined in the sample of participants completing the follow-up, and those receiving single NRT from the Helpline overall used more cessation aids during their quit attempt. Those who received single NRT from the Helpline were more likely to use all of the NRT as compared to those who received combo NRT (41% vs. 17%), and they were more likely to buy NRT on their own as compared to the combo NRT group (29% vs. 17%). Although not statistically different, 10% of single NRT participants used a prescription medication to help with their quit attempt compared to 6% of combo NRT participants, and 15% of single NRT participants used an e-cigarette in the past 30 days compared to 10% of combo NRT participants.

Figure 5. Use of NRT and other products since Helpline registration among participants in the 7-month follow-up survey, by single vs combo NRT, FY 17



Percentages are statistically significantly different, p<0.001

The Oklahoma Tobacco Helpline has been a top-performing state quitline for the past 10 years, reaching 5% of smokers across the state in FY17. This treatment reach was second highest of all state quitlines. The addition of free combination NRT to the tools provided by the Helpline offers an opportunity to serve those smokers who experience the greatest disadvantage — uninsured, with higher levels of cigarette dependence and a history of failed quit attempts. Given the high levels of cigarette dependence among those receiving combo NRT, quit rates of 35% are impressive and exceed the national benchmark for quitlines (30%).

The Oklahoma Tobacco Helpline continues to be a valuable population-based resource for providing effective tobacco cessation services to Oklahomans. It is the cornerstone of Oklahoma’s statewide tobacco control program, creating synergy with the efforts of local community coalitions, healthcare systems and providers, and statewide media campaigns addressing the toll of tobacco on the state’s citizens. For more information go to [OKhelpline.com](http://OKhelpline.com) or 1-800-QUIT NOW.

