

Outback Quit Pack pilot trial: mailout NRT and Quitline support for people in rural, regional and remote areas who smoke.

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Introduction and Aims: Rural, regional and remote (RRR) residents who smoke experience significant barriers to accessing tobacco treatment compared to those in metropolitan areas. This study assessed the acceptability and feasibility of an intervention utilising existing evidence-based quit support, targeting RRR residents who smoke.

Method: A pilot trial of the 12-week 'Outback Quit Pack' intervention consisting of mailout nicotine replacement therapy (NRT; patches, gum, lozenges) and a proactive referral to Quitline was conducted between February–October 2021. Eligible participants, recruited via mailed invitation and Facebook advertising, were aged ≥ 18 yrs, currently smoked tobacco (≥ 10 cigs/day) and resided in a RRR Australian postcode. Participants completed a telephone baseline survey (n=100), were randomised to control (n=49) or intervention (Outback Quit Pack; n=51) conditions and completed another telephone survey at 3-months post-baseline (n=75, 75%). Primary outcomes were feasibility of trial procedures (retention; recruitment method) and acceptability of intervention (attendance at Quitline and receipt of NRT).

Results: Facebook advertising accounted for 97% of participant expressions of interest in the study. The sample had a mean age of 54 yrs, 66% were female and although 95% of participants had tried to quit in the past, most had not used the Quitline (72%) and only 28% had previously used NRT patches. The intervention was highly acceptable: 78% of the intervention group requested NRT refills and 80% had at least one successful call with Quitline. On average, Quitline made 3.7 outbound calls/participant (mean 14:05mins duration) conducting brief intervention and providing NRT advice.

Discussions and Conclusions: The Outback Quit Pack intervention was feasible and acceptable. It has the potential to be scaled up to improve access to evidence-based smoking cessation support to people residing in RRR areas.

Implications for Practice or Policy: Pending replication in large-scale RCT, mailout NRT and Quitline may provide more people in RRR with evidence-based tobacco treatment.

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