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| **Quitline Intensive Quit Smoking Support for Vulnerable Populations** |
| **Setting/problem**Over the past 20 years Queensland (QLD) Government (Australia) has implemented a range of comprehensive tobacco control initiatives using an ecological approach. Prevalence of smoking in QLD has halved over this time, decreasing from 24% in 1998 to 11% in 20181. Despite this, smoking is still the leading cause of preventable disease and death in Queensland (and the world), and inequalities remain for vulnerable populations where smoking prevalence is significantly higher1. Vulnerable populations include; people from rural, regional and remote areas, those with mental illness, people experiencing homelessness and, Indigenous Australians. Daily smoking in these groups ranges from 15% to 70%2. In addition, smoking has significant impacts on the environment. With an estimated 7 billion cigarette butts discarded into the environment every year3, they are the most frequently littered item4 and account for 11.6% total rubbish in Australia5.To overcome inequalities and reduce impacts of smoking, the QLD Government’s Quitline service provides a free tailored intensive quit smoking program for vulnerable priority populations. **Intervention**The QLD Quitline service intensive quit smoking program offers evidence based support, including multiple counselling sessions over the phone and free nicotine replacement therapy (NRT) (patches and gum, lozenges or spray). The QLD Quitline is the only Quitline service in Australia to deliver this model of care. NRT is provided in line with best practice evidence to increase successful cessation and includes combination therapy as endorsed by the [Queensland Health Smoking Cessation Clinical pathway](https://www.health.qld.gov.au/__data/assets/pdf_file/0031/435469/smoking-pathway.pdf). Quitline has a team of Indigenous counsellors who provide culturally appropriate support.**Outcomes**From July 2017 to June 2018 Quitline provided intensive quit smoking support to 5000 participants from priority population groups, operating at funded capacity. Evaluation outcomes reveal 53% of participants were not smoking at program completion, and 29% remained quit at 6 months. This is significantly higher than unassisted quit rates document in the literature, which are reported from 3 to 7%6. During this time Quitline experienced a 47% increase in Indigenous participants, compared to previous financial year. **Implications**Providing a combination of evidence based telephone counselling and NRT through a Quitline service is a cost-effective model to decrease smoking rates in vulnerable populations. By reducing smoking rates and therefore cigarette consumption, environmental impacts may also be alleviated. Appropriate interventions are vital to reduce the significant burden smoking places on public health.**Preferred presentation format**Oral |