

## The “Quit and Win” campaign to promote smoking cessation in Italy: results and one year follow-up across three Italian editions (2000-2004)

Annamaria Gianti<sup>1</sup>, Stefano Vianello<sup>2</sup>, Contardo Casinghini<sup>1</sup>, Federico Roncarolo<sup>1</sup>, Francesca Ramella<sup>1</sup>, Marinella Maccagni<sup>1</sup>, Maria Teresa Tenconi<sup>1</sup>

<sup>1</sup>Dipartimento di Medicina Preventiva, Occupazionale e di Comunità, Università degli Studi di Pavia, Italia;

<sup>2</sup>USSL 14, Chioggia, Regione Veneto

Correspondence to: Maria Teresa Tenconi, Dipartimento di Medicina Preventiva, Occupazionale e di Comunità, Università degli Studi di Pavia, via Forlanini 2, 27100 Pavia, Italia. E-mail: [mariateresa.tenconi@unipv.it](mailto:mariateresa.tenconi@unipv.it)

### Abstract

The “Quit and Win” Campaign is a health promotion campaign that aims to encourage smoking cessation. It is in its fourth edition in Italy and in its sixth edition in Finland. In Italy, it originally started in one region (Veneto, the Italian Coordinating Centre) and has spread to incorporate 11 regions in its latest edition. The aim of this study is to assess the effectiveness, results and trends within the various editions of the campaign.

This initiative has been carried out thanks to the collaboration and partnership that exists among the participating regions and the different community services. The involvement of local press and the media have also been utilized to promote the initiative. In addition to this, substantial efforts were made to inform general practitioners, chemists and other health care personnel of the scheme in order that they would promote it by disseminating brochures. Efforts were also made in order to secure sponsorship for the programme.

The results from all of the Italian editions have shown an increase in the number of participants, from 5,938 participants in 2000 to 8,185 in 2004 (latest edition). This one showed, in 2004, a participation of 4,812 males (M) and 3,373 females (F), a rate of 58.7% and 41.2% respectively; with the largest amount of participants falling into the age class of 25-34 years, accounting for 35.5% M and 32.6% F. 43.4% M and 40.6% F had been smoking for 20 years or more. Strong smokers ( $\geq 40$  cigarettes/day) accounted for 9.5% of M and 3.1% F. Among all subjects, 47.2% had previously attempted to quit smoking at least once or twice. Among those who had quit smoking for at least four weeks, 39.5% remained non-smokers after one year of follow-up (2004 edition). Most quitters didn't use any support to replace the effects of the nicotine (79.7%) and half of them didn't receive any support from those people around them (55.2%). Smokers received information about the campaign in the first edition mainly from health care personnel (46.3%), while in the latest edition the most frequently reported means of obtaining information was via the web-site (31.7%).

*Key words: smoking, tobacco, prevention*

### Introduction

In 2005, smokers in Italy accounted for 28.3% of men and 16.2% of women: 22% of the entire adult population ( $> 14$  years of age) [1]. The highest numbers of smokers were recorded in the age category of 25-34 for men (39.3%) and in 35-44 for women (25%).

Those residing in Central Italy seemed to smoke more than those in Northern and Southern Italy (25%, 24.1% and 23.2% respectively). Figure 1 shows the trend of smoking prevalence in Italy from 2000 to 2005: with the increasing trend seemingly coming to a halt in 2005.

In Italy the number of tobacco-attributable deaths for the year 2000 was 80,000; according to Lopez and Peto's study, for the same year, the burden of deaths due to lung cancer was 84.8% smoke-related, 37.4% for those relating to the

respiratory system and 24.9% for all cancers (lung not included) [2]. The Italian Statistics Institute (ISTAT) foresees that by the year 2020 smokers in Italy will have reached a level of 6,800,000 (27.8%) amongst men and 5,138,000 (20.1%) amongst women [3].

In Italy, in year 2001, according to ISTAT, smokers requested medical visits 3.7% more than the general population; with 14.4% of the total number of hospitalisations for that same year being attributed to tobacco addiction.[3].

In Italy, as well as in other Countries, the promotion of smoking cessation has been strengthened, and is seen to be the main way to reduce smoke related mortality, as demonstrated by Peto's study in Great Britain [4]. Moreover, smoking cessation is difficult and smokers should be encouraged, according to Prochaska, to shift

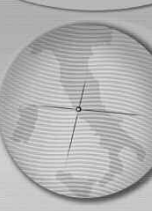
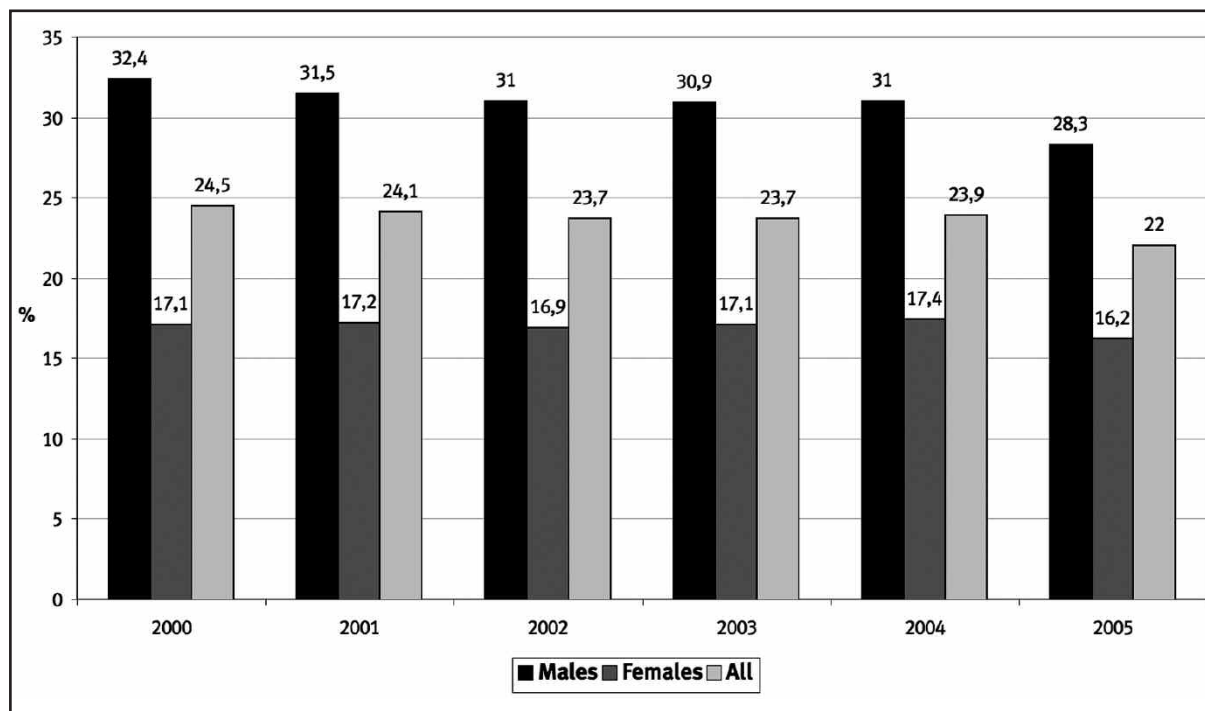


Figure 1. Smoking prevalence (%) in Italy from 2000 to 2005



from the pre-contemplative stage [5] to that of the contemplative one; thus a competition at the community level could be an important trigger for some smokers to make the important decision to stop smoking.

For this reason Italy, above and beyond several local initiatives, decided to join the "Quit and Win" Campaign in 1998, starting from the Veneto Region and spreading to numerous regions and provinces in subsequent editions. The initiative was developed in order to verify that it was possible to confront the tobacco issue in a positive way and to draw as much attention and interest as possible to this issue without making it banal; in the latest edition (2004) the goal was to improve on the results of the first Italian multiregional edition (2000), both in terms of the number of participants and in its measure of effectiveness after one year of follow-up.

A further goal of the campaign is to demonstrate that although it is a method that can be utilized to quit smoking, it is also a tool that can be used to reinforce the importance of smoking cessation. The involvement of the mass media in announcing the start of the campaign and its results also acts as another means of reinforcing the message that smoking is dangerous to one's health.

This article focuses on the development of the Quit and Win Campaign in Italy within the different multiregional editions, with the purpose of assessing its effectiveness and the trends of the campaign.

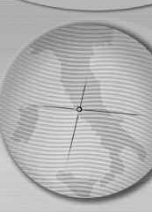
## Methods

The international "Quit and Win" Campaign [6-9] was first conceived in Finland in 1994, coordinated by KTL, the Finnish National Public Health Institute. A new edition of the Campaign has since been launched every alternate year, reaching its sixth edition in the year 2004 as well as increasing the number of participating Countries during this time from 13 to 73.

According to the international rules, smokers  $\geq 18$  years of age are allowed to join the campaign. In order to register they must fill in a special form which includes personal data (age, sex, profession, number of times they have attempted to quit, daily cigarette intake, years of smoking etc); furthermore they must agree to remain non-smokers for four weeks, during the month of May and this agreement must be witnessed, ideally this should be done by a friend, relative or any other person who can enforce and validate the smoker's statement. The above form is then sent to the Coordinating Centre (Regione Veneto).

A special website, [www.smettievinci.it](http://www.smettievinci.it), and a special Call Center, (800 554 088), are available to participants, guaranteeing a complete information service.

At the end of the four weeks, the winners are chosen and their abstinence is then measured by a urinary cotinine test and respiratory carbon monoxide test. The prizes are delivered during the celebration of the World Non-Smoking Day (May 31<sup>st</sup>). Follow-up is done nationally at the end of a



complete year by administering, via phone interview, an international questionnaire to a sample population of 1000 participants.

Two prizes are then drawn, a global award (10,000 USD) and a European one (5,000 USD). Further national and local prizes are also available to the Italian participants.

Italy joined the Campaign in 1998 ("Smetti e Vinci") but only in Veneto; however, by the 2004 edition participation had expanded to include the following regions: Veneto (Coordinating Centre for Italy), Friuli Venezia Giulia, Emilia Romagna, Trentino Alto Adige, Lombardia with their own economical resources. Other regions as Piemonte, Toscana, Abruzzo, Puglia, Campania, Lazio, Valle d'Aosta, Basilicata, Calabria, Marche, Molise, Umbria, Sardegna and Sicilia, also participated via the "cheap promotion" option i.e. only via the internet.

The region of Veneto was responsible for first introducing the campaign in Italy and has since assisted in disseminating the programme across the other regions. It is also responsible for the printing of the posters and brochures, in order to contain the costs of the campaign; it then distributes them to the participating regions. Each area has its own local referee.

Organisation steps are set at either the central or local level, or sometimes both.

The production of tools, the delivery of materials to pharmacies, the recruitment of local health agencies and the storage of data are done centrally;

while sponsorship and media promotion can be done at both the central and local levels. Brochures are distributed locally to the general population. Before starting each edition the national coordinator contacts the Local Health Agencies to ensure their financial support for the campaign and the local activities; different sponsors (The Italian League Against Cancer, fitness agencies, industrial and commercial enterprises) are also involved, accounting for more than 17% of the total costs of the campaign (111,756 Euro) in 2004.

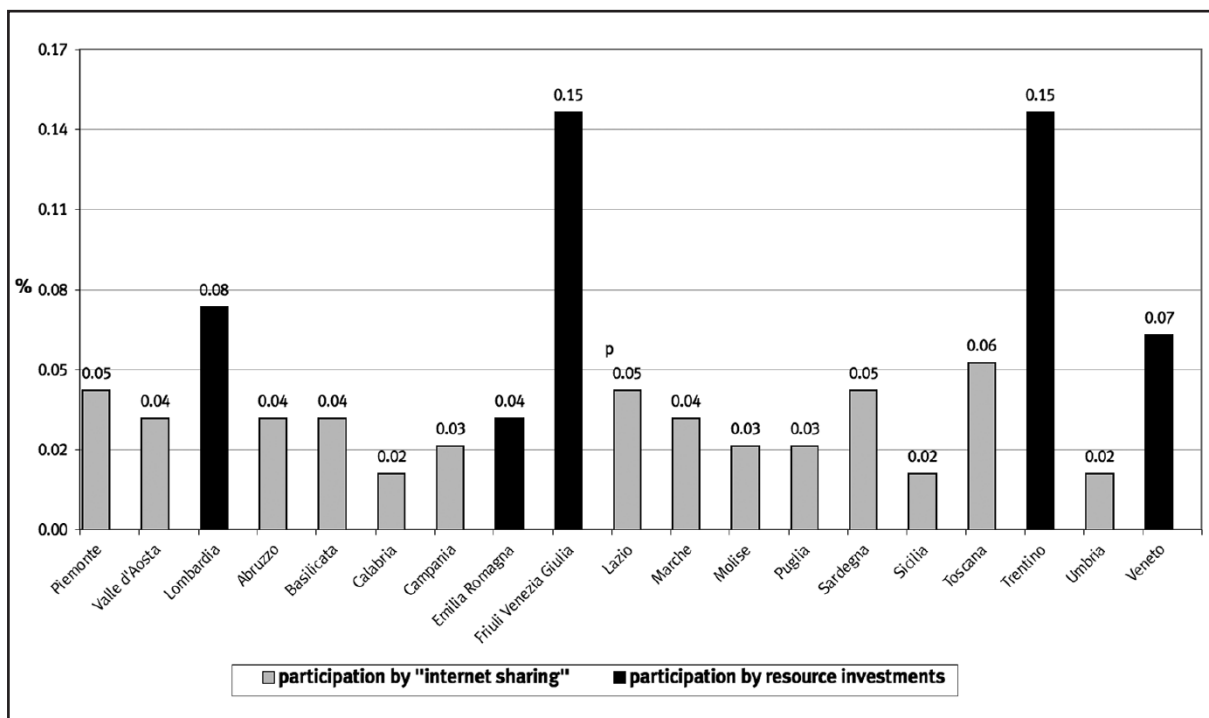
As cost-efficacy indicator, calculated as the ratio of the money spent for the campaign divided by the number of quitters is also undertaken.

## Results

Italian data reflects the trends found at the international level with the number of participants increasing from 5938 in the first multiregional edition, in 2000, to 6370 in 2002, and 8185 in 2004, the latest Italian edition; the participation rates in Italy computed by the ratio participants/estimated smokers in each region varied from 0.02% in Sicilia, Calabria and Umbria to 0.15% in Friuli Venezia Giulia and in Trentino (Figure 2).

Table 1 indicates the age and sex of participants between the first and the last editions; it shows that about 60% of the participants are males, while women represent the remaining 40%. The highest participation rates are seen in the age class 25-34 for both the first and last edition.

Figure 2. Participants by Region in the 2004 edition (%)



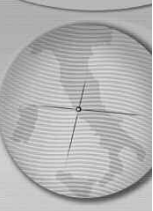


Table 1. The distribution of participants by sex and age

	Men		Women	
	2000 n°3553	2004 n°4812	2000 n°2385	2004 n°3373
Age classes (years)	%	%	%	%
18-24	11.8	11.5	14.9	14.6
25-34	33.3	35.5	31.8	32.6
35-44	27.3	26.5	29.1	27.0
45-54	(16.2)	(16.2)	(16.5)	(16.9)
≥55	11.5	9.7	7.7	8.0
total	59.8	58.7	40.2	41.3

Before joining the Campaign, 53.7% of men and 54.5% of women in the 2000 edition had one or two previous attempts at quitting smoking; the rates remain similar in 2004, 47.6% and 47.9% respectively.

Most participants had a past history of smoking of more than 20 years, i.e. 46.3% of men and 43.2% of women in 2000 and 43.4% of men and 40.6% of women in 2004.

Among participants who were considered to be *strong smokers* (more than 40 cigarettes per day) the levels increased from 3.3% of men in 2000, to 9.5% in 2004; interestingly an opposite trend was found among women with rates of 8% in 2000 and 3.1% in 2004. In the last edition the mean number of cigarettes/day smoked by men and women also showed some changes. In 2000, 43.5% of men smoked 10-19 cigarettes per day, while in 2004 this rate had decreased to 33.9%; on the other hand, in 2000 the prevalence of women who smoked the same amount of cigarettes was 31.3%, while in 2004 this rate jumped to 45.3%.

With regards to the one year follow-up, for which an international questionnaire was completed via a telephone interview on a random sample population of 1000 subjects who took part in the initiative, from which some important outcomes should be highlighted. The educational level of those interviewed was quite high: 9-14 years of school for 51.6% of the subjects in 2000 and 45% in 2004. There was also evidence of changes in civil status: 61.1% were married and 28.7% were single in the year 2000, while this had changed to 48.2% and 41.9% respectively in 2004.

In the year 2000 edition information regarding the campaign was delivered mainly by healthcare personnel, with 34.4% of participants being contacted in this way, while in the 2004 edition the website was the most important source of information (31.7% used the computer to learn more about the campaign). When joining the initiative, most participants' intention was to stop smoking definitely (87.9% in 2000 and 88.3% in 2004). As far as remaining smoke-free during the

four weeks is concerned, no differences between the first and the last edition were found, that is 72% of the subjects in 2000 and 73.4% in 2004 stated they didn't smoke during the entire campaign period.

Among the sample of participants interviewed, those who didn't succeed in quitting smoking attributed their failure to a lack of will power (35.7% in 2004) or the stressful environment in which they lived (29.8% in 2004).

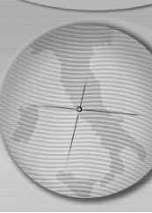
Seventy-six percent of the subjects in 2000 and 79.7% in 2004 stated that they had neither taken advantage of special support therapies such as nicotine chewing-gum or nicotine patches to assist them in coping with the symptoms of abstinence, nor had they received assistance from others (63.3% in 2000, 55.2% in 2004).

At the national level, 30.3% of quitters in 2000 and 39.5% in 2004 said they had remained smoke-free after one year (Table 2). In the first edition 25.6% of subjects and in the latest edition 23.3% stated that they had recommenced smoking. Amongst the quitters, the "Quit and Win" Campaign represented a real incitement to stop smoking, 42.9% of the subjects in 2000 and 57.7% in 2004.

The cost-efficacy ratio showed a reduction of costs from 2000 (€ 105.36) to 2004 (€ 34.56) for each long term quitter.

Table 2. One year follow-up: attitude towards smoking after the campaign: rates % and (95% CI)

	2000	2004
I didn't ever smoke	30.3 (29 - 31.6)	39.5 (38 - 40)
I smoked, but not daily and at now I do not smoke at all	4.5 (3.7 - 5.3)	6.0 (5.4 - 6.5)
I smoked daily, but now I don't	1.3 (0.8 - 1.7)	1.7 (1.4 - 1.9)
I smoked and I have reduced now	24.4 (22.3 - 25.7)	29.6 (28 - 30)
I smoked and I still smoke as before	25.6 (23.3 - 26.7)	23.3 (22 - 23.9)



## Discussion

From the year 2000 - 2004, the number of persons in Italy, as well as in other countries, who have participated in the "Quit and Win" Campaign has continued to increase. However, the mean participation rate, measured as the percentage of participants among smokers, is extremely low (0.05%), this is due mainly to the difficulty in reaching the entire population of smokers within a region. Currently, smokers are targeted by the dissemination of brochures at the local level, however participation rates are substantially higher in regions that are more actively involved, such as Friuli and Trentino. Among all participants compliance with campaigns regulations, by gender, is very similar across the various editions. The greatest proportion of participants are in their early adulthood and this remains constant for all previous four editions of the campaign. Follow-up results indicate that educational level has been always quite high (9-14 years of school for most participants, both in 2000 and in 2004). As many Authors indicate [10,11] preventive measures, such as quitting smoking, are undertaken mostly by socio-economically advantaged population. With regards to differences in the participants' social circumstances, the rate of "singles" increased over the four editions. This trend probably reflects the progressive delay in marrying age as seen in the last decade.

In terms of motivation, those who were the most motivated to quit smoking had at least one or two attempts in the previous years, with the greatest proportion of this group declaring a 20 year smoking history.

The rate of quitting after one year was high compared to other studies [12]. The main reasons why persons were not able to comply with the programme in the years 2000 and 2004 was cited to be "stress" and "lack of motivation" respectively. Furthermore, the largest proportion of subjects didn't have any support during their challenge, even though the prevalence of this diminished when analysing data from the first and the last editions. The recorded abstinence rate, both in the first and in the last editions, demonstrates the importance of the campaign in motivating and stimulating people to stop smoking. This result, in association with higher participation, reduced the cost-efficacy ratio of the campaign.

If we consider the international results of the Quit and Win Campaign [13] across all its various editions, we can see that in all countries the mean continuous abstinence rate at one-year follow-up was 19% in 2002 and 20% in 2004, which is lower than reported in Italy. In 2004, the highest rate of quitters amongst all participant countries was

reported in Italy. Moreover, at the international level, the largest age class is that of early adulthood; this is not considered as being unusual as it is the age when smokers usually start to think about the health effects of tobacco. Most of the Quit and Win participants, including the Italian participants, reported that they did not use any special measures to assist them to quit smoking.

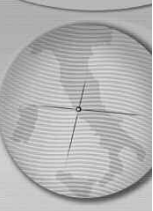
Campaigns recently carried out at community level with the aim of smoking cessation have produced abstinence results ranging from 7.4% at 6 months by telephone counselling [14] in Hong Kong to 9.8% after 18 months by TV advertising in England [15].

Nevertheless the Campaign does present some limitations concerning those who participate, such as the low participation rate among the population of smokers and the higher participation rates of those from upper socio-economic classes, where the prevalence of smokers is not as high as in the lower classes. Moreover, when examining the results of the campaign at the end of the one year follow-up, it must be remembered that not all of the respondents who declared that had successfully quit were tested for cotinine and carbon monoxide, therefore their answers cannot be considered to be objectively reliable. Another limitation could be participation of non-smokers in the campaign, although this would appear to be quite unlikely.

Finally, the role of "Quit and Win" campaign in spreading and reinforcing health education messages and sensitising the general population to the issue of tobacco addiction is evident. In Italy, such messages have received additional support by the passing of legislation in 2003, that resulted in the banning of smoking in indoor public places as well as places of employment [16], thus demonstrating the importance of synergies in obtaining good results within a public health program.

## References

- 1) ISTAT. *Annuario Statistico Italiano 2005*. [Italian Statistical Yearbook 2005]. Roma: ISTAT, 2006.
- 2) Peto R, Lopez AD, Boreham J, Thun M, Heat C Jr. *Mortality from smoking in developed countries 1950-2000*. New York: Oxford University Press Inc, 1994.
- 3) ISTAT. *Indagine Multiscopo sulle Famiglie 2002*. [Italian Family Survey 2002]. Roma: ISTAT, 2004.
- 4) Peto R, Darby S, Deo H et al. Smoking, smoking cessation and lung cancer in the UK since 1950: combination of national statistics with two-case control studies. *BMJ* 2000;321:323-9.
- 5) Prochaska JO, Velicer W, Di Clemente CC, Fava J. Measuring process of change: application to the cessation of smoking. *J Consult Clin Psychol* 1998;56:520-8.
- 6) Puska P, Korhonen HJ, Korhonen T, McAlister A. International Quit & Win 1996: a global campaign to promote smoking cessation. *Tobacco Control* 1997;5:342-7.
- 7) Korhonen T, Sun S, Korhonen HJ, Uutela A, Puska P. Evaluation of a National Quit & Win contest: determinants for successful quitting. *Prev Med* 1997; 26:556-64.



- 8) Puska P, Korhonen T, Korhonen HJ, Vertio H, Mannonen P, behalf of Working Group of International Quit & Win 1998. International Quit & Win 1998: Super Prize draw at the IUHPE XVIth World Conference on Health Promotion and Health Education 1999. *Promot Educ* 1999;5:84-5.
- 9) Korhonen T, Kamardina T, Salto E, Korhonen HJ, Puska P. Quit & Win 1994: Evaluation in three countries. *Eur J Public Health* 1995; 8:150-3.
- 10) Galea S, Nandi A, Vlahov D. The Social Epidemiology of Substance Use. *Epid Rev* 2004;26:36-52.
- 11) Lopez AD, Collishaw NE, Piha TA. Descriptive Model of the cigarette epidemic in developed countries. *Tobacco Control* 1994;3:242-7.
- 12) Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation. *Cochrane Database Syst Rev* 2003;(2): CD001292.
- 13) International Coordinating Centre (KTL). Results of one year follow-up. Survey Quit and Win 2002/04. European Conference on Chronic Disease Prevention, Helsinki, December 8-10, 2005.
- 14) Abdullah AS, MakYW, Loke AY, Lam TH. Smoking cessation intervention in parents of young children: a randomized controlled trial. *Addiction* 2005;100:1731-40.
- 15) McVey D, Stapleton J. Can anti-smoking television advertising affect smoking behaviour? Controlled trial of the Health Education Authority for England's anti-smoking TV campaign. *Tobacco Control* 2000;9:273-82.
- 16) Legge 16 Gennaio 2003, *Gazzetta Ufficiale* 15, 20 Gennaio 2003, Suppl. Ord. n.5.