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EFFECTIVENESS OF QUITLINE SMOKING CESSATION SERVICE FOR SMOKERS QUIT SMOKING: A LITERATURE REVIEW

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ABSTRACT

The habit of smoking is a health problem that occurs in various countries. According to The Tobacco Control Atlas ASEAN Region 4th Edition, Indonesia is the country with the largest number of smokers Association of Southeast Asian Nations (ASEAN), with a percentage of 36.3% smokers aged between 25-64 years. In WHO Report on the Global Tobacco Epidemic In 2008, there were several policies used to reduce smoking consumption in the world. Quitline Stopped Smoking could be a phone counselling benefit to assist individuals in halting Smoking. Quitlines are, as a rule, accessible in territorial or national administrations. The writing survey points to decide the viability of the smoking cessation Quitline and what components impact smoking cessation Quitline. In this writing audit, the information utilized was obtained from electronic databases. The databases used are Scopus, PUBMED, Science Direct, and Google Scholar, using the terms Smokers, Smoking Cessation, Quitline, and Telphone Counseling. The inclusion criteria in this study were research conducted from 2012 to 2023, which discussed the smoking cessation Quitline in English and full text. Results: Based on journals that have been reviewed, all smokers said that they were motivated to quit smoking after using Quitline.

Keywords: Smokers, Smoking Cessation, Quitline, Telphone counseling.

ABSTRAK

Kebiasaan merokok merupakan masalah kesehatan yang terjadi di berbagai negara. Menurut The Tobacco Control Atlas ASEAN Region 4th Edition Indonesia merupakan negara dengan jumlah perokok terbanyak di Association of Southeast Asian Nations (ASEAN) dengan persentase 36,3% perokok usia antara 25-64 tahun. Dalam WHO Report on the Global Tobacco Epidemic 2008 terdapat beberapa kebijakan yang digunakan untuk mengurangi konsumsi merokok di dunia. Layanan quitline berhenti merokok adalah layanan telephone konseling untuk membantu orang berhenti merokok. Quitline biasanya tersedia dalam layanan regional atau nasional. Literatur review bertujuan untuk mengetahui efektifitas Layanan quitline berhenti merokok dan apa saja factor yang mempengaruhi Quitline berhenti merokok. Dalam literatur review ini data yang digunakan di peroleh dari Database elektronik. Database yang digunakan adalah Scopus, PUBMED, Science Direct dan Google Scholar dengan menggunakan istilah : Smokers, Smoking Cessation, Quitline, Telphone Conseling. Kriteria inkusi dalam penelitian ini adalah penelitian yang dilakukan sejak tahun 2012 sampai 2023 yang membahas terkait Layanan quitline berhenti merokok, berbahasa inggris dan full text. Hasil : Berdasarakan jurnal yang telah di review semua perokok mengatakan bahwa mereka termotivasi untuk berhenti merokok setelah menggunakan Layanan quitline.

Kata kunci: Smokers, Smoking Cessation, Quitline, Telphone Conseling.

INTRODUCTION

The habit of smoking is a health problem that occurs in various countries. Smoking is the cause of 5% of deaths worldwide and accounts for 14% of diseases causing death among adults. According to The Tobacco Control Atlas ASEAN Region 4th Edition, Indonesia is the country with the largest number of smokers Association of Southeast Asian Nations (ASEAN) with the percentage of smokers aged between 25-64 years (36.3%) where 66% were male smokers, and 6.7% were female smokers (Rea & Leung, 2018). In addition, tobacco consumption, especially among those aged 15 to 59 years, threatens 61% of the world's workforce due to the risk of smoking-related diseases and health care costs related to diseases caused by smoking. Thus, quitting smoking is something that is highly recommended for health (Ngo et al., 2019a).

Within the WHO Report on the Worldwide Tobacco Scourge In 2008, there were a few arrangements utilized to reduce smoking utilization within the world: explicitly observing tobacco utilization and avoidance approaches, securing individuals from cigarette smoke, advertising offering assistance to halt using tobacco, caution almost the threats of smoking, upholding bans on promoting, advancing smoking and expanding charges. Cigarette (WHO, 2008). Examples of assistance and support provided in tobacco control are the development of Quitline services and smoking cessation counseling (Ministry of Health, 2013).

Quitline Quit Smoking is a telephone counseling service to help people stop smoking. Quitlines are usually available in regional or national services(Matkin et al., 2019). In Indonesia itself, there is also a Quitline, which is a smoking cessation service that provides several services. The consultations offered include initial screening, collecting demographic information, and the caller's smoking history. There is also in-depth counseling for several callers by providing practical information on how to stop smoking, skills to build self-confidence, and increased motivation and social support (General for Disease Prevention and Control, Directorate of Prevention and Control of Non-Communicable Diseases, 2017). Quitlines have been shown to be effective in helping people quit smoking, with some studies reporting long-term abstinence rates of up to 12.7% (Lichtenstein et al., 2010). Based on this background, the statement that emerges is: Is the smoking cessation quitline service effective in helping you stop smoking?

Method

This research uses a design literature review, namely collecting relevant data regarding the topic being researched. In this literature review, the data used was obtained from electronic databases. The databases used are Scopus, PUBMED, Science Direct, and Google Scholar, using the terms Smokers, Smoking Cessation, Quitline, and Telephone Counseling. The inclusion criteria in this study were research conducted from 2012 to 2022, which discussed the smoking cessation Quitline. The journals used are English language journals and full-text journals. Researchers also used the Vos Viewer application to map the articles found.

SEARCH TERMS

Table 1.
Search Terms

Review Questions	Operational Definitions	Search terms
Is the smoking cessation Quitline effective in helping smokers to quit smoking?	Quitline is a telephone-based program that helps smokers quit smoking. (North American Quitline Consortium, 2009)	Quitline (Quitlines), Stop (Smoking Cessation), Tobacco (Tobacco), Smokers (Smoking), Cigarettes (Cigarette), Campaign (Campaign), Telephone counseling.
	Program Quitline : - Providing smoking cessation counseling services. - Provide information on the dangers of smoking. - Provide guidance and referrals.	Program Quitlines

SEARCH RESULT

Article search results through databases, namely PubMed, Science Direct, Scopus, and Google Scholar, with the keywords (((((Quitline[Title/Abstract]) AND (Telephone Counseling[Title/Abstract])) OR (Smoking Cessation[Title/Abstract])) OR (Stopping Smoking[Title/Abstract])) OR (Giving Up Smoking[Title/Abstract])) OR (Quitting Smoking[Title/Abstract]). From this search, 522 journals were obtained from PubMed, 45 journals from Scopus, 61 journals from Google Scholar, and 543 journals from Science Direct.

PRISM DIAGRAM SCHEMATIC

Based on the results of searching for articles through databases, namely Pubmed, Science Direct, Scopus, and Google Scholar, totaling 1,171 combined with Manual Searching, eight articles were found that matched the topic. After screening the articles, three articles were obtained that were appropriate to the topic to be researched. Then, the 14 research articles that met the requirements were reviewed for quality and synthesized in a final literature report.

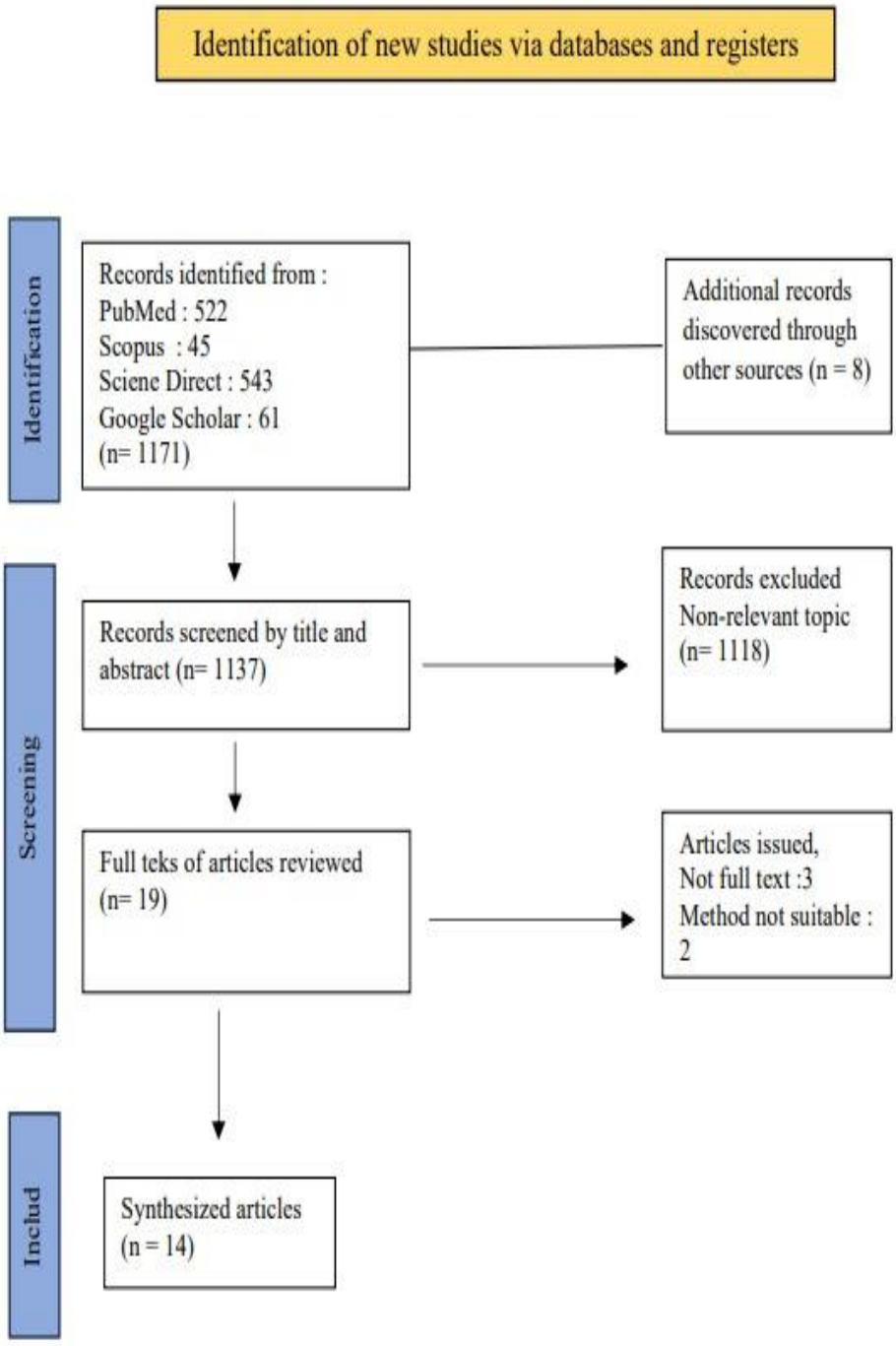

Figure 1. Prism Diagram Schematic

RESEARCH SUMMARY

Table 2.

Research Summary

Author	Country, Research Design	Study Objectives	Participant Characteristics		Results
			Participant	intervention	
Mathew et al., 2015	USA, RCT	The point of this thinking is to decide the adequacy of a brief mediation for smokers who communicated inspiration to stop inside the following 30 days.	221 members (78% of the selected test) completed the 2-month follow-up appraisal.	The intercession comprised of a brief phone meeting approximately the status of smoking cessation. Investigate staff went through less than 15 minutes with each member amid the primary call. The call secured stopped history, evaluating and fortifying inspiration to stopped, the benefits of stopping, and giving state-specific quitline data based on information from the North American Quitline Union. Follow-up calls were conducted one or two months afterward to survey the comes about of the brief boycott. Amid each call, a brief appraisal was conducted and, in case interested, callers were once more given with cessation materials.	In this study, smokers were given a brief intervention, and they stated a desire to stop within the following 30 days to encourage the use of their state's Quitline.

Michael et al., 2012	Arizona, Retrospective review	Evaluate the extent of the client's successful smoking cessation efforts and increase in life satisfaction in the Quitline.	2,944 Quitline program client records in Arizona	The client's stopped level is assembled by the counsellor, who measures whether the client was tobacco-free for 30 days, sometime recently during the study, and seven months after enlistment. The detailed examination uses an intent-to-treat demonstration, in which nonrespondents and people who refused to reply were coded as currently utilizing tobacco.	The discoveries demonstrate that counsellor impacts have an effect on quitline results that would something else be neglected if, as it were, treatment and unessential components were thought to be critical donors. Extra investigation is required to determine the cause of the counsellor's impact and whether extra endeavours are needed to kill it.
Sumner et al., 2016	USA, RCT	Comparing nondirective and directive methods in company outlines.	The 518 participants were 22% African American, and 45% had incomes under $30,000.	Mandate and nondirective preparation lasts 56 to 90 days, with the coach looking into the past week's advance. Coaches advance the scope of the six critical steps for ceasing smoking. - Decide a stopped date. - Examine nicotine substitution and elective drugs. - Consider other smoking cessation assets. To stop smoking, break awful propensities and	Nondirective preparing increments cessation rates for workers who smoke. Mandate preparation makes a similar difference among smokers, despite enrollment motivations and delays in accepting preparation. A few subgroups had exceptionally moo stopped rates with either mode of quitline back.

				make arrangements to avoid backslide. - Look for support from your companions and family.	
Gordon et all (2020)	USA, RCT	Create and survey the possibility and potential effect of an imagery-based tobacco cessation intercession conveyed using a quitline benefit demonstration.	105 participants participants (IC = 56; CC = 49).	IC comprises six sessions in which members record guided sound recordings. IC sessions utilize a behavioural convention that's carried out over six sessions. CC was taken after an ordinary behavioural approach for six sessions. Enrollment, maintenance, and treatment adherence rates were among the achievability measures utilized. We moreover analyzed 6-month churn rates and customer fulfilment	Both the IC and CC conventions are worth transmitting. We completed methods and materials for members, coaches, and investigative staff and conveyed the convention accurately. We concocted a successful enrollment technique and accomplished excellent maintenance (6 months = 81.9%) and compliance (all sessions = 66.7%). Long-term stopped rates (IC = 27.9%; CC = 38.1%) were higher than those with quitlines, and program fulfilment was tall, demonstrating that smokers found the convention worthy and might offer assistance if they stopped smoking. Conclusion: This image-guided mediation is practical and

					promising, as illustrated by a wholly fueled RCT to look at the intervention's adequacy.
Gordon et al., 2021	USA, RCT	To design and assess the feasibility and potential impact of a guided imagery-based tobacco cessation intervention given via the quitline paradigm..	One hundred twenty-one participants The majority of participants (n = 82; 67.7%) were recruited via ASHLine, and 39 (32.3%) via community-based methods.	There are two groups in the form of an intervention group and a control group who will take part in 7 intervention sessions in the form of reasons and benefits for quitting smoking, triggers for smoking, overcoming the desire to smoke, overcoming withdrawal, NRT, and preparing to quit, preventing smoking again.	This study demonstrates that a telephone-based intervention for smoking cessation is both beneficial and effective. The program may also broaden the scope of telephone tobacco cessation services. We learnt vital insights for future large-scale studies. More investigation into this guided imagery tobacco cessation technique is required.
Delle et al., 2022	Jerman, RCT	This study seeks to assess the efficacy of the German Smokers Quitline, which provides smoking cessation assistance to smokers.	A total sample of 910 daily smokers were motivated to quit.	The German National Stop Smoking Telephone provides information searchers, former smokers going through a relapse crisis, and smokers looking for support in stopping via telephone counseling. Health workers who are not academics, like nurses, make up the bulk of counselors. Following the	Quitlines are regarded as a crucial and economical method of population-based tobacco control. But only 13.0% of German smokers who attempted to quit smoking in the past year—a 19.9% percentage—used at least one evidence-based strategy to help them achieve their goal. Approximately

				WHO "Counseling Quitline" training program, counselors get intense training for three days. This training includes, among other things, instruction on the counseling software used, call simulations, and field observations from knowledgeable individuals.	0.8% of smokers who attempt to quit do so using a quitline, which is not used by the majority of smokers.
Nohlert et al., 2014	Swedis, RCT	It is essential to distinguish administrations that are clinically compelling and cost-effective. A randomized controlled trial compared the viability of high-intensity proactive administrations with low-intensity receptive administrations in SNTQ.	The research base consisted of 586 people.	The methods used were the SNTQ method and consultation. The SNTQ was carried out in three lines, Monday to Thursday from 9 am to 8 pm and Friday from 9 am to 4 pm, for 51 hours per week. It was followed by advice from trained health professionals, such as nurses, dentists, and psychologists, experienced in primary and secondary prevention. In addition, all counsellors received six months of training in smoking cessation methods.	Of the 586 study participants, 59% completed the 12-month follow-up. There were no differences in outcomes between proactive and reactive services in responder-only or ITT analyses. In analyses treating non-responders as smokers, the point prevalence was 27%, and the sustained abstinence rate was 21%. These figures were 47% and 35% in pure responder analyses, respectively. As a general approach, reactive services can maximize the utilization of SNTQ resources.

				The structured treatment protocol combined motivational interviewing (MI), cognitive behavioural therapy and pharmacological counselling. Supervised call monitoring is conducted periodically for quality assurance, and an independent university-based coding laboratory also assesses the quality (fidelity) of MI. During the study period, 20 counsellors provided treatment, of which 8 had 20 or more clients, 9 had 5–20 clients, and 3 had fewer than five clients.	Nevertheless, further research is needed to evaluate their effectiveness in different client subgroups.
Thani et al., 2021	Qatar, RCT	This study evaluated feasibility and acceptability, including recruitment and retention rates, medication adherence, and participant satisfaction.	200 participants for this study are eligible for a recruitment period of 18-20 months	Qatar residents register at local health centres for comprehensive and holistic medical care. There are at least seven smoking cessation clinics. Smokers seeking help to quit smoking are referred to smoking cessation clinics, where they are	Studies have shown that physician contact with a cessation hotline increases the likelihood of smoking cessation. Smoking cessation hotlines provide an opportunity to support the healthcare system cost-effectively, reduce the burden on healthcare

				limited to pharmacological treatments such as Champix (varenicline) and nicotine replacement therapy (gum, patch, lozenge). Counselling Intervention: The program includes five weekly active counselling sessions based on a standard smoking cessation protocol. Counsellors guide participants through behavioural education techniques to prepare them for smoking cessation, thereby building their motivation and confidence to achieve long-term abstinence. The first three sessions focus on improving motivation to quit smoking, developing cognitive and behavioural coping strategies to control cravings, understanding the relationship between triggers and cravings, improving	providers, and improve cessation rates and associated disease risks. Primary efforts to increase smoking prevalence cannot rely solely on smoking cessation measures and education activities. Advances in pharmacotherapy research can be combined with clinical guidelines, smoking cessation policies, and tobacco prices to improve population-level cessation rates simultaneously.

				medication adherence, and teaching skills to prepare participants for smoking cessation. In a collaborative approach, counsellors encourage participants to quit smoking by the third week of the program, with sessions four and five focusing on relapse prevention and continued adherence to smoking cessation treatment. At the end of the counselling program (session 5), counsellors schedule a final treatment evaluation (approximately one week after session 5). Follow-up treatment occurs one month and three months after the end-of-treatment evaluation.	
Zhu et al., 2012	California, RCT	This study inspected the impacts of the smoking cessation Quitline on Chinese, Korean,	Participants in this study were 2277 people, with details of 729 speaking Mandarin, 848 speaking Korean,	Smokers in both groups were randomly sent materials in their preferred language. The materials were intended to	This comes about from inquiries about whether Phone counseling is viable for smokers who speak Chinese, Korean, and

		and Vietnamese-speaking smokers.	and 700 speaking Vietnamese.	encourage smokers to quit smoking and adopt adaptive strategies to avoid relapse. The materials were translated into Asian languages and back-translated into English to ensure consistent content and meaning across languages. Step-by-step instructions and methods were provided to answer questions of particular importance to Asians, such as A. How does smoking affect my family, and how do I deal with occupational and social situations in which smoking is expected? Smokers in the counselling group received telephone counselling in addition to the self-help materials. This recommendation approach may change the California Smoker Helpline's standard approach for English-speaking clients.	Vietnamese. This convention ought to be consolidated into existing quitlines, with conceivable expansions to other Asian dialects.

				The social learning hypothesis system incorporates motivational interviewing techniques and cognitive behavioural strategies to increase smokers' motivation to quit and improve their smoking cessation skills. Counselling included a comprehensive 30-40 minute pre-quit session with up to five relapse prevention sessions (10-15 minutes each) led by a counsellor. Follow-up sessions were planned according to the risk of quitting relapse.	
Ellerbeck et al., 2019	USA, RCT	The purpose of this study is to determine the effect of counselling and treatment on substance use and smoking cessation efforts outcomes compared with counselling alone.	In this study, researchers recruited 31 rural hospitals in the state of Kansas to take part in the study.	All participants were given a smoking cessation guide that explained the benefits of quitting smoking and how to quit smoking. In addition, the guide also included information about pharmacotherapy-assisted smoking cessation support and drug assistance programs that can	All members get a smoking cessation direct that examines the benefits of stopping smoking and methodologies for stopping and stopping smoking. In expansion, this direct moreover gives data on smoking Coordination of extra care, which provided by counselors outside

				provide patients with free pharmacotherapy. All participants received telephone counselling at enrollment and on the second day. All participants were offered an additional counselling session at six months. A second cycle of telephone counselling was then conducted 1, 3, and 6 weeks after the 6-month evaluation for relapsing smokers or those who had not smoked for less than 90 days and those who were using smoking cessation medication regardless of whether they had smoked or not. Methods were provided as long as they had stopped. No medication is provided. Participants must obtain their medication or through a healthcare provider.	the healthcare group, fizzled to extend smoking cessation. Smoker re-engagement six months after release from the clinic can lead to unused smoking. At that point, care coordination can encourage the utilization of medical solutions.
Mak et al., 2020	China, RCT	This pointed to the adequacy of giving Acknowledgment	Members were enrolled from six essential healthcare	Agreed to be randomized to the control bunch (n =	At follow-up 12 months, there was no

		Treatment and Acknowledgment and Commitment Treatment (ACT) for smoking cessation among the Chinese populace.	centers. A total of 144 people were qualified to require a portion within the ponder and concurred to be randomized to the intercession (ACT) bunch (n = 70) and control bunch (n = 74), individually.	74) and intercession (ACT) gather (n = 70) within the ponder. Smoking cessation self-help materials were given to both bunches. In expansion, the ACT bunch took part in two phone ACT sessions, one week and one month after the in-person session had started. Inquire about collaborators taken after up with them over the phone at 3, 6, and 12 months.	measurably critical contrast between the intercession group's (24.3%) and the control group's (21.6%) self-reported 7-day smoking cessation rates (hazard proportion = 1.12; 95% CI = (0.62,2.05); p = 0.704). The ACT gather appeared to way better pick up in auxiliary results from the pattern to the 12-month follow-up than the control gather did. These advancements included increments in mental adaptability (p = 0.022) and availability to halt smoking (p = 0.000) among members.
Ngo, Phan, Vu, et al., 2019.	Vietnam, RCT	This consideration has inspected the effect of across-the-nation phone counselling for smoking cessation. It has distinguished variables related to the effect of a smoking cessation phone hotline among male callers in Vietnam.	An irregular cross-sectional study of 469 smokers looking for smoking cessation administrations through a national phone hotline was conducted from September 2015 to May 2016.	We offer smoking cessation administrations, counting every day toll-free phone counselling for nicotine treatment with ten certified counsellors, from 8:00 pm. Comfort inspecting was connected to enrol 469 callers from 1648 quitline clients based on the taking after criteria: Matured 18 a long time, utilized quitline administrations by	This study is the first to examine the impact of a national smoking cessation program in Vietnam. One of the key findings of this investigation is that callers are more likely to increase their quitting efforts and feel more confident about quitting after using Quitline. Two important clinical implications of this study are the vital

				calling and experienced counselling and concurred to the required portion in a 10 to 15-minute phone meeting.	role of caller satisfaction and future consideration of offering NRT in combination with Quitline, which is significantly associated with a more significant increase in long-term quit rates among Vietnamese male smokers
Scheffers-Van Schayck et al., 2019.	Netherlands, RCT	This considered pointed to test the adequacy of phone smoking cessation counselling custom fitted to guardians in a two-arm randomized controlled trial and whether its adequacy depends on the enlistment approach utilized to enrol guardians (mass media vs wellbeing administrations).	Eighty-seven parents received either telephone counseling (intervention) or self-help brochures (control).	A questionnaire was given to parents to fill out both at baseline and three months following the intervention. According to the findings, parents who got telephone counseling had a 7.54-fold higher chance of reporting seven days of smoking cessation three months following the intervention compared to parents in the control condition (53.3% vs. 13.2%, 95% CI = 2.49-22.84). The interaction impact of the condition and recruitment strategy cannot be assessed since inclusion was lower than expected.	This study demonstrates the efficacy of parent-focused telephone counseling for smoking cessation in aiding parents to give up smoking. Nonetheless, prior to widespread adoption, subsequent studies want to concentrate on enhancing the methods of attracting parents through recruitment strategies.
Luo et al., 2021	China, RCT	A unique WeChat-based smoking cessation intervention was the subject of a process evaluation to gauge the	WeChat was utilized to find 403 participants, send them intervention messages, and administer surveys for	Members read an average of 4. 76 (of 10), 5. 80 (of 10), and 4.	For smokers, we've put in place a WeChat-based smoking cessation program. Compared to the first

		effectiveness of the content delivery, participant engagement, satisfaction, and propensity to suggest to others.	their evaluation. The job posting was sent to WeChat Moments and shared on the official WeChat account. Using WeChat's message broadcasting feature, two messages were sent once a day on weekdays to deliver the intervention.	25 (of 6) messages in weeks 1, 2, and 3. The second message was read less frequently than the first (52. 3% vs. 61. 6%). Additionally, the number of members who read the interim messages steadily decreased within a week. Image-based interim messages were read less frequently than video-based messages. Total program completion scores ranged from 5 to 25, and total weekly compliance scores were 21. 55, 22. 27, and 22. 76. No significant differences were found between groups on all measures of success. Over 60% of participants reported feeling very or somewhat trapped each week. Additionally, the most significant percentage of participants (93. 0% in week 1, 95. 8% in week 2 and 96. 2% in week 3) reported that they would recommend our program to others.	message, the second message was not read for the majority of the days that followed. At the beginning of each week, smokers had greater levels of reading intervention intervention; this is when one should think about sending messages that are comparatively more significant. When opposed to video-based intervention messages, image-based communications are typically less likely to be read. For further study, we can think about modifying the subjects and styles of the messages to improve user engagement. Furthermore, most of the participants expressed that they felt content, involved, and inclined to suggest our program to others.

RESEARCH CHARACTERISTICS

In this study, 14 articles were used; these articles were taken from Pubmed, Science Direct, Scopus, and Google Scholar. In this article, the participants are Quitline service users in several countries with various ages and genders. Articles can be published in the USA, Germany, Sweden, Qatar, Vietnam, China and the Netherlands. These articles discuss the effectiveness of the smoking cessation quitline program used in each country that uses the quitline program.

REVIEW RESULTS

Based on journals that have been reviewed, all smokers say that telephone or quitline-based interventions are good and effective in helping stop smoking. Quitlines can also expand the reach of smoking cessation services because they use telephone media so that they can be used anywhere (Gordon et al., 2021b). Quitlines can also increase the number of people who quit smoking from 0.8% to 13%. In Germany, smoking cessation programs are underutilized, with only a small percentage of smokers quitting using evidence-based techniques. Raising awareness and targeting high-prevalence communities may improve the effectiveness of the national smoking cessation effort (Delle et al., 2022b). A study introduced a phone-based strategy to help people in the Middle East quit smoking. Doctors confront obstacles in delivering personalised quitting help. According to research, connecting physicians with smoking cessation programs can increase stop rates. Telephone services can provide cost-effective support to healthcare institutions. The study's intervention tactics show promise for widespread adoption in Qatar and other Middle Eastern nations that lack evidence-based smoking cessation programs. However, before implementing such treatments, they must be empirically verified and tailored to the unique needs of the local community. Overall, this phone-based method has the potential to assist smoking cessation efforts in the Middle East (Thani et al., 2021).

Smoking cessation quitline services have been proven to be effective in helping smokers to quit smoking. A study in Vietnam found that quitline callers were more likely to increase their smoking cessation efforts and feel confident about quitting smoking after using quitline services (Schnitzer et al., 2022). Additionally, another study showed that telephone smoking cessation counseling tailored to parents was effective in helping parents to quit smoking. This shows that quitline services can have a positive impact in helping smokers quit smoking (Scheffers-Van Schayck et al., 2019b).

Smokers are motivated to quit smoking after using Quitline. Smoking cessation services and other smoking cessation aids, such as the use of cigarette replacement drugs, are less popular in Australia despite strong evidence that pharmacological support must be accompanied by behavioral change to increase the success of smoking cessation efforts. The use of quitlines has had a positive impact on helping reduce smoking in some countries (Khan et al., 2021).

Several factors influence Quitline use, including caller satisfaction, service accessibility, technology preferences, mental health conditions, and health disparities. Research shows that caller satisfaction and future consideration of offering NRT (nicotine replacement therapy) are associated with increased smoking cessation attempts and self-confidence to quit smoking after using Quitline (Ngo et al., 2019a). Additionally, the accessibility of quitline services tailored to individual technology preferences, such as website-based and mobile services, can expand the reach of quitline services and increase their use (Glover-Kudon & Gates, 2021).

Another factor influencing quitline use is mental health conditions, where callers with mental

health conditions may benefit from quitline services tailored to their needs. Finally, efforts to reach subpopulations experiencing health disparities, such as immigrants from China, Korea, and Vietnam, may also influence quitline use among them (Glover-Kudon & Gates, 2021).

DISCUSSION

Based on the reviewed journals, most researchers conclude that the use of quitlines increases smokers' motivation to quit. This is consistent with the study by Ngo et al. In a 2019 study, they stated that after using Quitline, most clients were satisfied with the quality of the service, felt more confident about quitting, and were able to take action on their first quit attempt. The more significant finding of the study was that after using the Quitline smoking cessation program, callers were more likely to make more quit attempts and feel more confident about quitting. For smokers seeking smoking cessation support, telephone counselling has a significant effect. The benefits of telephone counselling are most evident when offered as a supplement to print or brief face-to-face counselling but less evident when provided as an adjunct to pharmacotherapy. There is insufficient evidence to suggest that more frequent visits have a more significant impact. Limited evidence suggests that mediation that offers three to six consultations is more successful than a single cessation consultation. (Matkin et al., 2019). Quitlines have become an integral part of national anti-tobacco media campaigns. Quitlines also have a potential impact on public health beyond the fact that the services provided can help reduce existing smoking rates. Promotion of quitlines can also reinforce the importance of smoking cessation and the availability of help if smokers choose to use it to quit smoking (Stead et al., 2007).

CONCLUSION

The effectiveness of smoking cessation programs is based on journals that have been reviewed by all smokers who say that telephone or quitline-based interventions are good and effective in helping them quit smoking. Quitlines can also expand the reach of smoking cessation services. Smoking cessation services and other smoking cessation aids, such as medication use, are less popular despite strong evidence showing pharmacological and behavioral support can increase the success of smoking cessation efforts and have demonstrated the positive impact of mass media advertising campaigns on Quitline use. Smoking cessation quitline services have been consistently shown to be effective in helping smokers quit smoking. The services can increase the likelihood of smokers attempting to quit and feeling confident about their ability to do so. Additionally, quitlines can expand their reach by offering tailored services based on individual technology preferences and addressing mental health conditions and health disparities. The effectiveness of quitlines has been demonstrated across various countries, including Germany, the Middle East, Vietnam, and Australia. Overall, quitlines offer a valuable tool for improving smoking cessation efforts and reducing smoking rates globally.

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