EVLATION OF
QUIT & WIN PROGRAM
CARRIED THROUGH
2002 YEAR IN FB&H

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ABSTRACT

World Health Organization (WHO) in cooperation with National Public Health Institute of Finland carried through Quit & Win program 2002. People from all over the world try to abstain from smoking or using tobacco products for a four-week period, from 2-29 May. FB&H took part in this campaign. Quit & Win-2002 program was an optional contest for health professionals. The purpose of this paper is to present the participant’s characteristic towards age, gender, education, tobacco consumption and previous attempts to quit. Results: the research encompassed 81 health professionals. Among them 71% were women. The highest participation rates on average where found in the 45-54 year group (29.7%). The most of participants were health professionals with middle school education (81%). Only 5% of the participants were physicians. The great number of health professionals (47.5%) smoked between 1-9 years. Research shows that 61% of participants were passionate smokers who smoked more than 14 cigarettes a day. Out of 81 participants 42 medical workers has never tried to stop smoking. Research shows that smoking habit is very spread among medical workers and it follows the general state in population. It’s surprising because we expect that health worker must be role model of the healthy life.

KEY WORDS: smoking cessation, Quit & Win, health professionals
INTRODUCTION

Quit &Win is smoking cessation contest for adults. Contest for promoting quitting were originally used in some US health campaigns in the early 1980s. The National Public Health Institute of Finland (KTL) applied Quit &Win as a cessation method for the first time in Finland in 1985 and organized the first international contest in 1994. Quit &Win has rapidly grown in popularity as a practical international smoking cessation action. This is likely to be due to Quit &Win unique, positive approach to a problem that is receiving increasing attention worldwide as the truly major health threat. Quit &Win 2002 competition was an optional contest for health professionals. This program encourages health professionals to act as role models in relation to smoking cessation. FB&H joined the international Quit &Win 2002 network. FB&H has made its own competition including: recruiting smokers, information activities, obtain prizes and other tasks. The international core components of the program include the campaign timetable, common rules, international promotional materials and standardized follow-up procedures. The common rules were: The competition take place in May 2002 with the actual quit date on 2 May 2002. The requested abstinence period lasts four weeks. The criteria for participant were: At least 18 years age, a current daily smoker and history of daily smoking of at least one year before the contest. The participant must fill in the entry form no later than the quit day. The national/regional winners will be drawn after the abstinence period of four weeks. The abstinence is verified by biochemical test. After the national winners have been chosen, an international super prize of US 10 000 and six regional prizes of US 2500 will be drawn among the winners of each country.

METHODS

Quit &Win 2002 competition took place in May 2002 with actual quit date on 2 May 2002. Participants were selected among voluntary applied medical workers. Each participant must fill in the entry form (model WHO). Scientific analysis was prepared on the base of entry form for participant. Observing variables were:

Gender
Age group: 18-24, 25-34, 35-44, 45-54, 55-65 years
Tobacco consumption (present smoking-times per day): 1-14, more than 15
Previous attempts to quit: none; 1-2 times; 3 or more
Years of smoking: 1-9; 10-19; 20 or more
Years school altogether or studied full-time: 9 years, 9-12 years, 13 or more

RESULTS

The research encompassed 81 medical workers. The vast majority of Quit &Win participants were women (71.5%). Graph 1. The results showed that all age groups were reached by the campaign, but the highest

GRAPH 1. Distribution of participants according to the sex

GRAPH 2. Distribution of participants according to the age
participation rates on average where found in the 45-54 year age group. Graph 2. The most of participants were health professionals with middle school education (81%). Only 5% of the participants were physicians. (3) Graph 3. The great number of health professionals (47.5%) smoked between 1-9 years. Research shows that 61% of participants were passionate smokers who smoked more than 14 cigarettes a day. Among them were 56.4% female smokers and 46.4% male smokers. It is surprising that 51.6% of the participants belonging to the sample had never tried to stop smoking before. Graph 4

DISCUSSION

Quit&Win is a cost-effective evidence based smoking cessation method for population-wide public health use that also supports more broadly national tobacco control work. The Quit&Win campaigns use innovative communication methods, partnership, community organization and health service involvement. The Quit&Win model has proven to be applicative in different cultures all over the world. International Quit&Win campaigns have been carried out every other year since 1994. 77 countries and 700,000 participants took part in the Quit&Win contest in the year 2002. During Quit&Win 2002 there have also been an optional contest for health professionals. The goal is to get health professionals to stay tobacco free and this way become more motivated to act as role models and obtain better skills to do anti-tobacco work with their patients. International Quit&Win contests have rapidly grown in popularity as a practical international smoking activity. Quit&Win began in 1994 with 13 countries participating. Since then, the competition taken place internationally every other year. 1996 with 25 countries, in 1998 with over 200,000 participants involved from 48 countries and in 2000 some 430,000 participants in 69 countries. A total of 81 medical workers in FB&H are participated in Quit&Win program 2002. The vast majority of participants were women. It is in the line with the high percentage of women in structure of medical workers in FB&H. The highest participation rates on average where found in the 45-54 year age group. The participants in that age group have been traditionally the most successful quitters. They had already health harmful smoking consequences. The most important reason to quit was in connection with prevention of serious diseases. Behaviour of medical workers is surprising in consideration of their knowledge of harmful effects of smoking. (4) We are expecting from them to take a leadership in creating safe and healthy environments and responsibility for own and patient’s health. After carried campaign Quit &Win 2002 we compared gained results with results Quit &Win carried through 2000 years. There were not essential differences. Widen smoking habits among medical workers follow the general state in population. There are no essential differences in prevalent of smoking among medical workers and prevalent of smoking in population of B&H. During the whole year following the Quit&Win campaign 10-30% of the participants have stayed completely smoke-free. But also the other participants learnt for their next attempt. That campaign contains positive message for smokers. The great number of smokers (70-80%) wants to quit. Many have tried several times but often lack the support and impetus needed to abstain from tobacco consumption. Thus Quit &Win offers help to smokers who want to quit. The winners of the international prizes were drawn in Cyprus on the 7th June 2002. The winner of super prize of US 10,000 is the first prize winner of the
CONCLUSION

Quit & Win program is a positive and cost-effective way to reduce smoking among the population. Success rates in stopping smoking are lower than with very intensive and personal methods, but a much wider audience is reached and at a much lower cost. Follow-up studies have showed that after one year on an average one fifth of the participants have remained smoke-free constantly since the beginning of the Quit & Win contest. The program helps to build broad national coalitions and trends to draw positive media attention. The campaign is also a concrete channel for large international health collaboration, which is necessary considering the global nature of marketing efforts of the tobacco industry. (5)

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