

Centre for Behavioural Research in Cancer
Cancer Control Research Institute
The Cancer Council Victoria



CBRC
RESEARCH PAPER SERIES
No. 7
June 2004

Evaluation of the Victorian Fresh Start Short Course: January 2000 to February 2003

Daniella Germain
Tessa Letcher
Thomas Fuller

Prepared for:
The Victorian Smoking and Health Program (Quit Victoria)

Website:
www.cancervic.org.au/cbrc

ABSTRACT

Fresh Start courses, a smoking cessation course developed by Quit Victoria, have been run in workplaces, prisons, and in the community since 1983. The Fresh Start Short Course was developed in 1999, for those people who were unable to complete the longer version. This report presents the findings of an evaluation of 65 Fresh Start Short Courses run between 2000 and 2003. The aim of the evaluation was to assess the abstinence rates of participants, both at the end of the course and after three months and 12 months, and to evaluate participants' satisfaction with the course overall.

Results indicate that quit rates fell from 23%, at the end of the Fresh Start short course, to 17% at the 3-month follow-up and 16% at the 12-month follow-up. However, of respondents who completed the 12-month follow-up questionnaire, 30% had quit smoking. Mean daily consumption of cigarettes declined from 21 cigarettes per day prior to the course down to 14 per day after the course, and up to 18 per day 12 months later. Of those who were not smoking 12 months after completion of the course, 80% were feeling 'very' or 'extremely' confident of having successfully quit for good. However, smokers' urgency to quit diminished over time, with those still smoking at 12 months the least likely to be planning to quit.

Participants' feedback on the course was generally very positive with regard to the nature and content of the course, but particularly in relation to the skills and knowledge of the facilitators. Overall, Fresh Start Short Courses provide an opportunity for smokers to attend a quit smoking course and to be introduced to the Quitline and other strategies/quitting aids that they might not otherwise have been exposed to.

Suggested citation:

Germain D, Letcher T, Fuller T. *Evaluation of the Victorian Fresh Start Short Course: January 2000 to February 2003*. CBRC Research Paper Series No. 7. Melbourne, Australia: Centre for Behavioural Research in Cancer, The Cancer Council Victoria, June 2004.

INTRODUCTION

The Cancer Council Victoria (formerly the Anti-Cancer Council of Victoria) offered and ran Fresh Start smoking cessation courses from 1983 to 1992. Since then, the courses have been managed and coordinated by Quit Victoria. Fresh Start courses have been run in workplaces, prisons, and in the community, including at health centres, with each course being run by facilitators who have received training from Quit Victoria.

The Fresh Start Short Course is a smoking cessation course developed by Quit Victoria in 1999. The Short Courses were not designed to replace the Fresh Start courses, but intended to be offered when it was not possible to complete the longer version. The Short Courses have the advantages of face-to-face contact and group support found in the standard Fresh Start courses, with the flexibility and accessibility offered by Quitline telephone support. The Course includes two three-hour sessions, held approximately two to three weeks apart in community settings, with Quitline telephone support between the sessions. Quitline telephone support is also available after course completion. Quit does not arrange individual Fresh Start Short Courses, but provides for the training of facilitators and the necessary course material for participants.

The content in the short course is based on that from the Fresh Start course. Fresh Start courses are longer and typically consist of eight 90-minute sessions, run twice a week, over a period of four weeks¹ and cost up to \$100 per person. Material covered within the sessions of the Short Course is complemented with self-help sheets and Quitline telephone support.

Fresh Start Short Courses aim to provide participants with a greater understanding of why people smoke, how they might go about deciding and then attempting to quit, strategies for and support with addressing the challenges of quitting, and how to stay quit for good. During the first session, participants receive assistance and information in planning their quit attempt, and are encouraged to set themselves a quit date before the second session. The first session covers such topics as: the stages of quitting; why people smoke; benefits and barriers to quitting; specific strategies to quit; preparing for difficulties; developing a quitting plan; and informing participants of the services offered by Quitline.

Between the sessions, participants are encouraged to review and work on the self-help sheets provided during the initial session, as well as to receive at least one telephone call from Quitline. The telephone call is intended to provide additional support, and advice with their quit attempt. Making a quit attempt at this point is intended to provide for experiences that can be reviewed and built upon in the second session, including examination of emotional issues and coping strategies relating to an ongoing and successful quit attempt.

The second session is designed to review participants' experiences, progress, and address any difficulties that they've had planning or completing their quit attempt. More specifically, it examines why people might resume smoking, how they cope with a sense of loss, manage stress and conflict, learning ways to relax without cigarettes, managing diet and planning for the future.

Background

Data collection on the longer Fresh Start courses has occurred since they began in 1983, and four evaluations have been completed to date. The aims of previous evaluations have been to provide information about changes in smoking status, quit attempts, intention to quit and strategies used to refrain from smoking.

The Fresh Start evaluations have examined controlled smoking as an outcome of the Fresh Start courses,² evaluated Fresh Start courses offered in hospitals,³ and evaluated community-based courses run between 1983 and June 1988.^{4,5} The last time that an evaluation of the Fresh Start courses was completed was in 1995. Mullins, Borland and Gibbs (1995) examined the quit rates of participants who attended courses conducted in workplace settings between 1990 and 1991.¹ Mullins et al (1995) suggested that smokers in the workplace courses were less likely to quit smoking than participants in other courses, due to different motivations for attending the course, the workplace setting itself, and also because the courses were shorter than the community-based courses.⁶

However, there has as yet been no evaluation of the Fresh Start Short Courses. The first of these courses was conducted in December 1999. The current report covers the period from January 2000 to February 2003, and includes 65 courses conducted in Victoria. It does not include data from pilot courses or from courses conducted in South Australia.

The aims of the current brief report are to present a profile of characteristics of participants in the Short Courses, and to assess the abstinence rates of participants both at the end of the course and after three months and 12 months. It was prepared by the Centre for Behavioural Research in Cancer for Quit Victoria.

METHOD

Questionnaire

Data were collected at the beginning of the first and end of the second session from self-administered written questionnaires. Three months after the last session, participants were contacted by telephone as part of the Short Course, and the third survey was administered during this call. If participants had requested not to be contacted by phone, they were mailed the third survey. Twelve months after the completion of the course, a final follow-up survey was mailed to participants. Another survey was mailed out if necessary, followed by a telephone call to collect data if there was still no response.

Survey forms were very brief: each questionnaire consisted of one double-sided A4 page, except for the pre-course form which was three pages, as it asked for demographic information in addition to the questions included in subsequent surveys.

Survey content included: smoking and quitting behaviour (defined by whether a participant reported smoking at all at the time of the survey); participant opinion on particular sections of the course, information that was given during the course, their level of satisfaction with the course; and perceived usefulness of the course, worksheets and Quitline support.

For each survey form, there were some participants who did not answer specific questions, although they had returned a questionnaire. Unless otherwise stated, percentages reported are based on those who answered the question, not on the entire sample.

Data analysis

To report data from the questionnaires, descriptive techniques such as frequencies were used. To test for the significance of relationships between variables, t-tests, chi-squares and analysis of variance were conducted. In this report, details of statistical tests of significance are not usually included in the text. Where relationships between variables are reported, the probability level of significance was less

than 0.05, indicating a less than 1 in 20 probability that the effect was caused by chance, and where appropriate, measures of association are reported.

In order to look at demographic differences within the data, age has been aggregated into three categories: 15–29 years, 30–49 years, and 50 years and over. Respondents have been classified by occupational status as upper white collar, lower white collar, upper blue collar, or lower blue collar. Occupational status refers to the main income earner in the household. Only respondents who reported an employed, main income earner were included for this classification.

RESULTS

Average length of course

Sessions one and two were intended to take place two to three weeks (14–21 days) apart to allow participants time to develop a quitting plan and to make a quit attempt. Most of the courses (90%) were completed within this period. The mean number of days between the sessions was 15, and ranged from the two sessions being completed on the same day ($n=2$) to an interval of 39 days ($n=1$).

In the 65 Short Courses conducted between January 2000 and February 2003, 288 forms were returned by participants, with 280 (97%) completing at least some of the initial pre-course questionnaire before the first session. Table 1 presents information on gender, age and method of survey completion for participants in Short Courses.

Table 1:
Summary details of respondents completing questionnaires

	Gender			Age group (years)				Method of completion			
	<i>N</i>	Male %	Female %	<i>N</i>	15–29 %	30–49 %	50+ %	<i>N</i>	In session %	Mail %	Phone %
Pre-course	280	52	48	280	17	44	39	280	99	1	0
Post-course	189	51	49	188	18	44	39	189	78	22	0
3-month follow-up	192	48	52	186	15	44	42	192	n/a	26	74
12-month follow-up	183	49	51	179	14	44	42	183	n/a	54	46

Participant characteristics

Around two-thirds (68%) of those who completed an initial pre-course questionnaire also completed one at the conclusion of the second session, the 3-month follow-up (69%) and the 12-month follow-up (65%). At each time point, approximately half the sample was male. The proportion of participants aged 15–29 years varied between 14% and 17%. There were 44% of participants aged 30–49 years at each time point, and 39–42% were aged 50 years or more.

For the pre- and post-course questionnaires, participants completed most survey forms during the sessions, and the remainder by mail. Almost three-quarters (74%) of the 3-month follow-up and just under half (46%) of the 12-month follow-up questionnaires were completed by telephone. An examination of participant characteristics indicates very little difference between respondents at each time point, indicating that there was not a bias in the non-returns for these variables at least.

Participants who had completed their education up to and including Year 10 comprised over one-third (36%) of the sample. Similarly, 37% had completed their education at Year 11, Year 12 or an equivalent thereof, whilst over a quarter (27%) of participants had completed a university or college course. Over half (53%) the respondents indicated that they were working full-time or part-time, while 7% were looking for full-time or part-time work. A relatively high proportion of respondents (40%) indicated that they were not employed and not looking for work. This category included, pensioners, students, retirees or people completing home duties.

Of those who were working, nearly half the sample were white-collar workers: specifically, 27% and 20% belonged to upper and lower white-collar professions, respectively. Blue-collar workers comprised the next largest group with 20% and 12% of participants being employed in upper and lower blue-collar positions respectively. The remaining participants included students (1%), pensioners (3%), housewife/homemakers (7%), retirees (9%) and those who were unemployed (1%).

Quitting behaviour prior to course

At the start of the course, participants were asked how many times, if any, they had deliberately tried to give up smoking, defined as stopping for at least 24 hours. This data is presented in Table 2. The majority of participants had tried to quit at least once – fewer than 10% reported having never tried. The most common was three or four times, reported by just over one-quarter (26%) of respondents. Fifteen per cent of respondents reported stopping smoking for at least 24 hours more than ten times.

Table 2:
Attempts at quitting for at least 24 hours

	Assessment at start of first session
<i>N</i>	277
None, never tried	9%
Once	13 %
Twice	19 %
3 or 4 times	26 %
5 to 10 times	14 %
More than 10 times	15 %
Don't know	4%

How participants found out about the course

The most common way in which participants had learnt of the course was from their doctor (25%). Men were more likely than women to have received this advice (31% compared with 17%, respectively), and older participants more likely than younger age groups (35% aged 50 years and over, compared with 20% of 30–49 year olds and 13% of 15–29 year olds). Other sources of information about the course were the Quitline (14%), an employer or boss (12%), a friend (12%), a poster or pamphlet (9%), or another unspecified source (29%).

Age participants started smoking daily

As part of the pre-course survey, respondents were asked at what age they started smoking on a daily basis. The average age reported by respondents that they became daily smokers was 17 years.

Goals for participating

Participants in the pre-course assessment were asked to indicate their goals for participating in the smoking cessation program (n=292). By far the majority of participants indicated that they wanted to quit and stay off cigarettes forever (86%), with some indicating they wanted to learn how to quit for when they were ready (17%). Fewer than 6% of participants reported that they wanted to cut back on how much they smoked or control where and when they smoked, while only two people (1%) indicated they were participating in the course because they wanted to quit for a short time.

Older people (aged 50 years and over) were more likely to indicate that they wanted to quit and stay off cigarettes forever compared with respondents aged 15–29 years (91% compared with 74%, respectively). These younger respondents were more likely to want to cut back on how much they smoked, or control where and when they smoked, than those aged 50 years and over (9% compared with 2%, respectively).

Smoking cessation rates: data from all original participants

If we take the most conservative approach, and assume that all of those who did not complete each profile were still smoking, the abstinence rate was 23% at the end of the second session, 17% at the 3-month follow-up and 16% at the 12-month follow-up (taken as a percentage of the original sample).

Smoking cessation rates: data from respondents

In Table 3, quit rates for those participants who completed the survey forms are presented for each time point (i.e., calculations exclude participants who did not return survey forms). In the first session, 4% of participants (n=11) said they were not smoking. At the end of the second session, 36% of respondents (n=65) said that they were not smoking. At the 3-month follow-up, 27% of respondents (n=48) said that they were not smoking. At the 12-month follow-up, 30% of respondents (n=47) said that they were not smoking.

Table 3:
Quit rates among respondents, by method of survey completion

	Total		Method of completion (%)		
	N	%	In session	Mail	Telephone
Pre course (P1)	267	4	4	0	n/a
Post course (P2)	178	36	35	40	n/a
3-month follow-up (P3)	174	27	n/a	23	28
12-month follow-up (P5)	156	30	n/a	34	26

As indicated in Table 3, there were some differences in quit rates reported by participants according to the method of survey completion. At the end of the course, 35% of those who completed a survey form at the conclusion of the second and final session indicated they had stopped smoking, compared with 40% of those who mailed the survey form back following the session.

At the 3-month follow-up, of those who responded to the mailed questionnaire, 23% were not smoking, compared with 28% of those who were contacted by telephone. At the 12-month follow-up, 34% of those who responded to the mailed questionnaire were not smoking, compared with 26% of those who were contacted by telephone. Such differences highlight the importance of contacting as many participants as possible, not only those who respond to a mail follow-up, in order to maximise the accuracy of the estimated success rate.

Table 4 presents quit rates for participants at each time point by age and gender. Quit rates tended to be the highest, across all participants, during the period following course completion (36%). The proportion of participants who stayed quit at the 3-month follow-up generally declined (27%), increasing again at the 12-month follow-up (31%). As Table 4 suggests, men tended to have a steadier quit rate across the time periods (varying by only 1% across the final three time periods), while quit rates among women varied more widely over time (varying by up to 16%). However, differences in quit rates between males and females at the separate time points were not significant.

Table 4:
Quit rates by age group and sex

	Total (%)	Age group (years)			Sex			
		N	15–29	30–49	50+	N	Male	Female
Pre course (P1)	4	268	4	4	4	268	3	5
Post course (P2)	36	180	39	40	30	181	35	37
3-month follow-up (P3)	27	172	25	26	28	177	34	21
12-month follow-up (P5)	31	154	37	28	32	158	35	25

Cigarette consumption

The average number of cigarettes smoked per day across each time point, for all respondents, is presented in Table 5. Mean daily consumption prior to the course was 21 cigarettes per day, with respondents reporting a significantly lower daily consumption at the end of the second session (14 per day). At the 3-month follow-up, consumption increased slightly to 16 cigarettes; and again at the 12-month follow-up, to 18 cigarettes. These differences indicate no significant change since the end of the course, but were significantly lower than before the course commenced.

Table 5:
Cigarettes smoked per day

	N	Mean number cigarettes smoked per day
Pre course (P1)	237	21.3
Post course (P2)	100	14.0
3-month follow-up (P3)	106	15.5
12-month follow-up (P5)	105	17.7

There were significant differences in cigarette consumption prior to the course between age groups, with 15–29 year olds smoking fewer cigarettes (17 per day on average) than 30–49 year olds (22), and fewer than those aged 50 years and over (23). There was also a significant difference between the mean number of cigarettes smoked per day prior to the course, by men (23) and women (20). However, at the 12-month follow-up there were no significant differences in daily cigarette consumption found between men (19) and women (17), or across age groups.

Longest period quit smoking

Before the first session, participants were asked about the longest period for which they had quit in the previous 12 months. As shown in Table 6, over one-third of respondents (37%) reported that they had not tried to quit, while 10% had quit for less than one day. Over half (54%) reported they had quit for one day or more, with an average of 37 days reported. Males had quit for longer than females, 39 days compared with 35 days respectively, although this difference was not significant.

Table 6:
Longest period reported to have quit smoking, in last 12 months or since first group session

	<i>N</i>	Have not tried to quit*	Less than one day	One day or more	Consistently not smoked since beginning of course
		%	%	%	%
Pre course (P1)	263	37	10	54	n/a
Post course (P2)	178	19	19	47	16
3-month follow-up (P3)	174	10	10	65	15
12-month follow-up (P5)	157	12	7	68	13

* In last 12 months or since first group session.

Over the duration of the course and the follow-up surveys, the proportion of respondents reporting they had not tried to quit declined from 37% to 12% at the 12-month follow-up, while the proportion reporting they had quit for at least a day increased to over two-thirds of respondents (68%). Twelve months after the course had ended, 13% of respondents reported that they had consistently not smoked since the beginning of the course.

Of those who were still smoking at the end of the course (n=116), 28% reported that they had not tried to quit and 28% had quit for less than one day. Almost half (43%) had quit for one day or more (n=49). On average, the longest period these smokers had quit for was 7.3 days (n=50).

Of those who were still smoking at the 3-month follow-up (n=126), 14% reported that they had not tried to quit and 14% had quit for less than one day. Almost three-quarters (73%) had quit for one day or more (n=92). On average, the longest period these smokers had quit for was 24 days (n=90).

Of those who were still smoking at the 12-month follow-up (n=110), 17% reported that they had not tried to quit and 10% had quit for less than one day. Almost three-quarters (73%) had quit for one day or more (n=80). On average, the longest period these smokers had quit for was 55 days (n=79). These smokers may also have quit for shorter periods during the year.

Methods used to quit smoking

As part of the initial survey, respondents were asked whether in the last six months they had used any specific methods to help them quit. In subsequent surveys, they were asked to indicate whether they had used any of these methods since the last group session. Results for this question are presented in Table 7. The most frequent response at both the 3-month and 12-month follow-ups was 'used no services', while nicotine patches were the most common aid utilised by respondents, followed by 'other brief professional advice'.

Table 7:
Methods used since the last group session to assist quitting

Methods used		P1	P2	P3	P5
Used no services	%	45	31	44	43
Nicotine patches	%	33	21	23	29
Written material	%	12	16	9	10
Nicotine gum	%	10	9	10	9
Other brief professional advice	%	10	13	18	22
Other	%	9	10	16	16
Nicotine inhaler	%	4	10	6	5
Other extensive professional advice	%	4	3	5	3
Total	N	281	186	177	152

* Percentages add up to more than 100 as multiple responses possible.

Contact with Quitline

At the end of the two-session course, participants were asked how many times they had spoken to the Quitline since the first group session. Almost one-quarter (23%, n=43) reported that they had not spoken to the Quitline. Of the 77% who had spoken to Quitline (n=143), the average number of times was twice.

At the end of the course, a significantly higher proportion of those who had not called the Quitline, or had only called once, were still smoking, compared to those who had contacted the Quitline at least twice during the duration of the course (70% compared with 56%, respectively).

There were no differences between men and women, but younger participants (aged 15–29 years) reported having spoken to the Quitline on average 2.6 times, significantly more than both the older groups (average of 1.9 times).

Intentions to quit

Those participants who were still smoking at the time of each survey were asked about their intentions to quit. Before the course commenced, almost all participants (99%) reported that they were planning to quit within the next six months. Of those who planned to quit in that time, most were planning to quit in the next 30 days (96%). At the end of the course, intentions for the next six months were the same, while those for the next 30 days had decreased. There was a decrease over time for quitting intentions for both the next six months and the next 30 days. At the 12-month follow-up, three-quarters of those still smoking (75%) reported that they were seriously considering quitting within the next six months, and of these participants, 42% were planning to quit in the next 30 days.

Table 8:
Intentions to quit in the next 6 months or 30 days

	Next 6 months		Next 30 days	
	N	%	N	%
Pre course (P1)	249	99	235	96
Post course (P2)	116	99	106	82
3-month follow-up (P3)	123	87	102	57
12-month follow-up (P5)	106	75	71	42

Any smoking by quitters

Participants who indicated that they were not smoking were asked whether they had 'had a puff or the odd cigarette in the last week'. As shown in Table 9, at the end of the short course, 29% of those who were not currently smoking reported a puff or the odd cigarette in the previous week. This decreased by the 3-month follow-up to 13%, and at the 12-month follow-up only 4% (2 people) of those who were not smoking reported that they had smoked a little in the previous week.

Table 9:
Reported smoking in the previous week by those who had quit

		End of 2nd session	3-month follow-up	12-month follow-up
No. reported not smoking	(N)	64	48	46
Puff or odd cigarette in last week	(%)	29	13	4

Frequency of doing particular activities when feel like having a cigarette

Respondents were asked how often they did something other than smoking when they felt like having a cigarette, rating each activity with Never/Sometimes/Often/Always. In order to examine responses over time, Table 10 presents the Often/Always responses together for each time period. Before the course commenced, respondents reported always or often 'finding something else to do' most commonly, followed by telling themselves they didn't need a cigarette, drinking water, and delaying having a cigarette. By the end of the second session, higher proportions were reporting that they always or often tried one of the activities, compared with before the course commenced.

Engagement in most activities stated doubled or increased up to three-fold following the course. The largest increases were in putting off having a cigarette, finding something else to do, telling yourself you didn't need a cigarette. Around twice the proportion of people reported that they often or always talked to someone about it, practised deep breathing, did some exercise or ate a healthy snack when they felt like having a cigarette.

Table 10.
Activities done when wanting a cigarette

	Activity done often/always							
	P1		P2		P3		P5	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Find something else to do	218	32	160	60	165	47	140	38
Tell yourself you don't need a cigarette	226	32	160	62	165	50	137	50
Drink water	214	22	150	47	165	35	131	26
Put off having a cigarette	238	21	163	63	165	47	136	43
Do some exercise	201	17	144	31	163	18	127	20
Eat a healthy snack	207	15	147	31	164	21	135	20
Deep breathe	197	15	145	43	164	16	132	18
Talk to someone about it	200	9	129	19	162	12	119	13

* Percentages add to more than 100 as multiple responses possible.

Three months after completing the course, there had been a decrease in the number of respondents reporting that they often or always did each activity when they felt like having a cigarette. While there were some changes between responses at three months and 12 months, the patterns were clear. At both time points, half of the participants reported that they often or always told themselves they didn't need a cigarette when they felt like having one. Finding something else to do, delaying having a cigarette, and drinking water were also frequently reported. These strategies were more commonly practised than talking to someone about their cravings, practising deep breathing, exercising or eating a healthy snack.

Feedback on the course

At the conclusion of the second session, participants were asked to provide feedback on course length, the number of sessions, the facilitator, and the homework tasks. Most felt that the length of the course was about right (89%), with a small proportion indicating they felt it was too long (7%) or too short (4%). Just over two-thirds of participants found the total number of sessions to be 'about right' (67%), while 34% thought there were 'too few' sessions. All participants rated the group leaders favourably, with the majority (82%) describing them as 'excellent', while 18% thought they were 'good'. Most participants found the homework valuable, either 'useful' (70%) or 'very useful' (23%), while 7% did not find the homework useful.

Which sections of the course were found particularly useful?

As part of the post-course assessment, participants were asked about which sections of the course they found particularly useful. The most frequently mentioned component was the facilitator or group leader, mentioned by 88% of participants. The video (65%), information on the health effects of smoking (54%), the booklet (54%), and the effects of group support (47%) were also mentioned. The relaxation tape was found useful by some participants (13%), while only one participant reported that no section of the course was particularly useful.

Self-efficacy (confidence in quitting for good)

Data in Table 11 indicates how confident participants were that they would be able to quit for good this time (pre-course survey) or had quit for good this time (post-course: 3-month or 12-month follow-up surveys). In the survey immediately following the course, participants who were not smoking were more confident that they had 'quit for good this time' compared with when they completed the pre-course survey. Unlike before the course, no one felt that they were 'not at all' confident in remaining quit for good.

Following the second course session, the majority of participants at every time point indicated that they were 'very' or 'extremely' confident of having quit for good. Over half the respondents (54%) who were not smoking at the 12-month follow-up described themselves as feeling 'extremely' confident that they had quit for good, and just over one-quarter (26%) felt 'very confident'. Only 2% of these participants were 'not at all confident' of being successfully quit for good this time.

Table 11:
Confidence levels of participants to quit smoking for good

		P1	P2	P3	P5
	<i>n</i>	263	64	48	46
Not at all	%	6	0	2	2
Somewhat	%	17	3	2	0
Moderately	%	43	16	19	17
Very	%	27	42	46	26
Extremely	%	8	39	31	54

Quitting aids

In the 3-month and 12-month follow-up surveys, respondents were asked whether there was anything else that the course could have provided that would have helped them to stay quit. More than half of the responses received from participants indicated nothing more. At the 3-month follow-up most respondents suggested more sessions in the course would have been helpful, as well as ongoing contact with the group. These were also most frequently mentioned at the 12-month follow-up. Fewer than 10% of respondents reported that more strategies, more telephone support or more information in the group would have assisted them in staying quit.

Table 12:
Strategies reported that would have helped respondents to stay quit

		3-month follow-up (P3)	12-month follow-up (P5)
	<i>n</i>	105	100
More strategies	%	4	6
More telephone support	%	5	1
More sessions in the course	%	26	12
Ongoing contact with the group	%	22	10
More information in the course	%	7	5
None of the above	%	51	63

* Percentages add to more than 100 as multiple responses possible.

SUMMARY

Previous research has shown that successful quit rates 12 months after the completion of a Fresh Start course have ranged from 16% for participants attending workplace courses, to just over 21% for participants in community-based courses.

Evaluation of the Fresh Start Short Courses found that quit rates fell from 23% (the quit rate at the end of the course) to 17% at three months and 16% 12 months after completing the second session. However, of respondents who completed the 12-month follow-up questionnaire, 30% had quit smoking, suggesting that respondents who were not smoking 12 months after the completion of the course were highly motivated to quit smoking, and willing to comply with the research protocol.

Smokers who attended the Fresh Start Short Courses were less likely to be successful in quitting than those who attended the community-based Fresh Start course (with a quit rate of 16% compared with 21%, respectively). However, they were just as likely to succeed as those who attended the workplace-based courses in 1990 and 1991 (16%).⁶ Differences between the short and extended version of the Fresh Start course may be attributed to factors associated with the length of the course itself, or differences between the two samples. Given that the courses are established in the community, are ongoing and available to all smokers, further controlled study matching participants between courses would be required to more accurately determine the effects of the course.

Self-efficacy (the confidence of quitting for good) was high for respondents who were not smoking 12 months after completion of the course, with 80% describing themselves as feeling 'very' or 'extremely' confident of having successfully quit for good. However, smokers' urgency to quit seemed to diminish over time. Those participants who were still smoking 12 months after completing the course were the least likely to be planning on quitting in the next six months or within 30 days. Given that approximately 70% of participants who completed the short course were smoking 12 months later, issues of diminished motivation needs to be considered in future of the Fresh Start Short Course.

Participants reported using certain aids and strategies (such as using nicotine patches or distracting oneself from a craving) more frequently to assist quitting than other methods. An exploration into why some aids and strategies are more frequently used, and exploring the barriers to those that are not, might make it possible to be more economical with the time spent on each within a session (i.e., devoting more time to strategies that are more likely to be used than not).

Participant feedback on the course was generally very positive with regard to the nature and content of the course, but particularly in relation to the skills and knowledge of the facilitators. Course

facilitators were considered by most respondents to have been the most useful component of the sessions, followed by the video and information on the health effects of quitting smoking.

Overall, most participants found the homework valuable. The sections of the course which participants found particularly useful were the facilitator or group leader (88%); the video (65%); information on the health effects of smoking (54%); the booklet (54%); and the effects of group support (47%).

The vast majority of participants felt the length of the course was about right, although a third indicated that there were too few sessions. Half of the participants felt they had benefited from having group contact. Participation in the longer version of this course, which provides more opportunities for group support, might have increased the likelihood of a successful quit attempt for these participants.

CONCLUSION

Fresh Start Short Courses provide an opportunity for smokers to attend a quit smoking course, and to be introduced to the Quitline and particular strategies and quitting aids that they might not otherwise have been exposed to. Participant feedback was positive, and response rates were consistently around two-thirds of the original participants. There were only minimal changes in the proportions of respondents with regard to sex and age over the follow-up periods.

Although results indicated that the quit rates were lower than for respondents attending the longer version of the course, some benefits of the course were consistent over time. A minimum of 16% of participants had quit following the Fresh Start Short Course, and those still smoking had reduced their average daily cigarette consumption at three months and at 12 months after the completion of the course. Benefits of attending the course did not significantly differ between men, women or for different age groups. Fresh Start Short Courses have thus established themselves as a valid option for smokers in circumstances that might not otherwise allow for their attendance or permit the longer version of the course to run.

REFERENCES

1. Mullins R, Borland R, Gibbs A (1995). Evaluation of the Fresh Start workplace and community courses in 1990 and 1991. In Mullins R (Ed), *Quit Evaluation Studies No. 7, 1992–1993*. Melbourne: Victorian Smoking and Health Program, 1995, pp 239–255 (Chapter 20).
2. Hill D, Weiss D, Walker D, Jolley D. Long-term evaluation of controlled smoking as a treatment outcome. *British Journal of Addiction* 1988; 83: 203–207.
3. Hill D, Fawkes S, Murphy M. Hospital-based group smoking cessation programs. *Australian Health Review* 1990; 13: 95–102.
4. Clarke V, Hill D, Murphy M, Borland R. Community-based Fresh Start Courses February 1983 - June 1988. In *Quit Evaluation Studies No. 5, 1989*. Melbourne: Victorian Smoking and Health Program, 1991, pp 69–80 (Chapter 6).
5. Clarke V, Hill D, Murphy M, Borland R. Factors affecting the efficacy of a community-based quit smoking program. *Health Education Research: Theory and Practice* 1993; 8: 537–546.
6. Mullins R, Borland R, Hill D. Smoking knowledge, attitudes and behaviour in Victoria: Results from the 1990 and 1991 Household Surveys. In *Quit Evaluation Studies No. 6, 1990–1991*. Melbourne: Victorian Smoking and Health Program, 1992, pp 1–30 (Chapter 1).