

The Potential Enhancement of the Smoking Cessation Aid Called 'Quit-Calendar' for 'Quit-For-King' Project (Phase I)

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Abstract

Background: Quit-For-King Project has launched from 2016 to 2019. The campaign activities, treatment & counseling, and public health network are required. Quit-Calendar was considered as a cessation aid for this project. It aimed to provide a useful reminder for smokers to specify their quit dates, learn some self-help guides, and receive pharmacological assistance.

Methods: It is a cross-sectional descriptive study. One-hundred and thirty three Health promoting hospital (HPH) staff from Sri-Sa-Ket province underwent 'Quit-Calendar training programs included, knowledge and skills of counseling, pharmacotherapy, and steps of using Quit-Calendar. Information related to smoking cessation services at primary care units (HPH). Descriptive-statistical analysis was implemented.

Results: Totally, there were 177 HPH participants enrolled to the training program. The majority was females (7.3%), have already opened smoking cessation services (93.4%) with mainly 1 to 3 year working experience (63.3%). Noticeably, smoking cessation services were mainly set up at outpatient clinics (89.8%). Most common smoking cessation services include lifestyle modification (98.4%). Regarding health policies in Sri-Sa-Ket province, only 5A counseling with 'cold turkey' technique, and herbal medicines were provided for the patients. Interestingly, the majority of quitters were monitored by public health volunteers who met them regularly (85.36%) not healthcare provider at the hospitals. The success keys included, the readiness of quitter, followed by clear and supportive policies and family members consecutively (38.64, 32.95, 21.59%).

Conclusion: Quit-Calendar was successfully modified. Quit-Calendar was comprised into 'Quit-For-King' Project to enhance the success of quit rates (phase II). The preparations of HPH staff were also conducted. Further investigations of its effectiveness, users' satisfaction and limitations of the calendar will be performed.

Keywords: Quit-For-King Quit-Calendar Health promoting hospital (HPH)

Introduction

In 2016, Thai Health Organization, Council of Community Public Health, and Thai Society Volunteering Association established 'Quit for King' or "3 million in 3 years" Project. The project started from 2016 to 2019 and aimed to implement 'public health network and volunteers' to develop action-based activity together with campaign-based activity related to tobacco consumption. The project is dedicated for the H.M. King Bhumol Adulyadej and contributed to a charity started by the King. Regarding tobacco control policies, the nation strategies prepare to drive anti-smoking campaign activities for health behavior changes via public health network and volunteers. The goal is to persuade public health volunteers to quit smoking at least one million nationwide. To fulfill this achievement, all seventy-six provinces are willing to drive anti-smoking activities through the

health system levels including; districts, sub-districts, and villages. Part of District Health System where smoking cessation clinics have been established and cooperated into routine works is the health promoting hospitals (HPHs) around the country. Normally, the health professionals at HPS sites have worked together with village health volunteers for health promoting activities including, smoking cessation, alcohol consumption, and tropical disease prevention and control. Overall, data-based system of Thai Health Organization showed there are 2.9 million village health volunteers enrolled into this project (from 2018 to 2019). About 116,405 village health volunteers could be able to quit smoking –at 6-month periods (updated April, 28th 2019) [1]. As a result, Thai government could be able to save the expenses of tobacco approximately 12 million baht per day or more than 4,600 million baht per year.

Currently, there are 380 health clinics including, primary, secondary, and tertiary hospitals where seekers could possibly have access

to smoking cessation services; only 68.8% have done so [2]. A routine cessation counseling session, including face-to-face cessation counseling in the clinic, is normally provided; however, some smokers choose to go “cold turkey” (quit immediately). The success rate of going cold turkey during the first year of trying to stop smoking is 5-7%. Taking smoking cessation counseling via health professionals can increase the quit success rate up to 10% during one year, and the quit success rate can be increased up to 20%-30% by a combination of behavioral change and psycho-social therapy [3]. As mentioned earlier, this routine cessation counseling has been applied for ‘Quit-For-King’ project. Nevertheless, the researchers tried to modify a current cessation aid and prepare HPH staff for this research investigation.

New cessation aids

In current smoking cessation clinics, delivery of the 5As is often incomplete [4, 5], with commonly cited obstacles including time constraints, lack of expertise, financial incentives, patient privacy, and stigma about smoking [6]. As a result, there have been a number of recently introduced cessation aids to enhance smoking cessation, such as quit-lines, and web-communication [7-11]. Another example was the study of implementation of a computer tablet intervention to enhance provider adherence to the 5As for smoking cessation. The findings implied a technological tool that connects patients, providers, and clinic staff to facilitate the promotion of behavioral interventions such as smoking cessation may provide an innovative platform through which to efficiently and effectively implement evidence-based practices [12]. All of these aids have shown promising improvements to cessation counseling services, including easy access, appropriate information, and enjoyable and time saving practices. Furthermore, similar evidence has been provided by the stop smoking calendar, *Nichtraucher-kalende*[®] (AOK-Bundesverband, Berlin, Germany). It aims to encourage people to quit smoking. A monthly page displays graphic pictures of unhealthy lungs, followed by a series of monthly pictures of the progressive healthier lungs due to a person’s quitting smoking. The pictures in the last month showed normal healthy lungs [13].

Another cessation aid developed in 2009 by Ubon Ratchathani University, Payao University, and Ban-Mao Hospital researchers called ‘Quit-Calendar’ is introduced (Figure 1). It was coupled with routine cessation counseling such as face-to-face counseling to enhance the prospects of quitting smoking via the following study in 2014 [14]. Overall, it was found to provide a useful reminder for smokers to specify their quit dates, learn some self-help guides, and receive pharmacological assistance. Nevertheless, the supporting systems including, data based system, social engagement (e.g. website), a guidebook, and standard operating protocol (SOP) have not been reached. Importantly, its use among health providers should also be encouraged and further investigations of its benefits are required.



Recently, the principal investigators and Tobacco Control Research and Knowledge Management Center (TRC) have re-modified and pilot-tested Quit-Calendar functions to be ready for Quit-For-King’ project. Meanwhile, the training of steps of Quit-Calendar usage for HPH staff needed to be performed for further investigations of its effectiveness in *Phase II*.

Materials and Methods

Study design

It is a cross-sectional descriptive study. The duration of study was between 2017 and 2018 (12 month).

Participants/ Training locations

One hundred and seventy-seven HPH participants in Sri-Sa-Ket province enrolled into the training programs. The training sites from 22 districts were divided into 4 different groups including, gr.1 (7), gr. 2 (7), gr. 3 (4), gr. 4 (4) consecutively.

Tool Development and Function Modification

1. Quit-Calendar (a cessation aid)

It contains 1) 5 A counseling, 2) lifestyle modification, 3) nicotine withdrawal management, 4) available medications, 5) a reminder. Regarding the reminders, the calendar provides a reminder for the smokers to realize that they are still on process of quit smoking and stay focusing on avoiding some interfering factors such as stress, environment, surrounding persons. The user needs to patch the stickers which are in different colors (*Red = identify quit date, Green = quit smoking, Blue = relapsed smoking*) (Figure 2).



2. Guidebooks for patient data collection (only for health professionals) contains

2.1 Handbooks for System Application

Each health promoting hospital staff was required to apply for Gmail address to fill out, search, and retrieve patient data. The username and password were provided to each individual person. All data collection included, demographic data, basic information related to smoking cessation services

2.2 Standard Operating Procedure (SOP) for Treatment and Counseling

It contained steps of screening, collecting and smoking cessation counseling for HPH staff responsible to the project. Additionally, Quit-Calendar instructions were available for both HPH staff and public health volunteers (Figure 3)



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3. Smoking cessation website (online) (www.smileclinic.org)

The researchers and Phasai-Clinic staff have developed the communication and public relations platform via website. It provides new & updated information related to tobacco control and campaigns. Also, some learning media both clips & interactive programs, and e-books are available for the seekers (Figure 4).



Ethical considerations

The study protocol was reviewed and approved by Sapisithprasong Hospital Council Policy Statement Ethical Conduct for Research Involving Humans (Ref No 029/2556; 2013 Oct 18). Before the commencement of the study, the authors obtained the approval of the Director of Sapisithprasong Hospital.

Methodology

1. Smoking cessation counseling and Quit-Calendar Training

As described in 'Participants/ Training locations' section, **Group 1** has 7 districts (69 HPH staff); **Group 2** has 7 districts (51 HPH staff); **Group 3** has 4 districts (28 HPH staff); and **Group 4** has 4 districts (29 HPH staff). The participants in each group underwent the tutorial sessions related to tobacco prevention and control, dangers of cigarette smoking, pharmacotherapy, as well as, 5A counseling (e.g., *Ask, Assess, Advise, Assist, Arrange*). Also, Quit-Calendar instructions were provided on the session. Later, they were underwent group discussion and did role-playing; one presumably acted as a quitter and another played a counselor using Quit-Calendar. Some suggestions were made by mentors if necessary.

2. Data Collections

The trainings were held up in different sites based on an individual group. All HPH participants from Sri-Sa-Ket province underwent one-day training sessions (as mentioned in Methodology 1). Later, they filled out the questionnaire form regarding basic information related to smoking cessation services at primary care units (HPH).

Research tools

1. A questionnaire paper

1.1 Demographic data including, sex, age, marital status, education levels, job position, job duties, responsibilities, cessation counseling experience.

1.2 Outcomes Measurements

The outcome evaluations were divided into 2 categories

1. The questionnaire items of smoking cessation services at primary care units (HPH) included,

- The readiness of smoking cessation services
- Types of smoking cessation services
- Available medications
- Patient referring system
- Patient monitoring
- Successful factors and or strategies for smoking cessation services
- Limitations

Data analysis

For demographic data, it was analyzed via descriptive statistics including, frequencies, percentages. Data would later be assessed via descriptive statistics as well.

Results

Totally, there were 177 HPH participants enrolled to the training program. Only 137 participants were replied the questionnaire survey. The majority was females (7.3%), bachelor degree of education (83.9%). Most HPH participants were registered nurses (37.2%). Importantly, the findings indicated most HPH participants have already opened smoking cessation services (93.4%) with mainly 1 to 3 year working experience (63.3%) (Table 1).

Table 1 Demographic Data (n= 137)

Demographic Information	Frequencies (137)	Frequencies (137)
Gender(s)		
Male	38	27.7
Female	99	72.3
Age(s)		
< 20 years	-	-
20-30 years	34	24.8
31-40 years	39	28.5
41-50 years	47	34.3
> 50 years	17	12.4
Marital status		
Single	39	28.5
Married	87	63.5
Widow/ divorce	11	8.0
Miscellaneous	-	-
Educational levels		
Below bachelor degree	7	5.1
Bachelor degree	115	83.9
Master degree	15	11.0
Ph.D	-	-
Job position(s)		
District public health officer	1	0.7
Provincial public health officer	1	0.7
Head of health promoting hospital	14	10.2
Health promoting hospital officer	117	85.4

Registered nurse	3	2.2
Clerk	1	0.7
Division of responsibilities		
Non-communicable diseases	6	4.4
Health literacy	1	0.7
Nursing	51	37.2
Public health	33	24.1
Dental care	5	3.6
Public health assistance	21	15.3
Pharmacy assistance	1	0.7
Administration	4	2.9
Smoking cessation service(s)		
Yes	128	93.4
No	9	6.6
Past training in knowledge and counseling skills related to smoking cessation (n=128)		
Yes	86	67.2
No	42	32.8
Topics of past trainings (choose more than 1 item) (n=128)		
1. Dangers of cigarette smoking	80	93.0
2. 5A and or 5R counseling skills	55	64.0
3. Knowledge of medication and non-medication treatments for smoking cessation	40	46.5
4. New smoker prevention	27	31.4
5. Smoking cessation innovation (e.g., robots, calendars, herbs)	13	15.1
6. The development of community strength	17	19.8
7. Tobacco control and campaign in schools	31	36.0
8. Routine to research related tobacco control		
Smoking cessation experience (n=128 HH)		
None	39	30.5
1-3 years	81	63.3
4-6 years	4	3.1
More than 7 years	4	3.1

Regarding the readiness of smoking cessation services, the results showed the executive officers from HPH sites agreed to launch tobacco control policies, establish tobacco control committee, and implement the policies to the target groups (Table 2). Noticeably, smoking cessation services were mainly set up at outpatient clinics (89.8%). The services opens everyday (70.3%) by HPH staff who are responsible for smoking cessation counseling (60.2%). All patient data were kept in medical records (74.2%). Most common smoking cessation services include lifestyle modification (98.4%), pharmacotherapy (57.6%), and alternative treatments such as herbs (20.6%).

Noticeably, smoking cessation services provided some treatments (75.8%), especially herbal medicines (56.3%) such as *Vernonia cinerea* product. It could be this herb is effective, easy-to-use, and less side effects compared to modern medicines. Another available treatment was 0.5% sodium nitrate mouth-wash solution (26.6%) (Table 2).

Table 2: Smoking Cessation Treatments (n= 128)

Questionnaire item(s)	Frequencies	Percentage
No	31	24.2
Yes	97	75.8
1. Nicotine gum	2	1.6
2. Nicotine patch	0	0
3. Nortriptyline	0	0
4. Varenicline	0	0
5. Bupropion	0	0
6. 0.5% sodium nitrate mouth-wash solution	34	26.6
7. Herbal medicine (e.g., Vernonia cinerea products)	72	56.3

In fact, health policy regarding smoking cessation in Sri-Sa-Ket is obviously different from other provinces. Only 5A counseling with 'cold turkey' technique and or herbal medicines were provided for the patients. No pharmacological treatments are available (as showed in Table 2). Therefore, those patients who failed to quit smoking, they were referred to other hospitals including, district community hospitals (79.2%), (Table 3).

Table 3: Patient Referring System (n = 137)

Questionnaire item(s)	Frequencies	Percentage
No	27	21.2
Yes	110	78.9
Quit line 1600	2	2.0
District community hospitals	80	79.2
Local hospitals (nearby)	28	27.7

Regarding patient monitoring, most HPH provided the following up at the clinics at least *three* times over 6-month periods (96.87%). The majority of quitters were monitored by public health volunteers who met them regularly (85.36%). (Table 4)

Table 4: Patient Monitoring (n= 128)

Questionnaire item(s)	Frequencies	Percentage
No	4	3.13
Yes	124	96.87
1. Nicotine gum	35	28.22
2. Nicotine patch	37	29.83
3. Nortriptyline	52	41.95
Forms of monitoring (more than 1 answer)		
Home visits (via nurses)	57	54.8
Public health volunteer visits	89	85.6
Telephone counseling	54	51.9
Hospital visits	51	49.0

When asking about the successful factors and or strategies for smoking cessation services (n= 88). The participants could reply more than one answer. The results showed there some factors involved with the success of smoking cessation services included, 1) the readiness of the quitters (38.64%), 2) clear and supportive policies (32.95), 3) family members (21.59), 4) knowledge and skills of smoking cessation (19.31%), 5) manpower (18.18%).

In contrast, the findings revealed some limitations of smoking cessation services occurred during a quit process (n= 85). First, some quitters lost their intension to quit smoking over the period of time (34.12%). Cessation aids apart from herbal medicines, were also described to be implemented at HPH (31.85%). Apparently, some suggested indecisive and uncertain policies of top executive could lead to lacks of manpower, budget, and system organization (35.29%). Consequently, smoking cessation services were not achieved the national standard and later effected the quit success. Moreover, some other social factors including, closed-friends, workloads, and colleagues could possibly obstruct the willingness of the quitters to give up smoking (23.52%). About 4.71 percent of the participants indicated laws and regulations of tobacco control are not well enforced, for examples, there is still tobacco product smuggling across the border crossing. Also, tobacco product trades are still illegal in some special groups including young adolescents aged below eighteen.

Discussion

After the His Majesty King Bhumol Adulyadej passed away on October 13th, 2016, Thai people were in grief and wanted to show our respects to our King. The Ministry of Public Health, Thailand and all health networks including, Thai Health Organization, Council of Community Public Health, and Thai Society Volunteering Association needed to dedicate the goodness and contribute for H.M. King Bhumol Adulyadej by establishing 'Quit-For-King' Project. Overall, data-based system of Thai Health Organization showed there are 2.9 million public health volunteers enrolled in 2019. About 116,405 volunteers can be able to quit smoking (updated April, 28th 2019). The three-year records have been favorably mentioned as 'strong participating networks'. This mission has been successful since multilateral government, subsequent agreement(s), NGO parties and regional community comprise with anti-smoking legislations of National Tobacco Control, Thailand followed the WHO FCTC demanding reduction measures concerning tobacco dependence and cessa-tion. One of the specific actions identified in Article 14 guidelines is to establish novel approached to cessation and treatment to enhance "Quit-For-King' Project [15]. As a result, the principal investigators and Tobacco Control Research and Knowledge Management Center (TRC) agreed to modify a current cessation aid called 'Quit Calendar', and implement for health promoting hospital (HPH) staff to apply for quit smoking.

Primary health care has an operational advantage in overall health promotion, as preventive activities and the management of multimorbidity are placed highly within its agenda. A key component of health promotion is tobacco prevention and smoking cessation, which in the developed world, is the largest preventable cause of death and disability every year [16]. With the above dire number in mind, the World Health Organization has called for smoking cessation to be integrated into primary health care globally [17, 18]. Nevertheless, Literature frequently reports failure to advise on smoking cessation during clinical visits and this opportunity may be

largely missed by clinicians, especially in developing countries or in countries under fiscal constraints [19]. This gap in engagement has been identified amongst others to be associated with the lack of official training in tobacco control [20], the lack of time due to organizational constraints and increased work load [10], the smoking habits of the primary care provider [21], or the lack of appropriate social-cognitive training [22]. Under these limitations, it may constrain the ability to fully develop smoking cessation programs. Thus, screening and counseling for nicotine dependence can be performed by other care provider such as nurses, health care workers and psychologists as part of the multidisciplinary team [23]. This integrated primary health care team can subsequently engage smokers or refer them to a more specialized smoking cessation clinic, which makes their potential involvement furthermore promising [24]. Research has indicated that smoking cessation treatments applied by non-specialists, may be equally effective in primary care [25].

In Thailand, Ministry of Public Health enforced setting up smoking cessation services in the hospitals with plans to expand to covers all areas. A total of 850 tobacco cessation services are available in hospitals nationwide, especially at the primary care level [26], implementing the 5A/5R protocols, i.e., the Five A. (Ask, Advise, Assess, Assist and Arrange) and Five R's (Relevance, Risk, Rewards, Repetitions, Roadblocks). The service is a five- to fifteen-minute research-based counseling approach that has proven global success. Medications available for tobacco cessation can be divided broadly in two groups: Nicotine Replacement Therapy (NRT) and Non-nicotine Replacement Therapy. Alternative medications include the use of herbs, e.g., *Vernonia cinerea* (L), a medicinal herb selected with approval from the List of Herbal Products AD 2011 [27]. Nevertheless, the Provincial Health Division in Sri-Sa-Ket supports only counseling and herbal smoking cessation medicines at HPH level. If medications are needed, a quitter needs to be referred to other community hospitals. Ten strategies of "Quit-For-King' Project have been utilized in primary care setting included, 1) understanding the project system and current strategies during 3-year periods, 2) preparing all necessary materials and documents, 3) setting up the effective and feasible plans, 4) enhancing knowledge and skills for public health volunteers (PHV), 5) screening and treating nicotine addicts *via* PHV (e.g., cigarettes, smoking tobaccos, e-cigarettes, vapor tobaccos), 6) Referring and or treating nicotine addicts from PHV, 7) following up and recording patient data, 8) communicating, analyzing, and comparing the results to the goals, 9) collaborating with PHV to undergo anti-smoking campaign activities, and 10) summarizing, interchanging, and presenting the project outcomes. Thus, knowledge and counseling skills of HPH staff related to smoking cessation services are required. Unfortunately, as in many developing countries [28], smoking cessation is not included in the educational curriculum of medical or other health professionals. As a result, health professionals often lack the expertise to deal with tobacco [29]. To overcome this issue, the Thai Health Professionals Alliance against Tobacco (THPAAT) has organized national level training courses since 2010 to help smokers quit for all health care providers who work in any referral-level hospital such as doctors, nurses, dentists, pharmacists, and public health workers [30]. Both international and national guidelines of clinical practice guidelines recommend for frontline clinicians and the health care systems in which they work, the guideline recommends the 5As: Ask all patients about their smoking status and record it in their medical records; advise all smokers to quit smoking; assess the willingness of each

smoker to make a quit attempt; assist smokers willing to make a quit attempt by providing health care or community-based counseling and prescribing pharmacotherapy; and arrange for follow-up, preferably during the first week after a planned quit date.

Moreover, the guidelines were visionary in recognizing the importance of health care system changes in institutionalizing tobacco-dependence treatment rather than relying solely on clinicians to take action. The guideline recommended health care system strategies include implementing tobacco-user identification systems; providing education, resources, and feedback; dedicated staff to foster the delivery of treatment; hospital policies to support inpatient cessation services. Interestingly, the Cochrane Collaboration conducted a meta-analysis to evaluate the effectiveness of training health care professionals in delivering smoking cessation interventions and to assess the additional effects of prompts and reminders. The review concluded that training increased rates of intervening with smokers, and these rates were further improved with the addition of clinician prompts and reminders [31].

Interestingly, there are some evidence indicated it would be helpful, if healthcare providers, especially primary health care (PHC) professionals (HPH staff) went beyond clinical practice guidelines [32]. In other words, a less structured approach that designs interventions “on the spot” with the individual patient requires subjective, relationship skills to respond to the dynamics of the smoking cessation process [33]. The findings recommended that PHC professionals build a relationship with the patient that incorporates the basic aspects of personal connection, empathy, understanding the feelings and behaviors of the person who is trying to quit smoking, and spending time on discussion about establishing and agreeing on objectives to be achieved. This approach can help to strengthen the abilities and resources of individuals experiencing this difficult transition [33]. Also, it has been suggested to have the coordinator supporting and augment the role of frontline clinicians due to the time constraints in clinical practice [34]. In Thailand, the coordinators working in community level called “village health volunteers; VHV”. They help HPH staff approaching, interviewing, referring smokers in residential areas to the clinical setting (HPH).

Regarding smoking cessation aid, there were some previous evidences have been found. For example, the concept of Teachable Moments (TM) [35] with a Quit-Calendar was used in its counseling process. TM is the cueing of events during the treatment process, including diagnosis, discussion of treatment options, treatment visits, and attendance of family members. Clinicians and healthcare systems are well positioned to take advantage of these opportunities to build on patients’ perceptions of personal vulnerability and emotions, such as fear or hope, and changes in self-concept to emphasize the importance of smoking cessation related to their medical conditions [36, 37]. In considering the value of the mobile phone for smoking cessation such as iPhone apps, it is noteworthy that currently iPhones or more broadly speaking smartphones have limited reach, especially among smokers. Smartphones make up 25% of the U.S. mobile phone market, one quarter of which consists of iPhone users [18]. Furthermore, iPhone users are a privileged group with 49% having a college education and 67% earn more than \$70,000 a year [38]. Given the demographics of smokers [39], it can be presumed that among iPhone users, smoking prevalence is low. However, iPhone purchases are rising among those with lower

SES where smoking prevalence is higher, as consumers opt for a single mobile device for communications, Internet access, and entertainment in lieu of multiple devices [40]. As smartphones reach a broader segment of the U.S. population, the reach and utility of iPhone apps for smoking cessation will grow. Currently, the best apps on iPhone and Android devices that can help you quit smoking. Between their quality, reliability, and great reviews, these apps will help you quit your habit one day at a time. For example, *MyQuit Coach* app creates a personalized plan to help you quit smoking for good. Choose the approach that works best for you — going cold turkey or slowly decreasing your nicotine intake — and track your cigarette consumption and your cravings for proof that you really are making progress. The app’s built-in community is a great place for inspiration and support from other people trying to quit [41]. *Cessation Nation Join*, is a nation of other people working to quit smoking. When a craving strikes, open the app and find distraction in a game or your personal stats, which include how long it’s been since you stopped smoking, how much money you’ve saved, how many cigarettes you’ve avoided, and all the health improvements you’ve made since quitting [41]. A previous investigator’s tool called ‘*Smoking Cessation Online Service; SCOS*’ was developed via Flash Professional® program version 9.0 with software that included Mozilla™, Java®, and Windows™. SCOS as an alternative for quitting smoking and the evaluation of the effectiveness of SCOS alongside current methods of smoking cessation, such as face-to-face counselling, home visits and phone calls [42]. Similarly, studies have also showed the benefits of Quit Net online service via numbers of cigarette quitters, changes in smoking perceptions and relapsed prevention [43, 44].

In *Phase II*, further studies of the Quit-Calendar effectiveness as well as attitudes toward the usefulness and its functions would also be investigated. All results are later cooperated into ‘Quit-For-King’ Database and analyzed for the completion of its project.

Conclusion

Quit-Calendar was successfully modified. It was comprised into ‘Quit-For-King’ Project to enhance the success of quit rates. The preparations of HPH staff regarding knowledge and skills (5A, 5R) of smoking cessation combined with steps of Quit-Calendar use were done. All document supply and media were also provided to those who engage in smoking cessation services including, physicians, nurses, public health workers, and village health volunteers. Further investigations of its effectiveness, users’ satisfaction and limitations of the calendar will be performed.

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Conflicts of Interest

The project was funded by Tobacco Control Research and Management Center (TRC) which is the organization run by Thai government. Thus, there are no conflicts of interest.

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