

Project Title: Increasing Capacity for Tobacco Research in Hungary

Project Number: TW007927-01

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Collaborating Countries: Hungary

Project Summary:

DESCRIPTION (provided by applicant): Hungary has the highest percentage of smoking-related deaths in the European Union (EU) (21%). An estimated 34% of adults in Hungary smoke, including 40.5% of men and 28% of women. The goal of this research and capacity building project is to reduce the burden of tobacco through the advancement of scientific study of tobacco use and to broadly disseminate research findings that will result in innovative tobacco control interventions in Hungary. Scientists from Semmelweis University in Budapest and Wake Forest University in Winston Salem, NC USA will collaborate to achieve the following aims: 1. Create institutional capacity that will support scientists and advocates engaged in tobacco research and translate research findings into programs and policies to reduce tobacco use. 2. Conduct mentored research that has the potential to significantly reduce tobacco use at the local and national level. 3. Build individual capacity among Hungarian and U.S. research partners through formal in-country training and mentored research projects. Semmelweis University will engage students, academics, practitioners, and policy makers from a wide range of disciplines in an institutional capacity building process. Team leadership from Hungary and the U.S. will guide mentored scientists in strategic planning and logic model development that will inform the tobacco research mission in Hungary. U.S. investigators will offer formal training to Hungarian scientists in core competencies of research methodology, ethical conduct of research, tobacco control research, and grant writing. Leadership in the U.S. and Hungary will also embed the mentored research projects into the capacity building effort through 1-on-1 guidance and support. The research capacity of U.S. scholars will also be enhanced. The U.S. team will learn about the history and tradition of tobacco research Hungary, understand the gaps in tobacco knowledge that exist in Hungary, and collaborate with stakeholders and scientists engaged in the tobacco control movement. By implementing a co-learning process embedded in mutual learning and mutual respect, participating Hungarian and U.S. scientists will be better equipped to collaborate on scientifically rigorous and meaningful research and to make an impact on tobacco use in Hungary. There is dearth of tobacco science in Hungary and no current strategy to lead a comprehensive tobacco control program that is evidence-based. This research and capacity-building proposal will fill a very important need in Hungary. The Hungarian Ministry of Health and the World Health Organization have endorsed this project.

Project Title: Tobacco Control Policy Analysis & Intervention Evaluation in China and Indonesia

Project Number: TW005938-06

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Collaborating Countries: China, Indonesia

Project Summary:

DESCRIPTION (provided by applicant): China is the largest consumer and Indonesia is the fifth largest consumer of cigarettes in the world. Our current NIH/FIC findings were used by Chinese policymakers in their decision to ratify the Framework Convention of Tobacco Control (FCTC). However, tobacco control in China still faces a long road, as China has not stipulated increasing tobacco tax and it is unclear how well the FCTC will be implemented in China. In order to continue progress in China on tobacco control, additional studies will be needed to test potential tobacco control economic policies based on our research findings and to monitor the implementation of the FCTC.

Indonesia faces an even longer road as it has yet to ratify the FCTC. Additional research is needed to make the economic case for tobacco control in Indonesia and convince policymakers to ratify the FCTC. In both China and Indonesia, more tobacco control researchers at the local level are needed to further build the knowledge base for tobacco control policies. This competing renewal has four goals: (1) Continue Chinese tobacco control research in five areas: development of tobacco tax policy alternatives, a crop substitution program for tobacco farmers, smoke-free environments in hospitals, a social marketing tobacco control campaign focused on maternal and child health, and monitoring China's tobacco industry transition under the FCTC. (2) Develop Indonesian tobacco control research in three areas: the economic costs of smoking, the tobacco and clove farming, and monitoring Indonesia's tobacco industry after market entry by Philip Morris International. (3) Train more tobacco control researchers in both China and Indonesia (4) Engage key economic policymakers in both China and Indonesia through policy working groups and policy conferences. A consortium of institutions, led by the Public Health Institute (U.S), will conduct these activities. Collaborating institutions include Sichuan University (China), the National Center for Disease Control (China CDC), the Chinese Association on Tobacco Control (CATC), and the University of Indonesia's School of Public Health and Demographic Institute.

Project Title: Measuring Tobacco Mortality within the Million Death Study in India

Project Number: TW007939-01

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Collaborating Countries: India

Project Summary:

DESCRIPTION (provided by applicant): The project will measure the mortality consequences of tobacco smoking and chewing among 1.3 million households (about 7.6 million people) who are already enrolled in the Indian Sample Registration System (SRS), and who will be re-surveyed every 6 months until 2014. India's SRS is a large continuous demographic survey of 7,597 small areas (4,433 rural and 3,164 urban) randomly selected from the 2001 Census. This project (among the world's largest prospective studies of adult health) is possible because of the success of our earlier NIH grant (#TW005991) which established reliable, routine, low-cost and long-term monitoring of causes of death, and which surveyed 150,000 deaths that occurred in 2001-2003. This first NIH grant also documented: (i) that 37% of males aged 25-69 smoke, with up to 9-fold variation by state; (ii) that illiterate men had a 4-fold higher risk of smoking bidis, and a 2.5 fold lower risk of smoking cigarettes than did those with grade 10 or higher education; (iii) smoking bidis or cigarettes already causes about 1 in 3 adult male deaths (a proportion equal to that seen in the United States about two decades ago); and (iv) smoking causes nearly half of tuberculosis deaths in India. Specific aims of this project (2006-2012) are to: Quantify risks for tuberculosis, heart attack, cancers and other causes in relation to male smoking and tobacco chewing and in relation to female tobacco chewing among 160,000 adult deaths at ages 25-69. > Quantify the effects of household male smoking and indoor air pollution among about 3,500 childhood respiratory deaths and about 7,500 adult female respiratory deaths. Study the trends and determinants of smoking and chewing, including cessation among 0.6 million male smokers, 0.5 million male chewers and 0.2 million female chewers. Study the correlations of tobacco with other risk factors for chronic diseases (obesity, blood pressure and lipids, diabetes) in a blood-based pilot study of 10,000 adults. Provide applied training to field staff, epidemiologists and scientists in tobacco epidemiology, including a "knowledge translation" program to convert research findings into policy and monitoring. The project builds sustainable capacity to monitor diverse tobacco hazards in a population of 1 billion at a unique scale (surveying about 0.7 million deaths from 2004-2014, of which about 0.4 million will be surveyed in the project period). Leverage of Government of India and other resources permits the study to be very low-cost (< \$1/person/year). The blood-based pilot studies should enable large, representative and reliable genetic and biological epidemiological studies of premature mortality in the near future.

Project Title: Responding to the changing tobacco epidemic in the Eastern Mediterranean Region

Project Number: DA024876-01

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Collaborating Countries: Syria

Project Summary:

DESCRIPTION (provided by applicant): Tobacco use accounts for 4.9 million deaths annually, with 70% of 2020's 10 million predicted deaths occurring in developing nations. This shocking prediction highlights the need for developing nations to examine patterns and determinants of tobacco use, understand local tobacco use methods, develop effective cessation interventions, and train their own tobacco control scientists. In 2002, with NIH/FIC support, the Syrian Center for Tobacco Studies (SCTS) began this effort in the Eastern Mediterranean Region (EMR). Meanwhile, Syria and other EMR nations ratified the Framework Convention on Tobacco Control (FCTC). This application for continued SCTS support builds on four years of research and training momentum, and prepares Syria and the EMR to meet FCTC obligations. There are four specific aims. First, we seek to understand adolescent tobacco use patterns and determinants: a school-based longitudinal study will examine trends in tobacco use in 4000 Syrian youth. Second, we will examine water pipe toxicant exposure, dependence, and risk in a laboratory study of 240 water pipe users placed in three groups based on past-month use frequency. All users will be tested under conditions of 0- and 72-hour abstinence. Particulate matter emissions, a risk for non-users, will also be assessed. Third, we will conduct a randomized clinical trial (multi-site, double blind, placebo-controlled) of a smoking cessation intervention in 250 smokers, while simultaneously studying proximal (e.g., patient) and distal (health care center, staff, policy) factors that can influence the intervention's successful integration within the Syrian public health care system. Fourth, we will continue to build regional tobacco control capacity: our successful program of training Syrian researchers will be maintained, as we also organize and fund three, 1-week, training courses in years 1, 3, and 5 and develop and capitalize on our Research Assistance Matching project. SCTS research and FCTC obligations point to the need for understanding tobacco use determinants, water pipe use, and cessation efficacy and integration, as well as training of tobacco control researchers across the EMR. This application seeks to build on the past success of the SCTS while helping Syria and the EMR meet their FCTC obligations. Relevance of this research to public health: The proposed work will help understand tobacco use determinants, water pipe use, and cessation efficacy and integration, which will be instrumental in informing prevention and intervention efforts in Syria and the EMR. Research and training activities proposed will contribute to the building of professional capacity that can aid the successful implementation of the FCTC in the EMR.

Project Title: Building Capacity of Tobacco Cessation in India & Indonesia

Project Number: TW007944-01

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Collaborating Countries: India, Indonesia

Project Summary:

DESCRIPTION (provided by applicant): Tobacco cessation is a global health priority not yet addressed in low and low-middle income countries such as India and Indonesia. An important lesson gleaned from international health is that interventions proven effective in western countries cannot simply be exported to developing nations without significant cultural adaptation. Research is urgently needed to find the most effective means of promoting cessation in local contexts. A first step in gaining public attention about the harm of tobacco use and the need for cessation is to involve the medical community in tobacco cessation efforts. It has been well established that before tobacco use declines in the general population, health care providers must be at the forefront of tobacco cessation efforts. To do so, they must quit tobacco use themselves, routinely ask patients about tobacco use, and advise them to quit. At present, there is little involvement of physicians in tobacco cessation efforts in India and Indonesia. Based on four years of experience during Project Quit Tobacco International (QTI) (under the previous Fogarty initiative), the proposed project unfolds as a four-step process to develop a cohort of tobacco cessation researchers in India and Indonesia, using local medical schools as a hub for research activities in both the health care community and the community at large. Medical schools will become centers for recruiting and training tobacco cessation researchers as well as sites for implementing pilot studies and mobilizing local tobacco cessation research networks. The specific objectives of the project are to (1) increase knowledge about the risks of tobacco use and the importance of cessation through dissemination of a model tobacco education curriculum for medical schools in India and Indonesia; (2) recruit and train tobacco researchers concurrently with introducing tobacco education in nine medical schools in each country; (3) involve partner medical schools in tobacco cessation-related community-based research pilot studies, and (4) build capacity in tobacco-related research in both countries by creating tobacco cessation research networks in the six states (three in each country) where project activities will take place. Developed over the past four years, the QTI tobacco cessation research centers in India and Indonesia have begun to engage the communities in which they are located. In-country researchers have gained the skills and confidence to take the next step toward building research capacity beyond their institutions in these two culturally diverse nations. The proposed project will leverage lessons learned during QTI and provide an infrastructure for training a next generation of local tobacco researchers to meet the challenges of tobacco cessation within their own countries.

Project Title: Tobacco Control Research and Training in South America

Project Number: DA024877-06

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Collaborating Countries: Argentina

Project Summary:

DESCRIPTION (provided by applicant): This is a competitive renewal application for a Fogarty International Center Tobacco control research and capacity building project focused in Argentina. This project is based in the Southern Cone of South America that has the highest attributable mortality to tobacco in the Americas. In the first funded cycle, we developed methods to recruit and survey a cohort of 3,500 13 to 15 year old adolescents from Jujuy, a province in the Northwest of Argentina with a predominantly indigenous population. We have completed a baseline and two follow-up surveys and will be able to generate smoking initiation and transition rates that will include 3 years of follow up with a final survey in 2007. In this proposal we aim to 1) Use the cohort data to develop an intervention to prevent tobacco use among diverse youth in Northwest Argentina; 2) Implement and evaluate a system-based smoking cessation intervention using a randomized trial design among physicians to promote smoking abstinence and quit attempts in their patients who smoke over a one-year period; 3) Continue to follow the cohort for three additional years or until age 20; 4) Develop policy interventions to promote smoke free indoor space and regulation of tobacco products advertising by continuing to analyze the tobacco industry documents on Argentina, using data generated from the heart disease policy model, and evaluation of tobacco use in popular films in Argentina; and 5) Build research capacity by expanding training opportunities in Argentina at all levels, selecting 2 scholars annually to visit UCSF for development of tobacco control research methods, and support the application of promising scientists in Latin America to the Tobacco Control Research Fellowship at UCSF.

Project Title: Advancing Cessation of Tobacco in Vulnerable Indian Tobacco consuming Youth

Project Number: TW007933-01

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Collaborating Countries: India

Project Summary:

DESCRIPTION (provided by applicant): The goal of this study is to test the efficacy of a comprehensive, community-based tobacco control intervention, among disadvantaged youth (10-19 years) living in low income communities of Delhi. The specific aims of the project are: (1) To conduct a cluster randomized trial, in slum-dwelling and other low income residential communities of Delhi, of non-pharmacologic community led behavioral intervention intended to promote cessation of tobacco use by adolescent consumers of tobacco, in order to evaluate the effectiveness and cost-effectiveness of such interventions; (2) To identify the demographic and psychosocial factors associated with the uptake and cessation of tobacco products by adolescents residing in such communities; (3) To increase the capacity of Indian investigators, research staff, partner NGOs, community leaders and youth self help groups to implement tobacco cessation programs in low resource community settings; (4) To increase the capacity of US investigators to adapt research models and methods validated in developed countries for application in a developing country. Twenty slum clusters of Delhi would be selected to form ten matched pairs, one of each of which would be randomly allocated to a behavioral intervention for tobacco cessation and the other to a control group receiving free eye check-up. The intervention group would receive training for youth peer leaders, adult community leaders and NGO personnel, followed by implementing interactive community based activities that would aim to enhance motivation to quit tobacco use, encourage quit attempts, promote continued abstinence, enhance knowledge around tobacco consumption and tobacco control, and develop advocacy skills etc. over a 24 months period. The main outcome measure would compare tobacco cessation rates, between the two trial groups, of young persons (who have remained tobacco free for at least 30 days) and reduce the prevalence rate between the baseline and end- line surveys. Cost-effectiveness (cost per quality-adjusted life year added due to the intervention) would also be assessed. Capacity building activities would include training workshops (for partners and other participants in this research) and preparation of training modules which would be widely disseminated to public health professionals in India. The results of this study are expected to provide information on effectiveness of non-drug community based behavioral interventions for promoting tobacco cessation in disadvantaged youth of low income countries.

Project Title: Epidemiology & Intervention Research for Tobacco Control in China

Project Number: TW007949-06

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Collaborating Countries: China

Project Summary:

DESCRIPTION (provided by applicant): China is a particularly critical country for global tobacco control. It has the world's largest number of smokers, approximately 350 million, and the immense market afforded by the 60% of men who smoke and the 95% of women who do not smoke represents a prize target for the multinational tobacco companies. China has ratified the Framework Convention for Tobacco Control (FCTC) and now needs to implement its provisions across a large and diverse population. This application builds on a 10-year collaboration with investigators in China, including Dr. Gong-Huan Yang, now Deputy Director of the China CDC. It extends formative work carried out over the last five years with support from the Fogarty International Center. In this application, we propose a program of evidence-based interventions to be implemented at the province and local levels with the overall objective of developing an approach for dissemination and implementation across China. The study aims to improve the Strength of Tobacco Control (SOTC) at the province level in China by improving capacity in program effectiveness, using resources of the China CDC and Peking Union Medical College. Capacity building activities will be undertaken using distance-based approaches and an intervention study will be conducted involving 10 provinces, five participating in a China CDC-led initiative and five continuing with the approaches generally in place. A systematic mix of approaches will be implemented based on experiences from our work in China and from the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST). In the intervention provinces, the China CDC will team with the province-level CDCs to assess capacity for tobacco control and the current status of tobacco control. This systematic characterization will highlight resource, infrastructure, capacity and program needs. The intervention program will then be developed, based on the SOTC assessment and the evidence already gathered in our current Fogarty International Center funding cycle. With this evidence-based approach, the provincial CDCs should be able to identify the optimum mix of tobacco control programs and policies for its residents. The interventions will address both urban and rural locations, as the majority of Chinese population still live in rural areas. A three-year intervention phase will be followed by an evaluation. We have the overall objective of preparing the China CDC to disseminate and implement a proven approach to tobacco control across all provinces.

Project Title: Network for Tobacco Control among Women in Parana, Brazil

Project Number: DA024875-01

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Collaborating Countries: Brazil

Project Summary:

DESCRIPTION (provided by applicant): Brazil is the second largest producer of tobacco in the world, and 96% of the tobacco is produced in the three Southern states (including the state of Parana - the proposed geographic setting for this application). Parana also has the highest prevalence of cigarette smoking among women in the country, and smoking initiation is higher among girls than boys. Recent guiding documents have identified the understanding of women and tobacco-related issues and the need for the development of gender-relevant tobacco control efforts as priorities, particularly in developing countries (e.g., WHO Framework Convention on Tobacco control, the Research for International Tobacco Control agenda for Latin America and the Caribbean). Therefore, we propose the development of a Network for Tobacco Control among Women in Parana, Brazil in order to establish community and institutional capacity to promote gender-relevant tobacco control efforts among Brazilian women through community-based participatory research and training. The goals of the "Network" are to reduce tobacco use and exposure to environmental tobacco smoke among Brazilian women, and to develop a cadre of well-trained researchers in tobacco control. These goals will be accomplished based on the principles of Community-Based Participatory Research and the Empowerment Model, and will be guided by a multi-level approach that will address four target levels: individuals, organizational/policy systems, and agents of change. The program will consist of six phases: (a) Network establishment; (b) Capacity building in which partners will train and empower each other to carry forward the network mission; (c) Needs/assets assessment phase in which network partners will assist in the identification of needs and assets regarding tobacco control among women as well as needs in training at the professional and academic levels, and will establish priority areas for intervention; (d) Development of a Community Action Plan (CAP) which will consist of a comprehensive tobacco control intervention targeting women; (e) Implementation of CAP; and (f) Dissemination and sustainability of the network. In synergism with these efforts, we will implement a Career Development and Research Training program in tobacco control targeting academicians, professionals, and students to promote research, which will lead to the development of a cadre of well-trained researchers who will continue to address comprehensive tobacco control strategies at all levels long after the study has ended.

Project Title: The Political Economy of Tobacco Control in Southeast Asia

Project Number: TW007924-01

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Collaborating Countries: Cambodia, Malaysia, Thailand, Vietnam, Laos, Indonesia and the Philippines

Project Summary:

DESCRIPTION (provided by applicant): We propose to study the political economy of tobacco in low- and middle-income countries in Southeast Asia. Through a regional research and capacity building program, we seek to enable those in the region to respond more effectively to the challenge of tobacco use for the long term and on their own terms. By political economy, we refer to the interrelationships between political processes and economic variables that influence the course of tobacco control policy. From taxes to trade of tobacco, these issues are inherently challenging-transdisciplinary in nature, often regional in scope and implications, and not bounded by only health concerns in the larger context of development. This program represents a unique partnership that builds upon the legacy of the Rockefeller Foundation's Trading Tobacco for Health initiative, leverages the policy reach of the Southeast Asian Tobacco Control Alliance (SEATCA) regional network, and builds synergy with the American Cancer Society's Tobacco Control Surveillance Program. By Southeast Asia, we will refer primarily here to seven countries in that region: Cambodia, Malaysia, Thailand, Vietnam, Laos, Indonesia, and the Philippines. The specific aims of this project are to: 1. Conduct research that examines the political economy of tobacco control and its impact on health in Southeast Asia. Through regional meetings, targeted research grants, and subsequent smaller workshops, we would cultivate, train and resource a group of country-level researchers. Selected projects will receive expert technical assistance as well as support for editing, policy translation and dissemination. 2. Support studies that situate the impact of tobacco into the larger context of sustainable development. Reframing tobacco as more than a public health concern may yield greater policy change. 3. Build capacity and networking of researchers in Southeast Asia to enable a strong, local evidence base for tobacco control and to encourage effective translation of research into policy. These country researchers would participate in regional and in-country meetings, periodic conference calls, and an on-line collaborative workspace. For there to be a community of researchers sharing interest in tobacco control, few countries in Southeast Asia have sufficient critical mass to mount a network of their own. Scaling this up to a regional network affords multiple advantages: the opportunity for cross-country comparison and cross-border learning, the potential for building up research centers of excellence that could serve a region, and most importantly, a community of colleagues to provide evidence for tobacco control policy in Southeast Asia.

Project Title: SMS Turkey: Harnessing the power of TXT messaging to promote smoking cessation

Project Number: TW007918-01

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Collaborating Countries: Turkey

Project Summary:

DESCRIPTION (provided by applicant): Smoking has long been recognized as a significant public health concern associated with great morbidity and mortality. Although smoking rates have decreased in high income countries, these trends have not been noted for low and middle income countries. This is especially true in Turkey, which was ranked 6th in the world in smoking consumption. Between 51-63% of Turkish men and 24-26% of Turkish women 15 years of age and older are smokers. With lung cancer the leading cancer-related cause of death for both men and women, effective and accessible smoking cessation interventions are needed. Cell phone technology represents a unique opportunity to deliver evidenced-based smoking cessation behavioral treatments through a delivery mechanism already widely adopted by adults. An estimated 35 million Turks were using cell phones, making them 1.8 times more common than land lines. Cell phone interventions are a unique delivery method because of their 'always on' capability. The rapid uptake of cell phones allows us to potentially reach those who might otherwise not utilize smoking cessation services. In this response to Request for Applications (RFA-TW-06-006), we propose to design and evaluate an evidenced-based smoking intervention that takes advantage of technologies adopted by adult smokers in Turkey. Based upon STOMP (Stop smoking by Mobile Phone) New Zealand, a TXT messaging-based smoking cessation program, SMS (Smoking Management System) Turkey will be a community-based intervention that has both wide reach and high impact. To do so, we bring together a multi-national team of smoking and technology health experts dedicated to building the capacity of smoking cessation research expertise in Turkey to reduce the public health burden associated with smoking in Turkey. Using qualitative methods to inform design and content and quantitative methods to assess the feasibility and potential intervention effect, we propose to develop SMS Turkey, an innovative smoking cessation program that uses technology widely adopted by adults, an under-targeted population, to deliver a proactive, cognitive behavioral therapy (CBT)-based, theoretically grounded intervention. Simultaneously, we will build the capacity for future smoking cessation efforts in Turkey by training two medical fellows to become smoking cessation researchers, and continuing to strengthen international research ties. The high reach of cell phones allows us to potentially reach smokers who would otherwise not utilize traditional smoking cessation services, representing the possibility of a large public health impact.