

# AN INNOVATIVE SMOKING CESSATION PROGRAM USING FACEBOOK

## REACHING 7'000 SWISS SMOKERS

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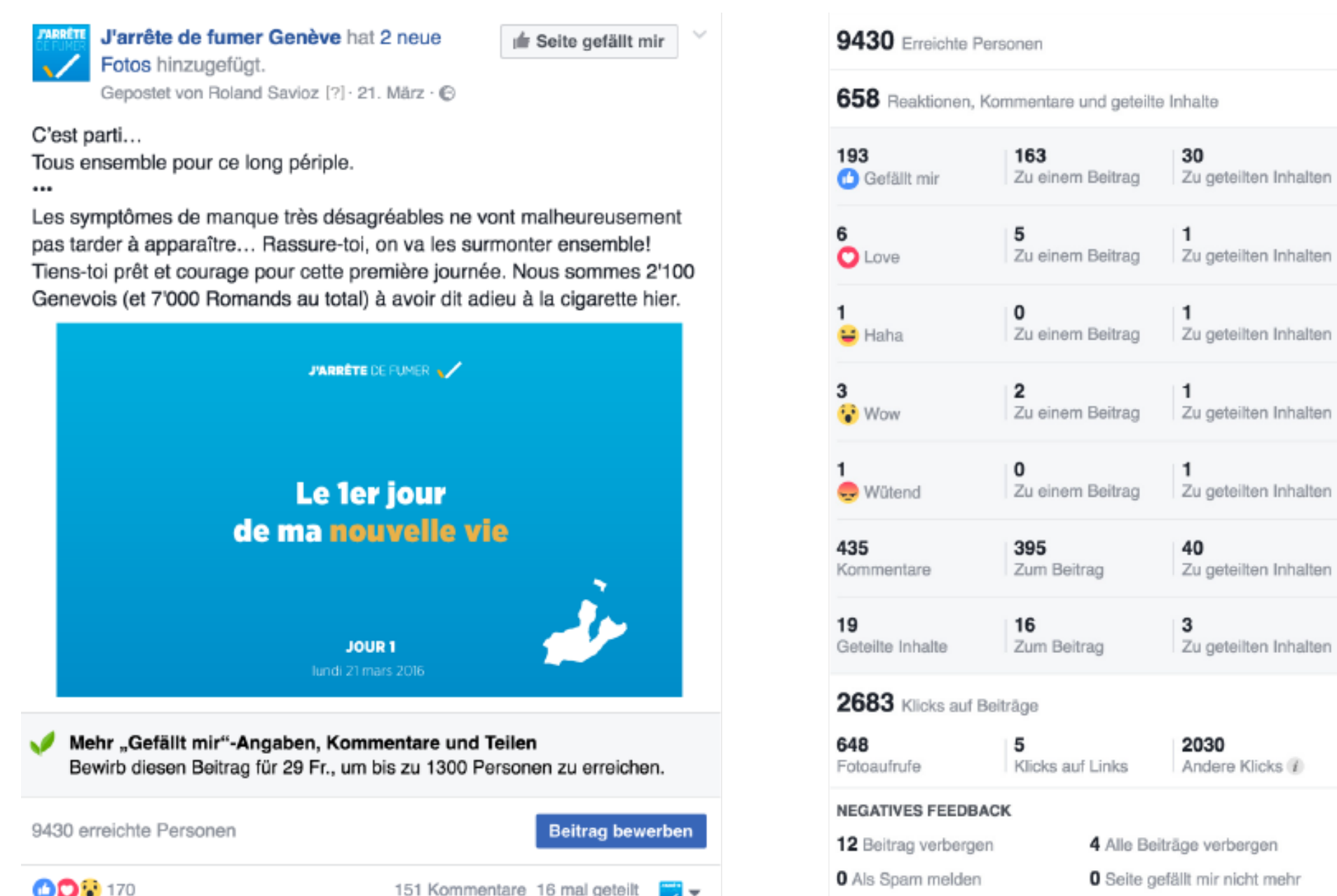
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### Background

Tobacco smoking causes multiple diseases, premature mortality and is a major public health threat. In Switzerland, smoking prevalence is high (25%) but stable since 2011. Half of smokers want to quit but they underuse effective smoking cessation services. Programs using social networks are a new smoking cessation approach potentially able to reach many smokers. We designed, implemented and tested an innovative large-scale smoking cessation program using Facebook for 7 months in 2016 in 6 states of Switzerland.



### Results

81% of participants attempted to stop smoking.

Smoking behaviour	3 months (%)	6 months (%)
<b>Continuous smoking abstinence</b>	<b>18.6</b>	<b>13.5</b>
Cessation with occasional smoking	13.7	19.6
Smoking reduction	11.3	4.8
Favourable behaviour change	43.6	62.2

Smoking cessation was not associated with socio-demographic factors. The community dynamics, a strong intention to quit and use of relapse prevention strategies predicted success. High nicotine dependence, exposure to smokers and negative affect were negative predictors.

### Conclusion

A large-scale smoking cessation program using Facebook, providing mutual support and professional help seems effective to reach large numbers of smokers, stimulate smoking cessation attempts and promote smoking abstinence at 6 months. Clinical trials should assess the effectiveness of smoking cessation programs using social networks.

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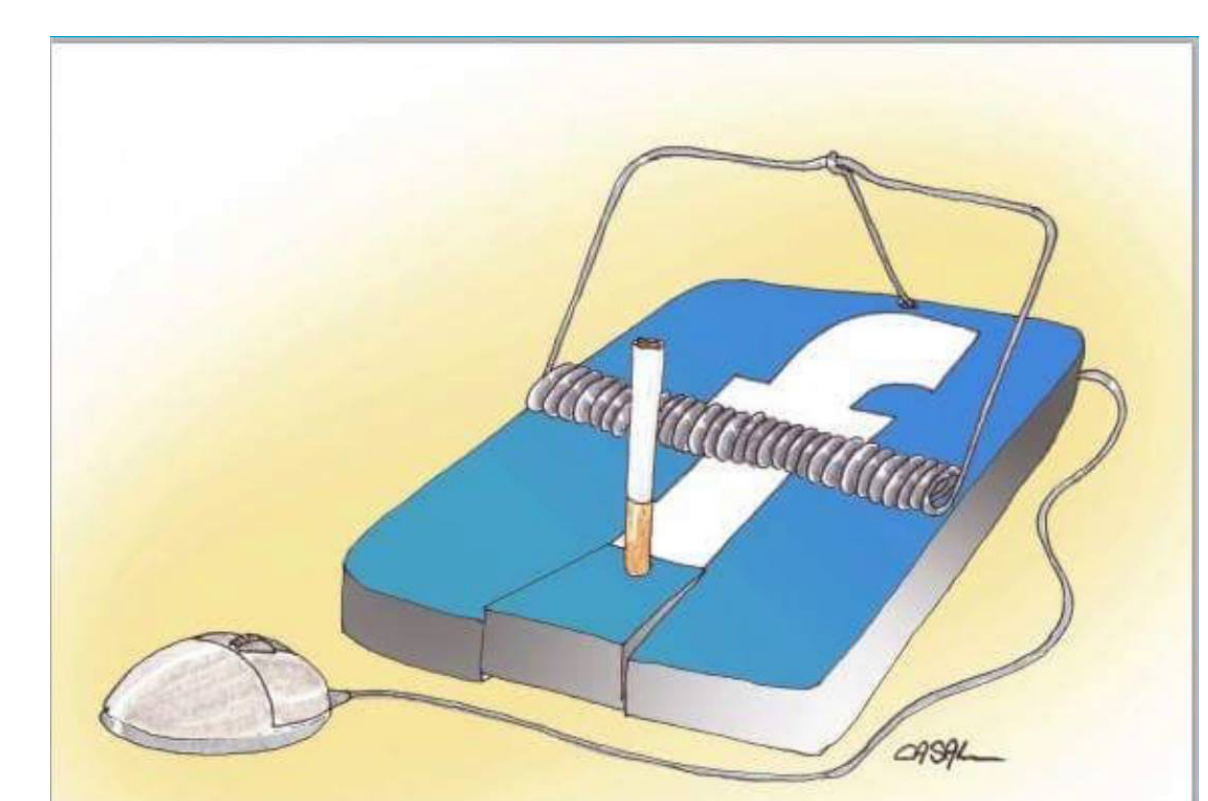


### Design / Methods

7008 smokers were enrolled within 2 months through Facebook advertising. The program created 6 communities of smokers in each state interacting on a Facebook page. 2400 Facebook publications, which triggered 67000 comments, stimulated interaction.

After providing information and advice in a 3-week preparation phase, all participants quit smoking together on 21 March 2017. Then, they received mutual support from peers and professional help daily during 6 months. Professional support included 3 levels: community managers watching and regulating the activity; counsellors providing personalised smoking cessation counselling; physicians providing personalised counselling for complex and medical issues. Personalised counselling at 2<sup>nd</sup> and 3<sup>rd</sup> levels included help for cessation plans, relapse prevention strategies and use of nicotine replacement.

Evaluation surveys were conducted at 1 week, 3 and 6 months among 1270 participants to collect information about self-reported smoking behaviour, use and opinions of the program. Response rate to the 3 surveys was 37%.



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