American University of Armenia

Gerald and Patricia Turpanjian College of Health Sciences

Attitudes, Expectations, and Experiences of Smoking Cessation Quitline Users and/or Smokers About the Quitline Services in Armenia: A Qualitative Study

Professional Publication Framework

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Yerevan, Armenia

2022

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List of abbreviations

AUA	American University of Armenia
MoH	Ministry of Health
NIH	National Institute of Health
SHS	Secondhand Smoke
TB	Tuberculosis
WHO	World Health Organization

Acknowledgments

First and foremost, I would like to express my sincere gratitude and appreciation to my beloved advisors, Dr. Arusyak Harutyuyan and Zaruhi Grigoryan. Through their endless support, love, time, and guidance, I was able to conduct my thesis project and successfully finish it. I am also grateful to Dr. Varduhi Petrosyan and Dr. Tsovinar Harutyunyan for their valuable advice and support during my thesis project. I also would like to thank all of the CHSR members and staff of the College of Health Science for their support during the project.

Additionally, I would like to thank my dear friend Lilit Alaverdyan for her unconditional help and support during the project. Moreover, I am thankful to my friends Alina Hovannisyan and Nareh Baghoumian for assisting me during the participant recruitment process.

I also would like to express my gratitude to Dr. Kristina Galstyan from the Public Health Department at the Ministry of Health of the Republic of Armenia, the National Institute of Health, and the quitline staff members for their strong support and collaboration during the study design and implementation.

Last but not least, I would like to thank my spouse Armen, who was by my side from the first day of my journey. I want to thank him for believing and supporting me, which allowed me to overcome the challenges and successfully accomplish my goals.

Abstract

Introduction: According to the World Health Organization Framework Convention Tobacco Control (FCTC) Article 14, smoking cessation quitlines are cost-effective, evidence-based government-funded services that provide free telephone-based behavioral counseling for those smokers who decide to quit smoking. The smoking cessation quitline started its operation in Armenia in 2021. It included the following interventions: psychological consultation, referral to a specialist for receiving medical treatment, provision of supplementary mailed self-help material, and education on behavioral tips for reducing cravings.

This study aimed to qualitatively explore and understand smokers' and/or quitline users' attitudes, expectations, and experiences of smokers and/or quitline users regarding smoking cessation quitline services in Armenia.

Methods: This study was based on a qualitative research method followed by phenomenological research principles. The study participant selection followed a purposive convenience sampling method alongside the snowball technique. The study population included everyday smokers (non-users) and quitline users. The primary data collection process was conducted in April 2022 via 13 in-depth interviews using a self-developed semi-structured interview guide. The interviews were through face-to-face, zoom video calls, and phone calls. The data analysis was done through deductive thematic analysis, using pre-defined codes.

Results: The main findings of the study were grouped under three main themes: attitudes, expectations, and experiences in relation to the quitline service features and smoking cessation process, and recommendations in relation to quitline services.

In general, quitline users were pleased with their experience with the service consultant. Furthermore, more than half of the participants stated that they preferred to have the therapies in phone-call mode rather than face-to-face. Quitline users also shared positive experiences about call durations and quantity during their cessation process. They also felt cared for and attention when they received the follow-up calls from the consultant. Except for one participant, none of the quitline users considered the need to use medications for smoking cessation. Still, everyone noted that this service option would benefit those who do not have enough willpower to quit smoking. Participants also agreed that the provision of mailed self-help materials was not an effective intervention for them. However, almost everybody mentioned having this option for those who might still want to learn more would be very useful.

The study revealed major gaps in service promotion and administration since none of the non-user participants had ever heard about the service, and the user- participants also mentioned the lack of proper advertisement as the main gap in the service.

Recommendations: The findings of this research can serve as a valuable resource for the quitline service administrators to further improve the utilization and effectiveness of the research. This study also recommends conducting future research involving key informants and unsuccessful quitline users. Moreover, the study suggests active service promotion and advertisement through various methods such as mass/social media, public places, cigarette packs, and physicians. Finally, educating the population about the effectiveness of smoking cessation quitline, and also about the different cessation methods, especially those that are offered by the quitline, through campaigns and targeted interventions would increase the utilization of the quitline services and ultimately its success.

1. Introduction

Tobacco can be used in different ways, such as smoking, chewing, snuffing, and sucking.[1] Smoking is defined as inhaling the smoke caused due to tobacco burn and may happen as a result of a person's physical and mental substance-caused addiction, significantly to nicotine.[2] The dried leaves of tobacco are the main hazardous component of cigarettes. Furthermore, several thousands of perilous chemicals are produced and released that are dangerous for the body due to tobacco smoking.[3] Generally, the most frequent tobacco products being smoked are cigarettes, hookas, pipes, cigars, and cigars. [4,5]

It is conjectured that in the 20th century, in high-income countries, there were 100 million premature deaths due to tobacco smoking.[6] Additionally, one in every four people is considered a smoker, and generally, men tend to smoke more than women.[6]

1.1 Impacts of tobacco

Health impacts: Tobacco consumption is counted as one of the significant public health problems worldwide. It is estimated that over 7 million people die each year because of tobacco consumption.[7] Furthermore, tobacco smoking is hazardous for non-smokers as well. Every year approximately 1.2 million deaths are recorded due to exposure to secondhand smoke (SHS).[8] Exposure to SHS has very serious and severe adverse health effects on children; as a result, on average, annually, 6.500 children die because of SHS-related problems. [8]

Many health conditions are caused due to tobacco consumption, for instance: morbidities related to the cardiovascular system, neurovascular diseases such as brain stroke, malignant tumors or cancer, and lung diseases such as chronic obstructive pulmonary disease (COPD).[9]

Generally, smokers are approximately 25 times more inclined to develop lung cancer than non-smoking men and women.[10] Moreover, the risk of developing cardiovascular disease and brain stroke is almost 2-4 times higher in smokers compared to those who do not smoke.[10]

Moreover, smoking increases the chances of pregnancy-related complications, specific visual impairments, deficiencies of the immune system, and diabetes.[9] Tobacco smoking is also associated with a higher risk of developing tuberculosis (TB)[11] and dying from it.[12]

Economic impact: The economic impact of tobacco can be categorized into direct and indirect costs.[13,14] Direct costs refer to any payments made for using a specific treatment or purchasing merchandise as a result of any complication or illness that has arisen due to tobacco smoking. Direct payments are divided into two main groups direct healthcare-related costs (such as physician consultation fees, treatment costs, hospitalization, medications, etc.) and direct non-health-care-related costs (such as patient nutrition transportation expenses). The indirect costs of tobacco include loss of productivity, absence from work, or lost lives due to an illness caused by tobacco smoking. Furthermore, any expenses which have been paid for the treatment of SHS-related diseases are also classified as indirect costs.[13,14]

As specified by World Health Organization (WHO), tobacco smoking is causing substantial harm to the universal economy, and annually, approximately US$ 1.4 trillion is spent against different healthcare-related, agricultural, and environmental adversities, which are caused by tobacco.[15]

Agricultural and environmental impact: Deforestation is one of tobacco cultivation's major environmental impacts and has contributed to more than 20%of the yearly increase in greenhouse gas emissions.[16] Moreover, deforestation also contributed to the increase in the

emission of CO_2 and, most importantly, had an irreversible effect on climate change. Tobacco cultivation and production have enormous destructive influence on the environment; unfortunately, it is being done widely in many low-income countries. Since the mid-1970s, desertification from tobacco cultivation has been observed in numerous low-income countries, where tobacco farming is one of the main agricultural practices. For instance, the deforestation of the Miombo ecoregion, caused by tobacco farming, is the main reason for approximately 50.0% of the general yearly loss of backwoods and forests, which is considered one of the main causes of its ecosystem detriment.[16]

1.2 Evidence-based tobacco control measures (MPOWER)

In 2008, the WHO Framework Convention on Tobacco Control (FCTC) framework introduced the six cost-effective, evidence-based measures (MPOWER) that aim to help countries to decrease the demand for tobacco.[17]

MPOWER comprises six pillars which are listed below:

"**M**onitor: tobacco use and prevention policies, **P**rotect: people from tobacco smoke, **O**ffer: help to quit tobacco use, **W**arn: about the dangers of tobacco, **E**nforce: bans on tobacco advertising, promotion, and sponsorship, **R**aise: taxes on tobacco." [18]

1.2.1 Smoking cessation

Smoking cessation at any age offers numerous benefits. Quitting smoking under the age of 40 reduces up to 90.0% of the mortality risk.[19] The lung cancer mortality rate in smokers who quit under the age of 40 dropped by 91.0% and 80.0% in Germany and Italy, respectively.[19]

Smokers who quit smoking in their 30-s tend to gain ten years of life expectancy compared to non-quitters.[20] Moreover, smokers who decide to quit smoking after having a life-threatening event such as myocardial infarction (MI) will have a 50.0% or lower chance of facing such issues again.[20]

1.2.2 Smoking cessation quitlines

As recommended by the WHO FCTC Article 14, smoking cessation quitlines are cost-effective, evidence-based services that offer help to smokers who want to quit smoking.[21–23] Quitlines are government-funded smoking cessation services that provide free telephone-based behavioral counseling for those smokers who decide to quit smoking. Furthermore, this service can refer the caller to the local smoking treatment organizations, if needed, and provide a few low-price pharmaceutics.[24]

Quitlines have been implemented in many countries worldwide and showed significant success. In Hong Kong, among the young smoker population who used the smoking cessation quitline services, approximately 24% were able to successfully finish their smoking cessation process and quit smoking.[25] In Ukraine, among those who opted for quitting smoking through quitline service, 12.5% managed to quit smoking successfully.[26]Additionally, in the US the smoking cessation quitline has raised the general quitting rates by roughly 60% in comparison with other or no quitting interventions.[27]

1.3 Situation in Armenia

1.3.1 Tobacco smoking in Armenia

In Armenia, the percentage of smokers in men and women in 2016-2017 was 51.5% and 1.8%, respectively, and the average age of smoking initiation in both sexes was almost 18 years old.[28]

More than half (56.4%) of the Armenian population were exposed to SHS in their home and 26.6% in their working environments.[29] In 2016, it was estimated that lung cancer incidence and mortality rates are 5-6 times higher in men than in women.[29]

In 2020 Armenia was ranked 7th among the 25 countries with the highest rate of lung cancer in men, with 58.5 age-standardized rates per 100.000 population.[30] Additionally, according to the 2020 global cancer observatory data, the lung cancer mortality rate in Armenia accounted for 20.1% and was considered the first cause of cancer deaths in Armenia.[31]

1.3.2 Tobacco control in Armenia

Armenia was the first country among former Soviet Union countries to join the "WHO FCTC" in 2004.[32] For the purpose of tobacco control, the Armenian government has implemented several laws and regulations. For instance, banning tobacco product advertisements on TV and radio in 2002 and on all the billboards in 2006. It was also appointed that up to 30.0% of cigarette packages must be allocated to health-related warning messages from 2006. Moreover, in 2021, the smoking ban was extended to all public places, including hotels, indoor working places, shopping centers and malls, and any type of indoor public area. Furthermore, tobacco products' open display and substitutes were banned from 2021. The government also banned smoking in public dining places on March 15th, 2022. [32–34]

1.3.3 Smoking cessation quitlines in Armenia

In Armenia, the smoking cessation quitline started its operation on January 11th, 2021. The quitline provides services every weekday from 11 am to 8 pm. As of May 1st, 2022, quitline has served 110 users. Among these 110 users, 27 were recorded as successful quitters. The quitline counseling sessions are provided by psychologist-consultants based in the National Institute of

Health (NIH) of the Ministry of Health (MoH). Moreover, trained physicians (family physicians, physicians working in the National Center for Addictions Treatment, and the regional polyclinics) are in charge of the medical consultations and prescribing medicine to those quitline users referred to them. (source: personal communications).

The services provided by the smoking cessation quitline in Armenia include the following: psychological consultation (the number of calls and the call frequency may vary according to the service user's needs). Medical treatment (pharmacotherapy) by the physicians upon service users' request (the quitline counselor refers the users to the physician. The service provides supplementary mailed self-help materials (per the users' request), and the consultant educates the users about behavioral tips which can be used for reducing cravings." [35]

Generally, there are two types of calls in the quitline service. The first type is the incoming calls when the service user calls the quitline center. The second type is the outgoing calls. In this case, the consultant calls the service user. The overall number of calls for each individual is five, with an approximate duration of 20 minutes.[35]

The service user makes the first call. During the first call, the quitline counselor thoroughly presents the service to the participant. If the participant is willing to start the quitting process, the counselor assesses his/her level of nicotine dependence. Based on the assessment's results, the counselor plans future steps. Then, additional details are being discussed with the participant, including quitting date, the date and time for the next call, asking if the participant would like to share an email address to receive mailed self-help material and the opportunity of being referred to a physician for receiving pharmacotherapy if they would like to.

All of the calls are being automatically recorded by the 3CX program, and after the end of each call, the counselor registers the data gathered during the call in the Netcore CRM system.[35]

There has been no study conducted to evaluate the service in Armenia to discover and address the program's current strengths, gaps, and deficiencies and contribute to the future improvement of this service in Armenia.

2. Study aim and research questions

The study aims to explore and understand the attitude, expectations, and experiences of smokers and/or quitline users regarding the smoking cessation quitline services in Armenia.

The following questions were answered during this study:

1) What are the attitudes of smokers and/or quitline users towards the smoking cessation quitline in Armenia?
2) What are the expectations from smoking cessation quitline among smokers and/or quitline users in Armenia?
3) What is the experience of quitline users regarding the quitline services in Armenia?

3. Methods

3.1 Study design

We utilized a qualitative study design followed by phenomenological research principles to answer the research questions. The qualitative research method allowed the investigators to have a comprehensive perception of the underlying reasons for How or Why people have certain behaviors, feelings, and attitudes regarding a particular phenomenon. Moreover, it helped to better demonstrate the gaps and problems in real-world settings.[36,37]

The qualitative research method provided a unique chance for better insight into the participants' needs, expectations, and experiences regarding quitline services.

3.2 Study settings, study participants, and sampling

The study participant selection followed a purposive and convenience sampling method through the snowball technique. The study population included everyday smokers who haven't used the smoking cessation quitline (hereafter non-users) and the smoking cessation quitline users. The inclusion criteria for the participants included: age more than or equal to 18 years, living in Armenia, being an everyday smoker (for non-users), and completion of the quitline service use (for quitline users). Being not fluent in Armenian was the only exclusion criterion.

The selection of smoker non-user participants was made from the private contacts and network of the student investigator. Subsequently, through the snowball sampling technique, more participants were collected. The MoH quitline consultant assisted with recruiting the quitline user participants. The consultant of the quitline made initial phone calls to the quitline users using a specific pre-written phone script developed by the research team (see Appendix 1) and explained the study's aim and objectives to the participant. After receiving the participants' agreement, their contact numbers were shared with the student investigator to get the oral consent and arrange the interviews.

3.3 Interview guide

The study data was compiled through a semi-structured interview guide developed by the student investigator (see Appendices 2 and3). The interview guide development was guided by the literature review, research questions, and national quitline service structure and services. The study guide was first developed in English and then translated to Armenian. Socio-demographic

characteristics of the participants were also collected right before the start of each interview (see Appendix 4). The question guides for smokers and smoking cessation quitline users were comprised of 33 and 37 open-ended questions, respectively, and included the following four sections:

1) Attitude about the smoking behavior
2) Smoking cessation intentions and previous quitting attempts
3) Attitudes, expectations, and experiences regarding smoking cessation services
4) Attitudes, experiences, and expectations about the smoking cessation quitline

3.4 Data collection

The primary data were collected through 13 in-depth interviews (IDIs) in April 2022. Out of these 13 interviews, ten were conducted through phone calls, two were conducted via Zoom, and one was conducted face-to-face at the participant's workplace. Prior to each interview, each participant was contacted via phone call to discuss and decide the most convenient date, time, and mode for the interviewee. All the interviews, except one, were audio-recorded upon permission of the participants. Furthermore, field notes were also taken during each interview. The interviews with the non-user (smokers) and the successful quitters (among the quitline users) stopped when the data saturation (both code and meaning saturation) was met. However, the interviews with the unsuccessful quitters (among the quitline users) stopped due to the limited number of participants.

3.5 Data management and analysis

After each interview session, the audio recordings were transcribed in Armenian. All the transcribed data were coded in English, and deductive thematic analysis was conducted using three predefined themes:

1. Theme 1. Attitudes, expectations, and experiences in relation to quitline service features
2. Theme 2: Attitudes, expectations, and experiences of smoking cessation process
3. Theme 3: Recommendations in relation to quitline services

4. Ethical considerations

Before conducting the study, the Institutional Review Board of the American University of Armenia approved the study protocol and instruments. All participants provided oral informed consent for participating in the study and for being audio recorded during the interview. The consent form comprised all of the essential information and details, such as the study's aim and objectives, confidentiality, all the risks and benefits of the study participation, and permission to record the session (see Appendices 5 and6). No identifying information was collected from the participants.

5. Results

5.1 Socio-demographic characteristics

Of the total participants, 6 were quitline users, and 7 were non-user (smoker) participants; moreover, 4 were women, and 9 were men. The mean age of the non-users (smoker) participants was 40 years ranging from 30 years to 52 years. The mean age of the quitline user participants was 31 years ranging from 25 to 42 years.

The average duration of the interviews among non-user participants and the quitline user participants was 44 and 20 minutes, respectively. Only two study participants were from marzes. (See Table 1).

Theme 1: Attitudes, expectations, and experiences in relation to quitline service features

The study revealed that the most important features of the quitline service were the consultant itself and the consultation mode. The characteristics of the consultant mentioned by the participants were grouped into personal and professional characteristics. Regarding the consultation mode, the attitudes/experiences of the participants were also focused on face-to-face vs. phone call consultations.

Sub theme 1.1: Consultant

Professional characteristics of the quitline consultant

When the non-user participants were asked about their attitude and expectation regarding the professional characteristics of the quitline consultant, the majority of the participants outlined her/his good communication skills, being easily accessible during urgent situations, and being aware of the latest consultation methods, and being patient and caring.

"The consultants of this program should be aware of some statistics. What I am trying to say is that according to statistics, they should know what had been positive and effective and what was not and was just a waste of time. In addition, they should have good communication skills, being patient and friendly, and finally, regarding the therapies, they must be very professional."

(Participant 3-Male non-user (smoker))

"In the first place, I would expect support, then the fact of being easily accessible is important, I mean if I have to call and wait a long time to get to my consultant, it will not be good because most times the calls are made when people are in high-stress situations. I also think they should be very professional to handle each situation and finally be open-minded people."

(Participant 1-Female non-user (smoker))

The predominant majority of the quitline user participants shared positive experiences related to the consultant and mentioned that the consultant was very kind and caring and had helped them a lot during the quitting process.

"The consultant worked really well with me. She was a positive person and has affected me in a positive way. She always found a way to communicate with me and explained everything in a more easy and more understandable way. She always managed every therapy session in a way that I was becoming more and more interested and determined to go through this process and quit smoking."

(Participant 1-Male Quitline user)

Personal characteristics of the quitline consultant

While discussing the personal characteristics of the quitline consultant, the majority of participants outlined the gender. All male participants, both quitline users, and non-users, have highlighted that for male service users, it might be preferable, motivating, and interesting to speak with a female consultant, whereas for a female service user to speak with a male consultant.

"In such cases when there is work or formal relationship, regardless of it being over phone call or face to face meetings, mankind is such a creature that shows a better and more effective cooperation with the opposite sex."

(Participant 3-Male non-user (smoker))

"I think for the men, the consultant should be a woman and vice versa because the motivation level will be higher. For male participants, the male characteristic features will encourage them to try their best to quit and present a better image of themselves in front of a female consultant and the same for female participants."

(Participant 2-Male non-user (smoker))

"I think the right option was for the consultant to be a woman because if it was a man, I might have spoken differently, and the result might have been different."

(Participant 3-Male Quitline user)

Interestingly, the majority of female participants, both users, and non-users did not outline any specific preference regarding the consultant's gender. They believed that gender has no major effect on the effectiveness of the overall process and that effective quitting assistance is what matters the most.

"In my opinion, gender of the consultant has no effect on the effectiveness of the process because it is the same as saying whether you prefer having a male or female physician."

(Participant 4-Female non-user (smoker))

"In my opinion, if I have applied to this program to find a final solution to my problem, that's what matters the most. I don't think the gender of consultant plays an important role."

(Participant 2-Female Quitline user)

Only one of our female non-user participants mentioned that given the Armenian mentality, it would be easier and more comfortable to have a quitline consultant of the same gender with the service user.

"If we take into consideration the Armenian mentality, I would prefer if the consultant was a female. I do not mean that if it was a male consultant, the results wouldn't be good; however, in the case of a male consultant, there are a lot of other factors which should also be taken into consideration. It will be easier and more comfortable to speak with a female consultant."

(Participant 1-Female non-user (smoker))

Sub theme 1.2: Consultation mode

Some of the non-user (smoker) participants indicated that they would prefer to have a face-to-face meeting with their consultants because they believed that those are more impressive and effective rather than speaking on the phone with a consultant.

"I would prefer to have face-to-face meetings because human social interactions are more effective than just speaking on the phone. For example, for me doing therapy sessions through phone calls will not be interesting, compared to face-to-face meetings where you can see the consultant in-person and see, for example, their facial expressions."

(Participant 4-Female non-user (smoker))

"For me, I would prefer to have face-to-face meetings. Why not? It is very interesting. It will also be more impressive because they can see your face and speak to you in person."

(Participant 6-Male non-user (smoker))

Yet, the rest of the non-user (smoker) participants preferred telephone-based consultation over face-to-face mode of the consultation. According to them, this consultation mode is more comfortable and less time-consuming. In addition, some mentioned that telephone-based consultation also prevents feelings of shyness or constraint.

Except for the one quitline service user participant, the rest shared their favorable impressions and experiences of having telephone-based consultations.

"I personally think that telephone-call mode might be even more effective than face-to-face because honestly speaking if you want to have a face-to-face meeting first, you should go from one place to another, which takes time and needs effort. Second, meeting with a person, you do not know and sharing or speaking about a problem that upsets you will not be comfortable. Also, I would like to note that taking into consideration the Armenian mentality, and many people consider it a type of weakness to go to a psychologist or therapist and ask for help for their problems, so I think phone calls are faster, easier, and more accessible."

(Participant 1-Female non-user (smoker))

"Via phone calls, you do not feel constrained, you do not look for formal and proper words to speak when you talk about your smoking habits and problems with your consultant, and your worries are less. If I had to go for a face-to-face meeting, I would feel shy, but through phone calls, you can transfer your emotions and everything more easily."

(Participant 5-Male Quitline user)

"When you speak about your everyday life and your problems over the phone, you are less constrained compared to face-to-face meetings. Moreover, from the perspective of convenience

and comfort, phone calls were better. For example, I am with my child at home, and if it [counseling]was face to face, I couldn't use this time to have a session with my consultant."

(Participant 1-Male Quitline user)

"In my opinion, in every situation, face-to-face meetings work better and are more interesting. In the field of psychological therapies that I personally have read a lot about, it was mentioned that if you see something, you will remember, but if you just listen to something, you might forget". Social interaction with other people would have been more effective and impressive compared to phone calls."

(Participant 6-Male Quitline user)

Theme 2: Attitudes, expectations, and experiences of smoking cessation process

Participants shared their attitudes, expectations, and experiences regarding counseling calls (the call duration, quantity, and the follow-up calls), receiving mailed self-help materials, and being referred to a physician for receiving pharmacotherapy. Additionally, the quitline user participants shared their general experience regarding using the quitline service.

Sub theme 2.1: Call duration and quantity

Almost all quitline participants mentioned that they were very satisfied with their experience regarding the call duration and quantity. They specified that the consultant had scheduled the date and the time of each call based on their convenience. In general, the call durations were adequate for their needs. According to most of the participants, the calls always ended when everything was completely discussed, and there were no more issues or questions left.

"I am afraid I won't remember the exact number of calls we had, but I do remember that the consultant always did the calls in a way that was convenient for me. We always discussed and agreed on the most convenient day and time for me, and the consultant was so responsive and made the calls on time. As for the duration of our calls, I can't say if they were long or short, but the calls always ended when there were no more questions or issues to discuss."

(Participant 1-Male Quitline user)

"There were both short and long calls. In the beginning, the calls were longer, and later on, they were shorter calls, but they were always sufficient for me."

(Participant 4-Male Quitline user)

Only one unsuccessful quitter participant expressed her dissatisfaction with the calling schedule during the therapy. According to her, the absence of a general fixed, predefined calling schedule given from the service (like a package) made her lose her determination and mental preparation.

"*When it was convenient for me, we were having a full consultation session, and there was a time when it was not that much convenient, and we only had a very short, like 5minute, session. If the call schedule was predefined, for example, like a 2-week package with 4 or 5 calls every two days, it would have been much better because I would have been more mentally inclined to get each therapy (call)."*

(Participant 2-Female Quitline user)

Sub theme 2.2: Follow-up calls

Almost every quitline user participant mentioned that they felt really good and thankful when they received the follow-up phone calls from the consultant after finishing the use of the service.

They agreed that it demonstrated the consultants' level of responsibility, attentiveness, and caring attitude towards them.

"It was really important because you can feel the level of the responsibility of that person [consultant]. *You feel like that person* [consultant] *was not looking at you just as a professional commitment. When they* [consultants] *made that follow-up phone call, it shows you that your consultant is still thinking about you and your experience and wants to know more about what happened and how is everything now."*

(Participant 3-Male Quitline user)

"In my case, I really felt good that they called again and asked how I was doing and whether everything was fine. It just simply showed their attention towards me."

(Participant 1-Male Quitline user)

Sub theme 2.3: Medical referrals and pharmacotherapy

The non-user participants indicated that they would neither need a referral to a physician nor the use of any medication during their cessation process. They believed that their willpower would be enough to assist them if they decided to quit. Additionally, they noted that in the case of pharmacotherapy, the drugs should not be very expensive and should fit the general population's budget.

"I personally wouldn't take any medications. However, in general, I agree with this idea because there are people who do not have enough willpower and may need a referral to a physician. In regard to smoking cessation medication, I must mention that it shouldn't be very expensive because if the price is high, the patient will refuse to buy it. They may refuse to pay a

high price for something which they are not even sure will help. If the price is appropriate, then they will."

(Participant 6-Male non-user (smoker))

Only one non-user participant mentioned that the medical referrals and the pharmacotherapy are not effective and not good options in Armenia. He further explained that, in his opinion, in Armenia, people rely on special personal connections in order to get a good physician and a good medical treatment and that they don't trust random referrals. Also, he mentioned that many physicians in Armenia are making people buy more medications that they might really need, and people might not trust pharmacotherapy for smoking cessation.

"I do not accept this idea seriously in Armenia, since in my opinion, in Armenia, getting a good physician consultation needs some personal connections or paying a lot of money. Also, if you are visiting a doctor, he/she forces you to somehow pay extra money on medications, and that truly exists in Armenia. So, unfortunately, I don't think it [medical referrals] *will be effective in Armenia."*

(Participant 2-Male non-user (smoker))

Almost all quitline user participants reported that they were not referred to any physician and didn't use any medication because they were not heavy smokers or addicts, and the psychological support was enough for them to quit. Interestingly, both groups of participants (users and non-users) found this feature very useful for those who might have low willpower and might not be able to quit on their own or with the help of a psychologist consultant.

"Since I was not a heavy smoker and didn't have an addiction, there was no need for me to be referred to a doctor and use any medication. However, it is very good that there is such an

opportunity, because there are people who are not able to quit only with the help of consultation and maybe having a physician consultation or medication use will assist them to successfully quit smoking."

(Participant 3-Male Quitline user)

Only one quitline user participant stated that he was referred to the physician and received medication because he was experiencing a very hard time during his smoking cessation process. He mentioned that those medications truly helped him to overcome the depression and smoking cravings and successfully quit smoking.

"Yes, I was referred to the physician. For me, the process of quitting smoking was really hard, and I was experiencing very difficult times. I was referred to the physician, and he/she has prescribed Tabex and antidepression medication. We had a couple of meetings, and later when I started to feel better, I told the doctor that I do not need to use any more medications, so I stopped using them."

(Participant 4-Male Quitline user)

Sub theme 2.4: Education on behavioral tips for reducing cravings

Almost all non-user participants mentioned that they have positive attitudes regarding the opportunity to learn behavioral tips which could help them to quit smoking.

Similarly, the quitline user participants had also shared positive experiences regarding learning and following the behavioral tips taught by the consultant. They found those tips very interesting and useful during their cessation process.

"My attitude is totally positive. For example, if someone comes and says example, that small behavioral tips can significantly decrease the nicotine need in my body, I will listen and try it will be an absolute pleasure. I will learn that method and always remember that if I have a need to smoke, I can do that simple exercise, and my need to smoke will disappear, so I will do it next time as well. It is a very interesting idea because the participant is not spending any money for anything or does not lose significant time, but he/she simply replaces the bad smoking habit with a healthier one."

(Participant 3-Male non-user (smoker))

"These exercises helped me a lot. I may not remember all of them, but she [the consultant] *has taught me a lot of them. For example, she taught me to drink a glass of water in sips or some respiratory exercises during cravings. She even once said that if you have a friend whom you have not called in a long time, you can try and call him/her."*

(Participant 5-Male Quitline user)

Sub theme 2.5: Receiving mailed self-help educational materials

Most of the non-user participants had mentioned that they personally did not think that receiving self-help materials would be a very effective method for helping to quit. According to them, smoking and the hazardous effects of tobacco use have been spoken about for a very long time, and it is already a well-known topic to a lot of people. Among the quitline user participants, no one had requested the quitline consultant to receive any self-help materials. However, all of the participants from both groups stated that there might be people who might still want to learn more and educate themselves, so having such an option as a part of the quitline service is quite useful.

"Let me tell you, on every cigarette package there is an image of a body organ. These images are designed in such a terrifying way that only with one photo, everything about the negative effects of smoking is being said. In my opinion, more do people need to know? But if someone is willing to learn more about this issue, then why not?"

(Participant 5-Female non-user (smoker))

"To be honest, tobacco and smoking are very popular and regularly spoken topics, and all of the bad and negative effects of smoking on body organs have been discussed numerous times. A lot of people already know a lot about it. Therefore, I doubt if there will be anything new in the information which the consultant will prepare, but it is also not a bad idea not to educate those who will want to learn more."

(Participant 1- Female non-user (smoker))

"No, I have not received any educational material or anything. I think it is good that there is an option that such information can be shared via email or even Viber so that people can have that information."

(Participant 3-Male Quitline user)

"No, I haven't received any educational material. I don't clearly remember if the consultant has asked for my email. I think if we receive more information, we will be more informed, so in general, it will not be bad."

(Participant 2-Female Quitline user)

Sub theme 2.6: Overall quitline use experience

The majority of the successful quitter participants were very happy with their experience of using the quitline, stating that the service helped them during their smoking cessation process. The participants specified that before turning to the quitline service, they had had multiple unsuccessful quit attempts. They acknowledged the role of a consultant in assisting them to quit. For some participants, the consultant had a supportive role, whereas, for others, she had a motivating/stimulating function, as they felt responsible for keeping the promise to finally quit.

"*You know, since January, I had the quitting intentions. I tried some methods myself, but I failed them all because there were times when I did not know what I should do and how I should continue the process. The quitline consultant had shown me the way and helped me mentally when I did not know how to continue and what to do next. She introduced me to a lot of interesting new ideas and things that I did not even think that might work, but they really did help me a lot. As a result, I quit smoking 4-5 months ago, and I am not currently smoking."*

(Participant 5-Male Quitline user)

"My experience was pretty good and positive. The psychological support and the preparation have worked so well for me. There were times when I tried myself to quit, but I failed, but this time with the help of quitline, I successfully quit. When I was speaking with the consultant, I started to feel more responsible because, at that time, I started to feel like I was no longer responsible only in front of myself but also in front of my consultant. We had spoken, and I made promises, so the level of my responsibility was higher. I can say, in general, my experience was successful."

"The consultant had a caring behavior and was trying to do doing everything to be helpful to me. If one method was not effective for me, she was trying to do something else. I felt myself

being cared from my consultant, and she was constantly trying to help. She was always calling and asking about my process and issues."

(Participant 1-Male Quitline user)

One of the quitline user participants valued the fact that the service was fully anonymous. Interestingly, some of the non-user participants shared their expectation towards anonymity as an important factor that could stimulate their uptake of the service.

"The anonymity of the service was something that I really liked. When I called the quitline and decided to use the service, the consultant said that it is not obligatory to give your name or family name, and she mentioned that if I liked, I could just create a numeric code for myself, and the consultant would've registered me using that code instead of my name."

(Participant 3-Male Quitline user)

"I would like that all this process be totally anonymous. The anonymity and confidentiality would be a very important point for me."

(Participant 3-Male non-user (smoker))

Theme 3: Recommendations in relation to quitline services

Overall, the recommendations of the participants were grouped under three main aspects, including 1) the recommendations for improvement of the service, 2) recommending the quitline to others, and 3) the potential effectiveness of the quitline service from the non-user (smokers) participants.

Sub theme 3.1: Recommendations regarding the improvement of the quitline service

Among the non-user participants, nobody has ever heard about the service. Among the quitline user participants, the majority have learned about the quitline service via online platforms such as Facebook or Internet search. Some others have seen it from the advertisement paper installed on the public transportation, and only one participant stated that he learned about the service from one of his friends.

"I have found out about this service through Facebook."

(Participant 3-Male Quitline user)

"I learned about this service from one of my friends with whom I am working in the same company. He said that such a quitline exists, and he transferred the phone number to me. He told me that I can call, and they will guide and assist me in quitting."

(Participant 5- Male Quitline user)

"I saw the advertisements on the public transportation and got interested and curious about the service."

(Participant 2- Female Quitline user)

Almost every participant has mentioned the need for increasing both the quantity and quality of the quitline promotion through advertisements to raise public awareness regarding this service. Additionally, one of the quitline user participants has mentioned the option of creating group conference calls, where a group of people can speak to each other, share their common concerns and help to boost each other's motivation.

"The service is really good, and I am wondering why they are doing very little and limited advertising. Because I think if they do a good advertisement about the service, they can be

successful, and they will need much more consultants and staff compared to some services like Ucom and Beeline."

(Participant 5-Male Quitline user)

"Their weakness was the advertisement of the service. There were a few times when I really wanted to get the number and call. I saw the poster on one of the buses, but the bus had passed quickly, so I lost the chance. Moreover, the size of the written number and the writing of the advertisements were so small and hardly visible, so I had to try and pass a couple of times to see and read more carefully."

(Participant 1-Male Quitline user)

"As a matter of fact, not everyone knows about this service. I heard about this service for the first time from you, and I am almost sure that none of my friends have ever heard about it. Most of us are smokers, and we often speak about quitting smoking, but till today no one has said anything about this service. I think that this service is this much unknown among the population. I think that it will be beneficial for many people. I think if they advertise it better, it may become more effective and known."

(Participant 1-Female non-user (smoker))

"It would have been much better and interesting if there was a chance to create group calls. I mean, in group calls, everyone shares their struggles and concerns, so it becomes much easier to help each other and find a solution."

(Participant 2-Female Quitline user)

Participants were also asked about their attitudes towards the best way to advertise this service. Majority of the participants have suggested advertising methods including social media and online commercials, TV and radio, and cigarette packages. One of the participants, who suggested the TV commercials, commented on the MoH sponsorship of the quitline saying that this sponsorship should not be bolded or highlighted very much because it may raise some potential political challenges and issues for some people, and they might refuse to use it.

"Advertisement through online commercials will work. When you are watching an online series or a movie, the casino commercials appear every few minutes. They should do that similar active advertising through online commercials if they want to be more successful and have more clients."

(Participant 5-Female non-user (smoker))

"I think that TV commercials are a very common thing. However, they [the service administrators] *should be very attentive to stay away from political issues because people can make different assumptions. This is why during the advertisement, it should not be very bold that the MoH is doing it."*

(Participant 3-Male non-user (smoker))

"It would be the ideal option to put it on the cigarette packages, where there are some other messages written. This way, the exact smoking population will be targeted, and the smoker population will also learn about the service when they want to buy the cigarettes. But it should also be taken into consideration if the tobacco companies will allow it or not."

(Participant 1- Female non-user (smoker))

Moreover, regarding the other methods for advertising the quitline, there were some non-frequent recommendations stated from the participants, including gyms, physicians, and active webpages.

"They [service administrators] *can do public advertisements in gyms. Nowadays, gyms are becoming more trendy and popular places, and many people are using them. Most of those people are trying to follow a healthier lifestyle, so this kind of advertainments will catch their attention."*

(Participant 2-Male non-user (smoker))

"Another option will be advertising through family physicians, and cardiologists. When the doctors are doing some tests or analyses, they always ask the patients if they are smokers or if they use alcoholic drinks. If the patient says that he/she is a smoker, the physician can encourage them to quit smoking and provide the information about this service."

(Participant 1-Female non-user (smoker))

"If I decide to use the service, I will do comprehensive research and learn about it myself. I mean it will be very good if they have a clear website where they put detailed information about the provided services and even some statistics about the service."

(Participant 3-Male non-user (smoker))

Sub them 3.2: Recommending the service to others

The vast majority of the quitline users were very positive regarding recommending the service to others and sharing information about this service with any friend or family member who wants to quit smoking.

"While you were speaking about this service, I remembered one of my friends who wanted to quit smoking for a very long time. My friends and I were thinking about different methods to help him/her, including medications and other methods. It is true that my friend has quited now, but if I knew about this service back then, I would have surely recommended it because the process would have been so much easier."

(Participant 1-Female non-user (smoker))

"I have saved and kept the quitline number in my phone so that whenever I come across a friend or a family member who wants to quit, I will give it to them and tell them to call because the quitline staff will help them with anything they can."

(Participant 6-Male Quitline user)

"Yes, sure, I already recommended my brother to call and use the quitline service."

(Participant 1-Male Quitline user)

Sub theme 3.3: Attitudes regarding the potential effectiveness of quitline service among non-user (smoker) participants

More than half of the non-user (smoker) participants have expressed their doubts about the effectiveness of the smoking cessation quitline service in Armenia. Among other reasons, they mostly mentioned the mentality of Armenians, especially among men, and resistance of older generations towards such services, and prior negative experience with similar services.

"I don't want to say that it is not going to be effective, but I think it will be a bit challenging, especially with the Armenian mentality. I think this type of program may have better outcomes in

more developed countries than in Armenia. I also think this service might be more useful for women compared to men."

(Participant 3-Male non-user (smoker))

"This project will only work for a special age group of people. I mean, it will not be understandable nor effective for an older age people, so I think maybe for 30-40% of the population it will be effective and useful."

(Participant 2- Male non-user (smoker))

"I think it might work for 50% of the population. With the Armenian mentality, it might be a bit challenging because they will hardly ever ask for some help to quit something."

(Participant 4- Female non-user (smoker))

"I have to say that I personally think that generally in Armenia, most of the quitline or hotline services do not work properly, regardless of what type of service they provide."

(Participant 2- Male non-user (smoker))

Regarding the question of the intention to use the quitline for the purposes of quitting smoking, almost everybody among the non-user participants mentioned that their willpower and determination would be enough the quit smoking on their own and that they do not need anybody's support and help. However, they added that if they fail to quit on their own, they will be willing to try the service to see if it can help them overcome the situation.

"I personally think that I will not need anybody's help and support if I ever decided to quit. However, if I feel like I cannot do this on my own and I need assistance, I will use It [quitline service]. Since you just mentioned that it is anonymous, I might decide to try it."

(Participant 5- Female non-user (smoker))

"I don't know about it. I am not sure what they can do for me and how they can help me to quit smoking."

(Participant 6- Male non-user (smoker))

6. Discussion

This study qualitatively explored the attitudes, expectations, and experiences of smoking cessation quitline users and/or smokers about the quitline service in Armenia. The utilization of qualitative research methods provided a unique chance to have a better insight into the needs, expectations, and any experiences of smokers and/or quitline users related to the smoking cessation quitline services in Armenia. The findings of this research would be beneficial for the service administrators and policymakers and would help to discover and address the program's current strengths, gaps, and deficiencies and contribute to the future improvement of this service in Armenia.

The study revealed the low level of awareness about the quitline services among the non-user participants. In general, both groups of participants have stated the need for increasing the quantity and quality of proper advertisement and promotion of the service. Interestingly, the existing literature has also proven that using advertising methods such as TV commercials, online advertisement, printed commercials in public places such as restaurants, and cigarette packages had positively affected on the increase of call numbers to the quitline.[21,38–40]

The positive experience and level of satisfaction were high among the quitline users regarding their overall experience with the quitline and its service features such as consultant, therapy (call) duration and quantity, and receiving follow-up calls after finishing their therapies via

quitline. The explored high satisfaction level can be explained by the quality of the quitline services that meet the users' needs. It might also be explained by the low expectations of the participants that were reported to be correlated with high satisfaction with the overall healthcare services in Armenia.[41]

The study revealed a stronger preference for telephone-based counseling mode over face-to-face sessions. This finding concurred in with the findings of another study concluding that telephone-based counseling was more effective compared to face-to-face counseling with the health care professionals.[42]

According to WHO, cognitive-behavioral tips allow individuals to reduce and/or overcome tobacco smoking cravings during and after the smoking cessation process.[43] Interestingly, the study results also indicated that predominant participants acknowledged and showed a very positive attitude/experience regarding learning and using these tips during the counseling sessions. The study demonstrated the underutilization of some of the offered quitline services, including referrals to physicians, pharmacotherapy, and request for mailed self-help materials. Except for one quitline user participant, everyone else noted that the option for referrals would be useful only for those who do not have enough willpower to quit smoking. Still, no one considered the need to use medications. Nevertheless, there is plentiful evidence that indicates the fact that using pharmacotherapy during the smoking cessation process increases the chances of successful completion of the quitting process. [44–46]

The vast majority of the total participants did not find that the provision of mailed self-help materials is a substantial effective intervention. This study finding is in line with the international

literature saying that there is the possibility that self-help materials might increase the smoking cessation rates; however, the impact of this intervention is expected to be only minor.[47]

Among the non-user participants, no one considered the need for using the quitline service as a means for smoking cessation due to reasons such as high trust and confidence in their willpower, not being aware of the services provided by quitline and its effectiveness and former negative experience of using different other hotlines (quitline), in Armenia. These findings were in line with the barriers and limitations of the quitline service mentioned by the WHO manual, *Developing and improving national toll-free tobacco quit line services*, including society's culture (asking for help from an unknown person (consultant) through phone calls), the lack of knowledge/awareness about the quitline services and their effectiveness, government sponsorship of the quitline service and any previous negative experience with other hotlines.[21] These limitations should be taken into consideration while designing targeted interventions for promoting quitline services in Armenia to increase the utilization and effectiveness of the service.

7. Study strengths and limitations

This was the first study in Armenia evaluating and investigating the strengths and gaps of the quitline service in Armenia and can serve as a valuable resource for the service administrators and future research. The study was conducted in close collaboration and with strong support from the NIH, MoH, which increased the thrustworthiness of the study findings and the potential for the implementation of the study recommendations.

Another strength of this research includes the study population. This study targeted both quitline user and non-user (smoker) participants who provided an opportunity to understand the attitudes

and expectations of both groups of participants, as well as to compare the expectations of the non-user (smoker) participants with the real-life experience of the quitline participants.

This study also had limitations that should be recognized and acknowledged. First, among the quitline user participants, there were only two (out of six) unsuccessful quitters and only one female participant. This fact limited the opportunity to discover more gaps or deficiencies of the quitline services as well as to explore the potential gender differences in attitudes, expectations, and experiences with quitline services. This study targeted only quitline users and smokers and didn't include other stakeholders. Including the quitline consultant, program coordinator, and other key informants which limited the the sources for triangulation and the credibility of the findings. The last limitation of this study was the sampling strategy for the quitline user participants. Due to the confidentiality reasons of the quitline service, the student investigator was not able to select the user participants directly, and the service consultant recruited the quitline user participants. Therefore, firstly, there is the possibility that the consultant was more prone to recruit those participants with whom she had better communication and consulting experience. Secondly, among the user-participants, there was a chance for the social-desirability bias because participants might have refused to share any negative experiences or opinions because they were afraid of disturbing their good connection and experience with the consultant and the service.

8. Recommendations

According to the main findings of this study following recommendations are proposed.

8.1 Future research

We recommend conducting further research on quitline services in Armenia that would involve other key stakeholders of the service (quitline consultants, policy makers, project coordinators, etc.). To explore more strengths, gaps, and limitations in the service, the new research should target a more diverse group of quitline users, including unsuccessful quitters and women.

8.2 Active promotion of the quitline service

To increase the utilization of quitline services and its effectiveness, the availability of the quitline services should be actively promoted among the general public. Potential channels for effective advertisement might include mass media and social media: (TV/ radio, Facebook, and Instagram advertisements), online resources (quitline website, online commercials), cigarette packs, and advertisements in public places (shopping malls, universities, dining places and also gyms).

8.3 Increase public awareness about smoking cessation

Among the findings of this study, it was indicated firstly, the non-user participants had doubts about the effectiveness of this service and were not sure if the service could have helped them to stop smoking. Secondly, among both groups of user and non-user participants, there was a lack of perceived need for evidence-based cessation methods such as pharmacotherapy and medical referrals, which led to the underutilization of these available services components. Therefore, it is important to educate and raise public awareness about the effectiveness of smoking cessation quitlines and also the different cessation methods, especially those that are offered by the quitline, through public awareness campaigns and other targeted interventions.

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Tables

Table 1. Demographic characteristics of study participants

Characteristics	Categories of Characteristics	Categories of Participants		
		Smokers (non-user)	Quitline user	Total
Number of Participants		7	6	13
Age (years) (Mean)		40.0	31.0	35.5
Sex	Female	3	1	4
	Male	4	5	9
Place of Residence	Yerevan	6	4	10
	Marz	1	2	3

Appendices

Appendix 1 . Quitline service consultant’s introductory call script (Armenian version)

Թեժ գծի խորհրդատուի սկրիպտ

Ողջույն, հարգելի պարոն/տիկին (Մասնակցի անունը), Ձեզ անհանգստացնում է Հայաստանում ծխելը դադարեցնելու թեժ գծի հոգեբան խորհրդատուն:

Ձանգահարել եմ ձեզ, որպեսզի տեղեկացնեմ Հայաստանի ամերիկյան համալսարանի Թրփանճեան առողջապահական գիտությունների ֆակուլտետի ուսանողուհի՝ Աղենա Ալլահվերդիանի կողմից իրականացվող հետազոտության մասին:

Մեր աջակցությամբ նա իրականացնում է մի հետազոտություն, որի նպատակն է հասկանալ թեժ գծի ծառայության ուժեղ կողմերը և թերությունները, ինչը կնպաստի Հայաստանում այս ծառայության հետագա բարելավմանը:

Այդ նպատակով նա ցանկանում է հրավիրել ձեզ մասնակցել իր հարցազրույցին: Նշեմ, որ հետազոտությանը մասկանցելու դեպքում պահպանվելու են ձեր անձի և անձնական տվյալների գաղտնիությունը:

Ձեր մասնակցությունը կներառի մեկանգամյա հարցազրույց, որը կտևի մոտավորապես 30 րոպեից մինչև մեկ ժամ: Հարցազրույցը կիրականացվի Ձեզ համար առավել հարմար եղանակով՝ հեռախոսազանգի կամ առերես հանդիպման միջոցով:

Ձեր փորձառությունը և կարծիքները շատ կարևոր են, քանի որ կնպաստեն Հայաստանում այս ծառայության հետագա բարելավմանը:

Համաձա՞յն եք, որ նա կապվի ձեզ հետ և ձեզ ավելի մանրամասն ներկայացնի հետազոտության մանրամասները:

Appendix 2. In-depth interview guide for smokers: (English and Armenian versions)

Interview ID (Number of the interview): ____

Interview start time: ____/____

Interview end time: ____/____

Interview date: ____/__/____

I. Attitude about the smoking behavior:

Thank you for agreeing to participate in the study. Let's start the interview by talking about your attitude about smoking

1. Could you please tell me about what do you think about smoking in general?
   (Probe: pros and cons of smoking, any adverse health effects, other adverse effects for example financial aspect)
2. Could you please describe your thoughts(feelings) about your personal smoking behavior?
   (Prob: do you like being a smoker, do you have any concerns about your smoking? How does it affect your/your family's life)?

II. Smoking cessation intentions and previous quitting attempts (experience):

Now I would like to talk a little bit about any of your past experience and intentions related to quitting smoking

3. Could you please tell me about what your family or friends (peers) think about your smoking?
4. Have your family or friends (peers) ever tried to encourage you to quit smoking?
   (Probe: Please describe what your family or friends (peers)have ever done to encourage you to quit smoking? How did you feel about their efforts to help you to quit?)
5. What are your general ideas about quitting smoking?

6. What have been your past experiences with quitting smoking? If you have any previous experience regarding quitting smoking, I would like to ask you to describe them. (3 probes)

Probe 1: If the participant has quit smoking:

7. What encouraged you (what was the motivation) that you decided to stop smoking?
8. What is your main reason for your decision of smoking cessation?
9. What do you think determined your success in quitting?

Probe 2: If the participant attempted but didn't succeed in quitting.

10. What encouraged you (what was the motivation) that you decided to stop smoking?
11. What is the main reason for your decision of smoking cessation?
12. Could you please tell me about the reasons that inhibited you from completing it?
13. What concerns do you have regarding quitting?
14. What do you think you would need to successfully stop smoking?

Probe 3: If the participant hasn't attempted to quit smoking

15. What is your current intention regarding quitting?
16. What prevents you from attempting to quit smoking?
17. What concerns do you have regarding quitting?

III. Attitude, expectation and experience regarding smoking cessation supporting services

18. Could you please tell me about your opinion regarding the motivating factors that can encourage a person to quit smoking?
19. What do you think about the need for any supporting services, such as a smoking cessation program or physician consultation, or do you think one should do it independently without any help?
20. What do you know about smoking cessation means available in Armenia? (Probe: Generally, any type of programs, consultations, or pharmacotherapy)?
21. Could you specify if, you have ever used any of the available smoking cessation means?

22. If you would ever like to use the current smoking cessation service or any available means to help you quit smoking what is your expectations of them, that can motivate you to use them?

IV. Attitude, expectation about the smoking cessation "Quitline":

So, my next questions, will be more concentrated on the smoking cessation quitline in Armenia.

23. What do you know about smoking cessation quitlines in Armenia? (Probe: How does it work? How much effective is it?) (If answer is nothing, then skip next question)
24. How did you find out about this program?

***A brief description of quitline and its provided services will be given to the participants before asking the questions**

25. Please describe what would be your expectation from quitline counselor?
    (Probe: What type of counseling do you expect to be provided for you? Is the gender of the counselor an important factor in your opinion?)
26. What would you think about the medical referral and medication support in the scope of the Quitline services? What expectations would you have in this regard?
27. What would be your attitude regarding receiving the counseling with any physical exercise option?
28. Which mode of counseling would be preferable to you: via phone call or face-to-face? In each answer option: could you specify why do you think this way?)
29. What do you think, would receiving written materials for raising awareness/ more support and helping you to qui be important or beneficial to you?
30. Will you ever use quitline services?
    (Probe: What can be done to motivate you to start using the quitline service to quit smoking?)
31. In your opinion, what is the best way to inform the public about this program?
32. What do you think regarding if the quitline services will be effective in Armenia? (In each answer option: could you specify why do you think this way?)

33. Is there anything else you would like to mention or talk about which we have not discussed during our interview?

Thank you very much for your participation!

Հարցազրույցի ուղեցույց ծխախոտ օգտագործող մասնակիցների համար:

Հարցազրույցի մասնակցի ID (հարցազրույցի համարը):_____

Հարցազրույցի ամսաթիվ:____/____/____

Հարցազրույցի սկիզբ: ____/____

Հարցազրույցի ավարտ: ____/____

I. Ծխելու վարքագծի նկատմամբ վերաբերմունքը

Շնորհակալ եմ Ձեզ, որ համաձայնեցիք մասնակցել այս հետազոտությանը: Սկսենք հարցազրույցը՝ խոսելով ծխելու վերաբերյալ ձեր կարծիքի և վերաբերմունքի մասին:

1. Խնդրում եմ, նկարագրե՞ք, թե ընդհանուր առմամբ ինչ եք մտածում ծխելու մասին: (Հուշում: ծխելու դրական և բացասական կողմերը, առողջական հետևանքները, և (կամ)այլ անբարենպաստ հետևանքները, օրինակ՝ ֆինանսական)
2. Խնդրում եմ, կարո՞ղ եք նկարագրել ձեր կարծիքը և զգացմունքները անձամբ ձեր ծխելու վարքագծի վերաբերյալ:
   (Հուշում : Ձեզ դուր գալի՞ս է ծխելը:Որևէ մտահոգություն ունե՞ք ձեր ծխելու վերաբերյալ: Ինչ եք կարծում ինչպե՞ս է դա ազդում ձեր կամ ձեր ընտանիքի կյանքի վրա:)

II. Ծխելը դադարեցնելու մտադրությունները և նախկինում ծխելը թողնելու փորձերը

Այժմ ես կցանկանայի մի փոքր խոսել ծխելը թողնելու հետ կապված ձեր նախկին փորձառության և մտադրությունների մասին:

3. Կարո՞ղ եք ասել, թե ինչ են մտածում Ձեր ընտանիքի անդամները կամ ընկերները Ձեր ծխելու մասին:
4. Ձեր ընտանիքի անդամները կամ ընկերները երբևէ փորձե՞լ են խրախուսել Ձեզ դադարեցնել ծխելը:

(Հուշում. Խնդրում եմ նկարագրեք, թե մասնավորապես ինչպես են Ձեր ընտանիքի անդամները կամ ընկերները Ձեզ խրախուսել թողնել ծխելը: Ինչպե՞ս եք վերաբերվում իրենց այդ ջանքերին:)

5. Ընդհանուր առմամբ ի՞նչ կարծիք ունեք ծխելը թողնելու վերաբերյալ:
6. Եթե նախկինում ծխելը թողնելու հետ կապված որևէ փորձ եք ունեցել, ես կցանկանայի ձեզ խնդրել նկարագրել դրանք: Ինչպիսի՞նն է ծխելը դադարեցնելու Ձեր փորձառությունը: (3 տարբերակ)

Տարբերակ 1. Եթե մասնակիցը թողել է ծխելը.

7. Ի՞նչը Ձեզ քաջալերեց թողնել ծխելը:
8. Ո՞րն էր ծխելը թողնելու Ձեր հիմնական դրդապատճառը:
9. Ի՞նչ եք կարծում, ո՞րն էր ծխելը թողնելու ձեր հաջողության գրավականը:

Տարբերակ 2. Եթե մասնակիցը փորձել է, բայց չի հաջողել դադարեցնել ծխելը:

10. Ի՞նչը Ձեզ քաջալերեց թողնել ծխելը:
11. Ո՞րն էր ծխելը թողնելու Ձեր դրդապատճառը:
12. Խնդրում եմ, կարո՞ղ եք պատմել թե ինչը խանգարեց Ձեզ վերջին հասցնել ծխելը դադարեցնելու ձեր նախորդ փորձը:
13. Այժմ ի՞նչ մտահոգություններ ունեք՝ ծխելը թողնելու հետ կապված:
14. Ի՞նչ եք կարծում, ինչը կօգնի Ձեզ հաջողությամբ դադարեցնել ծխելը:

Տարբերակ 3. Եթե մասնակիցը չի փորձել թողնել ծխելը

15. Ո՞րն է Ձեր ներկայիս մտադրությունը ծխելը դադարեցնելու վերաբերյալ:
16. Ի՞նչն է խանգարում Ձեզ ծխելը դադարեցնելու փորձ կատարել:
17. Ի՞նչ մտահոգություններ ունեք՝ ծխելը դադրացնելու հետ կապված:

III. Ծխելը դադարեցնելուն ուղղված աջակցող ծառայությունների նկատմամբ վերաբերմունք, ակնկալիք և փորձ

18. Խնդրում եմ, կարող եք ասել, թե ըստ Ձեզ, որո՞նք են ծխելը դադարեցնելու խրախուսող/մոտիվացնող գործոնները:

19. Ի՞նչ եք կարծում, արդյո՞ք անհրաժեշտ են ծխելը դադարեցնելուն ուղղված աջակցող ծառայություններ, ինչպիսիք օրինակ ծխելը դադարեցնելու ծրագիրը կամ բժշկի խորհրդատվությունը, թե՞ կարծում եք, որ պետք է դա անել ինքնուրույն՝ առանց որևէ օգնության:
20. Ի՞նչ գիտեք Հայաստանում ծխելը դադրացնելուն աջակցող գոյություն ունեցող միջոցների մասին:
    (Հուշում: օրինակ որևէ տեսակի ծրագիր, խորհրդատվություն կամ դեղորայքային բուժում):
21. Կարո՞ղ եք նշել, արդյոք երբևէ դիմելեք եք քայլերի/միջոցների ծխելը դադարեցնելու համար:
22. Ինչը՞ կարող է դրդել Ձեզ օգտվել ծխելը դադարեցնելուն աջակցող առկա ծառայությունից կամ միջոցներից: Եթե երբևիցե ցանկանաք օգտվել դրանցից ինչպիսի՞ ակնկալիքներ կունենաք նման ծառայություններից:

IV. Ծխելու դադարեցման թեժ գծի վերաբերյալ վերաբերմունքը և ակնկալիքները

Այսպիսով, իմ հաջորդ հարցերը Հայաստանում ծխելը դադարեցնելու թեժ գծի մասին են:

23. Ի՞նչ գիտեք Հայաստանում ծխելը դադարեցնելու թեժ գծի մասի՞ն:
    (Հուշում: Ինչպե՞ս է այն աշխատում: Որքանո՞վ է արդյունավետ:)

(***Եթե պատասխանը «<u>ոչինչ</u>» է, ապա բաց թողեք հաջորդ հարցը***)

24. Ինչպե՞ս եք տեղեկացել Հայաստանում ծխելը դադարեցնելու թեժ գծի ծառայության մասին:

****Հարցերը տալուց առաջ մասնակիցներին կտրվի ծխելը դադարեցնելու թեժ գծի և դրա մատուցվող ծառայությունների համառոտ նկարագրությունը:***

25. Խնդրում եմ նկարագրեք, թե ի՞նչ ակնկալիքներ կունենաք ծխելը դադարեցնելու թեժ գծի խորհրդատուից:

(Հուշում. Ինչպիսի՞ խորհրդատվություն եք ակնկալում, որ Ձեզ տրամադրեն: Որքանո՞վ կարևոր կլինի խորհրդատուի սեռը : Խնդրում եմ մանրամասնել)

26. Ի՞նչ եք կարծում ծխելը դադարեցնելու թեժ գծի ծառայությունների շրջանակում բժշկական ուղղորդման և դեղորայքային աջակցության մասին: Ի՞նչ ակնկալիքներ ունե՞ք այս առումով:
27. Ինչպես կվերաբերվեք խորհրդատվության հետ համատեղ ֆիզիկական վարժություններ անցկացնելու տարբերակին:
28. Խորհրդատվության ո՞ր եղանակն է Ձեզ համար նախընտրելի՝ հեռախոսազանգ, թե առերես: (*Յուրաքանչյուր պատասխանի տարբերակում*. կարո՞ղ եք նշել, թե ինչու եք այդպես մտածում):
29. Ինչ եք կարծում, արդյո՞ք ծխելը դադարեցնելու վերաբերյալ տեղեկատվական նյութերը օգտակար կլինեին Ձեր իրազեկվածությունը բարձրացնելու, և ծխելը դադարեցնելուն աջակցելու համար:
30. Երբևէ կօգտվե՞ք ծխելը դադարեցնելու թեժ գծի ծառայություններից: (Հուշում. Ի՞նչը կդրդի Ձեզ դիմել ծխելը դադարեցնելու թեժ գծի ծառայության օգնությանը):
31. Ձեր կարծիքով, ո՞րն է այս ծրագրի մասին հանրությանը իրազեկելու լավագույն միջոցը:
32. Ի՞նչ եք կարծում, արդյո՞ք ծխելը դադարեցնելու թեժ գծի կիրառումը Հայաստանում արդյունավետ կլինի: (Յուրաքանչյուր պատասխանի տարբերակում. կարո՞ղ եք նշել, թե ինչու եք այդպես կարծում):
33. Կա՞ որևէ այլ բան, որի մասին մենք չենք խոսել, բայց կարծում եք, որ կարևոր է և կցանկանայիք նշել կամ ավելացնել:

Շնորհակալություն հարցազրույցին մասնակցելու համար:

Appendix 3. In-depth interview guide for quitline users: (English and Armenian versions)

Interview ID (Number of the interview): _____

Interview start time: ____/____

Interview end time: ____/____

Interview date: ____/____/____

I. Attitude about the smoking behavior:

Thank you for agreeing to participate in the study. Let's start the interview by talking about your attitude about smoking

1. Could you please tell me about what do you think about smoking in general?
   (Probe: pros and cons of smoking, any adverse health effects, other adverse effects for example financial aspect)
2. Could you please describe your thoughts (feelings) about your personal smoking behavior?
   (Prob: do you like being a smoker, do you have any concerns about your smoking? How does it affect your/your family's life?)

II. Smoking cessation intentions and previous quitting attempts (experience):

Now I would like to talk a little bit about any of your past experience related to quitting smoking and your intentions about it.

3. Could you please tell me about what your family or friends (peers) think about your smoking?
4. Have your family or friends (peers) ever tried to encourage you to quit smoking?

(Probe: Please describe what your family or friends (peers)have ever done to encourage you to quit smoking? How did you feel about their efforts to help you to quit?)

5. What are your general ideas about quitting smoking?

6. What have been your past experiences with quitting smoking? If you have any previous experience regarding quitting smoking, I would like to ask you to describe them. (3 probes)

Probe 1: If the participant has quit smoking:

7. What encouraged you (what was the motivation) that you decided to stop smoking?
8. What is your main reason for your decision of smoking cessation?
9. What do you think determined your success in quitting?

Probe 2: If the participant attempted but didn't succeed in quitting.

10. What encouraged you (what was the motivation) that you decided to stop smoking?
11. What is the main reason for your decision of smoking cessation?
12. Could you please tell me about the reasons that inhibited you from completing it?
13. What concerns do you have regarding quitting?
14. What do you think you would need to successfully stop smoking?

Probe 3: If the participant hasn't attempted to quit smoking

15. What is your current intention regarding quitting?
16. What prevents you from attempting to quit smoking?
17. What concerns do you have regarding quitting?

III. Attitude, expectation and experience regarding smoking cessation supporting services

18. Could you please tell me about your opinion regarding the motivating factors that can encourage a person to quit smoking?
19. What do you think about the need for any supporting services, such as a smoking cessation program or physician consultation, or do you think one should do it independently without any help?
20. What do you know about smoking cessation services available in Armenia? (Probe: Generally, any type of programs, consultations, or pharmacotherapy)?
21. Could you specify if, aside from the quitline, you have ever used any of the available smoking cessation means in Armenia?

22. If you would ever like to use the current smoking cessation service or any available means to help you quit smoking what is your expectations of them, that can motivate you to use them?
    (Probe: If the participant has already quit smoking these questions can be asked to clarify what the participant might need in order to help him maintain his status)

IV. Attitude, experience, expectation about the smoking cessation "Quitline":

So, my next questions, will be more concentrated on the smoking cessation quitline in Armenia.

23. How did you find out about smoking cessation quitline services in Armenia?
24. What do you know about smoking cessation quitline in Armenia?
    (Probe: How does it work? How much effective is it?)
25. Could you, please tell us generally about your experience with smoking cessation quitline service?
    (Probe: Was your experience successful? Please elaborate. Did you find this service to be effective? Why yes or why not?)
26. Could you describe your opinion about receiving phone call-based counseling?
    (Probe: do you think they would have been more effective if they were face-to-face or via video call?)
27. Could you please describe your thoughts/ feelings about the quitline counselor professionalism and the quality of the counseling sessions?
    (Probe: Was she able to interact with you effectively? Currently the quitline only has female counselor, do you think if it would have been better if there were male counselors as well?)
28. Please tell me what do you think about the number of sessions that you had and also the duration of each session? Would you like to change anything in this regard?
29. Could you please tell me about the follow-up call that the service provides after the final call? Did you receive them? Did you find it useful? Why or why not?
30. Have you been referred to a physician from the quitline service? If yes, tell me your opinion about this experience? If no, do you think this might be useful?

31. I wonder if you received additional printed materials and interactive exercises during the service. If yes, tell me your opinion about these materials. If no, do you think they might be useful? What do you think about these elements of the service?
32. Please tell me what you did like the most while using smoking cessation quitline services?
33. I would like to ask about any problems which you faced while using smoking cessation quitline services
34. Regarding the features we have discussed, what suggestions or recommendations do you have about them in order to improve and make them more effective?
35. In your opinion, what is the best way to introduce this program to the public?
36. Would you introduce this service to your family and friends who would like to quit smoking?
37. Is there anything else you would like to mention or talk about which we have not discussed during our interview?

Thank you very much for your participation!

Հարցազրույցի ուղեցույց ծխելը դադարեցնելու թեժ գծից օգտվող մասնակիցների համար:

Հարցազրույցի մասնակցի ID (հարցազրույցի համարը): _____

Հարցազրույցի ամսաթիվ:____/____/____

Հարցազրույցի սկիզբ: ____/____

Հարցազրույցի ավարտ: ____/____

I. Ծխելու վարքագծի նկատմամբ վերաբերմունքը:

Շնորհակալ եմ Ձեզ, որ համաձայնեցիք մասնակցել այս հետազոտությանը: Սկսենք հարցազրույցը՝ խոսելով ծխելու վերաբերյալ ձեր կարծիքի և վերաբերմունքի մասին:

1. Խնդրում եմ, նկարագրե՞ք, թե ընդհանուր առմամբ ինչ եք մտածում ծխելու մասին: (Հուշում: ծխելու դրական և բացասական կողմերը, առողջական հետևանքները, և (կամ) այլ անբարենպաստ հետևանքները, օրինակ՝ ֆինանսական)
2. Խնդրում եմ, կարո՞ղ եք նկարագրել ձեր կարծիքը և զգացմունքները անձամբ ձեր ծխելու վարքագծի վերաբերյալ:
   (Հուշում : Ձեզ դուր գալի՞ս է ծխելը: Որևէ մտահոգություն ունե՞ք ձեր ծխելու վերաբերյալ: Ինչ եք կարծում ինչպե՞ս է դա ազդում ձեր կամ ձեր ընտանիքի կյանքի վրա:)

II. Ծխելը դադարեցնելու մտադրությունները և նախկինում ծխելը թողնելու փորձերը

Այժմ ես կցանկանայի մի փոքր խոսել ծխելը թողնելու հետ կապված ձեր նախկին փորձառության և մտադրությունների մասին:

3. Կարո՞ղ եք ասել, թե ինչ են մտածում Ձեր ընտանիքի անդամները կամ ընկերները Ձեր ծխելու մասին:
4. Ձեր ընտանիքի անդամները կամ ընկերները երբևէ փորձե՞լ են խրախուսել Ձեզ դադարեցնել ծխելը:(Հուշում. Խնդրում եմ նկարագրեք, թե մասնավորապես ինչպես

են Ձեր ընտանիքի անդամները կամ ընկերները Ձեզ խրախուսել թողնել ծխելը: Ինչպե՞ս եք վերաբերվում իրենց այդ ջանքերին:)

5. Ընդհանուր առմամբ ի՞նչ կարծիք ունեք ծխելը թողնելու վերաբերյալ:
6. Եթե նախկինում ծխելը թողնելու հետ կապված որևէ փորձ եք ունեցել, ես կցանկանայի ձեզ խնդրել նկարագրել դրանք: Ինչպիսի՞նն է ծխելը դադարեցնելու Ձեր փորձառությունը: (3 տարբերակ)

Տարբերակ 1. Եթե մասնակիցը թողել է ծխելը.

7. Ի՞նչը Ձեզ քաջալերեց թողնել ծխելը:
8. Ո՞րն էր ծխելը թողնելու Ձեր հիմնական դրդապատճառը:
9. Ի՞նչ եք կարծում, ո՞րն էր ծխելը թողնելու ձեր հաջողության գրավականը:

Տարբերակ 2. Եթե մասնակիցը փորձել է, բայց չի հաջողել դադարեցնել ծխելը:

10. Ի՞նչը Ձեզ քաջալերեց թողնել ծխելը:
11. Ո՞րն էր ծխելը թողնելու Ձեր դրդապատճառը:
12. Խնդրում եմ, կարո՞ղ եք պատմել թե ինչը խանգարեց Ձեզ վերջին հասցնել ծխելը դադարեցնելու ձեր նախորդ փորձը:
13. Այժմ ի՞նչ մտահոգություններ ունեք՝ ծխելը թողնելու հետ կապված:
14. Ի՞նչ եք կարծում, ինչը կօգնի Ձեզ հաջողությամբ դադարեցնել ծխելը:

Տարբերակ 3. Եթե մասնակիցը չի փորձել թողնել ծխելը

15. Ո՞րն է Ձեր ներկայիս մտադրությունը ծխելը դադարեցնելու վերաբերյալ:
16. Ի՞նչն է խանգարում Ձեզ ծխելը դադարեցնելու փորձ կատարել:
17. Ի՞նչ մտահոգություններ ունեք՝ ծխելը դադրացնելու հետ կապված:

III. Ծխելը դադարեցնելուն ուղղված աջակցող ծառայությունների նկատմամբ վերաբերմունք, ակնկալիք և փորձ

18. Խնդրում եմ, կարող եք ասել, թե ըստ Ձեզ, որո՞նք են ծխելը դադարեցնելու խրախուսող/մոտիվացնող գործոնները:
19. Ի՞նչ եք կարծում, արդյո՞ք անհրաժեշտ են ծխելը դադարեցնելուն ուղղված աջակցող ծառայություններ, ինչպիսիք օրինակ ծխելը դադարեցնելու ծրագիրը կամ

բժշկի խորհրդատվությունը, թե՞ կարծում եք, որ պետք է դա անել ինքնուրույն՝ առանց որևէ օգնության:

20. Ի՞նչ գիտեք Հայաստանում ծխելը դադրացնելուն աջակցող գոյություն ունեցող միջոցների մասին:
    (Հուշում: օրինակ որևէ տեսակի ծրագիր, խորհրդատվություն կամ դեղորայքային բուժում):
21. Կարո՞ղ եք նշել, արդյոք, բացառությամբ ծխելը դադարեցնելու թեժ գծից, երբևէ օգտագործե՞լ եք Հայաստանում ծխելը դադարեցնելու հասանելի այլ միջոցներից:
22. Ինչը՞ կարող է դրդել Ձեզ օգտվել ծխելը դադարեցնելուն աջակցող առկա ծառայությունից կամ միջոցներից: Եթե երբևիցե ցանկանաք օգտվել դրանցից ինչպիսի՞ ակնկալիքներ կունենաք նման ծառայություններից:
    (Հուշում: Եթե մասնակիցն արդեն թողել է ծխելը, այս հարցերը կարող են տրվել՝ պարզաբանելու համար, թե ինչ կարող է անհրաժեշտ լինել մասնակցին, որպեսզի օգնի նրան պահպանել իր կարգավիճակը:)

IV. Վերաբերմունք,ակնկալիք և փորձառությունը ծխելը դադարեցնելու թեժ գծի վերաբերյալ

Այժմ եկեք ավելի մանրամասն խոսենք Հայաստանում ծխելը դադարեցնելու թեժ գծի մասին:

23. Ինչպե՞ս եք տեղեկացել Հայաստանում ծխելը դադարեցնելու թեժ գծի ծառայության մասին:
24. Ի՞նչ գիտեք Հայաստանում ծխելը դադարեցնելու թեժ գծի մասին:
    (Հուշում: Ինչպե՞ս է այն աշխատում: Որքանո՞վ է դա արդյունավետ):
25. Խնդրում եմ, պատմեք ծխելը դադարեցնելու թեժ գծի ծառայությունից օգտվելու ձեր փորձառության մասին::
    (Հուշում. Ձեր փորձը հաջո՞ղ էր: Խնդրում ենք մանրամասնել: Դուք կարծու՞մ եք, որ այս ծառայությունն արդյունավետ է: Ինչո՞ւ այո կամ ինչու ոչ:)
26. Ի՞նչ կարծիք ունեք հեռախոսազանգերի միջոցով խորհրդատվություն ստանալու մասին:

(Հուշում ինչ եք կարծում, արդյո՞ք խորհրդատվությունն էլ ավելի արդյունավետ կլիներ, եթե անցկացվեր դեմ առ դեմ կամ տեսազանգի միջոցով):

27. Խնդրում եմ, կարո՞ղ եք նկարագրել ձեր տպավորությունները թեժ գծի խորհրդատուի մասնագիտական հմտություն և խորհրդատվական զանգերի որակի վերաբերյալ:
    (Հուշում. Արդյո՞ք նա հաջողեց արդյունավետ կերպով շփվել/կապ հաստատել ձեզ հետ:Ներկայում թեժ գիծն ունի միայն կին խորհրդատու, ի՞նչ եք կարծում, եթե լինեին նաև տղամարդ խորհրդատուներ):
28. Խնդրում եմ մեկնաբանեք, ձեր անցկացրած զանգերի քանակի և յուրաքանչյուր զանգի տևողության մասին: Կցանկանա՞ք ինչ-որ բան փոխել այս առումով:
29. Եկեք խոսենք այն հետադարձ զանգի մասին, որը ծառայությունը տրամադրում է խորհրդատվությունն ամբողջությամբ ավարտելուց հետո: Դուք ստացե՞լ եք այդ հետադարձ զանգը: Ձեզ համար այն օգտակա՞ր էր: Ինչո՞ւ այո կամ ինչու ոչ:
30. Արդյո՞ք ձեզ թեժ գիծն ուղղորդել է որևէ բժշկի մոտ: Եթե այո, կպատմե՞ք Ձեր այդ փորձառության մասին: Եթե ոչ, ի՞նչ եք կարծում, դա որևէ առումով կարո՞ղ էր օգտակար լինել:
31. Կարող եք ասել, ծառայության ընթացքում ստացել ե՞ք լրացուցիչ տպագիր նյութեր և կամ ունեցե՞լ եք ինտերակտիվ վարժություններ: Եթե այո, ապա ինչպիսի՞ կարծիք ունեք այդ նյութերի և վարժությունների մասին: Եթե ոչ, ի՞նչ եք կարծում, դրանք կարող էին օգտակար լինել:
32. Խնդրում եմ՝ ասեք, թե ի՞նչն է Ձեզ ամենաշատը դուր եկել ծխելը դադարեցնելու թեժ գծի ծառայություններից օգտվելիս:
33. Ինչպիսի՞ խնդիրներ եք հանդիպել, ծխելը դադարեցնելու թեժ գծիծառայություններից օգտվելիս:
34. Ինչ վերաբերում է թեժ գծի ծառայության մեր քննարկած այս առանձնահատկություններին, ի՞նչ առաջարկություններ ունեք դրանք բարելավելու և ավելի արդյունավետ դարձնելու ուղղությամբ:
35. Ձեր կարծիքով ո՞րն է թեծ գծի ծառայության մասին հանրությանը իրազեկելու լավագույն միջոցը:

36. Խորհուրդ կտայիք այս ծառայությունը Ձեր ընտանիքի անդամներին կամ ընկերներին, ովքեր կցանկանային թողնել ծխելը:
37. Կա՞ որևէ այլ բան, որի մասին մենք չենք խոսել, բայց կարծում եք, որ կարևոր է և կցանկանայիք նշել կամ ավելացնել:

Շնորհակալություն հարցազրույցին մասնակցելու համար:

Appendix 4. Socio-demographic question form: (English and Armenian versions)

Interviewee ID (Number of the interview): _____

Interview start time: _____/_____

Interview end time: _____/_____

Date of the interview: _____/_____/_____

1. Gender (Do not read): 1. Female 2. Male
2. Age: _____
3. Place of residence: 1. Yerevan 2. Marz (specify) ----------
4. Could you please specify how many years have you been smoking?
5. Could you please specify what type of tobacco product have you been smoking?
   1. Cigarette
   2. Hookah
   3. Pipe
   4. Cigar
   5. Electronic cigarettes (Vape)
   6. Heated tobacco product (IQOS)
6. What is your current intention/ status for smoking cessation?
   1. I do not have any intentions to quit smoking
   2. I have quitted smoking (within the last 6 months or more)
   3. I have intention to quit (ready to quit)

Ժողովրդագրական հարցաթերթիկ

Հարցազրույցի մասնակցի ID (հարցազրույցի համարը)։ _____

Հարցազրույցի մեկնարկի ժամը։ _____/_____

Հարցազրույցի ավարտի ժամը։_____/_____

Հարցազրույցի ամսաթիվը։ _____/_____/_____

1. Սեռ. (Չկարդալ): 1. Իգական 2. Արական
2. Տարիքը։ _____
3. Բնակության վայրը։ 1. Երևան 2. Մարզ (նշել) ----------
4. Կարո՞ղ եք նշել, թե քանի տարի, որ դուք ծխախոտ եք օգտագործու՞մ :
5. Կարո՞ղ եք նշել, թե ինչ տեսակի ծխախոտային արտադրանք եք օգտագործում:

   1. Ծխախոտ (Սիգարետ) 2. Նարգիլա 3. Ծխամորճ (Տրուբկա)

   4. Սիգար 5. Էլեկտրոնային սիգարետ (Վէյփ) 6. Տաքացվող ծխախոտային արտադրատեսակ (IQOS)
6. Ինչպիսին է ձեր ծխելը դադարեցնելու ներկայիս մտադրությունը:

   1. Ծխելը դադարեցնելու մտադրություն չունեմ

   2. Դադարեցրել եմ ծխելը (վերջին 6 ամիսների ընթացքում կամ ավելի)

   3. Մտադիր եմ դադարեցնել ծխելը

Appendix 5. Informed Consent Form for smokers: (English and Armenian versions)

American University of Armenia

Turpanjian College of Health Sciences

Institutional Review Board # 1

Informed Consent Form

"Attitudes, Expectations, and Experiences of Smoking Cessation Quitline Users and/or Smokers About the Quitline Services in Armenia: A Qualitative Study"

Hello, my name is Adena Alahverdian. I am a second-year master's student in the Turpanjian College of Health Science at the American University of Armenia (AUA). As a part of my thesis project, I am conducting a qualitative study, which aims to explore the "Attitudes, expectations, and experienceu of smoking cessation quitline users and/or smokers about the quitline services in Armenia"

You are one of the several participants who have been invited to this study. I am inviting you to participate in this study because you live in Armenia, and you are a daily smoker. The interview will take approximately 45 minutes and will be conducted only once.

During this interview, I will ask you about your attitude about the smoking behavior, smoking cessation intentions and previous quitting attempts (experience), attitude, expectation and experience regarding smoking cessation supporting services, attitude, expectation about the smoking cessation quitline.

Your participation in this interview is completely voluntary. You may refuse to answer to any of the questions which you do not feel comfortable answering, you can also stop the interview at any time. Stopping the interview or refusing to answer any questions will not carry any consequences and will not effect on your future use of this service. There are no personal benefits or financial compensation for participating in this interview; however, your sincere answers will help us to a have a better understanding of the quitline service in Armenia, which will allow us to address the strengths, gaps and deficiencies of this program and also contribute to the future improvement and effectiveness of quitline services.

With your permission, I wish to audio-record the interview, and I would also like to take notes to make sure that I will not miss any details of the valuable information which you will share with me. If you disagree with the audio recording, only field notes will be taken during our interview. All the information given by you will stay completely confidential. No identifying information such as your name/family name or contact information will not be recorded and mentioned anywhere. Only a summary of the findings from all interviews will be presented in the final

report of my thesis. For reporting the final project findings, some quotes from the interview may be used; however, I assure anonymity. My notes and the recording files will be kept on my password-protected computer, and only the research team and I will have access to these files. All the documents which include identifiable information such as your name, contact number and audio-recording will be destroyed after the study is completed.

If you have any questions regarding this study, you can call Dr. Varduhi Petrosyan, the Dean of the College of Health Sciences of the American University of Armenia, (00374) 60 61 25 92. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Ms. Varduhi Hayrumyan, the Human Participant Protections administrator of Institutional Review Board of the American University of Armenia (00374) 60 612561. The principal investigator of the study is Dr. Arusyak Harutyunyan.

Before we start, I would like to make sure that I clearly explained all the information which might interest you. Please let me know if you have any further questions.

Furthermore, once again I would like to check for your eligibility to participate in this study, hence I would like you to confirm if you are 18 years old and above and that you are a daily smoker?

Do you agree to participate in the study? If Yes, shall we continue? If you agree, may I turn on the recorder?

If No, I will only take the field notes if you do not mind.

Thank you so much! Shall we start?

Հայաստանի ամերիկյան համալսարան

Թրպանճեան առողջապահական գիտությունների ֆակուլտետ

Գիտահետազոտական էթիկայի թիվ 1 հանձնաժողով

Իրազեկ համաձայնության ձև

«Ծխողների և/կամ ծխելը դադարեցնելու թեժ գծի ծառայությունից օգտվող անձանց կարծիքները, ակնկալիքները և փորձառությունները Հայաստանում թեժ գծի ծառայության վերաբերյալ. որակական հետազոտություն»

Ողջույն, ես Ադենա Ալահվերդյանն եմ: Ես Հայաստանի ամերիկյան համալսարանի (ՀԱՀ) Թրփանճեան առողջապահական գիտությունների ֆակուլտետի ավարտական կուրսի ուսանողուհի եմ: Իմ մագիստրոսական թեզի շրջանակներում ես ներկայումս իրականացնում եմ մի հետազոտություն որի նպատակն է ուսումնասիրել ծխողների ինչպես նաև ծխելը դադարեցնելու նպատակով թեժ գծի ծառայությունից օգտված անձանց կարծիքները, վերաբերմունքն ու ակնկալիքները՝ Հայաստանում ծխելը դադարեցնելու թեժ գծի ծառայության վերաբերյալ:

Դուք և այլ անձինք, հրավիրված եք մասնակցել այս ուսումնասիրությանը, քանի որ դուք բնակվումեք Հայաստանում և օգտագործում եք ծխախոտ ամեն օր: Հարցազրույցը կտևի մոտավորապես 45 րոպե և կանցկացվի միայն մեկ անգամ: Հարցազրույցի ընթացքում կխոսենք ծխելու վերաբերյալ ձեր կարծիքի, ծխելը դադարեցնելու ձեր մտադրությունների և նախկին փորձերի մասին: Նաև կքննարկենք Ձեր կարծիքը ակնկալիքները և ծխելը դադարեցնելու թեժ գծի ինչպես նաև այլ աջակցող ծառայությունների վերաբերյալ:

Ձեր մասնակցությունն այս հարցազրույցին լիովին կամավոր է: Դուք իրավունք ունեք բաց թողնել այն բոլոր հարցերը, որոնց չեք ցանկանա պատասխանել և նաև իրավունք ունեք ցանկացած պահիդադարեցնել հարցազրույցը: Հարցազրույցից հրաժարվելը, այն ցանկացած պահի դադարեցնելը կամ որևէ հարցի պատասխանելուց հրաժարվելը որևէ հետևանք չի ունենա ձեզ համար ինչպես նաև որևէ կերպ չի անդրադառնա հետագայում այդ ծառայությունից օգտվելու վրա: Այս հարցազրույցին մասնակցելու համար անձնական օգուտներ կամ ֆինանսական փոխհատուցումներ չեն լինելու: Սակայն, ձեր անկեղծ պատասխանները կօգնեն մեզ ավելի լավ պատկերացում կազմել Հայաստանում ծխելը դադարեցնելու թեժ գծի ծառայության մասին, ծանոթանալ դրա ուժեղ և թույլ կողմերին ,

ինչը կնպաստի ծխելը դադարեցնելու թեժ գծի ծառայության և դրա արդյունավետության հետագա բարելավմանը:

Ձեր թույլտվությամբ ես ցանկանում եմ ձայնագրել հարցազրույցը, ինչպես նաև գրառումներ կատարել՝ որպեսզի բաց չթողնեմ որևէ արժեքավոր տեղեկություն: Եթե համաձայն չեք ձայնագրության հետ, միայն գրառումներ կարվեն մեր հարցազրույցի ժամանակ: Ձեր կողմից տրված տեղեկությունը կմնա ամբողջովին գաղտնի: Ձեր անձը նույնականացնող ոչ մի տվյալ ինչպիսիք են ձեր անունը/ազգանունը կամ կոնտակտային տվյալները, չեն գրանցվի և նշվի որևէ տեղ: Հետազոտության արդյունքները կներկայացվեն ամփոփ զեկույցում, որտեղ կօգտագործվեն հարցազրույցներից խոսքի մեջբերումներ՝ պահպանելով անանունությունը: Իմ նշումները և ձայնագրությունները կպահվեն գաղտնաբառով պաշտպանված համակարգչում, և հասանելի կլինեն միայն ինձ և հետազոտական թիմին: Բոլոր նույնականացնող տվյալները, ինչպիսիք են ձեր անունը, կոնտակտային համարը և աուդիո ձայնագրությունը կոչնչացվեն ուսումնասիրության ավարտից հետո:

Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել Հայաստանի ամերիկյան համալսարանի Թրփանճեան առողջապահական գիտությունների ֆակուլտետի դեկան Վարդուհի Պետրոսյանին հետևյալ հեռախոսահամարով՝ 060 61 2592: Եթե կարծում եք, որ այս հետազոտության շրջանակներում Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, Դուք կարող եք դիմել Հայաստանի ամերիկյան համալսարանի գիտահետազոտական էթիկայի հանձնաժողովի համակարգող՝ Վարդուհի Հայրումյանին (374-60) 612561 հեռախոսահամարով:

Ծրագրի գլխավոր հետազոտող է հանդիսանում Արուսյակ Հարությունյանը:

Նախքան սկսելը, ես կցանկանայի համոզվել, որ հստակ ներկայացրել եմ ձեզ հետաքրքրող բոլոր մանրամասները: Լրացուցիչ հարցեր ունենալու դեպքում խնդրում եմ ինձ տեղյակ պահեք:

Նաև, ևս մեկ անգամ ես կցանկանայի հարցնել արդյոք 18 տարեկան և/կամ բարձր եք և արդյո՞ք օգտագործում եք ծխախոտ ամենօր:

Համաձա՞յն եք մասնակցել ուսումնասիրությանը: Եթե այո, կարողենք շարունակե՞նլ: Եթե համաձայն եք, կարո՞ղ եմ միացնել ձայնագրիչը:

Եթե ոչ, միայն գրառումներ կարվեն, եթե դեմ չեք:

Շնորհակալություն: Կարո՞ղ ենք սկսե՞լ:

Appendix 6. Informed Consent Form for quitline users: (English and Armenian versions)

American University of Armenia
Turpanjian College of Health Sciences
Institutional Review Board # 1

Informed Consent Form

"Attitudes, Expectations, and Experiences of Smoking Cessation Quitline Users and/or Smokers About the Quitline Services in Armenia: A Qualitative Study"

Hello, my name is Adena Alahverdian. I am a second-year master's student in the Turpanjian College of Health Science at the American University of Armenia (AUA). As a part of my thesis project, I am conducting a qualitative study, which aims to explore the "Beliefs, attitudes, and expectations of smoking cessation quitline among smokers in Armenia."

You are one of the several participants who have been invited to this study. I am inviting you to participate in this study because you live in Armenia and have used the smoking cessation quitline services in Armenia. The interview will take approximately 45 minutes and will be conducted only once.

During this interview, I will ask you about your attitude about the smoking behavior, smoking cessation intentions and previous quitting attempts (experience), attitude, expectation and experience regarding smoking cessation supporting services, attitudes, expectations, and experiences about the smoking cessation quitline.

Your participation in this interview is completely voluntary. You may refuse to answer to any of the questions which you do feel comfortable answering, you can also stop the interview at any time. Stopping the interview or refusing to answer any questions will not carry any consequences and will not effect on your future use of this service. There are no personal benefits or financial compensation for participating in this interview; however, your sincere answers will help us to a have a better understanding and of the quitline program in Armenia, which will allow us to address the strengths, gaps and deficiencies of this program and also contribute to the future improvement and effectiveness of quitline services.

With your permission, I wish to audio-record the interview, and I would also like to take notes to make sure that I will not miss any details of the valuable information which you will share with me. If you disagree with the audio recording, only field notes will be taken during our interview. All the information given by you will stay completely confidential. No identifying information such as your name/family name or contact information will not be recorded and mentioned anywhere. Only a summary of the findings from all interviews will be presented in the final report of my thesis. For reporting the final project findings, some quotes from the interview may be used; however, I assure anonymity. My notes and the recording files will be kept on my password-protected computer, and only the research team and I will have access to these files. All the documents which include identifiable information such as your name, contact number and audio-recording will be destroyed after the study is completed.

If you have any questions regarding this study, you can call Dr.Varduhi Petrosyan, the Dean of the College of Health Sciences of the American University of Armenia, (00374) 60 61 25 92. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Ms. Varduhi Hayrumyan, the Human Participant Protections administrator of Institutional Review Board of the American University of Armenia (00374) 60 612561. The principal investigator of the study is Dr. Arusyak Harutyunyan.

Before we start, I would like to make sure that I clearly explained all the information which might interest you. Please let me know if you have any further questions.

Furthermore, once again I would like to check for your eligibility to participate in this study, hence I would like you to confirm if you are 18 years old and above and that you have used the smoking cessation quitline services in Armenia?

Do you agree to participate? If Yes, shall we continue? If you agree, may I turn on the recorder?

If No, I will only take the field notes if you do not mind.

Thank you so much! Shall we start?

Հայաստանի ամերիկյան համալսարան
Թրպանճեան առողջապահական գիտությունների ֆակուլտետ
Գիտահետազոտական էթիկայի թիվ 1 հանձնաժողով
Իրազեկ համաձայնության ձև

«Ծխողների և/կամ ծխելը դադարեցնելու թեժ գծի ծառայությունից օգտվող անձանց կարծիքները, ակնկալիքները և փորձառությունները Հայաստանում թեժ գծի ծառայության վերաբերյալ. որակական հետազոտություն»

Ողջույն, ես Աղենա Ալահվերդյանն եմ: Ես Հայաստանի ամերիկյան համալսարանի (ՀԱՀ) Թրփանճեան առողջապահական գիտությունների ֆակուլտետի ավարտական կուրսի ուսանողուհի եմ: Իմ մագիստրոսական թեզի շրջանակներում ես ներկայումս իրականացնում եմ մի հետազոտություն, որի նպատակն է ուսումնասիրել ծխողների ինչպես նաև ծխելը դադարեցնելու նպատակով թեժ գծի ծառայությունից օգտված անձանց կարծիքները, վերաբերմունքն ու ակնկալիքները՝ Հայաստանում ծխելը դադարեցնելու թեժ գծի ծառայության վերաբերյալ:

Դուք և այլ անձինք, հրավիրված եք մասնակցել այս ուսումնասիրությանը, քանի որ դուք բնակվում եք Հայաստանում և օգտվել եք ծխելը դադարեցնելու թեժ գծի ծառայությունից Հայաստանում: Հարցազրույցը կտևի մոտավորապես 45 րոպե և կանցկացվի միայն մեկ անգամ:

Հարցազրույցի ընթացքում կխոսենք ծխելու վերաբերյալ ձեր կարծիքի, ծխելը դադարեցնելու ձեր մտադրությունների և նախկին փորձերի մասին: Նաև կքննարկենք Ձեր կարծիքը, ակնկալիքները և փորձառությունը ծխելը դադարեցնելու թեժ գծի ինչպես նաև այլ աջակցող ծառայությունների վերաբերյալ:

Ձեր մասնակցությունն այս հարցազրույցին լիովին կամավոր է: Դուք իրավունք ունեք բաց թողնել այն բոլոր հարցերը, որոնց չեք ցանկանա պատասխանել և նաև իրավունք ունեք ցանկացած պահի դադարեցնել հարցազրույցը: Հարցազրույցից հրաժարվելը, այն ցանկացած պահի դադարեցնելը կամ որևէ հարցի պատասխանելուց հրաժարվելը որևէ հետևանք չի ունենա ձեզ համար, ինչպես նաև որևէ կերպ չի անդրադառնա հետագայում

այդ ծառայությունից օգտվելու վրա: Այս հարցազրույցին մասնակցելու համար անձնական օգուտներ կամ ֆինանսական փոխհատուցումներ չեն լինելու: Սակայն, ձեր անկեղծ պատասխանները կօգնեն մեզ ավելի լավ պատկերացում կազմել Հայաստանում ծխելը դադարեցնելու թեժ գծի ծառայության մասին, ծանոթանալ դրա ուժեղ և թույլ կողմերին, ինչը կնպաստի ծխելը դադարեցնելու թեժ գծի ծառայության և դրա արդյունավետության հետագա բարելավմանը:

Ձեր թույլտվությամբ ես ցանկանում եմ ձայնագրել հարցազրույցը, ինչպես նաև գրառումներ կատարել որպեսզի բաց չթողնեմ որևէ արժեքավոր տեղեկություն: Եթե համաձայն չեք ձայնագրության հետ, միայն գրառումներ կարվեն մեր հարցազրույցի ժամանակ: Ձեր կողմից տրված տեղեկությունը կմնա ամբողջովին գաղտնի: Ձեր անձը նույնականացնող ոչ մի տվյալ ինչպիսիք են ձեր անունը/ազգանունը կամ կոնտակտային տվյալները, չեն գրանցվի և նշվի որևէ տեղ: Հետազոտության արդյունքները կներկայացվեն ամփոփ զեկույցում, որտեղ կօգտագործվեն հարցազրույցներից խոսքի մեջբերումներ՝ պահպանելով անանունությունը: Իմ նշումները և ձայնագրությունները կպահվեն գաղտնաբառով պաշտպանված համակարգչում, և հասանելի կլինեն միայն ինձ և հետազոտական թիմին: Բոլոր նույնականացնող տվյալները, ինչպիսիք են ձեր անունը, կոնտակտային համարը և աուդիո ձայնագրությունը կոչնչացվեն ուսումնասիրության ավարտից հետո:

Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել Հայաստանի ամերիկյան համալսարանի Թրփանճեան առողջապահական գիտությունների ֆակուլտետի դեկան Վարդուհի Պետրոսյանին հետևյալ հեռախոսահամարով՝ 060 612592: Եթե կարծում եք, որ այս հետազոտության շրջանակներում Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, Դուք կարող եք դիմել Հայաստանի ամերիկյան համալսարանի գիտահետազոտական էթիկայի հանձնաժողովի համակարգող՝ Վարդուհի Հայրումյանին (374-60) 612561 հեռախոսահամարով:

Ծրագրի գլխավոր հետազոտող է հանդիսանում Արուսյակ Հարությունյանը:

Նախքան սկսելը, ես կցանկանայի համոզվել, որ հստակ ներկայացրել եմ ձեզ հետաքրքրող բոլոր մանրամասները: Լրացուցիչ հարցեր ունենալու դեպքում խնդրում եմ ինձ տեղյակ պահեք:

Նաև, ևս մեկ անգամ ես կցանկանայի հարցնել արդյոք 18 տարեկան և/կամ բարձր եք և արդյո՞ք օգտվել եք ծխելը դադարեցնելու թեժ գծի ծառայություններից:

Համաձա՞յն եք մասնակցել ուսումնասիրությանը: Եթե այո, կարո՞ղ ենք շարունակել: Եթե համաձայն եք, կարո՞ղ եմ միացնել ձայնագրիչը:

Եթե ոչ, միայն գրառումներ կարվեն, եթե դեմ չեք:

Ծնորհակալություն: Կարո՞ղ ենք սկսել:

List of appropriate journals

1- Tobacco control- BMJ Journal
2- Tobacco Prevention & Cessation- Official journal of ENSP
3- Journal of Smoking Cessation- Hindawi
4- Tobacco Use Insights- SAGE journals
5- NICOTINE & TOBACCO RESEARCH- OXFORD ACADEMIC
6- Qualitative Research Journal- SAGE journals
7- Public Health Reports- SAGE journals