



TNT Trial Investigator Team

Billie Bonevski	Flora Tzelepis	Christine Paul	Andrew Searles	Robert Stirling	Eliza Skelton
Anthony Shakeshaft	Scott Walsberger	Jamie Bryant	Adrian Dunlop	Carrie Fowle	
Michael Farrell	Catherine d'Este	Peter Kelly	Rae Fry	Ashleigh Guillaumier	

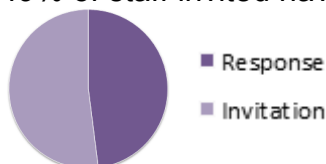
ORGANISATIONAL SURVEY UPDATE

Thank you for your ongoing support and participation in the staff survey.

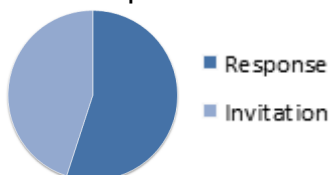
We have had a fantastic response, with over 1000 invitations distributed! We are in the final stages, with most sites finishing before October.

Participation rates by state are as follows:

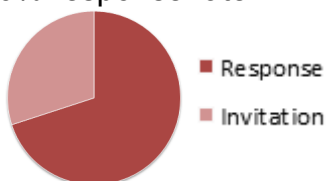
QLD: 49% of staff invited have participated



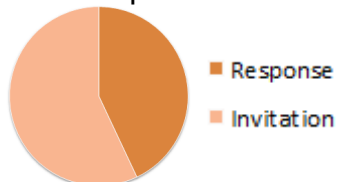
NSW: 56% response rate



SA: 70% response rate



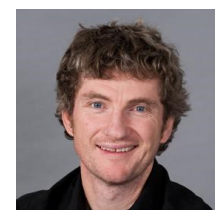
ACT: 43% response rate



MEET THE RESEARCHERS!

A number of people are working on TNT behind the scenes. Each month we will introduce you to a member of our research team. This month we present Professor Anthony Shakeshaft.

Anthony is a leading researcher from the National Drug and Alcohol Research Centre. He is particularly interested in developing more effective models of integrating evaluation into the roll-out of public policy initiatives. He brings experience in health and medical services research to the team.



THE RANDOMISATION PROCESS

Independent statisticians are currently working to randomly allocate services to the control or intervention groups. We will know the outcome of this process in the next week. The TNT team will be in contact to let you know which group your site has been randomly assigned to.

As a reminder:

- Sites in the **control group** will continue daily practices, operating business as usual.
- Sites in the **intervention group** will receive assistance from the TNT team to implement smoking cessation support as part of routine client care.

The TNT team will work with **all sites to conduct client surveys.*

You might be wondering **why randomisation is important?** The best way for us to know whether or not the TNT program is effective at increasing the provision of smoking cessation care in drug and alcohol services is by comparing those sites who did vs. did not receive the program. This way we will know whether our program should be recommended for use in other services.