

INSIGHTS: SMOKING IN WISCONSIN

A series of papers analyzing Wisconsin tobacco use and providing recommendations for action, based on interviews with 6000 Wisconsin residents.

How Smokers Are Quitting

Action Paper Number 3

CTRI

Center for

**Tobacco Research
and Intervention**

University of Wisconsin
Medical School



**WISCONSIN
TOBACCO
CONTROL BOARD**



University of Wisconsin
Comprehensive Cancer Center



HOW SMOKERS ARE QUITTING

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EXECUTIVE SUMMARY

An important component in a comprehensive review of smoking patterns in Wisconsin is an examination of how smokers try to quit smoking. The data from the interviews conducted for the Wisconsin Tobacco Survey (WTS) show the following key findings:

- Wisconsin smokers want to quit. More than 70 percent of Wisconsin smokers have tried to quit, including almost 50 percent in the last year.
- Most Wisconsin smokers who tried to quit used a “cold-turkey” approach rather than the evidence-based counseling and medications we know will increase their likelihood of success.
- As a result, most smokers return to smoking, with the majority returning to tobacco use within a week of trying to quit.
- Higher income smokers compared to lower income smokers are more likely to have tried to quit and to have used FDA-recommended medications to help them quit. This suggests that costs may be a barrier to many smokers using the treatments we know can help.

In terms of the number of serious quit attempts, close to 70 percent of Wisconsin smokers report that they have tried to quit smoking between 1 and 5 times. Eight percent have tried between 6-10 times. Most smokers relapse within a relatively short period of time. Just under 50 percent report their longest attempt as lasting a week or less, and another 20 percent relapse within a month. By three months, close to 90 percent of those who have tried to quit have returned to smoking.

Most smokers report that they have made a recent quit attempt. Over 40 percent have made a quit attempt within the last six months with 32 percent of those occurring in the past three months. A substantial number of current smokers (28%) have not made an attempt for two or more years.

The data from the WTS show variations in quitting patterns based on income and racial/ethnic group. Among other variations, lower income individuals are more likely to have never made a serious quit attempt. Higher income individuals are somewhat more likely to relapse later. American Indians are more likely to have made a quit attempt and more likely to relapse within the first month. They are also more likely to have made more than 10 quit attempts.

Although in the past 10 years new and better treatments for quitting smoking have been developed, the most common quit-smoking method used among both current and former smokers is still “cold turkey.” Among current smokers, more than 50% used a “cold-turkey” approach during their last quit attempt. Among current smokers, the nicotine patch is second (14%) with cutting back on cigarettes third (11%). Important differences exist between income groups in choice of stop smoking methods. Higher income individuals are much more likely to use bupropion (either Zyban or Wellbutrin), possibly because these prescription medications are covered by insurance.

A number of recommendations arise from analysis of the WTS data. It is apparent that Wisconsin smokers still do not know about current, state-of-the-art cessation treatments. Thus, increasing awareness is important. Awareness among Medicaid and BadgerCare recipients about coverage of smoking cessation also should be increased. Free telephone counseling available through the Wisconsin Tobacco Quit Line is an effective quitting method and should continue to be promoted. Finally, further research on racial/ethnic populations is necessary, especially on American Indians because of their higher rates of early relapse. These steps are important so that the vast majority of Wisconsin smokers who want to quit will be aware of and use all the resources at their disposal in order to rid themselves of the chronic disease of tobacco dependence.

PURPOSE AND INTRODUCTION

The Wisconsin Tobacco Survey (WTS) provides a comprehensive look at Wisconsin smoking patterns, attitudes, and climate. Based on interviews with over 6000 Wisconsin residents, including current, former and never smokers, the WTS provides valuable insights into the phenomena of tobacco dependence, attempts at cessation and support for those attempts. Findings from the survey are summarized in a series of action papers. The purpose of these action papers is twofold: to communicate these insights and to offer recommendations for actions to reduce tobacco dependence.

Over the past 10 years, tremendous strides have been made in understanding and treating tobacco dependence. Scientists have demonstrated that smoking is not merely a bad habit, but is an addiction – a chronic condition that may need treatment over an extended period of time. Also in the past 10 years, new treatments have been developed that can mitigate the negative effects of withdrawal and can provide support for the social/psychological components of a quit attempt. (See Fiore MC, Bailey WC, Cohen SJ, et al. *A Clinical Practice Guideline for Treating Tobacco Use and Dependence: A US Public Health Service Report*. JAMA. 2000 June 28; 283: 3244-54.)

Medications used to reduce cravings and increase quit success include nicotine replacement therapies (nicotine gum, patch, nasal spray and inhaler) and bupropion. Use of these medications can double or triple quit rates. The advent of effective telephone counseling, as well as other counseling techniques, has expanded the availability of social and behavioral support for smokers making a quit attempt and has also doubled or tripled success rates. (See Zhu, SH, Anderson, CM, Tedeschi, GJ, Rosbrook, B, Johnson, CE, Byrd, MG, and Gutierrez-Terrell, EG. *Evidence of Real-World Effectiveness of a Telephone Quitline for Smokers*, New England Journal of Medicine, 2002, Vol. 347, No. 14, 1087-1093.)

Because of treatment advances, it is important to determine whether current smokers are using the resources now available to help them quit smoking, and, if they are not, to find ways to increase usage of all available treatments. Thus, this action paper examines how smokers are quitting in terms of who is trying to quit smoking, how often they are trying, and what methods they are using. In essence, this report will focus on the following:

Patterns of quitting. This report looks at how often smokers make quit attempts, how long the attempts last, and how many attempts smokers make. Does income level, gender or race affect the number, duration and timing of quit attempts?

Methods of quitting. What methods do smokers use? Does income level, gender or race affect the methods chosen for a quit attempt? Did former smokers use the same or different methods for quitting smoking?

In terms of gender, race and income, there were sufficient data to analyze the characteristics for most of the questions. The Wisconsin Tobacco Survey included the following in its racial categories: White, Black or African American, Asian, Native Hawaiian or other Pacific Islanders, American Indian or Alaska Native, and other. The responses for “Native Hawaiian or other Pacific Islander” were too few to be included.

There was also a specific question asking respondents if they were or were not Hispanic. To determine ethnicity effects, Hispanic responses were analyzed separately.

THE DATA

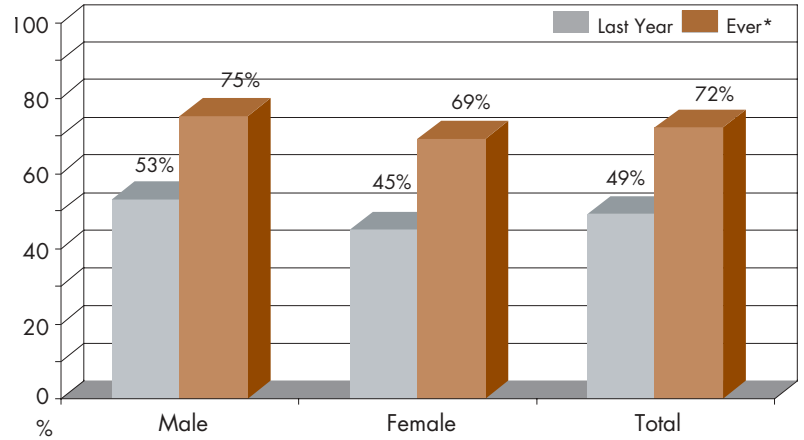
PATTERNS OF QUITTING:

PERCENTAGE OF SMOKERS WHO TRY TO QUIT

It is clear that most smokers make repeated attempts to quit smoking. In fact, almost one-half of current smokers made a quit attempt *in the past year*, and over 72 percent have made at least one serious quit attempt in their lifetime. In addition, gender, race and income differences do exist in the percentages of current smokers who have made serious quit attempts.

Figure 1 shows that women are somewhat less likely to have made a quit attempt than men. Lower income individuals are also less likely to have made an attempt to quit smoking (See Figure 2). In addition, Hispanics and African Americans are less likely than Whites to have made a quit attempt while Asians and American Indians are more likely than Whites to have attempted to quit smoking (Figure 3).

FIGURE 1 Percentage of current smokers who tried quitting



* Ever quitters includes a small number of individuals who used non-cigarette types of tobacco.

FIGURE 2 Percentage of current smokers who have ever made a serious quit attempt (by income)

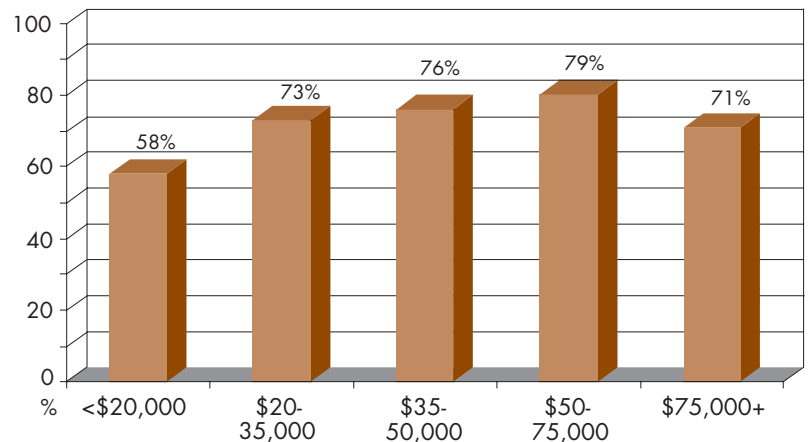
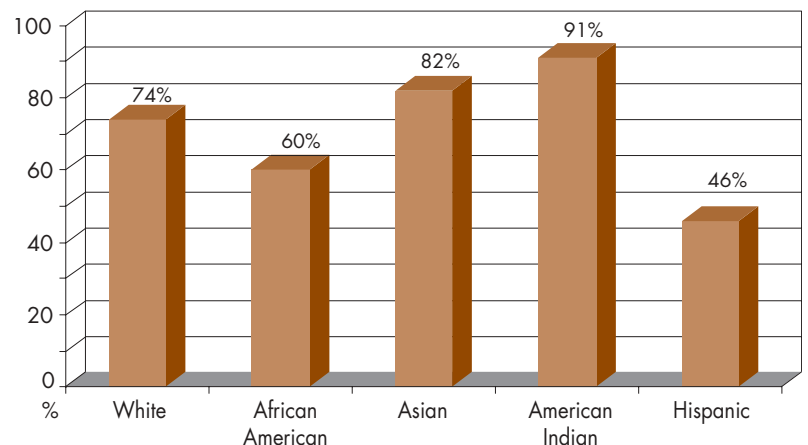


FIGURE 3 Percentage of smokers who have made a serious quit attempt (by race/ethnicity)



PATTERNS OF QUITTING: LENGTH OF QUIT ATTEMPT

According to the current research on smoking cessation, most smokers relapse during the first few days of their quit attempt. Wisconsin smokers making a quit attempt during the past 12 months fit this pattern. Just under 50 percent reported that their longest period of not smoking during a quit attempt was one week or less. This data coincides with previous data in “Why People Smoke,” the first action paper in this series, which indicated that the greatest barrier to quitting was cravings. Cravings typically are strongest in the first week after quitting. Another 20 percent relapsed between one week and one month and 17 percent relapsed within three months. Thus, 87 percent relapsed within the first three months of the quit attempt. There were no important gender differences in length of quit attempt.

There were, however, differences among income and racial/ethnic groups. Table 1 shows differences in the length of abstinence by income groups. Individuals with higher incomes seem able to maintain abstinence longer than those with lower incomes. This may be related to the ability of higher income groups to obtain medications which may be expensive.

Table 1 - Length of longest quit attempt by income level (last 12 months)

	<\$20,000	\$20-35,000	\$35-50,000	\$50-75,000	\$75,000 +	Total
1 week or less	47%	51%	55%	40%	35%	48%
1 week to 1 month	13%	24%	13%	30%	35%	22%
1-3 months	21%	17%	13%	21%	6%	17%
3-6 months	14%	4%	14%	9%	12%	8%
6-12 months	5%	3%	4%	0%	12%	4%

Table 2 - Length of longest quit attempt by race/ethnicity (last 12 months)

	White	African American	Asian	American Indian	Hispanic	Total
1 week or less	49%	44%	50%	42%	55%	48%
1 week to 1 month	21%	20%	17%	58%	18%	22%
1-3 months	17%	27%	0%	0%	9%	17%
3-6 months	9%	9%	0%	0%	9%	8%
6-12 months	4%	0%	33%	0%	9%	4%

THE DATA CONTINUED

Table 2 shows differences among racial and ethnic groups in terms of the length of the quit attempt. All groups report between 40 and 50 percent relapse within the first week. White, African American and Asian smokers report around 70 percent relapse within the first month while American Indians report 100 percent. All groups of current smokers show almost complete relapse to smoking within a year.

PATTERNS OF QUITTING: NUMBER OF QUIT ATTEMPTS

Most current smokers have made several serious quit attempts during their smoking lifetime. Just under 70 percent have tried to quit between 1 and 5 times. Another 8 percent have tried 6 to 10 times and 3 percent have made over 10 serious quit attempts. It is interesting to note that 17 percent of smokers have never made a serious quit attempt. There are no important gender differences in the number of quit attempts made; however, there are income and racial/ethnic differences.

As Table 3 shows, a quarter of smokers earning \$20,000 or less have made no serious quit attempts.

Table 3 - Number of quit attempts by income

	<\$20,000	\$20-35,000	\$35-50,000	\$50-75,000	\$75,000 +	Total
none	25%	13%	20%	14%	13%	17%
1-5	61%	75%	63%	76%	77%	69%
6-10	10%	6%	13%	7%	8%	8%
Over 10	1%	4%	5%	2%	3%	3%

Table 4 shows a comparatively lower number of American Indians making no quit attempt and a comparatively high number making over 10 quit attempts. Coupled with the high relapse percentages shown earlier for American Indians, this data suggests that American Indians in Wisconsin are making more quit attempts of relatively short duration. Table 4 also shows higher percentages of African Americans and Hispanics making 1-5 quit attempts and relatively fewer making more than 5 attempts.

Table 4 - Number of quit attempts by racial or ethnic group

	White	African American	Asian	American Indian	Hispanic	Total
none	18%	16%	18%	9%	19%	18%
1-5	69%	81%	64%	68%	78%	70%
6-10	8%	3%	18%	9%	0%	8%
10 or more	3%	0%	0%	14%	0%	3%

PATTERNS OF QUITTING: LENGTH OF TIME SINCE LAST QUIT ATTEMPT

Another important indicator of whether smokers are seriously thinking about quitting is the length of time between serious quit attempts. Responses to the WTS question, “How many days, weeks, months or years has it been since you last tried to quit smoking or using tobacco?” provide another component of the quit-smoking pattern. Sixteen percent of current smokers tried to quit within the past month and 32 percent attempted to quit within the past three months (Table 5). These data also indicate some gender differences in the one-month/three-month timeframes. It is also important to note that around 28 percent have not tried to quit for two years or longer. These smokers may be discouraged by too many failures. Responses from former smokers indicate that over 56 percent quit smoking over five years ago, and 70 percent quit over two years ago.

Table 5 - Length of time since last quit attempt by gender

	Male	Female	Total
Up to 1 month	13%	19%	16%
1-3 months	19%	12%	16%
3-6 months	11%	11%	11%
6-12 months	18%	20%	19%
1-2 years	12%	10%	11%
2-5 years	16%	14%	15%
More than 5 years	12%	14%	13%

In terms of income differences in the length of time between quit attempts, the data seem to indicate that those respondents with incomes of \$20,000 or less were more likely to make a quit attempt in the last three months and those respondents with incomes of \$50,000-75,000 were more likely to have made their last quit attempt at least two years ago.

THE DATA CONTINUED

Table 6 - Length of longest quit attempt by income level

	<\$20,000	\$20-35,000	\$35-50,000	\$50-75,000	\$75,000 +	Total
Up to 1 month	17%	17%	17%	13%	18%	16%
1-3 months	24%	16%	10%	17%	12%	16%
3-6 months	10%	10%	13%	10%	18%	11%
6-12 months	20%	22%	20%	10%	12%	19%
1-2 years	5%	10%	16%	12%	10%	11%
2-5 years	9%	14%	14%	23%	16%	15%
More than 5 years	16%	11%	10%	17%	14%	13%

The length of time since the last quit attempt seems to indicate that among Whites, the quit attempts are spaced out somewhat evenly throughout the time periods ranging from one month to more than five years. For American Indians, the quit attempts were more recent. This supports the previous data which indicated quicker relapse and more attempts for American Indians. For Hispanics, attempts are grouped among the past six months. This is somewhat true of African Americans. The pattern among Asians seems to indicate two groups of time periods; however, given the small number of Asians participating in the survey, this should be confirmed by further research.

Table 7 - Length of time since last quit attempt by racial or ethnic group

	White	African American	Asian	American Indian	Hispanic	Total
Up to 1 month	15%	23%	13%	25%	21%	16%
1-3 months	14%	23%	38%	69%	21%	16%
3-6 months	10%	19%	13%	0%	29%	11%
6-12 months	20%	12%	0%	0%	7%	19%
1-2 years	12%	2%	25%	0%	7%	11%
2-5 years	16%	9%	13%	6%	7%	15%
More than 5 years	14%	12%	0%	0%	7%	13%

METHODS OF QUITTING

Several questions on the WTS addressed methods for quitting smoking used by current and former smokers. The data from two questions are displayed in Table 8. The first question asked respondents if they had ever used a particular method. The second question asked which methods were used in the respondent's last quit attempt. It is important to note that most former smokers who responded to the survey had quit at least five years ago. This means that some of the methods included in the survey were not in use at the time that they quit smoking.

The data show that most smokers are still quitting "cold turkey," although the percentage among current smokers seems to be decreasing. Use of the nicotine patch and bupropion seems to be common among current smokers. Bupropion was not in common usage when most former smokers quit.

Table 8 - Methods used for quitting smoking

	Current Smoker		Former Smoker	
	Ever Used	Last Attempt	Ever Used	Last Attempt
Cold Turkey	80%	52%	84%	61%
Switched to Low Tar	42%	3%	21%	2%
Cut back on number of cigarettes	56%	11%	33%	10%
Self-help materials	12%	1%	9%	0%
Hypnosis	11%	2%	7%	2%
Quit with friends	29%	3%	21%	2%
Nicotine gum	20%	3%	12%	6%
Nicotine patch	28%	14%	12%	10%
Bupropion (Zyban or Wellbutrin)	18%	7%	5%	3%

THE DATA CONTINUED

Examining current smokers by income level who ever used certain methods produces some interesting results (Table 9). The use of nicotine gum or the nicotine patch does not seem dependent upon income. Both of these medications are available over the counter. However, the use of bupropion, which is available only through prescription, seems to increase with income. In addition, cessation groups, which also entail expense or referral, are more frequently used by those with higher incomes.

Table 9 - Methods ever used by current smokers to quit, by income

	<\$20,000	\$20-35,000	\$35-50,000	\$50-75,000	\$75,000 +	Total
Cessation group	5%	6%	4%	4%	13%	5%
Gum	19%	20%	24%	22%	26%	20%
Patch	28%	28%	30%	36%	31%	28%
Bupropion (Zyban or Wellbutrin)	12%	19%	17%	24%	42%	18%



CONCLUSIONS

A number of conclusions can be drawn from the data in the WTS on how Wisconsin smokers are quitting. Wisconsin smokers are, indeed, trying to quit on a regular basis. Approximately 50 percent made a quit attempt in the year previous to the survey. Over 72 percent have made a quit attempt sometime during their smoking lifetime.

Wisconsin smokers, like their counterparts across the country, are relapsing early in their quit attempts. Around 50 percent relapse within a week of starting a quit attempt. Another 20 percent relapse within a month. Longer abstinence rates among individuals with higher incomes may result from greater use of medications and support designed to reduce the effects of withdrawal.

The average smoker makes multiple quit attempts. Seventy percent have tried between 1-5 times to quit, and 8 percent have tried between 6-10 times. Three percent have made more than 10 attempts.

Smokers' quit attempts have generally occurred within the past three months. Lower income individuals make more frequent quit attempts, and racial and ethnic groups vary in quit patterns.

The data on American Indians show a pattern of a number of quit attempts of relatively short duration. Only 9 percent of American Indians have never made a quit attempt, compared to the overall average of 17 percent. Moreover, American Indians in this survey make more attempts (14 percent have made over 10 attempts compared to only 3 percent overall) and relapse faster (100 percent within a month).

Even though new, effective treatments are now available, the majority of smokers still try to quit "cold turkey." Over 50 percent used that method in their last quit attempt. Use of the nicotine patch and bupropion seems to be increasing; however, use of prescription medications is much higher among higher income individuals. Although prescription medications to quit smoking are covered by Medicaid and BadgerCare, lower income individuals do not seem to be using this resource. (See Burns, ME, Fiore, MC. *Under-Use of Tobacco Dependence Treatment Among Wisconsin's Fee-For-Service Medicaid Recipients*, Wisconsin Medical Journal. 2001; 100(3): 54-8.)

RECOMMENDATIONS

The data in this report, coupled with that in “Why People Smoke,” paint a picture of Wisconsin current smokers. They are people who want to quit, who know they are addicted, but who are not using all the resources available to help them quit. There are probably a number of reasons why this is occurring. One may have to do with lingering attitudes about smoking being a habit and, as such, something that can be “kicked” with will power and determination. In addition, many smokers are probably not aware of the great advantage that a planned program of treatment gives them in making a quit attempt.

Another reason may lie in lack of money to access all available treatments. Although nicotine gum and the nicotine patch are available over-the-counter, other medications (Zyban, Wellbutrin, and the nicotine inhaler and spray) are not. Individuals with limited incomes, especially if they are uninsured, are less likely to consult a physician and obtain a prescription for a medication. Although Medicaid and BadgerCare cover smoking cessation treatments, doctors and smokers report that they are not aware of this benefit.

Another resource, the Wisconsin Tobacco Quit Line, was launched during the study and, therefore, was not a resource that could be included. Other counseling programs have had limited effect, except for the higher income smoker. Therefore, it is important to address these limitations:

1. Increase awareness of state-of-the-art, effective tobacco dependence treatments.

Continue to inform health care providers about these treatments and encourage them to advise their patients to quit. Since most smokers see their physicians at least once a year, physicians have an opportunity to address smoking and should do so.

2. Increase awareness of the Medicaid/BadgerCare smoking cessation benefit.

Encourage state agencies, medical associations and societies and other entities that deal with physicians and Medicaid/BadgerCare recipients to inform health care providers and patients about the benefit and encourage cessation.

3. Continue to promote the Wisconsin Tobacco Quit Line.

The number of calls to the Quit Line indicates that Wisconsin smokers will use a telephone counseling service.

4. Conduct more research on racial/ethnic populations.

The data clearly show differences among these populations. More information would help programs address differences more effectively.

5. Increase research and outreach to the American Indian community.

The data suggest that American Indians are concerned about their tobacco use and make numerous attempts to quit. Further research may pinpoint causes of relapse and help develop programs to address those causes.



TECHNICAL NOTES

The Wisconsin Tobacco Survey was conducted in 2001 by the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI). The survey garnered information from 6135 Wisconsin residents using extensive interviews. The purpose of the survey was to provide important information about: 1) current tobacco use patterns among Wisconsin adults, 2) attitudes towards efforts to regulate tobacco, 3) patterns of smoking cessation attempts, and 4) a number of other tobacco research issues. The survey included 162 questions on general health, tobacco use, smoking cessation, smokers' use of health care services, smoking during pregnancy, and demographics.

The survey consisted of three primary tracks – current cigarette smoker, former cigarette smoker, and never cigarette smoker. Current smoker was defined as someone who smoked 100 cigarettes in a lifetime and now smokes every day or some days. A former smoker was defined as someone who smoked 100 cigarettes in a lifetime and now does not smoke at all. A never smoker was defined as someone who has never smoked a cigarette or has never smoked 100 cigarettes in a lifetime. Questions about tobacco use of any kind (e.g., cigar smokers, pipe smokers, or snuff/chewing tobacco users) were also included. A major goal of the project was to contrast trends in behaviors and attitudes across these different groups defined on the basis of tobacco use status.

UW-CTRI retained Opinion Dynamics Corporation (ODC) to conduct the 2001 Wisconsin Tobacco Survey. The WTS used a scientifically-selected random sample which gave all households with telephones a chance of inclusion in the study. Within a selected household, the respondent was chosen by a procedure that randomly selects the oldest adult male, the youngest adult male, the oldest adult female or the youngest adult female. Household members eligible for inclusion

in the survey included all related adults (aged 18 or older), unrelated adults, roomers, and domestic workers who consider the household their home.

The survey was designed to over sample the two most disproportionately African American counties in Wisconsin, Milwaukee and Racine. Out of 6,135 people surveyed, people living in Milwaukee and Racine counties completed 2,226 surveys. African American residents completed four percent or 268 surveys. Neither American Indians nor Hispanics could be over sampled meaningfully without compromising the rest of the project.

The survey was programmed into a Computer Assisted Telephone Interviewing (CATI) software program to perform the basic data collection tasks of telephone interviewing. As questions were displayed, the interviewer read them to the respondent and keyed in the responses. The survey automatically skipped inappropriate questions and checked for the acceptability of responses. All attempts to contact potential respondents were tracked and coded by sample disposition. This enabled the CATI system to properly designate sample points for calling, schedule callbacks, and administer non-responsive contact attempts.

Before eliminating a respondent from the sample and randomly selecting a replacement, at least five telephone calls were made to reach the household. Efforts were made to ensure a highly representative sample by varying calls at different times of day and on different days of the week. Callbacks were scheduled as requested by respondents. Completed interview status was only assigned once all data were collected for a given interview.

For the purpose of this study, the Council of American Survey Research Organizations (CASRO) methodology was used to calculate response rate. The methodology apportioned dispositions with unknown eligibility status (e.g., no answer, answering machine, busy, etc.) to dispositions representing eligible respondents in the same proportion as exists among all calls of known status. The starting sample (N) for the entire survey was 33,636. Thirty-six percent of this group was invalidated (e.g., disconnected phone, busy phone), leaving a N of 21,387. The application of the CASRO response rate formula to this sample resulted in an adjusted N of 19,036. A total of 6,155 respondents completed the interview, resulting in a CASRO-adjusted response rate of 32.3%.

Data from 20 respondents were deleted from the final dataset due to inconsistencies in their responses to the tobacco use questions. A total of 6,135 valid surveys were included in the final dataset. Among those people, 4,106 never smoked, 1,071 were former smokers and 958 were current cigarette smokers. To ensure confidentiality, no respondent identifiers were retained in the interview records, and reports cite only aggregate figures.

The Wisconsin Tobacco Survey data were weighted to more accurately represent the population of Wisconsin. WTS data were weighted based on five demographic, geographic, and SES characteristics of respondents – age, gender, race, education attainment, and geographic location. Known population information was based on the 2000 Census data for Wisconsin, except for education attainment, which was based on the 1990 Wisconsin Census data. In addition to demographic and SES characteristics, the WTS data were weighted based on two locations – Milwaukee County/Racine County and all other Wisconsin Counties. This was done to adjust the data based on these two locations because the WTS includes an over sample of Milwaukee and Racine Counties, resulting in an over representation of these populations.

- Burns, ME; Fiore, MC. *Under-Use of Tobacco Dependence Treatment Among Wisconsin's Fee-For-Service Medicaid Recipients*, Wisconsin Medical Journal. 2001; 100(3): 54-8.
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