

INSIGHTS: SMOKING IN WISCONSIN

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

Why People Smoke

Action Paper Number 1

CTRI

Center for

**Tobacco Research
and Intervention**

University of Wisconsin
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**WISCONSIN
TOBACCO
CONTROL BOARD**



University of Wisconsin
Comprehensive Cancer Center



WHY PEOPLE SMOKE

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EXECUTIVE SUMMARY

Through over 6000 interviews conducted with Wisconsin residents, the Wisconsin Tobacco Survey (WTS) offers insight into the perplexing problem of why people continue to smoke. This report examines: the smoking climate, smokers' attitudes toward tobacco use, reasons for smoking, relapsing after a quit attempt, and why some smokers don't try to quit. This report also makes recommendations, based on these findings, that are designed to reduce tobacco use in Wisconsin.

In this report, respondents were categorized into three groups: never smokers, former smokers and current smokers. In this paper, current smokers are further divided into three groups: light (5 or fewer cigarettes a day and occasional smokers); moderate (6-20 cigarettes a day); and heavy (21 plus). In the study 23 percent of current smokers were light, 61 percent moderate and 16 percent heavy. The terms "light" and "moderate" are not intended to indicate risk from smoking. They are used to designate relative consumption.

The WTS shows that smokers tend to live and work in a climate of smoking. They are more likely than other Wisconsin residents to have smokers in their households and to have spouses, friends and family members who smoke. Moderate and heavy smokers are especially likely to be surrounded by other smokers. Smokers are also more likely to work in environments that allow smoking. This is especially true of heavy smokers.

Most smokers believe that smoking is addictive—65 percent of light smokers, 86 percent of moderate smokers and 95 percent of heavy smokers. Most smokers, especially heavy smokers, believe that smoking has negatively affected their health.

Most smokers offer similar reasons for their smoking. Typically, they report that smoking is an addictive

habit that they enjoy and that relieves stress. Light smokers tend to smoke more for social reasons while heavy smokers are more likely to report that they smoke because of the addictive nature of tobacco.

Asked why they relapse to smoking after a quit attempt, smokers mention cravings, addiction, not trying hard enough, not being ready, and being around other smokers. Light smokers were more likely to cite being around others and stress reduction. Smokers cite cravings, losing a way to handle stress, nicotine withdrawal, fear of failure and cost of medicines as reasons for not making a quit attempt.

Taken together these findings indicate that a comprehensive program is necessary to reduce smoking in Wisconsin. Reducing the climate of smoking by creating smoke-free workplaces and recreational areas is an important component. Providing assistance to smokers that helps them plan their quit attempts and encourages them in a positive, supportive way is vital to cessation success. Finally, the many reasons offered for continued smoking necessitates further research in order to provide more individualized treatment for 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.

This action paper describes the reasons Wisconsin adults continue to smoke. Currently, 23 percent of Wisconsin residents are smokers. This has changed little over the past 15 years (see *Tobacco Trends in Wisconsin*, Spring 2001). Tobacco dependence is a complex phenomenon with marked variability. Smokers are not a homogeneous group. Their reasons for smoking, their withdrawal, their failures to quit and their ultimate success in overcoming tobacco dependence are individualized. The more information we can gather about smokers and the reasons they smoke, the more we can design treatments to meet the goal set by the Wisconsin Tobacco Control Board (WTCB) to reduce smoking in Wisconsin by 20 percent by 2005.

In this paper, a number of influences on smoking behavior are examined in order to provide a more comprehensive view of tobacco use. These influences include:

- **The tobacco use climate.** Are there other smokers in the household? Do friends, family and/or spouse smoke? Do respondents work in an environment that includes smoking?
- **The smoker's attitude toward his/her tobacco use.** Do smokers believe that nicotine is addictive? Do they believe smoking has affected their health?
- **Stated reasons for smoking.** What reasons do smokers offer for their smoking? What are the main reasons?
- **Reasons for relapsing.** Each quit attempt is a learning experience. What do smokers report are the reasons they returned to smoking? What can we learn about dependence from a quit failure?
- **Reasons for not quitting.** What keeps smokers smoking? What prevents them from trying again to quit?

Because of the large number of interviews completed for the Wisconsin Tobacco Survey, we can examine these questions from a number of viewpoints. In terms of the climate, we can assess the differences between current smokers, former smokers and never smokers. We can also examine the differences between light smokers (5 or fewer cigarettes per day and occasional smokers), moderate smokers (from 6 to 21 cigarettes a day) and heavy smokers (over 21 a day). In the study, 23 percent of smokers were light, 61 percent moderate and 16 percent heavy. As noted above, the terms "light" and "moderate" are used to designate relative consumption and are unrelated to health effects. In fact, scientific evidence has documented that smoking even as few as four or fewer cigarettes per day is associated with a marked increase in heart attacks and strokes.

THE DATA

SMOKING CLIMATE: HOME AND SOCIAL SITUATIONS

Compared to non-smokers, current smokers are more likely to have another smoker in the household, to have a spouse or partner who smokes and to have friends and family members who are smokers. There are also some differences between light smokers and moderate and heavy smokers in terms of household members, spouse, and friends and family who smoke. For example, 43 percent of heavy smokers have another smoker in their household versus 31 percent of light smokers and 12 percent of never smokers. A similar pattern is seen regarding a spouse who smokes. About 38 percent of heavy smokers, 32 percent of light smokers, 13 percent of former smokers and 10 percent of never smokers report they have a spouse or partner who smokes.

FIGURE 1

Percentage of respondents with smokers in their household

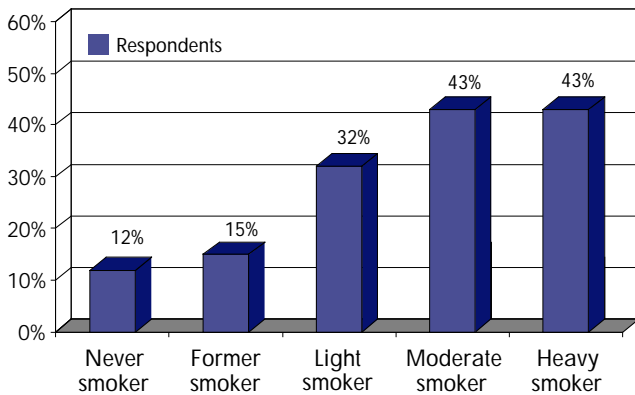


FIGURE 2

Percentage of respondents with spouse or partner who smokes

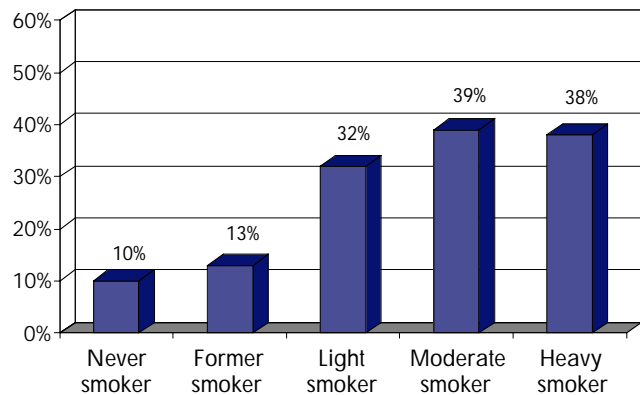
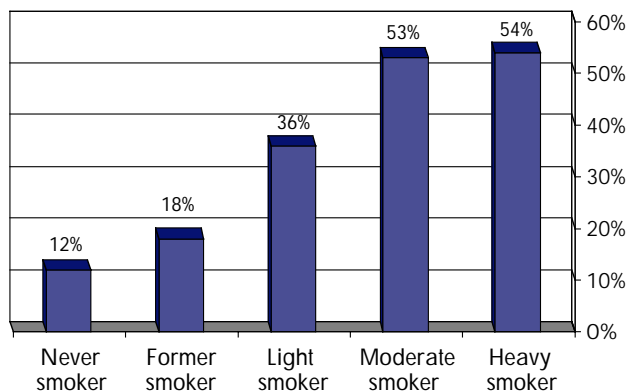


FIGURE 3

Percentage of respondents who report that half or more of their family and friends smoke



In terms of those respondents who report half or more of their family and friends smoke (Figure 3), the differences are dramatic: 54 percent of heavy smokers responded affirmatively to this question versus 18 percent of former smokers and 12 percent of never smokers. These data indicate a marked difference between smokers, former smokers and never smokers in terms of the extent to which smoking permeates daily life.

SMOKING CLIMATE: WORK ENVIRONMENT

The work environment may also have an effect on smoking patterns. Questions on the survey asked about smoking restrictions at work, including smoking restrictions in work areas and in common or public areas.

FIGURE 4

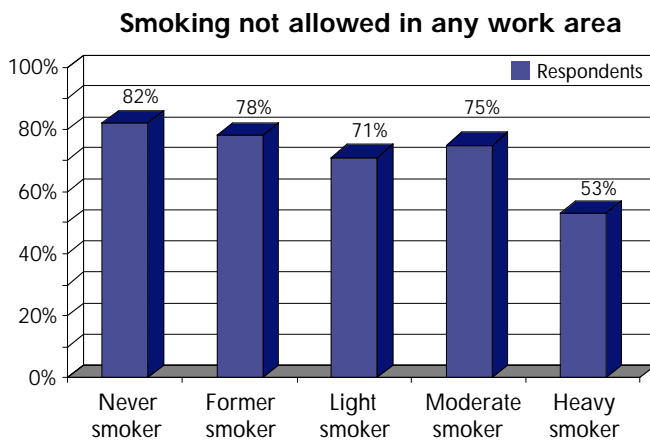


FIGURE 5

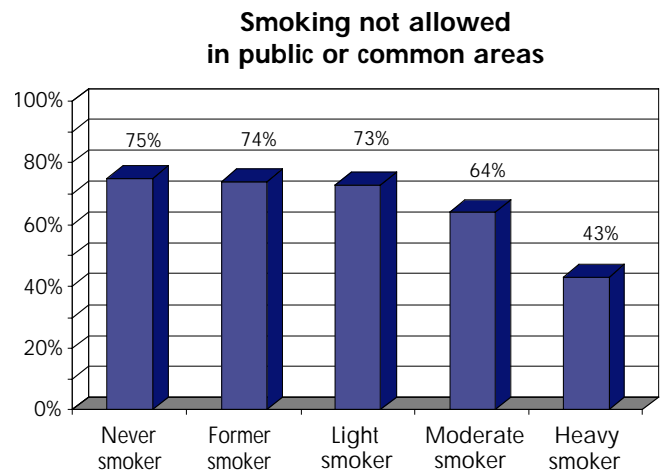
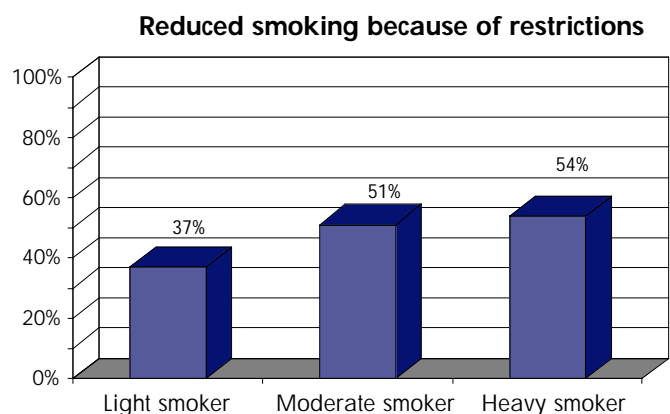


Figure 4 categorizes smoking status based on restrictions on smoking in work areas. Heavy smokers are the least likely to work in an environment where smoking is restricted.

In terms of public or common areas of the workplace (lobbies, restrooms, lunch areas), a similar pattern is seen (Figure 5). Heavy smokers are much less likely to work where smoking is not allowed in public places (or common areas) than are light, moderate, former or never smokers. It is unclear from these data whether heavy smokers select worksites where smoking is permitted or if worksite, smoking restrictions encourage smokers to smoke less or to quit.

When asked, "If you have reduced your smoking because of restrictions at your place of employment?" over 50 percent of heavy and moderate smokers, said, "Yes" and only 37 percent of light smokers said, "Yes" (Figure 6). This finding may suggest another potential benefit of smoke-free worksites.

FIGURE 6



DATA CONTINUED

ATTITUDES TOWARD SMOKING: ADDICTION & HEALTH IMPACT

Among respondents who smoke, there were clear differences in attitudes concerning the addictiveness of smoking—65 percent of light smokers, 86 percent of moderate smokers and 95 percent of heavy smokers believe that smoking is addictive. Most smokers also acknowledge the health effects of smoking. When asked, “Do you believe your tobacco use has negatively affected your health in any way?” 56 percent of light smokers, 68 percent of moderate smokers and 70 percent of heavy smokers said, “Yes.” The number decreases as smokers become former smokers, with 42 percent of former smokers reporting that smoking has affected their health.

REASONS PEOPLE SMOKE

It is important to look at reasons smokers report that they smoke. First, respondents were asked to review a list of reasons and to indicate as many as were appropriate for them (Table 1). Second, they were asked to select the main reason they smoke (Table 2).

Table 1

REASONS YOU SMOKE (Check all reasons that apply)	Light Smokers (%)	Moderate Smokers (%)	Heavy Smokers (%)
It's a habit	79	94	97
I'm addicted	65	86	95
It relaxes me	75	79	80
I enjoy it	70	77	77
Something to do with my hands	47	52	63
It helps me cope	39	48	56
Keeps me going	21	31	35
An excuse to take a break	38	41	34
For social reasons	50	31	28
Helps me concentrate	17	21	27
It wakes me up	17	19	23
Keeps weight down	19	21	19

Among **heavy smokers**, addiction, relaxation, habit, enjoyment, “something to do with my hands,” and help with coping were cited by at least 50 percent of respondents (Table 1). Addiction (39 percent), followed by habit (25 percent) were the main reasons heavy smokers reported that they smoke (Table 2).

Among **moderate smokers**, habit, addiction, relaxation, enjoyment and “something to do with my hands” were cited by at least 50 percent of respondents (Table 1). Addiction (38 percent) and habit (24 percent) were the main reasons cited by moderate smokers (Table 2).

At least 50 percent of **light smokers** cited habit, relaxation, enjoyment, addiction and social reasons (Table 1).

In terms of the main reason for smoking, light smokers cited addiction (21 percent), relaxation (16 percent) and social reasons (16 percent). (See Table 2.)

In addition, 33 percent of light smokers who volunteered a reason not included in the standard response list said that smoking “goes well with alcohol.” This supports the high rating for smoking as a social activity by light smokers.

Table 2

MAIN REASON FOR SMOKING (Check only one)	Light Smokers (%)	Moderate Smokers (%)	Heavy Smokers (%)
I'm addicted	21	38	39
It's a habit	15	24	25
Relaxes me	16	12	15
Like it or enjoy it	12	15	10
Social reasons	16	1	1

REASONS FOR RELAPSE TO SMOKING AFTER A QUIT ATTEMPT

Previous data have documented that more than 50 percent of Wisconsin smokers have already tried to quit smoking but have relapsed. Until now, we have had little understanding of the reasons that these potential quitters relapsed to smoking. The Wisconsin Tobacco Survey provides key information on this topic.

DATA CONTINUED

Table 3

REASONS BEGAN SMOKING AFTER A QUIT ATTEMPT (Check all that apply)	Light Smokers (%)	Moderate Smokers (%)	Heavy Smokers (%)
Addiction	55	69	83
Cravings	67	75	74
Didn't try hard enough	62	56	61
Not ready to quit	50	57	60
A stressful situation	56	57	58
Being around other smokers	71	60	56
Wanted enjoyment	44	54	49
Withdrawal symptoms	29	40	46
Boredom	40	33	39
Drinking alcohol	44	34	31
No reason in particular	32	30	29
No support	10	17	23
Depressed	27	23	21
Marital/relationship problems	22	22	19
Weight gain	13	13	13
A death or tragedy	24	15	12
Pressure from others	9	10	10

For **heavy smokers** who relapse, addiction, cravings, not trying hard enough, not being ready to quit, stress and being around other smokers were cited by at least 50 percent of respondents (Table 3). Main reasons for relapse after a quit attempt were reported as cravings (21 percent) and not ready to quit (19 percent). (See Table 4.)

For **moderate smokers** who relapse, cravings, addiction, being around others, not ready, stress, didn't try hard enough and wanting the enjoyment of smoking were cited by at least 50 percent (Table 3).

The main reasons reported (Table 4) were a stressful situation (21 percent) and cravings (19 percent).

For **light smokers** who relapsed, being around others, cravings, not trying, stress, addiction and not being ready to quit were cited by at least 50 percent of respondents (Table 3). The main reasons reported (Table 4) were a stressful situation (25 percent) and being around other smokers (22 percent).

Table 4

MAIN REASONS BEGAN SMOKING AFTER A QUIT ATTEMPT (Check only one reason)	Light Smokers (%)	Moderate Smokers (%)	Heavy Smokers (%)
Stressful situation	25	21	17
Cravings	12	19	21
Not ready to quit	6	10	19
Being around other smokers	22	12	2

It is apparent that a number of key factors appear to influence both reasons for smoking and reasons for relapsing. Moderate and heavy smokers report more cravings and signs of addiction. Heavy smokers in particular are influenced by addiction and cravings. Light smokers use smoking primarily as a social activity but also use it to reduce stress. Alcohol, although a contributing factor in the array of reasons,

was not cited as a major reason for continuing to smoke or for relapse. An exception to this finding was that 33 percent of light smokers cited alcohol as a reason to continue smoking. Also, although addiction was cited before as a reason for smoking, the effects of addiction—cravings, withdrawal symptoms, and feelings of stress—are cited more as causes for relapse.

REASONS FOR NOT TRYING TO QUIT

Finally, the Wisconsin Tobacco Survey looked at reasons that might discourage smokers from trying to quit. Respondents were asked to select all the reasons and the main reason that might keep them from trying to quit.

In contrast, 72 percent of moderate smokers and 56 percent of light smokers report that cravings is a reason for not quitting. Only 48 percent of moderate smokers and 35 percent of light smokers report that nicotine withdrawal is a reason they don't try to quit.

Table 5 summarizes all the reasons that smokers report that they are not trying to quit. For heavy smokers, more than 50 percent cite nicotine withdrawal and cravings. About 49 percent report the loss of handling stress and bad moods as a reason that they don't try to quit.

DATA CONTINUED

Table 5

REASONS FOR NOT TRYING TO QUIT

(Check all that apply)

	Light Smokers (%)	Moderate Smokers (%)	Heavy Smokers (%)
Cravings	56	72	77
Nicotine withdrawal	35	48	60
Loss of way to handle stress/bad moods	37	36	49
Fear you cannot quit	27	36	42
Discouragement from prior failures	23	27	29
The cost of medicines	24	27	27
The cost of classes or programs	17	20	25
Risk of gaining weight	15	18	18
Inconvenience of classes/programs	10	13	15
Lose social/work relationships	17	9	11

As shown in Table 6, the main reason for not trying to quit for heavy smokers is cravings (32 percent) followed by nicotine withdrawal (20 percent). This points to a powerful role for withdrawal in discouraging quit attempts since cravings is part of the tobacco withdrawal syndrome. The data suggest that for over half of heavy smokers, anticipation of tobacco withdrawal is the main deterrent for making a quit attempt. Among moderate smokers, the main reason for not trying to quit is also cravings (31 percent) followed by loss of a way to handle

stress (13 percent) and nicotine withdrawal (12 percent).

Finally, among light smokers, the main reason for not trying to quit is cravings (28 percent) followed by loss of a way to handle stress (17 percent), and nicotine withdrawal (11 percent). Notably, less than 10 percent of respondents cite the cost of medication as the main reason for not trying to quit but about one quarter of all respondents list it as one of the reasons for not trying to quit.

MAIN REASON FOR NOT TRYING TO QUIT

(Check only one)

	Light Smokers (%)	Moderate Smokers (%)	Heavy Smokers (%)
Cravings	28	31	32
Nicotine withdrawal	11	12	20
Loss of a way to handle stress	17	13	11
Fear can't quit	5	11	10
Cost of medicines	8	9	7



CONCLUSIONS

These findings suggest that a range of factors influence why Wisconsin residents smoke. It is a complex phenomenon that includes both environment influences and internal cues. While complex, some factors are particularly relevant. The Wisconsin Tobacco Survey shows that smokers tend to be surrounded by a climate of tobacco use. Smokers are more likely to have friends, family and spouses who smoke. They tend to work in places that have fewer restrictions on smoking.

Moreover, reasons for smoking vary based on whether respondents are light, moderate or heavy smokers. Heavy smokers report more addiction and more habituation of smoking. Light smokers tend to feel the need to smoke in social situations and may be more affected by alcohol use. It is somewhat surprising that light smokers also see themselves as addicted and experiencing cravings. This points to the powerfully addictive nature of tobacco even among those who use relatively less tobacco each day. Most smokers also report that they enjoy smoking, see it as relaxing and use it as a coping mechanism. The power of nicotine to both provide good feelings and mitigate bad feelings is amply demonstrated.

Even though smokers know that smoking is an addiction and that it affects their health, they are reluctant to try to quit. The primary reasons are fear of nicotine withdrawal, fear of losing a way to cope with stress, fear of failure, cost of medications and, for light smokers, social reasons. This indicates that smokers are fairly accurate in their assessment of their situation. They may not, however, understand how to mitigate their fears and conduct a successful quit attempt.



RECOMMENDATIONS

Both Healthy People 2010 (a health promotion and disease prevention agenda from the U.S. Department of Health and Human Services) and the Wisconsin Tobacco Control Board have established ambitious goals for reducing smoking prevalence. To reach those goals, certain definite actions must be taken. Based on the Wisconsin Tobacco Survey and other research, the following action steps are recommended:

CLIMATE OF TOBACCO USE

- This report suggests that the environment surrounding smokers, especially heavy smokers, influences tobacco use. It also demonstrates that an environment with smoking restrictions is correlated with lower tobacco use rates. The WTCB's goal of increasing smoke-free workplaces to 90 percent by 2005 should be implemented to encourage smoking cessation as well as to reduce the dangers of second-hand smoke.
- Employers should offer smoking cessation programs and/or payment of smoking cessation medication costs for their employees, since cost of medication and the smoking climate have both been shown to be reasons for smokers continuing to smoke. The WTCB, Wisconsin employers, labor unions and employees should work together to develop strong workplace cessation programs. In addition, programs should be expanded to include family members since they contribute to the tobacco use climate.
- Since light smokers are greatly influenced by social situations (and perhaps are stimulated to smoke by drinking alcohol), the WTCB goal of increasing smoke-free restaurant ordinances to 100 municipalities should be supported.

REASONS FOR SMOKING, RELAPSE AND NOT TRYING TO QUIT

- Fear of withdrawal and cravings were cited as reasons for continued smoking. Treatments are currently available that mitigate cravings and nicotine withdrawal. Wisconsin physicians should be trained in smoking cessation treatment and encouraged to intervene with their patients, including the provision of counseling and medication found to be effective. Support of training and technical assistance for healthcare providers should be enhanced.
- Smokers who have tried to quit are discouraged and fear failure. Programs aimed at encouraging cessation must focus on positive reinforcement rather than emphasizing negative health consequences. One means of doing this is to provide continued support for the Wisconsin Tobacco Quit Line to provide the counseling component that is essential to a successful quit attempt. WTCB advertising aimed at smokers should be positive and emphasize available support as well as the potential success from using evidence-based treatments.
- More research on smoking cessation and relapse prevention should be conducted in order to offer more individualized treatment for smokers, especially for light smokers who, according to the survey, are more affected by social situations in which smoking occurs.



TECHNICAL NOTES

The Wisconsin Tobacco Survey was conducted in 2001 by the University of Wisconsin Center for Tobacco Research and Intervention. 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.

Opinion Dynamics Corporation (ODC) was retained 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 Native Americans 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 was 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



REFERENCES

the entire survey was 33,636. Thirty-six percent of this group was invalidated (e.g., disconnected phone, busy phone), leaving an 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.

WTS data were weighted to more accurately represent the population of Wisconsin. The 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.

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