

15 years

Extending our SCOPE

Broadening our REACH



UW-CTRI
UNIVERSITY OF WISCONSIN

Center for Tobacco
Research & Intervention

2006 ANNUAL REPORT

annual report 2006

Extending our SCOPE, Broadening our REACH

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On the Cover:

DONNA MUEHLENBRUCH, RN, (top): Since 2002, Donna has significantly contributed to the success of UW-CTRI's clinical trials.

CARLOS EDGE, Madison (bottom left): Carlos quit smoking in 2006 with the You Can Quit Program's free medications and counseling. Now he has more time, more money and feels healthier.

SHARON KELLY, Sun Prairie (bottom center): Sharon quit smoking in 2001 with the help of the Wisconsin Tobacco Quit Line. Since she quit, she has survived breast cancer and runs marathons. "The gift of being smokefree is priceless," she said.

PRESTON YOUNG, Milwaukee (bottom right): Preston quit smoking in 2006 through the Wisconsin Smokers' Health Study thanks to a referral from his boss. "I loved it," Preston said. "Everything worked. I had to thank my boss. [His referral] basically saved my life."



ONE

EXTENDING OUR SCOPE

Advancing Tobacco Dependence Treatment

Changes to clinical practice and healthcare systems are best guided by scientific research. The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) conducts state-of-the-art research on tobacco dependence treatment that is grounded in principles of methodical, transparent, rigorous research. In 2006, this approach continued to reveal new insight on helping patients quit tobacco use.

CLINICAL PRACTICE GUIDELINE

In 2006, UW-CTRI organized a panel of experts working to update the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. The 2000 edition of the guideline was based on an analysis of more than 6,000 scientific articles published in peer-reviewed journals. This new edition will provide further insight from the most current research findings and will be founded on more than 8,500 articles.

MILESTONE: JULY 1, 2006
Clinical Practice Guideline
Update Process Began

More than 40 experts in the field of tobacco cessation are actively engaged in the update process and more than 100 external peer reviewers will examine the recommendations. Finally, the document will undergo numerous layers of federal review prior to publication in 2008.

TTURC 2: TREATMENT AND OUTCOMES

UW-CTRI continued its Transdisciplinary Tobacco Use Research Center (TTURC) research in 2006, funded primarily by the National Institute on Drug Abuse (NIDA). The current study, Tobacco Dependence: Treatment and Outcomes (TTURC 2), began in 2004. It has the ambitious goal of addressing gaps in our current knowledge about the treatment of tobacco use as well as the health and economic effects of smoking and quitting.

uw-ttunc

Wisconsin Smokers' Health Study

The first part of TTURC 2—the Wisconsin Smokers' Health Study (WSHS)—involves ground-breaking research on smoking and health conducted in Madison and Milwaukee. The



study compares five stop-smoking treatments head-to-head and will also analyze the effects of smoking and quitting on the health and lifestyle of smokers for up to three years. All study participants will receive free counseling and most will receive free medication. A primary goal of the study is to learn more about the most effective treatments for different types of patients so clinicians can better match individual smokers with optimal treatments.

So far, participants in the WSHS have quit at rates significantly higher than in the past. Among study participants receiving active medication, early results show more than 60 percent have remained tobacco free at end of treatment. Nearly 80 percent of smokers initially enrolled in the study are continuing to participate for one year and longer.

MILESTONE: DECEMBER 31, 2006
90% of Enrollment Completed
for Wisconsin Smokers'
Health Study

WSHS brings together an outstanding group of researchers—among them, national experts in cardiology, psychology, nutrition, exercise and various addictions—from Harvard University and the universities of Utah, Washington, Illinois—Chicago and Wisconsin.



They hope to break new ground with discoveries that will help healthcare providers treat not just the tobacco use—but the patient as a “whole person” over an extended timeframe.



“The people at UW-CTRI do a GREAT JOB asking the RIGHT QUESTIONS and HELPING YOU to QUIT. I QUIT and I FEEL BETTER. I will NEVER GO BACK to SMOKING.”

— BILL SIOK, WSHS PARTICIPANT

Effectiveness in the Real World

It's one thing to test treatments in a controlled environment. It's a completely different matter to see how they work in the real world. So the second part of TTURC 2 involves research on the same five tobacco dependence treatments—but this time among regular patients visiting primary care settings at clinics throughout eastern Wisconsin. Each clinic participates for eight months, with smoking data collected at every patient visit during the first four months. A UW-CTRI staff member visits each site regularly to assist the clinic and monitor progress.

MILESTONE: DECEMBER 31, 2006
80% of Enrollment Completed for
Effectiveness Study

So far, the clinics have been eager to participate and report that they have benefited from training. Early results show that clinics which have a staff member who is a champion of tobacco treatment refer more participants into the study. Additionally, referrals to the Wisconsin Tobacco Quit Line are generally much higher



during the first four (more intense) months of the study and tend to drop off thereafter. As UW-CTRI continues to focus on more effective ways to bring research into practice in the community, a key question will be how to sustain positive system change at every clinic.

Genetics Research

TTURC 2 researchers from the University of Utah and UW-CTRI are also exploring genetic links to Chronic Obstructive Pulmonary Disease as well as potential links between genetic variations and a smoker's ability to quit.



TTURC 1

TTURC researchers continued to publish findings from early TTURC 1 research (conducted between 1999 and 2004), shedding further light on tobacco dependence measures, withdrawal, web-based interventions, genetics and treatment functionality. For a complete list of UW-CTRI research papers published in 2005 and 2006, see Appendix B.

NEW MEDICATIONS

UW-CTRI is currently testing two medications: varenicline and a nicotine vaccine.

Varenicline Study

Varenicline is a prescription-only medication designed to mimic nicotine in the brain and reduce cravings (agonist effects) while at the same time block some of the pleasure derived from smoking (antagonist effects).

MILESTONE: JULY 2006
UW-CTRI Published Findings in the *Journal of the American Medical Association (JAMA)* Showing Varenicline to be More Effective than Bupropion or Placebo as a Quit-Smoking Medication

Vaccine Study

UW-CTRI is also testing a nicotine vaccine—an injection designed to cause the immune system to produce proteins that attach to nicotine molecules in the bloodstream and prevent them from reaching receptors in the brain.



OTHER RESEARCH

UW-CTRI conducts a variety of other research on tobacco dependence.

Policy and Systems Research

Through the Addressing Tobacco in Healthcare (ATHC) Research Network, UW-CTRI facilitates collaboration among tobacco control researchers and healthcare partners who are interested in systems-change research.

MILESTONE: FEBRUARY 15, 2006
First National Forum hosted by
Addressing Tobacco in Healthcare:
*Translating Health Services Research
Into Practice and Policy*

ATHC hosted 119 attendees at its first national forum, “Translating Health Services Research into Practice and Policy,” in Orlando, Florida in 2006.

Quit Line Research

In 2006, UW-CTRI completed a pilot study which found that teens who called the Wisconsin Tobacco Quit Line were frequent smokers—and were more likely to be motivated to quit by health concerns than other factors.

A larger follow-up study in 2007 will test the effectiveness of the Quit Line for smokers age 13 to 24.



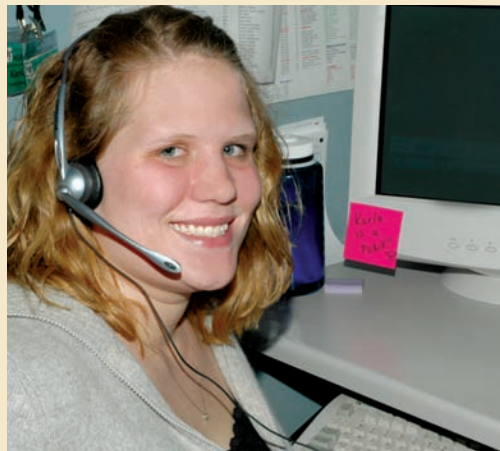
MILESTONE: MAY 4, 2006
Pilot Study Completed: Use
of the Quit Line by Teens

Wisconsin Behavioral Health Study

Through the Wisconsin Behavioral Health Study, UW-CTRI researchers are delving into data from 452 smokers collected from 2003 to 2006 via three yearly phone surveys and mailed questionnaires.

MILESTONE: DECEMBER 2006
Data Collection Complete for
Wisconsin Behavioral
Health Study

They'll analyze a wide variety of variables—including physical health, mental health, nicotine dependence and other factors to prospectively predict quit attempts, cessation and relapse.





TWO

BROADENING OUR REACH

Helping More Wisconsinites Quit Tobacco

OUTREACH TO HEALTHCARE PROVIDERS

Since the launch of UW-CTRI's Outreach Program in 2001 as part of a comprehensive, statewide tobacco control program, UW-CTRI outreach specialists have worked with virtually every healthcare system and insurer—as well as thousands of clinics and dozens of hospitals across Wisconsin. The goal has been to ensure that smokers throughout the state have access to affordable, effective treatments to quit smoking or chewing tobacco. These specialists provide training and technical assistance to clinics, hospitals and health systems to create sustainable improvements to the way they treat tobacco dependence.

MILESTONE: 2006
UW-CTRI Surpassed 24,000
Professionals Trained

The program is working. Smoking prevalence in Wisconsin has dropped from 24.1% in 2000 to 20.8% in 2005—a net decrease of about 113,000 smokers and saving millions in healthcare costs since 2000. In 2006, the Center intensified efforts to help groups disparately impacted by tobacco use.

NEW PROGRAMS FOR WISCONSIN TOBACCO USERS

Throughout 2006, UW-CTRI worked with state associations for pharmacists, nurses, physician assistants and dental professionals to expand the use of quit smoking treatments. Here are examples of new programs in 2006.

Healthy Air for Kids



THE ISSUE:

More than 40 percent of Wisconsin students in grades 6 to 12 are regularly exposed to secondhand smoke at home.

“Children exposed to secondhand smoke are at an increased

risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems and more severe asthma.”

— Report of the U.S. Surgeon General, 2006

THE PROGRAM: UW-CTRI developed Healthy Air for Kids to encourage parents who smoke to talk to their child's healthcare provider about quitting. UW-CTRI developed treatment materials for pediatric and family practice clinicians as well as posters and brochures to encourage parents to seek their help. UW-CTRI trains providers on how to best help parents quit.

Outreach to Medicaid Recipients

less than two percent of Medicaid recipients actually use them. Two primary reasons: lack of awareness by Medicaid patients and outdated information among healthcare providers.

MILESTONE: OCTOBER 19, 2006
Program Launched to Increase use of Medicaid Benefits

THE PROGRAM: To alleviate this barrier to treatment, UW-CTRI worked with staff from the Wisconsin Medicaid program to create new materials to promote the benefit to recipients and providers. UW-CTRI outreach specialists also train healthcare providers who treat Medicaid patients—and work to reduce institutional barriers to consistent tobacco dependence treatment.

Operation Quit Tobacco

THE ISSUE: American troops are returning from Iraq and Afghanistan smoking at much higher rates.

MILESTONE: NOVEMBER 15, 2006
Operation Quit Tobacco Launched

THE PROGRAM: Through Operation Quit Tobacco, any Wisconsin veteran, reservist, National Guard member or active-duty soldier can call the Wisconsin Tobacco Quit Line to receive free personalized coaching as well as a free two-week supply of medication to help quit tobacco. In 2006, more than 100 vets and military personnel received counseling and free medication. The program continues throughout 2007.

Ethnic and Poverty Networks

THE ISSUE: High rates of tobacco use among ethnic groups and the poor is a significant concern—effective programs are needed.

MILESTONE: FALL 2006
Mini-grants to Ethnic and Poverty Networks

THE TOOL: UW-CTRI provided mini-grants directly to three networks to pilot tobacco dependence treatment initiatives for their communities.

You Can Quit



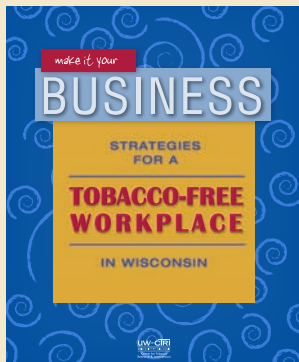
Beginning January 1, 2006, UW-CTRI partnered with the University of Wisconsin Hospital and Clinics to help employees quit tobacco use. Later in the year, the program expanded to include staff at the UW Medical Foundation. More than 430 employees made quit attempts in 2006, and many succeeded. The program continues in 2007.

Chew Tobacco

UW-CTRI partnered with other tobacco control professionals to encourage chewers to quit and non-chewers never to start.

MILESTONE: FEBRUARY 12-18, 2006
First 'Through With Chew' Week in Wisconsin

Employer Toolkit



THE ISSUE:
Wisconsin businesses lose \$3 billion a year in lost worker productivity and higher healthcare expenses caused by smoking.

THE TOOL:

UW-CTRI collaborated with tobacco control professionals from around the state to create a comprehensive employer toolkit for businesses to use to help employees be healthier and more productive. Tobacco control professionals across Wisconsin work with businesses to implement policies suggested in the toolkit.

MILESTONE: SEPTEMBER 13, 2006
Toolkit for Employers Published

WORKING WITH HOSPITALS

Since 2001, hospitals have been one of UW-CTRI's key partners for treating tobacco dependence, working to recognize hospitalization as a key "teachable moment" to help tobacco users quit.



UW-CTRI Outreach Specialist Tricia Brein (center) has helped Stoughton Hospital's Terrence Brenny, CEO, and Teresa DeNucci, RN, establish tobacco cessation programs for inpatients and staff.

"We felt STRONGLY that WE NEEDED to be a ROLE MODEL for HEALTHY LIVING on OUR CAMPUS. It's a GREAT BENEFIT to have UW-CTRI COME IN and PROVIDE TRAINING."

— TERRENCE BRENNY, CEO OF STOUGHTON HOSPITAL

In 2004, UW-CTRI began partnering with the Wisconsin Hospital Association (WHA) to encourage all 150 member hospitals to increase efforts to help employees and patients quit. The Center has worked directly with 55 Wisconsin hospitals that discharge more than 870,000 patients a year. This work has intensified since WHA encouraged all member hospitals to enact smokefree campuses.

UW-CTRI WEB SITE

The UW-CTRI web site, www.ctri.wisc.edu, serves as a user-friendly tool to disseminate tailored information and materials about quitting tobacco use to target audiences.

MILESTONE: 2006
UW-CTRI Web Site Garnered More than 1.2 Million Hits

QUIT LINE PAYS OFF

Thanks to funding from the Wisconsin Department of Health and Family Services, the Wisconsin Tobacco Quit Line offers free, confidential, non-judgmental coaching and information about how to quit to any Wisconsin resident who calls 1-800-QUIT-NOW (784-8669).



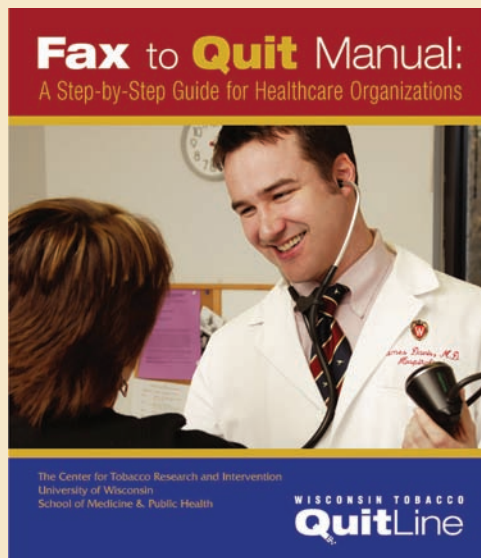
“Without the QUIT LINE, I could NOT HAVE QUIT. They’re FOR REAL. They call you, give tips. THEY CARE. That was COMFORTING to me. My GRANDKIDS WANTED ME to TAKE THEM to the PARK. I COULDN’T BEFORE. NOW I CAN.”

– SHIRLEY REIMER OF MILWAUKEE, QUIT LINE CALLER

WISCONSIN TOBACCO
QuitLine
800-QUIT-NOW

MILESTONE: AUGUST 2006
Quit Line Surpasses 50,000
Caller Mark

Smokers incur an estimated \$1,623 a year in additional medical expenses compared to nonsmokers, according to the CDC.



UW-CTRI developed a Fax to Quit Manual for healthcare providers to enroll patients for Quit Line services.

In 2006, the Quit Line assisted more than 6,400 callers, saving millions in healthcare costs. More than 1,000 callers were from uninsured residents and 1,400 were Medicaid or Medicare recipients. While African Americans comprised only six percent of the state population in 2006, 11 percent of Quit Line callers were African Americans.

UW-CTRI CLINIC

While the Quit Line offered services by phone, the UW-CTRI Cessation Clinic continued its tradition of helping patients quit through state-of-the-art outpatient care. Clinic staff—physicians, psychologists and others—also provide inpatient cessation services for the University of Wisconsin Hospital and offer a weekly support group. The clinic has helped more than 1,000 smokers quit.

Appendix A: 2006 FINANCIAL REPORT

UW-CTRI'S OPERATING BUDGET IN 2006 WAS \$6.2 MILLION. FUNDING FOR UW-CTRI RESEARCH AND ACTIVITIES COMES FROM A VARIETY OF SOURCES—THE FEDERAL GOVERNMENT, THE STATE OF WISCONSIN, NONPROFIT ORGANIZATIONS, PHARMACEUTICAL COMPANIES AND THE UNIVERSITY OF WISCONSIN. THE CENTER IS COMMITTED TO MAINTAINING A DIVERSIFIED FUNDING PORTFOLIO. UW-CTRI DOES NOT ACCEPT TOBACCO-INDUSTRY FUNDING BECAUSE THIS WOULD BE INCONSISTENT WITH UW-CTRI'S MISSION.

FEDERAL GOVERNMENT FUNDING \$2.5 MILLION

- In 2004, the National Institute on Drug Abuse (NIDA) awarded UW-CTRI a second five-year, \$8.5 million grant to continue as a Transdisciplinary Tobacco Use Research Center (TTURC), continuing vital research on treating tobacco dependence.
- UW-CTRI also continued to receive supplemental funding from the National Cancer Institute (NCI) for TTURC research focusing on under-represented minorities. NCI also provided supplemental funding (via Westat) for UW-CTRI's research on tobacco treatment, policy and systems change.
- The Agency for Healthcare Research and Quality (AHRQ) provided funding for UW-CTRI to lead the update of the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. Other government entities sponsoring the project include the Centers for Disease Control (CDC), NIDA, NCI and the National Heart, Lung and Blood Institute.
- The CDC also continued to provide supplemental funding to UW-CTRI for the Wisconsin Tobacco Quit Line.

STATE GOVERNMENT FUNDING \$1.7 MILLION

- In 2006, UW-CTRI received funding to reduce tobacco use statewide through the Wisconsin Tobacco Quit Line and the Education and Outreach Programs.

NON-PROFIT FUNDING \$900,000

- The Robert Wood Johnson Foundation (RWJF) and the American Legacy Foundation provided funding to support the update of the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. RWJF also provided a two-year grant to support the Addressing Tobacco in Healthcare program and awarded an evaluation grant for the Wisconsin Tobacco Quit Line. Finally, the RWJF Substance Abuse Policy Research Program awarded UW-CTRI a grant to evaluate the National Quitline Network.
- ClearWay Minnesota provided funding to UW-CTRI to provide technical assistance to grantees in Minnesota.

PHARMACEUTICAL FUNDING FOR RESEARCH AND EDUCATION \$600,000

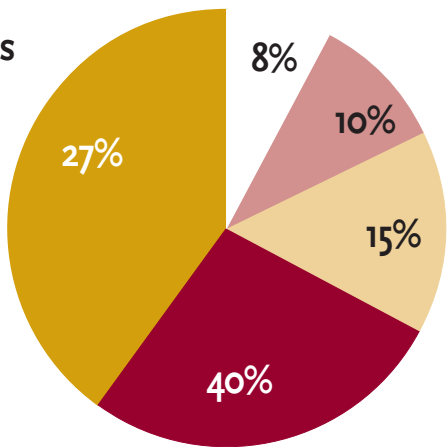
- In 2006, UW-CTRI conducted a number of clinical trials of new medications for smoking cessation—a pill called varenicline and a new vaccine to help smokers quit.

UNIVERSITY OF WISCONSIN FUNDING \$500,000

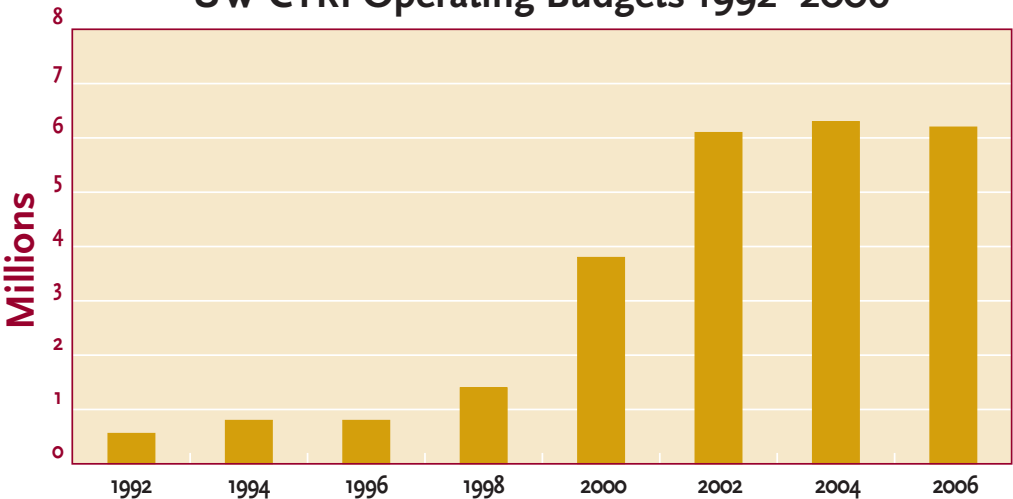
- The University of Wisconsin continues to support UW-CTRI through a variety of funding mechanisms, including a grant from the Ira and Ineva Reilly Baldwin Wisconsin Idea Endowment to help parents quit smoking. The UW School of Medicine and Public Health, UW Department of Medicine and the UW Comprehensive Cancer Center also provided funding to UW-CTRI.

2006 Funding Sources

- Federal Government
- State Government
- Non-Profit Foundation
- Pharmaceutical
- University of Wisconsin



UW-CTRI Operating Budgets 1992–2006

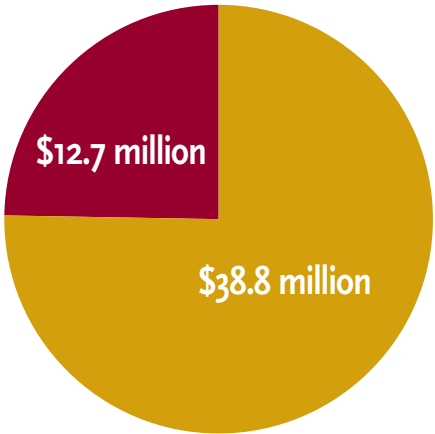


Bringing Funding to Wisconsin

MORE THAN 75 PERCENT OF UW-CTRI FUNDING, \$38.8 MILLION, HAS COME FROM OUTSIDE THE STATE.

Total Income 1992–2006 \$51.5 Million

- State of Wisconsin funding
- Outside funding brought into Wisconsin



Appendix B: 2005 AND 2006 PUBLICATIONS

2005 PUBLICATIONS:

- Adsit R, Fraser D, Redmond L, Smith SS, Fiore MC. (2005) Changing Clinical Practice, Helping People Quit: The Wisconsin Cessation Outreach Model. *Wisconsin Medical Journal*, 104, 32-36.
- Burns ME, Rosenberg MA, Fiore MC. (2005) Use of a New Comprehensive Insurance Benefit for Smoking-Cessation Treatment. *Preventing Chronic Disease*, 4, A15.
- Cannon DS, Baker TB, Piper ME, Scholand MB, Lawrence DL, Drayna DT, McMahon WM, Villegas GM, Caton TC, Coon H, Leppert MF. (2005) Associations between Phenylthiocarbamide (PTC) Gene Polymorphisms and Cigarette Smoking. *Nicotine & Tobacco Research*, 7, 853-858.
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- Hatsukami D, Rennard S, Jorenby D, Fiore MC, Koopmeiners J, de Vos A, Horwith G, Pentel P. (2005) Safety and Immunogenicity of a Nicotine Conjugate Vaccine in Current Smokers. *Clinical Pharmacology & Therapeutics*, 78, 456-67.
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- Smith SS, Beckley T, Fiore MC. (2005) Health Care Provider Use of Guideline-Based Smoking Cessation Interventions: Results from the 2003 Wisconsin Tobacco Survey. *Wisconsin Medical Journal*, 104, 28-31.

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- Curry SJ, Orleans CT, Keller P, Fiore MC. (2006) Promoting Smoking Cessation in the Healthcare Environment: 10 Years Later. *American Journal of Preventive Medicine*, Vol. 31 No. 3, 269-72.
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- Jorenby DE, Hays JT, Rigotti NA, Azoulay S, Watsky EJ, Williams KE, Billing CB, Gong J, Reeves KR. (2006) Efficacy of Varenicline, an $\alpha_4\beta_2$ Nicotinic Acetylcholine Receptor Partial Agonist, vs. Placebo or Sustained-Release Bupropion for Smoking Cessation. A Randomized Controlled Trial. *JAMA*, Vol. 296, No. 1, July, 56-63.
- Baker TB, Japuntich SJ, Hogle JM, McCarthy DE, Curtin JJ. (2006) Pharmacologic and Behavioral Withdrawal from Addictive Drugs. *Current Directions in Psychological Science*, Oct., Vol. 15, (5) 232-236.
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MISSION

THE MISSION OF UW-CTRI IS TO EXPAND OUR UNDERSTANDING OF TOBACCO DEPENDENCE AND ITS TREATMENT AND TO USE THIS KNOWLEDGE TO DESIGN AND IMPLEMENT INTERVENTIONS THAT WILL SIGNIFICANTLY REDUCE TOBACCO USE IN WISCONSIN, THE NATION AND BEYOND.

THE CENTER

The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) is a nationally recognized authority on tobacco dependence and treatment. UW-CTRI was established in 1992 by the University of Wisconsin-Madison School of Medicine as the lead campus agency addressing tobacco use in our society. The founder and director of UW-CTRI is Michael C. Fiore, M.D., M.P.H., Professor of Medicine, and the Associate Director is Timothy B. Baker, Ph.D., Professor of Medicine.

UW-CTRI STAFF

UW-CTRI has grown from 10 employees in 1992 to 103 in 2006. That included 52 faculty and staff, two graduate students and 49 undergraduates. UW-CTRI has offices in Milwaukee and Madison for administration and clinical research. Six outreach employees work in the five health regions of the state—with offices in Oshkosh, Tomahawk, Eau Claire, Madison and Milwaukee.



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