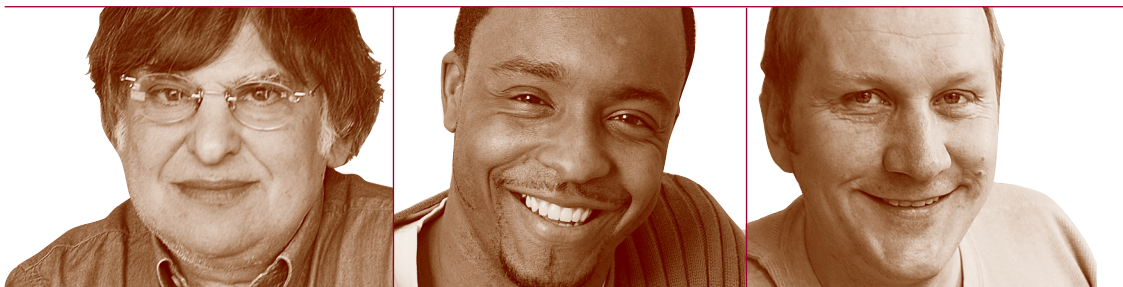




HELPING *smokers* QUIT



UW-CTRI

Center for Tobacco Research and Intervention
University of Wisconsin Medical School

TABLE OF CONTENTS

■ FROM THE DIRECTOR

DR. MICHAEL FIORE	1
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■ PROFILES

LONDON A. SCOTT, JR. QUITTING HAS IMPROVED LONDON'S GAME	2
SUSAN FLOOD SUSAN BREAKS THE FAMILY SMOKING CYCLE	4
NEIL BASEN NEIL SEARCHED FOR THE HELP HE NEEDED	6
CHARLES HENDERSON FREE PATCH PROGRAM HELPS CHARLES QUIT	8
PATRICIA RUBLE PAT QUILTS WITH A LITTLE HELP FROM ED	10
DON SCHWENN DON QUILTS FOR HIS DAUGHTER	12
CHONG CHA THAO CHONG CHA CHANGES A TRADITION	14

■ 2004 HIGHLIGHTS, UW-CTRI PROGRAMS

NATIONAL PROGRAMS RESEARCH	16
NATIONAL PROGRAMS POLICY	20
WISCONSIN PROGRAMS INTERVENTION	21
WISCONSIN PROGRAMS RESEARCH	25

■ APPENDIX

APPENDIX A STRUCTURE & STAFF	27
APPENDIX B 2004 FINANCIAL INFORMATION	29
APPENDIX C 2003–2004 PUBLICATIONS	31

U W - C T R I

annual report
2004

HELPING *smokers* QUIT

"WE'VE KNOWN FOR DECADES THAT SMOKING IS BAD FOR YOUR HEALTH, BUT THIS REPORT (2004 SURGEON GENERAL'S REPORT ON THE HEALTH EFFECTS OF SMOKING) SHOWS THAT IT'S EVEN WORSE. THE TOXINS FROM CIGARETTE SMOKE GO EVERYWHERE THE BLOOD FLOWS. I'M HOPING THIS NEW INFORMATION WILL HELP MOTIVATE PEOPLE TO QUIT SMOKING AND CONVINCE YOUNG PEOPLE NOT TO START IN THE FIRST PLACE."

RICHARD CARMONA,
U.S. SURGEON GENERAL

"WE NEED TO CUT SMOKING IN THIS COUNTRY AND AROUND THE WORLD. SMOKING IS THE LEADING PREVENTABLE CAUSE OF DEATH AND DISEASE, COSTING US TOO MANY LIVES, TOO MANY DOLLARS AND TOO MANY TEARS.

IF WE ARE GOING TO BE SERIOUS ABOUT IMPROVING HEALTH AND PREVENTING DISEASE WE MUST CONTINUE TO DRIVE DOWN TOBACCO USE."

TOMMY G. THOMPSON
FORMER SECRETARY OF HEALTH & HUMAN SERVICES

DRIVING DOWN TOBACCO USE BY HELPING PEOPLE QUIT SMOKING—THAT'S OUR COMMITMENT AT UW-CTRI. THROUGH RESEARCH DESIGNED TO UNDERSTAND TOBACCO DEPENDENCE AND ITS TREATMENT, WE TRANSLATE THE MOST CURRENT SCIENCE INTO PRACTICE THAT HELPS PEOPLE QUIT. THROUGH OUR OUTREACH AND POLICY PROGRAMS, WE WORK TO HELP OTHERS DECREASE TOBACCO USE. AND, THROUGH OUR DIRECT SERVICE PROGRAMS, WE WORK WITH SMOKERS, ONE-TO-ONE, SO THAT THEY CAN LIVE THEIR LIVES TOBACCO FREE.

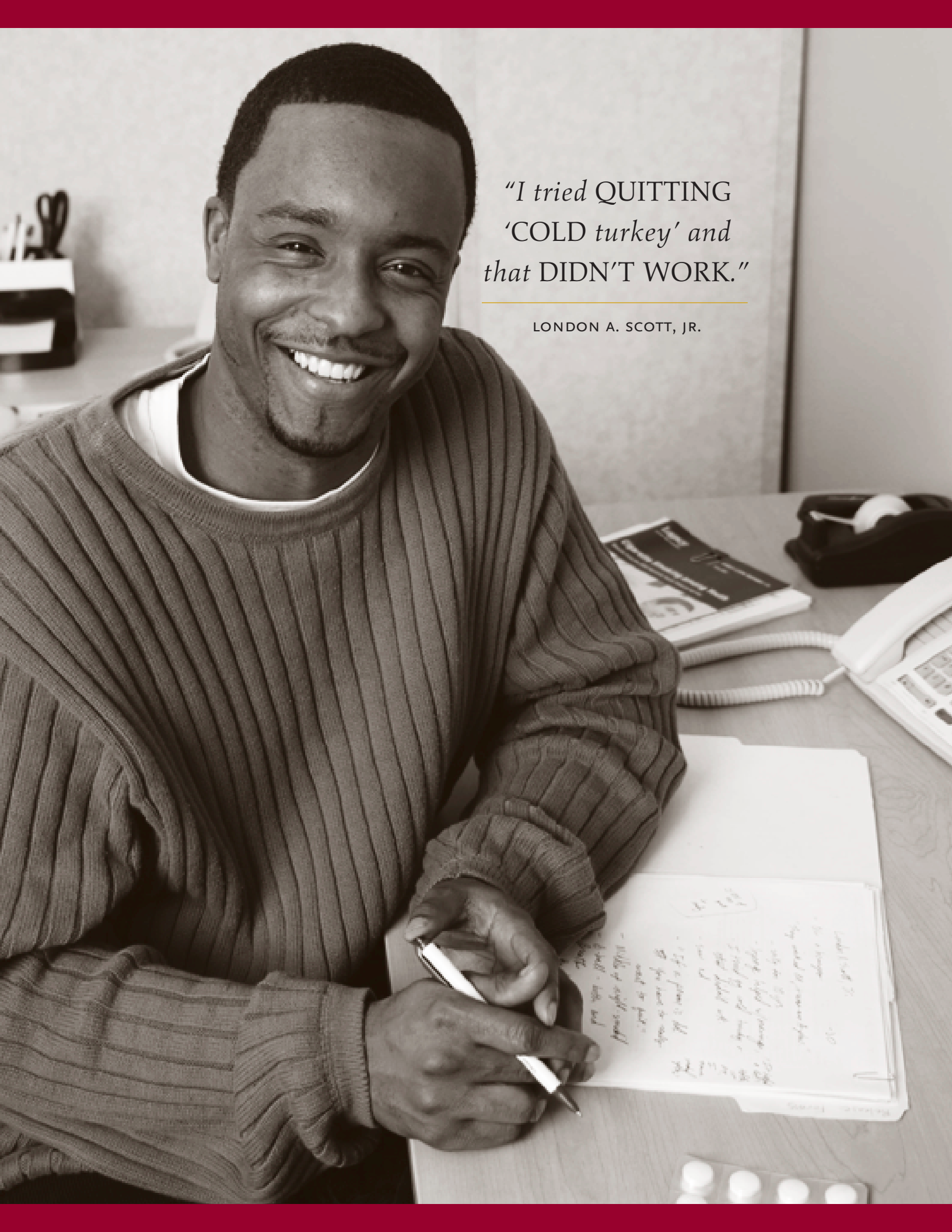
ALL WE DO, ALL OUR WORK, ALL OUR THINKING IS DIRECTED TOWARD ONE GOAL—

HELPING SMOKERS QUIT.

MICHAEL C. FIORE



*Director, UW Center for Tobacco
Research and Intervention*



*"I tried QUITTING
'COLD turkey' and
that DIDN'T WORK."*

LONDON A. SCOTT, JR.

QUITTING HAS IMPROVED LONDON'S GAME

name: LONDON A. SCOTT, JR.

age: 30

smoked: 10 YEARS

hometown: MILWAUKEE

how he quit: NATIONAL INSTITUTES
OF HEALTH RESEARCH STUDY

profile 1

London A. Scott, Jr., 30, of Milwaukee knew he needed to quit smoking for several reasons. He plays pickup basketball games with his friends, and smoking was affecting his game. He knew the longer he smoked, the worse it was for his health. And he wasn't setting a good example for the kids on the youth basketball team he coaches.

"I'd smoke in the middle of the night, after meals, it was bad," London said. "I tried quitting 'cold turkey' and that didn't work."

London is not alone. According to recent research, 78 percent of current smokers have tried to quit "cold turkey." Among African Americans, it's 92 percent. Ninety percent of all smokers in Wisconsin who try to quit "cold turkey" relapse within 30 days.

**THE GOOD NEWS IS THAT MEDICATION AND
COUNSELING CAN QUADRUPLE A SMOKER'S
CHANCE OF QUITTING SUCCESSFULLY.**

So when London saw an ad for a UW-CTRI research study offering free medication, he decided to give it a try. This study compared nicotine gum with the nicotine lozenge and could include counseling from the Quit Line.

"The lozenge worked great, it was an A-plus," London said. "After the first one, I never smoked again." And he spoke with the Quit Line, which offered some useful tips.

Since quitting, London can breathe better and has better "hops" when he plays hoops. He estimates he's saving about \$15 a week—that

goes a long way toward new high tops. He's setting a great example as a coach. And smelling better doesn't hurt with getting dates, either.

THE PROGRAM

TRANSDISCIPLINARY TOBACCO USE RESEARCH CENTER STUDIES (TTURC)

The Milwaukee lozenge study was a follow-up to one of the three major research projects conducted as part of the TTURC research program, *Understanding and Preventing Relapse*, funded by the National Institutes of Health.

The lozenge study was designed to provide further information about a new measure of tobacco dependence and gather data comparing the nicotine lozenge with the nicotine gum. The new UW-CTRI dependence measure (WISDM-68) goes beyond previous measures. It assesses physical, psychological, environmental and social aspects of tobacco dependence. It has also demonstrated some ability to predict relapse during a quit attempt.

THE NUMBERS

400 MILWAUKEE SMOKERS
PARTICIPATED IN THE
GUM/LOZENGE/QUIT LINE STUDY

2000 HAVE PARTICIPATED IN THE
UW-TTURC STUDIES IN THE PAST
FIVE YEARS



*"WHEN my FRIEND said she
WANTED to QUIT, I GAVE her
the QUIT LINE folder."*

SUSAN FLOOD

SUSAN BREAKS THE FAMILY SMOKING CYCLE

name: SUSAN FLOOD

age: 47

smoked: 30 YEARS

hometown: JANESVILLE

how she quit: WISCONSIN TOBACCO QUIT LINE

profile 2

UNTIL RECENTLY, SUSAN FLOOD SMOKED. SO DID BOTH OF HER PARENTS. SUSAN SAT BEDSIDE AS HER FATHER DIED OF THROAT CANCER AND HER MOTHER OF LUNG CANCER.

"I took them through their chemo and radiation but I didn't want to quit smoking," Susan said. "My daughter begged me to quit. My former husband didn't smoke and didn't like that I did. I needed cough syrup to clear the phlegm in my chest. I was foolish."

Then one day she went to the dentist and had a procedure that required gauze to remain in her mouth throughout the healing process. "I gagged on the combination of the gauze and the smoke in my apartment," she said. "I said, 'That's it. I quit.'"

But she needed some help. She called the Wisconsin Tobacco Quit Line for support when the cravings kicked in. "I loved it, it was great," she said. The Quit Line is available every day for any Wisconsin resident who wants to quit smoking.

"I'm glad the Quit Line sent me the information. I read it over and over." The Quit Line sends callers a packet with quit tips and information on the effects of smoking. To this day, Susan needs to keep reading her quit tips because her roommate still smokes outside their apartment.

Her only regret is that she didn't quit sooner for her kids, who are now adults. "A lot of people know smoking is bad for you, but

don't know the hazards for your children. I could have avoided upper ear infections for them."

Now she's helping others avoid the same mistake. "When my friend said she wanted to quit, I gave her the Quit Line folder and she's working with the Quit Line."

THE PROGRAM

THE WISCONSIN TOBACCO QUIT LINE

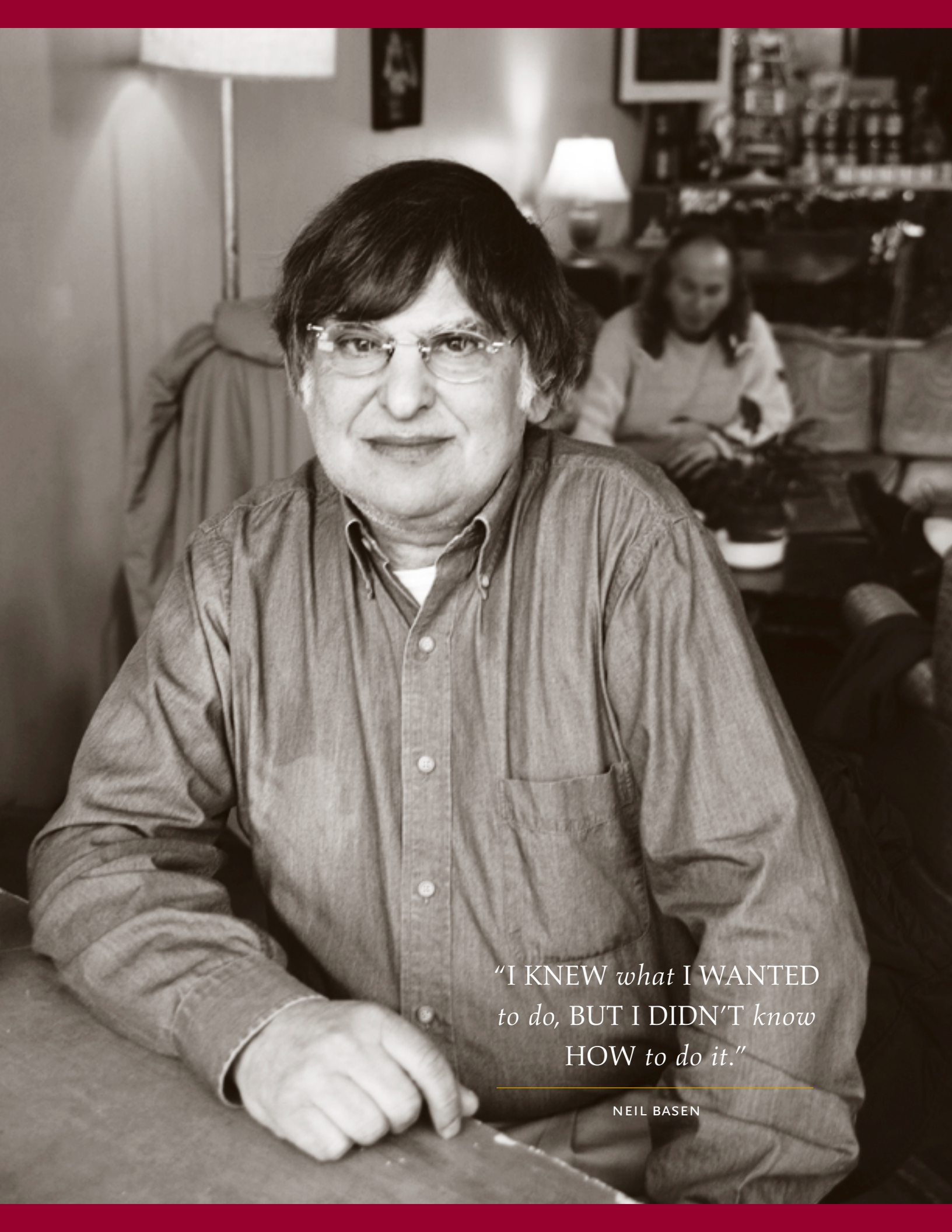
The Wisconsin Tobacco Quit Line provides free individualized counseling for Wisconsin residents who want to quit smoking. This includes an initial assessment that can take up to 40 minutes, advice on planning a quit attempt and a number of follow-up calls. The Quit Line also provides information on medications, referrals to local cessation programs and advice for family and friends. For more on the Quit Line, including the innovative Fax to Quit program, see page 22.

THE NUMBERS

36,000 QUIT LINE CALLERS SINCE 2001

92 PERCENT OF CALLERS
SATISFIED WITH SERVICE

\$24 MILLION IN HEALTHCARE
COSTS SAVED BY QUIT LINE



"I KNEW *what* I WANTED
to do, BUT I DIDN'T *know*
HOW to do it."

NEIL BASEN

NEIL SEARCHED FOR THE HELP HE NEEDED

name: NEIL BASEN

age: 58

smoked: 20 YEARS

hometown: MADISON

how he quit: UW-CTRI SMOKING CESSATION
AND PREVENTION CLINIC

profile 3

On rainy days when business is slow, Neil Basen, 58, of Madison parks his cab and holds a pen between his fingers.

IT HELPS HIM RESIST THE URGE
TO START SMOKING AGAIN,
ONE OF THE MANY TIPS HE PICKED
UP FROM THE UW-CTRI
SMOKING CESSATION CLINIC.

"That helped," Neil said. "Doug (Jorenby) and Sandra (Japuntich) at the clinic were first rate. They're always willing to guide me down the right path. There was one guy at the group sessions, Tom, who taught me how I was a prisoner to cigarettes. I thought cigarettes were my 'little friend,' a companion. It's sad."

Environmental cues also seemed to be a factor for Neil. He'd go to the local bar to watch a Badger or Packer game and light up with friends. "I'd sit at the Crystal Corner and I'd have a drink in one hand and a cig in the other. I'd take a sip and then a drag. Now when I go back there and see my friends smoking, I can't believe I did that."

Neil had tried quitting many times but never quite found the help he needed.

"The doctors would ask me about quitting, but they would just check it off or just say, 'You really ought to think about quitting.' We need to get the information out there to help people quit... The clinic can help you with your craving period, how to 'step around' it.

I knew what I wanted to do but I didn't know how to do it."

That's exactly why UW-CTRI offers clinic services to anyone who smokes or chews tobacco—to show them how to do it. "I never thought I'd quit smoking," Neil said. "But now I feel better."

THE PROGRAM

UW SMOKING CESSATION & PREVENTION CLINIC

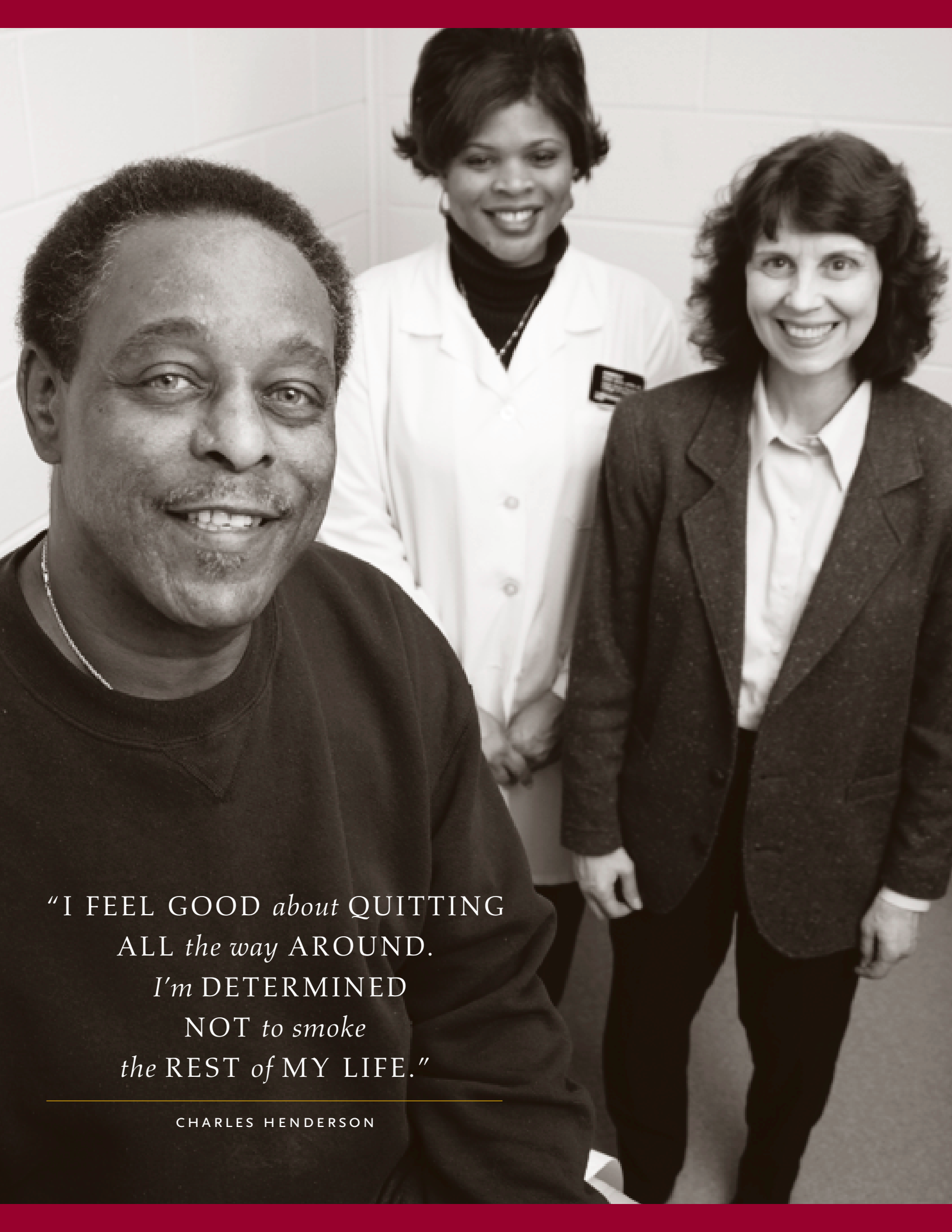
The clinic, run by a staff of clinical psychologists, physicians and other trained experts in the field of smoking cessation, is open to anyone who wants to quit tobacco use. Working as a team, clinic staff help smokers understand the physical and psychological aspects of quitting smoking and help them use a variety of strategies to successfully quit. Smokers who have quit or are in the process of quitting may attend a twice-weekly support group as long as they wish.

THE NUMBERS

950 SMOKERS HAVE BEEN TREATED
AT THE CLINIC SINCE 1989

61 PERCENT ATTENDED THE
SUPPORT GROUP AT LEAST ONCE

64 PERCENT REPORTED NOT
SMOKING WHEN CONTACTED



"I FEEL GOOD *about* QUITTING
ALL *the way* AROUND.
I'm DETERMINED
NOT *to smoke*
the REST of MY LIFE."

CHARLES HENDERSON

FREE PATCH PROGRAM HELPS CHARLES QUIT

name: CHARLES HENDERSON

age: 54

smoked: 43 YEARS

hometown: MILWAUKEE

how he quit: UW-CTRI FREE PATCH PROGRAM

profile 4

CHARLES HENDERSON OF MILWAUKEE
IS SMOKE-FREE TODAY BECAUSE OF FREE
NICOTINE PATCHES DISTRIBUTED
THROUGH THE SILVER SPRING
COMMUNITY NURSING CENTER.

"I don't think I could've quit without the help of the patch and support from family," said Charles, who has two kids, Charles, Jr., 20, and Denzelle, 13. "I didn't have any income and it was free. I was so happy that the clinic offered that to me. I feel much better now that I quit smoking."

Charles, 54, had smoked for 43 years, but he had found the determination to finally quit from his son, Denzelle. "Denzelle would say, 'DAAAAD, I thought you said you were going to quit!'" Charles said.

Charles got his chance when Mary Balistreri, a UW-CTRI outreach specialist serving Milwaukee, went to clinics like the one in Silver Spring to offer free medication and to provide training and technical assistance to healthcare providers. Charles made the most of his opportunity and quit.

"This is a great resource for us," said Kim Ryan, clinic coordinator, registered nurse and professor at UW-Milwaukee. "Many of our patients are underinsured or uninsured. We appreciate the support of the UW-CTRI staff and the Wisconsin Tobacco Quit Line."

Charles said he would recommend the patch program and Quit Line to others who

find it hard to access treatment. "I would tell them to try to get their mindset right and reach out for any assistance they can get to help them quit. It's a hard process. But now I'm able to breathe much better, walk better."

THE PROGRAM

THE UW-CTRI FREE NICOTINE PATCH PROGRAM

Research tells us that the most successful means for quitting smoking is a combination of medication and counseling. The Free Nicotine Patch Program was designed to provide both medication and counseling to uninsured and underinsured residents of Wisconsin.

Smokers were given a six-week course of nicotine patches, self-help materials and information on the Wisconsin Tobacco Quit Line or local cessation programs. UW-CTRI outreach specialists, located throughout the state, managed the program and used it as an opportunity to integrate tobacco use treatment into the regular delivery of health care at clinics across Wisconsin.

THE NUMBERS

3000 UNINSURED OR UNDERINSURED
WISCONSIN SMOKERS GOT FREE
PATCHES IN 2004

58 CLINICS AND...

25 ORGANIZATIONS PARTICIPATED
IN THE PATCH PROGRAM



*"It's a HORRIBLE,
powerful ADDICTION and
people don't REALIZE it."*

PATRICIA RUBLE

PAT QUILTS WITH A LITTLE HELP FROM ED

name: PATRICIA RUBLE

age: 63

smoked: 50 YEARS

hometown: MADISON

how she quit: NATIONAL INSTITUTES
OF HEALTH RESEARCH STUDY

profile 5

WHEN MADISON RESIDENT PAT RUBLE
SAW HER MOTHER DIE OF LUNG CANCER
AFTER YEARS OF SMOKING, SHE WAS AFRAID
HISTORY WOULD REPEAT ITSELF.

Pat had smoked for nearly 50 years, and her daughter, Beth, smoked, too. "She learned from the best," Pat said with a sigh.

Pat tried to quit many times. "I had been smoking two packs a day, then one," she said. "It's a horrible, powerful addiction and people don't realize it. Non-smokers think, 'It's easy, just quit whenever you want.' Well, wrong-o."

Then she saw Dr. Michael Fiore on TV talking about a UW-CTRI clinical research study. "I thought, heck, I have everything to gain and nothing to lose," Pat said.

This clinical trial, sponsored by the National Institutes of Health (NIH), randomly assigned participants to either a stop-smoking medication called bupropion SR or a placebo and either counseling or no counseling. All participants used an electronic diary, which buzzed five times a day to prompt participants to answer a brief survey. Participants were asked to enter information about their emotions, their cravings, stress in the environment and whether they were smoking. Pat named her electronic diary "Ed."

"Ed was my buddy," she said. "He really helped. It was a way to get your feelings out. I took him to the movies, the casino, everywhere."

Eventually, Pat quit, at the age of 60. "It was the best thing I've ever done," she said. "I feel better all the way around. I have emphysema and asthma, but it's not as bad as it was before. I haven't had a bad upper-respiratory infection in two years. My clothes don't smell and I don't have those icky ashtrays. And I've saved money. I'm putting \$3.50 away each day. That adds up. My husband, daughter and son thought I'd never quit. They're all really proud."

THE PROGRAM

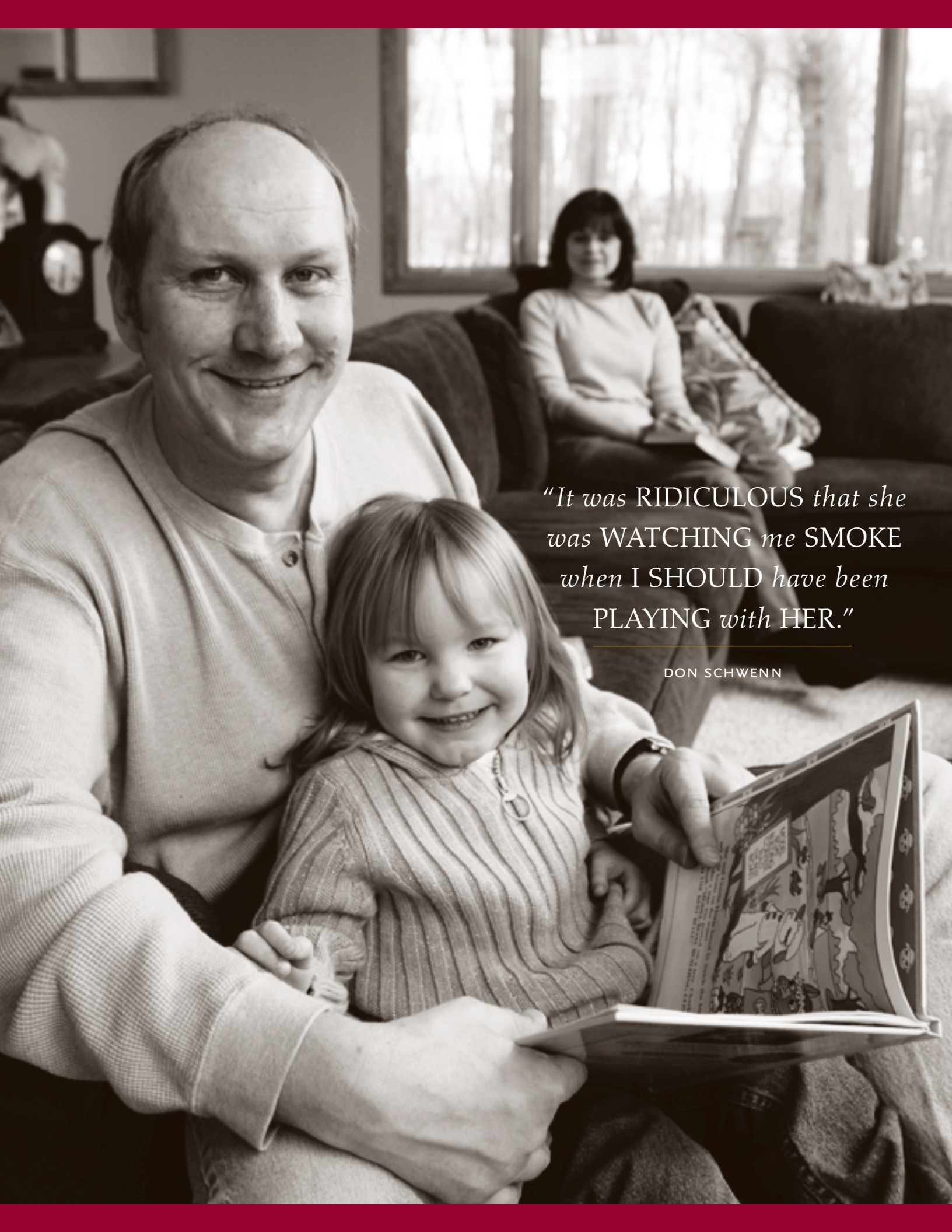
TRANSDISCIPLINARY TOBACCO USE RESEARCH CENTER STUDIES (TTURC):

The Electronic Diary study was one of three major research projects being conducted as part of the federally-funded TTURC 1 research program. The "ED" study was designed to get real-time reports regarding withdrawal symptoms, see if participants followed counseling recommendations, and find out whether these recommendations helped them quit. For more on this research, see page 17.

THE NUMBERS

463 SMOKERS PARTICIPATED IN THE
NIH ELECTRONIC DIARY STUDY

3500 SMOKERS HAVE PARTICIPATED
IN FEDERALLY-FUNDED CLINICAL
TRIALS AT UW-CTRI SINCE 1992



*"It was RIDICULOUS that she
was WATCHING me SMOKE
when I SHOULD have been
PLAYING with HER."*

DON SCHWENN

DON QUILTS FOR HIS DAUGHTER

name: DON SCHWENN
age: 40
smoked: 20 YEARS
hometown: POYNETTE
how he quit: NEW MEDICATION TRIAL

profile 6

About a year and a half ago, Don Schwenn and his wife adopted a little girl from Russia. During her first two months here, Don would go outside and smoke. Little 18-month-old Lizzie Schwenn would stand inside the house, staring out the window at Don with a forlorn look on her face.

"She'd stand by the door and say, 'Come on in, Dad,'" Don said. "I decided it was ridiculous that she was watching me smoke when I should have been playing with her."

So he volunteered for a UW-CTRI clinical trial of a new medication for quitting smoking, varenicline made by Pfizer. Like others in the study, Don received counseling and agreed to 12 weekly visits plus an additional nine months of follow up.

**DON SAID THE DRUG WAS
"FANTASTIC," AND HE WAS
ABLE TO QUIT WITH RELATIVE EASE.**

He had tried quitting cold turkey in the past but wasn't able to get through the withdrawal. "If you want to see a grown man cry, take away cigarettes without medication," he said.

While the medication certainly helped, Don also said the counseling and support he received from the UW-CTRI research staff was also crucial. "I can't say enough; they were really caring and really nice," Don said. "It's not like going to a sterile, white-suited clinic where they don't know you. After a while, they were more like family."

Don inspired his brother, best friend and neighbors to quit, too. And, of course, he's able to shower more time and attention on three-year-old Lizzie. "We get to play, read and do all the things a dad and a three-year-old do together," Don said. "And it's definitely a positive influence on her. I'm really proud of that."

THE PROGRAM

NEW MEDICATION CLINICAL TRIALS

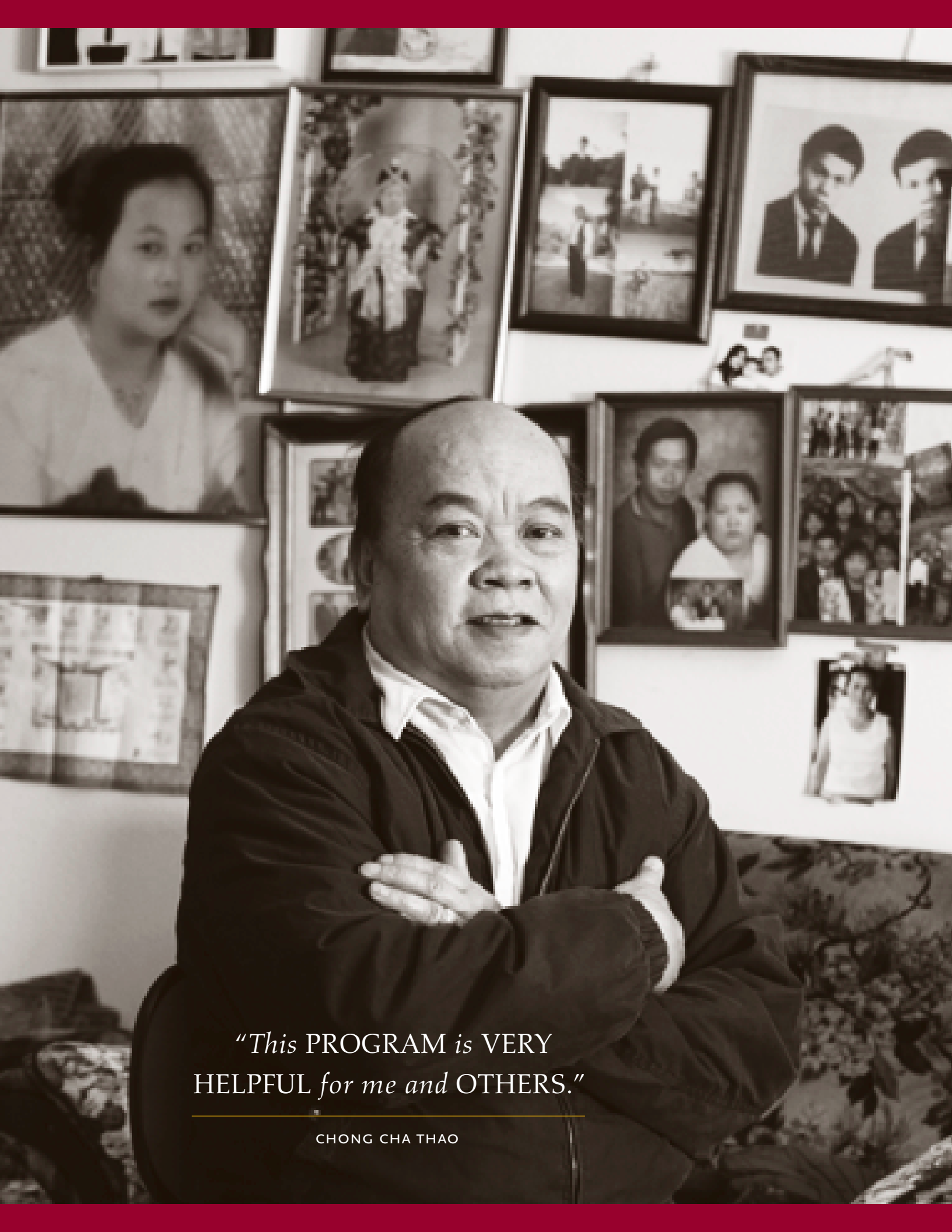
For over 12 years, UW-CTRI has helped smokers quit through participating in clinical trials for new medications. CTRI has tested the nicotine patch, the nicotine inhaler, the nicotine lozenge, bupropion (Zyban), varenicline, rimonabant, a nicotine vaccine and other medications.

In these trials, participants may or may not receive active medication. Most receive some form of counseling and many, even those on inactive medication, quit at a higher rate than if they had tried on their own. All clinical trials are approved by the University of Wisconsin Medical School and are closely monitored for safety.

THE NUMBERS

319 SMOKERS PARTICIPATED IN NEW MEDICATION TRIALS IN 2004

3500 SMOKERS HAVE BEEN IN UW-CTRI TRIALS SINCE 1992



*"This PROGRAM is VERY
HELPFUL for me and OTHERS."*

CHONG CHA THAO

CHONG CHA CHANGES A TRADITION

name: CHONG CHA THAO

age: 73

smoked: 35 YEARS

hometown: LA CROSSE

how he quit: MEDICATION AND COUNSELING
THROUGH OUTREACH PROGRAMS

profile

7

Chong Cha Thao, a Hmong elder from La Crosse, started smoking when his CIA allies gave him cigarettes during the Viet Nam War. "It was something to do, like chewing gum," Thao said. He continued smoking after he immigrated to the United States.

Last year after more than three decades of smoking, Thao heard about a smoking cessation program called HABIT designed to reduce smoking among the 8,100 Hmong Americans in western Wisconsin. Al Bliss of the La Crosse County Health Department and Kristine Hayden, UW-CTRI Outreach Specialist, worked together to provide free nicotine patches and telephone counseling through the Wisconsin Tobacco Quit Line. Thao is one of more than 100 Hmong Americans who have quit through the innovative partnership.

THAO USED THE PATCHES TO EASE CRAVINGS AND SIGNED UP FOR THE FAX TO QUIT PROGRAM. THANKS TO FAX TO QUIT, THE QUIT LINE CALLED HIM WITH A HMONG INTERPRETER ON THE LINE TO PROVIDE FREE TELEPHONE COUNSELING.

"This program is very helpful for me and others," Thao said. "I can breathe easier now that I've quit. I feel energized and a bit happier."

Now that he has quit, Thao is trying to encourage others in the Hmong community to do the same. Thao faces challenges since it's

common for Hmong Americans to offer free cigarettes to their guests at cultural ceremonies. "Tobacco at weddings is just a way to initiate socializing," Thao said. Thao wants to pass Hmong culture down to his family, but not tobacco use. Thao, Bliss and Hayden are working with other Hmong elders to come up with better alternatives.

THE PROGRAM

UW-CTRI EDUCATION & OUTREACH PROGRAM

HABIT is just one of many partnerships between the UW-CTRI Outreach Program and other organizations. Other examples include *First Breath*, a program of the Wisconsin Women's Health Foundation, which provides smoking cessation services for pregnant women, and Fight Asthma Milwaukee, which encourages parents to quit smoking.

THE NUMBERS

1500 HEALTHCARE PROVIDERS WERE TRAINED BY UW-CTRI OUTREACH SPECIALISTS IN 2004

10,000 HEALTHCARE PROVIDERS HAVE BEEN TRAINED SINCE 2001

500 ORGANIZATIONS THAT TREAT MILLIONS OF PATIENTS EACH YEAR HAVE RECEIVED TRAINING AND TECHNICAL ASSISTANCE SINCE 2001

highlights 2004

U W - C T R I P R O G R A M S

National Programs | RESEARCH

THE UNIVERSITY OF WISCONSIN CENTER FOR TOBACCO RESEARCH AND INTERVENTION (UW-CTRI) IS RECOGNIZED AS A NATIONAL LEADER IN CONDUCTING RESEARCH THAT ADVANCES OUR UNDERSTANDING AND TREATMENT OF TOBACCO DEPENDENCE. OUR LONG-TERM GOAL IS TO IDENTIFY IMPROVED TREATMENTS TO HELP SMOKERS QUIT FOR GOOD.

AN AMBITIOUS, NEW PROGRAM OF RESEARCH: (TTURC 2)

In 2004, the UW-CTRI was selected by the National Institutes of Health to receive a second five-year grant as a Transdisciplinary Tobacco Use Research Center (TTURC 2). This new round of research, *Tobacco Dependence: Treatment and Outcomes*, has the ambitious goal of addressing gaps in our current knowledge about the treatment of tobacco use and the health and economic effects of smoking and quitting. It also brings together an outstanding group of researchers—including



experts in cardiology, psychology, nutrition, exercise and various addictions, to name a few. The new TTURC 2 research has a name that emphasizes its dual objectives: the Wisconsin Smokers' Health Study.

Researchers currently have little data from head-to-head comparisons of various medications designed to help people quit smoking. We know little about which treatments work best with particular groups of smokers or how well treatments work in “real-world” settings.

TTURC 2 research will attempt to answer these questions as well as generate new information on genetics and smoking and the healthcare costs of smoking. The four projects that comprise TTURC 2 research are:

■ PROJECT 1: TOBACCO DEPENDENCE

This project will produce the best evidence to date on how and how well current treatments work. This project will make head-to-head comparisons of five treatments: nicotine patch, nicotine lozenge, bupropion (Zyban), nicotine patch + nicotine lozenge, and bupropion (Zyban) + lozenge. There will be a placebo control for each of these treatments. One outcome of this research will be to construct a strategy to match smokers and treatments. All participants will have extensive physical, psychological, social and lifestyle assessments in preparation for Project 2. This includes some of the most advanced cardiovascular testing currently available.

■ PROJECT 2: LONG-TERM OUTCOMES

This research will follow selected participants of Project 1 (about 360 successful quitters and 540 continuing smokers) for three years after their quit attempt. Participants, all of whom

receive intensive in-person assessments before they quit, will be reassessed at years one, two and three. From these comparisons, researchers will examine the long-term effects of quitting—changes in health, weight, outlook, social interactions—a complete look at how quitting or not quitting affects individuals. They will also learn more about preventive interventions and late relapse.

■ PROJECT 3: MEDICATION EFFECTIVENESS IN PRIMARY CARE SYSTEMS

This research will address the effectiveness of the same treatments studied in Project 1 but in a real-world primary care setting—at various Aurora Health Care clinics in eastern Wisconsin. It will assess patients' willingness to participate in cessation treatment and evaluate treatment recruitment and delivery. Primary care patients appearing for regular outpatient visits will be recruited by medical assistants to participate in a free smoking cessation program and will be randomly assigned to the same five active medications evaluated in Project 1. Smoking status will be followed for one year (and health care usage will be tracked for five or more years as part of Project 4). We believe that the data from Projects 1 and 3 will markedly increase knowledge regarding treatments for tobacco use.

■ PROJECT 4: HEALTHCARE USAGE & COSTS

Using information from participants in Project 3, this study will contribute new data on the impact of cessation on healthcare usage and



Participants in the Wisconsin Smokers' Health Study will wear pedometers to measure their exercise.

costs. The aim of this study is to compare healthcare usage and costs among quitters versus continuing smokers by obtaining long-term data from the group of



The carotid artery ultrasound test assesses blockages in arteries when participants quit or continue to smoke.

1,320 smokers participating in Project 3 and from a sample of 600 continuing smokers. The study will also compare types of healthcare visits and diagnoses between the two groups and examine the healthcare costs and usage of quitters against their predicted costs had they not quit. This study should provide valuable data on the cost effectiveness of quitting smoking by assessing the impact of quitting on future use of healthcare services.

*"This PROJECT has the potential
to PROVIDE a better
UNDERSTANDING of the HEALTH-
CARE COSTS of smoking..."*

NIH REVIEWER COMMENTS ON PROJECT 3

PAVING THE WAY: TTURC 1



In 1999, UW-CTRI was selected to embark upon a five-year relapse prevention research program by the National Institutes of Health as one of the seven original Transdisciplinary Tobacco Use Research Centers (TTURC 1). This research was designed to contribute to the understanding of tobacco

dependence and to find ways of preventing relapse. They have already yielded findings that contribute to current knowledge and paved the way for future research.

DEPENDENCE: ITS NATURE & ASSESSMENT

TTURC 1 scientists have developed a new measure of tobacco dependence, the *Wisconsin Smoking Dependence Motives* questionnaire (WISDM). This questionnaire assesses a number of facets of dependence based on physical, psychological, social and environmental influences. Different facets of dependence emerge at different points in the development of addictive smoking. Some of the WISDM scales also predict withdrawal severity and relapse likelihood. This research also points to future TTURC studies looking at quitting smoking over a longer time period.

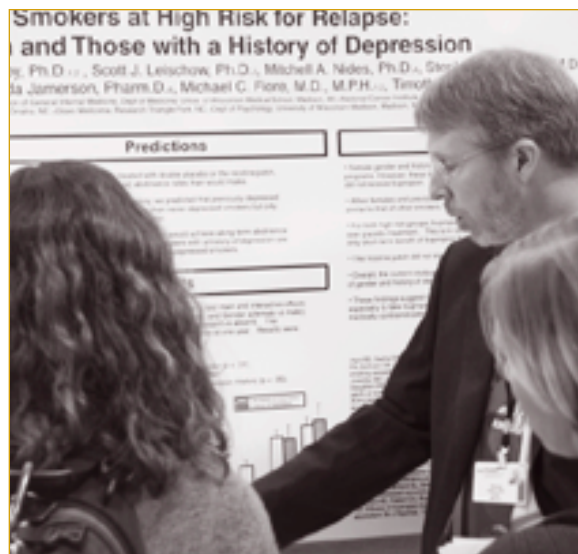
"We now have a MILWAUKEE office which has HELPED us EXPAND and DIVERSIFY our research."

TIM BAKER, UW-CTRI
ASSOCIATE DIRECTOR
OF RESEARCH



THE IMPACT OF ABSTINENCE: IMPLICATIONS FOR RELAPSE

TTURC scientists have conducted three studies, involving over a thousand smokers, in which smokers use real-time data acquisition devices to register events that occur in their daily lives and to record symptoms related to quitting smoking. This research has shown that when addicted smokers quit smoking, their symptoms become much more variable than before they quit. Smokers also appear to become much more reactive to daily events after they quit smoking. Finally, there is compelling evidence that the level of their withdrawal symptoms predict relapse.



Stevens Smith, UW-CTRI researcher, explains recent findings to students at the UW Medical School.

WHAT TREATMENTS WORK & HOW

A vital goal of our research was to determine how treatments work; what are the changes produced by treatments that result in long-term clinical success (reduced relapse). In order to explore such *mechanisms* of treatment, we needed to implement smoking cessation treatments so that they yielded significant clinical success. In two clinical trials, we obtained significant levels of treatment success in response to both counseling and medication. The results show that the treatments produced not only significant increases in long-term abstinence rates, but they also produced significant changes in craving, withdrawal symptoms, and negative and positive feelings. Further research will determine which effects are most highly related to the long-term benefits of treatment.

ADDITIONAL NATIONAL RESEARCH

MEDICATION CLINICAL TRIALS

In 2004, UW-CTRI conducted clinical trials for three new medications: rimonabant, varenicline and a nicotine vaccine. Rimonabant, a new drug developed by Sanofi-Synthelabo, is believed to

improve long-term smoking cessation and reduce or eliminate the weight gain traditionally associated with quitting.

Varenicline, a not-yet-FDA-approved medication from Pfizer, acts to reduce the effects of nicotine in two ways—reducing the rewarding effects of nicotine and reducing nicotine withdrawal symptoms.

In addition, the Center began a trial to determine the safety of a vaccine against nicotine that is being developed by Nabi. Previously tested on rats, the vaccine is in the early stages of being tried by humans. The vaccine is designed to attach to nicotine molecules and prevent their absorption by the brain.

HEALTH SYSTEMS RESEARCH

■ ADDRESSING TOBACCO IN MANAGED CARE (ATMC)

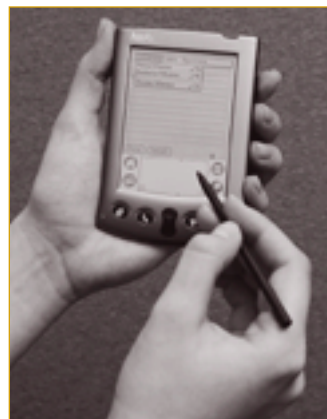


The ATMC program, funded by The Robert Wood Johnson Foundation (RWJF), is intended to promote the integration of effective smoking cessation treatments into the basic healthcare provided by managed care

organizations (MCO). To achieve this objective, the program provides grants to evaluate the effectiveness of organizational strategies to implement the recommendations of the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. UW-CTRI manages this program as the national program office.

■ COST OF TREATMENT STUDY—WISCONSIN

RWJF funds two related studies at UW-CTRI as part of the UW-TTURC Policy Research program. Both studies examine different dimensions of insurance coverage for tobacco



cessation treatment for state employees. The first study, a cost of treatment study, examines the awareness, use and cost of insurance coverage for tobacco cessation treatment among

Wisconsin state employees and retirees. It is a three-year observational study in which 16 of the 17 health insurance carriers that serve state employees agreed to participate.

■ COVERAGE FOR STATE EMPLOYEES—NATIONAL STUDY

The second study is a national study that focuses on insurance coverage for state employees. That is, in each state a public entity purchases health insurance for the state's employees and retirees. This study has two aims:

- 1) To identify the prevalence of insurance coverage for smoking cessation treatment among state employees, nationwide, and
- 2) To identify those factors that influence state employers' decisions to purchase insurance coverage for smoking cessation treatment for their state employees.

PREVENTING 3 MILLION DEATHS, HELPING 5 MILLION SMOKERS QUIT

On February 11, 2003, Dr. Michael Fiore presented a bold, new plan to promote smoking cessation, reduce smoking prevalence and prevent millions from starting to smoke to the Interagency Committee on Smoking and Health (ICSH) in Washington, D.C.

A year later on February 3, 2004, the recommendations from that plan were published in the *American Journal of Public Health* (AJPH) and unveiled at a press conference at the National Press Club in Washington, D.C.

The plan and the article in AJPH resulted from deliberations of a subcommittee on smoking cessation that Health and Human Services Secretary Tommy Thompson had asked Dr. Fiore to chair. The 16-member subcommittee was charged with the responsibility of developing a set of bold, science-based action steps that the federal

government could undertake to dramatically reduce tobacco use rates in America.

The subcommittee's report is a comprehensive plan that recommends both government programs and public/private partnerships. The response of Surgeon General Carmona, the full committee and the public was overwhelmingly positive. After discussion, the full committee

unanimously endorsed sending the report to Secretary Thompson.

WHAT HAS RESULTED?

On February 3, 2004, Sec. Thompson announced his plan for a national quit line network, one of the plan's recommendations.

Since that time, the national quit line number (**1-800-QUIT-NOW**) has been announced and activities are under way to make it fully operational.

In December 2004, the Bush administration announced that the Centers for Medicare & Medicaid Services intends to provide new coverage allowing certain Medicare beneficiaries who smoke to receive tobacco cessation counseling services, another plan recommendation.



Former Surgeon General David Satcher (right) at event announcing The National Action Plan for Tobacco Cessation.

*"There has NEVER been a
BETTER time for HEALTH
PROFESSIONALS to HELP their
PATIENTS break FREE from the
DEADLY chronic DISEASE we know
as TOBACCO ADDICTION."*

DAVID SATCHER, MD, PHD,
FORMER U.S. SURGEON GENERAL



SEVERAL NEW PROGRAMS WERE LAUNCHED IN 2004 THAT ENHANCE THE ABILITY OF UW-CTRI'S OUTREACH PROGRAM TO HELP WISCONSIN RESIDENTS QUIT SMOKING.

UW-CTRI HELPS HOSPITALS TREAT SMOKERS

UW-CTRI partnered with the Wisconsin Hospital Association (WHA) in 2004 to



encourage hospitals across the state to make smoking cessation treatment a standard of patient care. UW-

CTRI presented three training sessions via conference call to leaders from 55 Wisconsin hospitals and quality care promotion organizations. These hospitals serve more than 866,000 patients a year.

"From the initial PLANNING of our SYSTEM-WIDE tobacco CESSATION PROGRAM to its CURRENT implementation at our HOSPITALS and OUTPATIENT CLINICS, UW-CTRI has consistently provided EXPERTISE on BEST PRACTICE APPROACHES."

BARBARA MATHISON, PROHEALTH CARE

UW-CTRI's six outreach specialists followed up with these contacts to provide technical assistance on treating tobacco addiction. One outcome was expanding access to the Wisconsin Tobacco Quit Line by initiating the Fax to Quit program at 12 hospitals.

Hospital administrators are seeking to meet new requirements from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to provide smoking cessation counseling to patients admitted with diagnoses of heart attack, congestive heart failure and pneumonia.

This is a tremendous opportunity for hospitals across the state to improve their tobacco dependence treatment in order to meet JCAHO requirements and help their patients live longer, healthier lives.

CDC AWARDS GRANT TO ENHANCE QUIT LINE & ADDRESS DISPARITIES

In December 2004, the Center received CDC supplemental funding to continue to provide quit line services through the newly established national quit line network and to address tobacco use among populations bearing the greatest burden of tobacco use.

Previously, the UW-CTRI outreach staff had participated in the Disparities Training Workgroup and Poverty and Tobacco Network Workgroup. Through this work, they set up Fax to Quit services and provided other cessation resources at community organizations serving low income individuals (shelters, free clinics, etc). The Center partners with the *First Breath* program, serving pregnant tobacco



Disparities Committee members review plans. From left: ViLuck Kue, Wisconsin United Coalition of Mutual Assistance Associations; Vicki Stauffer, Division of Public Health, Tobacco Prevention Program; Evelyn Snowden, UW-CTRI Disparities Outreach Coordinator; and Nancy Michaud, Smoke Free Wisconsin.

users, and provides training and technical assistance for all of those sites.

The Wisconsin Tobacco Quit Line has a commitment to provide services to people of color. While only 11 percent of the state population is made up of minorities, 20 percent of those who call the Quit Line are people of color. Despite that success, we laid the groundwork in 2004 to address disparities on a much larger scale in 2005.

UW-CTRI has hired a disparities coordinator, Evelyn Snowden, who will reach out to groups of people throughout Wisconsin who smoke at high rates and encourage them to take advantage of free resources at the Wisconsin Tobacco Quit Line.

Snowden will initially connect with Native American community leaders through the Great Lakes Intertribal Council. She is also working with the Milwaukee Urban League, the Racine Urban League, the Hmong American Friendship Association and the Latino Health Organization.

WISCONSIN TOBACCO QUIT LINE CONTINUES TO HELP SMOKERS QUIT

In 2004, the Wisconsin Tobacco Quit Line provided counseling services to more than 9,300 individuals—87 percent were tobacco users. The Quit Line, a free cessation service, offers individualized counseling and support to any Wisconsin resident who is ready to quit tobacco use. It offers a complete menu of cessation services—including a one-, two- and four-phone-call program that initiates calls to smokers during a quit attempt. Quit Line counselors create a personalized program for each caller to provide optimum quitting advice and support.



Since its inception in 2001, the Quit Line has served approximately 36,000 callers and 92 percent have indicated they were satisfied with the service. Quit Line callers successfully quit at rates four times higher than smokers who attempt to quit cold turkey.

FAX TO QUIT

This program links healthcare providers to Quit Line services. It is used at more than 450 sites across Wisconsin and allows the Wisconsin Quit Line to initiate a call to patients who have begun the quitting process with the help of their physician. Fax to Quit now accounts for more than 40 percent of contacts and has generated 3600 referrals to the Quit Line.

Sites using "FAX to Quit" include stand-alone clinics, managed care organizations, *First Breath* program sites (a stop-smoking program for pregnant women) and Women, Infants and Children (WIC) clinics. Recently, the program expanded to include dental clinics, work sites, health departments, a homeless shelter, a clinic serving the Hispanic community and other organizations.

"A recent SURVEY revealed that approximately 40% of Prevea Health Plan members SMOKE. We RECOGNIZED that we had to ADDRESS this ISSUE. The FAX to QUIT program was an instant SUCCESS. We're very PLEASED to have it for our MEMBERS."

LORI TUREK, MANAGER OF QUALITY IMPROVEMENT,
PREVEA HEALTH PLAN

WISCONSIN'S MODEL OUTREACH PROGRAM

Because of its unique combination of cutting-edge research and commitment to intervention, UW-CTRI has been able to develop a model outreach program designed to train and assist healthcare providers in their efforts to treat

"When I asked people, 'WHO is really doing tobacco CESSATION WELL?' They said that WISCONSIN had the CONCEPT DOWN and has a GOOD TEMPLATE for the rest of us."

LESLIE HOLMBERG,
ST. JOSEPH'S HOSPITAL, SYRACUSE, N.Y.

tobacco use. By providing training to health-care providers, clinics and healthcare delivery systems throughout the state, UW-CTRI outreach staff enhance the ability of healthcare providers to treat tobacco users successfully. By providing technical assistance to systems and insurers statewide, outreach staff help these organizations implement evidence-based tobacco dependence treatment.

Located in the state's five regional health department offices in Eau Claire, Rhinelander, Green Bay, Milwaukee and Madison, UW-CTRI outreach specialists help healthcare

providers implement tobacco cessation best practices based on the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. They also work tirelessly to ensure providers offer the most up-to-date treatment available.

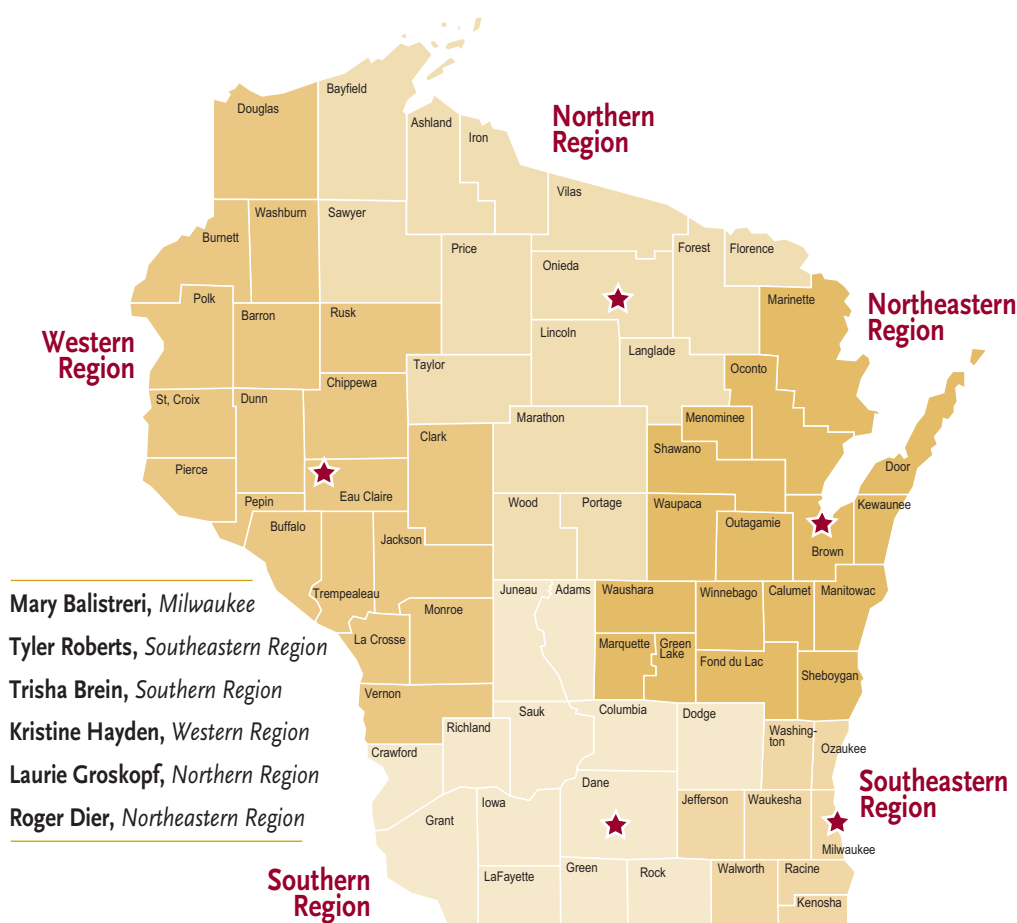
In 2004, UW-CTRI Outreach greatly expanded its services to groups who help smokers quit.

HEALTHCARE PROVIDERS

HEALTHCARE SYSTEMS

UW-CTRI Outreach specialists worked with healthcare systems to treat millions of smokers across the state. A few examples of results:

Gundersen Lutheran Medical Center instituted evidence-based quit smoking programs for more than 16,000 patients in 19 counties. The Marshfield Clinic System implemented a tobacco intervention program at their clinics, which serve 350,000 patients a year.



"(UW-CTRI) has HELPED us REACH our GOAL of ASSESSING our primary CARE PATIENTS' smoking status and providing TOOLS to engage PATIENTS in quit attempts."

BARBARA BROWN, RN., NORTH REGION
CARE MANAGEMENT COORDINATOR,
MARINETTE MENOMINEE CLINIC

All clinicians at 12 Aurora sites in Waukesha, Washington and Ozaukee counties received training from UW-CTRI. These sites serve more than 800,000 patients a year. Prevea Clinics also improved tobacco treatment for its 250,000 patients.

CLINICS

The Outreach staff works with individual clinics throughout the state to share information and training on tobacco dependence treatments that have been proven to be most effective. Examples include: the Columbus Clinic (4000 patient visits), Mercy Beloit Medical Center (10,000 patient visits), Divine Savior Health Care Clinic (5000 patient visits) and Holy Family Hospital in New Richmond.

OTHER PROVIDERS

UW-CTRI also works with dentists, pharmacists and other healthcare providers to help them help patients quit. CTRI Outreach has developed partnerships with the Wisconsin Dental Association, Madison City Public Health Dental Services Department and the Dental Hygiene Association of Wisconsin, Inc., to promote tobacco cessation treatment to



UW-CTRI has completely revised its website, providing more information in an easy-to-access format.

more than 2,800 dentists throughout Wisconsin. Outreach staff has trained Aurora Health Care pharmacists on the latest methods to help people quit.

AT-RISK POPULATIONS

PREGNANT WOMEN & WOMEN WITH YOUNG CHILDREN

Pregnant women and women with young children are at significant risk for disease caused by smoking. UW-CTRI has worked closely this past year with *First Breath*, a program of the Wisconsin Women's Health Foundation, which intervenes with pregnant women to quit smoking. UW-CTRI outreach specialists assist in training *First Breath* counselors, deliver technical assistance to *First Breath's* 122 sites and offer post-partum cessation support through the Quit Line. UW-CTRI also works with the Women, Infants, and Children (WIC) program to institute the FAX to Quit program throughout the state.



UW-CTRI Outreach Specialist Roger Dier has assisted the staff at the Oneida Community Health Center, including Jeanette Pieper, Oneida Counselor.

LOW INCOME POPULATIONS

UW-CTRI offers free services to help uninsured and underinsured smokers quit, including free medication through the Free Patch Program and free counseling through the Wisconsin Tobacco Quit Line.

In 2004, the Outreach Program provided nicotine patches for 3,000 uninsured or underinsured smokers through partnerships with more than 58 clinics and 25 organizations

that work with low-income populations. In addition to providing patches, the outreach specialists train clinic staff on effective ways to help smokers quit. Homeless shelters also participated. Twelve homeless smokers quit through the Angel of Hope Clinic in the Hope House Shelter in Milwaukee.

*"We WORK with patients to
SEPARATE the SPIRITUALITY
of TOBACCO with the ADDICTION
to tobacco. We take PRIDE in
TREATING the WHOLE PERSON."*

JEANETTE PIEPER, COUNSELOR & FACILITATOR
AT THE ONEIDA COMMUNITY HEALTH CENTER

OTHER AUDIENCES

INSURERS

UW-CTRI reaches out to state insurance companies to explain the business case for covering tobacco cessation treatment. Research shows

insurance coverage encourages smokers to quit, improves short- and long-term health and saves insurers money. In 2004, UW-CTRI helped secure the nicotine lozenge as a covered benefit for 27,000 low-income patients in north-central Wisconsin. We also encourage Medicaid and BadgerCare patients to take advantage of cessation coverage.

EMPLOYERS

UW-CTRI outreach specialists assisted 21 employers with setting up smoke-free work-sites and helping their employees quit. One example is Stoughton Trailers, which employs more than 3,000 people.

TOBACCO CONTROL ADVOCATES

UW-CTRI also partners with other organizations that work to educate the public about the burden of tobacco and how best to help people quit. Our outreach specialists met with more than 150 anti-tobacco coalition members across the state in 2004.

Wisconsin Programs

2003 WISCONSIN TOBACCO SURVEY

In late 2004, UW-CTRI began publishing a series of action papers, based on interviews with more than 8,000 Wisconsin residents reported in the second Wisconsin Tobacco Survey, conducted in 2003. These papers will include important information about smoking in Wisconsin and contain recommendations for policies to meet the needs uncovered in the survey.

The first paper, "How Wisconsin Smokers Quit," was released in December. At least five more papers will be published in 2005, including "Barriers to Quitting Smoking," "Demographics and Disparities" and "Women and Smoking."

RESEARCH





THE WISCONSIN BEHAVIORAL HEALTH SURVEY

The Wisconsin Behavioral Health Survey (WBHS), begun in 2004, is designed to help UW-CTRI researchers identify the major influences on tobacco quit attempts, success and relapse. Researchers will examine how health care practices and individual circumstances affect Wisconsin smokers' ability to quit. The study consists of several telephone interviews and a set of mailed questionnaires conducted over the course of two or more years. The goal is to enroll at least 500 smokers who will be surveyed over time.

Researchers are exploring: how easy or hard it is for smokers to get the medication and counseling they need; whether insurance covers that treatment; and how much time doctors, dentists and other providers take to help them quit.

Then they will look more closely at the lives of individual smokers to identify level of addiction, motivation to quit, personality,

socioeconomic status and environmental factors (such as having a spouse or friend that smokes). Information gained from this study may fuel new ideas for treating tobacco addiction.

INSURANCE SURVEY

In 2004, UW-CTRI conducted its second biannual survey of Wisconsin health insurers to determine the extent of coverage for smoking cessation treatments. The survey polled 23 insurers on coverage of medications, counseling and programs or classes offered to their members to help them quit using tobacco products. There has been an encouraging increase in the number and variety of options available to Wisconsin residents trying to quit smoking. For example:

- Coverage of pharmacotherapies has improved markedly since the 2002 UW-CTRI survey. Of the more than 3 million lives covered in this survey, 74 percent are eligible for at least one smoking cessation pharmacotherapy versus the 56 percent of the nearly 2 million lives covered in the 2002 survey.
- Zyban and the nicotine patch are the most frequently covered tobacco dependence pharmacotherapies—followed by nicotine gum, nicotine inhaler and nicotine spray.
- Some type of cessation counseling is available to 81 percent of the members of the polled insurance companies.

STRUCTURE

In 2004, UW-CTRI had 69 employees in multiple sites: 47 faculty and staff, four graduate students and 18 undergraduates. CTRI has expanded its statewide reach through six outreach staff members located in five regions of the state and its research capabilities through a clinical trials office in downtown Milwaukee.

■ RESEARCH

UW-CTRI's organizational structure supports its two primary functions: research and intervention. Slightly more than one-half of the Center's work is in research, focusing on understanding and treating tobacco dependence. Currently, TTURC 2, *Treatments and their Outcomes* constitutes the major UW-CTRI research endeavor.

■ INTERVENTION

UW-CTRI's intervention activities concentrate on two areas: training and service delivery. Through its network of outreach specialists, the statewide education and outreach program trains and provides technical assistance to healthcare providers and others who are implementing the Clinical Practice Guideline: *Treating Tobacco Use and Dependence*.

The service delivery component is provided by the Wisconsin Tobacco Quit Line and the Smoking Cessation and Prevention Clinic. Both programs have specific missions to interact directly with smokers to help them quit. The clinic operates primarily in Madison while the Quit Line provides a statewide service that has reached more than 36,000 Wisconsin residents.

■ RESEARCH INTO PRACTICE

The Center's research and the intervention teams have many linkages. The work of our Center is enhanced by our capacity to translate research findings into practice in a way that helps smokers and saves lives.

■ ADMINISTRATION

Supporting these basic units are the UW-CTRI administrative staff, including communications, computer support, finances, fund development, human resources, administrative support services and leadership.

UW-CTRI STAFF

■ DIRECTORS

Michael Fiore

*Director, Center for Tobacco
Research and Intervention*

Timothy Baker

*Associate Director
and Director of Research*

David Fraser

*Assistant Director
for Research Administration*

Lezli Redmond

*Assistant Director
for Education and Outreach*

Lisa Rogers

Assistant Director for Finance

RESEARCH

■ FACULTY & STAFF

Timothy Baker (*Director*), Jennifer Brown, Leigh Brown, Katrina Bundy, Marguerite Burns, Adam Fiebelkorn, Natalie Ganas-Schultz, Douglas Jorenby, Paula Keller, Daniel Lawrence, Rhianan Lewis-Smith, Maribel Marquez, Donna Muehlenbruch, Dan Nalepinski, Maureen O'Reilly, Celia Powell, Christine Ripley, Patricia Schuettke, Tammy Sims, Stevens Smith, Wendy Theobald, Heather Vaughn, Patti Weston, Mark Zehner.

■ GRADUATE STUDENTS

Rebecca Gloria, Sandra Japuntich,
Danielle McCarthy, Megan Piper.

■ UNDERGRADUATE & OTHER STUDENTS

Tevyn Anderson, Elizabeth Burke, Melissa
Girgen, Alyssa Glanzman, Kalsea Koss, Brandy
Lewis, Yaohua Lu, George McPhail, Keysha
Onheiber, Jake Ostrowski, Jesse Pacheco, Adam
Prust, John Saharsky, Jordan Sheran, Amanda
Skeff, Gwen Stohs-Krause, Sara Wolfgram,
Stefanie Wood.

INTERVENTION

■ FACULTY & STAFF

Lezli Redmond (*Director*), Robert Adsit,
Mary Balistreri, Tricia Brein, Roger Dier,
Laurie Groskopf, Kristine Hayden, Douglas
Jorenby, Sandy Keller, Robin Perry, Tyler
Roberts, Evelyn Snowden, Wendy Theobald.

■ STUDENTS

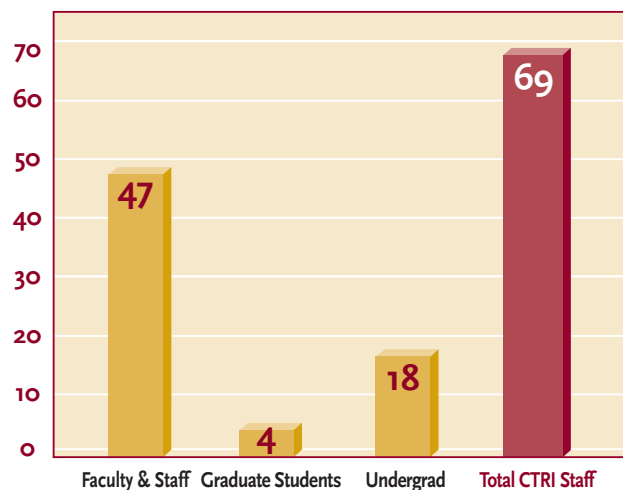
George McPhail,
Michael O'Connor.

ADMINISTRATION

■ STAFF

David Fraser and Lisa Rogers
(*Directors*), Barbara Beinborn,
Chris Hollenback, Audra Keith,
Linda Kurowski, Marie Larson,
Gloria Meyer, Andy Tappa,
Jim Terasa.

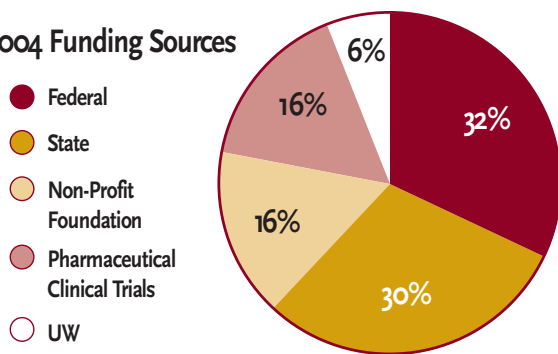
UW-CTRI Staff 2004



Appendix B 2004 FINANCIAL INFORMATION

UW-CTRI's OPERATING BUDGET IN 2004 WAS \$6.3 MILLION. FUNDING FOR UW-CTRI RESEARCH AND ACTIVITIES COMES FROM A VARIETY OF SOURCES—FEDERAL GOVERNMENT GRANTS, STATE TOBACCO CONTROL FUNDS, NONPROFIT ORGANIZATIONS, PHARMACEUTICAL COMPANY RESEARCH 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. UW-CTRI FUNDING IN 2004 CAME FROM THE FOLLOWING SOURCES.

2004 Funding Sources



five-year TTURC grant from the National Institute on Drug Abuse for \$8.5 million to continue vital research on treating tobacco dependence. UW-CTRI also continued to receive a \$175,000-per-year TTURC research supplement for under-represented minorities from the National Cancer Institute.

IN TOTAL, UW-CTRI RECEIVED \$2 MILLION IN NIH FUNDING IN 2004.

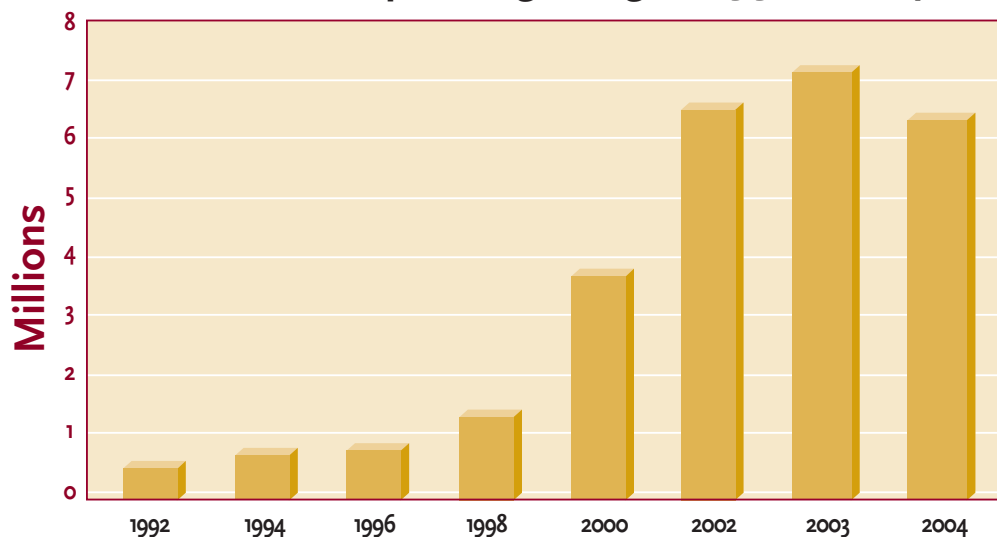
THE NATIONAL INSTITUTES OF HEALTH (NIH)

In September 2004, UW-CTRI's first \$10 million Transdisciplinary Tobacco Use Research Center (TTURC) grant ended. In 2004, UW-CTRI was awarded a second

STATE OF WISCONSIN

In 2004, UW-CTRI received funding for two statewide programs designed to reduce smoking—the Wisconsin Tobacco Quit Line and the Education and Outreach Program. Due to a reduction in overall

UW-CTRI Operating Budgets 1992–2004



tobacco control funding by the state, the 2003-2005 funding level for UW-CTRI Outreach and the Quit Line was reduced compared to prior years.

UW-CTRI RECEIVED A TOTAL OF **\$1.9 MILLION** FROM THE STATE OF WISCONSIN IN 2004.

THE ROBERT WOOD JOHNSON FOUNDATION

In 1997, UW-CTRI was designated as the national program office for a new Robert Wood Johnson Foundation (RWJF) initiative and received an eight-year, \$6.7 million grant. The initiative, Addressing Tobacco in Managed Care, is designed to prompt managed care organizations to implement smoking cessation programs.

In 2000, RWJF awarded UW-CTRI a five-year, \$100,000-per-year communications supplement and a five-year, \$150,000-per-year policy research supplement to the NIH-funded TTURC award. These supplements continued in 2004.

IN 2004, UW-CTRI RECEIVED A TOTAL OF **\$1 MILLION** FROM THE ROBERT WOOD JOHNSON FOUNDATION.

PHARMACEUTICAL FUNDING

UW-CTRI conducts a number of clinical trials of new medications for smoking cessation. In 2004, these included trials of these new medications: varenicline (Pfizer), rimonabant (Sanofi-Synthelabo) and NicVax (Nabi).

FUNDING FOR PHARMACEUTICAL CLINICAL TRIALS WAS APPROXIMATELY **\$1 MILLION** IN 2004.

THE UNIVERSITY OF WISCONSIN

The University of Wisconsin continues to support UW-CTRI through a variety of funding mechanisms.

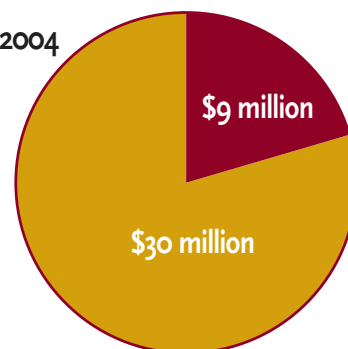
IN 2004, UW-CTRI RECEIVED **\$378,000** FROM THE UNIVERSITY OF WISCONSIN.

BRINGING RESEARCH & INTERVENTION FUNDING TO WISCONSIN

UW-CTRI has been very successful in bringing funding from outside Wisconsin into the state—from the federal government, foundations and the pharmaceutical industry. Close to 80 percent of UW-CTRI funding has come from outside the state, funneling more than \$30 million into the state's economy over the past 13 years.

Total Income 1992–2004
\$39 Million

- State of Wisconsin funding
- Outside funding brought into Wisconsin



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