

References for Studies Included in Meta-analyses

Table 6.4. Meta-analysis (1996): Impact of having a tobacco use status identification system in place on rates of clinician intervention with their patients who smoke (n = 9 studies)

*Cohen SJ, Christen AG, Katz BP, et al. Counseling medical and dental patients about cigarette smoking: the impact of nicotine gum and chart reminders. *Am J Public Health* 1987;77(3):313-6.

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Fiore MC, Jorenby DE, Schensky AE, et al. Smoking status as the new vital sign: effect on assessment and intervention with patients who smoke. *Mayo Clin Proc* 1995;70(3):209-13.

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Kottke TE, Solberg LI, Brekke ML, et al. A controlled trial to integrate smoking cessation advice into primary care practice: doctors helping smokers, round III. *J Fam Pract* 1992;34(6):701-8.

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* Article contributed two studies to the meta-analysis

Table 6.5. Meta-analysis (1996): Impact of having a tobacco use status identification system in place on abstinence rates among patients who smoke (n = 3 studies)

*Cohen SJ, Christen AG, Katz BP, et al. Counseling medical and dental patients about cigarette smoking: the impact of nicotine gum and chart reminders. *Am J Public Health* 1987;77(3):313-6.

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Table 6.7. Meta-analysis (1996): Effectiveness of and estimated abstinence rates for advice to quit by a physician (n = 7 studies)

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Table 6.8. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various intensity levels of session length (n = 43 studies)

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Table 6.9. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for total amount of contact time (n = 35 studies)

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Table 6.10. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for number of person-to-person treatment sessions (n = 46 studies)

Barbarin OA. Comparison of symbolic and overt aversion in the self-control of smoking. *J Consult Clin Psychol* 1978;46(6):1569-71.

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**Table 6.11. Meta-analysis (2000):
Effectiveness of and estimated abstinence
rates for interventions delivered by different
types of clinicians (n = 29 studies)**

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Table 6.13. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various types of format (n = 58 studies)

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**Table 6.14. Meta-analysis (2000):
Effectiveness of and estimated abstinence
rates for number of formats (n = 54 studies)**

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Reid DD, Brett GZ, Hamilton PJ, et al. Cardiorespiratory disease and diabetes among middle-aged male civil servants. A study of screening and intervention. *Lancet* 1974;1(7856):469-73.

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Table 6.15. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for number of types of self-help (n = 21 studies)

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**Table 6.16. Meta-analysis (2008):
Effectiveness of and estimated abstinence
rates for quitline counseling compared to
minimal interventions, self-help, or no
counseling (n = 9 studies)**

Abdullah AS, Mak YW, Loke AY, et al. Smoking cessation intervention in parents of young children: a randomised controlled trial. *Addiction* 2005;100:1731-40.

Curry SJ, McBride C, Grothaus LC, et al. A randomized trial of self-help materials, personalized feedback, and telephone counseling with nonvolunteer smokers. *J Consult Clin Psychol* 1995;63:1005-14.

Gilbert H, Sutton S. Evaluating the effectiveness of proactive telephone counselling for smoking cessation in a randomized controlled trial. *Addiction* 2006;101:590-8.

Lando HA, Rolnick S, Klevan D, et al. Telephone support as an adjunct to transdermal nicotine in smoking cessation. *Am J Public Health* 1997;87:1670-4.

Miller NH, Smith PM, DeBusk RF, et al. Smoking cessation in hospitalized patients. Results of a randomized trial. *Arch Intern Med* 1997;157:409-15.

Ockene JK, Kristeller J, Goldberg R, et al. Increasing the efficacy of physician-delivered smoking interventions: a randomized clinical trial. *J Gen Intern Med* 1991;6:1-8.

Orleans CT, Schoenbach VJ, Wagner EH, et al. Self-help quit smoking interventions: effects of self-help materials, social support instructions, and telephone counseling. *J Consult Clin Psychol* 1991;59(3):439-48.

Reid RD, Pipe A, Dafoe WA. Is telephone counselling a useful addition to physician advice and nicotine replacement therapy in helping patients to stop smoking? A randomized controlled trial. *Can Med Assoc J* 1999;160:1577-81.

Zhu SH, Stretch V, Balabanis M, et al. Telephone counseling for smoking cessation: effects of single-session and multiple-session interventions. *J Consult Clin Psychol* 1996;64(1):202-11.

**Table 6.17. Meta-analysis (2008):
Effectiveness of and estimated abstinence
rates for quitline counseling and medication
compared to medication alone (n = 6 studies)**

Lando HA, Rolnick S, Klevan D, et al. Telephone support as an adjunct to transdermal nicotine in smoking cessation. *Am J Public Health* 1997;87:1670-4.

Macleod ZR, Charles MA, Arnaldi VC, et al. Telephone counselling as an adjunct to nicotine patches in smoking cessation: a randomised controlled trial. *Med J Aust* 2003;179:349-52.

Ockene JK, Kristeller J, Goldberg R, et al. Increasing the efficacy of physician-delivered smoking interventions: a randomized clinical trial. *J Gen Intern Med* 1991;6:1-8.

Reid RD, Pipe A, Dafoe WA. Is telephone counselling a useful addition to physician advice and nicotine replacement therapy in helping patients to stop smoking? A randomized controlled trial. *Can Med Assoc J* 1999;160:1577-81.

Solomon LJ, Marcy TW, Howe KD, et al. Does extended proactive telephone support increase smoking cessation among low-income women using nicotine patches? *Prev Med* 2005;40:306-13.

Solomon LJ, Scharoun GM, Flynn BS, et al. Free nicotine patches plus proactive telephone peer support to help low-income women stop smoking. *Prev Med* 2000;31:68-74.

**Table 6.18. Meta-analysis (2000):
Effectiveness of and estimated abstinence
rates for various types of counseling and
behavioral therapies (n = 64 studies)**

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**Table 6.21. Meta-analysis (2000):
Effectiveness of and estimated abstinence
rates for acupuncture (n = 5 studies)**

Clavel F, Benhamou S, Company-Huertas A. Helping people to stop smoking: randomized comparison of groups being treated with acupuncture and nicotine gum with control group. *Br Med J* 1985;291(6508):1538-9.

Clavel-Chapelon F, Paoletti C, Benhamou S. Smoking cessation rates 4 years after treatment by nicotine gum and acupuncture. *Prev Med* 1997;26(1):25-8.

Cottraux JA, Harf R, Boissel JP, et al. Smoking cessation with behaviour therapy or acupuncture—A controlled study. *Behav Res Ther* 1983;21(4):417-24.

Lamontagne Y, Annable L, Gagnon MA. Acupuncture for smokers: lack of long-term therapeutic effect in a controlled study. *Can Med Assoc J* 1980;122(7):787-90.

White AR, Resch KL, Ernst E. Randomized trial of acupuncture for nicotine withdrawal symptoms. *Arch Intern Med* 1998;158(20):2251-5.

**Table 6.22. Meta-analysis (2008):
Effectiveness of and estimated abstinence
rates for the combination of counseling and
medication versus medication alone (n = 18
studies)**

Alterman AI, Gariti P, Mulvaney F. Short- and long-term smoking cessation for three levels of intensity of behavioral treatment. *Psychol Addict Behav* 2001;15:261-4.

Fagerstrom KO. Effects of nicotine chewing gum and follow-up appointments in physician-based smoking cessation. *Prev Med* 1984;13:517-27.

Fiore MC, McCarthy DE, Jackson TC, et al. Integrating smoking cessation treatment into primary care: an effectiveness study. *Prev Med* 2004;38:412-20.

Ginsberg D, Hall SM, Rosinski M. Partner support, psychological treatment, and nicotine gum in smoking treatment: an incremental study. *Int J Addict* 1992;27:503-14.

Hall SM, Humfleet GL, Reus VI, et al. Extended nortriptyline and psychological treatment for cigarette smoking. *Am J Psychiatry* 2004;161:2100-7.

Hall SM, Humfleet GL, Reus VI, et al. Psychological intervention and antidepressant treatment in smoking cessation. *Arch Gen Psychiatry* 2002;59:930-6.

Hall SM, Reus VI, Munoz RF, et al. Nortriptyline and cognitive-behavioral therapy in the treatment of cigarette smoking. *Arch Gen Psychiatry* 1998;55(8):683-90.

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Jorenby DE, Smith SS, Fiore MC, et al. Varying nicotine patch dose and type of smoking cessation counseling. *JAMA* 1995;274:1347-52.

Lifrak P, Gariti P, Alterman AI, et al. Results of two levels of adjunctive treatment used with the nicotine patch. *Am J Addict* 1997;6:93-8.

Macleod ZR, Charles MA, Arnaldi VC, et al. Telephone counselling as an adjunct to nicotine patches in smoking cessation: a randomised controlled trial. *Med J Aust* 2003;179:349-52.

Reid RD, Pipe A, Dafoe WA. Is telephone counselling a useful addition to physician advice and nicotine replacement therapy in helping patients to stop smoking? A randomized controlled trial. *Can Med Assoc J* 1999;160:1577-81.

Roizen HG, Van Beers SE, Weevers HJ, et al. Effects on smoking cessation: naltrexone combined with a cognitive behavioral treatment based on the community reinforcement approach. *Subst Use Misuse* 2006;41:45-60.

Simon JA, Carmody TP, Hudes ES, et al. Intensive smoking cessation counseling versus minimal counseling among hospitalized smokers treated with transdermal nicotine replacement: a randomized trial. *Am J Med* 2003;114:555-62.

Slovinec D'Angelo ME, Reid RD, Hotz S, et al. Is stress management training a useful addition to physician advice and nicotine replacement therapy during smoking cessation in women? Results of a randomized trial. *Am J Health Promot* 2005;20(2):127-34.

Solomon LJ, Marcy T, Howe KD, et al. Does extended proactive telephone support increase smoking cessation among low-income women using nicotine patches? *Prev Med* 2005;40:306-13.

Solomon LJ, Scharoun GM, Flynn BS, et al. Free nicotine patches plus proactive telephone peer support to help low-income women stop smoking. *Prev Med* 2000;31:68-74.

Swan GE, McAfee T, Curry SJ, et al. Effectiveness of bupropion sustained release for smoking cessation in a health care setting: a randomized trial. *Arch Intern Med* 2003;163:2337-44.

Table 6.23. Meta-analysis (2008): Effectiveness of and estimated abstinence rates for the number of sessions of counseling in combination with medication versus medication alone (n = 18 studies)

Alterman AI, Gariti P, Mulvaney F. Short- and long-term smoking cessation for three levels of intensity of behavioral treatment. *Psychol Addict Behav* 2001;15:261-4.

Fagerstrom KO. Effects of nicotine chewing gum and follow-up appointments in physician-based smoking cessation. *Prev Med* 1984;13:517-27.

Fiore MC, McCarthy DE, Jackson TC, et al. Integrating smoking cessation treatment into primary care: an effectiveness study. *Prev Med* 2004;38:412-20.

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Hall SM, Reus VI, Munoz RF, et al. Nortriptyline and cognitive-behavioral therapy in the treatment of cigarette smoking. *Arch Gen Psychiatry* 1998;55(8):683-90.

Huber D. Combined and separate treatment effects of nicotine chewing gum and self-control method. *Pharmacopsychiatry* 1988;21:461-2.

Jorenby DE, Smith SS, Fiore MC, et al. Varying nicotine patch dose and type of smoking cessation counseling. *JAMA* 1995;274:1347-52.

Lifrak P, Gariti P, Alterman AI, et al. Results of two levels of adjunctive treatment used with the nicotine patch. *Am J Addict* 1997;6:93-8.

Macleod ZR, Charles MA, Arnaldi VC, et al. Telephone counselling as an adjunct to nicotine patches in smoking cessation: a randomised controlled trial. *Med J Aust* 2003;179:349-52.

Reid RD, Pipe A, Dafoe WA. Is telephone counselling a useful addition to physician advice and nicotine replacement therapy in helping patients to stop smoking? A randomized controlled trial. *Can Med Assoc J* 1999;160:1577-81.

Roozen HG, Van Beers SE, Weevers HJ, et al. Effects on smoking cessation: naltrexone combined with a cognitive behavioral treatment based on the community reinforcement approach. *Subst Use Misuse* 2006;41(1):45-60.

Simon JA, Carmody TP, Hudes ES, et al. Intensive smoking cessation counseling versus minimal counseling among hospitalized smokers treated with transdermal nicotine replacement: a randomized trial. *Am J Med* 2003;114:555-62.

Slovinec D'Angelo ME, Reid RD, Hotz S, et al. Is stress management training a useful addition to physician advice and nicotine replacement therapy during smoking cessation in women? Results of a randomized trial. *Am J Health Promot* 2005;20(2):127-34.

Solomon LJ, Marcy TW, Howe KD, et al. Does extended proactive telephone support increase smoking cessation among low-income women using nicotine patches? *Prev Med* 2005;40:306-13.

Solomon LJ, Scharoun GM, Flynn BS, et al. Free nicotine patches plus proactive telephone peer support to help low-income women stop smoking. *Prev Med* 2000;31:68-74.

Swan GE, McAfee T, Curry SJ, et al. Effectiveness of bupropion sustained release for smoking cessation in a healthcare setting: a randomized trial. *Arch Intern Med* 2003;163:2337-44.

Table 6.24. Meta-analysis (2008): Effectiveness of and estimated abstinence rates for the combination of counseling and medication versus counseling alone (n = 9 studies)

Fagerstrom KO. Effects of nicotine chewing gum and follow-up appointments in physician-based smoking cessation. *Prev Med* 1984;13:517-27.

Hall SM, Tunstall C, Rugg D, et al. Nicotine gum and behavioral treatment in smoking cessation. *J Consult Clin Psychol* 1985;53:256-8.

Hand S, Edwards S, Campbell IA, et al. Controlled trial of three weeks nicotine replacement treatment in hospital patients also given advice and support. *Thorax* 2002;57:715-8.

Huber D. Combined and separate treatment effects of nicotine chewing gum and self-control method. *Pharmacopsychiatry* 1988;21:461-2.

Killen JD, Maccoby N, Taylor CB. Nicotine gum and self-regulation training in smoking relapse prevention. *Behav Ther* 1984;15:234-48.

Molyneux A, Lewis S, Leivers U, et al. Clinical trial comparing nicotine replacement therapy (NRT) plus brief counselling, brief counselling alone, and minimal intervention on smoking cessation in hospital inpatients. *Thorax* 2003;58(6):484-8.

Ockene JK, Kristeller J, Goldberg R, et al. Increasing the efficacy of physician-delivered smoking interventions: a randomized clinical trial. *J Gen Intern Med* 1991;6:1-8.

Prapavessis H, Cameron L, Baldi JC, et al. The effects of exercise and nicotine replacement therapy on smoking rates in women. *Addict Behav* 2007;32(7):1416-32.

Swanson NA, Burroughs CC, Long MA, et al. Controlled trial for smoking cessation in a Navy shipboard population using nicotine patch, sustained-release bupropion, or both. *Mil Med* 2003;168:830-4.

Table 6.26. Meta-analysis (2008): Effectiveness and abstinence rates for various medications and medication combinations compared to placebo at 6-months post-quit (n = 86 studies)

Abelin T, Buehler A, Muller P, et al. Controlled trial of transdermal nicotine patch in tobacco withdrawal. *Lancet* 1989;1:7-10.

Ahluwalia JS, Harris KJ, Catley D, et al. Sustained-release bupropion for smoking cessation in African Americans: a randomized controlled trial. *JAMA* 2002;288:468-74.

Ahluwalia JS, McNagny SE, Clark WS. Smoking cessation among inner-city African Americans using the nicotine transdermal patch. *J Gen Intern Med* 1998;13:1-8.

Ahluwalia JS, Okuyemi K, Nollen N, et al. The effects of nicotine gum and counseling among African American light smokers: a 2 x 2 factorial design. *Addiction* 2006;101:883-91.

Ahmadi J, Ashkani H, Ahmadi M, et al. Twenty-four week maintenance treatment of cigarette smoking with nicotine gum, clonidine and naltrexone. *J Subst Abuse Treat* 2003;24:251-5.

Areechon W, Punnotok J. Smoking cessation through the use of nicotine chewing gum: a double-blind trial in Thailand. *Clin Ther* 1988;10:183-6.

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- Cinciripini PM, Tsoh JY, Wetter DW, et al. Combined effects of venlafaxine, nicotine replacement, and brief counseling on smoking cessation. *Exp Clin Psychopharmacol* 2005;13(4):282-92.
- Collins BN, Wileyto EP, Patterson F, et al. Gender differences in smoking cessation in a placebo-controlled trial of bupropion with behavioral counseling. *Nicotine Tob Res* 2004;6(1):27-37.
- Cooper TV, Klesges RC, Debon MW, et al. A placebo controlled randomized trial of the effects of phenylpropanolamine and nicotine gum on cessation rates and postcessation weight gain in women. *Addict Behav* 2005;30(1):61-75.
- Covey LS, Glassman AH, Stetner F, et al. A randomized trial of sertraline as a cessation aid for smokers with a history of major depression. *Am J Psychiatry* 2002;159:1731-7.
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**Table 6.28. Meta-analysis (2008):
Effectiveness and abstinence rates of
medications relative to the nicotine patch (n
= 86 studies)**

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*Article contributed two studies to the meta-analysis

Table 6.29. Meta-analysis (2008): Effectiveness and abstinence rates for smokers not willing to quit (but willing to change their smoking patterns or reduce their smoking) after receiving nicotine replacement therapy compared to placebo (n = 5 studies)

Batra A, Klingler K, Landfeldt B, et al. Smoking reduction treatment with 4-mg nicotine gum: a double-blind, randomized, placebo-controlled study. *Clin Pharmacol Ther* 2005;78:689-96.

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Wennike P, Danielsson T, Landfeldt B, et al. Smoking reduction promotes smoking cessation: results from a double blind, randomized, placebo-controlled trial of nicotine gum with 2-year follow-up. *Addiction* 2003;98:1395-402.

Table 6.30. Meta-analysis (2000): Effectiveness and estimated abstinence rates for over-the-counter nicotine patch therapy (n = 3 studies)

*Davidson M, Epstein M, Burt R, et al. Efficacy and safety of an over-the-counter transdermal nicotine patch as an aid for smoking cessation. *Arch Fam Med* 1998;7(6):569-74.

Sonderskov J, Olsen J, Sabroe S, et al. Nicotine patches in smoking cessation: a randomized trial among over-the-counter customers in Denmark. *Am J Epidemiol* 1997;145(4):309-18.

*Article contributed two studies to the meta-analysis

**Table 6.31. Meta-analysis (2008):
Effectiveness and estimated abstinence
rates for clinician training (n = 2 studies)**

Cornuz J, Humair JP, Seematter L, et al.
Efficacy of resident training in smoking
cessation: a randomized, controlled trial of a
program based on application of behavioral
theory and practice with standardized patients.
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Sinclair HK, Bond CM, Lennox AS, et al.
Training pharmacists and pharmacy assistants
in the stage-of-change model of smoking
cessation: a randomised controlled trial in
Scotland. Tob Control 1998;7:253-61.

**Table 6.32. Meta-analysis (2008):
Effectiveness of clinician training on rates
of providing treatment (“Assist”) (n = 2
studies)**

Cornuz J, Humair JP, Seematter L, et al.
Efficacy of resident training in smoking
cessation: a randomized, controlled trial of a
program based on application of behavioral
theory and practice with standardized patients.
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Training pharmacists and pharmacy assistants
in the stage-of-change model of smoking
cessation: a randomised controlled trial in
Scotland. Tob Control 1998;7:253-61.

**Table 6.33. Meta-analysis (2008):
Effectiveness of clinician training combined
with charting on asking about smoking
status (“Ask”) (n = 3 studies)**

Cummings SR, Coates TJ, Richard RJ, et al.
Training physicians in counseling about smoking
cessation. a randomized trial of the “quit for life”
program. Ann Intern Med 1989;110(8):640-7.

Cummings SR, Richard RJ, Duncan CL, et al.
Training physicians about smoking cessation: a
controlled trial in private practice. J Gen Intern
Med 1989;4:482-9.

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**Table 6.34. Meta-analysis (2008):
Effectiveness of training combined with
charting on setting a quit date (“Assist”) (n =
2 studies)**

Cummings SR, Coates TJ, Richard RJ, et al.
Training physicians in counseling about smoking
cessation. A randomized trial of the “quit for life”
program. Ann Intern Med 1989;110(8):640-7.

Cummings SR, Richard RJ, Duncan CL, et al.
Training physicians about smoking cessation: a
controlled trial in private practice. J Gen Intern
Med 1989;4:482-9.

**Table 6.35. Meta-analysis (2008):
Effectiveness of training combined with
charting on providing materials (“Assist”) (n
= 2 studies)**

Cummings SR, Coates TJ, Richard RJ, et al.
Training physicians in counseling about smoking
cessation. A randomized trial of the “quit for life”
program. Ann Intern Med 1989;110(8):640-7.

Cummings SR, Richard RJ, Duncan CL, et al.
Training physicians about smoking cessation: a
controlled trial in private practice. J Gen Intern
Med 1989;4:482-9.

**Table 6.36. Meta-analysis (2008):
Effectiveness of training combined with
charting on arranging for followup
 (“Arrange”) (n = 2 studies)**

Cummings SR, Coates TJ, Richard RJ, et al.
Training physicians in counseling about smoking
cessation. A randomized trial of the “quit for life”
program. Ann Intern Med 1989;110(8):640-7.

Cummings SR, Richard RJ, Duncan CL, et al.
Training physicians about smoking cessation: a
controlled trial in private practice. J Gen Intern
Med 1989;4:482-9.

Table 6.37. Meta-analysis (2008): Estimated rates of intervention for individuals who received tobacco use interventions as a covered health insurance benefit (n = 3 studies)

Alesci NL, Boyle RG, Davidson G, et al. Does a health plan effort to increase smokers' awareness of cessation medication coverage increase utilization and cessation? *Am J Health Promot* 2004;18:366-9.

Holtrop JS, Wadland WC, Vansen S, et al. Recruiting health plan members receiving pharmacotherapy into smoking cessation counseling. *Am J Manag Care* 2005;11:501-7.

Murphy JM, Mahoney MC, Cummings KM, et al. A randomized trial to promote pharmacotherapy use and smoking cessation in a Medicaid population (United States). *Cancer Causes Control* 2005;16:373-82.

Table 6.38. Meta-analysis (2008): Estimated rates of quit attempts for individuals who received tobacco use interventions as a covered health insurance benefit (n = 3 studies)

Alesci NL, Boyle RG, Davidson G, et al. Does a health plan effort to increase smokers' awareness of cessation medication coverage increase utilization and cessation? *Am J Health Promot* 2004;18:366-9.

Holtrop JS, Wadland WC, Vansen S, et al. Recruiting health plan members receiving pharmacotherapy into smoking cessation counseling. *Am J Manag Care* 2005;11:501-7.

Murphy JM, Mahoney MC, Cummings KM, et al. A randomized trial to promote pharmacotherapy use and smoking cessation in a Medicaid population (United States). *Cancer Causes Control* 2005;16:373-82.

Table 6.39. Meta-analysis (2008): Estimated abstinence rates for individuals who received tobacco use interventions as a covered benefit (n = 3 studies)

Alesci NL, Boyle RG, Davidson G, et al. Does a health plan effort to increase smokers' awareness of cessation medication coverage increase utilization and cessation? *Am J Health Promot* 2004;18:366-9.

Holtrop JS, Wadland WC, Vansen S, et al. Recruiting health plan members receiving pharmacotherapy into smoking cessation counseling. *Am J Manag Care* 2005;11:501-7.

Murphy JM, Mahoney MC, Cummings KM, et al. A randomized trial to promote pharmacotherapy use and smoking cessation in a Medicaid population (United States). *Cancer Causes Control* 2005;16:373-82.

Table 7.1. Evidence of effectiveness of tobacco dependence interventions in specific populations. Section 4, Low SES/limited formal education (n = 5 studies)

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Table 7.1. Evidence of effectiveness of tobacco dependence interventions in specific populations. Section 7, Psychiatric disorders including substance use disorders. (n = 4 studies)

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Smith SS, Jorenby DE, Leischow SJ, et al. Targeting smokers at increased risk for relapse: treating women and those with a history of depression. *Nicotine Tob Res* 2003;5(1):99-109.

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Table 7.4. Meta-analysis (2008): Effectiveness of and estimated abstinence rates for counseling interventions with adolescent smokers (n = 7 studies)

Brown RA, Ramsey SE, Strong DR, et al. Effects of motivational interviewing on smoking cessation in adolescents with psychiatric disorders. *Tob Control* 2003;12 Suppl 4:IV3-10.

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Albrecht SA, Caruthers D, Patrick T, et al. A randomized controlled trial of a smoking cessation intervention for pregnant adolescents. *Nurs Res* 2006;55:402-10.

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studies)**

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