

# 1-800-QUIT-NOW



We can help you draw the line.

## 1-800-QUIT-NOW Media Fact Sheet

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*The following fact sheet describes the objectives and activities of the National Network of Tobacco Cessation Quitlines Initiative as it relates to reaching specific audiences with positive messages about tobacco cessation. Through this document, the National Cancer Institute, the National Institutes of Health, and the Department of Health and Human Services seek to provide the media with background information about 1-800-QUIT-NOW.*

### WHAT IS NNTCQ?

On February 3, 2004, the Secretary of the Department of Health and Human Services announced a plan to establish a National Network of Tobacco Cessation Quitlines (NNTCQ) to **ensure access to quitline services for all Americans**. The Centers for Disease Control and Prevention (CDC) and the National Cancer Institute's (NCI) Cancer Information Service (CIS) are collaborating with other partners to implement the NNTCQ and share information about the availability of a cessation service for states without quitlines and states with limited capacity. The Initiative provides funding to states to enhance or establish quitlines and provides NCI quitline services to states until they establish a quitline, and establishes a single, national access telephone number, 1-800-QUIT-NOW.

### WHY QUITLINES?

A solid body of scientific evidence demonstrates that quitlines are an **effective tool to help tobacco users quit**.

Since quitlines can provide assistance to smokers who want to quit regardless of their geographic location or economic status, a new toll-free national access telephone number, 1-800-QUIT-NOW, has been established to **provide a common point of access to quitline services for callers across the country**.

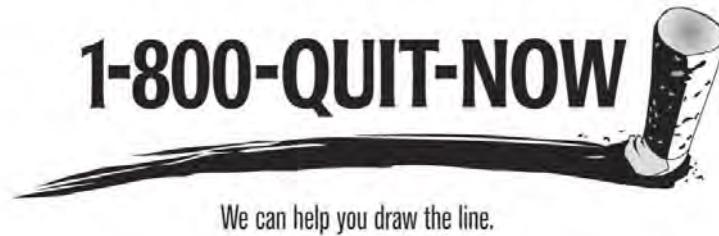
### NNTCQ INITIATIVE

Since quitlines can only be effective to the extent the public is aware of their availability and to the extent they are used, a promotions campaign has been created to publicize 1-800-QUIT-NOW in targeted states.

Each state has a fully operational local quitline to which all calls will be directed.

### GOALS

To generate an increase in the number of smokers reached and counseled.



## TARGET AUDIENCE

**Adults aged 18-29** and two key subsets within that age group: **active and returning military** (not including military in battle) and **persons of low SES**.

## THE “QUIT NOW” CHALLENGE

The “Quit Now” Challenge will be launched October 1<sup>st</sup>. Current cigarette smokers and other tobacco users between the ages of 18 and 29 years old are invited to send in VHS tapes/DVDs or e-mails explaining in their own words why they want to “Quit Smoking Now!”

The semi-finalists then contact 1-800-QUIT-NOW to begin an 8-week journey through smoking cessation. During this process, they will record their experiences in a blog on the official 1-800-QUIT-NOW Web site ([www.1800quitnow.org](http://www.1800quitnow.org)) to motivate other tobacco users trying to quit.

Winners are announced based on who successfully quits smoking or chewing tobacco.

These winners will be invited to be spokespeople for the campaign as needed and may appear alongside representatives from NCI, CDC, or our local partners to speak about tobacco cessation and 1-800-QUIT-NOW.

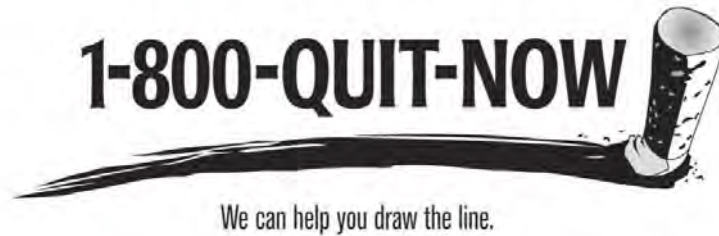
## TIMELINE

- **Solicit Participants for the “Quit Now” Challenge:** Oct/Nov 2006
- **Press Coverage/ Challenge Semi-Finalists:** Nov 2006
- **PSA Distribution:** Dec 2006
- **Campaign Launch:** Jan 2007
- **Challenge Ends:** Jan 2007
- **Press Coverage/ Challenge Winners:** Jan–Mar 2007

## MATERIALS

The following creative and promotional materials are being focus group tested and developed during the first year of the NNTCCQ promotions campaign:

- **One television PSA and two radio PSAs** to promote the 1-800-QUIT-NOW number
- An **educational video** that will serve to demystify the caller experience and engage target audiences with the smoking cessation process
- **Posters, brochures, and fact sheets** targeted to specific audiences
- A **web site dedicated to 1-800-QUIT-NOW** featuring an online version of the video and other interactive tools at [www.1800quitnow.org](http://www.1800quitnow.org)
- **Banner ads** driving computer users to the [1800quitnow.org](http://1800quitnow.org) and to 1-800-QUIT-NOW



## MATERIALS (cont'd)

- **The “Quit Now” Challenge** featuring inspirational experiences of real people who have successfully quit smoking
- **National and local press releases**, feature stories, on-air interviews, and media mentions
- **Creating a public service partnership with 1-800-QUIT-NOW.** A local TV anchor or staff person who currently smokes (or chews tobacco) could participate in the quitting process and allow their journey through tobacco cessation to be made public to inspire viewers and members of the community.

## HOW CAN THE MEDIA PARTICIPATE?

We recognize that the media in each state and across the country is critical to successfully conducting outreach about tobacco cessation to the public. There are a number of ways a media partner can participate in the Initiative, such as:

- **Writing feature stories about tobacco cessation and its impact on specific health issues** with specific attention focused on how smokers can quit
- **Spotlighting the winners of The “Quit Now” Challenge** in a feature story, focusing on the reasons they had for quitting and how they finally quit
- **Providing information about the [www.1800quitnow.org](http://www.1800quitnow.org) Web site to smokers that want to quit**, either in feature stories or press mentions
- **Including press mentions of the toll-free 1-800-QUIT-NOW phone number** to reach smokers that want to quit



## Physicians Panel Bios



### **Michael C. Fiore, M.D., M.P.H.**

Professor of Medicine, University School of Medicine & Public Health  
Director, UW Center for Tobacco Research and Intervention

Michael C. Fiore founded and has served as Director of the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) since 1992. He joined the faculty of the University of Wisconsin in 1988 and is currently a Professor of Medicine. He is clinically active, treating patients both in internal medicine and for tobacco dependence. Dr. Fiore is a nationally recognized expert on tobacco, providing perspectives to audiences ranging from *ABC World News Tonight* to the United States Congress.

Fiore's chief research and policy focus has been to develop strategies to prompt clinicians and health care systems to intervene with patients who use tobacco. As part of this effort, he developed and promoted an innovative initiative -- expanding the vital signs to include tobacco use status. Another major focus of his work has been the development and evaluation of new tobacco cessation strategies.

Dr. Fiore has written extensively on cigarette smoking and was a co-author and consulting editor of *Reducing Tobacco Use—A Report of the Surgeon General* (2000). In July 2003, he was one of five national recipients of the Innovators in Combating Substance Abuse Award from the Robert Wood Johnson Foundation.

Dr. Fiore was the Principal Investigator on a NIH-funded Transdisciplinary Tobacco Use Research Center (TTURC) grant, *Relapse: Linking Science and Practice*. He is also a Principal Investigator on a second TTURC grant, *Tobacco Dependence: Treatment and Outcomes*, a comprehensive research program designed to examine the treatment effects of five FDA-approved medications.

Dr. Fiore served as chair of the panel that produced in 2000 the United States Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*, which is the gold standard for healthcare providers. More than four million copies of the guideline and accompanying materials have been distributed worldwide.

Dr. Fiore chaired the U.S. Department of Health and Human Services Subcommittee on Tobacco Cessation, which produced *The National Action Plan for Tobacco Cessation* in 2003 and was a principal witness for the Department of Justice in its suit against the tobacco companies in 2005.

After graduating from Bowdoin College, Dr. Fiore completed medical school at Northwestern University in Chicago and his internal medicine training at Boston City Hospital. His postgraduate education included a Masters of Public Health from Harvard University. Dr. Fiore received additional training as an Epidemic Intelligence Service (EIS) Officer for the United States Centers for Disease Control where he also completed a Preventive Medicine residency program at the United States Office on Smoking and Health before coming to the University of Wisconsin-Madison.

The University of Wisconsin Center for Tobacco Research and Intervention holds a unique place in the tobacco control arena. The Center combines ground-breaking research in smoking cessation with practical application. The result is a national reputation for expertise in the study and treatment of tobacco use and dependence.



**Bobbie Gostout, M.D., ObG**

Associate Professor of Obstetrics-Gynecology  
Mayo Clinic College of Medicine  
Rochester, Minneapolis

Dr. Bobbie Gostout received her undergraduate degree from the College of St. Theresa in Winona Minnesota. She attended Saint Mary's University of Winona for additional studies to complete a Biology Major. Dr. Gostout received her MD degree from Mayo Medical School in 1982, and subsequently remained at Mayo for a residency in Ob/Gyn followed by a fellowship in gynecologic oncology. She is presently a member of the Mayo section of gynecologic surgery, specializing in the care of

women with gynecologic cancers. Her research interests include translational and clinical research on HPV (human papillomavirus), the immune response to HPV infection, and prevention of cervical cancer. Dr. Gostout is the communication chair for the Gynecologic Cancer Foundation, and chairs the Society of Gynecologic Oncologists' Education Resource Panel on Cervix Cancer Vaccines.



**Ali Hendi, M.D., Derm.**

Assistant Professor of Dermatology  
Mayo Clinic College of Medicine  
Rochester, Minneapolis

Dr. Ali Hendi received his undergraduate degree from the University of Miami. He graduated cum laude and was accepted into the Medical Scholars Program at the University Of Miami School Of Medicine, where he received his M.D. degree, with honors, in 1999. He continued his training at the University of Pittsburgh Medical Center as an intern and dermatology resident. He pursued additional training in Mohs Micrographic Surgery with John A. Zitelli, M.D. In 2004 he joined the dermatology department at Mayo Clinic in Jacksonville. His areas of interest include cutaneous oncology, Mohs micrographic surgery, and facial reconstructive surgery. Dr. Hendi's research interests include melanocytes in

sun exposed skin, and the use of Mohs surgery for various cutaneous tumors. He is a member of the American Academy of Dermatology, American College of Mohs Micrographic Surgery and Cutaneous Oncology, and the American Society of Dermatologic Surgery. He is also a reviewer for the Dermatologic Surgery journal.



**Martin J. Schreiber, Jr., M.D.**

Medical Director, Home Dialysis  
The Cleveland Clinic Foundation  
Cleveland, Ohio

Martin J. Schreiber, Jr., M.D., is a staff physician and recently appointed Chairman of the Department of Nephrology and Hypertension at the Cleveland Clinic Foundation (CCF) in Cleveland, Ohio. He has been actively involved in peritoneal dialysis since the mid 1980s and is currently Medical Director of Home Dialysis Therapies (hemodialysis and peritoneal dialysis) for Ohio Renal Care Group, an affiliation between Cleveland Metropolitan General Hospital, Fresenius Medical Care, and the CCF. He has held the office of President of the CCF Staff and just completed a

five-year term on the Board of Governors at the CCF. Dr. Schreiber has clinical responsibilities for general nephrology, ICU nephrology, outpatient hemodialysis, and peritoneal dialysis. He is the CCF's PI for the NIH-sponsored CRIC study (Chronic Renal Insufficiency Cohort Group). His areas of interest include: intradialysis hypotension, cardiorenal syndrome, "integrated dialysis" assignment, and application of electronic patient management to optimizing CKD care.

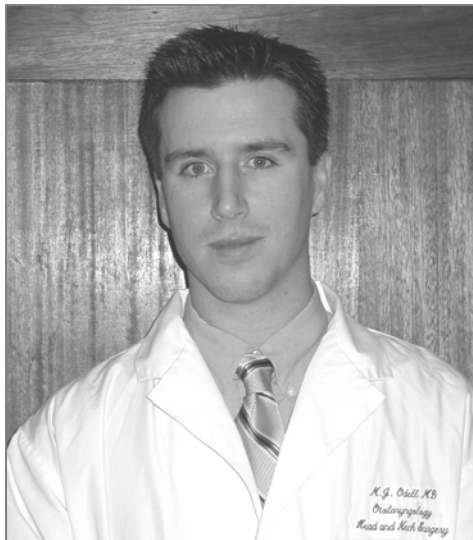


**Gregory Videtic, M.D., CM,  
FRCPC**

Director of the Residency Program  
Head of Thoracic Radiation Oncology  
Cleveland Clinic  
Cleveland, Ohio

Dr. Videtic received his medical degree from McGill University Faculty of Medicine in Montreal, Quebec, Canada. He completed a Family Medicine Residency at Dalhousie University in Halifax, Nova Scotia,

Canada. He also completed a Fellowship in Geriatrics followed by Residency Training in Radiation Oncology at the University of Western Ontario and a subsequent Radiosurgery Fellowship at Wayne State University in Detroit, Michigan. His specialty interests include thoracic cancer, angiogenesis, radiotherapy fractionation, outcomes research and treatment toxicity / radioprotection.



**Michael J. Odell, M.D.**

Assistant Professor and Director of the  
Division of Head and Neck Surgery at Saint  
Louis University School of Medicine  
St. Louis, Missouri

Michael J. Odell, M.D., is an assistant professor and director of the division of head and neck surgery at Saint Louis University School of Medicine. His special interests include head and neck ablative and reconstructive surgery, thyroid and parathyroid surgery and skull base surgery. Dr. Odell earned his medical degree at the Queen's University in Kingston, Ontario. He trained in

otolaryngology at the University of British Columbia in Vancouver. He is a fellow of the Royal College of Surgeons of Canada.



**Erik M. Augustson, Ph.D.,  
M.P.H.**

Behavioral Scientist  
Tobacco Control Research Branch  
SAIC/NCI  
Bethesda, Maryland

Erik Augustson is a Behavioral Scientist and a former Cancer Prevention Fellow at the National Cancer Institute. He holds a doctoral degree in Clinical Psychology from the University of New Mexico and is licensed as a psychologist in Maryland. He also has a Masters in Public Health with a focus on epidemiology which he received from Johns Hopkins University. Before entering the NCI Fellowship in 2000, he completed a Fellowship in Behavioral Medicine, specializing in psychological factors affecting chronic pain disorders,

and was on faculty at the University of Alabama School of Medicine. Dr. Augustson's research interests are currently focused on understanding various aspects of health behaviors with a particular emphasis on "hardcore" smokers. His current research spans a variety of levels of analysis; ranging from epidemiological, psychological, and behavioral-genetics research, with an end goal of improving models of smoking as a complex, multiply-determined behavior such that more effective treatments can be developed. In addition to research on tobacco use, he has also been involved in a number of projects investigating other health behaviors including chronic pain, cancer screening, health care utilization, adherence, substance abuse, and the use of web-based interventions. He has over 30 publications and has made more than 80 professional presentations.

Dr. Augustson is currently assigned to the Tobacco Control Research Branch within the Division of Cancer Control and Population Sciences at NCI through a contract with Scientific Applications International Corporation. His duties include independent research, facilitation of dissemination of information, and supervision and training of fellows. As such, he serves on a number of national committees aiming to improve population-based tobacco control. He is also assigned to the NCI Cancer Information Service where he provides support for development, training, and evaluation of CIS' expanding smoking cessation quitline services.





**Steven A. Schroeder, M.D.**

Distinguished Professor of Health and Health Care  
University of California at San Francisco (UCSF)  
San Francisco, California

Dr. Schroeder is Distinguished Professor of Health and Health Care, Division of General Internal Medicine, Department of Medicine, UCSF, where he also heads the Smoking Cessation Leadership Center. The Center works with leaders of more than 20 American health professional organizations and health care institutions to increase the cessation rate for patients who smoke.

Between 1990 and 2002 he was President and CEO, the Robert Wood Johnson Foundation. Dr. Schroeder graduated with honors from Stanford University and Harvard Medical School, and trained in internal medicine at the Harvard Medical Service of Boston City Hospital and in epidemiology as an EIS Officer of the CDC. He held faculty appointments at Harvard, George Washington, and UCSF. At both George Washington and UCSF he was founding medical director of a university-sponsored HMO, and at UCSF he founded its division of general internal medicine.

He has published extensively in the fields of clinical medicine, health care financing and organization, prevention, public health, and the work force, with over 270 publications. He currently serves as Chairman of the International Advisory Committee of the Ben Gurion School of Medicine, is a member of the editorial board of the *New England Journal of Medicine*, the Harvard Overseers, a director of the James Irvine Foundation, the Save Ellis Island Foundation, the Charles R. Drew University of Medicine and Science, and the Robina Foundation, and is President of the Harvard Medical Alumni Association. He was formerly Chairman of the American Legacy Foundation and a Council Member of the Institute of Medicine. He has six honorary doctoral degrees and numerous awards.

Schroeder lives in Tiburon with his wife Sally, a retired schoolteacher. Their two sons are physicians, one a cardiologist and one a pediatrician. Steve and Sally have two granddaughters and hope for more grandchildren.



**Tim McAfee, M.D., M.P.H.**

Chief Medical Officer

Free & Clear

Seattle, Washington

Tim McAfee, MD, MPH is the Chief Medical Officer for Free & Clear (F&C). F&C is a health care company dedicated to supporting health-related behavior change. It provides telephone-based treatment programs for tobacco cessation. F&C was an operating unit within Group Health Cooperative in Washington State for 15 years. Due to its increasing national business and potential for expansion it was established as a separate company in 2003.

Dr. McAfee was a leader in the national efforts to establish a new model of multi-system comprehensive tobacco treatment. He led the effort extending full coverage for cessation services in the mid-1990s at Group Health, along with successfully mainstreaming the 5-A intervention model into primary care. He then led the expansion of model telephone-based cessation support services outside Group Health, including 14 state tobacco quit lines and over 60 health systems and employers.

Dr. McAfee serves as a consultant for numerous national and state-level organizations and committees on tobacco treatment policy and delivery issues. He has been a co-investigator and site PI on multiple NCI and RWJ-funded research studies focusing on questions relating to effectiveness and dissemination of phone-based tobacco programs in medical systems and through government-sponsored quit lines. He is an affiliate investigator in the Center for Health Studies at Group Health, as well as an affiliate assistant professor in the Department of Health Services in the School of Public Health at the University of Washington.

During Dr. McAfee's 14 years at Group Health, he was a family physician, as well as Executive Director and Medical Director of the Group Health Center for Health Promotion from 1997 to Nov 2003. In this position he chaired Group Health's Committee on Prevention and oversaw patient education services, tobacco and weight management programs.

He obtained his medical degree from UC San Francisco, and a Masters in Health Policy and in Public Health (Epidemiology) from UC Berkeley. He completed residency training at Group Health, and a faculty fellowship at the University of Washington. In 1996, he was the first non-governmental healthcare leader to complete the Scholars Program of the CDC/UC California Public Health Leadership Institute.



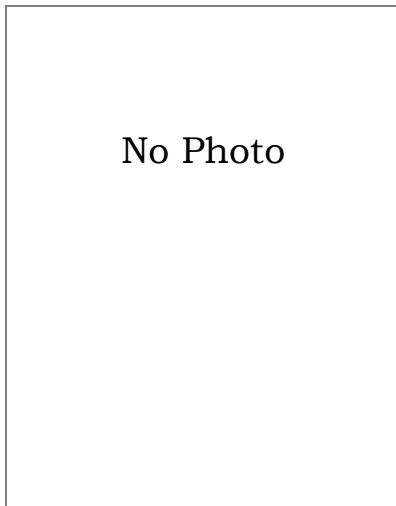
**Mark A. Varvares, M.D.**

Professor and Chairman of the Department of Otolaryngology-Head and Neck Surgery at Saint Louis University School of Medicine  
Saint Louis, Missouri

Dr. Varvares completed medical school at Saint Louis University School of Medicine in 1986. He did his surgical internship at Northwestern University followed by a residency in Otolaryngology-Head and Neck Surgery at Harvard. Following the completion of his residency, he did a fellowship at Harvard in Head and Neck Reconstructive Surgery. After serving there as an Instructor in Otolaryngology, he moved to Saint Louis where he was an Assistant professor of Otolaryngology-Head and Neck Surgery at Saint Louis University School of Medicine. In 1996, he was recruited back to Harvard

where he worked primarily at the Massachusetts Eye and Ear Infirmary and the Massachusetts General Hospital. There, further expertise was developed in major head and neck ablative and reconstructive surgery, surgery of the cranial base, laryngotracheal reconstruction, and the multi-disciplinary approach to patients with head and neck malignancies. In 2003, he returned to Saint Louis to take the position as Professor and Chairman of the Department of Otolaryngology-Head and Neck Surgery at the Saint Louis University School of Medicine.

As Department Head, he is responsible for the residency training program and rebuilding of a Department that had undergone significant faculty attrition over the last three years. His most challenging issues center around physician recruitment and practice management in a time of continually decreasing revenues related to increased penetration of managed care. In January 2006, Dr. Varvares was named Director of the Saint Louis University Cancer Center.



**Jonathan D. Klein, M.D., M.P.H.**

Director of the American Academy of Pediatrics  
Julius B. Richmond Center of Excellence for  
Children and Secondhand Smoke  
Rochester, New York

Dr. Klein is Director of the American Academy of Pediatrics, Julius B. Richmond Center of Excellence for Children and Secondhand Smoke, and is an Associate Professor of Pediatrics and of Preventive and Community Medicine at the University of Rochester School of Medicine. Dr. Klein is an expert in adolescent medicine and child and adolescent health services research. His research addresses the organization, access and quality of preventive services for youth, and systems and individual clinician behavior change for tobacco prevention and control.



**Teresa L. Dunleavy, RN, BSN, OCN**

Senior Education Coordinator at Saint Louis University Cancer Center  
St. Louis, Missouri

Teresa L. Dunleavy, RN, BSN, OCN, is the senior education coordinator at the Saint Louis University Cancer Center. In this role, she provides patients, families, staff, and the community with education regarding cancer prevention, early detection, treatment, clinical trials and available resources. She also serves as a liaison with local, regional, and national cancer advocacy groups. She is also a certified Freedom From Smoking clinic facilitator.



**Linda Sarna, RN, DNSc, FAAN, AOCN**

Professor, School of Nursing  
University of California  
Los Angeles, California

Dr. Linda Sarna is a Professor in the School of Nursing, University of California, Los Angeles where she teaches in the oncology nursing graduate program for over twenty years. Dr. Sarna is recognized for her research on the quality of life of people with cancer, especially women with lung cancer, and lung cancer survivors. Dr. Sarna has been involved in tobacco control through policy efforts at national and international professional nursing organizations. She has received many honors, including the Distinguished Merit Award for Services to Cancer Care from the International

Society of Nursing in Cancer Control because of her contributions to cancer nursing and tobacco control and an award from the Oncology Nursing Society for her contributions to the cancer nursing literature. She is the Principal Investigator of the Tobacco Free Nurses Initiative, funded by The Robert Wood Johnson Foundation, the first ever program in the U.S. to assist nurses with smoking cessation. This program received a 2005 national Media Award from the American Academy of Nursing. She is funded by the Smoking Cessation Leadership Center, University of California, San Francisco, to help increasing nursing organization efforts in smoking cessation and tobacco control.



**Glen D. Morgan, Ph.D.**

Tobacco Control Research Branch  
Division of Cancer Control and  
Population Sciences  
National Cancer Institute  
Rockville, Maryland

Dr. Glen Morgan joined the Tobacco Control Research Branch of the Division of Cancer Control and Population Sciences at NCI in 1998.

He did his graduate work in Clinical Psychology at Washington University in St. Louis. He was the Director of Behavioral Sciences and Research at the Wyoming Valley Family Practice Residency and a Clinical Assistant Professor of Family and Community Medicine at the Milton Hershey College of Medicine of the Pennsylvania State University for 14 years.

Dr. Morgan has been the lead Program Official for the Transdisciplinary Tobacco Use Research Centers (P50) since their inception in 1999 and co-directed NCI's Tobacco Intervention Research Clinic. Programmatically, he oversees a portfolio of research grants focusing on etiology of tobacco use and adult treatment interventions. Dr. Morgan's research has centered on smoking interventions in primary care, cessation among chronically diseased patients, and patient selection for smoking interventions.



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**FOR IMMEDIATE RELEASE**

## **A Smoker Who Quits a Pack-a-Day Habit Could Be a Millionaire in 41 Years 1-800-QUIT-NOW Offer Smokers Interested in Quitting a Powerful New Ally**

“If you save five dollars a day, you’ll be a millionaire in 41 years,” according to personal finance expert David Bach. “And you could be a millionaire in 34 years if you save \$10 a day.”

Bach made headlines by revealing how cash-strapped people can find an extra \$5 a day to save in what he calls their “latte factor,” the money individuals spend every day on things like fancy drinks and eating out. Many have been quick to point out that smoking is just such a guilty (not to mention very expensive and unhealthy) habit and that anyone who smokes should seriously consider quitting immediately.

“Smoking kills in a lot of ways – cancer, heart disease, stroke, and emphysema – and is the leading cause of avoidable death, killing more than 440,000 in the United States each year,” observes Jim Sargent, M.D., Dartmouth-Hitchcock Medical Center.

The treatments a typical patient can expect once they have developed the worst symptoms for lung cancer include, chemotherapy, surgery, and radiation, notes Dr. Sargent. Patients suffering from acute COPD/emphysema receive continuous home oxygen therapy, surgery, multiple admissions to the hospital for exacerbations and pneumonias, chronic steroid therapy (with side effects of diabetes, hypertension, osteoporosis, and weight gain) and eventually an agonizing death akin to drowning. For head and neck cancers, patients may anticipate chemotherapy, surgery, radiation, tracheotomy placement, and feeding tube placement. Patients with heart disease may anticipate CABG (bypass grafting), coronary catheterization, heart transplant treatment with beta-blockers, aspirin, ace inhibitors, statins, diuretics, and many other cardiac medication.

Smokers and tobacco users trying to quit have a potent ally in their struggle to kick the habit: 1-800-QUIT-NOW, a national network of tobacco cessation quitlines. An important resource for the 45 million Americans who smoke, and for other tobacco users, to help them end their addiction, 1-800-QUIT-NOW was launched in 2004 by the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC), both agencies of the Department of Health and Human Services (HHS), in response to former Secretary of Health and Human Services Tommy G. Thompson’s call for action. Today, this toll-free telephone number, 1-800-QUIT-NOW (1-800-784-8669), serves as a single point of access to state-based quitlines, ensuring that all smokers in the United States have access to support and the latest information to help them stop smoking.

“There is excellent scientific data to show that for smokers of any age, quitting can improve their health,” adds Steve Schoeder, M.D., Professor of Health and Health Care, Division of General Internal Medicine, University of California at San Francisco. “Improvements in exercise tolerance are evident within days and in cough and shortness of breath within weeks. The risks of getting heart disease decline over time,

and soon reach the levels of people who never smoked.” Health professionals recommend these strategies for cutting down on urges, cravings, and the discomfort of withdrawal in several simple ways:

- Use one or more of the over-the-counter nicotine replacement medications that have been shown to work such as patches, gum, or lozenge. These are a two-for-one deal: they improve your chances of quitting long-term, and they make the process less uncomfortable. Prescription medications are also available from a health care provider and have been shown to be effective. Ask your doctor, dentist, or pharmacist if this medicine is right for you.
- Talk to your doctor or a trained quit coach about other ways to help deal with withdrawal. There are simple techniques that you can learn and that work, such as deep breathing, telling yourself “this urge will pass,” and being physically active. Quit coaches can be reached by calling 1-800-QUIT-NOW in all 50 states, and they can provide other tips on quitting.

“As a research institute, NCI is coordinating a wide-ranging program to study the mechanisms and molecular pathways of lung cancer at its most basic biological level,” said NCI Director John E. Niederhuber, M.D. “Knowing, as we do, that tobacco use accounts for 30 percent of all cancer deaths, helping people quit is key to reducing the burden of this disease.”

“Quitting tobacco is not something anyone should have to face alone,” said Corinne Husten, M.D., M.P.H., acting director of CDC’s Office on Smoking and Health. “It’s like a journey, filled with ups and downs. But with the proper coaching and support, people can quit.”

# # #

For additional information about tobacco cessation, please go to <http://smokefree.gov> or call 1-800-QUIT-NOW.

For more information about tobacco, please go to the National Cancer Institute’s “Tobacco and Cancer” home page at <http://www.cancer.gov/cancertopics/tobacco> or the Centers for Disease Control and Prevention’s Tobacco Information and Prevention Source (TIPS) home page at <http://www.cdc.gov/tobacco/>.

For information about cancer, please visit the National Cancer Institute website at <http://www.cancer.gov>, or call NCI’s Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).



Meryl L. Moss Media Relations, Inc. – 203-226-0199  
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## **FOR IMMEDIATE RELEASE**

### **More Women Die Every Year from Lung Cancer than from Breast Cancer *Smoking Makes Women More Susceptible to the Virus that Causes Cervical, Vaginal and Vulvar Cancer and Ultimately Compromises a Woman's Fertility***

#### **1-800-QUIT-NOW Offer Smokers Interested in Quitting a Powerful New Ally**

“Many women don’t realize that since 1987 lung cancer is the leading cause of cancer death among men and women,” notes Linda Sarna, R.N. D.N., Sc., UCLA – Jonsson Comprehensive Cancer Center. “What’s more, many women don’t realize that smoking can reduce fertility and increase the risk of pregnancy complications, including stillbirth.”

“Smoking alters a woman’s immune system, making her more susceptible to the virus that causes cervical, vaginal and vulvar cancer,” observes Bobbie Gostout, M.D., ObG, Associate Professor of Obstetrics-Gynecology, Mayo Clinic Cancer Center. “She is more likely to develop precancerous changes in these tissues, less likely to be cured with the best available treatments, and more likely to progress to invasive cancer.”

Both Pap test abnormalities and cervical cancer are related to smoking, according to Dr. Gostout. What’s more, says Dr. Gostout, treatment for cervical cancer usually entails a radical hysterectomy, often prematurely closing the option of bearing children.

“Women who stop smoking before or during pregnancy reduce their risk for adverse reproduction outcomes such as infertility or having a low-birth-weight baby,” observes Jim Sargent, M.D. Pediatrician, Dartmouth-Hitchcock Medical Center.

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- Talk to your doctor or a trained quit coach about other ways to help deal with withdrawal. There are simple techniques that you can learn and that work, such as deep breathing, telling yourself “this urge will pass,” and being physically active. Quit coaches can be reached by calling 1-800-QUIT-NOW in all 50 states, and they can provide other tips on quitting.

“As a research institute, NCI is coordinating a wide-ranging program to study the mechanisms and molecular pathways of lung cancer at its most basic biological level,” said NCI Acting Director John E. Niederhuber, M.D. “Knowing, as we do, that tobacco use accounts for 30 percent of all cancer deaths, helping people quit is key to reducing the burden of this disease.”

“Quitting tobacco is not something anyone should have to face alone,” said Corinne Husten, M.D., M.P.H., acting director of CDC’s Office on Smoking and Health. “It’s like a journey, filled with ups and downs. But with the proper coaching and support, people can quit.”

# # #

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## **FOR IMMEDIATE RELEASE**

### **Men Who Smoke Are at Significantly Higher Risk for Erectile Dysfunction 1-800-QUIT-NOW Offer Smokers Interested in Quitting a Powerful New Ally**

Men who smoke more than 20 cigarettes daily have a 60% higher risk of erectile dysfunction (impotence), compared to men who never smoked according to a study of 4,764 Chinese men with an average age of 47 years. The study, which was reported at the American Heart Association's (AHA) 2003 Conference on Cardiovascular Disease Epidemiology and Prevention, reveals that 15% of past and present smokers have experienced erectile dysfunction and are 30% more likely to suffer from impotence when compared to men who never smoked.

"This is not the first study to document an association between cigarette smoking and erectile dysfunction," says researcher Jiang He, MD, PhD, an epidemiologist with Tulane University School of Public Health and Tropical Medicine in New Orleans. "But this study is unique in that it looks at other factors associated with erectile dysfunction and was able to adjust for these factors."

Both smoking and erectile dysfunction have often been associated – individually – with plaque build-up in the arteries, called atherosclerosis. The plaque obstructs blood flow through vessels, causing a host of circulatory problems throughout the body, such as erectile dysfunction.

"It's yet another reason for smokers to kick the habit," says Robert O. Bonow, MD, AHA president.

Smokers and tobacco users trying to quit have a potent ally in their struggle to kick the habit: 1-800-QUIT-NOW, a national network of tobacco cessation quitlines. An important resource for the 45 million Americans who smoke, and for other tobacco users, to help them end their addiction, 1-800-QUIT-NOW was launched in 2004 by the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC), both agencies of the Department of Health and Human Services (HHS), in response to former Secretary of Health and Human Services Tommy G. Thompson's call for action. Today, this toll-free telephone number, 1-800-QUIT-NOW (1-800-784-8669), serves as a single point to state-based quitlines, ensuring that all smokers in the United States have access to support and the latest information to help them stop smoking.

"There is excellent scientific data to show that for smokers of any age, quitting can improve their health," adds Steve Schoeder, M.D., Professor of Health and Health Care, Division of General Internal Medicine, University of California at San Francisco. "Improvements in exercise tolerance are evident within days and in cough and shortness of breath within weeks. The risks of getting heart disease decline over time, and soon reach the levels of people who never smoked." Health professionals recommend these strategies for cutting down on urges, cravings, and the discomfort of withdrawal in several simple ways:

- Use one or more of the over-the-counter nicotine replacement medications that have been shown to work such as patches, gum, or lozenge. These are a two-for-one deal: they improve your chances of quitting long-term, and they make the process less uncomfortable. Prescription medications are also available from a health care provider and have been shown to be effective. Ask your doctor, dentist, or pharmacist if this medicine is right for you.

- Talk to your doctor or a trained quit coach about other ways to help deal with withdrawal. There are simple techniques that you can learn and that work, such as deep breathing, telling yourself “this urge will pass,” and being physically active. Quit coaches can be reached by calling 1-800-QUIT-NOW in all 50 states, and they can provide other tips for quitting.

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“Quitting tobacco is not something anyone should have to face alone,” said Corinne Husten, M.D., M.P.H., acting director of CDC’s Office on Smoking and Health. “It’s like a journey, filled with ups and downs. But with the proper coaching and support, people can quit.”

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## **FOR IMMEDIATE RELEASE**

### **Children of Smokers Plagued by Asthma, Chronic Pulmonary Disease and May Have an Increased Risk of Developing Cancer Themselves 1-800-QUIT-NOW Offer Smokers Interested in Quitting a Powerful New Ally**

“Too many people don’t realize the prevalence of chronic lung diseases in the children of smokers,” notes Dr. Derek Raghavan, Director, Cleveland Clinic Taussig Cancer Center, Cleveland Clinic. “Children of smokers have worse asthma and chronic pulmonary diseases, and may even have an increased risk of developing cancer themselves.”

“Studies have found that children of smokers are more likely to smoke and are at an increased risk of sudden infant death, asthma, ear infections, and respiratory infections,” according to Dr. Jim Sargent, Pediatrician, Dartmouth-Hitchcock Medical Center.

“There are 4,000 toxins in cigarettes, some of which cause direct damage to the lungs preventing them from serving their critical role of absorbing oxygen and excreting carbon monoxide,” says Michael Fiore, M.D., Professor of Medicine and Director, Center for Tobacco Research and Intervention, University of Wisconsin Medical School. “All smokers who quit feel they have more air within a month of quitting and the risk of acute bronchitis and pneumonia decrease dramatically when you quit smoking.”

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“There is excellent scientific data to show that for smokers of any age, quitting can improve their health,” adds Steve Schoeder, M.D., Professor of Health and Health Care, Division of General Internal Medicine, University of California at San Francisco. “Improvements in exercise tolerance are evident within days and in cough and shortness of breath within weeks. The risks of getting heart disease decline over time, and soon reach the levels of people who never smoked.” Health professionals recommend these strategies for cutting down on urges, cravings, and the discomfort of withdrawal in several simple ways:

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“As a research institute, NCI is coordinating a wide-ranging program to study the mechanisms and molecular pathways of lung cancer at its most basic biological level,” said NCI Director John E. Niederhuber, M.D. “Knowing, as we do, that tobacco use accounts for 30 percent of all cancer deaths, helping people quit is key to reducing the burden of this disease.”

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**FOR IMMEDIATE RELEASE**

**Smoking Doesn't Just Increase Respiratory Diseases and Lung Cancer,  
It Also Contributes to Many Issues Associated with Aging, Including  
Cataracts, Low Bone Density, and Hip Fractures**  
*It's Never to Late to Quit Smoking*

**1-800-QUIT-NOW Offer Smokers Interested in Quitting a Powerful New Ally**

“One of the biggest myths around is that it is too late for someone over 65 to quit,” observes Tim McAfee, M.D., Chief Medical Officer, Free & Clear. “While we now know that a smoker who quits in his 30s adds ten years to his or her life, many are unimpressed to learn that a smoker, who quits after 65, adds just three years to his or her life. Yet there is nothing a person can do that will add more *quality* years of life than to quit smoking immediately.”

“Almost always the most important type of treatment to slow down or eliminate the progression of a disease is to quit smoking,” says Dr. McAfee. “This is true whether their illness is asthmas, heart disease, chronic lung disease, diabetes, kidney failure, or impotence, to name a few.” What’s more, notes Dr. McAfee, many are shocked to learn that smoking doesn’t simply increase respiratory disease and lung cancer, but also contributes to many issues associated with aging, including cataracts, low bone density, and hip fractures.

Smokers and tobacco users trying to quit have a potent ally in their struggle to kick the habit: 1-800-QUIT-NOW, a national network of tobacco cessation quitlines. An important resource for the 45 million Americans who smoke, and for other tobacco users, to help them end their addiction, 1-800-QUIT-NOW was launched in 2004 by the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC), both agencies of the Department of Health and Human Services (HHS), in response to former Secretary of Health and Human Services Tommy G. Thompson’s call for action. Today, this toll-free telephone number, 1-800-QUIT-NOW (1-800-784-8669), serves as a single point to state-based quitlines, ensuring that all smokers in the United States have access to support and the latest information to help them stop smoking.

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“Quitting tobacco is not something anyone should have to face alone,” said Corinne Husten, M.D., M.P.H., acting director of CDC’s Office on Smoking and Health. “It’s like a journey, filled with ups and downs. But with the proper coaching and support, people can quit.”

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FOR IMMEDIATE RELEASE  
Friday, September 29, 2006

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## **New Campaign, Featuring Smokers' Personal Stories, Encourages Tobacco Users to "Be A Quitter"**

Smokers and tobacco users trying to quit will soon have a potent ally – fellow smokers. The "Quit Now" Challenge, a new initiative featuring the inspirational stories of people who want to quit smoking, was announced today by the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC), both agencies of the Department of Health and Human Services (HHS). Now through November 17, 2006, 1-800-QUIT-NOW will accept submissions from cigarette smokers and other tobacco users explaining, in their own words, why they want to "Quit Now!" Interested participants can visit [1800quitnow.org](http://1800quitnow.org) for specific instructions on how to submit entries. Successful quitters whose stories are chosen will be announced on February 1, 2007.

The "Quit Now" Challenge, part of the "Be A Quitter" campaign, enhances NCI and CDC's ongoing National Network of Tobacco Cessation Quitlines initiative. Participants – chosen among men and women between 18 and 29 years old – will be available for local television, radio, and newspaper interviews. These participants also will be encouraged to help others quit by posting daily diaries and sharing their personal stories of QUIT-NOW experiences on the official 1-800-QUIT-NOW Web site, [1800quitnow.org](http://1800quitnow.org). Callers to 1-800-QUIT-NOW, which is a single point of access to state-based quitlines, will continue to receive practical, effective help quitting smoking, informational materials, and referrals to other resources.

"Since 1-800-QUIT-NOW was launched in 2004, it has remained an important resource for the 45 million Americans who smoke, and for other tobacco users, to help them end their addiction," said HHS Secretary Mike Leavitt. "Such a program is vital to help improve the public health of this country, as young people continue to light up, and others continue to die from tobacco-related disease."

"NIH is committed to improving the health of all Americans and reducing the burden of illness," said National Institutes of Health Director Elias A. Zerhouni, M.D. "Encouraging people to quit smoking, and supporting them in their effort to do so, is an important step in preventing the myriad of diseases caused by smoking and tobacco use."

"As a research institution, NCI is coordinating a wide-ranging program to study the mechanisms and molecular pathways of lung cancer – and the relationship of these pathways to nicotine and known carcinogens present in tobacco," said NCI Director John E. Niederhuber, M.D. "Knowing,



**FOR IMMEDIATE RELEASE**

**LEWISTOWN, PENNSYLVANIA RESIDENT CHOSEN TO “BE A QUITTER”  
IN NATIONAL “QUIT NOW” CHALLENGE**

*Tobacco Users Share Stories to Create Huge Support System For “Quitters.”*

**According to recent information gathered in 2005 by the Pennsylvania Department of Health, some 2,140,000 to 2,370,000 Pennsylvania residents are still smokers. In an all out effort to slash those numbers the “Quit Now” Challenge, organized by the Centers for Disease Control and Prevention and the National Cancer Institute, launched a nationwide smoking cessation initiative in September 2006 and has selected semi-finalists from a national search of people committed to quit the habit and go smoke free.**

The “Quit Now” Challenge evolved from the national network of tobacco cessation quitlines, operated through 1-800-QUIT-NOW, a resource for the 45 million Americans who smoke cigarettes or use tobacco. The quitlines offer guidance, literature about ways to end addictions and a network of support and in 2006, a total of 8,939 people called a quitline.

Selected challenge participants varying in ages from 18-29 have committed to quitting in early to mid-December and will be linked with a quit coach who will offer advice, support and monitor their progress throughout the eight-week initiative.

Semi-finalist and Lewistown resident Craig Lynn Rutherford, 29, a manager at a local car dealership, who has pledged to quit smoking to ensure that he and his wife can have children and live to see them grow up, said, “I enjoy smoking but want to quit for the people who care about me, plus it’s getting too expensive.”

According to Public Health Administrator Ron Kirby, after callers initially contact the quitline, all counseling sessions are initiated by the counselor, but added that support is available 24 hours a day, seven days a week, providing detailed, useful information for people who are struggling so they can help themselves through difficult times. A three- part guide, Break Away From The Pack,” is provided for smokers and a booklet called “Quit the Spit,” is available for smokeless tobacco users.

**For additional information about tobacco cessation, go to <http://smokefree.gov>, or call 1-800-QUIT-NOW.**

**For more information about tobacco, please go to the National Cancer Institute’s “Tobacco and Cancer” home page at <http://www.cancer.gov/cancertopics/tobacco> or the Center for Disease Control and Prevention’s Tobacco Information and Prevention Source (TIPS) home page at <http://www.cdc.gov/gpv/tobacco/>.**

**For more information about cancer, please visit the National Cancer Institute Web site at <http://www.cancer.gov>, or call NCI’s Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).**

**FOR IMMEDIATE RELEASE**

**YUKON, OKLAHOMA RESIDENT CHOSEN TO “BE A QUITTER” IN  
NATIONAL “QUIT NOW” CHALLENGE**  
*Tobacco Users Share Stories to Create Huge Support System For “Quitters.”*

According to the 2005 Behavioral Risk Factor Surveillance Systems data, some 676,300 Oklahoma residents are still smokers. In an all out effort to slash those numbers the “Quit Now” Challenge, organized by the Centers for Disease Control and Prevention and the National Cancer Institute, launched a nationwide smoking cessation initiative in September 2006 and has selected semi-finalists from a national search of people committed to quit the habit and go smoke free.

The “Quit Now” Challenge evolved from the national network of tobacco cessation quitlines, operated through 1-800-QUIT-NOW, a resource for the 45 million Americans who smoke cigarettes or use tobacco. The quitlines offer tobacco cessation counseling, literature about ways to end addictions, and a network of support.

Selected challenge participants varying in ages from 18-29 have committed to quitting in early to mid December and will be linked with a quit coach who will offer advice, support and monitor their progress throughout the eight-week initiative.

Semi-finalist and Yukon resident Crystal Rose Salinas, 28, has pledged to quit smoking to ensure that she will live to see her children become adults due to the fact that both she and her son have asthma. “I really love my family,” she said, adding, “I want to be around for a long time to see them.”

According to Cessation Systems Coordinator Linda Wright Eakers, some 16,114 tobacco users contacted the quitline from July 1, 2005 through June 20, 2006. She said the Oklahoma quitline, which is open from 1 a.m.-11 p.m. (CST) seven days per week, provides free Nicotine Replacement Products which include patches and gum, for eight weeks to uninsured callers and added that other callers can choose from a one-call to a five-call program and must contact their health care plan to confirm their cessation pharmacy benefits.

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**FOR IMMEDIATE RELEASE**

**RALEIGH, NORTH CAROLINA RESIDENTS CHOSEN TO “BE QUITTERS” IN  
NATIONAL “QUIT NOW” CHALLENGE**  
*Tobacco Users Share Stories to Create Huge Support System For “Quitters.”*

According to a recent survey conducted by the Center for Health Statistics, over 1.5 million North Carolina residents are still smokers. In an all out effort to slash those numbers the “Quit Now” Challenge, organized by the Centers for Disease Control and Prevention and the National Cancer Institute, launched a nationwide smoking cessation initiative in September 2006 and has selected semi-finalists from a national search of people committed to quit the habit and go smoke free.

The “Quit Now” Challenge evolved from the national network of tobacco cessation quitlines, operated through 1-800-QUIT-NOW, a resource for the 45 million Americans who smoke cigarettes or use tobacco. The quitlines offer tobacco cessation counseling, literature about ways to end addictions, and a network of support.

Selected challenge participants varying in ages from 18-29 have committed to quitting in early to mid December and will be linked with a quit coach who will offer advice, support and monitor their progress throughout the eight-week initiative.

Two Raleigh residents have been chosen as semi-finalists and have pledged to quit smoking as part of the “Quit Now” Challenge. They are Sharita Perry, 23, a student at Wake Technical Community College, and Marlin Jackson, 27, a manager at the local Sonic Drive-In.

According to Jana Johnson, Medical Director of the Tobacco Prevention and Control Branch in the State Health Department, the North Carolina Quit Now program is encouraged that this timeless initiative will increase with more public awareness. “Callers can choose between having a one-time telephone intervention with a quit coach or enroll in a highly effective call-back program in which quitters are pro-actively called back by coaches during the smoking cessation process,” she added.

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as we do, that tobacco use accounts for 30 percent of all cancer deaths, helping people quit is key to reducing the burden of this disease.”

Participants who quit smoking by the challenge’s end will be selected to share their success stories. The NCI and CDC hope that these stories will help further increase quit rates in the United States. The North American Quitline Consortium, corporate partners, and local organizations in communities across the country are key collaborators in 1-800-QUIT-NOW, providing their expertise to help raise awareness about this toll-free access number.

In addition to The “Quit Now” Challenge, television and radio public service announcements, an online educational video, print materials, banner ads, and a Web site ([1800quitnow.org](http://1800quitnow.org)) are part of the tobacco cessation campaign effort.

“Quitting tobacco is not something anyone should have to face alone,” said Corinne Husten, M.D., M.P.H., acting director of CDC’s Office on Smoking and Health. “It’s like a journey, filled with ups and downs. But with the proper coaching and support, people can quit.”

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**BUTTE, MONTANA RESIDENT CHOSEN TO “BE A QUITTER” IN  
NATIONAL “QUIT NOW” CHALLENGE**  
*Tobacco Users Share Stories to Create Huge Support System For “Quitters.”*

**According to a recent survey conducted by the Montana Department of Health, there are some 120,600 adult smokers in the state. In an all out effort to slash those numbers the “Quit Now” Challenge, organized by the Centers for Disease Control and Prevention and the National Cancer Institute, launched a nationwide smoking cessation initiative in September 2006 and has selected semi-finalists from a national search of people committed to quit the habit and go smoke free.**

The “Quit Now” Challenge evolved from the national network of tobacco cessation quitlines, operated through 1-800-QUIT-NOW, a resource for the 45 million Americans who smoke cigarettes or use tobacco. The quitlines offer tobacco cessation counseling, literature about ways to end addictions and a network of support.

Selected challenge participants varying in ages from 18-29 have committed to quitting in early to mid December and will also be linked with a quit coach who will offer advice, support and monitor their progress throughout the eight-week initiative.

Semi-finalist and Butte resident Mary Jo Murphy, 24, has pledged to quit smoking to ensure that she reaches her goals of buying a home, opening her own business and watching her children grow up. “The only thing that could hinder my dreams if I continue smoking is the cost and the high risk I have genetically of dying from lung cancer and that really scares me as well as the thought that my children could grow up to be smokers and I don’t want this horrible act continued for more generations.”

According to Stacy Campbell, a Tobacco Cessation Specialist for the Montana Tobacco Use Prevention Program, some 4,361 Montana callers called the quitline in 2006. Campbell said the Montana program offers four weeks of Nicotine Replacement Products, NRT, which are patches, gum or lozenges, which will be extended to six weeks after December 15. The program also offers a personalized quit plan with five free sessions with a quit specialist, proactive and reactive calls, plus an information packet with tips, guides and health information, all of which are free to all Montana residents, regardless of income or insurance status.

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FOR IMMEDIATE RELEASE

**NICHOLASVILLE, KENTUCKY RESIDENT CHOSEN TO “BE A QUITTER” IN  
NATIONAL “QUIT NOW” CHALLENGE**

***Tobacco Users Share Stories to Create Huge Support System For “Quitters.”***

**According to a recent statistic from the National Center For Chronic Disease Prevention and Health Promotion Behavioral Risk Factor Surveillance System, 28.7 percent of Kentucky residents, or 906,735 adults are still smokers, representing the highest smoking rate in the country. In an all out effort to slash those numbers the “Quit Now” Challenge, organized by the Centers for Disease Control and Prevention and the National Cancer Institute, launched a nationwide smoking cessation initiative in September 2006 and has selected semi-finalists from a national search of people committed to quit the habit and go smoke free.**

The “Quit Now” Challenge evolved from the national network of tobacco cessation quitlines operated through 1-800-QUIT-NOW, a resource for the 45 million Americans who smoke cigarettes or use tobacco. The quitlines offer tobacco cessation counseling, literature about ways to end additions, and a network of support.

Selected challenge participants varying in ages from 18-29 have committed to quitting in early to mid December and will be linked with a quit coach who will offer advice, support and monitor their progress throughout the eight-week initiative.

Semi-finalist and Nicholasville resident Cynthia Marie Murdock, 27, who has smoked since she was 15 and works as a Prevention Specialist at Bluegrass Prevention Center said, “I’ve made myself many false promises in the past to quit, thinking ‘when I graduate from college, I’ll quit,’ or, ‘if I get this job, I’ll quit’ and every time my addiction overpowered the promise I had made to myself.”

Murdock added, “Quitting has to be a personal choice that I’m ready to make for myself and I believe the time is finally right after 12 years.”

According to Kentucky Quitline Coordinator Rae Anne E. Davis, quit line counseling is available to everyone state-wide and that a new program is in the works to provide Medicaid recipients with free Nicotine Replacement Products which are the patch, gum or lozenge. She said that in the past 12 months, some 327,524 adults who smoke every day made an attempt to quit at least once.

The Kentucky quitline process is that after the quitter makes their initial phone contact, an appointment is scheduled for further conversation with a quit coach, but the quitter can call the quitline at any time, according to Davis who added that all quitline counselors have their Masters degrees and are certified by the Association for the Treatment of Tobacco Use Dependence standards following a federally recognized and approved clinical protocol. The Kentucky Quit Kit is also mailed to the quitter’s home.

For additional information about tobacco cessation, go to <http://smokefree.gov>, or call 1-800-QUIT-NOW.

**For more information about tobacco, please go to the National Cancer Institute’s “Tobacco and Cancer” home page at <http://www.cancer.gov/cancertopics/tobacco> or the Center for Disease Control and Prevention’s Tobacco Information and Prevention Source (TIPS) home page at <http://www.cdc/gpv/tobacco/>.**

**For more information about cancer, please visit the National Cancer Institute Web site at <http://www.cancer.gov>, or call NCI’s Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).**

**FOR IMMEDIATE RELEASE**

**FAIRFAX RESIDENT CHOSEN TO “BE A QUITTER” IN NATIONAL “QUIT NOW”  
SMOKING CESSATION CHALLENGE**

*Tobacco Users Share Stories to Create Widespread Support System for Quitters*

**According to Virginia tobacco use cessation quitline data, approximately 1,183,000 Virginians are still smokers. In an all out effort to slash those numbers the “Quit Now” Challenge, organized by the Centers for Disease Control and Prevention and the National Cancer Institute, launched a nationwide smoking cessation initiative in September 2006 and has selected semi-finalists from a national search of people committed to quit tobacco use.**

The “Quit Now” Challenge evolved from the national network of tobacco cessation quitlines, operated through 1-800-QUIT-NOW, a resource for the 45 million Americans who smoke cigarettes or use tobacco. The quitlines offer tobacco cessation counseling, literature about ways to end addictions, and a network of support.

Selected challenge participants, varying in ages from 18-29, have committed to quitting in early to mid-December and will be linked with a quit coach who will offer advice, support and monitor their progress throughout the eight-week initiative.

Semi-finalist and Fairfax resident Steven Seung Hwa Kim, 23, has pledged to quit because he hates having his life controlled by an addictive substance. “I know that I’m stronger than this,” he said, adding, “and I know by quitting my addiction - I will take back my life, my destiny, and most importantly, my ability to choose.”

According to Virginia Quitline spokesperson Janis Dauer, an individual can call the quitline as often as necessary for support and can enroll in a multiple session program in which a quit coach will initiate the first telephone call after enrollment, and arrange a schedule for further counseling. This free service, which is also available to help family and friends of tobacco users with advice on how they can support loved ones through the cessation process, is available seven days a week. “Callers can get additional support after they have quit in order to prevent relapses, and they also receive printed, self-help materials,” Dauer added.

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