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)*


* 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)**


* Article contributed two studies to the meta-analysis

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


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


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


Lando HA. Effects on preparation, experimenter contact, and a maintained reduction alternative on a broad-spectrum program for eliminating smoking. Addict Behav 1981;6:123-33.


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


Lando HA. Effects on preparation, experimenter contact, and a maintained reduction alternative on a broad-spectrum program for eliminating smoking. Addict Behav 1981;6(2):123-33.


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


Lando HA. Effects on preparation, experimenter contact, and a maintained reduction alternative on a broad-spectrum program for eliminating smoking. Addict Behav 1981;6(2):123-33.


**Table 6.12. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for interventions delivered by various numbers of clinician types (n = 37 studies)**


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


Lando HA. Effects on preparation, experimenter contact, and a maintained reduction alternative on a broad-spectrum program for eliminating smoking. Addict Behav 1981;6(2):123-33.


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


Lando HA. Effects on preparation, experimenter contact, and a maintained reduction alternative on a broad-spectrum program for eliminating smoking. Addict Behav 1981;6(2):123-33.


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


Lando HA. Effects on preparation, experimenter contact, and a maintained reduction alternative on a broad-spectrum program for eliminating smoking. Addict Behav 1981;6(2):123-33.


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)


Table 6.17. Meta-analysis (2008):
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Table 6.18. Meta-analysis (2000):
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Davis JR, Glaros AG. Relapse prevention and smoking cessation. Addict Behav 1986;11:105-14.


Table 6.21. Meta-analysis (2000):
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*Article contributed two studies to the meta-analysis


*Article contributed two studies to the meta-analysis
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*Article contributed two studies to the meta-analysis

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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)


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)


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)


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)


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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