

Case Study: Arizona

Maximizing the Cessation Benefit from State Policy Changes

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This project is made possible through a two-year grant from the Robert Wood Johnson Foundation to strengthen the linkages of quitlines and other tobacco control policy efforts.

I. Overview of Arizona’s Tobacco Control Landscape

In 1973, Arizona passed the first statewide clean indoor air law in the United States. This first law restricted smoking in most public places (i.e. government buildings, health facilities).¹ On November 7, 2006, Arizona voters approved the Smoke-Free Arizona Act (Proposition 201). This statewide smokefree law prohibits smoking in most enclosed public places and places of employment. The law went into effect on May 1, 2007.

[Arizona Department of Health Services \(ADHS\) Bureau of Tobacco Education and Prevention \(BTEP\)](#)

The ADHS, BTEP focuses on preventing tobacco use among Arizonans, especially children. BTEP ensures that any resident who wishes to quit using tobacco has access to affordable, state-of-the-art cessation services and works towards protecting all Arizonans from secondhand smoke. BTEP

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Overview of Arizona’s Tobacco Control Landscape *(cont’d from page 1)*

funds several programs and projects throughout the state to encourage Arizona families to make healthy lifestyle choices. Local projects in each of the 15 counties receive BTEP funding to deliver tobacco use prevention and cessation services. BTEP also works with community partners and tribal projects to reach priority populations and those disproportionately impacted by tobacco use.

Grassroots Tradition

Arizona has a “long tradition of grass roots nonsmokers’ rights activity” and many organizations dedicated to tobacco control and smokefree environments.¹ These organizations include but are not limited to the American Heart Association, American Lung Association, American Cancer Society, Arizonans Concerned About Smoking, the Coalition for Tobacco-Free Arizona, Arizona HealthLinks, Arizona Hospital and Healthcare Association and the Campaign for Tobacco Free Kids.

Local Smokefree Policies

Numerous Arizona communities enacted their own smokefree workplace policies prior to the statewide law, which helped drive the introduction of the Smoke-Free Arizona Act. These communities included: Chandler, Coconino County, Cottonwood, Flagstaff, Gilbert, Goodyear, Guadalupe, Nogales, Prescott, Santa Cruz County, Sedona, Surprise and Tempe and represent approximately 13.6% of Arizona’s population.²

Legislative History

In 2002, Arizona voters passed Proposition 300 that raised the tax on tobacco products an additional \$0.60, bringing the total sales tax to \$1.18 per pack. In December 2006, Arizona voters passed Proposition 201, the Smoke-Free Arizona Act, prohibiting smoking in most enclosed public places and places of employment. The Smoke-Free Arizona Act placed an additional \$0.02 sales tax on cigarettes. Also passed was Proposition 203, First Things First for Arizona’s Children, which placed an additional \$0.80 tax on cigarettes to fund early childhood education and health programs. The total sales tax on cigarettes is currently \$2.00 per pack.

The Arizona Smokers’ Helpline Quitline

The Arizona Smokers’ Helpline (ASHLine) has been providing tobacco use cessation services to Arizona residents since 1995 making it one of the first quitlines in the United States. The service was created by the Arizona Program for Nicotine and Tobacco Research at the University of Arizona. The goal of the ASHLine is to increase the accessibility of effective, research-based tobacco use cessation services to Arizonans. To achieve this goal, the ASHLine offers telephone counseling on an individual basis in both English and Spanish. The ASHLine also offers Web-based services, printed materials and referrals to community cessation classes. The Helpline enrolls approximately 6,000 new clients each year.

Since November 2002, clients who meet certain eligibility requirements can receive a six-week supply of the patch, gum, lozenge or Zyban® at a 50% discount or at no cost, depending on income eligibility. A four-week supply of CHANTIX® is also available with the same discounts. The ASHLine is funded by the Tobacco Tax and Health Care Act, which is disbursed by ADHS, BTEP.

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Overview of Arizona's Tobacco Control Landscape *(cont'd from page 2)*

In addition to the ASHLine, thirteen of the fifteen counties in Arizona offer in-person cessation services to which ASHLine staff refer callers who are interested in face-to-face services. Through a cooperative agreement, the county programs also refer residents to the ASHLine depending on individual needs and preferences, as do health care providers through the QuitFax Referral System. For fiscal year 2006-2007 ending June 2007, the ASHLine and local tobacco projects provided cessation services to almost 1% of the tobacco users in the state. Of those tobacco users who indicated they wanted to quit in the next six months, these programs reached 1.5%. Both figures represent a slight increase from the year before.

Tobacco Use and Status

Overall adult cigarette use in Arizona was 18.6% in 2004, 20.4% in 2005, 18.1% in 2006 and 19.8% in 2007. The median for all states in 2007 was 19.7%. Quit attempts, defined as current smokers who quit smoking

for one day or more, decreased in Arizona from 2004 to 2007 from 49.4% in 2004 to 40.3% in 2005 to 39.8% in 2006. Then, in 2007, the quit attempt rate jumped to 57.2%.³

In the *State of Tobacco Control: 2006* report, the American Lung Association recognized Arizona voters for approving a comprehensive smokefree air law and a combined \$0.82 increase in Arizona's cigarette tax. In the 2007 report, Arizona received an "A" grade for Smokefree Air and a "B" grade for its tax rate of \$2.00 per pack given it is below the \$2.21 average state cigarette tax. Arizona received a "B" grade for tobacco prevention and control program funding for funding its programs at 80-89% of the CDC lower estimate for the state.⁴ ♦



II. Smoke-Free Arizona Act (Proposition 201)

On November 7, 2006, Arizona voters approved the Smoke-Free Arizona Act (Proposition 201) by a 55 to 45% margin.⁴ This statewide smokefree law prohibits smoking in most enclosed public places and places of employment including restaurants and bars. The law went into effect on May 1, 2007. The only exemptions are private residences (except if used as a licensed child care, adult day care or health care facility), hotel and motel rooms not more than 50% designated as smoking, retail tobacco stores, veterans and fraternal clubs when not open to the general public, ceremonial use in the American Indian community, outdoor patios and some theatrical performances. The Proposition was passed to protect patrons, employees and all Arizonans who may be particularly vulnerable to the health risks of breathing secondhand tobacco smoke including children, seniors and people with existing health problems. Also included in the proposition was a \$0.02 per pack tax to be deposited in the Smoke-Free Arizona fund, which must be used to enforce provisions of the law.

The Arizona Department of Health Services, Office of Environmental Health is responsible for education, compliance and enforcement of the law. ADHS contracts with all but one of the state's fifteen counties to assist with enforcement. If a violation is found, the business owner will receive a warning notice and is subject to fines between \$100 to \$500 per violation per day or up to \$5,000 per violation per day if a Superior Court determines there is a pattern of non-compliance. An individual who smokes where prohibited is guilty of a petty offense and may be fined between \$50 to \$300. ♦

III. The Campaign to Pass the Smokefree Law

An alliance called “Smoke-Free Arizona” led the advocacy effort in support of the Smoke-Free Arizona Act. Principal sponsors of Proposition 201 included the American Heart Association, American Lung Association, American Cancer Society, Arizonans Concerned About Smoking and the Arizona Hospital and Healthcare Association. More than 100 community, health and business organizations, including the Campaign for Tobacco Free Kids, the AARP of Arizona and the March of Dimes endorsed the measure. Neither the quitline funder nor quitline staff members were involved in the campaign to pass the smokefree law due to lobbying restrictions.

As is customary, the potential cessation



benefit from the Smoke-Free Arizona Act was not incorporated into the campaign to pass the law. The campaign stayed focused on the right to breathe clean air, reducing exposure to secondhand smoke and protecting the health of all Arizonans, especially those most vulnerable, including children, seniors and people with existing health problems.⁵ The direct impact of smoke-free policies on cessation is not usually addressed in these campaigns to allow the effort to stay focused on secondhand smoke rather than smokers. Introducing messages about the law’s anticipated impact on cessation could possibly be misconstrued. Given this focus, neither cessation nor quitline data were used to support the campaign. ♦

IV. Preparing for Implementation

In Arizona, planning for the May 1, 2007 implementation of the law started immediately after the November election, and funding for the effort was provided by a portion of the excise tax. The six-month planning period and immediate, substantial funding contributed to a well-planned, comprehensive implementation. The Arizona approach to promoting the ASHLine was unique and provides a hybrid example for other states. Rather than fully integrating promotion of the helpline with the implementation campaign or excluding it entirely, two separate campaigns ran simultaneously leading up to and following the implementation of the Act. One promoted the details of the law, while the other focused on cessation. Each took a slightly different approach to integrating the two issues as described below.

The provisions of Proposition 201 assigned implementation and enforcement to ADHS. The Office of Environmental Health’s existing statewide program made it a natural fit for planning and oversight of the Smoke-Free Arizona Act. This department referred to its experience with

inspections and existing infrastructure to develop implementation and enforcement plans. As was mentioned, funding for the implementation effort was provided by a \$0.02 per pack tax, which began immediately after the law was enacted. This funding stream allowed for work to begin without delay, allowing almost six months to prepare for implementation. The funding was used for education, compliance and enforcement activities, media, program materials (e.g. signs and brochures) and an economic impact study.

The implementation effort was led by the ADHS Office of Environmental Health, which formed the Smoke-Free Implementation Team. The team consisted of fifteen people including the Assistant Deputy Director, Bureau Chief – Epidemiology and Disease Control, Office of the Director – County Liaison, Office of the Director – Communications Director, Office of Environmental Health, Budget and Finances, Administrative Rules and the Bureau of Tobacco Education and Prevention. This

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Preparing for Implementation *(cont'd from page 4)*

team met weekly from November 6, 2006 until the first week of May 2007.

The Smoke-Free Implementation Team included sub-groups that focused on the following responsibilities described in the Act:

- Planning a media campaign using radio and print media.
- Establishing a toll-free information line and launching a Web site in January 2007.
- Drafting the exempt rules, holding public hearings and publishing final rules.
- Developing agreements with the fifteen counties to conduct education, complaint investigation and enforcement.
- Conducting an economic impact study.
- Outreach to businesses and employers such as state agencies, chambers of commerce, the Arizona Restaurant & Hospitality Association, major stakeholders and the top public places in the state.
- On-site training for county staff.
- Creating signage to be made available free-of-charge to businesses.
- Getting ready for the May 1 implementation day with an online reporting system for complaints and a call center available two weeks before the implementation date and for two weeks after.

The primary campaign message, “Let’s Clear the Air Arizona!” developed by ADHS was focused on the benefits of smokefree enclosed public places and places of employment for all Arizonans. Arizona’s educational campaign for implementation was clearly centered around the details of the law and not on getting tobacco users to quit. The local county projects were able to proactively promote both the law and cessation to fit their communities’ needs.

Other Preparations

In collaboration with state and local health agencies and community organizations, the American Cancer Society’s AZ HealthLinks program helps worksites implement employee-based activities that focus on physical activity, nutrition, tobacco policy and cessation.

They also assist with comprehensive, internal worksite policies related to these issues to improve worksite wellness. In preparation for the May 1 implementation of Arizona’s Smokefree law, AZ HealthLinks worked with the local county-level projects when requested. These local projects are charged with delivering services related to tobacco use prevention and cessation as well as issues surrounding environmental tobacco smoke. As standard practice, AZ HealthLinks refers their clients to the ASHLine and to appropriate local cessation programs. During the implementation period, AZ HealthLinks did not add any special cessation promotions but incorporated referrals to existing cessation services when appropriate.

To prepare the ASHLine staff, an in-service training session was conducted to inform them about the law and provide guidance on how to handle questions related to implementation. Staff members were instructed to refer all questions to the call center managed by the Office of Environmental Health to ensure consistency and to keep the ASHLine focused on helping people quit.

Promoting the Quitline

In Arizona, as previously mentioned, two separate campaigns were planned and implemented during the months leading up to and following implementation of the smokefree law. The Smoke-Free Arizona Implementation Team lead by the Office of Environmental Health (OEH) conducted a marketing campaign to promote the Smoke-Free Arizona Act and BTEP conducted a separate marketing campaign focused

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Preparing for Implementation *(cont'd from page 5)*

on cessation. Staff members from these two departments were aware of each other's promotional efforts and communicated regularly about the campaigns.

The primary objective of the Smoke-Free campaign was to increase awareness of the Smoke-Free Arizona Act. This campaign did not directly promote cessation. Information about the ASHLine and its Web site was provided on the Smoke-Free Arizona Web site (www.smokefreearizona.org) in both English and Spanish in "Links & Resources" and "Frequently Asked Questions." If the call center received requests for information about quitting, staff gave callers the ASHLine phone number and Web address. This information was framed as "assistance for those interested in quitting" and stressed that counseling services were available free of charge with reduced cost medication available. Enforcement materials did not actively encourage people to quit since the law's original purpose was not to keep them from smoking, but rather to protect the health of employees and

customers. This approach to promoting the ASHLine was taken due to the passionate nature of the law and to reduce any further alienation and perceived infringement on smokers' rights. Also, this approach kept the campaign clear of mixed messages and too many phone numbers.

A separate marketing campaign to promote cessation and to demonstrate ADHS's commitment to assisting tobacco users in their quit attempts was conducted by BTEP and its county partners. This cessation campaign ran from December 2006 through March 2008 and was funded by BTEP. It was launched to help people find cessation resources if they decide to quit tobacco. This campaign included television, radio and public relations. Its goals were to increase the number of clients served through Arizona quit tobacco services to 6% by 2009 and to establish a baseline test for the number of 18 to 24 year olds that participate in cessation services during the campaign period. The \$3.8 million campaign promoted both the ASHLine and www.ashline.org.⁶ ♦

V. Implementation

The Smoke-Free Arizona Implementation Team chose to promote the ASHLine number and Web site in several campaign components for those who might be looking for information on quitting for themselves or their employees. To continue providing a consistent message about the purpose of the law, referrals to the ASHLine were blended as a secondary message. To prevent misinterpretation, the ASHLine was presented as a helpful resource available for those who might be interested, but not as a highly visible component of the implementation. Promotion of the ASHLine was incorporated as follows:

- On the Smoke-Free Arizona Web site (www.smokefreearizona.org), information about the ASHLine could be found in the Links & Resources section under the heading "Be Tobacco Free".
- The Web-based version of the "Frequently Asked Questions" included information on the ASHLine and

Web site, but the specific FAQ's for businesses, restaurants and bars, retail tobacco stores and veterans' clubs did not.

- On the Web page for "Other Businesses" under "Tips for Going Smokefree", information included advice on how to provide assistance to employees who want to quit and listed the ASHLine phone number and Web site.
- The Smoke-Free Arizona brochure included the ASHLine phone number and Web site on the back panel.
- The Smoke-Free Arizona call center referred callers interested in information about quitting to the ASHLine and ASHLine staff referred callers interested in information about the law to the call center.
- The compliance checklists and fact sheets created to help businesses understand the law and fulfill their implementation responsibilities did not include the ASHLine phone number. No information about the law

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Implementation *(cont'd from page 6)*

was added to the ASHLine's printed materials, thus keeping them focused on cessation.

The BTEP tobacco cessation marketing campaign went into effect at the end of December 2006 unrelated to the passage of the smokefree law. Although a separate effort, BTEP made the connection between the smokefree law and quitting in some of its materials knowing that the smokefree law presented one more motivation for tobacco users to quit. The television, radio and print advertisements did not explicitly mention the law, but the following public relations efforts did:

- A press release the day after the law passed in November 2006 and in preparation for the Great American Smokeout that month suggested the increased cost due to the new tax could provide a strong incentive to quit.
- A press release focused on New Year's resolutions

again suggested new taxes plus stricter indoor air laws made it a good time to quit. This release highlighted the cessation media campaign and provided information on the ASHLine and county tobacco programs.

- Media interviews and speaking engagements included messages suggesting the implementation of the new law as an opportunity to quit smoking given fewer places to smoke and the increased cost of cigarettes.

Quitline Calls

Although no formal evaluation of the impact of the new law on the quitline call volumes has been conducted at this point, simple comparisons of data are being reported to demonstrate its impact on the ASHLine. The University of Arizona, which provides services for the ASHLine, provided these data. It is important to note that factors other than the new law could have generated calls during this time. These factors are described under Other Factors on page 8.

Table 1

Number of Tobacco Users Calling for Self and Fax Referrals*			
		2005/2006: Year Preceding Implementation	Dec 2006/2007: Implementation Year
November**	Calls	594 (quarterly average)+	971
	Fax Referrals	101	237
December	Calls	594 (quarterly average)	1275
	Fax Referrals	103	284
January	Calls	861 (quarterly average)	1914
	Fax Referrals	169	355
February	Calls	861 (quarterly average)	1617
	Fax Referrals	109	293
March	Calls	861 (quarterly average)	1427
	Fax Referrals	163	374
April	Calls	833	1750
	Fax Referrals	127	343
May++	Calls	849	1557
	Fax Referrals	129	344
June	Calls	697	1081
	Fax Referrals	129	275

* As described below, factors in addition to the smokefree law likely contributed to this increase in fax referrals.

** The Smoke-Free Arizona Act passed on November 7, 2006.

+ A quarterly average is being reported because monthly figures are not available for this time period. In Arizona, November tends to have higher call volumes than December and January and March higher than February.

++ Implementation of the law was on May 1, 2007.

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Implementation *(cont'd from page 7)*

Table 2

Number of Tobacco Users Registering for the ASHLine's Counseling Program		
	2005/2006: Year Preceding Implementation	Dec 2006/2007: Implementation Year
October – December [^]	404	681
January – March	504	1584
April – June	411	1608

[^] Registration data were not available by month for this time period therefore quarterly figures are being reported.

Weekly call volumes offer another way to assess the impact on quitlines. Table 3 provides data showing the influx of calls the weeks preceding the law’s effective date of May 1, 2007.

Other Factors

Other factors that could have potentially impacted calls to the ASHLine leading up to the May 2007 implementation date and following include:

- Arizona’s well-established health-care provider outreach program. The ASHLine employs outreach coordinators who provide education about the state’s cessation services and encourage use of the QuitFax referral system.
- A July 2006 redesigned fax referral program, which included hiring of a new outreach coordinator in June 2006 and another in January 2007.
- Starting July 2007, Pfizer representatives’ inclusion of information about the ASHLine and the QuitFax program when visiting health care providers to talk about CHANTIX®.
- The secondhand smoke “Bubbles” campaign that ran from May to December 2006. These ads included www.ashline.org and the ASHLine phone number.
- A cessation media campaign, which ran from December 2006 through March 2008, and included the ASHLine phone number as the primary call to action.
- Nicotine replacement therapy and Zyban offered at reduced or no cost since 2002 and CHANTIX since July 2007.

In December 2006, Arizona’s per pack tax rate increased from \$1.18 to \$2.00. The evaluation results to date indicate that per capita sale of tobacco packs decreased after an initial hoarding period and appear to have remained

Table 3

Tobacco Users Calling for Self by Week		
Week of:	2006	2007
April 1/2	201	306
April 8/9	186	419
April 15/16	197	252
April 22/23	227	627
April 29/30*	190	513
May 6/7	193	287
May 13/14	176	334
May 20/21	198	368
May 27/28	157	217

*Implementation was on May 1, 2007

below the pre-increase level.⁷ The Evaluation, Research and Development Unit (ERDU) also conducted an online survey to assess perceived behavior change resulting from the tax increase. Results indicate that “the tax increase seems to have had a strong impact on smokers’ intentions to quit” and reported quit attempts among less addicted smokers.⁸ Data on quit attempts from the Behavioral Risk Factor Surveillance System (BRFSS) show an increase in Arizona from 39.8% in 2006 to 57.2% in 2007.³ ERDU has developed a comprehensive plan to evaluate the Smoke-Free Arizona Act. Among many items, calls to the quitline will be assessed as part of the overall evaluation. ♦

VI. Lessons Learned

The many organizations that made up the Smoke-Free Arizona alliance, staff members from ADHS, Arizona's local projects and the Arizona Smokers' Helpline contributed to a well-organized implementation effort for the Smoke-Free Arizona Act. The following lessons learned are based on the Arizona experience and are provided for consideration as other states plan for implementation of smokefree laws.

- People are very passionate about smokefree laws. These laws elicit strong opinions from all sides. Therefore, keeping the cessation and implementation messages separate can help alleviate potential tension.
- Keep the implementation effort focused on the smokefree law and allow people to make their own connection between the law and quitting.
- Assign implementation planning to one central agency, which can then keep partners and stakeholders informed with consistent messages and protocols.
- Conduct outreach activities to businesses, employers, public places and partners well before the implementation date.
- Six months is a good amount of time to prepare, but is not too long. Get started right away and invite key players to the planning effort from day one.
- Contact other states for advice and lessons learned.
- Provide free signs to businesses.
- Communicate often and consistently with state partners and organizations. Set up a communication flow that keeps all partners up-to-date on each other's activities.
- Provide quitline staff members with information and training on the smokefree law and establish protocols for how to handle calls related to the law. Quitline staff should also be briefed on how to handle angry or venting callers not interested in services but rather looking for a place to express their discontent with the law.
- Invite tobacco education and prevention staff to assist with call center and implementation planning efforts.
- Allow a separate cessation campaign promoting the quitline to run during the months leading up to and following the smokefree policy implementation to provide resources for residents who choose to quit smoking as a result of the law.

Arizona's story provides one example of how quitline promotion can be integrated into smokefree policy implementation to best fit a state's needs. Of course, each situation is unique and the selected approach will depend on funding, quitline operational issues, the political environment and other factors. The *NAQC Policy Playbook: A Guide to Promoting Quitlines During Policy Changes* (www.naquitline.org/playbook) provides information to help determine how to integrate quitline promotion into a policy implementation effort. The *NAQC Case Studies* demonstrate the realities of implementing smokefree laws and quitline promotion while the *Playbook* offers ideas, options and strategies to maximize the cessation benefit. ♦



VII. Case Study Contributors

NAQC would like to thank the following people for contributing to this case study. They shared valuable information and time to help tell Arizona’s story.

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VIII. Additional Resources

The following resources were used to develop this case study. Most of these materials can be found on the Web sites listed below. For additional information, contact NAQC at 602.279.2719. NAQC staff can connect you with the appropriate Arizona representative to answer your questions.

[About NAQC Case Studies](#)

- North American Quitline Consortium:
www.naquitline.org

[State-specific Web sites](#)

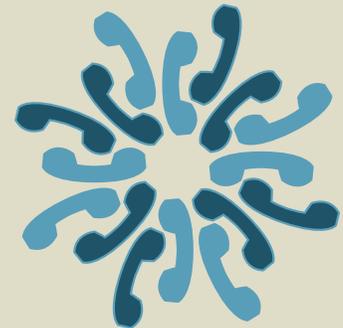
- Smoke Free Arizona:
www.smokefreeArizona.org
- Bureau of Tobacco Education and Prevention:
www.betobaccofree.org
- The Arizona Smokers’ Helpline:
www.ashline.org
- AZ HealthLinks:
<http://www.azhealthlinks.org>

[Data sources](#)

- State Tobacco Activities Tracking and Evaluation (STATE) System:
<http://apps.nccd.cdc.gov/statesystem/index.aspx>
- Americans for Nonsmokers’ Rights:
www.no-smoke.org
- American Lung Association:
www.lungusa.org
- Campaign for Tobacco Free Kids:
www.tobaccofreekids.org
- Smoke-Free Arizona Campaign Materials and Web site:
www.smokefreearizona.org
- Bureau of Tobacco Education and Prevention campaign materials and Web site:
www.azdhs.gov/phs.tepp

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About the North American Quitline Consortium (NAQC)

NAQC is a nonprofit organization that strives to promote evidence based quitline services across diverse communities in North America. By bringing quitline partners together, including state and provincial quitline administrators, quitline service providers, researchers and national organizations in the United States, Canada and Mexico, NAQC helps facilitate shared learning and encourages a better understanding of quitline operations, promotions and effectiveness to improve quitline services.

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