
Evaluation of ‘Quitters are Winners’: a prison-based group smoking cessation program 2013-15

Jae Cooper¹, Sarah Maddox¹, Cathy Segan^{1,2} & Sarah Campbell¹

¹Cancer Council Victoria

²Centre for Health Policy, School of Population and Global Health, University of Melbourne

Prepared for: Corrections Victoria, Department of Justice

November 2015

Executive summary

This evaluation reports on the short-term effectiveness and perceived utility of the Quitters are Winners prison-based group stop smoking program run in 14 Victorian prisons in the period from the government's announcement that all prisons would become smoke-free (14th November 2013) through to 1st June 2015, i.e., one month prior to implementation of the total smoking ban. Course participants were asked to complete a pre-course survey at the start of the first session and a post course survey at the last session.

In total, 1243 participants (96% male) commenced the course. Ninety-eight per cent were smokers, and among these 40% were heavy smokers (25 or more cigarettes per day), 39% medium smokers (15 to 24 cigarettes per day) and 21% light smokers (1-14 cigarettes per day). Three quarters reported a previous quit attempt and 39% reported a previous quit attempt during their current prison sentence. In all, 51% completed the post-course survey. Retention was not associated with daily cigarette consumption at the pre-course survey, but was associated with age, with younger participants less likely to complete the post-course survey.

The 631 participants who completed the post-course survey gave the course a high rating of perceived helpfulness, averaging 8.4 out of 10 (where 10 was 'extremely helpful'). In all, 89% reported making a quit attempt during the course. Among participants who reported never having made a quit attempt before, 85% made a quit attempt during the course. Among those completing the post-course survey, 37% had stopped smoking by the last session, and 62% of these reported using the nicotine patches available as part of the course. Light smokers were more likely to report not smoking at the last course session. Among continuing smokers, 80% had reduced their daily cigarette consumption, by an average of 16 cigarettes per day.

In sum, the Quitters are Winners program was well regarded by participants, encouraged participants to make quit attempts and enabled a substantial proportion to achieve short-term smoking abstinence.

Background

Smoke-free policies that ban smoking both indoors and outdoors at prisons are becoming increasingly widespread both within Australia and overseas. The primary driver of these policies is to reduce the exposure of staff, prisoners and visitors to environmental tobacco smoke (ETS), as there is no recognised safe level of ETS and it is now recognized as being as harmful as smoking itself for those exposed to it^{1,2}. Victoria was the fourth state/territory to introduce a total smoking ban in Australia, following the Northern Territory (1st July 2013), Queensland (1st May 2014), and Tasmania (1st February 2015). New South Wales followed on 10th August, 2015.

Introducing total smoking bans in prisons is an enormous change given the extremely high rate of smoking among Australian prisoners, estimated at 74% in 2015³, and the use of tobacco as a de facto currency⁴. However, in 2015, 50% of Australian prison entrants who were current smokers reported that they would like to quit³. In Victoria, a comprehensive communications strategy along with a range of evidence-based smoking cessation support programs followed the government's announcement on 14th November 2013 that a total smoking ban would apply in all Victorian prisons from 1st July 2015.

Smoking cessation support for prisoners included Quit Victoria's Quitters are Winners group stop smoking program, free nicotine replacement therapy (NRT) patches (initially available only to course enrollees, until one month prior to the ban when free patches were available to all prisoners who smoked), access to health promotion staff trained in smoking cessation, and access to Quitline telephone support. In addition, over 70 prison staff members were trained as Workplace Champions to provide support, brief interventions and links to resources for both staff and prisoners. Prison Workplace Champions were trained to facilitate the Quitters are Winners courses where required, to ensure adequate course coverage.

The Quitters are Winners course

The Quitters are Winners program, created specifically for the prison environment, has been offered since 1998 and was adapted from Quit Victoria's Fresh Start program, a group smoking cessation course run by Quit Educators in the general community and in workplaces⁵.

Quitters are Winners was tailored to address the issues facing prisoner populations, such as low literacy and limited access to social support and diversionary activities. Courses were facilitated by a prison officer who had been trained as a Quit Educator or by an external Quit Educator, employed by a community health organisation or by Quit Victoria.

In response to the announcement of the smoking ban, the decision was made by Corrections Victoria and Quit Victoria to review and update the Quitters are Winners

course. A workshop was conducted in June 2014 with prison-based Quit Educators to obtain feedback on how the course was operating and recommendations for improvement. Amendments to Quitters are Winners resulting from this workshop included promotion of the course in prison induction programs and updating course content and resources to align with the upcoming smoking ban. The number of course sessions was also reduced from six to four. Prior to the review, the Quitters are Winners program consisted of six, two-hour group sessions, which were run over a six-week period or concentrated into a three-week period. Following the 2014 review, the program transitioned into four, two-hour group sessions, run over a four-week period or concentrated into a two-week period. The reasons for this change were to improve program engagement and retention rates as Quit Educators thought six sessions were too many in the context of high rates of prison transfers. Quit Educators were confident that the content could be condensed into four sessions and noted that some prisoners attended the program more than once so were already familiar with the course content.

The four week course structure was as follows:

- Session one – A start to quitting
- Session two – How to quit and planning to quit
- Session three – Quitting and you – Where are you at?
- Session four – What have you learned? Review and looking forward.

The objectives of the Quitters are Winners program were to assist participants to:

- recognise the reasons they initiated and continue to smoke
- understand how smoking affects their health and impacts on their lives
- reduce anxiety and develop strategies for quitting, cutting down or managing smoke-free times, e.g. during lockdown, in smoke-free areas, during cravings
- learn about relapse prevention strategies, and
- understand the value of NRT to support smoking cessation.

The Quitters are Winners program also linked participants with existing health promotion facilities and services within their correctional setting, e.g. stress management groups and healthy nutrition and exercise options. To support prisoners' transition to the smoking ban access to additional programs and activities intensified before and immediately after the ban. This included access to a range of diversionary activities such as sport and recreational programs to help manage cravings and minimise negative moods associated with nicotine withdrawal.

The majority of Quitters are Winners participants took advantage of an optional offer of free nicotine replacement therapy (NRT) patches. Patches were dispensed weekly by prison staff, and prior to September 2014 were provided for a 10-week period and tapered so that prisoners received NRT patches with 21mg of nicotine for the first 6 weeks, 14 mg of nicotine for the next two weeks, and finally 2 weeks of 7mg of

nicotine. From September 2014 tapered NRT was replaced with a 12-week course of 21mg patches, consistent with Royal Australian College of General Practitioners guidelines⁶ and evidence that tapered therapy is no better than abrupt withdrawal⁷.

The purpose of this evaluation was to investigate the perceived utility and short-term effectiveness of the Quitters are Winners program in the lead up to the implementation of the smoking ban, specifically from the government's announcement that all prisons would become smokefree (14th November 2013) through to 1st June 2015, i.e., one month prior to implementation of the total smoking ban.

Methods

Setting

Data was collected from Quitters are Winners courses conducted from 14th November 2013 to 1st June 2015. This evaluation covers courses run in all 14 prisons operating in Victoria. These were Beechworth, Judy Lazarus Transitional Centre, Dhurringile, Fulham, Tarrengower, Loddon/Middleton, Port Phillip, Melbourne Assessment Prison, Metropolitan Remand Centre, Langi Kal Kal, Hopkins, Dame Phyllis Frost Centre, Marngoneet and Barwon.

Surveys

Participants completed a pre-course survey at the start of the first session of the Quitters and Winners course and a post-survey at the last course session (i.e. week four or six depending on the course length). In cases where literacy was an issue Quit Educators assisted participants to complete surveys.

The pre-course survey consisted of demographic questions, specifically participants' age, gender, education level and the existence of literacy issues (i.e. whether they wanted assistance with reading or writing). Smoking behaviour questions assessed whether participants currently smoked, the amount of money they spent on tobacco, tobacco consumption and the frequency of urges to smoke. Those who reported smoking abstinence at the time of survey were asked how long they had been quit for. Additional questions sought information about previous quit attempts, specifically the number of previous quit attempts, how long ago the last quit attempt was, how long they had quit for, whether they used any quitting products and if the last quit attempt had been during their current prison sentence. Further questions assessed commitment to completing the course and any potential barriers to attendance.

The post (end-of-course) survey assessed smoking status, tobacco consumption, whether participants had made a serious quit attempt, tried to reduce the amount

they smoked or tried to postpone smoking since the last course session, what behavioural strategies they used to cut down or manage their smoking and whether they had used quitting products. Those who reported that they had stopped smoking were asked how long they had been quit for, what behavioural techniques they had used (e.g. cutting down, 'cold turkey', postponing and/or quitting products), what behavioural strategies they had used (e.g. relaxation, exercise, avoiding smokers, stress management) and what, if anything, had made it difficult for them to stay quit. Participants were asked to rate how helpful the course was on a scale of 1 'not helpful at all' to 10 'extremely helpful'. A series of open-ended questions asked participants what they did and did not like about the course and for suggestions to improve the course.

Data analysis

To report the data, descriptive statistics such as percentages, percentiles, and means with standard deviations have been used. When testing for the significance of relationships between variables, chi square tests for independence have been used unless indicated otherwise. Details of the statistical tests of significance are not included in the report text. Where relationships between variables are reported to be statistically significant, the p value was less than 0.05. This indicates that the probability of obtaining a result at least as big as the one observed, assuming that there is no relationship, is less than 5 in 100. Where trends towards a relationship between variables are reported, the p value was less than 0.10, indicating that the probability of obtaining a result at least as big as the one observed, assuming that there is no relationship, is less than 1 in 10.

In order to examine the effects of age, it was aggregated into three categories: 18 to 29 years, 30 to 49 years, and 50 years and above. Participants were classified as smokers if they answered "Yes" to the question "Are you currently smoking cigarettes?" Those who answered "No" to this question were considered to have quit. Participants who did not answer this question on the pre-course survey (111 in total) were excluded from this report. Daily cigarette consumption was recoded into three categories: Light (less than 15 cigarettes per day); medium (between 15 to 24 cigarettes per day); and heavy (more than 25 cigarettes per day).

Participants completed the course a maximum of three times during the timeframe covered in this report. Unless specified, the results here are reported for the first or only time the course was undertaken. Results for second ($n = 148$) and third ($n = 26$) courses are reported separately where indicated.

Retention

The pre-course survey was completed by 1137 participants. The post-course survey was completed 631 participants, including 525 participants with pre- and post-course

survey data and 106 with post-course survey only. In total, 1243 participants commenced the course and 51% completed it. Retention was not associated with daily cigarette consumption at the pre-course survey. Age was significantly associated with retention. Participants aged 18 to 29 were less likely to complete the post-course survey (40%) compared to those aged 30 to 49 (56%) and 50 years and over (63%).

Participant characteristics

Demographics

Of those who completed the pre-course survey (n = 1137), 96% were male and 4% were female. Most participants (62%) were aged between 30 and 49 years, 30% were aged 18 to 29 years, and 8% were aged 50 years and over. The highest level of educational attainment reported was as follows: finished primary school for 6%; some secondary school for 59%; completed secondary school for 15%; higher education for 19%. Seventeen percent of participants reported that they needed assistance with reading and writing to complete the survey.

Pre-course survey

Smoking status

Of the 1137 participants who completed the pre-course evaluation, 98% (n = 1114) were current smokers and 2% (n = 23) were not currently smoking.

Current Smokers

Consumption

Daily cigarette consumption was reported by 1082 participants (6% missing or invalid responses, two people were occasional smokers). Forty per cent were classified as heavy smokers (25 or more cigarettes per day), 39% as medium smokers (15 to 24 cigarettes per day), and 21% as light smokers (1-14 cigarettes per day).

Weekly spend on cigarettes

The median weekly spend on cigarettes was \$27 (25th percentile = \$25; 75th percentile = \$45), ranging from \$0 to \$250.

Urges to smoke

Sixty-five per cent of participants reported smoking urges hourly or more often, 19% reported urges several times a day, 9% reported daily urges or less, and 6% reported that they didn't know.

Previous quit attempts

Current smokers were asked if they had ever tried to quit smoking before. Of the 1083 participants who responded to this question, 75% reported a previous quit attempt, and 39% reported a quit attempt during their current prison sentence.

Of those who reported a previous quit attempt, 26% reported one previous quit attempt, 24% reported two, and 50% reported three or more. Participants who reported a previous attempt were also asked about the length of their last quit attempt. A high proportion of participants did not answer this question (18%). Of those who answered ($n = 669$), 21% reported that their last quit attempt lasted one week or less, 25% reported it lasted one week to one month, 32% reported it lasted one month to six months, 14% reported it lasted six months to one year, and 10% reported it lasted more than one year.

Post-course survey

A total of 631 participants completed the post-course survey. Data was available on the number of sessions attended for 569 participants (10% missing). The four session course was completed by 35% of participants, and the six session course was completed by 60%. A further 5% completed two, three, or five sessions. The Quitters are Winners course achieved high ratings of perceived helpfulness (6% missing), with an average rating of 8.4 out of 10, where 10 was 'extremely helpful', ($SD = 1.6$, range = 1 - 10).

Quit attempts during the course

Of all participants at the post-course survey ($n = 631$), 89% reported making a quit attempt during the Quitters are Winners course, including those who were back smoking at course completion and those who were still quit. Of those who were still smoking ($n = 387$), 82% had made a quit attempt (4% missing data). Those who reported they had stopped smoking at the post-course survey ($n = 245$) were asked how long ago they quit. The median time since quitting was 4 days (25th percentile = 1 day; 75th percentile = 19 days) with a range of 0 to 42 days.

At the pre-course survey, 104 participants reported that they had never attempted to quit smoking before. Of these, 85% reported making a quit attempt during the course.

Making a quit attempt was not associated with age. For those with available pre- and post-course data ($n = 502$), there was evidence of a trend between daily consumption at the pre-course survey and making a quit attempt. Contrary to expectation, light smokers were somewhat less likely to make a quit attempt (83%), compared to medium (89%) and heavy (92%) smokers. Participants surveyed after

six sessions were significantly more likely to report making a quit attempt (94%) compared to those surveyed after four sessions (82%).

Smoking status at the end of the course

Of the 631 participants who completed the post-course survey, 61% (n = 386) reported they were still smoking and 39% (n = 245) reported they had quit smoking.

Restricting it to participants known to be current smokers at the pre-course survey (n = 514), 63% were currently smoking at the post-course survey and 37% had stopped smoking. A conservative measure of the quit rate using an intention to treat analysis would assume that all those who did not complete the post-course survey continued smoking. Therefore, we would assume that the 600 participants who did not complete the post-course evaluation continued to be smokers. Using this approach we would calculate that of the 1114 current smokers at the pre-course survey, 17% (n = 189) had stopped smoking. This should be taken with caution, however, particularly as drop-outs may be due to prison transfers rather than lack of motivation to quit smoking. This does not include the 106 participants who did not complete the pre-course survey.

A further 23 participants reported they were not currently smoking at the pre-course evaluation, of which 11 completed the post-course evaluation and 9 (82%) were still not smoking at the post-course evaluation.

Smoking status at the post-course survey was not associated with age. For those with available data (n = 502), there was evidence of a trend between daily consumption at pre-course and smoking status post-course, with light smokers the most likely to be abstinent (44%), compared to medium (31%) and heavy (37%) smokers. There was a significant association between the number of sessions (four or six; n = 541) and end-of-course smoking status. The quit rate was higher among those who were surveyed after 6 sessions (49%) compared to 4 sessions (25%).

Daily cigarette consumption

Daily cigarette consumption was reported by 369 participants at the end of the course, and seven participants reported less than daily smoking (5% missing or invalid responses). Among participants who reported daily smoking at the post-course survey (n = 369), 82% were classified as light smokers, 13% as medium smokers, and 5% as heavy smokers.

There was a substantial decrease in daily cigarette consumption between commencing and completing the *Quitters are Winners* course. The mean daily cigarette consumption at the post-course survey was 9 cigarettes a day (SD = 8, range 1 – 60), reduced from a mean of 22 (SD = 11, range 2 to 100) at the pre-

course survey. Accordingly, 95% of current smokers reported that they tried to cut down the amount they smoke, and 90% reported that they tried to postpone smoking.

Data on daily cigarette consumption at both the pre- and post-course was available for 305 participants. Eighty-nine percent reduced their daily cigarette consumption, 5% reported no change, and 7% reported an increase. The mean reduction was 16 cigarettes per day (SD = 9, range -1 – 53).

Strategies used to quit

Participants who made a quit attempt were asked whether they used nicotine replacement therapies and behavioural strategies. The questions were structured differently for participants who made a quit attempt but relapsed to smoking, versus those who were still quit at the final session. For example, participants who had relapsed were asked about the different type of NRT products they used whereas those who were still quit were only asked if they used any NRT. Non-responses for each category were coded as 'No'. The difference in NRT use between relapsers and quitters may be due to methodological differences rather than true differences.

Table 1 shows the different types of NRT and behavioural strategies used by participants who tried to quit but had relapsed and were smoking at the post-course survey. Almost all participants used NRT (97%), with nicotine patches the most common form used. The majority of participants (90%) also used behavioural strategies, with substitution and distraction the most popular.

Table 1. Use of nicotine replacement therapy and behavioural strategies among continuing smokers who made a serious quit attempt (n = 304).

Nicotine replacement therapy	97%
Patches	96%
Lozenges	17%
Gum	2%
Inhalers	0.3%
Behavioural strategies	
Substitution	70%
Distraction	61%
Breaking the link	31%
Positive self-talk	34%

Table 2 shows the different types of methods used to quit smoking and behavioural strategies used by participants who had quit smoking at the post-course survey. NRT was the most common method to quit smoking. Use of behavioural strategies was reported by 88% of participants, with exercise and avoiding other smokers the most popular.

Table 2. Use of nicotine replacement therapy and behavioural strategies to quit among those who stopped smoking (n = 245).

Methods used to quit smoking	
By cutting down	38%
By postponing	13%
Going 'cold turkey'	35%
Using NRT	62%
Behavioural strategies	
Relaxation	38%
Exercise	64%
Avoiding smokers	45%
Stress management	30%

Outcomes of the second and third courses

There were 148 participants who commenced a second Quitters are Winners course, all of whom were current smokers. Ninety seven participants (66%) completed the post-course survey. The course was well received the second time, with an average perceived helpfulness rating of 8.3 (SD = 1.6; range 1 to 10).

Among all participants at the post-course survey, 88% had made a quit attempt. Of those who were still smoking (n = 57), 80% reported they had made a quit attempt.

Of those who completed the post-course survey, 59% (n = 57) reported they were still smoking, and 41% (n = 40) reported they had quit smoking. An intention to treat analysis gave a conservative quit rate of 27%.

Cigarette consumption decreased substantially. At the pre-course survey, 20% were light smokers, 34% were moderate smokers, and 46% were heavy smokers. At the post-course survey, 78% were light smokers, 13% were moderate smokers, and 9% were heavy smokers.

Data were available on the first and second post-course surveys for 62 participants, of which 50% were quit at the end of the first course and 47% were quit at the end of the second course. A McNemar chi square test for related samples was not significant, meaning that participants who did not quit smoking on the first course were not more likely to quit smoking on the second course.

There were 26 participants who commenced a third course and 25 completed it. Eight participants (32%) were quit at the end of the third course.

Discussion

Quitting smoking is notoriously difficult, especially for vulnerable groups such as prisoners who have higher levels of mental health problems, risky alcohol consumption, illicit drug use, and chronic and communicable diseases compared to the general population⁸. This evaluation found that almost nine out of ten participants made a quit attempt during the Quitters are Winners course. Of all those who originally enrolled in the course (ie. assuming that all 49% who did not complete a post-course survey were smokers), 17% were quit at the end of either a four or six week course. Of those who completed the course, 37% were quit at course completion. Quit rates were higher at the end of the six week course (49%) compared to the four week course (25%). It is not possible with the available data to assess whether this was simply because more quitting activity could take place over a longer timeframe, or whether a six week course is more effective than a four week course. Longer-term follow-up would be needed to determine this.

Among continuing smokers, there was a substantial decrease in daily cigarette consumption between the pre- and post-course surveys, and this was reflected in both the number of cigarettes smoked daily and participants' reports that they had tried to cut down and postpone smoking. NRT was taken up by nearly all participants, primarily in patch form. Behavioural strategies were utilised by most participants, with substitution, distraction, avoiding other smokers, and exercise being the most popular. Overall, the Quitters are Winners course was well received by participants, with perceived helpfulness averaging 8.4 out of 10 (where 10 was 'extremely helpful').

Consistent with best practice, the Quitters are Winners course combined pharmacotherapy (NRT) with cognitive-behavioural support. It is not possible to separate out the relative impact of NRT from the cognitive-behavioural support. Previous research suggests that both NRT and cognitive-behavioural support independently contribute to smoking cessation⁹.

A limitation of this evaluation is the low retention rate (51%) between pre- and post-course surveys. Prison-to-prison transfer is a very common practice; often prisoners will serve a third of their sentence at a high security prison, a third at a medium security prison and a third at a low security prison. As we do not have sentencing or release information for those who participated in the Quitters are Winners program, it is difficult to estimate the impact this would have had on retention during the course.

Comparison data for similar programs, with assessment of smoking status at the end of a smoking cessation course in prison, is lacking. The previous evaluation of Victoria's Quitters are Winners course¹⁰ reported cessation rates only at one-month (25% of respondents were quit) and three-months after course completion (14% of respondents were quit). The length of follow up for the current evaluation was shortened to the end-of-course time point due to high levels of prisoner transfer and the difficulties and costs involved in following up prisoners over longer time periods. Participants in this evaluation were surveyed at a relatively brief period post-quitting, with a median quit length of four days. As relapse is much more likely in the early days of a quit attempt¹¹, it can be anticipated that the longer-term quit rates among participants in this evaluation would have been low.

In conclusion, this evaluation of the Quitters are Winners course between 2013 and 2015 indicates that the four or six week Quitters are Winners course was well regarded by participants, encouraged them to make a quit attempt, and enabled participants to achieve short-term abstinence from smoking. It also demonstrated that prisoners who smoke were willing and able to quit smoking with a combination of NRT and cognitive-behavioural strategies.

Following implementation of the total smoking ban in Victorian prisons on 1st July 2015, the demand for the Quitters are Winners course has reduced. A DVD with content similar to the group sessions, and adapted to the context of forced tobacco abstinence, is currently under development and will be readily available to prisoners. Nicotine replacement therapy continues to be available to prisoners. Given evidence that 60% of former smokers released from prisons with total smoking bans will smoke within 24 hours of release^{12,13}, future programs will explore methods to help former smokers stay quit as they transition back to the community.

Acknowledgements

The authors wish to thank Margarita Gregov, Barbara Lay, Shagun Vaid and Ian Perera for data entry.

References

1. US Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General Atlanta, GA, USA: CDCP Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.
2. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioural Basis for Smoking-Attributable Disease: A Report of the Surgeon General: U.S. Department of Health and Human Services: Atlanta, GA, USA. Available online: <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/index.html>; 2010.
3. Australian Institute of Health and Welfare. The health of Australia's prisoners 2015. Cat. no. PHE 207. Canberra: AIHW <http://www.aihw.gov.au/publication-detail/?id=60129553527>. 2015. Accessed 30 November 2015.
4. Richmond R, Butler T, Wilhelm K, Wodak A, Cunningham M, Anderson I. Tobacco in prisons: a focus group study. *Tobacco Control*. 2009;18(3):176-182.
5. Mullins R, Borland R, Gibbs A. Evaluation of the Fresh Start workplace and community courses in 1990 and 1991. In *Quit Evaluation Studies: Volume 7*. 1995; <http://www.quit.org.au/downloads/QE/QE7/QE7Ch20.html>. Accessed 2 December 2015.
6. Zwar N, Richmond R, Borland R, et al. *Supporting smoking cessation: a guide for health professionals 2014 Update* Melbourne, 2014.
7. Silagy C, Mant D, Fowler G, Lancaster T. Nicotine replacement therapy for smoking cessation. *The Cochrane database of systematic reviews*. 2000(3):CD000146.
8. Australian Institute of Health and Welfare. *The health of Australia's prisoners 2012*. Canberra: AIHW;2013.
9. West R, Raw M, McNeill A, et al. Health-care interventions to promote and assist tobacco cessation: a review of efficacy, effectiveness and affordability for use in national guideline development. *Addiction*. Sep 2015;110(9):1388-1403.
10. McCarthy M, Brewster J. Evaluation of the 'Quitters are Winners' course, a prison-based cessation program 2002–2007. CBRC Research Paper Series, No. 38, Centre for Behavioural Research in Cancer, Cancer Council Victoria. 2009; http://www.cancervic.org.au/research/behavioural/research-papers/rps38_evaluation_of_prisons_co.html. Accessed 1 September, 2015.
11. Hughes JR, Keely J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. *Addiction*. 2004;99(1):29-38.
12. Clarke JG, Stein LAR, Martin RA, et al. Forced smoking abstinence: not enough for smoking cessation. *JAMA Internal Medicine*. 2013;173(9):789-794.
13. Lincoln T, Tuthill RW, Roberts C, et al. Resumption of smoking after release from a tobacco-free correctional facility. *Journal of Correctional Health Care*. Jul 2009;15(3):190-196.



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Cooper, J; Maddox, S; SEGAN, C; Campbell, S

Title:

Evaluation of 'Quitters are Winners': a prison-based group smoking cessation program 2013-15

Date:

2015-11-01

Citation:

Cooper, J., Maddox, S., SEGAN, C. & Campbell, S. (2015). Evaluation of 'Quitters are Winners': a prison-based group smoking cessation program 2013-15. *Cancer Cou.*

Persistent Link:

<http://hdl.handle.net/11343/59331>

File Description:

Published version