

Pharmacists Play Vital Role in Smoking Cessation

Counseling, medication and referral to the Quit Line are keys

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introduction by Kari Trapskin, PharmD, PSW Director of Health Care Quality Initiatives

The following two documents were prepared by the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI). UW-CTRI was formed in 1992 and combines research in smoking cessation with practical application and outreach. The UW-CTRI has become known as an organization with expertise in the study and treatment of tobacco use and dependence. Through its federal and foundation grants and clinical trials, the Center has brought more than \$30.4 million into the state of Wisconsin from outside sources. UW-CTRI also provides services to thousands of Wisconsin residents through its outreach program and its Wisconsin Tobacco Quit Line, which provides cessation service to anyone anywhere in Wisconsin.



UW-CTRI QUIT LINE
1-800-QUIT-NOW

PSW has been in contact with the UW-CTRI and is helping to disseminate smoking cessation information to pharmacists, technicians, pharmacy students and patients. The following article includes information about UW-CTRI's focus on tobacco dependence as an addiction and includes information about their

statewide outreach program. Details about each of the tobacco dependence treatment medications are outlined as well as the importance of coupling counseling with medication. The accompanying document outlines Medicaid coverage for tobacco dependence treatment. Though pharmacists are not directly compensated currently for smoking cessation consultation by Medicaid, being familiar with services that are available to patients through Medicaid can provide an invaluable referral service to those patients who would benefit from tobacco cessation treatment. UW-CTRI notes that most Medicaid recipients are unaware of Medicaid coverage for tobacco dependence treatment.

These documents in addition to posters and brochures are also available on the UW-CTRI website at WWW.CTRI.WISC.EDU/HC.PROVIDERS/HEALTH-CARE_MEDICAID.HTM for printing and distribution.

Tobacco use is the number one cause of preventable death in Wisconsin, killing more than 7,000 residents every year – more than AIDS, murders, suicides, drugs, alcohol and motor vehicle accidents combined. According to *The Health Consequences of Smoking: A Report of the Surgeon General* (May 2004), smoking is a leading cause of death from cancer and heart disease, and also causes respiratory illnesses, cataracts, osteoporosis, fetal deaths, sudden infant death syndrome, peptic ulcer disease and other health problems.

Tobacco use is a chronic disease and should be treated as such with repeated interventions over time, as we would diabetes or hypertension. Addiction to nicotine can be as powerful as addiction to illegal drugs. Most patients trying to quit on their own have limited success. Only about five percent of those who try to quit “cold turkey” have long-term success. In contrast, use of evidence-based counseling and medication can markedly increase these quit rates. Unfortunately, only about

20 percent of smokers use evidence-based treatments when trying to quit.

Physicians and pharmacists play a critical role in increasing the use of FDA-approved, evidence-based treatments which can triple or quadruple quit rates. Multiple studies have shown counseling from a physician or a pharmacist improves quit rates. For example, in one study involving 14 pharmacies, abstinence rates were 14 percent higher when pharmacists provided counseling on how to quit instead of simply dispensing medication and providing regular instructions.¹

Studies show that about 70 percent of patients are asked by health care providers about tobacco use. Unfortunately, due to lack of time or other factors, not all of those patients receive all the information that gives them the best chance to quit and stay smoke free for life. This is where pharmacists come in.

MEDICATION + COUNSELING = HIGHER QUIT RATES

The U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* is the gold standard for

helping patients quit; its recommendations are based on more than 6,000 research studies. The guideline panel, which included a pharmacist, recommended that all clinicians, including pharmacists, deliver a combination of medication and counseling to give each patient the best possible chance for success. Quitting takes commitment from the tobacco user and support from health care providers, friends, coworkers and family. Smokers who talk to their clinician, create a quit plan, use medications properly and get ongoing support from the Wisconsin Tobacco Quit Line are up to four times more likely to quit than those who try on their own without assistance.

There are seven medications approved by the FDA for smoking cessation. Nicotine gum and lozenges are available over the counter – as is the nicotine patch, which can also be prescribed. The nicotine nasal spray, nicotine inhaler, bupropion, and varenicline are prescription-only. See Table 1 for prescribing information.

Varenicline is the newest oral quit-smoking medication, approved for use by the FDA in May 2006. Varenicline acts

differently than other cessation medications. It is intended to block some of the rewarding effects of nicotine and at the same time reduce the withdrawal that most people feel after they quit. In research studies, varenicline was well-tolerated. It was also more effective than placebo or bupropion. Abstinence rates at the end of treatment were 18 percent for placebo, 30 percent for bupropion and 44 percent for varenicline.² These trials included counseling for all participants. The most common side effects included nausea, headache, trouble sleeping and abnormal dreams.²

HOW PHARMACISTS CAN HELP

Pharmacists can boost quit rates by offering practical tips and brief cessation counseling followed by a referral to the Wisconsin Tobacco Quit Line for ongoing support during the quit attempt.

1) Offer practical tips.

Years of experience working with patients in clinics and clinical trials have revealed common questions and pitfalls that patients encounter with each medication beyond those listed in the medication insert.

For example, some patients are fearful of taking a nicotine-replacement medication because they think nicotine is harmful. It's a good idea to tell patients that while very high doses of nicotine can increase heart rate and restrict blood vessels, the amount in these medications is safe. It's the carbon monoxide, tar and carcinogens in tobacco products that cause the lung cancer, heart disease and chronic obstructive pulmonary disease (COPD) seen in smokers.

Nicotine gum. Some patients erroneously chew nicotine gum continuously, like one would chew bubble gum. It's a good idea to advise patients to chew each piece just 10 to 12 times – until there's a tingling sensation or a peppery taste – then park the gum in the side of the mouth.

Nicotine patch. Patients occasionally mention that the patch won't stay on. Patients may adhere the patch with band aids, surgical tape or non-adhesive bands without affecting effectiveness. Those who experience significant sleep disruption may benefit from taking the patch off an hour or so before bedtime; this may result

in stronger cravings in the morning.

Nicotine lozenge. It's important for the pH in the patient's mouth to be neutral or basic. Remind the patient not to drink coffee, soda, orange juice or other acidic beverages while using, or immediately before using, this medication. Urge patients to use enough (six to 16 lozenges a day).

Nicotine inhaler. The nicotine delivery mechanism is less effective in temperatures less than 40 degrees, so it's helpful to advise patients to use inhalers indoors during the winter. While it's OK to save a partially used inhaler cartridge overnight for use the next day, some patients say the cartridge tends to lose effectiveness once it's open. Suggest replacing the cartridge if its taste or sensation dissipates.

Nicotine nasal spray. Since the bottle looks like a decongestant spray, many patients inhale the medication. This is not necessary and can cause unpleasant side effects. Advise patients to simply tilt back their head, squirt once in each nostril and let it absorb.

Bupropion. Some patients believe they can just start taking bupropion and they'll wake up one day and no longer be addicted. Remind patients to set a quit date, start taking bupropion one to two weeks before the quit date and then call the Wisconsin Tobacco Quit Line for help with preparation for the quit date.

Varenicline. While this medication is generally well-tolerated, some patients report feeling less nausea if they take it with food and water. It is important to start using varenicline one week prior to the quit date.

2) Provide brief counseling

Pharmacists' time is limited. However, research shows that even less than three minutes of counseling can significantly improve quit rates. Advise patients to dispose of ash trays and lighters and to avoid relapse triggers such as alcohol and places where other people are smoking. Urge patients to set a quit date, ideally about a week or two out, and to abstain completely. "Not a single puff after the quit date" is terrific advice to prevent relapse. Be upbeat and positive: "Quitting is difficult, but you can do it."

3) Refer to the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW.

The Quit Line can provide the complete counseling component of the five As listed in the clinical practice guideline. It's free, confidential and non-judgmental. Nine out of 10 callers are satisfied with the service.

When a patient calls the Quit Line, a quit coach conducts an assessment of each caller who is ready to quit. They work together to develop an individualized quit plan, including a quit date. Callers can finish with the first call, or request a program in which a Quit Line coach initiates four future calls at a time specified by the caller. The Quit Line also sends callers a free quit guide with information such as quitting methods, medications, developing a quit plan and tips for quitting.

All of the quit coaches have extensive training in telephone counseling and a college degree. Many are former smokers and have master's degrees in health education or psychology.

Tobacco users are free to call the Quit Line for additional support. Research suggests a relationship between an increase in calls to quit lines and higher quit rates.

Patients Purchasing OTC Medication.

It's especially critical to refer these patients to the Quit Line, since it's likely they have not received any cessation counseling from a health care provider. The Quit Line can help the caller at the very beginning of the quit attempt—setting a quit date, providing advice on planning the quit attempt and preparing the caller for urges with practical solutions regarding triggers and cues.

Patients Purchasing Prescription

Medication. It's probable that these patients have already received brief counseling and tips on how to quit. However, many Quit Line callers have commented on how much it helps to have the Quit Line available to ask follow-up questions, prepare to quit and provide practical and emotional support.

The Quit Line is available from 7 a.m. to 11 p.m. every day. Translation services are available in virtually any language, including Hmong and Spanish. Spanish speakers can call direct at 1-877-2NO-FUME. Patients with hearing impair-



TO ORDER QUIT LINE CARDS OR BOOKMARKS TO GIVE TO PATIENTS, VISIT
WWW.CTRI.WISC.EDU/HOME/QUIT_LINE/MATERIALS/QL_ORDER_FORM.PDF

TABLE 1. PRESCRIBING INFORMATION

Medication	Cautions	Side Effects	Dosage	Use	Availability	Average Cost
Bupropion SR 150	<ul style="list-style-type: none"> Not for use if you: <ul style="list-style-type: none"> * Currently use a monoamine oxidase (MAO) inhibitor * Use bupropion in any other form (Zyban/Wellbutrin) * Have a history of seizures * Have a history of eating disorders 	<ul style="list-style-type: none"> * Insomnia * Dry mouth 	<ul style="list-style-type: none"> * Days 1-3: 150 mg each morning * Days 4-end: 150 mg twice daily 	<ul style="list-style-type: none"> Start 1-2 weeks before quit date; use 2 to 6 months 	<ul style="list-style-type: none"> Prescription Only: <ul style="list-style-type: none"> * Zyban * Wellbutrin SR * Generic SR 	<ul style="list-style-type: none"> 1 box of 60 tablets, 150 mg: <ul style="list-style-type: none"> * Z: \$185.99 * W: \$167.99 * G: \$101.99
Nicotine Gum (2 mg or 4 mg)	<ul style="list-style-type: none"> * Caution with dentures * Don't drink acidic beverages during use 	<ul style="list-style-type: none"> * Mouth soreness * Stomach ache 	<ul style="list-style-type: none"> * 1 piece every 1 to 2 hours * If ≥ 24 cigs: 2 mg * If ≤ 25 cigs/day or chewing tobacco: 4 mg 	<ul style="list-style-type: none"> Up to 12 weeks or as needed 	<ul style="list-style-type: none"> OTC Only: <ul style="list-style-type: none"> * Nicorette * Generic 	<ul style="list-style-type: none"> 2 mg box of 50: <ul style="list-style-type: none"> * N: \$29.99 * G: \$22.99 4 mg box of 50: <ul style="list-style-type: none"> * N: \$32.99
Nicotine Inhaler	<ul style="list-style-type: none"> * May irritate mouth/throat at first (but improves with use) * Don't drink acidic beverages during use 	<ul style="list-style-type: none"> * Local irritation of mouth and throat 	<ul style="list-style-type: none"> * 6-16 cartridges/day * Inhale 80 times/cartridge * May save partially-used cartridge for next day 	<ul style="list-style-type: none"> Up to 6 months; taper at end 	<ul style="list-style-type: none"> Prescription Only: Nicotrol inhaler 	<ul style="list-style-type: none"> 1 box of 168 cartridges = \$166.99
Nicotine Lozenge (2 mg or 4 mg)	<ul style="list-style-type: none"> * Do not eat or drink 15 minutes before or during use * One lozenge at a time * Limit 20 in 24 hours 	<ul style="list-style-type: none"> * Hiccups * Cough * Heartburn 	<ul style="list-style-type: none"> * 2 mg: If smoking after first 30 minutes you're awake * 4 mg: If smoking within first 30 min. you're awake * Weeks 1-6: 1 every 1-2 hrs * Wks 7-9: 1 every 2-4 hrs * Wks 10-12: 1 every 4-8 hrs * 1 "dose" = 1 squirt per nostril * 1 to 2 doses per hour * 8 to 40 doses per day * Do NOT inhale 	<ul style="list-style-type: none"> Up to 12 weeks 	<ul style="list-style-type: none"> OTC Only: <ul style="list-style-type: none"> * Commit * Generic (Nicabate) 	<ul style="list-style-type: none"> 2 mg, 48 tablets: <ul style="list-style-type: none"> * Commit: \$29.99 4 mg, 48 tablets: <ul style="list-style-type: none"> * Commit: \$29.99 * Generic: \$24.99
Nicotine Nasal Spray	<ul style="list-style-type: none"> * Not for patients with asthma * May irritate nose (improves over time) * May cause dependence 	<ul style="list-style-type: none"> * Nasal irritation 	<ul style="list-style-type: none"> * 1 "dose" = 1 squirt per nostril * 1 to 2 doses per hour * 8 to 40 doses per day * Do NOT inhale 	<ul style="list-style-type: none"> 3-6 months; taper at end 	<ul style="list-style-type: none"> Prescription Only: Nicotrol NS 	<ul style="list-style-type: none"> 1 box of 40 ml = \$190.99
Nicotine Patch	<ul style="list-style-type: none"> Do not use if you have severe eczema or psoriasis 	<ul style="list-style-type: none"> * Local skin reaction * Insomnia 	<ul style="list-style-type: none"> * One patch per day * If ≥ 10 cigs/day: 21 mg for 4 wks, then 14 mg for 2 wks, 7 mg for 2 wks * If <10/day: 14 mg for 4 wks, 7 mg for 4 wks 	<ul style="list-style-type: none"> 6-8 weeks 	<ul style="list-style-type: none"> OTC: <ul style="list-style-type: none"> * Nicoderm CQ * Nicotrol * Generic Prescription: <ul style="list-style-type: none"> * Generic (Legend) 	<ul style="list-style-type: none"> 21 mg, box of 7: <ul style="list-style-type: none"> Nicoderm: \$29.99 Generic: \$21.99 14 mg, box of 7: <ul style="list-style-type: none"> Nicoderm: \$29.99 Generic: \$21.99
Varenicline	<ul style="list-style-type: none"> Use with caution and consider dose reduction in patients: <ul style="list-style-type: none"> * With significant renal impairment * Undergoing dialysis 	<ul style="list-style-type: none"> * Nausea * Insomnia * Abnormal dreams * Headache 	<ul style="list-style-type: none"> * Days 1-3: 0.5 mg every morning * Days 4-7: 0.5 mg twice daily * Day 8-end: 1 mg twice daily 	<ul style="list-style-type: none"> Start 1 week before quit date; use 3-6 months 	<ul style="list-style-type: none"> Prescription only: Chantix 	<ul style="list-style-type: none"> Cost varies. Approximately \$115 per month (\$3.70 per day)

ments can call 1-877-777-6534 (TTY). For more on the Quit Line, visit WWW.CTRI.WISC.EDU/QUITLINE.HTML.


Pharmacists can also call the Quit Line for information about Quit Line services or quitting tobacco use in general.

PAYING FOR MEDICATIONS

Patients with Insurance. Approximately 74 percent of insured Wisconsin residents have coverage for at least one cessation medication through their health plans, according to a 2004 survey by the University of Wisconsin.

Medicaid Beneficiaries. Wisconsin Medicaid now covers prescription cessation medications as well as combination therapy (more than one medication used at the same time, such as bupropion plus the nicotine inhaler). Patients do not need to be enrolled in a tobacco dependence treatment counseling program to receive medication. For more details on benefits and diagnostic codes, see the insert in this journal, "Information for Pharmacists: Medicaid and Tobacco Dependence Treatment" or go to WWW.CTRI.WISC.EDU/HC.PROVIDERS/MEDICAID/PHARM.PDF.


Uninsured Patients. The Partnership for Prescription Assistance helps patients determine if they are eligible for medications at a reduced price.



PARTNERSHIP FOR PRESCRIPTION ASSISTANCE
WWW.PPARX.ORG
1-800-4PPA-NOW (4772-669)

OTHER RESOURCES


Training and Technical Assistance. The UW Center for Tobacco Research and Intervention (UW-CTRI) has six outreach specialists located in every region in Wisconsin. They're ready to provide free, evidence-based information and technical assistance to help you treat tobacco dependence.



TO CONTACT YOUR LOCAL UW-CTRI OUTREACH SPECIALIST, VISIT
WWW.CTRI.WISC.EDU/HC.PROVIDERS/HEALTHCARE_MAP.HTM
OR CALL (608) 265-4869

Local Counseling Programs. For a list of programs in your county that offer counseling to help people quit tobacco

use, visit WWW.CTRI.WISC.EDU/RESOURCES.HTML or call the Quit Line at 1-800-QUIT-NOW. ●



FOR MORE RESEARCH, TRAINING, NEWS AND INFORMATION ABOUT HELPING PATIENTS QUIT, VISIT THE UW-CTRI WEBSITE AT WWW.CTRI.WISC.EDU.

REFERENCES

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2. Jorenby DE, Hays JT, Rigotti NA, et al for the Varenicline Phase 3 Study Group. Efficacy of varenicline, an alpha4beta2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation: a randomized controlled trial. *JAMA* 2006; 296:56-63.

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Collaborative Pharmacy Quality Group is Formed

by Kari Trapskin, PharmD

You may have noticed that quality has become the buzzword throughout the health care system, whether it is in relation to CMS' Pharmacy Quality Alliance, the Institute of Medicine's recent report on medication errors or the multitude of websites that are available for patients to evaluate hospitals and health care based on certain quality measures.

Well, quality is also on the mind of the Pharmacy Society of Wisconsin. Since I started at PSW about one year ago, we have been attempting to lay the groundwork for a pharmacy quality initiative that will involve pharmacists and payors/program sponsors collaborating to design a standardized cognitive services/medication therapy management reimbursement system that could potentially become a common standard for provision of pharmacy services by Wisconsin pharmacists. The thought is that by including both pharmacists and payors/program sponsors in the design of the program, together both groups of stakeholders will develop a program that will be more easily utilized by pharmacists and will provide benefits (financial, health care quality and patient satisfaction) to payors/program sponsors, pharmacists and patients alike. As pharmacists, we will be required to demonstrate the quality that we bring to patients and the health care system. In turn, it is PSW's goal that reimbursement levels for pharmacy professional services will be adequate to drive the system to allow for the continued provision and expansion of professional services.

Last winter, a task force of PSW Board members and pharmacists was convened to develop a proposal that would serve as the foundation for a future pilot program of pharmacies and payors who would be part of this initiative. This past spring, Chris Decker and I visited both state and private payors/program sponsors individually and presented to them our proposal for the formation of such a collaborative group. We were encouraged by the response and interest shown by the individual groups and met with the full group of payors/plan sponsors and task force member pharmacists in July. Since that meeting, we have met individually with portions of the group in small workgroups focused on proposal definition/billing/documentation, payment for services/return on investment and evaluation/reporting/outcomes.

PSW will keep you updated as the group finalizes the proposal and specific involvement from interested payor/plan sponsors is determined. If you have questions regarding this initiative, please contact Kari Trapskin, PharmD, PSW Director of Health Care Quality Initiatives at karit@pswi.org.

Medicaid and Tobacco Dependence Treatment



Wisconsin MEDICAID Changes – Simpler, Better

Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescription medications and “legend nicotine patches.”

Did You Know?

- Patients **do not** need to be enrolled in a tobacco dependence treatment counseling program to receive medication. This means that the physician does not need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco dependence treatment medications are allowed.

Covered Medications

Medicaid, BadgerCare and SeniorCare cover the following:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—the inhaler, nasal spray and patch (written as “legend nicotine patch”)
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine replacement therapy or bupropion plus a nicotine replacement therapy, for example.



Not normally covered: Nicotine gum, lozenge, OTC nicotine patch.

Some HMOs cover additional medications. Questions? Contact the health plan for clarification.

Of Special Note

- Medications for tobacco dependence treatment are diagnosis-restricted.
- Pharmacists must include an appropriate diagnostic code – for example, the ICD-9 code (305.1) Tobacco Use Disorder – on the claim they submit to the State of Wisconsin Medicaid program.
- If the medication is prescribed for reasons *unrelated* to tobacco use, the pharmacist must comply with prior authorization guidelines from the Wisconsin Medicaid program.

Did You Know?

- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line provides free, individualized counseling for patients before, during and after the quit date.
- Patients can call 1-800-QUIT-NOW toll-free anywhere in Wisconsin.

(OVER)

Medicaid and Tobacco Dependence Treatment

Five Simple Steps for Helping Your Patients Quit

1 ASK Identify tobacco users.

The medical assistant, nurse or physician asks every patient if he or she uses tobacco and notes the response in the electronic chart or on the paper medical record.

2 ADVISE Talk with the patient about tobacco use.

The physician (or other healthcare provider) in a clear, strong and personalized manner, urges every tobacco user to quit. Research shows that linking quitting to current health concerns--like frequent colds, heart disease, diabetes, asthma, etc.—is most effective.

Note: Advice to quit should be noted in the patient's medical record.

3 ASSESS Determine if the patient is willing to make a quit attempt at this time. Is he or she ready to set a quit date within a month?

4 ASSIST If the patient is ready to quit, prescribe a medication unless contraindications exist. The physician determines which medication would best help each patient, depending upon past history, amount smoked, current medications, etc. and prescribes that medication.

Note: As mentioned above, only FDA-approved, prescription medications are covered (bupropion SR, nicotine inhaler, nicotine nasal spray, legend nicotine patch, and varenicline). Fee For Service (FFS) patients are required to pay a co-pay for prescription medication with a monthly maximum of \$12 per pharmacy. Co-pay does not apply to HMO enrollees.

5 ARRANGE. Arrange follow-up including counseling.

If the clinic has a counseling program, refer the patient if appropriate (Medicaid does not cover group or telephone counseling, only face-to-face, one-on-one).

Note: Office visits for the sole purpose of treating tobacco dependence are reimbursable. All Medicaid office visits are subject to a co-pay of up to \$3 except for HMO enrollees.

For counseling, the Wisconsin Tobacco Quit Line is an excellent option.

If the patient is ready to make a quit attempt and has regular access to a phone, connect the patient to the Quit Line either through the Fax to Quit Program or by giving the patient a card or brochure with the Quit Line number. This telephone-based counseling is free and individualized. The Quit Line also has lists of local counseling programs. HMO enrollees may also have access to HMO-specific smoking dependence treatment programs and counseling.

WISCONSIN TOBACCO
QuitLine
800-QUIT-NOW

Final note: Tobacco Dependence is a chronic disease and should be treated as such (like diabetes or hypertension). Patients often relapse and may feel discouraged because of this. Most people who eventually quit have made multiple attempts. Patients can ultimately succeed in quitting with help from medication, counseling and your support.

August 2006

See www.ctri.wisc.edu for more information about helping smokers quit.

Prepared by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health