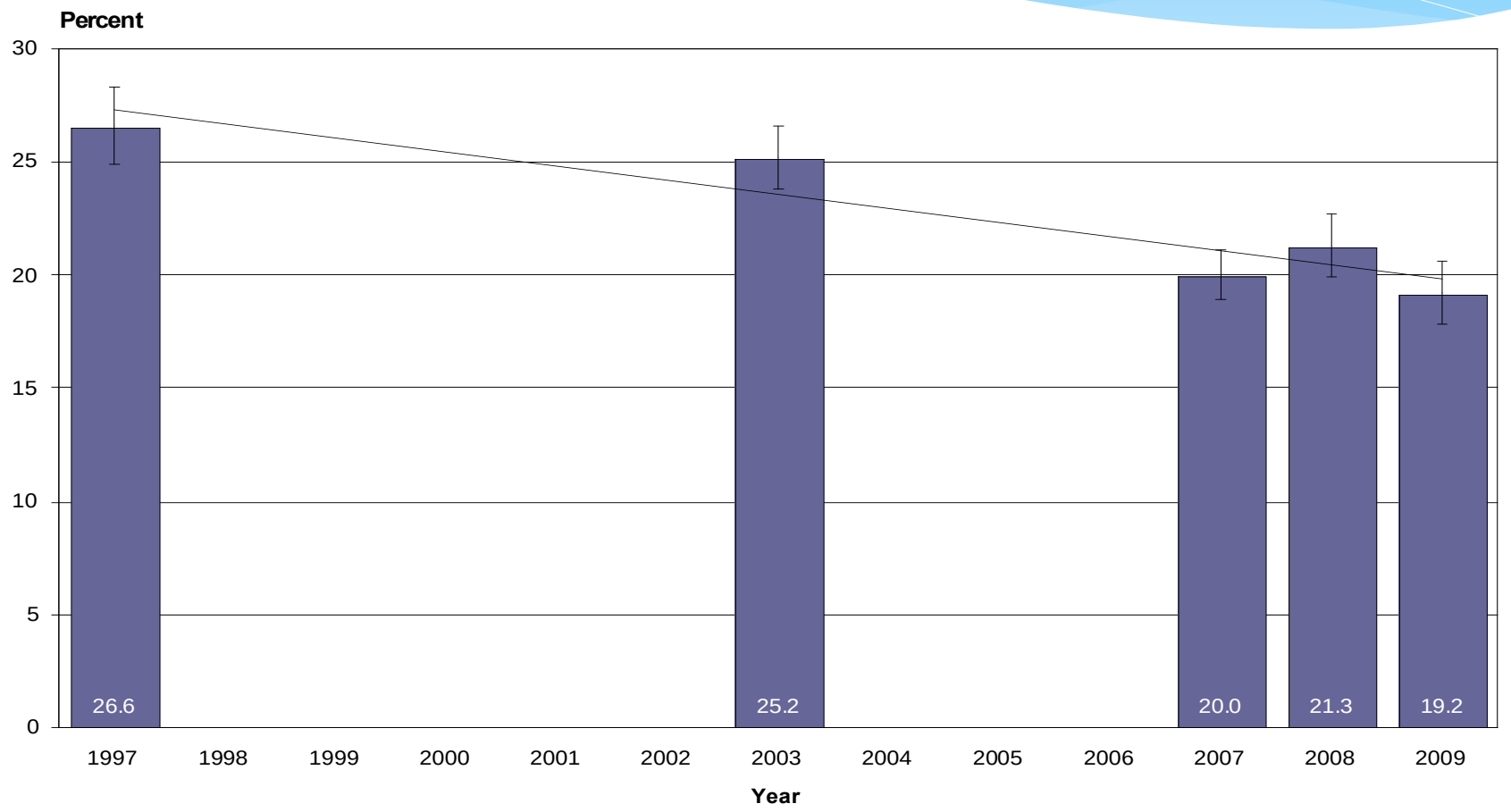
Smoking Cessation Initiatives

Karen Evison
Tobacco Target Champion

Smoking in people aged 15–64

Source: 2009 New Zealand Tobacco Use Survey



Do smokers want to smoke?

- 4 in 5 smokers said that they would not smoke if they had their life over again

- 3 in 5 had tried to quit in the last 5 years

Tar wars over smoking cessation

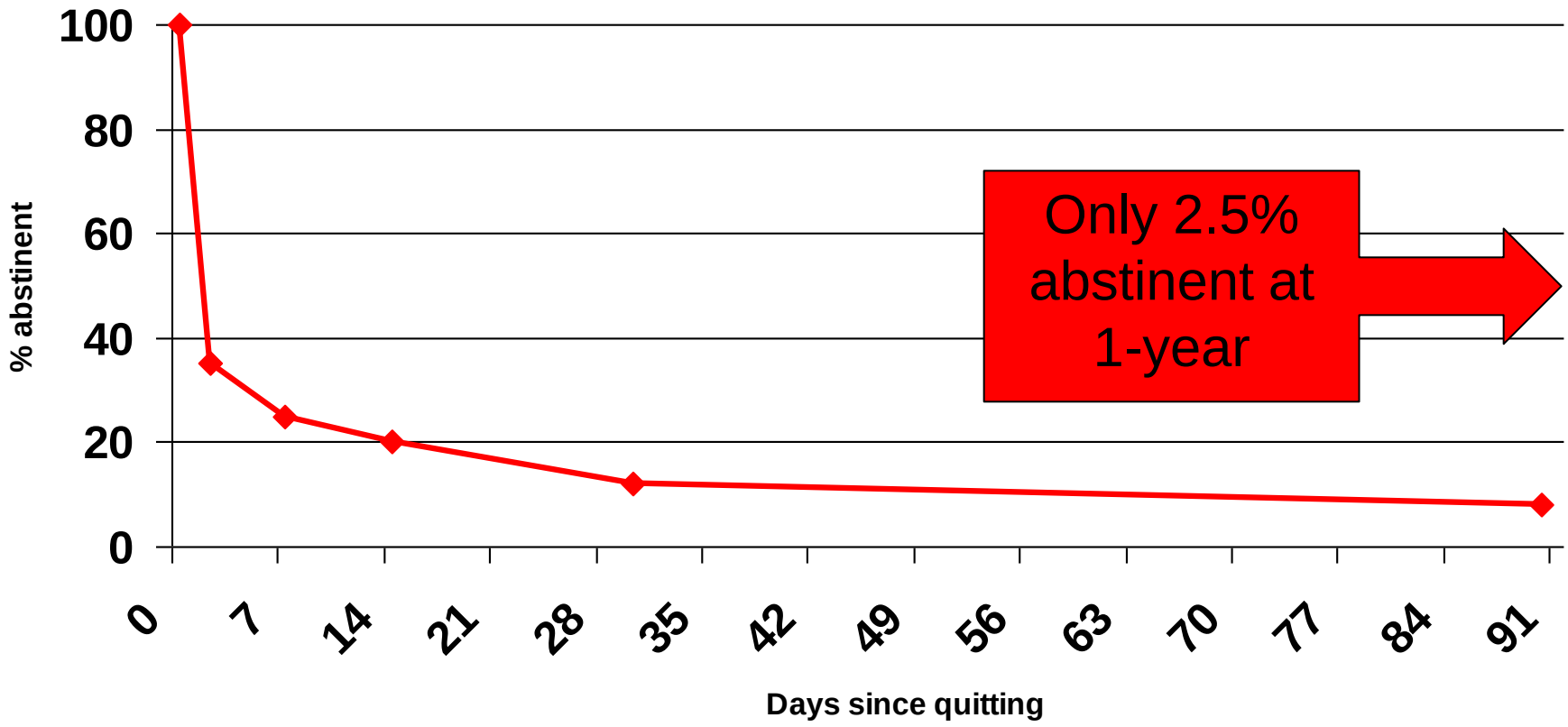
* Preventing uptake has been a traditional mantra
* Promoting cessation in current smokers will save far move lives

Simon Chapman, BMJ 2011; 342

Why provide treatment?

* Most people try to stop smoking unassisted
* Most of those who are ex-smokers stopped in this way
* However this approach is associated with the lowest long-term quit rates

Quitting without support

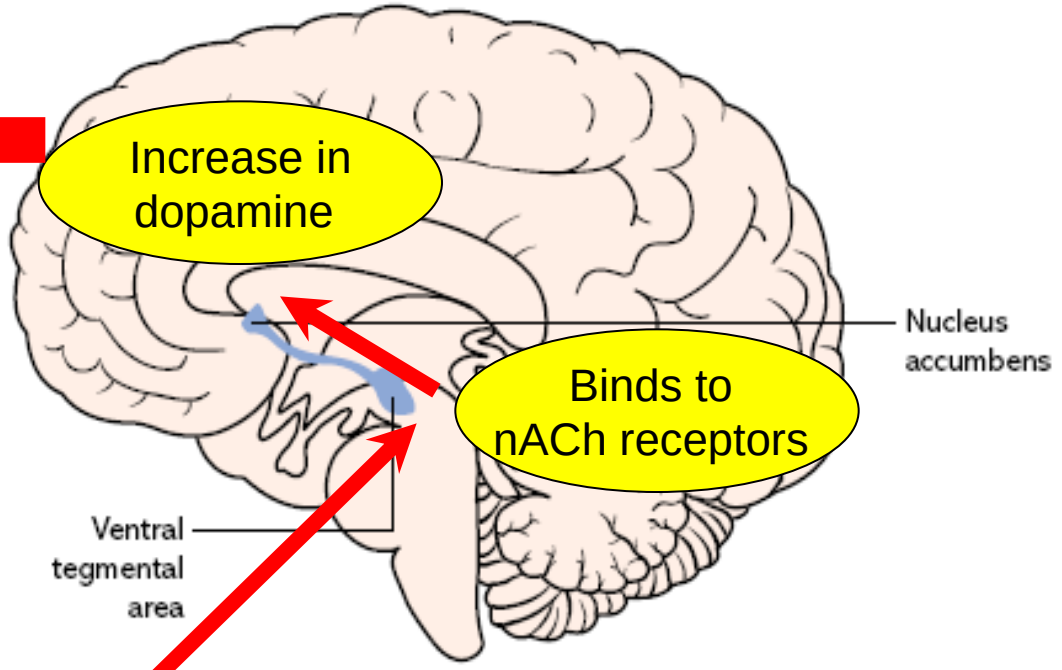


Tobacco Dependence & Withdrawal

Why people smoke?
Why they find it difficult to stop?

The Actions of Nicotine

relief of withdrawal symptoms (negative reinforcement)



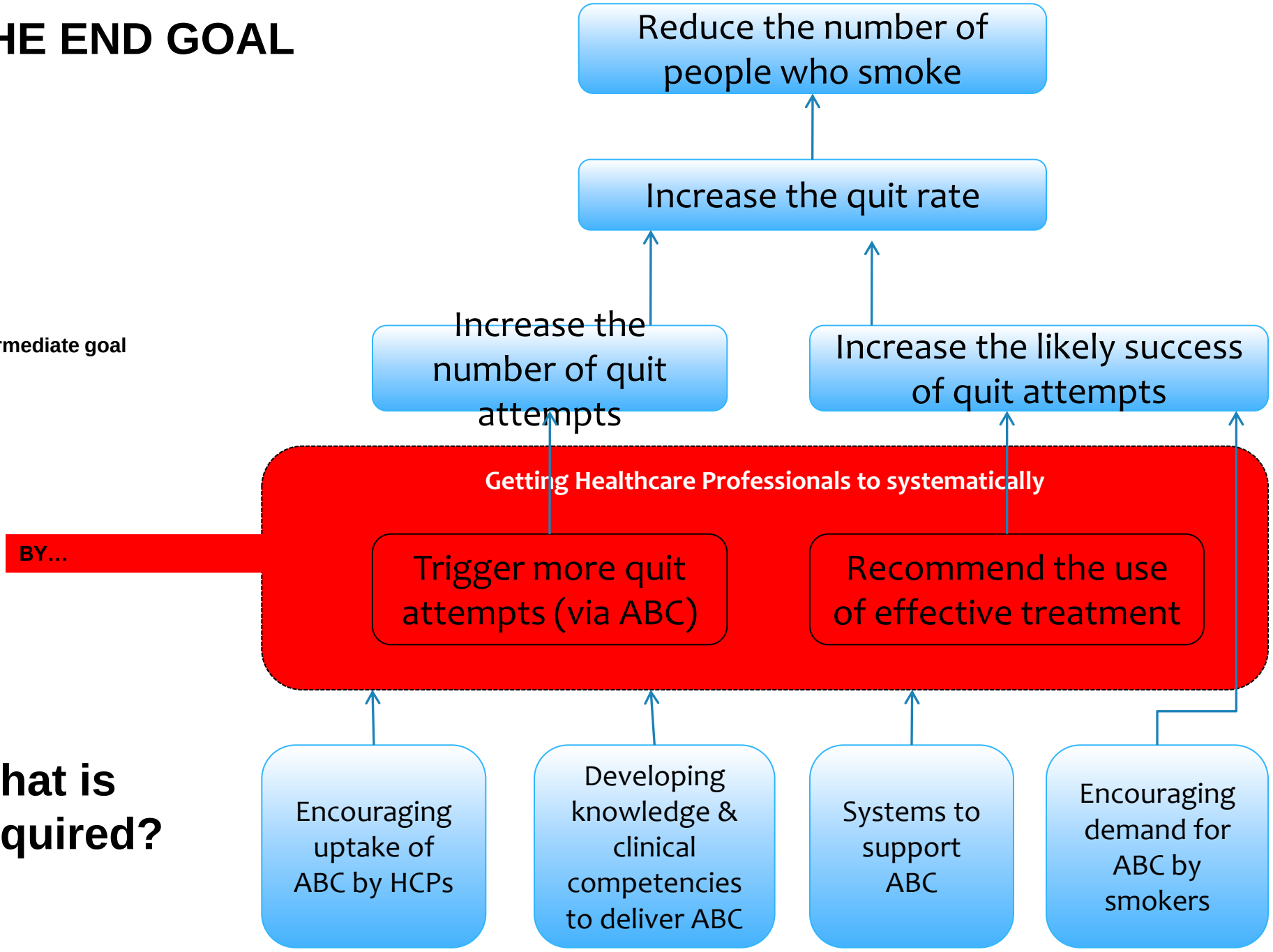
nicotine

Tobacco withdrawal syndrome

Signs & symptoms	Duration	Prevalence
Irritability	< 4 weeks	50%
Depression	< 4 weeks	60%
Restlessness	< 4 weeks	60%
Poor concentration	< 2 weeks	60%
Increased appetite	> 10 weeks	70%
Sleep disturbance	< 1 week	25%
Urges to smoke	> 2 weeks	70%
↓ Heart rate	Long-term	> 80%
↓ Tremor	Long-term	> 80%
↑ Skin temperature	Long-term	> 80%
Mouth Ulcers	> 4 weeks	40%
Constipation	>4 weeks	17%

Key Steps to Successful Quitting

THE END GOAL


Reduce the number of people who smoke
Increase the quit rate
Intermediate goal
Increase the number of quit attempts
Increase the likely success of quit attempts
Getting Healthcare Professionals to systematically
BY…
Trigger more quit attempts (via ABC)
Recommend the use of effective treatment
What is required?
Encouraging uptake of ABC by HCPs
Developing knowledge & clinical competencies to deliver ABC
Systems to support ABC
Encouraging demand for ABC by smokers

HCP Role in Smoking Cessation

- HCPs can increase a patient's odds of quitting with brief advice, medication, and behavioural support[1]

- Tasks
    1. Identifying people who smoke
    2. Motivating a quit attempt
    3. Providing treatment and support
    4. Supporting ongoing abstinence

1. AVEYARD P. & WEST R (2007) Managing smoking cessation, *BMJ*, 335, 37-41.

Despite good evidence that HCPs can play a role…

Globally, most HCPs do not engage in helping people quit[1]

1. American Legacy Foundation (2007). *Physician Behavior and Practice Patterns Related to Smoking*. AAMC. Available at: http://www.aamc.org/workforce/smoking-cessation-full.pdf

Roadblocks to Treating Tobacco Dependence

Physician-perceived barriers

- Lack of time
- Treat other diseases before smoking
- Lack of training
- Lack of patients' interest
- The physician smokes
- Not their job to treat smoking
- Lack of reimbursement
- No access to important medications
- Lack of access to other support resources

The New Zealand ABC approach

* **A** - **ask** whether a person smokes
* **B** - give **brief** advice to quit to all people who smoke and
* **C** – make and offer of and refer to **cessation treatment**

McRobbie et al NZMJ 20 June 2008, Vol 121 No 1276
URL: http://www.nzma.org.nz/journal/121-1276/3117/

Brief Advice to Quit

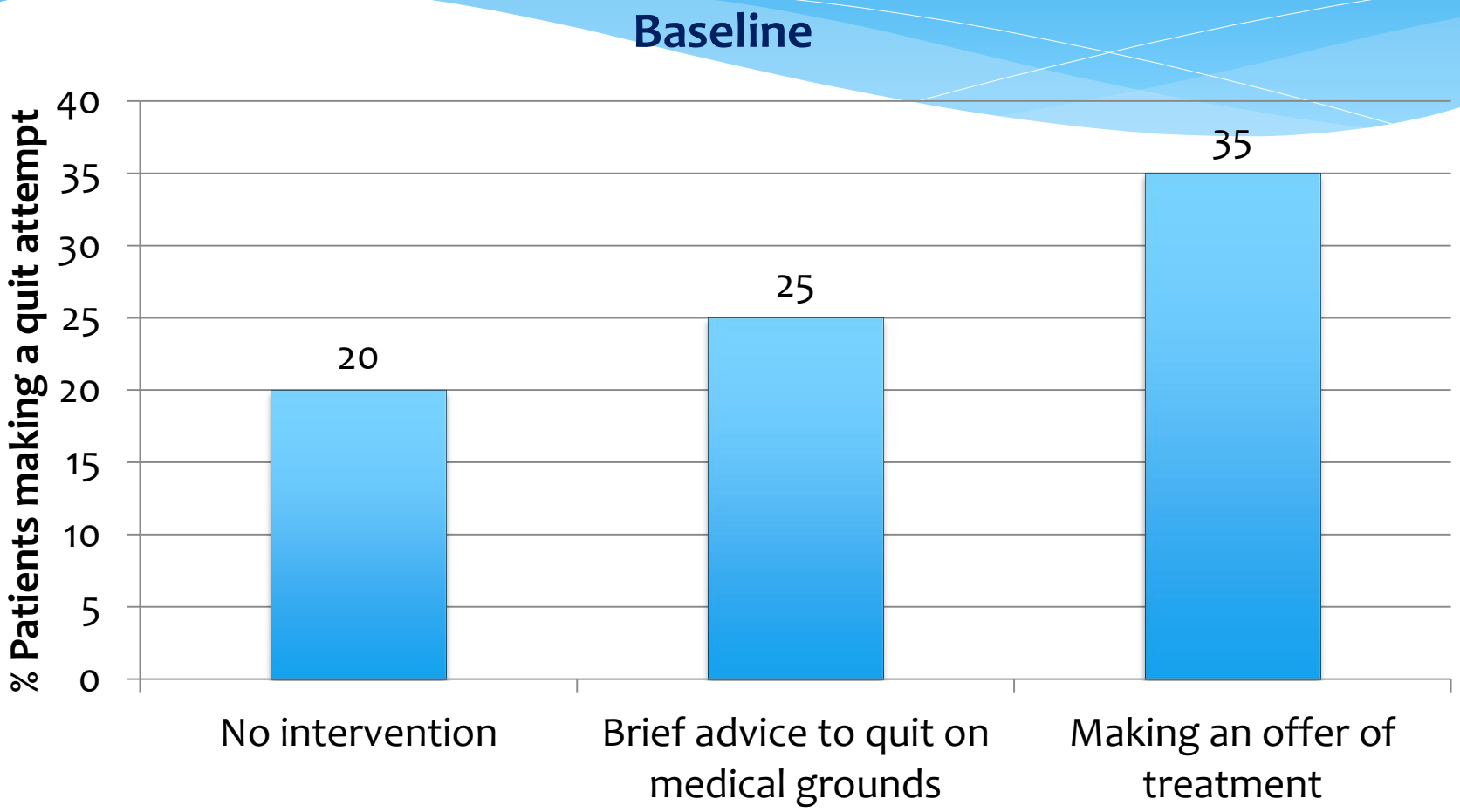
Importance of brief advice

* Simply advising people to stop has an effect (increases quit rates by 1-3%)

* NNT = 40

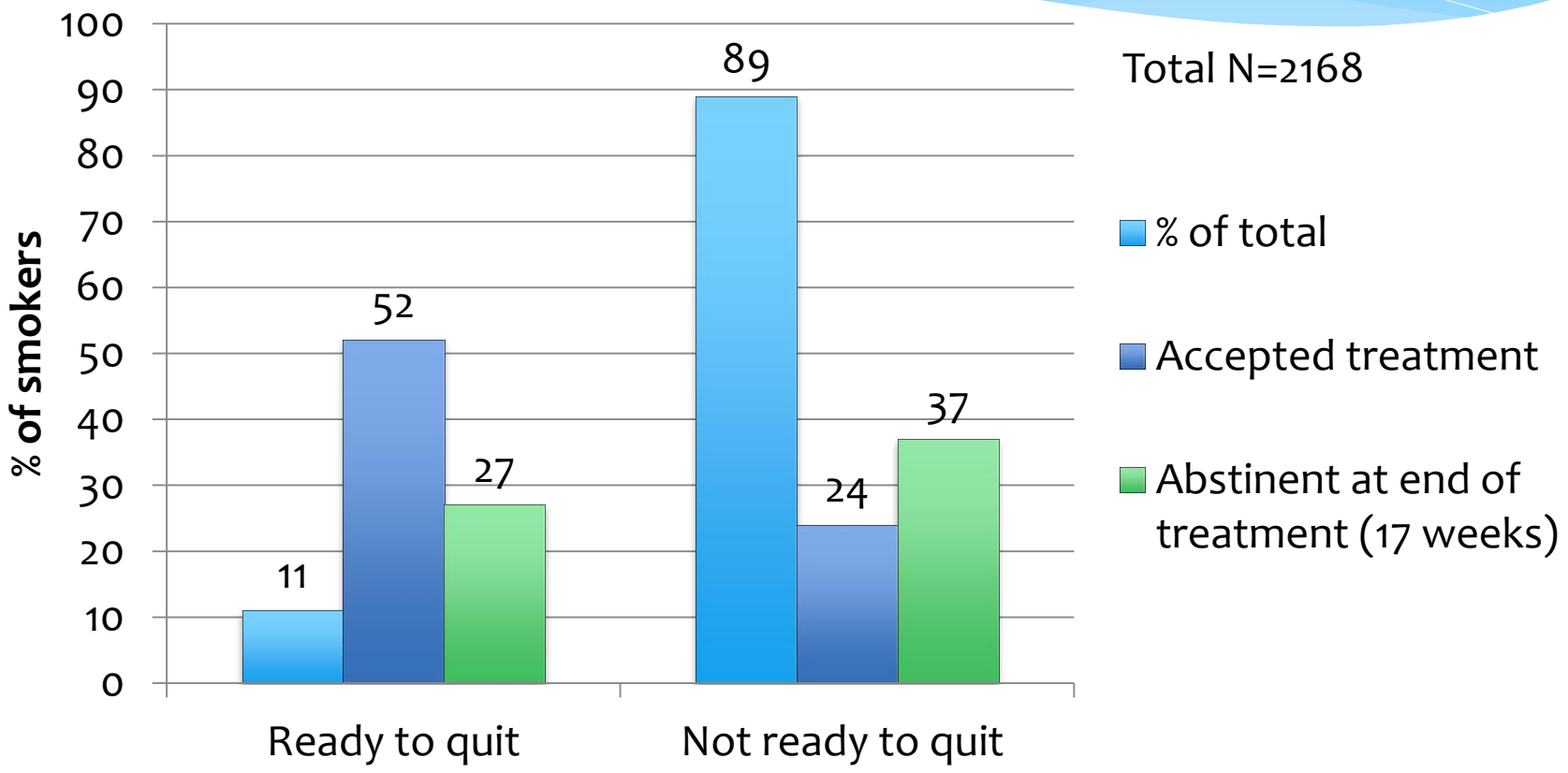
Silagy C, Stead LF. Physician advice for smoking cessation. *Cochrane Database Syst Rev*

% patients making a quit attempt in 6 months following a GP visit



Aveyard et al (2011) Addiction Dec 16

Acceptance of smoking cessation treatment by readiness to quit



Pisinger et al (2005) Preventive Medicine, 40: 278-284

Encourage ‘not a puff’

* Most people who smoke are trying to change their behaviour and cutting down is a common approach
* Unfortunately this approach is associated with few health benefits and people can rarely maintain this behaviour
* When people cut down they typically compensate by smoking their fewer cigarettes more instensively – e.g. taking bigger puffs and holding the smoke down for longer
* Cutting down is **not the answer**
* Clinician to offer cessation options

MedTech Quitline referral

The Tobacco Health Target

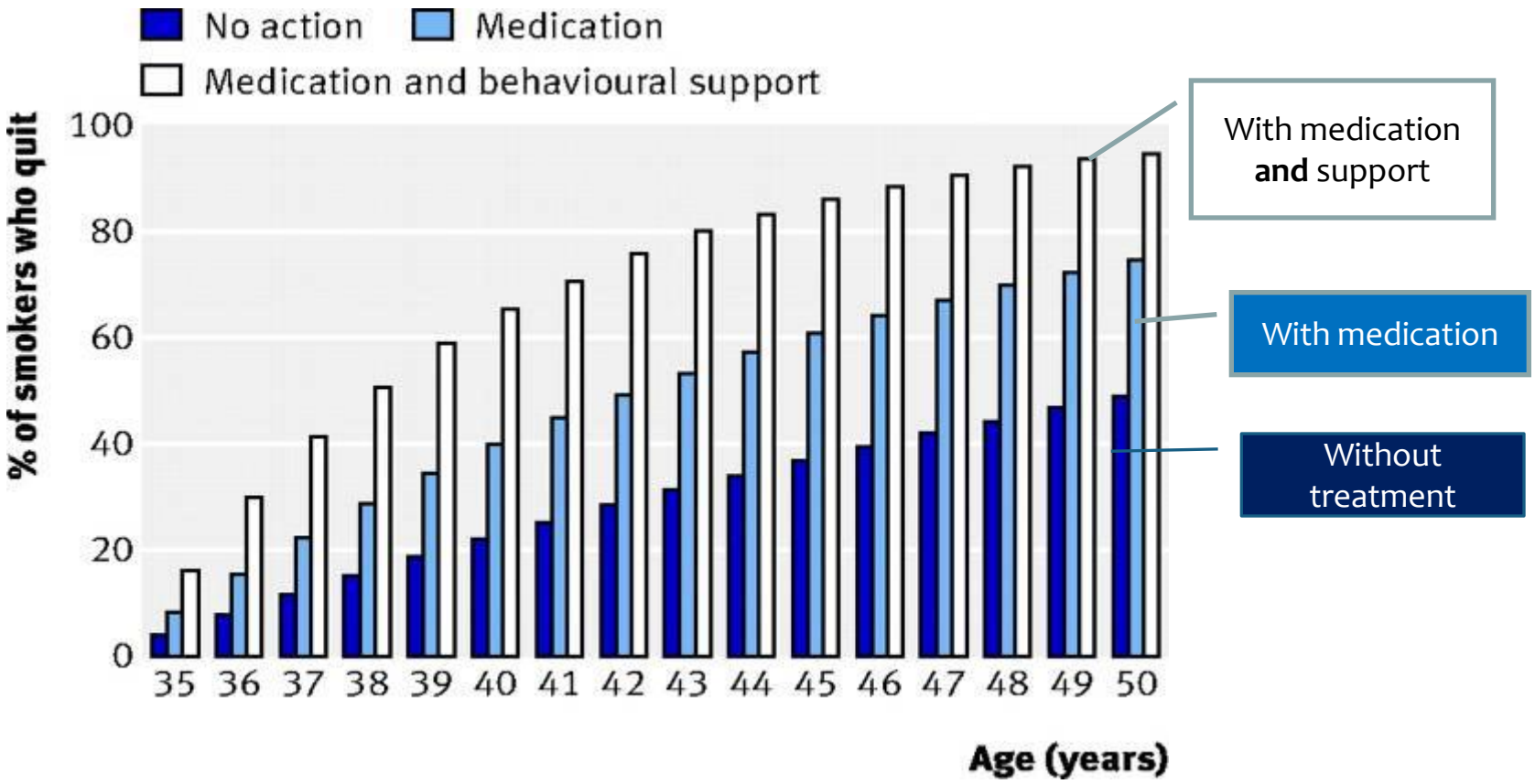
The objective is to trigger a quit attempt

The Health Target

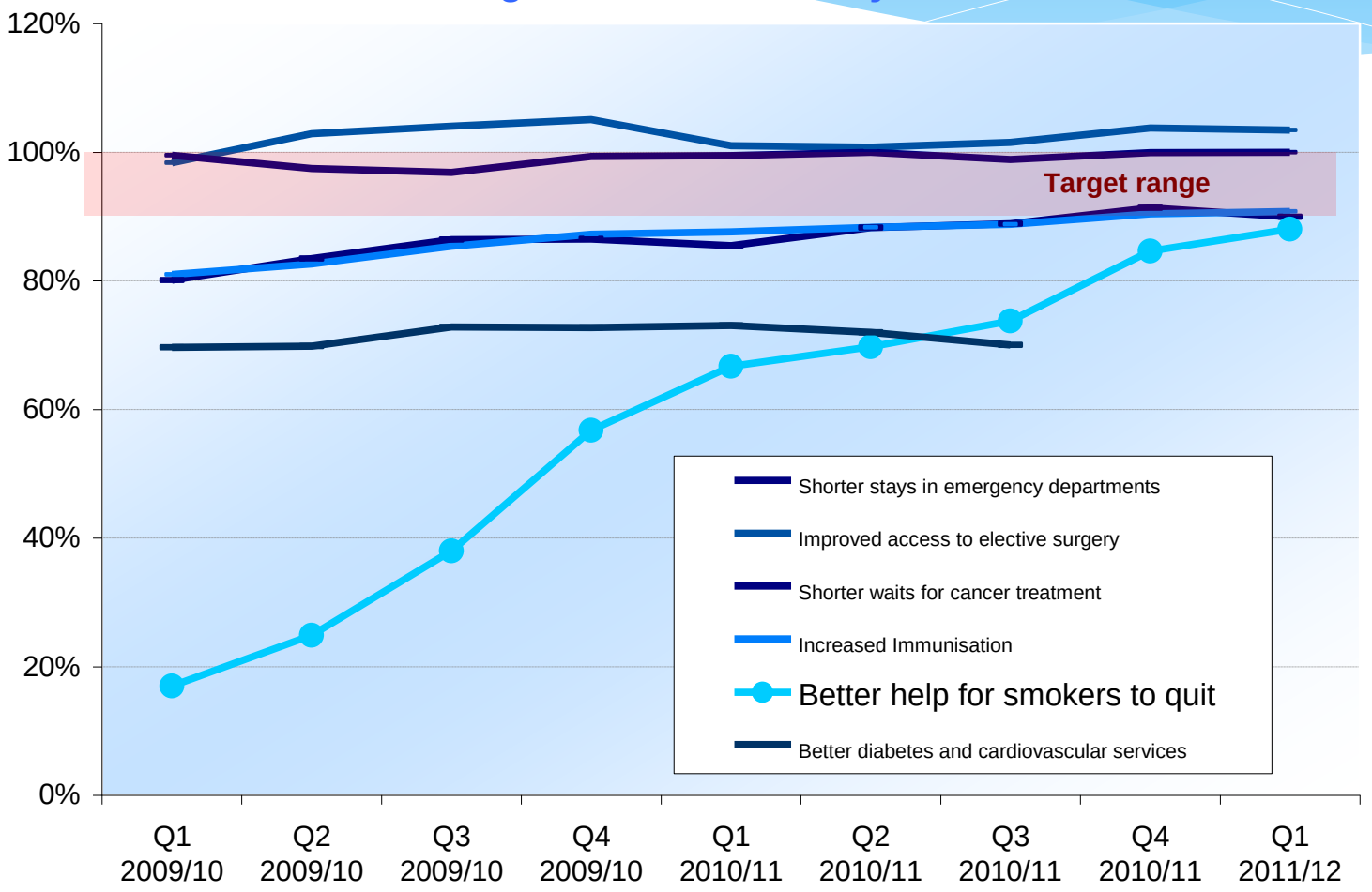
95% of **hospitalised** smokers will be provided with advice and help to quit by July 2012.

90% of enrolled patients who smoke and are seen in **General Practice,** will be provided with advice and help to quit by July 2012.

Cumulative chances of quitting over time when making one quit attempt per year with and without cessation treatment



Health Target results



How is your DHB performing?

MINISTRY OF HEALTH
MANATŪ HAUORA

2011/12 QUARTER TWO RESULTS

www.moh.govt.nz/healthtargets

This is the last time the CVD diabetes target will be reported in this form. From quarter three, the new target is **'More heart and diabetes checks'.**

Shorter stays in Emergency Departments

		Quarter two performance	95%	Change from previous quarter
1	West Coast	100%		0.1%
2	Nelson Marlborough	97%		0.0%
3	South Canterbury	97%		3.4%
4	Counties Manukau	97%		0.5%
5	Tairawhiti	96%		1.8%
6	Auckland	95%		2.7%
7	Canterbury	95%		-0.3%
8	Wairarapa	95%		-2.4%
9	Hawke's Bay	95%		2.1%
10	Whanganui	94%		4.3%
11	Hutt Valley	93%		5.9%
12	Waitemata	92%		-0.9%
13	Bay of Plenty	91%		3.4%
14	Taranaki	91%		2.6%
15	Waikato	89%		5.2%
16	MidCentral	89%		5.0%
17	Southern	88%		3.6%
18	Lakes	88%		-0.7%
19	Northland	87%		1.1%
20	Capital & Coast	82%		8.5%
	All DHBs	92%		2.3%

95%

Improved access to Elective Surgery

		Quarter two performance	100%	Progress against plan (discharges)
1	Lakes	119%		331
2	Whanganui	115%		230
3	Northland	113%		417
4	West Coast	112%		101
5	Taranaki	111%		240
6	Counties Manukau	108%		612
7	MidCentral	107%		224
8	Hawke's Bay	107%		195
9	Hutt Valley	105%		128
10	Bay of Plenty	105%		216
11	Wairarapa	103%		28
12	Southern	101%		75
13	South Canterbury	101%		19
14	Waitemata	101%		70
15	Canterbury	101%		70
16	Auckland	100%		11
17	Waikato	100%		-19
18	Capital & Coast	99%		-49
19	Nelson Marlborough	98%		-54
20	Tairawhiti	95%		-52
	All DHBs	104%		2,793

100%

Shorter waits for Cancer Treatment

		Quarter two performance	100%	Change from previous quarter
1	Northland	100%		0.0%
1	Waitemata	100%		0.0%
1	Auckland	100%		0.0%
1	Counties Manukau	100%		0.0%
1	Waikato	100%		0.0%
1	Lakes	100%		0.0%
1	Bay of Plenty	100%		0.0%
1	Tairawhiti	100%		0.0%
1	Hawke's Bay	100%		0.0%
1	Taranaki	100%		0.0%
1	MidCentral	100%		0.0%
1	Whanganui	100%		0.0%
1	Capital & Coast	100%		0.0%
1	Hutt Valley	100%		0.0%
1	Wairarapa	100%		0.0%
1	Nelson Marlborough	100%		0.0%
1	West Coast	100%		0.0%
1	Canterbury	100%		0.0%
1	South Canterbury	100%		0.0%
1	Southern	100%		0.0%
	All DHBs	100%		0.0%

100%

Increased Immunisation

		Quarter two performance	95%	Change from previous quarter
1	South Canterbury	95%		2.1%
2	Wairarapa	94%		5.0%
3	Hawke's Bay	94%		-0.3%
4	Southern	94%		-0.3%
5	Hutt Valley	94%		1.4%
6	Lakes	93%		1.1%
7	Capital & Coast	93%		0.3%
8	Waitemata	93%		0.7%
9	Auckland	92%		1.2%
10	Canterbury	92%		-0.2%
11	MidCentral	92%		-1.1%
12	Counties Manukau	91%		2.2%
13	Nelson Marlborough	91%		4.8%
14	Whanganui	91%		0.2%
15	Taranaki	91%		1.4%
16	Bay of Plenty	91%		2.1%
17	Tairawhiti	90%		0.2%
18	Waikato	90%		0.4%
19	Northland	82%		0.3%
20	West Coast	79%		-6.3%
	All DHBs	92%		0.9%

95%

Better help for Smokers to Quit

		Quarter two performance	95%	Change from previous quarter
1	Lakes	100%		0.0%
2	South Canterbury	97%		0.4%
3	Hutt Valley	97%		5.8%
4	Nelson Marlborough	96%		5.3%
5	Waitemata	96%		0.0%
6	Whanganui	95%		-0.7%
7	Capital & Coast	94%		0.7%
8	Bay of Plenty	93%		6.3%
9	Counties Manukau	92%		3.4%
10	Hawke's Bay	92%		0.8%
11	MidCentral	91%		2.4%
12	Taranaki	90%		-2.9%
13	Southern	88%		2.8%
14	Tairawhiti	87%		-4.2%
15	West Coast	86%		19.1%
16	Northland	85%		-15.4%
17	Auckland	84%		3.0%
18	Waikato	81%		-0.4%
19	Canterbury	79%		5.9%
20	Wairarapa	66%		-15.5%
	All DHBs	89%		1.2%

95%

Better Diabetes and Cardiovascular Services

		Quarter two performance		Change from previous quarter
1	Whanganui	81%		-1.4%
2	Capital & Coast	80%		1.0%
3	Taranaki	80%		-2.2%
4	West Coast	79%		1.6%
5	Hutt Valley	78%		0.6%
6	Southern	78%		-0.7%
7	MidCentral	77%		1.3%
8	Bay of Plenty	77%		-0.7%
9	Nelson Marlborough	76%		17.2%
10	Hawke's Bay	76%		6.7%
11	Wairarapa	75%		5.8%
12	Waikato	74%		-0.2%
13	Northland	73%		-0.5%
14	Counties Manukau	73%		-0.2%
15	Waitemata	73%		-2.1%
16	Auckland	72%		0.5%
17	South Canterbury	72%		1.5%
18	Lakes	70%		-1.5%
19	Canterbury	70%		0.2%
20	Tairawhiti	65%		-3.3%
	All DHBs	74%		1.0%

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year.

** DHBs planned to deliver 73,114 discharges year to date, and have delivered 2,793 more.*

Shorter waits for cancer treatment

The target is everyone needing radiation treatment will have this within four weeks. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

Increased immunisation

The national immunisation target is 95 percent of two year olds will be fully immunised by July 2012.

This quarterly progress result includes children who turned two years between October and December 2011 and who were fully immunised at that stage.

Better help for smokers to quit

The target is that 95 percent of hospitalised smokers will be provided with advice and help to quit by July 2012. The data covers patients presenting to Emergency Departments, day stay and other hospital based interventions.

Better diabetes and cardiovascular services

This graph represents the average progress made by a DHB towards three target indicators:

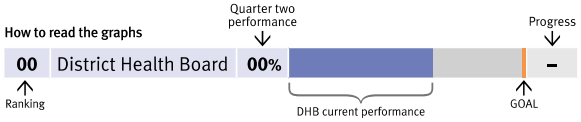
(a) 90 percent of the eligible adult population will have had their cardiovascular disease risk assessed in the last five years;

(b) an increased percent of people with diabetes will attend free annual checks;

(c) an increased percent of people with diabetes will have satisfactory or better diabetes management.

** Due to data corrections, the quarter one All DHBs result has been revised from 70 percent to 73 percent.*

How to read the graphs

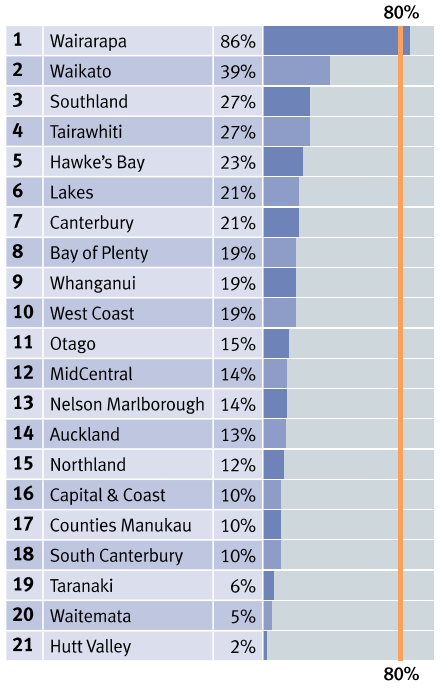


This information should be read in conjunction with the details on the website www.moh.govt.nz/healthtargets

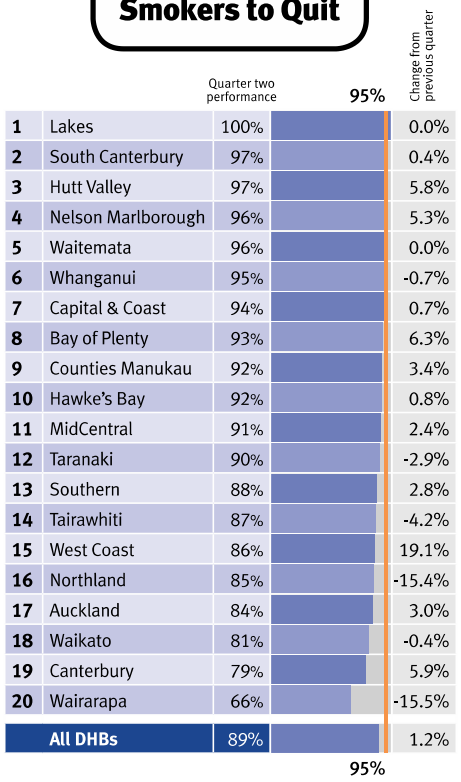
New Zealand Government

Improvements in Secondary Care

2009



2012



How have the results been achieved?

* Training
* Audit and feedback
* Leadership from SENIOR Management
* Clinical Champions
* Systems and tools to prompt clinicians
* Smoking status and tobacco treatment plan in discharge summary

Support from GPs

Firefox File Edit View History Bookmarks Tools Window Help (100%) Mon 12:50 PM Hayden McRobbie

Smoking Cessation ABC » The Royal New Zealand College of General Practitioners

Smoking Cessation ABC » The R...

http://rnzcgp.org.nz/smoking-cessation-abc/

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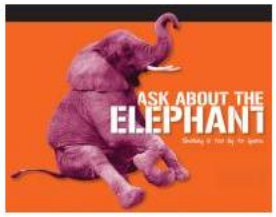
SMOKING CESSATION ABC

TYPE Sector News

From July this year, the Minister of Health will be introducing the 'Better Help for Smokers to Quit' health target into the primary care sector. The goal is to see 90% of smokers consistently offered brief advice and support to quit by their local health practitioner.

This is not just a box-ticking exercise, it is about saving lives. In each practice, the vast majority of patients who smoke wish they didn't, and want help to quit. They just don't know how and many aren't convinced it's possible.



With the aim for New Zealand to become smokefree in 2025, this is a vital step in achieving its success. Over the last few years, we have seen a sustained increase in calls to Quitline and in 2007 there was a two percent reduction in smoking in a 12 month period, equating to 60,000 fewer smokers. As a result of the health target, the total number of hospitalised patients who received brief advice in the first year alone was 45,000. For the first nine months of the 2010/11 year over 68,000 people were provided with brief advice. Even the briefest interaction can make a difference.

Smoking is the single greatest preventable risk to your patient's well being and there are many other health issues that are symptomatic of tobacco use.

It's as simple as ABC

Support from Nurses

What do patients and staff think?

Quotes from Timaru hospital patients asked about their smoking status [Ken Bagnall, Timaru]

- "I wish they'd had this help before" (a chemo patient who doesn't feel able to quit now.)
- "At that price why wouldn't you try?" (a smoker on being informed about the availability of NRT and the $3 script available at discharge.)
- "I've quit... I think it's great you can get this help here." (an ex smoker)
- "No, it's a good thing... how can you be smoking if you're coming in here?" (a non smoker).

Staff member

Liked the fact that everyone was now being asked and that it was just a routine part of a patients care. It was clear what was expected of the nurse and what action to take. And patients were now getting used to the fact that they would be asked their smoking status so didn't take offence.

Treatment

Benefits of smoking cessation: A worked example

* Assumed long term quit rates
  * No treatment 5%
  * Minimal treatment 10%
    (e.g. doctors advice & stop smoking medicine)
  * Optimal treatment 20%
    (e.g. multi-session behavioural support & stop smoking medicine)

* If 100 smokers were treated
  * an extra 5 would stop with minimal treatment
  * an extra 15 with optimal treatment

Hughes Am J Prev Med. 2010 September ; 39(3): 285–286

Avoiding Excess Deaths

* To determine how many of these 5 or 15 avoided an excess death from smoking, assume that if they continued to smoke, half would have died
* Then assume half of these smokers stopped before age 30 years and almost all of this risk was avoided, and that half stopped at age 50 years and half of this risk was avoided, therefore:

* Minimal treatment would avoid 1.9 deaths NNT = 52
* Optimal treatment would avoid 5.7 deaths NNT = 18

Hughes Am J Prev Med. 2010 September ; 39(3): 285–286

NNT Comparison

* Daily aspirin treatment for a lifetime
  * NNT of 40 to prevent an early death from heart disease
* Ten annual mammograms to prevent an early death
  * NNT ranges from 377 for women aged 60– 69 years to 1904 for women aged 39–49 years

Hughes Am J Prev Med. 2010 September ; 39(3): 285–286

Number Needed to Treat to Benefit

Medicine	Number needed to treat to benefit
NRT	23 (95% CI: 20-27)
Bupropion (Zyban)	20 (95% CI: 16-26)
Varenicline (Champix)	10 (95% CI: 8-12)

Cahill et al 2011, Cochrane Systematic Review

What do people need help with?

* The first major obstacle to quitting is **withdrawal discomfort**
* Worse in smokers with high pre-abstinence nicotine intake
* Urges to smoke and depression predict relapse

Getting over the initial withdrawal discomfort

* Behavioural support is of proven efficacy
  * Can be delivered in different formats
    * Face-to-face (individual or group)
    * Telephone
    * Internet
  * Apart from setting up a quit date, the key factors include
    * *guidance and information*
    * *motivational support*.

* NRT, bupropion (Zyban), nortriptyline and varenicline (Champix) are of proven efficacy

Helping people cope with common withdrawal symptoms

* Explain this is common
  * if people think their experience is unusual, it worries them more
* Explain this is temporary
  * knowing this facilitates coping
* Inform on likely duration
  * confirms you are not just using platitudes and sets benchmarks

Explaining the reason for the discomfort may help some patients

* Nicotine has caused changes in your brain. Parts of it now need nicotine, and make you feel uncomfortable without it
* When you smoke, you feel better –

  until more nicotine is needed
* It is a bit like having a parasite

  which demands to be fed

Explaining the reason for the discomfort may help some patients

* If you do not smoke at all, your brain gradually goes back to normal and you are fine again. It is a bit like starving the parasite to death.
* If you have even a single cigarette after you quit, it is likely to bring the need to smoke (which was already weakening) back to life. You made the parasite strong again.

Explaining the reason for the discomfort may help some patients

* It may help to realise that it is not you who needs cigarettes. You will be healthier, wealthier and happier without them
* It is only your dependence, your parasite, which needs them. If you do not feed it, it will die and you will be free.

How to make quitting easier

* Understanding what is going on

* Weekly support

* Using medication

Motivate

* Deal with ambivalence
* Elicit commitment
* Use CO monitoring
* Explain importance of a good start

Prepare for quit date

* Explain the quit date and the rationale of recommending complete abstinence
* Discuss the problems with gradual reduction if needed
* Discuss preparation and coping. Prepare for medication use.

Orient on withdrawal

* Reassure about symptom duration, careful with ‘predicting’ symptoms
* Flue analogy, monster analogy, focus on positive developments
* Regarding weight gain, advise against ‘going on a diet’ - going hungry

Deal with lapses

* Keep explaining the rationale for total quit and temporary nature of discomfort
* Discuss risks and coping strategies
* Set a new quit date if patient smokes daily

* Debrief, explain need for a break, find positive lessons learned for future

Behavioural Support
The TOP FIVE

1. Building rapport
2. Use of CO monitoring as a motivational tool
3. Explaining how to use medications
4. Explaining the rationale for not having a single puff
5. Eliciting commitment from the client to the not-a-puff rule

Treatment format

	CO-validated 4-week abstinence	
	OR (95% CI)	p value
Intervention type (reference: one-to-one)		
Closed group	1.43 (1.16-1.76)	0.001
Drop-in	0.72 (0.57-0.90)	0.003
Open (rolling) group	1.46 (1.19-1.78)	<0.001
Other	0.97 (0.68-1.38)	0.851

* Brose L, West R, McDermott M, Fidler J, Croghan E, McEwen A (2011) What makes for an effective stop-smoking service? Thorax.

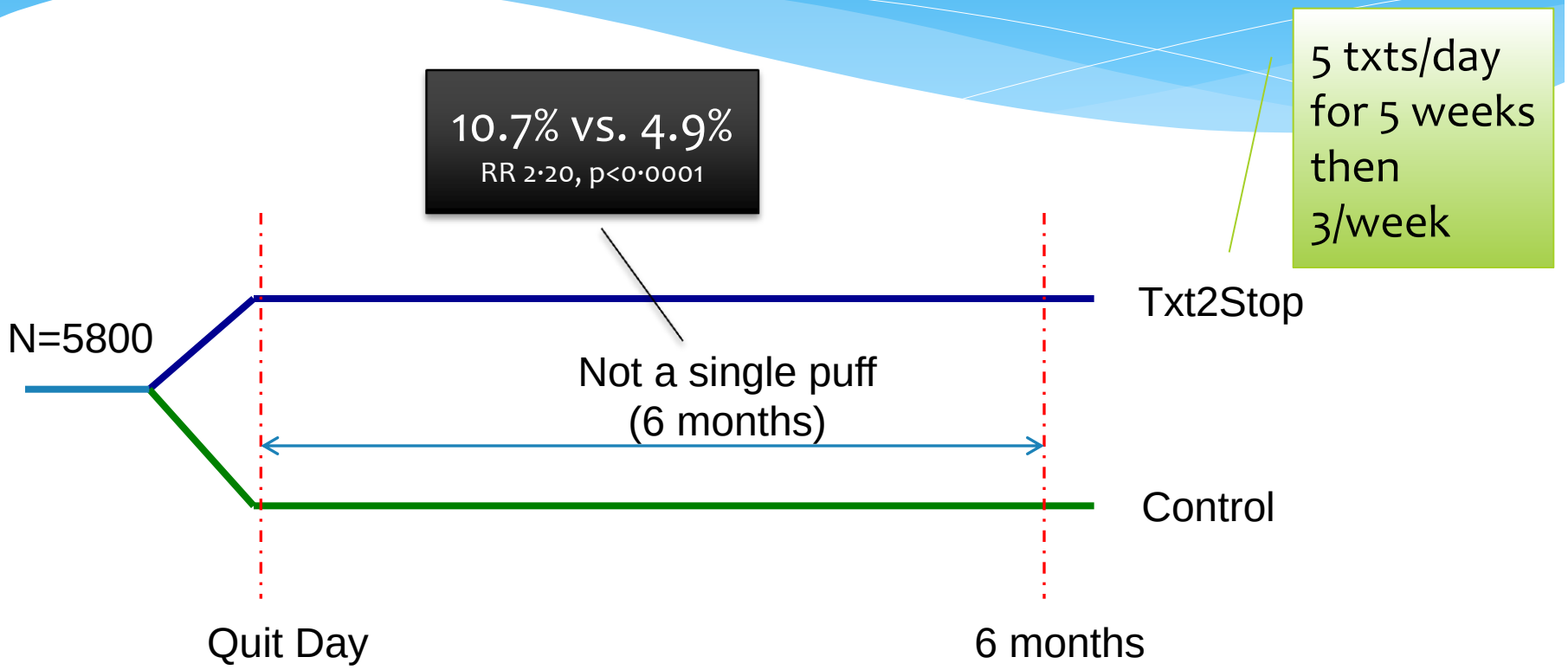
Text based cessation support

* Simple and relatively low cost intervention
* Mobile phone coverage in many countries is high
* First study (Rodgers 2005) showed short-term, but not long-term benefit
  * 6 weeks: 28% vs. 13% (RR=2.20, 95% CI 1.79-2.70)
  * 6 months: 25% vs. 24% (RR=1.07, 95%CI:0.91-1.26)

7-day point prevalence abstinence rates

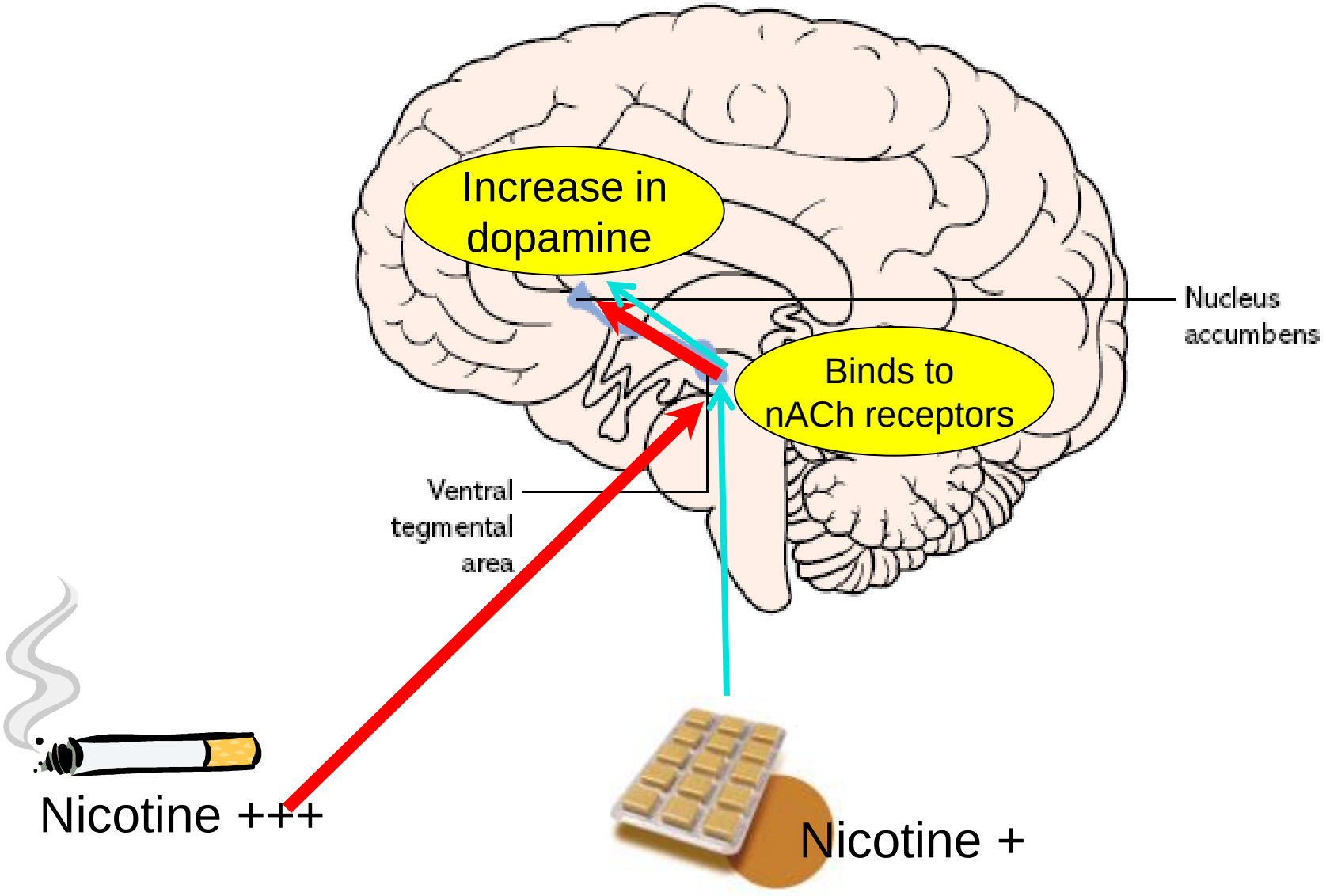
Rodgers et al. Tobacco Control, 2005

Txt2Stop

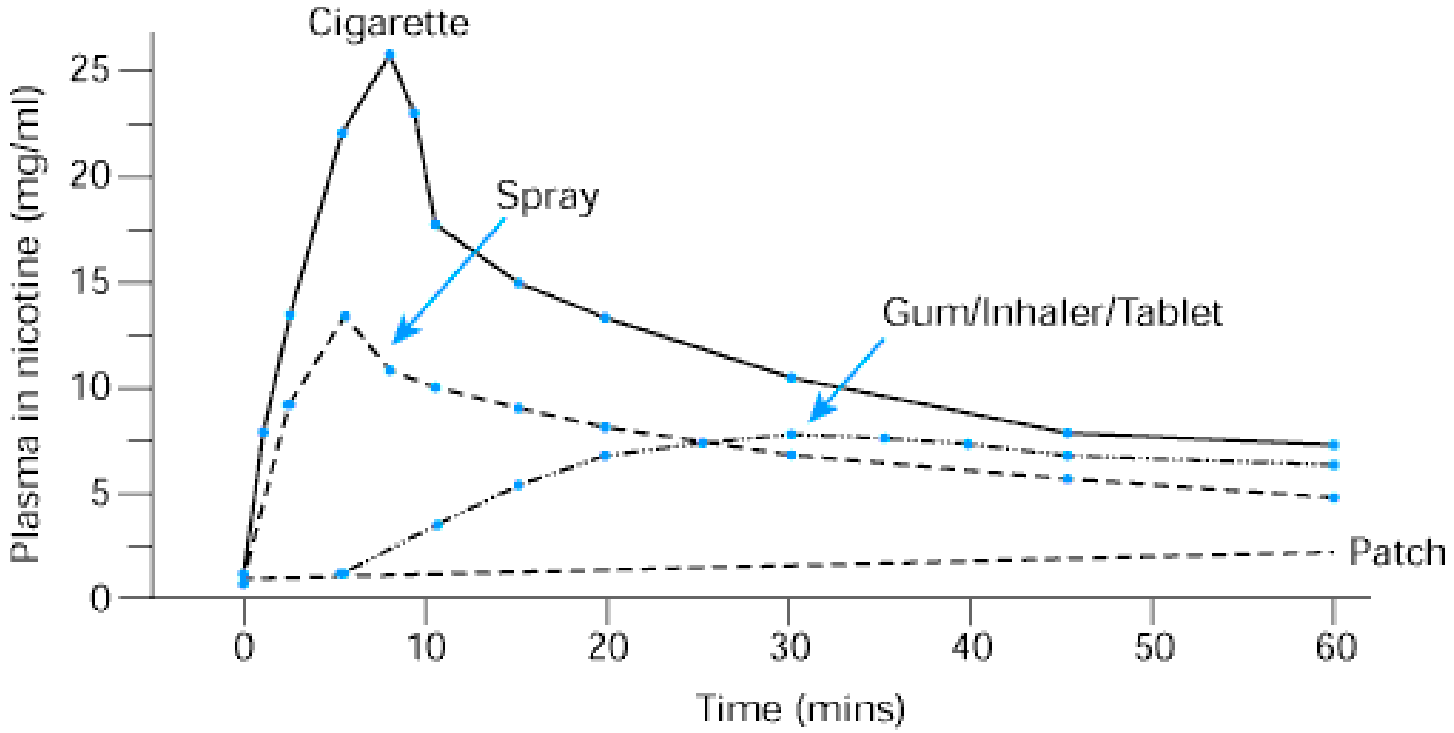


Free et al 2011, Lancet

Nicotine replacement therapy



Nicotine Delivery



NRT - safety and side-effects

* There are no ‘real’ contraindications to NRT
  * Some individual product differences e.g. gum not good for people with dentures
* No drug interactions
* The most common side effects are localised e.g.
  * Taste of oral products
  * Stinging sensation of nasal spray
  * Skin irritation with patch

Basic dosing

- Smokes 10 or more a day
  - Full strength patch (21mg) PLUS
  - Gum or lozenge (dose based on time to first cigarette)
- Smokes less than 10 a day
  - Gum or lozenge (dose based on time to first cigarette)
  - Or start with a medium strength patch (14mg)
- Time to first cigarette
  - Smokers within 60 minutes of waking – use high dose gum (4mg) or lozenge (2mg)
  - Smokes after 60 minutes of waking – use low dose gum (2mg) or lozenge (1mg)

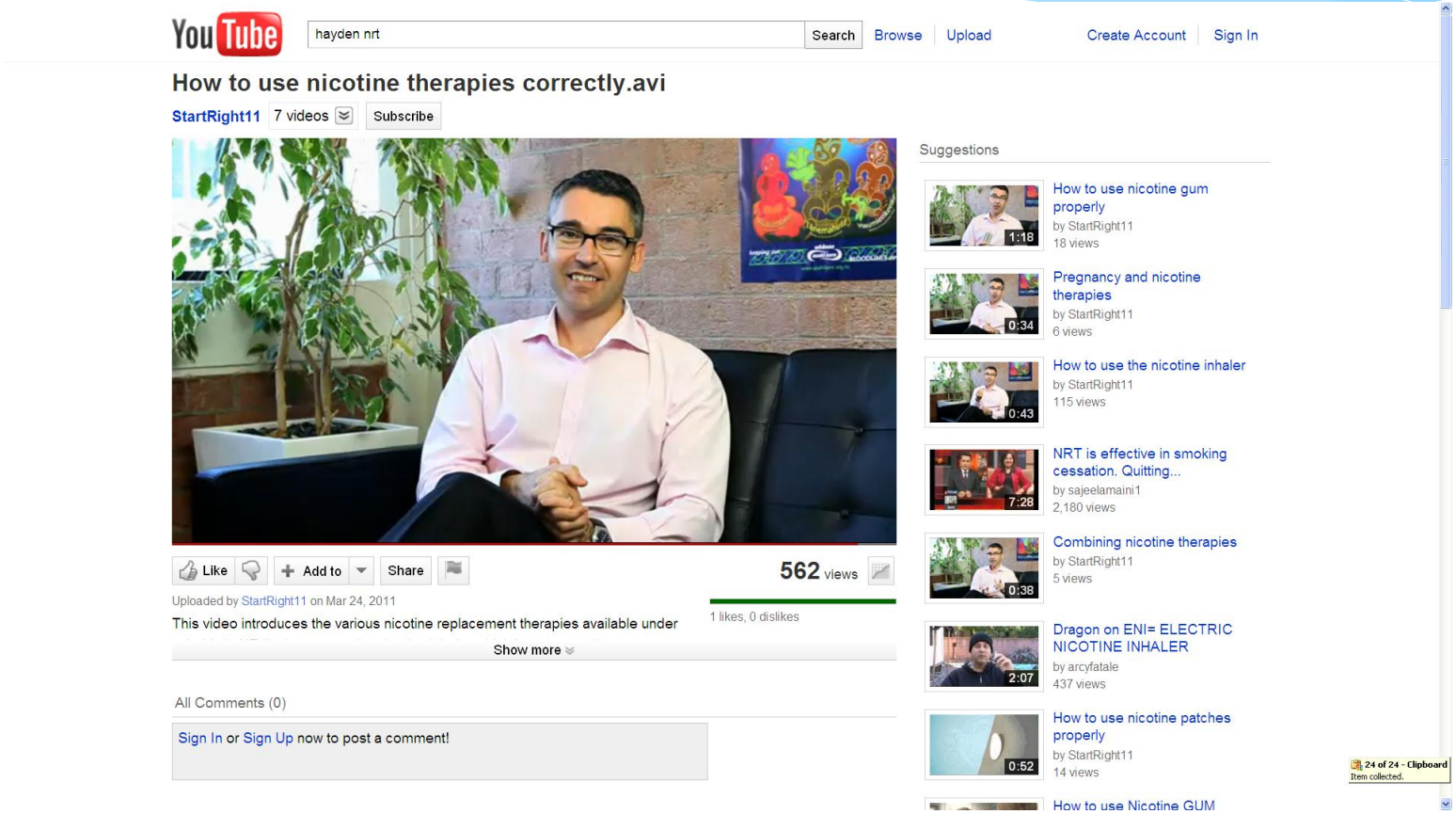
Reasons for NRT failure

- Unrealistic expectations
- Incorrect use
- Not used for long enough
- Nicotine is often seen as the dangerous element in cigarette smoke
  - Safety concerns can be a barrier to use

Encouraging compliance is important

You Tube video

How to use nicotine therapies correctly



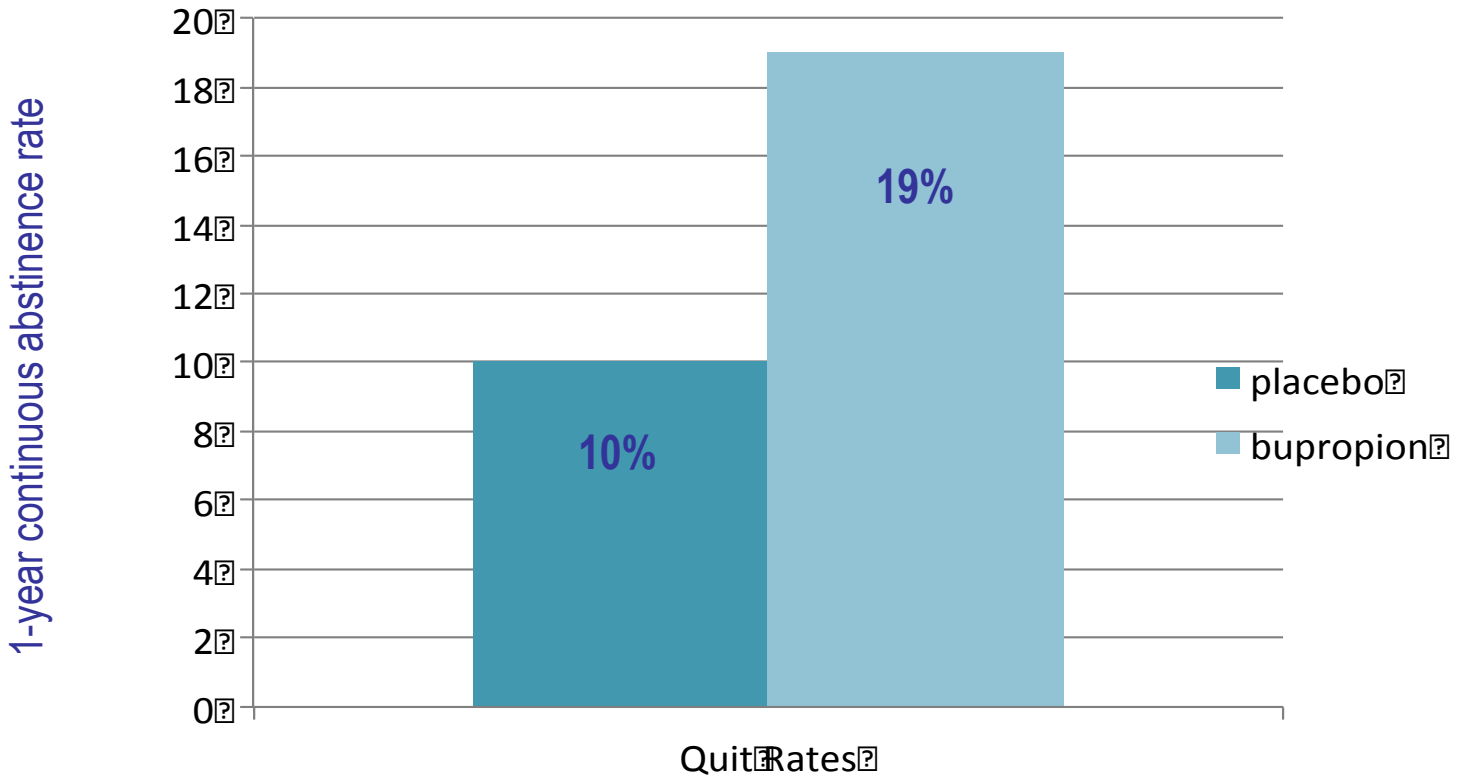
Bupropion

* Atypical antidepressant which acts on dopamine and noradrenaline pathways and possibly as a nicotinic antagonist, designed to reduce motivation to smoke by
  * reducing cravings and withdrawal symptoms
  * reducing the rewarding effect of smoking

What to say to your patients?

* Works by alleviating craving and other withdrawal symptoms
* It's not a magic cure, but it will make quitting easier

Clinical Efficacy



Hughes JR et al. *Cochrane Database Syst Rev.* 2007;Jan 24(1):CD000031.

Use of bupropion

* Started at least a week before the target quit date
  * One tablet (150mg) once a day for the first three days then
  * One tablet twice a day, with at least 8 hours between each dose
  * Use for at least 7 weeks

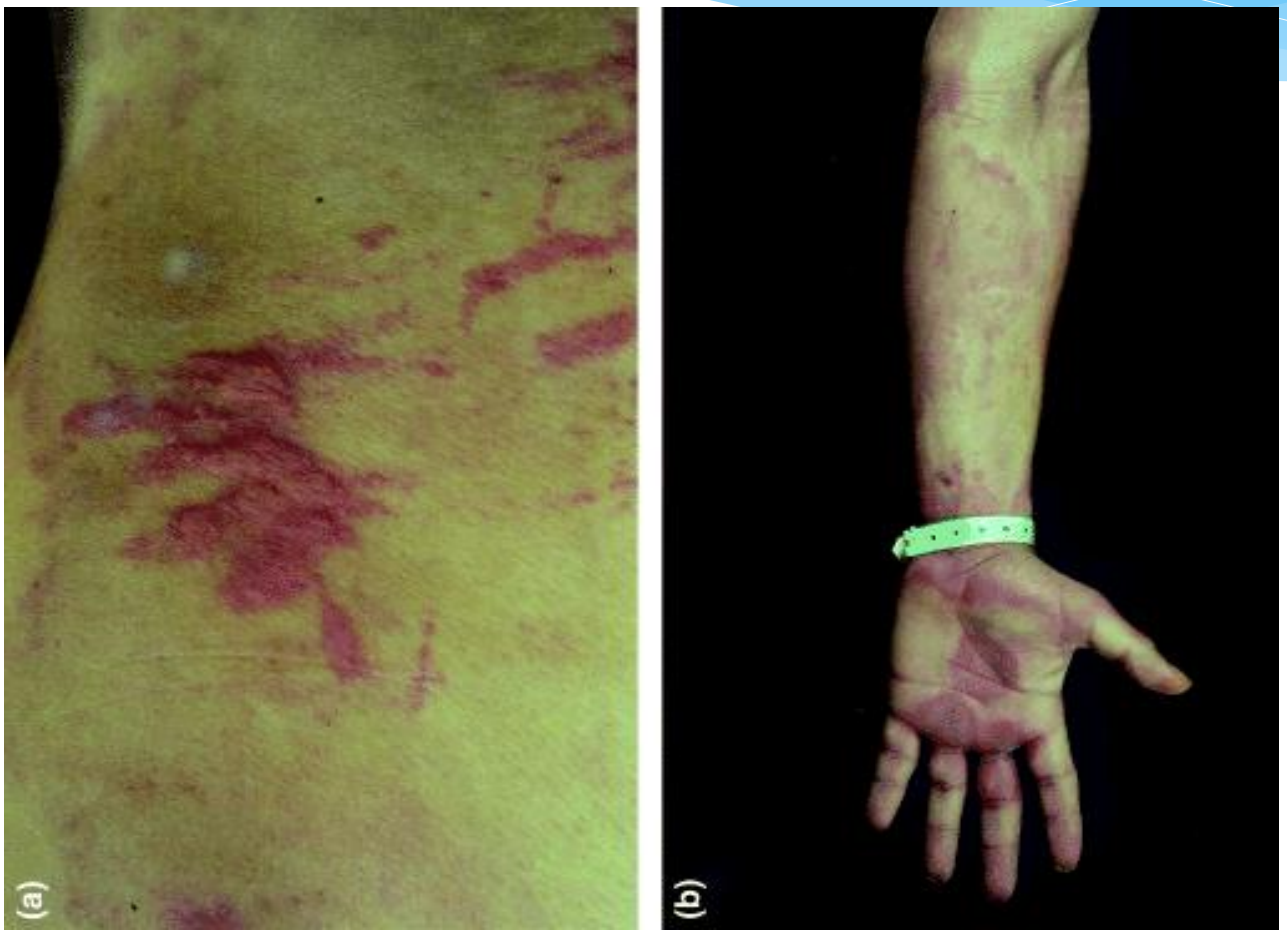
What to say to your patients

* Smoke as normal prior to your Target Quit Date and then you should aim not to have a single puff from then
* Don't take too close to bed-time as it can cause sleep disturbance

Safety and side-effects

* There are a number of contraindications
* There are a number of drug interactions
* The most common side effects are
  * Insomnia
  * Headache
  * Dry mouth
  * Rash

Rash from Zyban



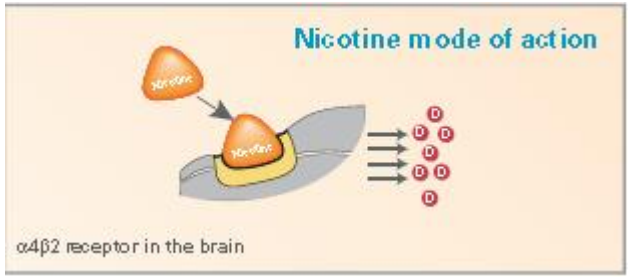
Is Zyban more effective than NRT?

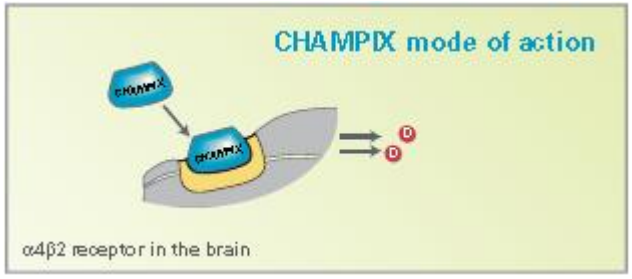
- No – they both roughly double the chances of quitting long-term

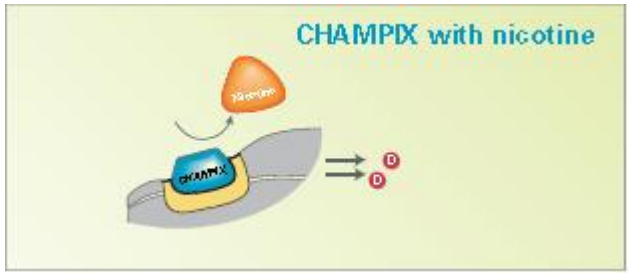
Can Zyban be used with NRT?

- Yes, although there is no evidence to say that chances of success are improved significantly when using both
- Start with Zyban, and add in an oral NRT if needed for break-through craving

Varenicline





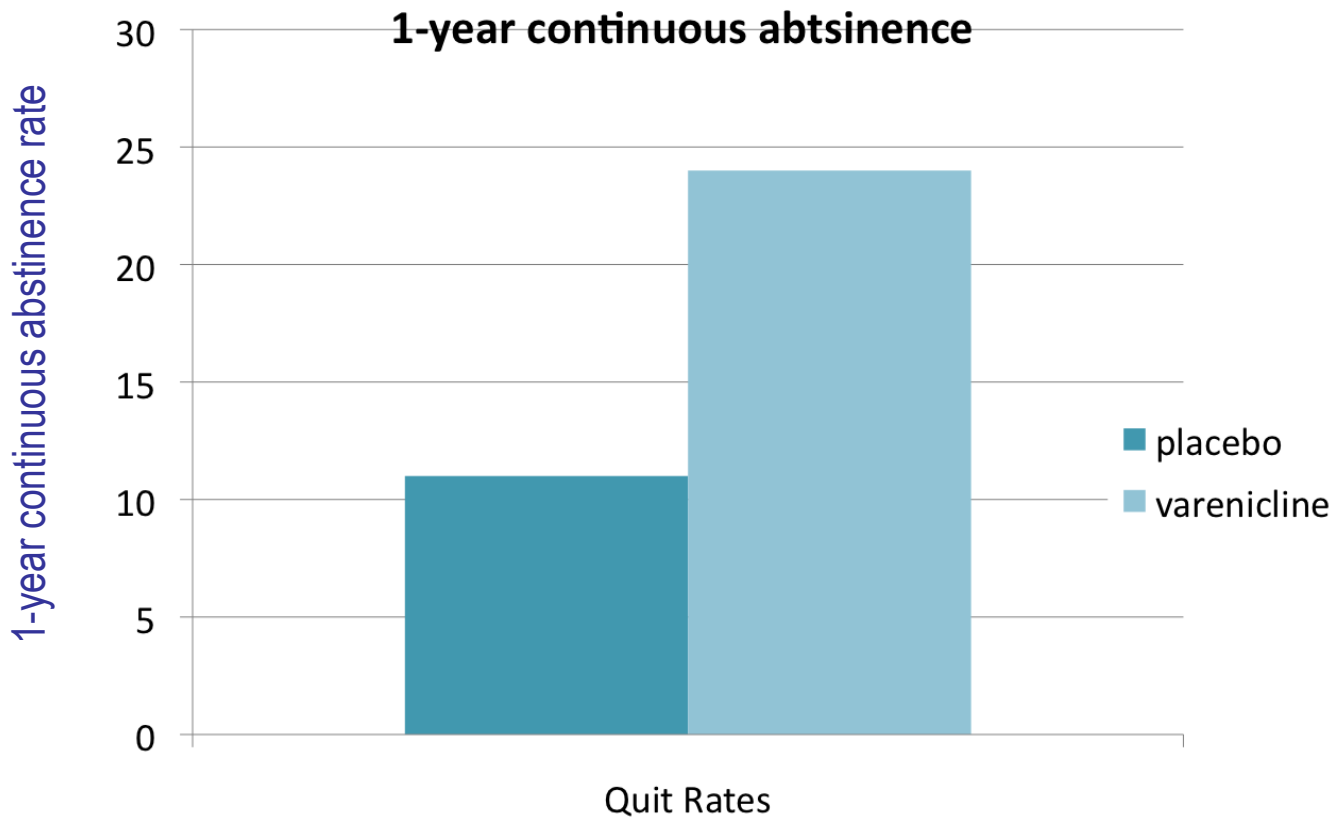


Varenicline = partial agonist of the α4β2 nAchR

What to say to patients

* Varenicline works by reducing craving for cigarettes making quitting smoking a little easier and increases the chances of stopping for good.
* However it's no magic cure and effort is still required.

Clinical Efficacy



Cahill et al. *Cochrane Database Syst Rev.* 2010

Who can use it? How to use it?

* There are some contraindications
  * *E.g. allergy to Champix*
  * *Also not recommended in pregnant & breastfeeding women and those aged<18*
* No drug interactions
* Prescription only and special authority restrictions
* Start at least 1 week before target quit date
* Three month course of treatment

Special Authority Criteria

* The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring **AND**
* The patient is not pregnant **AND**
* The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy **OR**
* The patient has tried but failed to quit smoking using bupropion or nortriptyline

Dosing instructions

Start therapy with the Initiation pack and set quit date			
Days 1-3	CHX 0.5	0.5 mg once-daily	
Days 4-7	CHX 0.5 CHX 0.5	0.5 mg twice-daily	
Days 8-14	CHX 1.0 CHX 1.0	**1 mg twice-daily†**	**Quit**

CHAMPIX packs designed for easy use

Continue therapy with the Initiation pack		
Days 15-28	CHX 1.0 CHX 1.0	1 mg twice-daily

Maintain therapy with the Continuation pack		
Months 2 and 3	CHX 1.0 CHX 1.0	1 mg twice-daily

Safety and side-effects

* Side effects
  * Nausea (30%) – mostly well tolerated
  * Strange dreams, headache, flatulence, and insomnia
  * Concerns about mood disturbance
* Dealing with nausea
  * Warn people that they should expect some nausea
  * Reassure them that this is likely to be mild
  * Advise to take the tablets with food
  * Reduce dose to 1 tablet daily if nausea persists
  * Refer back to GP if necessary

Mood changes

* Drug effect or Abstinence effect?
  * Depression is a withdrawal symptom
  * People who are depressed are more likely to have suicidal ideation
* Also suicide risk in smokers is 3-4 times that of non-smokers
* **Regulatory bodies recommend the following action:** Healthcare professionals should monitor patients taking Champix for behavior and mood changes

‘ABC’ e-learning tool

www.smokingcessationabc.org.nz

2025

Any questions?

Thank you for your time

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