

Pharmacists' Perceptions of Participation in a Community Pharmacy-Based Nicotine Replacement Therapy Distribution Program

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Abstract The community pharmacy has been proposed as an ideal location for providing smoking cessation therapy to large numbers of patients. Studies of public health initiatives providing free nicotine replacement products through telephone quitlines have found increased call volumes and cessation rates. The purpose of this study was to evaluate a program where nicotine replacement therapy starter packs were provided to patients through community pharmacies at no cost. An online survey was developed to assess community pharmacists' participation in the program, perceptions of the initiative as a whole, and perceptions of smoking cessation counseling activities. Eighty-three pharmacists working at participating pharmacies completed the survey (65% response rate). Ninety-nine percent of pharmacists provided smoking cessation

counseling during the study period; the median (IQR) number of patients counseled over the initial 3.5-months of the NRT distribution program was 50 (24–100), and the median number of minutes per counseling session was five (3–7). Most (89%) agreed smoking cessation counseling was accommodated into the pharmacy work-flow. A majority (85%) agreed the community pharmacy is an ideal location for distributing free NRT products and that the program should be replicated in other pharmacies (78%). Participating pharmacists viewed the program positively and perceived it to be effective in helping patients quit smoking. In conclusion, the community pharmacy is a viable location for implementation of community-based public health initiatives related to smoking cessation.

Keywords Community pharmacy · Nicotine replacement therapy · Smoking cessation

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Introduction

Tobacco use is the leading known preventable risk factor for mortality in the United States [1, 2] and is a central component of the US *Healthy People 2020* goals [3]. Decades of research and an extensive body of literature confirm that (a) FDA-approved medications for cessation and (b) counseling from a clinician are the most effective methods for quitting smoking—and, when medications are combined with counseling, patients have the greatest chance for success [4].

Although cessation medications are effective, most patients attempt to quit without pharmacotherapy [5]. Because the cost of these products is often a barrier for use, several initiatives have incorporated the provision of nicotine replacement therapy (NRT) products at no cost to the

patient. In a study estimating smoking cessation rates among individuals who contacted a telephone quitline, those who received free NRT were more likely to quit successfully than were those who did not receive free NRT [6]. Smoking cessation initiatives incorporating free NRT also have been shown to increase call volume to telephone quitlines [7–9].

Because health-care providers have a proven, positive impact on patients' ability to quit, engaging all health professions as advocates for cessation is essential to achieving the *Healthy People 2020* goals. Although not routinely recognized by tobacco users as a resource for cessation [10], community pharmacies have been proposed as an ideal location to identify tobacco users and provide smoking cessation services [10, 11]. The efficacy of pharmacist-provided smoking cessation services is established [12], but implementation of comprehensive cessation activities in practice is rare [11]. Key barriers include lack of time, lack of training, inability to identify smokers, and lack of reimbursement [11, 13–16].

In 2009, the Los Angeles County Department of Public Health (LACDPH) and Los Angeles Care Health Plan in collaboration with Ralphs Grocery Company Pharmacies developed and implemented a community pharmacy-based distribution program of 30,000 starter courses of nicotine patches and gum. This program is part of a multi-faceted, county-wide initiative in Los Angeles, CA (*It's Quitting Time L.A!*, <http://www.laquits.com>) with the goal for Los Angeles to be one of the first urban counties in the US to reach the *Healthy People* goal of an adult smoking prevalence of less than 12% [17]. Being that this was the first community-based public health initiative to distribute NRT at no cost through community pharmacies, this study aimed to establish feasibility and to evaluate pharmacists' participation and perceptions of the program.

Methods

Nicotine Replacement Therapy Distribution Program

On June 15, 2009, the LACDPH launched the L.A. County NRT distribution program. This program aimed to distribute 30,000 two-week starter courses of NRT (nicotine patches or gum) through participating Ralphs Grocery Company Pharmacies ($n = 47$ stores) in Los Angeles County, health fairs, and other community outreach events ($n = 7$ events). The program was advertised to the public through multiple channels including major metropolitan and ethnic newspapers, radio- and web-based promotional efforts, social media (Twitter, Facebook), and Ralphs Grocery in-store signage and announcements. During the initial 2 weeks of the NRT distribution program, the

LACDPH arranged for community volunteer support staff to help with the anticipated initial wave of requests. Volunteers staffed tables near the main grocery store entrance and determined eligibility to receive the free NRT before referring smokers to the pharmacy area for the medication and counseling services. To qualify for free NRT, smokers had to be at least 18 years of age, a resident of Los Angeles County, have no medical contraindications to NRT patch or gum use, and agree to be contacted for follow up by the LACDPH.

Pharmacist Training and NRT Distribution Logistics

Approximately 1 month prior to the NRT distribution launch, pharmacists staffing the Ralphs Pharmacy NRT distribution sites were invited to participate in a 60-minute, live, web-based training for implementation of brief smoking cessation interventions. The training prepared pharmacists to ask about tobacco use, advise tobacco users to quit, provide counseling for nicotine replacement therapy agents (if applicable), and refer tobacco users to a tobacco quitline for additional assistance. During the NRT distribution program, participating pharmacies were provided with two-week starter packs of nicotine patches (14 patches/box) or gum (110 pieces/box), and pharmacists were instructed to dispense them to eligible patients at no cost. All patients received a plastic, wallet-sized *It's Quitting Time L.A!* card with the toll-free number for the California tobacco quitline. A resource manual, designed to reiterate and support the NRT distribution logistics and the cessation training content, was developed and provided to each participating pharmacy. Five months after launching the program, the pharmacists were invited to complete a web-based survey evaluating the NRT distribution program.

Survey Development and Administration Procedures

A web-based survey was designed to assess pharmacists' involvement and perceptions of the program, as well as their confidence in providing cessation counseling. Some survey items were drawn from published pharmacy-based cessation studies [11, 18]. The survey, described in detail below, aimed to characterize the participating pharmacists, assess pharmacists' perceptions of program logistics and implementation, and assess perceptions of smoking cessation counseling activities.

For logistical reasons, all Southern California region Ralphs Grocery Company pharmacists ($n = 315$) were contacted via employer-provided email addresses with a hyperlink to the survey between November 2009 and January 2010. Because all responses were anonymous and we were unable to track respondents, a reminder e-mail

was sent to all participants at one and 2 weeks after the initial contact. To ensure that only pharmacists who had participated in the intervention program completed the survey, the initial question asked, “Did you work or float in a Ralphs Pharmacy in Los Angeles County that participated in the Los Angeles County Smoking Cessation Program (i.e., work in a store that distributed free 2-week starter courses of nicotine replacement gum and patches)?” Ralphs Pharmacy management estimated that 127 pharmacists staffed the 47 Ralphs Pharmacy locations during the NRT distribution program.

Measures

Characteristics of Participating Pharmacists

Pharmacists were characterized by sex, race/ethnicity, age, professional experience and education, position (manager, staff pharmacist, floater pharmacist) and type of employment (full-time, part-time) with the grocery store chain, personal history of tobacco use, and prior tobacco cessation training.

Participation and Perceptions of Program Implementation

Respondents were asked whether they participated in the live, web-based smoking cessation training provided as a part of the L.A. County NRT distribution program. Using a Likert response scale ranging from 1 = strongly disagree to 5 = strongly agree, with an additional ‘not applicable’ response option, pharmacists indicated their level of agreement with six statements: (1) The L.A. County NRT distribution program resource manual provided me with adequate information to deliver the program in my store, (2) The addition of L.A. County volunteer support staff during the initiation of the program was necessary, (3) I was able to accommodate the L.A. County NRT distribution program activities into the work-flow of the pharmacy, (4) The marketing and promotion of the L.A. County NRT distribution program was effective, (5) The web-based training for the program was sufficient to help me counsel patients on smoking cessation, and (6) The web-based training for the program was sufficient to help me counsel patients on use of nicotine replacement products.

Using a Likert response scale ranging from 1 = strongly disagree to 5 = strongly agree, pharmacists indicated their level of agreement with eight statements: (1) Patients participating in the L.A. County NRT distribution program were genuinely motivated to quit tobacco use, (2) The L.A. County NRT distribution program is an effective way to help patients quit smoking, (3) Patients are likely to come

back to Ralphs Pharmacy for their NRT refills, (4) As a result of this program, I am better equipped to help patients quit smoking in the future, (5) Participation in the L.A. County NRT distribution program was valuable to me professionally, (6) The community pharmacy is an ideal location for distribution of free NRT as part of a country-wide smoking cessation program, and (7) The L.A. County NRT distribution program should be replicated in other counties.

Pharmacists rated their overall ability to address tobacco use with patients as a result of participating in the program as 1 = poor, 2 = fair, 3 = good, 4 = very good, and 5 = excellent. Finally, pharmacists were asked to indicate their level of agreement (1 = low and 5 = high) with the statement, “The pharmacy profession should be more active in helping patients to quit smoking.”

NRT Distribution Outcomes and Changes in Smoking Cessation Counseling Activities

The total number of NRT starter courses distributed as a result of the initiative was tracked by the County. Distribution locations were characterized as either a (a) Ralphs Pharmacy or (b) community outreach event.

Pharmacists approximated the number of individuals for whom they provided tobacco cessation counseling as part of the NRT distribution program and estimated the average duration of each counseling session, with response options that included <1 min, values ranging from 1 to 10 min, and >10 min.

Additionally, pharmacists indicated whether participation in the program impacted the number of patients they assisted with quitting and the quality of advice they provided about quitting (response scale, 1 = definitely did not increase to 5 = definitely did increase). Finally, pharmacists were asked, “As a result of your participation in the L.A. County NRT distribution program, how likely is it that you will... (1) ask more patients about tobacco use?, (2) advise more tobacco users to quit?, (3) recommend medications for quitting more often?, (4) provide counseling for medications for quitting more often?, and (5) refer patients to the tobacco quitline or other resources more often?” Response options for these items ranged from 1 = not likely to 5 = very likely.

Data Analysis

Data were analyzed using SPSS, Version 18.0 (SPSS, Inc., Chicago, Ill). Analyses included simple summary statistics, cross tabulations, and Chi-squared and Kruskal–Wallis tests of significance. A *p* value of <0.05 was considered significant.

Results

Survey Response and Characteristics of Participating Pharmacists

A total of 133 surveys were opened during the data collection period. Thirty-six were excluded because they answered “no” to the initial screening question, 11 because they responded only to the initial screening question, and three because they entered only demographic or background data. Of the estimated 127 pharmacists who staffed the 47 Ralphs Pharmacy locations during the NRT distribution program, 83 pharmacists responded to the survey and were included in the analysis (estimated response rate, 65%).

Most participants were female, Asian, full-time employees, with a PharmD degree (Table 1). The median (IQR) values for age and years of experience as a pharmacist were 38 (33–45) and 10 (3–18), respectively. Eighty respondents (96%) indicated they were not current users of tobacco; of these, four were past users. Fewer than half (42%) received tobacco cessation training while in pharmacy school, and those with fewer than 10 years of experience were more likely to have received such training while in school ($P < 0.01$). About half (48%) received tobacco cessation training after completing their pharmacy degree.

Participation and Perceptions of the NRT Distribution Program

Most respondents ($n = 57$; 70%) participated in the web-based training provided as a part of the L.A. County NRT

Table 1 Respondent characteristics ($n = 83$)

Characteristic	Category	Number (%)
Sex	Female	48 (58)
	Male	35 (42)
Race/ethnicity	Asian	52 (63)
	White	19 (23)
	Hispanic/Latino	3 (4)
	Black	1 (1)
	Native Hawaiian/Pacific Islander	1 (1)
	Other	7 (8)
Education ^a	PharmD	67 (81)
	BS pharmacy	16 (19)
	Residency	2 (2)
Employment ^b	Full-time	70 (86)
	Part-time	11 (14)
Position ^b	Staff pharmacist	40 (49)
	Pharmacy manager	28 (34)
	Floater pharmacist	14 (17)

^a Categories not mutually exclusive; therefore, totals exceed 100%

^b Not all responses sum to 83 because of missing data (<5%)

distribution program, and most (91%) agreed that the NRT distribution program resource manual provided adequate information to implement the program (Table 2).

Eighty-nine percent of pharmacists agreed that activities related to the program could be accommodated into the pharmacy work-flow. Of respondents who participated in the web-based training, 93% believed it was sufficient to provide tobacco cessation counseling, and 95% believed it was sufficient to provide counseling for use of nicotine replacement products. Most respondents (69%) agreed that the NRT distribution program was an effective way to help patients quit smoking, and 62% agreed that patients were genuinely motivated to stop tobacco use. Forty-one percent believed that the patients would return to their pharmacy for refills on NRT products. Most pharmacists (94%) agreed they are better equipped to help patients quit smoking as a result of the program, with those who received training during pharmacy school agreeing more strongly ($P < 0.05$). A majority (84%) agreed the program was valuable to them professionally, although participants with 10 or more years of experience agreed less strongly ($P < 0.01$). Less experienced pharmacists also rated their ability to address tobacco use as a result of participation significantly higher (Fig. 1).

A majority (85%) of participants agreed the community pharmacy is an ideal location for distributing free NRT products, and 78% also agreed the L.A. County NRT distribution program should be replicated in other counties; pharmacy managers and floaters agreed more strongly than did staff pharmacists ($P < 0.01$). Respondents also indicated that the pharmacy profession should be more active in providing assistance with smoking cessation (mean, 4.1; SD, 0.9, where 1 = low agreement and 5 = high agreement).

NRT Distribution Outcomes and Changes in Smoking Cessation Counseling Activities

Near the closing of the program in April 2010, a total of 17,013 NRT starter courses had been distributed: 14,233 through Ralphs pharmacies (84%), and 2,780 through community outreach events (16%). Nearly all pharmacist respondents (99%) indicated that they provided smoking cessation counseling during the implementation period; the median (IQR) number of patients counseled for cessation was 50 (24–100), and the median (IQR) of the estimated average duration of the counseling sessions was five (3–7) minutes. The median (IQR) number of patients counseled by full-time pharmacy managers was 85 (50–150), which was significantly higher than that reported by full-time staff pharmacists (50; IQR, 21–100) and full-time floater pharmacists (15; IQR, 9–63), respectively ($P < 0.05$).

Pharmacists reported assisting more patients with quitting as a result of their participation in the program and perceived that the quality of their advice improved

Table 2 Perceptions of the NRT distribution program (n = 83)^a

Survey item	Participant response n (%)					Mean (SD)
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree	
<i>Program logistics and implementation</i>						
The L.A. County NRT distribution program resource manual provided me with adequate information to deliver the program in my store	0	0	7 (9)	49 (61)	24 (30)	4.2 (0.6)
The addition of L.A. County volunteer support staff during the initiation of the program was necessary	1 (1)	6 (7)	13 (16)	29 (36)	32 (40)	4.0 (1.0)
I was able to accommodate the L.A. County NRT distribution program activities into the work-flow of the pharmacy	0	5 (6)	4 (5)	60 (73)	13 (16)	4.0 (0.7)
The marketing and promotion of the L.A. County NRT distribution program was effective	4 (5)	9 (11)	15 (18)	44 (54)	10 (12)	3.6 (1.0)
The web-based training for the program was sufficient to help me counsel patients on smoking cessation ^b	1 (2)	0	3 (5)	39 (71)	12 (22)	4.1 (0.7)
The web-based training for the program was sufficient to help me counsel patients on use of nicotine replacement products ^b	1 (2)	0	2 (4)	40 (73)	12 (22)	4.1 (0.6)
<i>Smoking cessation counseling perceptions</i>						
Patients participating in the L.A. County NRT distribution program were genuinely motivated to quit tobacco use	1 (1)	5 (6)	25 (31)	44 (54)	6 (7)	3.6 (0.8)
The L.A. County NRT distribution program is an effective way to help patients quit smoking	1 (1)	6 (7)	18 (22)	42 (52)	14 (17)	3.8 (0.9)
Patients are likely to come back to Ralphs Pharmacy for their NRT refills	4 (5)	19 (23)	25 (31)	28 (35)	5 (6)	3.1 (1.0)
As a result of this program, I am better equipped to help patients quit smoking in the future	0	2 (2)	3 (4)	61 (75)	15 (19)	4.1 (0.6)
Participation in the L.A. County NRT distribution program was valuable to me professionally	0	1 (1)	12 (15)	50 (62)	18 (22)	4.0 (0.6)
The community pharmacy is an ideal location for distribution of free NRT as part of a country-wide smoking cessation program	0	2 (2)	10 (12)	43 (53)	26 (32)	4.1 (0.7)
The L.A. County NRT distribution program should be replicated in other counties	0	5 (6)	13 (16)	36 (44)	27 (33)	4.0 (0.9)

^a Not all responses sum to 83 because of missing data (<5%)

^b Responses limited to pharmacists who indicated that they participated in a web-based training and responded to these questions (n = 55 of 57)

Fig. 1 Respondents who graduated from pharmacy school fewer than 10 years prior reported greater ability in addressing tobacco use with patients ($P < 0.01$)

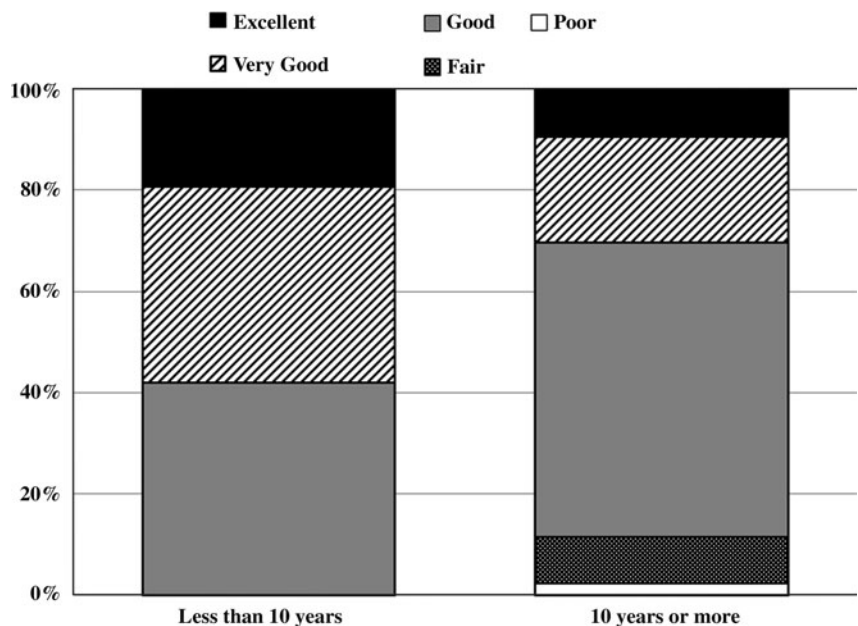


Table 3 Changes in smoking cessation activities

Survey item	Participant response n (%)					Mean (SD)
	Definitely did NOT increase 1	2	3	4	Definitely did increase 5	
<i>Did participating in the L.A. County NRT distribution program increase...</i>						
The number of patients you assisted with quitting?	2 (2)	3 (4)	23 (28)	22 (27)	31 (38)	4.0 (1.0)
The quality of the advice you provided about quitting?	1 (1)	1 (1)	19 (24)	33 (41)	26 (32)	4.0 (0.9)
	Not likely 1	2	3	4	Very likely 5	Mean (SD)
<i>As a result of your participation in the L.A. County NRT distribution program, how likely is it that you will...</i>						
Ask more patients about tobacco use?	3 (4)	13 (16)	32 (40)	17 (21)	16 (20)	3.4 (1.1)
Advise more tobacco users to quit?	2 (2)	7 (9)	23 (28)	31 (38)	18 (22)	3.7 (1.0)
Recommend medications for quitting more often?	1 (1)	7 (9)	30 (37)	28 (35)	15 (19)	3.6 (0.9)
Provide counseling for medications for quitting more often?	0	4 (5)	23 (28)	38 (47)	16 (20)	3.8 (0.8)
Refer patients to the tobacco quitline or other resources more often?	1 (1)	7 (9)	24 (30)	37 (46)	12 (15)	3.6 (0.9)

Not all responses sum to 83 because of missing data (<5%)

(Table 3). When asked to estimate the impact of their participation in the NRT distribution program on their likelihood of engaging in various tobacco cessation activities (Table 3), most pharmacists rated at least 3 (on a scale of 1 = not likely to 5 = very likely) for asking more patients about tobacco use (mean 3.4; SD, 1.1), advising more patients to quit (mean 3.7; SD, 1.0), recommending medications for quitting more often (mean 3.6; SD, 0.9), providing more counseling (mean 3.8; SD, 0.8), and referring more patients to tobacco cessation resources (mean 3.6; SD, 0.9).

Discussion

As delineated in the 2008 *Clinical Practice Guideline for Treating Tobacco Use and Dependence* [4], the most effective cessation approaches for nearly all patients should include some form of counseling in combination with one or more FDA-approved medications. Most clinicians, however, have insufficient training to provide comprehensive cessation counseling, and inadequate time to counsel patients about quitting is a challenge in the vast majority of clinical practice settings [4]. As such, finding ways to share the time burden associated with cessation interventions as well as finding new avenues for reaching all segments of the population, including the uninsured and under-insured, is necessary. Because patients who receive quitting advice from multiple types of health-care providers are more successful in achieving cessation, intervention approaches that leverage the collective efforts of various health-care providers likely will yield higher quit rates [4].

In recent years, with the exponential growth of tobacco quitlines across the United States, many professions and organizations have embraced the concept of delivery of brief interventions in the practice setting coupled with a referral to the tobacco quitline for additional assistance [19]. As an incentive for participation in telephone-based counseling, some state-funded quitlines have offered patients free pharmacotherapy and this approach has been found to increase quitline call volumes and quit rates [6–9].

To our knowledge, this public health initiative was the first to incorporate distribution of free NRT products through community pharmacies. Participating pharmacists viewed the program positively, felt it was effective in helping patients quit smoking, and agreed that similar programs should be implemented in other locations. Because the majority of pharmacists believed that patients receiving starter courses were unlikely to return to their pharmacy to purchase additional NRT products, future studies should assess sales of NRT products prior to and during the program period. Given that most patients do not use medications when attempting to quit [5], it is likely that sales actually increased. In a study conducted in West Texas, asking about tobacco use at the pharmacy counter and providing a referral to the tobacco quitline (for patients considering quitting) or offering counseling (for patients who were ready to quit) resulted in significant increases in sales of NRT products [20]. Additionally, future studies also should evaluate the proportion of patients who contact the tobacco quitline as a result of their interaction with a community pharmacist.

Although previous surveys of pharmacists suggest that lack of time is an important barrier to provision of smoking cessation services in community pharmacies [11, 13, 14],

this study demonstrates that brief cessation interventions are feasible, and they can be routinely integrated into the pharmacy work flow. Nearly all respondents indicated that they provided smoking cessation counseling interventions, and these interventions typically required about 5 min. Importantly, the vast majority of pharmacists believed that the NRT distribution program should be replicated elsewhere, and that the pharmacy profession should be more active in helping patients quit smoking. These findings are similar to those published in other reports where pharmacists indicated their profession should be actively involved in providing tobacco cessation services [11, 13, 15]. As the pharmacy profession becomes more proficient in assisting patients with quitting, through enhanced training of pharmacy students [21], it is likely that community pharmacists will become more widely regarded as a resource for tobacco cessation efforts. Given that the extent of tobacco education in the core curriculum of all California pharmacy schools was expanded to 8 h of training approximately a decade ago [22], it is not surprising that recent graduates reported substantially higher perceived abilities to address tobacco use with patients. In conclusion, the community pharmacy is a feasible location in which pharmacists can implement community-based public health initiatives related to smoking cessation.

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Conflicts of interest Linh Lee and Rebecca Cupp are employees of Ralphs Grocery Company. The authors report no conflicts of interest.

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