

What people have said about our tobacco programs:

"..This class provided the education, support, structure and supplies that I needed to help me make the move to become smoke-free.."

"..I loved this class, both of my teachers were the BEST!!! I am so grateful I took this class. I don't want to get emphysema COPD, a horrible disease.."

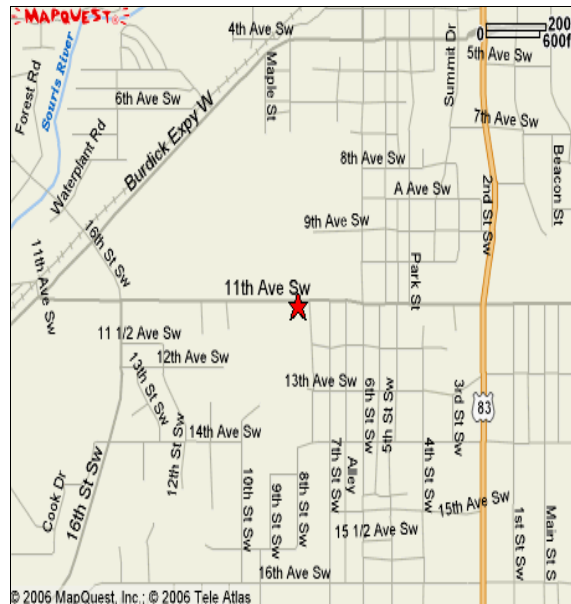
".. This class was great— short, sweet and to the point, but still very informative. I really liked that I was able to try different nicotine replacement products out to see what worked best for me .."

".. Quitting is hard, but attending this class gave me the motivation and tools that I needed to finally quit chewing.."

Where: First District Health Unit
801 11th Ave SW
Minot, ND
DOOR B

When: Last Thursday of each month
11:30am - 1:30pm
OR
6:30pm - 8:30pm

Cost: FREE



make a
difference 

First District
Health Unit
801 11th Ave SW
PO Box 1268
Minot, ND 58701
701-852-1376



Public Health
Prevent. Promote. Protect.



KICK START

A one session
crash course to
help you quit
using tobacco.





The FFT Kick Start is a one session program that takes place the last Thursday of every month, from 11:30am - 1:30pm or 6:30pm--8:30pm. It is geared toward helping individuals get started on their journey toward FREEDOM FROM TOBACCO.

For more information contact Bonnie Riely at 852-1376 or bfriely@nd.gov.

The Kick Start Program Will Give You

- The knowledge and skills to conquer tobacco addiction.
- The motivation to get you started on the journey of quitting.
- An opportunity to learn about the Mayo Clinic recommended medication options to help you quit.
- Free samples of nicotine gum, lozenges and other quit aids.
- Display material on the health effects of tobacco use.
- Introduction and enrollment into the N.D Tobacco Quitline or Quitnet programs.
- A connection with someone who can relate to the difficulty and life changing effects of quitting tobacco use.
- Access to an additional support system through "Tackle Tobacco".
- Tools to identify the triggers that keep you using tobacco.
- Skills to work through the slips and relapses.

Pre-registration Form

Please print :

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone _____

Work: _____

Home: _____

Email: _____

Smoker: _____ Chewer: _____

Which session would you like to attend? (Held the last Thursday of each month.)
Date _____

Time: ___ 11:30am-1:30pm ___ 6:30-830pm

Please check if any of the following pertain to you:

State Employee _____

Spouse of a State Employee _____

Dependent of a State Employee _____

City or County Employee _____

Fax to: (701) 852-5043
Attn: Bonnie Riely

Or mail to:

Bonnie Riely
First District Health Unit
Tobacco Prevention Division
P.O. Box 1268
Minot, ND 58702