Helping Your Patients Become Tobacco Free

The Challenge: Tobacco use is the number one cause of preventable morbidity and mortality in the U.S. Centers for Disease Control and Prevention (CDC) estimates that about 17% of US adults smoke cigarettes and over 60% of them want to quit. Tobacco dependence is an addiction that is hard to kick; it is a chronic disease that often requires repeated intervention and multiple attempts to quit. Smoking cessation is one of the most cost effective preventive care services. Clinically effective treatments exist that can significantly increase long-term abstinence rates.

Obstacles: Health care providers of all types do a poor job intervening with tobacco users. Less than 40% of smokers report that their clinician discussed strategies to quit. CHP providers ask about smoking 71% of the time. Providers are often uncomfortable discussing tobacco use and cessation as it may challenge patient relationships. Patients may not expect it. – "I'm here for my back pain…don't hassle me about smoking." Quit rates with any clinical intervention are poor. Relapses and failures are common.

The Evidence: The clinical evidence about tobacco cessation focuses on cigarettes. However other forms of tobacco, e.g. chew and e-cigarettes have related health problems. Cochrane Collaboration has a long list of reviews of cessation interventions including behavioral and counseling and drugs. Clinical studies show that quit rates are higher in intervention groups however, overall quit rates are less than 10% regardless of the intervention. It is estimated that the number needed to treat is 15-19 patients in order to help one successfully quit smoking.

Here's How You Can Help: A practical strategy for addressing smoking with patients is recommended by the United States Preventative Services Task Force (USPSTF).

Ask about tobacco use on your patient intake form. Many clinicians' forms ask about smoking. Adding a question for smokers about wanting to quit may help identify persons who could benefit from a clinical plan to quit. Example: Do you smoke or use tobacco? __Yes __ No Do you want to quit? __Yes __No

Assess willingness to quit.

- If "yes" to tobacco, ask if they want help to quit. If yes, consider the suggestions below.
- If "no," respect the patient's decision. Acknowledge that nicotine is a powerful addiction. Offer to help if they change their mind.

Advise to quit through clear personalized messages. Motivational Interviewing (MI) may assist smokers to quit. Seek permission to add smoking cessation to the patient's treatment plan. "Do you mind if we take a few minutes to talk about smoking?" Ask evocative questions. "How ready are you to quit?" Respond to patients with reflective listening.

Assist with attempt to quit; or **refer** to local resources, quit help lines, support groups or other information. Collaborate on potential solutions. Prescribing specific methods or techniques is ineffective; allowing clients to pursue their own means of change increases likelihood of success.

Arrange follow-up and support. Helping patients anticipate and deal with obstacles to cessation such as nicotine withdrawal symptoms, depression, and weight gain. These are specific areas in which patients may benefit from your clinical guidance.

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