



Helping Your Patients Quit Smoking

BACKGROUND

Seventy percent of smokers visit a physician at least once a year.¹ Tobacco users who receive advice and resources to quit from their provider have higher satisfaction rates.² Yet, only 33% of tobacco users report being advised to quit and referred to a program by a doctor during the past 12 months.³ Asking and advising patients to quit are not just good patient care, but can actually double the chance a smoker will make a quit attempt.⁴ According to the Clinical Guidelines for Tobacco Cessation⁵, the gold standard for tobacco use intervention by health care providers is the “5 A’s” protocol:

1. Ask – systematically identify all tobacco users
2. Advise – strongly urge all tobacco users to quit
3. Assess – determine willingness to make a quit attempt
4. Assist – aid the patient in quitting
5. Arrange – schedule follow up contact

RECOMMENDATIONS

Many clinicians not only find the 5 A’s too time consuming, but also feel they do not have the knowledge or tools to adequately counsel patients on quitting. The Smoking Cessation Leadership Center, a group that works with health care providers on a national basis, has developed a revised intervention for clinicians:

1. **Ask** – systematically identify all tobacco users, i.e. add smoking status as a vital sign incorporated into electronic medical records.
2. **Advise** – strongly urge all tobacco users to quit (thus doubling the chance they will try)
3. **Refer** – urge them to utilize an evidence-based behavior modification program such as the California Smokers' Helpline (proven to double a smoker’s chance of quitting successfully)⁶

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The idea is not to do away with the 5 A's model, but rather to team health care providers with the Helpline for assessing, assisting and arranging for follow-up. In essence, the Helpline completes the 5 A's. The Helpline provides behavior modification counseling, a personalized plan, and follow-up calls on a relapse-sensitive schedule. In addition, the Helpline provides referral to local programs if a client would prefer an in-person program or additional services. For more information on the Helpline visit www.nobutts.org.

RESOURCES

- **Pocket Guide** – Provides information for health care providers on implementing the Ask, Advise and Refer intervention, the Helpline (1-800-NO-BUTTS), health insurance coverage, and pharmacotherapy. The guide includes a pocket to hold *Take Charge* Gold Cards, handy wallet-sized cards which prominently display 1-800-NO-BUTTS and may be distributed to patients. The Pocket Guide is based on a similar piece designed by Tobacco Free Nurses.



To order Pocket Guides, contact the Tobacco Education Clearinghouse of California at 1-800-258-9090 or teccorder@tecc.org or visit: <http://www.tobaccofreecatalog.org/ProductDetails.aspx?id=4&prodid=J777>

To order Gold Cards, visit:

<http://www.tobaccofreecatalog.org/ProductDetails.aspx?id=4&prodid=J300>

- **Training Course** – CME approved course on treating tobacco use and dependence (provides 1.5 AMA PRA Category 1 CME credits). To schedule a training course, contact the Center for Tobacco Cessation at 1-866-610-C4TC (2482) or c4tc@ucsd.edu.

¹ Centers for Disease Control and Prevention. Physician and other health care professional counseling of smokers to quit—United States, 1991. *MMWR* 1993;42:854-7.

² Quinn VP, Stevens VJ, Hollis JF, et al. Tobacco-cessation services and patient satisfaction in nine nonprofit HMOs. *Am J Prev Med* 2005;29:77-84.

³ California Tobacco Survey 2005.

⁴ Whitlock EP, Orleans CT, Pender N, et al. Evaluating primary care behavioral counseling interventions: an evidence-based approach. *Am J Prev Med* 2002;22:267-84.

⁵ Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. October 2000.

⁶ Zhu S-H, Anderson, CM, Tedeschi, G, et al. Evidence of real-world effectiveness of a telephone quitline for smokers. *N Engl J Med* 2002; 347:1087-93.