

Smoking 4

An educational service of NetCE

Ask Your Patients...

"Do you know there are resources to help you quit smoking?"

If Your Patient Asks...

"How can I quit smoking?"

UNDERSTAND the issue

More than 34.3 million adults and teenagers in the United States smoke cigarettes, and nearly 480,000 will die from a smoking-related disease each year.¹

Smoking is linked to nearly 50% of all cancer-related deaths, as well as 20% of deaths related to cardiovascular disease and 62% of deaths related to respiratory disease.² As such, tobacco use is the preeminent preventable cause of death today. In fact, the number of deaths caused by tobacco use is greater than the combined number of deaths resulting from HIV/AIDS, alcohol use, automobile accidents, firearm-related incidents, and illicit drugs.¹

The good news is that 70% of all smokers want to quit. However, only a small fraction of healthcare professionals discuss smoking cessation and provide treatment options for their patients. Clearly, healthcare professionals should more effectively counsel their patients.

SHARE the responsibility

A variety of factors prevent healthcare professionals from carrying out the simple strategy of the 5 A's, and time constraints and reimbursement issues are major challenges. One way to address these challenges is to Ask and Advise and then refer patients to a quitline, a telephone-based cessation technique that has been shown to be effective.

Because of their position at the front line of care, nurses are an excellent choice for this task. The value of this approach is found in the large number of nurses. It has been estimated that if each nurse helped only one person to quit per year, the quit rate would triple.⁴

Recognize that patients will have to progress through several stages of behavior change to ultimately quit. Relapse is common, both during the attempt and afterwards.

HELP patients quit

The single most important guideline available for clinicians to help patients quit smoking is the Five Major Steps to Intervention proposed by the 2000 U.S. Public Health Service Clinical Practice Guideline, often referred to as the 5 A's.³

Ask

Document tobacco use status for every patient at every visit. Including tobacco use status as a vital sign can help in this regard.

Advise

Discuss the patient's individual health risks due to smoking and urge the patient to quit.

Assess

Determine whether the patient is ready to commit to tobacco cessation.

Assist

Offer counseling and pharmacotherapy to patients who wish to quit smoking.

Arrange

Schedule follow-up, either in person or by telephone, preferably within the first week after an established quit date.

LEAD by example

Not only does smoking set a bad example, it influences decision-making regarding patient counseling. Healthcare professionals who smoke should quit immediately. Research indicates that nurses who smoke are less likely to discuss smoking cessation with patients.⁵ A unique organization, Tobacco Free Nurses, is dedicated to helping nurses and student nurses quit and encouraging them to assume responsibility in talking with patients.

All healthcare professionals can lead by example by:

- Supporting population-based strategies for tobacco control, such as clean air policies, excise taxes, and laws to restrict youth access to tobacco
- Participating in community-based educational programs on prevention and cessation
- Enhancing their own education and training in cessation techniques

SEEK resources

Smokefree.gov (<https://smokefree.gov>)

This website offers a variety of tools designed to help people quit smoking, including an online step-by-step cessation guide, phone numbers for telephone support, and a link to instant messaging with counselors. The site was developed by the National Cancer Institute, with assistance from the Centers for Disease Control and Prevention and the American Cancer Society.

State Tobacco Cessation Quitlines (1-800 QUIT NOW (1-800-784-8669))

This service provides tobacco users in every state with access to the tools and resources they need to quit smoking. The toll-free number serves as a single point of access to state-based quitlines.

Centers for Disease Control and Prevention (<https://www.cdc.gov/tobacco>)

This website provides a wide variety of resources for healthcare professionals as well as smokers, including reports from the Surgeon General, information on tobacco control campaigns, statistics on smoking, and the most recent smoking-related publications in the medical literature.

Tobacco Free Nurses (<https://tobaccofreenurses.org>)

Tobacco Free Nurses is the first national program dedicated to helping nurses and student nurses quit smoking and to encouraging nurses to assume more responsibility in helping individuals to quit.

Campaign for Tobacco-Free Kids (<https://www.tobaccofreekids.org>)

The Campaign for Tobacco-Free Kids is one of the country's largest non-governmental initiatives designed to protect children from tobacco addiction and exposure to secondhand smoke.

World Health Organization (WHO) Tobacco Free Initiative (<https://www.who.int/tobacco>)

This area of the WHO website is devoted to information on the Tobacco Free Initiative (TFI), established to focus international attention, resources, and action on the global tobacco epidemic.

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- 2 U.S. Surgeon General. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014. Available at https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf. Last accessed October 11, 2019.
- 3 Agency for Healthcare Quality and Research. Five Major Steps to Intervention (The "5 A's"). Available at <https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html>. Last accessed October 11, 2019.
- 4 Tennessee State Department of Health. Helping Smokers Quit: A Guide for Nurses. Available at https://www.tn.gov/content/dam/tn/health/documents/TQL_nursesguide.pdf. Last accessed October 11, 2019.
- 5 Radsma J, Bottorff JL. Counteracting ambivalence: nurses who smoke and their health promotion role with patients who smoke. *Res Nurs Health*. 2009;32(4):443-452.

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