



# **Brief Smoking Cessation Interventions in the Hospital Setting**

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# **CLINICAL PRACTICE GUIDELINE**

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- “Smoking Cessation” clinical practice guideline published by AHCPR (now AHRQ), April 1996
- Based on 3,000 studies published between 1975-1994
- Updated “Treating Tobacco Use and Dependence” guideline published jointly by AHRQ, USPHS and NCI, June 2000
- Based on additional 3,000 studies published between 1995-1999

# **GUIDELINE – KEY FINDINGS**

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- **CHRONIC CONDITION** - requires repeated interventions
- **EFFECTIVE TREATMENTS EXIST** – for patients willing and for patients unwilling to quit
- **Consistent IDENTIFICATION, DOCUMENTATION, and TREATMENT** is essential
- **BRIEF TREATMENT** is a **MINIMUM STANDARD** of care

# **GUIDELINE – KEY FINDINGS**

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- **STRONG DOSE-RESPONSE** relation exists between intensity and effectiveness
- **ESPECIALLY EFFECTIVE STRATEGIES** include:
  - ✓ Practical counseling (problem-solving/skills training)
  - ✓ Social support (intra-treatment and extra-treatment)
  - ✓ Pharmacotherapy

# **GUIDELINE – KEY FINDINGS**

- PHARMACOTHERAPY SHOULD BE USED UNLESS CONTRAINDICATED
- First-line pharmacotherapies include:
  - Bupropion SR
  - Nicotine gum
  - Nicotine patch
  - Nicotine inhaler
  - Nicotine lozenge
  - Nicotine nasal spray
- Second-line pharmacotherapies include:
  - Clonidine
  - Nortriptyline

# **GUIDELINE – KEY FINDINGS**

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- **COST-EFFECTIVENESS** proven therefore:
  - ✓ Insurance plans should include as reimbursed benefit (counseling and meds)
  - ✓ Clinicians should be reimbursed for providing treatment



# BEHAVIOR CHANGE STRATEGIES

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## The 5 As

- **ASK** – systematically identify all tobacco users
- **ADVISE** – strongly urge tobacco users to quit
- **ASSESS** – determine willingness to quit
- **ASSIST** – if willing, aid patient in quitting (help patient develop plan, support system, use medication, find resources)
- **ARRANGE** – schedule/refer for follow-up



# BEHAVIOR CHANGE STRATEGIES

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## The 5 Rs

- **RELEVANCE** – elicit specific, personal reasons why quitting is relevant to patient
- **RISKS** – ask patient to identify potential/actual personal negative consequences
- **REWARDS** – ask patient to identify potential personal benefits of quitting
- **ROADBLOCKS** – help patient identify barriers (and coping strategies)
- **REPETITION** – repeat motivational intervention



# BEHAVIOR CHANGE STRATEGIES

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## Preventing Relapse

- **Minimal Practice Relapse Prevention** – open-ended questions, active discussion of benefits, successes, problems
- **Prescriptive Relapse Prevention** – help identify coping mechanisms to address potential threats to abstinence

# CLINICIAN'S ROLE

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## ASK

Systematically identify all tobacco users every admission by:

- ✓ Including item on admission form
- ✓ Expanding vital signs to include tobacco use status
- ✓ Identify current smokers, recent quitters, and non-smokers

# CLINICIAN'S ROLE

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## ADVISE

- Strongly urge all tobacco users to quit in a clear, strong, and personal manner

## ASSESS

- Determine if patient is willing to make a quit attempt (now, soon, not yet, never)

# HELPING PATIENTS QUIT

## ASSIST

Aid patient willing to quit by providing brief education:

- How to develop an effective Quit Plan
- Self-help materials for “problem solving/skills training and list of community/Internet programs, Quitlines
- Refer for medications (provide fact sheets)
- Be optimistic and supportive
- Arrange/encourage follow-up (PCP, Quitline)

# HELPING PATIENTS QUIT

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## MOTIVATE

Provide simple motivational intervention if patient unwilling to quit

- Be empathetic (acknowledge difficulty)
- Provide USPHS hospital card and list of Quitlines
- Let patient know you have information for “later” if they choose and provide selected materials
- Let patient know you can help if they change their minds (see “Assist”)

# NEVER/FORMER SMOKERS

- **Youth** – support “mature” decision not to smoke/use tobacco or be manipulated by others
- **Ex-smokers** – congratulate on success in quitting (no matter how long ago)
- **Secondhand smoke** – encourage advocacy for smoke-free environments

# RESOURCES FOR PATIENTS

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## QUIT PLANS

### The 3-Legged Stool Approach

- **SUPPORT** – help them identify who, how, where
- **MEDICATION** – help them select and understand effective use
- **COPING SKILLS** – help them accept need to identify important aspects of use and how to cope (find rewards, reduce discomfort, handle craving, etc.)



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# RESOURCES FOR PATIENTS

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## PRINT MATERIALS

Can be used as self-help for solving problems or developing skills/coping mechanisms, as part of a quit plan, to provide patient education, to help family members, extra information for special populations/issues, etc.

- USPHS publications (English/Spanish, free)
  - ✓ Download: [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)
  - ✓ Order: AHRQ [www.ahrq.gov/clinic/tobacco/order.pdf](http://www.ahrq.gov/clinic/tobacco/order.pdf)
- Sentara Quit Kit (booklet and audiotape/CD) – free, call Smoke-Free Virginia Helpline **1-877-856-5177**



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# RESOURCES FOR PATIENTS

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## QUITLINES

Trained phone counselors provide practical counseling, support, materials, relapse prevention and follow-up:

- American Legacy Foundation **1-800-399-5589**  
(Washington DC Quitline but serves Virginia residents)
- Great Start Quitline **1-866-66-START**  
(For pregnant women, English or Spanish speaking)
- ALA Call Center **1-800-548-8252**  
(Registered Nurses/Respiratory Therapists)
- NCI Smoking Cessation Quitline **1-877-44U-QUIT**

# RESOURCES FOR PATIENTS

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## ONLINE RESOURCES

- **Freedom From Smoking** [www.lungusa.org/ffs](http://www.lungusa.org/ffs)  
(free ALA online cessation program)
- **Federal Online Program** [www.smokefree.gov](http://www.smokefree.gov)  
(free USDHHS online program includes Instant Messaging)
- **Smoke-Free Virginia Website** [www.smokefreevirginia.org](http://www.smokefreevirginia.org)  
(with Resource Directory of local programs and links to online cessation programs, websites with information and materials, smoke-free restaurant listings, additional toll-free phone numbers, advocacy organizations, etc.)

## **OTHER RESOURCES**

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- **Alliance for the Prevention and Treatment of Nicotine Addiction** [www.aptna.org](http://www.aptna.org)
  - ✓ Resources for healthcare providers
  - ✓ Links to online training for clinicians
  - ✓ Links to provider education materials and resources
  - ✓ Links to patient education materials
  
- **Center for Tobacco Research and Intervention** [www.ctri.wisc.edu/main\\_dept/guide/guide\\_main.html](http://www.ctri.wisc.edu/main_dept/guide/guide_main.html)
  - ✓ Healthcare provider training materials, including clinician packets
  - ✓ "Practical Strategies to Help Your Patient Quit" Training Manual (with video/CD)
  - ✓ Provider training manual specifically for hospitalized patients

## **OTHER RESOURCES**

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- **Handheld Computer Smoking Intervention Tool**

[www.smokefree.gov/hp-hcsit.html](http://www.smokefree.gov/hp-hcsit.html)

- ✓ Downloadable software from NCI, based on USPHS guideline
- ✓ Can be used with both Palm<sup>®</sup> and Microsoft<sup>™</sup> Pocket PC handheld computers
- ✓ Guides clinicians through appropriate questions and makes intervention recommendations (including re: medications)
- ✓ Includes motivational intervention strategies

- **American Lung Association 1-800-LUNG USA**

Field Office staff will check the Smoke-Free Virginia website and provide information on local programs to callers who do not have Internet access

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# APPROVED PHARMACOTHERAPIES

## Nicotine Replacement Therapy (NRT)

Nicotine Patch – OTC

Nicotine Gum - OTC

Nicotine Inhaler – Rx

Nicotine Nasal Spray - Rx

Nicotine Lozenge OTC

## Non-Nicotine Medications

Bupropion SR – Rx

Clonidine – Rx

Nortriptyline – Rx

[www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf)

<http://speakerskit.chestnet.org/wgtlc/pres-cessation.php>

## **PROVIDER BARRIERS**

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### **Reasons for Not Helping Patients Quit**

- Too busy
- Lack of expertise
- No financial incentive
- Most smokers can't/won't quit
- Stigmatizing smokers
- Respect for privacy
- Negative message might scare away patients
- I smoke myself

## **PROVIDER BARRIERS**

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### **Helping is Easier Than You Think**

- Too busy – clinicians can help in 1 minute or less
- Lack of expertise – not much needed to refer to Quitline
- No financial incentive – it's worth a minute, make it part of basic treatment (also, see practitioner reimbursement guide available at: [www.endsmoking.org/](http://www.endsmoking.org/))
- Most smokers can't/won't quit – multiple sessions increase success (recent evidence shows repeated Quitline use triples success in quitting)

## **PROVIDER BARRIERS**

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### Helping is Easier Than You Think, continued

- Stigmatizing smokers – it is an addiction (usually started in teens), empower smokers to quit by support and emphasis on effective plans
- Respect for privacy – most want to quit and want/expect support from those they highly respect (healthcare providers)
- Negative message might scare away patients – research has shown that patient satisfaction is greater when clinician addresses tobacco use/secondhand smoke

## PROVIDER BARRIERS

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Helping is Easier Than You Think, continued

- I smoke myself – healthcare professionals also need help and support in quitting smoking
- ✓ **Smoke-Free Virginia** website has links to numerous resources, including residential programs:  
[www.smokefreevirginia.org](http://www.smokefreevirginia.org)
- ✓ **Tobacco-Free Nurses** initiative makes online cessation via QuitNet available to nurses for free:  
[www.tobaccofreenurses.org](http://www.tobaccofreenurses.org)

# TAKE ACTION

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- **IT'S A PROCESS:** take a small step now in planning or doing
- **USE WHAT'S AVAILABLE**
  - ✓ Free materials from AHRQ
  - ✓ Free phone counseling from Quitlines
  - ✓ Free online resources
- **"ASK & URGE"**
  - ✓ Ask if they use tobacco and are willing to talk to someone
  - ✓ Urge them to call one of the free Quitlines