Helping Your Patients Quit Smoking: A Quick Counseling Guide

The Agency for Healthcare Research and Quality’s Clinical Practice Guideline for Treating Tobacco Use and Dependence clearly shows that even a three-minute interaction between you and a patient can significantly increase their chances of quitting successfully. Remember: You just might be the person this particular patient will pay attention to! When you screen for tobacco use and make the cessation message an integral part of every interaction with those who smoke, you can help get patients closer to setting a quit date and making a plan.

USE THE 5As FOR A QUICK YET MEANINGFUL INTERACTION:

ASK
all patients about tobacco use.
“Do you or anyone in your household use any form of tobacco or any product that contains nicotine?”

ADVISE
those who use to quit in a clear, non-judgmental, personalized manner.
“Quitting smoking is the single most important thing you can do to protect your health now and in the future. And I can help.”

ASSESS
readiness to quit.
“Are you willing to set a quit day within the next month?”
If yes: “I can help you create a quit plan and discuss medication options.”
If no: “What can I do to help you get ready?”

ASSIST
in whatever way you can.
If not ready to quit: explore motivation
If ready to quit: help create a comprehensive quitting plan
If already quit: help prevent relapse

ARRANGE
follow up.
Quitting is not a one-time event. Follow up is key.
“I’d like to see you on your quit day and 2 weeks after that just to make sure everything is OK.”

It’s important to remember that smoking has two parts: it’s an addiction to nicotine and a habit, a behavior.

Therefore, quitting also has two parts. The Clinical Practice Guideline concludes that the best way to quit is to use a cessation medication while also utilizing a behavior change program.
YOUR ROLE: DISCUSS CESSATION MEDICATION OPTIONS

### OTC
- Nicotine Gum
- Nicotine Lozenge
- Nicotine Patch

### PRESCRIPTION
- Nicotine Oral Inhaler
- Nicotine Nasal Spray
- Bupropion
- Varenicline

It’s important that patients know how to use the medication properly for it to work. Refer to package insert for usage instructions. If you are uncomfortable discussing cessation medications, refer your patient to a pharmacist.

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CREATE A QUITTING PLAN BY HELPING YOUR PATIENT TO:

**Select a Quit Day:** It’s best to quit on a specific day. Think of it like breaking up with someone; you can’t really “taper.” It’s best to just be done with it and move on.

**Clean House:** Advise your patient to get rid of all their cigarettes, ashtrays and anything else they associate with smoking by their quit day. Remind them to look in their car and under the sofa, too!

**Increase Motivation:** Help your patient to identify a clear, internal reason (or reasons) to quit.

**Decrease Barriers:** Ask, "What has kept you from quitting in the past?" Then strategize about how to successfully deal with those situations during this quit attempt.

**Learn to Cope:** Assist your patient in recognizing when and where they were most likely to smoke. Help them create a plan to deal with these triggers without smoking. Recommend that they practice this plan often before encountering those situations.

**Get Support:** Suggest to your patient that they find a person at home, at work, and in their friend group that they can talk to whenever they have an urge to smoke or are feeling discouraged.

Remember, if you can’t (or don’t have time to) create a quitting plan, you can refer your patient to [1-800-QUIT-NOW](tel:1-800-QUIT-NOW), a local cessation group, or the behavioral program that comes with their cessation medication of choice.

The American Cancer Society can help you set up protocols in your clinic, connect you with local resources, and provide you with materials to keep tobacco cessation top-of-mind for your patients. Contact your local ACS staff or call [1-800-227-2345](tel:1-800-227-2345) to connect with someone in your area.

cancer.org | 1.800.227.2345

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1 The Clinical Practice Guideline for Treating Tobacco Use and Dependence

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