

# A Basic Tobacco Cessation Protocol:

ASK  
ADVISE  
REFER

Developed by The Pharmacy  
Partnership for Tobacco Cessation

In Collaboration With:





# "CIGARETTE SMOKING...

---

is the chief, single,  
**avoidable** cause of death  
in our society and the most  
important public health  
issue of our time."

*C. Everett Koop, M.D., former U.S. Surgeon General*

# What is Smoking?

- A complex behavior
  - Physical Addiction
  - Habit
- To quit successfully, **both** aspects must be treated!



# Physical Addiction

- Reinforcer
  - Peak serum concentration: 11 seconds
- Withdrawal
  - Irritable, restless, impatient, anxious
- A smoker smokes to:
  - Get the “hit”
  - Relieve withdrawal

Up and down like a yo-yo, all day long

# Habit

- “Automatic smoking”
  - Repeatedly pairing smoking with other behaviors and feelings
  - Engaging in the paired behaviors create unconscious urges to smoke
  - Pavlov’s dogs!

# Typical Trigger Situations

- Morning routine
- Coffee
- After meals
- In the car
- On the phone
- Alcohol
- Stress
- Anger
- Anxiety
- Boredom
- Celebration



# Helping Patients Quit:

What can you do?



# A Basic Protocol

**Ask**  
**Advise**  
**Refer**



# ASK

- Ask every patient if he or she uses tobacco
- Document as you would any other vital sign
- Flag files of tobacco users:
  - Status apparent at subsequent visits
  - Progress can be easily monitored

# If You Don't Ask...

- Patient leaves with the impression that:
  - Quitting is not important
  - Their smoking must not be a problem

## What you can say:

- “Do you smoke or use any type of tobacco?”
- “I take the time to talk to all my patients about tobacco use because it’s important for me to provide you with the best care that I can.”
- “Smoking interacts with many medications. We need to know whether our patients smoke, so we can be sure they are getting the correct dosages.”

# ADVISE

- Advise all users to quit as soon as possible
- Provide clear, personalized, reasons
- Message should be in a strong, yet positive and supportive tone
- Avoid scolding or finger wagging

# Why Advise?

- You just might be the person whom this patient will listen to!
- Patients trust healthcare professionals and pay attention to offered health advice.
- Quitting is the single most important action that most patients can take to improve their health.

# What You Can Say!

- “I strongly recommend that you quit as soon as possible, and I can help.”
- “Quitting is the single most important action you can take to improve your health now and in the future.”
- “Let’s review how smoking affects your health, and how you, and others around you, will benefit from your quitting.”

# REFER

- Engaging in a formal behavior change program significantly increases success
- Why Refer:
  - Most patients think they can quit on their own
    - **FACT:** Fewer than 5% of smokers are able to quit successfully without assistance
  - Most patients are not aware of community-based resources for quitting

# Where to Refer?

- To intensive programs:
  - Product-specific programs (see product packaging)
  - Local support groups (e.g., worksite-based programs)
  - Hospital-based interventions
  - Web-sites:
    - [www.quitnet.com](http://www.quitnet.com)
    - [www.way2quit.com](http://www.way2quit.com)
    - [www.mytimetoquit.com](http://www.mytimetoquit.com)
  - Telephone quitline: **1 800 QUIT NOW**



# Quitlines– A well-kept secret

- Quitlines are available to all Americans with access to telephones
- **Free** cessation services including counseling, self-help kits, and cessation information
- Success rates double if patients use a quitline compared with quitting on their own

Zhu et al. Evidence of real-world effectiveness of a telephone quitline for smokers.  
*New Engl J Med* 2002; 347:1087-93.

# What You Can Say

- “Let’s review the available resources and determine what’s best for you.”
- “All of the medications for quitting have a free behavior change program. I strongly recommend that you enroll in the program.”
- “Call the national quit line number, 1 800 QUIT NOW. They will provide free cessation counseling designed just for you.”

# What Else Can You Do?

- Refer to pharmacist to review pharmacotherapy options
- Most patients use products incorrectly:
  - Too few dosage administrations
    - Meds should be dosed according to schedule, **not** “as needed”
  - Inadequate strength
  - Inadequate duration of treatment

# Why Pharmacotherapy?

- Alleviates withdrawal
  - NRT: Maintains nicotine serum concentration at or above patient's comfort level
  - Zyban/Chantix: Mimics this effect
- Eliminates the immediate reinforcing effect of administering nicotine through smoking
- Gives patients the time to more comfortably break their habits/routines

# Currently Available Products

- Non-prescription
  - Transdermal patch
  - Gum
  - Lozenge
- Prescription
  - Transdermal patch
  - Oral Inhaler
  - Nasal spray
  - Zyban
  - Chantix

# Other Treatment Approaches

- Little or no efficacy:
  - Hypnosis
  - Acupuncture
  - Nicotine water/lollypops/lip balm/hand gel
  - Cigarette-like devices
  - Unassisted tapering/nicotine fading
  - Laser
  - Herbal remedies

# What's the Best Way to Optimize a Patient's Quit Attempt?

Combine an FDA-approved smoking cessation medication with a behavior modification program.

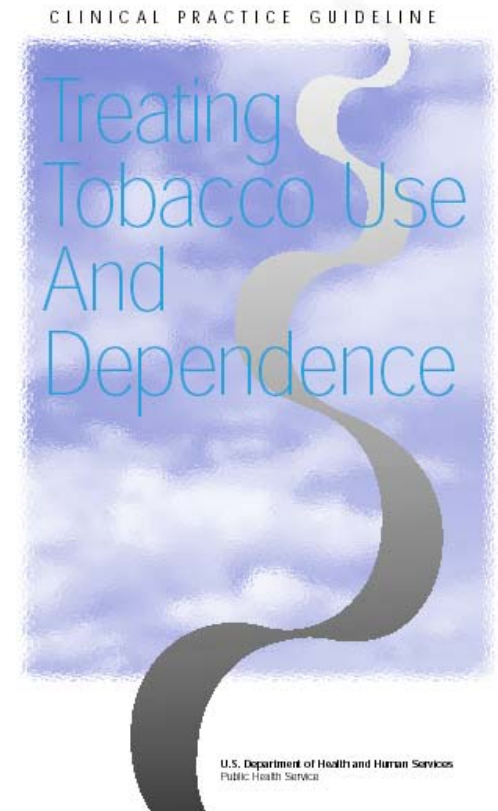
**Currently, no medications have an FDA indication for use in spit tobacco cessation.**

# In Summary...

- Taking less than a minute to refer your tobacco using patients to a quitline, web-based, or local cessation program might be the most effective thing you can do to save lives
  - **It's simple**
  - **It's free**
  - **It's the right thing to do**

# Reference

- Clinical Practice Guideline
- Obtain by:
  - Calling (800) 358-9295
  - [www.surgeongeneral.gov](http://www.surgeongeneral.gov)



# For More Information and Cessation Handouts Go To:

[www.ashp.org](http://www.ashp.org)

Click on Resource  
Centers. Then look for  
Tobacco Cessation

## Or Contact:

**Frank Vitale**, Director  
Pharmacy Partnership  
for Tobacco Cessation  
vitalef@pitt.edu  
(412) 383-7206