

Tobacco Cessation

Brief Patient Counseling Template

Theme: "Quitting smoking is the most important action you can take to improve your health now and in the future."

Goals: Motivate-Educate-Refer

Motivate

Actions:

1. Determine diagnosis.
2. Ask "How do you think smoking contributes to your current illness?" as a way to initiate the conversation. Respond accordingly.
3. Connect diagnosis to smoking behavior. Make sure that the patient understands the impact of smoking on current/past illnesses.
4. If no direct connection exists, emphasize that continued smoking reduces immune response and can delay healing.
5. Use disease-specific handouts to supplement your discussion.
6. Explore other possible motivations for quitting (e.g., money, family, etc.)

Rationalization:

Anything can be a motivation to quit smoking but unless this motivation is clearly understood by the smoker, he or she is unlikely to move to the point of actively trying to quit. Most of the smokers you will encounter are probably in the "thinking about quitting" stage. Your role is to move them towards quitting by helping them find a clear, powerful, internal reason to stop smoking. This does not involve scaring, hollering, or "making" the person quit. Rather it entails providing the patient with such powerful, compelling information that he or she will make a personal decision to stop smoking.

The individual is seeing you because of a specific illness. Use this "window of opportunity" to find just such a reason to quit. To initiate the conversation, ask the patient to explain to you how smoking contributes to their current condition. This will inform you as to just how aware the patient is about his or her situation.

Clearly connect the current illness with smoking either from the perspective of "smoking caused this illness", "smoking exacerbates this illness" or "smoking reduces immune response so you will not recover as well from this illness". Be very specific. Generic statements like "Smoking is bad for you" or "smoking will kill you" are useless. Use disease-specific handouts to supplement your discussions.

Do not discuss the fact that someone will die because they smoke. Generally speaking this has little impact on a smoker. We all know we are going to die from something. Rather, emphasize the impact of smoking on lifestyle and quality of life. Focus on reduction in ability to do favorite activities, mobility, energy level and the very real debilitating effects of smoking.

If time permits discuss other possible motivations for quitting: money, family, etc.

Educate

Actions:

1. Review past quit attempts:
 - a. What happened? What worked? What were the challenges?
 - b. Emphasize, "No matter what happened in the past you now have access to experts who can help you quit. Your chances of being successful now are much greater than when you tried to quit before."
2. What are barriers to quitting now?
 - a. Suggest specific strategies to deal with whatever issue is presented. (This is to begin to change belief patterns.)
 - b. "There are powerful tools and techniques we can give you that have been proven to work."
3. Emphasize the need for planning the quit.
 - a. "Quitting is possible. Hundreds of people do it every day. It's just a matter of finding the right way for you!"
4. Review smoking cessation medications. Deal with any concerns about use.
5. Clear up any misconceptions the patient may have about quitting.

Rationalization:

Quitting is a process that occurs over time, not a discrete one-time event. Therefore, use prior quit attempts to educate patients on the idea that they should learn from these past attempts, not use them as excuses to never try again. Most repeat relapsers have made the same mistake over and over again. Review these attempts with the patient. Ascertain a pattern and suggest alternative ways to deal with the relapse situation.

Just as a patient can have a compelling reason to quit, they may have an equally compelling reason to continue to smoke. These reasons are usually connected to the perceived benefits of smoking. These perceived benefits become the barriers to quitting and the excuse to continue to smoke. "I need to smoke because_____." Unless a person can break through this barrier they probably will not attempt to quit.

Spend some time with the patient to determine their particular barriers to quitting. Help them to understand that whatever reason they give to continue to smoke, it is a myth. Smoking cannot accomplish any of these perceived benefits. Point out that the patient has been

accomplishing this on his or her own all along! Explore healthy ways to achieve these benefits (e.g., stress management, weight control, etc.).

Finally, discuss smoking cessation medication use. What has been the patient's past experience with the products? Did they use the medications correctly? If they have never used a product, what are their concerns? Clear up any misconceptions.

Refer

Actions:

1. Discuss cessation options.
2. Provide the national hotline number: 1-800-QUIT-NOW.
3. Refer to local group or individual programs if appropriate.
4. Follow up with patient to determine actions taken/not taken.

Approach all interactions from the perspective that quitting is "doable."

Rationalization:

Emphasize the benefits of getting expert help. "Quitting smoking is like learning any other new behavior. A good teacher helps a lot!" Inform the patient that enrolling in a behavior change program dramatically increases their chances of success.

Then, strongly encourage all patients to call the National Quitline (1-800-QUIT-NOW). Provide them with local group or individual counseling referrals as appropriate. Also explain that all the existing smoking cessation medications have behavior change programs that accompany the product. Remind individuals to enroll in the program that comes with their product of choice once they decide to quit. They can do this in addition to calling the quit line.

Content developed by the Pharmacy Partnership for Tobacco Cessation in conjunction with the American Society of Health-System Pharmacists.