



**Help Your Patients
Quit Smoking
A Coaching Guide**



**Instructions and suggested
language to help you effectively
counsel patients to stop smoking**

1

Ask every patient about tobacco use at every visit.

- Ask your patient if he/she currently smokes or has ever smoked cigarettes or used other tobacco products. Document the response in the patient's chart.

"Do you smoke cigarettes or use other tobacco products? Have you in the past?"

- If your patient is a former smoker or tobacco user, remind him/her of the many health benefits of not using tobacco.

"Quitting is the most important thing you can do for your health."

2

Ask current smokers two questions to measure nicotine dependence using the Heavy Smoking Index (HSI):

"To better understand your smoking habits, I'd like to ask you a few questions."

- a. How many cigarettes, on average, do you smoke per day?

- 1-10 (score 0) 11-20 (score 1)
 21-30 (score 2) 31+ (score 3)

- b. How soon after waking do you smoke your first cigarette?

- Within 5 minutes (score 3) 6-30 minutes (score 2)
 31-60 minutes (score 1) 61+ minutes (score 0)

- An HSI score ≥ 4 indicates a high level of nicotine dependence and the need for specific strategies to combat acute nicotine withdrawal symptoms (see Table D).

HSI Score: 0 1 2 3 4 5 6

3

Advise your patient to quit smoking.

- A clinician's advice to quit is an important motivator for patients attempting to quit smoking. The advice must be clear, strong and personalized.

"As your health care provider and someone who cares about you and your health, I'd like to help you quit smoking because it's the best thing you can do for your health and anyone who lives with you."

- Discuss some of the health problems associated with smoking:

- | | |
|----------------------------------|---|
| ★ Emphysema/COPD | ★ Bad breath |
| ★ High blood pressure | ★ Tooth loss |
| ★ Heart disease and heart attack | ★ Decreased circulation to the hands and feet |
| ★ Stroke | ★ Hip fractures |
| ★ Cancer | ★ Cataracts |
| ★ Gum disease | |

- Remind patients:

"Quitting is the best thing to do for your health."

4 Assess readiness to quit.

- Ask your patient whether he/she would like to quit. Most smokers would like to stop smoking, but fear they will be unable to quit.

"Would you like to quit smoking?"

- A provider's advice and support may be a strong motivator.

5 Assist patients with their quit attempt through counseling, medications and resources.

- Just 3-10 minutes of counseling increases quit rates by 60%.

If patient is not ready to quit, provide counseling using motivational interviewing or strategies in Table A in hopes of motivating them to make a future quit attempt.

If patient is ready to quit, provide counseling (Tables B-D), medications (if not contraindicated) and resources (back of pamphlet).

During counseling, use the following motivational interviewing techniques to help patients achieve behavioral change, including:

- * Open-ended questions: "What are some of the reasons you would like to quit smoking?"*
- * Develop discrepancy: "It sounds like you are very devoted to your family. How do you think smoking is affecting your children?"*
- * Reflective listening: "It sounds like trying to quit smoking has been frustrating for you."*
- * Support self-efficacy: "So you were fairly successful last time you tried to quit."*

A. NOT READY TO QUIT

Issues to Explore	Strategies
Smoking is an addiction that affects you physically and psychologically.	<ul style="list-style-type: none"> Explain how smoking affects the brain (dopamine). Discuss health risks associated with smoking.
Smoking puts your health at risk.	<ul style="list-style-type: none"> Discuss some of the specific health effects associated with smoking (see the <i>Advise</i> section #3).
Smoking puts your family's health at risk.	<ul style="list-style-type: none"> Explain how secondhand smoke puts family members at risk for more severe asthma attacks, bronchitis and heart disease. Children of smokers are more likely to start.
Concerns about weight gain.	<ul style="list-style-type: none"> Explain why people gain weight when they quit, i.e., eliminating nicotine decreases metabolism. The amount of weight you will likely gain from quitting will be a minor health risk compared with the risks of continued smoking. Offer suggestions for addressing other lifestyle changes such as eating plenty of fruits and vegetables, getting regular exercise, and avoiding high-calorie foods and beverages.
Quitting is hard.	<ul style="list-style-type: none"> Remind your patient that it often takes a smoker several quit attempts to succeed. People quit every day and most eventually succeed.
There are many benefits to quitting.	<ul style="list-style-type: none"> The patient will immediately have a better sense of smell. The patient's clothes will smell better. The patient will immediately breathe better. The patient will save money.

B. PREPARING TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Ridding your home/office/car/self of the smell of smoke and paraphernalia.	<ul style="list-style-type: none">■ Encourage your patient to rid his/her home, workplace and car of all cigarettes, lighters, ashtrays and matches.■ Encourage your patient to make the home smoke-free.■ Suggest he/she have his/her teeth cleaned.■ Suggest washing carpets, drapes and clothes which often trap smoke.
Think about past experience while planning for challenges that may arise while quitting.	<ul style="list-style-type: none">■ Help your patient identify events, emotional factors or activities that increase the risk of smoking.■ Patients can better prepare by developing a quit plan. Encourage them to think about what did or did not work well the last time they quit.■ Patients can write a list of cravings and occasions that are smoking triggers. Together brainstorm coping strategies for each situation and trigger.■ Have your patient pick a quit date. Note this date in the chart and follow up on the next visit.
Establishing a support network.	<ul style="list-style-type: none">■ Let him/her know you believe in his/her ability to quit.■ Encourage him/her to find a quit buddy.■ Have the patient tell friends and family that he/she is quitting and ask them for their support.■ Advise the patient to educate friends and family about why they should quit.
Being clear on the main reasons for quitting (what the patient hopes to gain).	<ul style="list-style-type: none">■ Have your patient carry a reminder of why he/she is quitting (e.g., picture of partner, or note about the money he/she will save).

C. DEALING WITH SMOKING TRIGGERS

<i>Issues to Explore</i>	<i>Strategies</i>
People who make you want to smoke.	<ul style="list-style-type: none">■ Avoid people who smoke.■ Avoid smoke breaks at work or school.■ Establish friendships with nonsmokers.
Places and situations that make you want to smoke.	<ul style="list-style-type: none">■ Avoid the store where you usually buy cigarettes. Find a different route so that you don't have to pass it.■ Avoid locations and situations where you usually smoke.
Things that make you want to smoke.	<ul style="list-style-type: none">■ Stay away from coffee and alcohol, as they may trigger a desire to smoke.

D. DEALING WITH WITHDRAWAL SYMPTOMS

<i>Issues to Explore</i>	<i>Strategies</i>
What to expect.	<ul style="list-style-type: none">■ Withdrawal symptoms, such as anxiety, irritability and restlessness typically peak within 1-2 weeks after quitting, but may persist for months.
How to deal with anxiety and irritability.	<ul style="list-style-type: none">■ Exercise. Try walking, climbing stairs or biking.■ Turn to a friend for support.■ Take a few slow, deep breaths.■ Drink water.■ Carry sugar-free gum or healthy snacks, such as celery, to avoid overeating.
How to deal with restlessness.	<ul style="list-style-type: none">■ Exercise.■ Take up a hobby such as cooking, dancing, gardening, drawing or hiking.■ Clean the house, storage space, garage or attic.
How to deal with insomnia/sleep problems.	<ul style="list-style-type: none">■ Avoid caffeine in the late afternoon/evening.■ Exercise.

6

Arrange follow-up with patients who are trying to quit.

- If possible, follow up with your patient either in person or by telephone within a week of his/her quit date. A second follow-up is recommended within the first month.

*"How is it going?"
"How are you feeling?"*

- If the patient has not smoked, offer congratulations and encouragement.

"You're doing a great job. This is such an important step to take."

- If the patient has smoked, consider revisiting *Tables B through D*.

"Quitting can be very difficult. It can often take someone several tries to successfully quit. Would you like to try again?"

7

Assess for relapse in patients who have quit.

- The first weeks after the quit attempt are most important because relapse rates are high. The patient's visits 3 months to a year after the quit attempt are ideal times to screen for relapse.

"The first few weeks after quitting can be very stressful, and many former smokers are tempted to smoke again during this time. Have you felt the urge to smoke?"

- If your patient has felt the urge to smoke, but resisted, congratulate him/her. Reiterate the benefits of remaining abstinent for their health. Consider revisiting *Tables C and D*.

"You're doing a great job. This is such an important step to take for your health."

- If your patient has smoked, encourage him/her to make another quit attempt. Consider revisiting *Tables B through D*.

"Quitting can be very difficult. It can often take someone several tries to successfully quit. Would you like to try again?"

- You can also emphasize the harmful effects of secondhand smoke on infants, children, household members and pets. This message can motivate patients who have remained abstinent, as well as those who may have begun to smoke again.

"It's important that no one smokes in your home. Babies who breathe secondhand smoke are more likely to have ear and upper respiratory infections, more severe asthma attacks, hospitalizations and school absenteeism. They are also more likely to die from SIDS—Sudden Infant Death Syndrome. To protect your baby's health, keep him/her away from smoke."

RESOURCES FOR PROVIDERS

New York City Department of Health and Mental Hygiene

- **Information on free in-person and on-line trainings, Medicaid benefits, and publications**

- Visit nyc.gov and search TOBACCO CLINICIANS

- **Tobacco Free Hospital Campaign**

- nyctobaccofreehospitals.org

New York State Department of Health

- **Don't Be Silent About Smoking**

- talktoyourpatients.org

RESOURCES FOR PATIENTS

New York City Department of Health and Mental Hygiene

- **Patient support and education**

- Visit nyc.gov and search NYC QUILTS

- [Facebook.com/nycquits](https://www.facebook.com/nycquits)

NYC Smoking Cessation Programs

- Visit nyc.gov and search SMOKING CESSATION PROGRAMS or call 311

New York State Department of Health

- Smokers' Quit Line: 866-NY QUILTS or nysmokefree.com

Smoking Cessation Text Message Support

- Smokefree.gov/smokefreetxt