UW-CTRI
UNIVERSITY OF WISCONSIN
Center for Tobacco
Research & Intervention

Quit Tobacco Series

#13- Helping Smokers Quit: A Clinical Primer*

For the Smoker Willing to Make a Quit Attempt Now	For the Smoker Unwilling to Make a Quit Attempt at this Time

Offer Support

Provide: Empathic and supportive environment while encouraging the patient in the quit attempt: "My staff and I are here to help you quit." "I'm recommending treatments that can help you succeed."

Provide Brief Cessation Counseling (STARS)

Have Patient:

Set a Quit Date: ideally within 2 – 3 weeks

Tell Others and Ask for Support:
- E.g., not to smoke around patient

Anticipate and Plan for Challenges and Temptations:
- Discuss how the patient can overcome future challenges - when they will occur, what they will be, and how to avoid/cope
- Challenges: stress, alcohol, other smokers, weight gain
- Coping plan: avoid alcohol and other smokers, stress healthy eating and an active lifestyle

Remove all Tobacco Products: patient should remove tobacco from home, car, and work environments

Stress Abstinence: Urge total abstinence starting on the quit date, and stress sticking with treatment even if there is a slip or lapse

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Use Motivational Interviewing Techniques

Express Empathy: Respond so that the patient feels heard and understood, and that you care about his or her views and wishes.
- Open-ended questions: "What might happen if you quit?"
- Reflective listening to communicate understanding: "I hear that you are worried about weight gain and about not being successful in quitting."
- Normalize the patient's feelings and concerns: "Most smokers, like you, have tried several times before they quit successfully."
- Support the patient's autonomy: "I hear that you are not ready to quit. Just let me know when you would like to try and I will help."

Develop Discrepancy: Accept the patient's ambivalence about quitting, but support the patient's strongly held values and goals that are inconsistent with smoking.
- Highlight how current behavior is discrepant with important values and goals: "So, you are strongly committed to your kids, and you worry that your smoking isn't the best thing for them."
- Support the patient's "change talk": "Yes, I think you are right that it helps to plan ahead for a quit attempt."
- Strengthen the patient's values that conflict with smoking: "I am impressed with your strong desire not to feel like an addict—to be free from smoking."

Roll with Resistance: Be open to your patient's ambivalence, resistance, and reasons not to make a quit attempt.
- Back-off when a patient expresses resistance: "You are tired of people trying to get you to quit—I can understand that."
- Let your patient know that you hear and respect misgivings: "Because medication did not help you before, you think a different medication won't help you now."
- Ask permission to help: "May I tell you what I think will help you quit?"

Support Self-Efficacy: Support the patient's belief that she or he can quit.
- Build on past success: "You were able to stop smoking for a couple of weeks the last time you tried—that means that you really have the skills to fight urges and resist temptation."
- Give patient choices and control over how to proceed: "Which of these treatments sounds good to you?"

	For the Smoker Willing to Make a Quit Attempt Now		**For the Smoker Unwilling to Make a Quit Attempt at this Time**
Medication Counseling	**Recommend Medication:** ■ Seven (7) FDA-approved medications for cessation: - nicotine gum, patch, lozenge, inhaler and nasal spray - bupropion - varenicline ■ Discuss patient concerns **Discuss Options:** ■ Recommend medication based on effectiveness, patient preferences, cost, contraindications ■ Encourage use of varenicline or combination NRT as particularly effective ■ Consider optional pre-quit nicotine patch use (2-3 weeks) **Encourage Medication Adherence** **Address Myths about Addictiveness and Harm**	**Encourage Smoking Reduction + NRT**	**Inform Patient:** ■ "There is a treatment that may help you reduce your smoking." **Deliver a Smoking Reduction + Nicotine Replacement Therapy (NRT) Treatment for Those Willing to Try It:** ■ Consider NRT use for up to 6 months pre-quit (patch, gum, or inhaler) ■ Help formulate a smoking reduction plan - Reduce daily smoking as much as possible. - Cut out smoking entirely in key contexts and activities (e.g., in car, watching TV).
Provide supplemental materials and information	**Available Resources:** offer supplemental materials and information: ■ 1-800-QUIT-NOW – telephone support and counseling ■ www.smokefree.gov – online quitting support ■ www.women.smokefree.gov – online quitting support for women ■ Forever Free relapse prevention booklets (http://www.smokefree.gov/resources.aspx; select Forever Free)		

*Adapted, in part, from the 2008 PHS Clinical Practice Guideline, *Treating Tobacco Use and Dependence*.
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