

Smoking Cessation and the Role of the Healthcare Professional

Your role can make a difference.

Studies on the role of the healthcare practitioner in smoking cessation indicate that even brief patient counselling can lead to quit rates ranging from 3 to 13%. More intensive intervention and follow-up sessions can lead to a 13 to 40% quit rate.⁷³

QC consists of three steps (3A's):



Step 1: Ask

- Have you used any tobacco products in the past week/month/3 months?



Step 2: Advise

Offer advice in an encouraging, supportive, empathetic manner

- Advise that best results typically are achieved with pharmacotherapy and support



Step 3: Act

Refer to counselling, Internet programs, telephone quit lines

- Consider nicotine replacement therapy

Quick Counselling – What is it?

Quick Counselling (QC) is a short (<3 minute) intervention that can be used for all patients, regardless **of their motivation level to quit.**⁵

The time to act is now

From general practitioners to emergency department personnel, QC is easy to integrate into every patient interaction, regardless of the health reason for the visit. Healthcare professionals hold a unique influence over patients' decision-making. **When smoking cessation advice is given by an HCP, patients are more likely to listen - and quit.**⁷⁴

Advice combined with medication = more effective

"Combining counselling and smoking cessation medication is more effective than either alone, therefore both should be provided to patients/clients trying to stop smoking where feasible."⁷⁵

Let your patients know about medication that can help them quit.

Quit aids such as NRT can double a patient's chances of success.^{6,7} Learn more about NRT and other medications and how they can help your patient quit successfully.

Visit the Treatments page to learn more about NRT.

Remember...

- HCP advice is a major trigger for a quit attempt
- An offer of support can lead to a quit attempt
- Offering support is more important and more effective than advising patients to quit smoking³⁸

[38B, Aveyard, 2012, p. 253]

[73A, AHS Smoke Free; p. 20]

[5A, NCSCT website: http://www.ncsct.co.uk/publication_very-brief-advice.php, p. 1-2]

[74A, Cdn Assoc Occ Ther, p. 3]

[75A, CANADAPTT, p. 2]

[6A, Cummings, 2005, p. 583]

7B, Fiore 2012; US Dept Health & Human Services Clinical Practice Guideline, p. 128]