



# Help Your Patients Quit Smoking: A Coaching Guide



**This coaching guide contains instructions and suggested language to help you effectively counsel patients to stop smoking.**

## 1 Screen every patient for tobacco use.

- Ask your patient if he/she currently 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 remind them of the many health benefits of not smoking.

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

## 2 Assess nicotine dependence for current smokers using the Heavy Smoking Index (HSI), consisting of 2 simple questions:

*"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)

- Document the HSI score in the patient's chart. An HSI score  $\geq 4$  indicates a high level of nicotine dependence and the need for specific strategies to combat acute nicotine withdrawal symptoms (see Section C).

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 doctor 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

★ Gum disease

★ High blood pressure

★ Bad breath

★ Heart disease and heart attack

★ Tooth loss

★ Stroke

★ Decreased circulation to the hands and feet

★ Cancer

- Remind patients:

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

## 4 Assess readiness to quit.

- Ask your patient whether she/he 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. Document the patient's response in the medical chart.
  - If a patient is ready to quit, provide counseling (*see Step 5 below*).
  - If a patient is not ready to quit, reassess his/her smoking status at the next visit and all subsequent visits. During each visit, the provider should complete Steps 1 through 4 above – screen, assess for tobacco dependence, advise to quit, and assess readiness to quit.

## 5 Counsel patients to quit.

- Just 3 to 5 minutes of firm, specific counseling by a clinician can double quit rates.

Clinician counseling should include:

- Practical suggestions for quitting.
- Managing withdrawal symptoms.
- Getting support.

*During counseling, use motivational interviewing techniques, including:*

- \* Open-ended questions: "What are some of the reasons you would like to quit smoking?"*
- \* Affirming statements: "It's great that you are motivated to quit smoking."*
- \* Reflective listening: "It sounds like trying to quit smoking has been frustrating for you."*

- Below are 4 topic areas you may want to explore with your patient during counseling sessions. These areas represent major steps in the quitting process; use this information to individualize discussions with your patient according to where he/she is in the quitting process. The left side of each section offers issues to explore, while the right side offers specific help strategies.

### A. NOT READY TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Smoking is an addiction that affects individuals physically and psychologically.	<ul style="list-style-type: none"> <li>Explain how smoking affects the brain (dopamine).</li> <li>Discuss health risks associated with smoking.</li> </ul>
Smoking puts your health at risk.	<ul style="list-style-type: none"> <li>Discuss some of the specific health effects associated with smoking (<i>see the Advise section #3 above</i>).</li> </ul>
Smoking puts your family's health at risk.	<ul style="list-style-type: none"> <li>Explain how secondhand smoke puts family members at risk for asthma, bronchitis and heart disease.</li> <li>Children of smokers are more likely to start themselves.</li> </ul>
Quitting is hard.	<ul style="list-style-type: none"> <li>Remind your patient that it often takes a smoker several quit attempts to succeed.</li> <li>People quit every day and most eventually succeed.</li> </ul>
There are many benefits to quitting.	<ul style="list-style-type: none"> <li>The patient will immediately smell better.</li> <li>The patient will immediately breathe better.</li> <li>The patient will save money.</li> </ul>

## B. PREPARING TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Ridding your home/office/car of smoking paraphernalia, and the smell of smoke.	<ul style="list-style-type: none"> <li>Encourage your patient to rid his/her home, workplace, and car of all cigarettes, lighters, ashtrays, and matches.</li> <li>Encourage your patient to make the home smoke-free.</li> <li>Suggest he/she have his/her teeth cleaned.</li> <li>Suggest washing carpets, drapes, and clothes, which often trap smoke.</li> </ul>
Think about past experience while planning for challenges that may arise while quitting.	<ul style="list-style-type: none"> <li>Help your patient identify events, emotional factors, or activities that increase the risk of smoking.</li> <li>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.</li> <li>Patients can write a list of cravings and occasions that are smoking triggers. Together, brainstorm coping strategies for each situation and trigger.</li> <li>Have your patient pick a quit date. Note this date in the chart and follow up on the next visit.</li> </ul>
Establishing a support network.	<ul style="list-style-type: none"> <li>Let him/her know you believe in his/her ability to quit.</li> <li>Encourage him/her to find a quit buddy.</li> <li>Have the patient tell friends and family that he/she is quitting and ask them for their support during the quitting process.</li> <li>Advise the patient to educate friends and family about why they should quit.</li> </ul>
Being clear on the main reasons for quitting (what the patient hopes to gain).	<ul style="list-style-type: none"> <li>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).</li> </ul>

## C. DEALING WITH WITHDRAWAL SYMPTOMS

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

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

# 6

## 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 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 Sections B, C, and D above.

*"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 with 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 her/him. Reiterate the benefits of remaining abstinent for their health. Consider revisiting Sections C and D above.

*"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 Sections B, C, and D above.

*"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 asthma, ear infections, or upper respiratory infections. 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 PATIENTS

## New York State Smokers' Quitline

1-866-NY QUIT (1-866-697-8487) [www.nysmokefree.com](http://www.nysmokefree.com)

The New York State Smokers' Quitline is a free and confidential program providing evidence-based smoking-cessation services to New York residents who want to stop smoking or using other forms of tobacco.

## Smoking Cessation Programs in New York City

[www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml#5](http://www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml#5)

Provides listing by borough of quit-smoking programs throughout New York City.

## Resources and Educational Materials from the New York City Department of Health

- **How to Quit Smoking:**

[www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml](http://www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml)

- **The Dangers of Smoking:**

<http://www.nyc.gov/html/doh/html/smoke/smoke1.shtml>

- **Health Bulletin: Still Smoking?**

[www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews5-12.pdf](http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews5-12.pdf)

*Available in English, Spanish, Chinese, and Russian*

- **Health Bulletin: How to Make Your Home Smoke-Free**

[www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-08.pdf](http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-08.pdf)

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