



Health Dialogues

Tobacco Use

A Tool to Help You and Your Patients
Change Unhealthy Behaviors

Developed by
American Medical Student Association/Foundation
Reston, Virginia
for the
Health Resources and Services Administration
Bureau of Health Professions
Division of Medicine and Dentistry



Health Behavior Change

The Challenge

Almost half of the deaths in the United States are attributable to unhealthy lifestyles. If individuals were willing to change their poor health behaviors, the rates of premature death and disability would substantially decline. Health care professionals need to determine effective ways to promote health behavior changes.

The Facts

On Behavior Change

- It is a well-known fact that an individual's health status is intimately related to his/her beliefs, attitudes, and behaviors.
- Obesity, smoking, and lack of physical activity are of current public health concern due to their association with chronic diseases such as cancer, hypertension, and depression.¹ Researchers have found that behavior change is an important tool in prevention, since changes such as smoking cessation and increasing physical activity are predictors of *decreased risk*.²

On the Physician's Role

- Physicians are more likely to counsel on health behavior change to patients whose health is already compromised than to patients who engage in unhealthy behaviors but do not yet show symptoms of disease.³
- Health promotion strategies and patient adherence to recommendations are more likely to be successful if suggested and encouraged by an individual's physician.^{4,5}
- Furthermore, it has been demonstrated that physicians who themselves have healthy habits are more likely to promote such habits to patients.⁶
- Adults who receive regular care from a family physician are more likely to receive recommended preventive services such as blood pressure measurement, mammograms, and Pap smears.⁷
- A good physician-patient relationship is essential in order to affect positive health behavior changes.
- There is evidence that physician approachability (e.g. introducing oneself, exploring the patient's worries and expectations, answering all of the patient's questions, avoiding unexplained medical jargon, engaging in some nonmedical talk, and being friendly rather than businesslike) produces higher degrees of patient satisfaction and compliance.⁸

Due to the incidence and prevalence of these unhealthy behaviors, it is crucial that health practitioners as well as patients act upon these matters. Health care providers have little training in working with patients who have difficulty changing behaviors. Here are some of the barriers practicing physicians face.

Barriers to Health Behavior Discussions

It is sometimes hard to talk to patients about changing their health behaviors for many reasons. Why?

- Oftentimes, physicians feel that patient noncompliance with their recommendations interferes with their motivation to keep providing preventive services.
- Many physicians feel that patients will be turned off if confronted about their unhealthy behaviors and will switch to another doctor, or even worse, avoid seeing a physician at all if the discussion occurs.
- Practitioners have often expressed very little confidence in their ability to counsel patients on behavior change.⁹
- In contrast to a specialist counseling setting (e.g. weight control clinic), most physician-patient encounters are brief. Many physicians feel that the time they devote to patient counseling is not enough.
- Since clinicians receive clinical treatment guidelines from so many different sources, the relative effectiveness of different preventive services is unclear, making it difficult for busy clinicians to decide which interventions are most important during a brief patient visit.¹⁵

Behavior Change Models

In general, physician counseling should avoid telling patients what to do, but instead, should advise patients about the need for preventive activities without attempting to force them to take action.

If physicians are to help patients adopt and maintain preventive healthy behaviors, multiple resources must include a supportive practice organization, preventive information and services, and support from family and friends.¹⁰

The following are short descriptions of behavior change models that have been the basis of behavior change interventions:

A. Stages of Change (Transtheoretical Model)¹¹

- The *Stages of Change* model states that behavioral changes progress as the individual moves through the following stages:
 1. **Precontemplation**
Benefits of lifestyle change are not being considered
 2. **Contemplation**
Starting to consider change but not yet begun to act on this intention
 3. **Preparation**
Ready to change the behavior and ready to act

4. **Action**

Making the initial steps toward behavior change

5. **Maintenance**

Maintaining behavior change while often experiencing relapses

- This model provides a way to assess the patient's level of readiness or preparedness to change. Understanding patient readiness to change and appreciating barriers to change can improve patient satisfaction and reduce physician frustration during the change process.

B. Motivational Interviewing²

- MI is a directive, individual-centered counseling style for eliciting behavior change by helping the individual to explore and resolve ambivalence. It is usually used along within the Transtheoretical Model framework.
- **Key principles:**
 1. Expressing empathy, by use of reflective listening;
 2. Gently pointing out discrepancy between client's goals and the problem behavior by using reflective listening and objective feedback;
 3. Avoiding argumentation by assuming that the client is responsible for the decision to change;
 4. Rolling with resistance, rather than confronting or opposing it; and
 5. Supporting self-efficacy and willingness for change.

C. Health Belief Model

- The HBM posits that perceived threat of disease is the central and prime determinant of health behavior. It focuses on the health outcomes, assuming that increasing patient knowledge about the ill effects of the behavior would result in change.
- Demographic (i.e. age, gender), personality, structural, and social factors are not seen as directly causal of compliance.
- Interventions using this model focus on the following 4 factors which are predicted to increase the perceived threat of disease:
 1. Perceived susceptibility of disease
 2. Perceived seriousness of disease
 3. Cues to action
 4. Benefits of changing outweigh the costs

An Integrated Model of Patient Behavior

Successful disease prevention initiatives to achieve health behavior change require a versatile approach using a **combination** of strategies and techniques. Educational efforts tailored for each person and integrating multiple strategies (e.g. individual counseling, written materials, and supportive community resources) are more likely to be effective than those employing a single technique.¹²

If you're trying to get a patient to change a behavior such as eating too much

sugar or smoking, here are some things you DO NOT want to assume:²

- This person has to/ must change
- This person wants to change
- This patient's health is the prime motivating factor for him/her
- If he/she does not decide to change, the consultation has failed
- Patients are either motivated to change, or not
- Now is the right time to consider change
- A tough approach is always best
- I'm the expert, so he/she must follow my advice

Here are some tips to help you approach patients who have unhealthy behaviors. Remember, the key is to LISTEN.

Goals	Intervention Component	Strategies/Questions
Understand patient's concerns and circumstances	Establish rapport	Use open-ended questions; demonstrate concern for patient as a person: <ul style="list-style-type: none"> • <i>"If I could see the situation through your eyes, what would I see?"</i>
Get patient agreement to talk about topic	Raise subject	Request permission to discuss topic: <ul style="list-style-type: none"> • <i>"Would you mind spending a few minutes talking about (issue) and how you see it affecting your health?"</i>
Understand readiness to change behavior and to accept treatment/evaluation referral	Assess readiness	Use an assessment tool to assess readiness, and discuss results with patient: <ul style="list-style-type: none"> • <i>"How do you feel about (issue)?"</i> • <i>"On a scale of 1 to 10, how ready are you?"</i>
Raise patient awareness of consequences of the behavior, and share your concerns	Provide feedback	Use objective data from patient's medical evaluation if possible; then elicit reactions from patient: <ul style="list-style-type: none"> • <i>"What do you make of these results?"</i>

Goals	Intervention Component	Strategies/Questions
Assure patient that ongoing support is available	Offer further support, targeted to patient's readiness for change	<p>For patients who are not ready to change:</p> <ul style="list-style-type: none"> • <i>“Is there anything else you would like to know about (issue)?”</i> • <i>“What would it take to get you to consider thinking about change?”</i> <p>For patients who are “unsure”:</p> <ul style="list-style-type: none"> • <i>“What are the good things you like about (issue)?”</i> • <i>“What does it do for you?”</i> • <i>“What are the things you don't like about (issue)?”</i> • <i>“What concerns do you have about it?”</i> <p>For patients who are “ready”:</p> <ul style="list-style-type: none"> • <i>“Here are some options for change”</i> • <i>“What do you think would work best for you?”</i> • <i>Provide support and referral</i>

(adapted from D'Onofrio et al. 1996¹³)

The Five A's

Address Agenda

- Attend to the patient's agenda
- Explain that you would like to talk about some healthy choices for them to consider

Ask

- What does the patient know about the connection between his or her behavior and the possibility for disease?
- How does the patient feel about the behavior?
- Is the patient interested in changing the behavior?
- What are the patient's fears about change?
- Has the patient tried to change the behavior before? What did and didn't work?
- It is important to spend adequate time in this stage. Patient counseling is more effective when patients know that the physician understands their perspec-

tive. If you have limited time, spend most of it on assessment and then incorporate what you learn into a few words of advice.

Advise

- Tell the patient that you strongly advise behavior change
- Personalize reasons for change (e.g., “By quitting smoking you will help your daughter have fewer asthma attacks.”)
- Discuss the immediate and long-term benefits of change

Assist

- Provide accurate, complete information about risk and give the patient written materials to take home
- Address the patient’s feelings and provide support
- Address barriers to change
- Discuss steps toward behavior change
- Get attending physicians, residents or preceptors involved for additional support, more extensive advice and referrals

Arrange Follow-up

- Reaffirm the plan
- Schedule follow-up appointment or phone call

Also, the U.S. Preventive Service Task Force issued the following recommendations, which have been effective in changing certain health behaviors¹⁴ and can be applied regardless of the health behavior model used:

Changing Health Behaviors:

1. Frame the teaching to match the patient’s perceptions.
 - It is important to assess the beliefs and concerns of the patient and to provide information based on this foundation. Remember that behavior change interventions need to be tailored to each patient’s specific needs.
2. Fully inform patients of the purposes and expected effects of interventions and when to expect these effects.
 - This will avoid discouragement when they cannot see the effects immediately. If side effects are common, tell the patient what to expect specifically, and under which circumstances the intervention should be stopped.
3. Suggest small changes rather than large ones.
 - People experience success just by achieving a small goal; this will initiate a positive change.
4. Be specific.
 - Explain the regime and rationale of the behavior change, even demonstrate it to the patient and write it down for him/her to take home.
5. It is sometimes easier to add new behaviors than to eliminate established behaviors.
 - For example, suggesting the patient begin moderate physical activity may be more effective than changing his/her current dietary patterns.

6. Link new behaviors to old behaviors.
 - For example, suggest using an exercise bike while watching television.
7. Use the power of your profession.
 - Patients see clinicians as health experts, so be sympathetic and supportive while giving a firm, definite message.
8. Get explicit commitments from the patient.
 - Asking the patient how they plan to follow the recommendations encourages them to think about how to integrate a specific behavior into their daily schedules.
9. Refer.
 - Sometimes it is not possible to counsel patients properly. Thus, refer patients to a nutritionist, community agency, or a support group to receive the appropriate intervention.



Tobacco Use

The Challenge

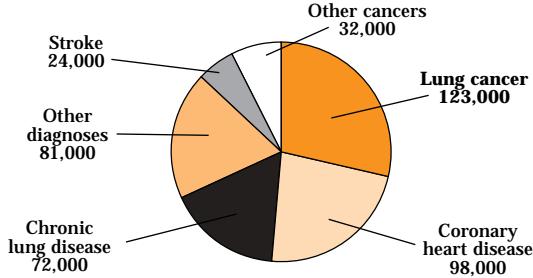
Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths in the U.S. each year than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—**combined**.¹⁶

The Facts

It's A Health Hazard

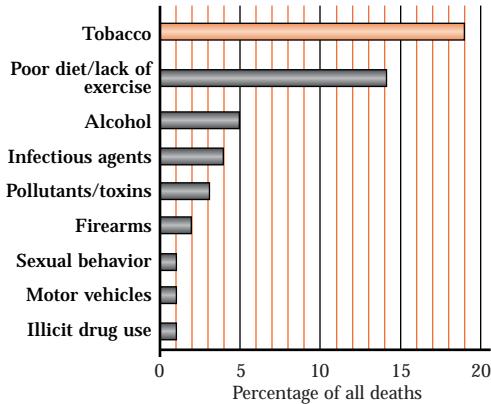
- Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost.¹⁶
- These deaths are due mostly to lung cancer, but include cancers of the larynx and oral cavity, esophagus, bladder and kidney, pancreas, stomach and uterine cervix. In addition, cardiovascular problems such as high-blood pressure, heart disease, stroke and circulatory deficiencies are common in cigarette smokers, resulting in over 170,000 deaths each year in the United States.
- The fact that smoking cigarettes interferes with one's sense of smell is well known, but now researchers know how serious this effect can be. A University of Pennsylvania study reported in the *New England Journal of Medicine* found that smokers lose 15%–20% of their sense of smell—enough to keep them from detecting low concentrations of leaking gas. The study estimated that it is not until 10 years after quitting smoking that the sense of smell returns to its pre-smoking level.¹⁷
- *Environmental Tobacco Smoke*—commonly referred to as “second-hand smoke”—is the nation's No.1 airborne carcinogen, killing more people than all other forms of air pollution combined. Second hand smoke is a primary cause of disease, including lung cancer in healthy non-smokers.
- Many studies indicate that physician intervention increases smoking cessation in patients. Brief interventions—asking patients if they smoke, asking patients to quit or to set a quit date, handing out educational materials, or setting up a follow-up appointment—increased cessation attempts by 10%. *The simple act of asking a patient if s/he smoked increased sustained abstinence by 4%*.²¹

430,000 U.S. Deaths Attributable Each Year to Cigarette Smoking*



* Average annual number of deaths, 1990-94.
 Source: CDC, *MMWR* 1997;46:448-51.

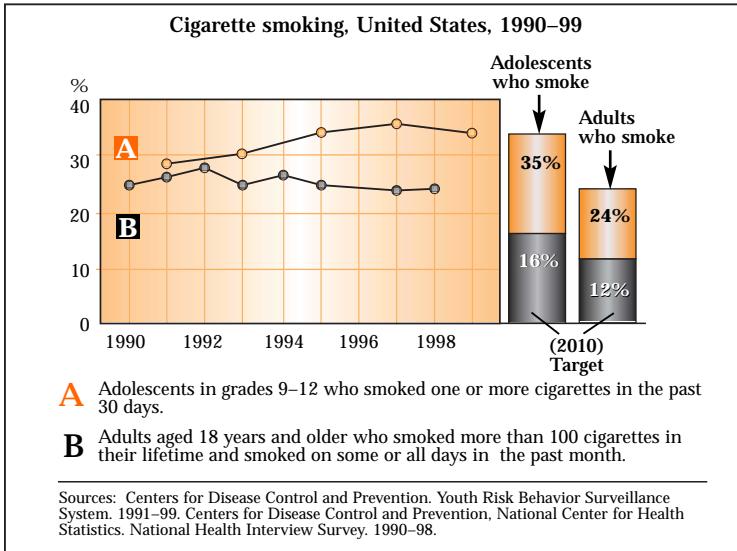
Actual Causes of Death, United States, 1990*



* The percentages used in this figure are composite approximations derived from published scientific studies that attributed deaths to these causes.
 Source: McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993;270:2207-12.

Who Smokes?

- Approximately 50 million Americans smoke.¹⁶ They consume about 540 billion cigarettes each year.
- 22 million of the smokers in this country are women; at least 1.5 million adolescent girls in the U.S. smoke cigarettes, and every day nearly another 3,000 young people under the age of 18 become regular smokers.



What are the Benefits of Quitting Smoking?*

* Source: www.lungusa.org/tobacco/quit_ben.html

At 20 minutes after quitting:

- blood pressure decreases
- pulse rate drops
- body temperature of hands and feet increases

At 8 hours:

- carbon monoxide level in blood drops to normal
- oxygen level in blood increases to normal

At 24 hours:

- chance of a heart attack decreases

At 48 hours:

- nerve endings start regrowing
- ability to smell and taste is enhanced

The first year after quitting

At 2 weeks to 3 months:

- circulation improves
- walking becomes easier
- lung function increases

1 to 9 months:

- coughing, sinus congestion, fatigue, shortness of breath decreases

1 year:

- excess risk of coronary heart disease is decreased to half that of a smoker

Long-term Benefits of Quitting**At 5 years:**

- from 5 to 15 years after quitting, stroke risk is reduced to that of people who have never smoked.

At 10 years:

- risk of lung cancer drops to as little as one-half that of continuing smokers
- risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases
- risk of ulcer decreases

At 15 years:

- risk of coronary heart disease is now similar to that of people who have never smoked
- risk of death returns to nearly the level of people who have never smoked

What do I Need to Know?

Physicians could do a better job of assessing and identifying patients who smoke.²⁷ In 1991, physicians identified the smoking status of their patients in only 67% of office visits. The purpose of this module is to encourage you as a physician-in-training to change this trend.

Some obstacles to effective smoking cessation interventions appear to be: (a) lack of education of clinic staff and (b) lack of physician education on how to help patients remain abstinent once they attempt quitting. Remembering the following may help physicians improve the effectiveness of smoking cessation interventions:

- **Interest in stopping smoking may increase over time.** The patient who is not ready to accept help during one visit may well accept help during a subsequent visit.
- **Engaging the patient as a partner in the smoking cessation intervention is more effective than just telling the patient “You should quit because...”** Find out about any past experiences they’ve had with quitting and if they desire to quit now. Listening carefully to the responses can help the health care provider adapt the intervention to the patient’s level of willingness to attempt a behavior change.
- **Social support is crucial in the process of becoming and remaining an ex-smoker.** Identifying family and friends who can provide emotional support will help patients in their journey to stop smoking.

- **The approach used with one patient may not work with another.** Using a model such as the “Stages of Change” model discussed in the “Health Behavior Change” part of this module may help physicians adapt to the different levels of willingness patients have when considering quitting or abstaining from smoking.
- **Patients whose physician asked them about smoking and adapted their intervention to the patient’s response reported that they felt their doctor cared about them and their health regardless of the choices they made.** Some doctors fear they will “run patients off” or appear judgmental if they talk about smoking. However, this view is not supported by any smoking interventions studies. Additionally, physicians who counseled patients about smoking had the same patient attrition rate as those physicians who did not do so.

Myths you may encounter as you work with your patients to help them stop smoking:*

Myth 1: Smoking is just a bad habit.

Fact: Tobacco use is an addiction. According to the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, nicotine is a very addictive drug. For some people, it can be as addictive as heroin or cocaine.

Myth 2: Quitting is just a matter of willpower.

Fact: Because smoking is an addiction, quitting is often very difficult. A number of treatments are available that can help.

Myth 3: If you can’t quit the first time you try, you will never be able to quit.

Fact: Quitting is hard. Usually people make two or three tries, or more, before being able to quit for good.

Myth 4: The best way to quit is “cold turkey.”

Fact: The most effective way to quit smoking is by using a combination of counseling and nicotine replacement therapy (such as the nicotine patch, inhaler, gum, or nasal spray) or non-nicotine medicines (such as bupropion SR).

Myth 5: Quitting is expensive.

Fact: Treatments cost from \$3 to \$10 a day. A pack-a-day smoker spends almost \$1,000 per year. Check with your health insurance plan to find out if smoking cessation medications and/or counseling are covered.

*Source: <http://www.surgeongeneral.gov/tobacco>

So...How Do I Help My Patients Quit Smoking?

A portion of the “Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence” has been included as part of this module. The guide was sponsored by the Public Health Service and summarizes strategies health professionals can use to identify and assess tobacco use. It also provides appropriate treatment guidelines for patients in various stages of willingness to quit and includes specific sample questions. And remember, you don’t have to wait until you have your own practice for these interventions to work. Numerous studies have shown that patients are often willing to do things for medical students that they would never be willing to do for their doctor.

The following three tables are for your information and can also be copied and distributed to patients who have expressed an interest in quitting smoking. They include tips on why it is important to quit smoking, how to do it, and what to expect when quitting. Handouts such as these combined with a caring approach adapted to each individual patient can greatly increase a patient’s willingness to attempt such a difficult behavior change.

At the end of this module there is a list of websites, which may be helpful for you and/or your patients. You are encouraged to do your own research in this area as there are many models which have been used to help patients quit smoking. The bottom line is to know your patient and to intervene in some way. Patients deserve to know that we care enough to ask difficult questions, confront them about negative health behaviors, and continue to care for them without judgment regardless of what they decide to do.

A 5-Day Plan To Get Ready

The first step to quitting smoking is to decide to quit. Next, make an appointment with your health care provider; or contact a smoking cessation clinic to discuss your options for treatment. Set a quit date.

Quit Day Minus 5

List all of your reasons for quitting and tell your friends and family about your plan. Stop buying cartons of cigarettes.

Quit Day Minus 4

Pay attention to when and why you smoke. Think of new ways to relax or things to hold in your hand instead of a cigarette. Think of habits or routines you may want to change. Make a list to use when you quit.

Quit Day Minus 3

Make a list of the things you could do with the extra money you will save by not buying cigarettes. Think of whom to reach out to when you need help, like a smoking support group.

Quit Day Minus 2

Buy the over-the-counter nicotine patch or nicotine gum, or get a prescription for the nicotine inhaler, nasal spray, or the non-nicotine pill, bupropion SR. Clean your clothes to get rid of the smell of cigarette smoke.

Quit Day Minus 1

Think of a reward you will get yourself after you quit. Make an appointment with your dentist to have your teeth cleaned. At the end of the day, throw away all cigarettes and matches. Put away lighters and ashtrays.

Quit Day

Keep very busy. Change your routine when possible, and do things out of the ordinary that don't remind you of smoking. Remind family, friends, and coworkers that this is your quit day, and ask them to help and support you. Avoid alcohol. Buy yourself a treat, or do something to celebrate.

Quit Day Plus 1

Congratulate yourself. When cravings hit follow the steps listed below.

Source: <http://www.surgeongeneral.gov/tobacco>

Tips for the First Week

Nicotine is a powerful addiction. If you have tried to quit, you know how hard it can be. People who are trying to quit smoking go through both physical and psychological withdrawal. Here are some tips for quitting.

TO HELP WITH CRAVINGS:

Drink a lot of liquids, especially water. Try herbal teas or fruit juices. Limit coffee, soft drinks, or alcohol—they can increase your urge to smoke.

Avoid sugar and fatty food. Try low-calorie foods for snacking—carrots and other vegetables, sugarless gum, air-popped popcorn, or low-fat cottage cheese. Don't skip meals.

Exercise regularly and moderately. Regular exercise helps. Joining an exercise group provides a healthy activity and a new routine.

Get more sleep. Try to go to sleep earlier and get more rest.

Take deep breaths. Distract yourself. When cravings hit, do something else immediately, such as talking to someone, getting busy with a task, or taking deep breaths.

Change your habits. Use a different route to work, eat breakfast in a different place, or get up from the table right away after eating.

Do something to reduce your stress. Take a hot bath or shower, read a book, or exercise.

Psychological Needs

- Remind yourself every day why you are quitting.
- Avoid places you connect with smoking.
- Develop a plan for relieving stress.
- Listen to relaxing music.
- Watch a funny movie.
- Take your mind off a problem and come back to it later.
- Rely on your friends, family, and support group for help.
- Avoid alcohol. It lowers your chances for success.

Source: <http://www.surgeongeneral.gov/tobacco>

Frequently Asked Patient Questions

Question: Why should I quit?

Answer: You will live longer and feel better. Quitting will lower your chances of having a heart attack, stroke, or cancer. The people you live with, especially children, will be healthier. If you are pregnant, you will improve your chances of having a healthy baby. And you will have extra money to spend on things other than cigarettes.

Question: What is the first thing I need to do once I've decided to quit?

Answer: You should set a quit date—the day when you will break free of your tobacco addiction. Then, consider visiting your doctor or other health care provider before the quit date. She or he can help by providing practical advice and information on the medication that is best for you.

Question: What medication would work best for me?

Answer: Different people do better with different methods. You have five choices of medications that are currently approved by the U.S. Food and Drug Administration:

- A non-nicotine pill (bupropion SR).
- Nicotine gum.
- A nicotine inhaler.
- A nicotine nasal spray.
- Nicotine patch.

The gum and patches are available at your local pharmacy, or you can ask your health care provider to write you a prescription for one of the other medications. The good news is that all five medications have been shown to be effective in helping smokers who are motivated to quit.

Question: How will I feel when I quit smoking? Will I gain weight?

Answer: Many smokers gain weight when they quit, but it is usually less than 10 pounds. Eat a healthy diet, stay active, and try not to let weight gain distract you from your main goal—quitting smoking. Some of the medications to help you quit may help delay weight gain.

Question: I like to smoke when I have a drink. Do I have to give up both?

Answer: It's best to avoid drinking alcohol for the first 3 months after quitting because drinking lowers your chances of success at quitting. It helps to drink a lot of water and other nonalcoholic drinks when you are trying to quit.

Question: I've tried to quit before and it didn't work. What can I do?

Answer: Remember that most people have to try to quit at least 2 or 3 times before they are successful. Review your past attempts to quit. Think about what worked—and what didn't—and try to use your most successful strategies again.

Question: What should I do if I need more help?

Answer: Get individual, group, or telephone counseling. The more counseling you get, the better your chances are of quitting for good. Programs are given at local hospitals and health centers. Call your local health department for information about programs in your area. Also, talk with your doctor or other health care provider.

Source: <http://www.surgeongeneral.gov/tobacco>

Resources—Health Behavior Change

<http://health.gov/healthypeople>

The Healthy People 2010 Website, presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

<http://healthfinder.gov>

Web site sponsored by the Department of Health and Human Services, provides a comprehensive list of links to health related sources, including selected health information Web sites from government agencies, clearinghouses, nonprofits, and universities

<http://www.uri.edu/research/cprc>

The Cancer Prevention Research Center provides extensive information on different approaches to health behavior changes. Includes detailed description of the transtheoretical model and links to the center's staff and students, including Dr. James O. Prochaska, one of the originators of the model.

<http://pharmacy.auburn.edu/pcs/pypc0471/motivationalinterviewing/sld001.htm>

Slide presentation from the Auburn University School of Pharmacy presented by Bruce A. Berger on Motivational Interviewing. Illustrates an overview of behavior change, barriers to changing behaviors and techniques to promote health behavior changes.

http://www.csupomona.edu/~jvgrizzell/best_practices/bctheory.html

The California State University, Pomona web site. Presents an overview of various health behavior change models such as the Relapse Prevention Model, Social Support Model, Health Belief Model, and the Stages of Change Model among others.

Resources—Tobacco Use

<http://surgeongeneral.gov/tobacco/tobaqrg.htm>

This Quick Reference Guide summarizes the guideline strategies for providing appropriate treatments for every patient.

<http://odphp.osophs.dhhs.gov/pubs/guidecps/tcpstoc.htm>

The Guide to Clinical Preventive Services, 2nd Edition from the U.S. Department of Health and Human Services.

<http://www.lungusa.org>

The American Lung Association Web site.

<http://www.aafp.org/afp/20000915/1419ph.html>

The American Academy of Family Physicians's informational site on tobacco smoking cessation. Provides valid and reliable information on why people should quit smoking and how to do it.

<http://www.4woman.gov/QuitSmoking/index.cfm>

This site is part of The National Women's Health Information Center from the Office on Women's Health—US Department of Health and Human Services. It contains information about smoking in general, how it affects women, and how to quit. It also contains links to other DHHS sites and to the Surgeon General's Report on Women and Smoking.

http://www.cdc.gov/tobacco/sgr_forwomen.htm

The Surgeon General's Report on Women and Smoking was released on March 27, 2001. This report is a comprehensive summary of everything that is known about women and smoking in our country. It examines past and current efforts to reduce tobacco use among women. Most importantly, it gives a direction to what is needed in the future to more effectively help women stop smoking. The chapters thoroughly outline smoking trends, health consequences, cessation programs, and research on women and smoking.

<http://www.drugs.indiana.edu/druginfo/tobacco.html>

Tobacco information on Indiana University's Prevention Resource Center site.

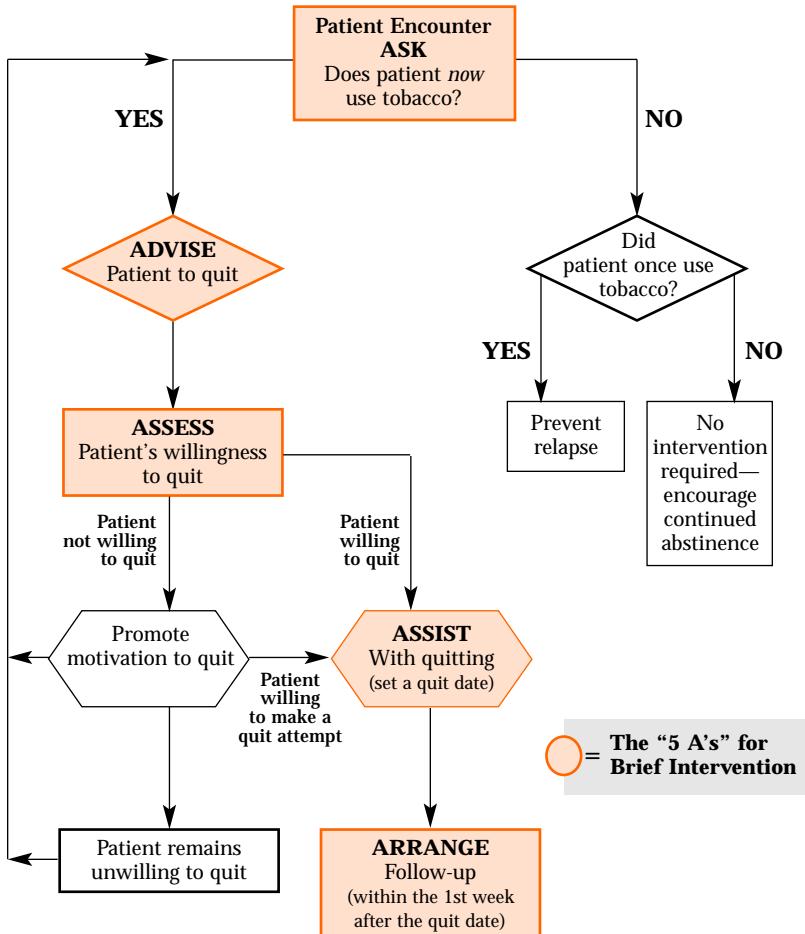
<http://hoptechno.com/book43.htm>

This is a site supported by the U.S. Department of Health and Human Services, the Public Health Service, and the National Institutes of Health. It contains a booklet that guides smokers in the process of quitting. Excellent resource for patient orientation and suggestions.

Citations:

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Tobacco Use: Treatment Algorithm



Adapted from *Clinical Practice Guidelines: Treating Tobacco Use and Dependence*. U.S. Department of Health and Human Services, Public Health Services, June 2000.