

Smoking cessation: role of health care providers

It is evident that tobacco use can lead to nicotine dependence and serious health problems. It is equally evident that cessation can significantly reduce the risk of suffering from smoking-related diseases. Total cessation is the only intervention with the potential to reduce tobacco-related mortality in the short- and medium-term, whilst a reduction in consumption has a limited effect.

Some smokers quit without using evidence-based cessation treatments. However, the following treatments have been proven to be effective for smokers who want help to quit:

- Brief clinical interventions (doctors' advice and assistance on quitting)
- Counselling (individual, group, or telephone counselling)
- Behavioural cessation therapies (training in problem solving)
- Cessation medications

Simple advice from a physician has been shown to increase abstinence rates significantly compared to no advice. As a physician you are in a unique position because of your established relationship with the patient. It is important that up-to-date records of the smoking status of all patients are kept, all smokers are advised on a regular basis to stop and where possible offer them assistance with doing so. It is also important that this advice is repeated as needed.

Stead et al¹ conducted a review of studies to assess the effectiveness of advice from physicians in promoting smoking cessation. The most common setting for delivering advice was in primary care. Other settings included hospital wards, outpatient clinics and industrial clinics. The review showed that simple advice about quitting smoking increases the likelihood that someone who smokes will successfully quit and remain a non-smoker 12 months later. More intensive advice may result in slightly higher rates.

Mark P et al² have emphasized the need for physicians to be trained in the use of brief counselling techniques. The effectiveness of training has been further supported by Caplan et al³ who have shown that training can help break barriers to the provision of smoking cessation. Training of other health professionals has also shown to be beneficial. A model developed by Hazel K Sinclair et al⁴ has shown that training of community pharmacists also results in higher smoking cessation rates, indicating that community pharmacy personnel have the potential to make a significant contribution to national smoking cessation targets.

A tool kit to help strengthen the skills needed to trigger and facilitate the quitting process has been developed by the Health Promotion and Disease

Prevention Directorate as part of the actions recommended from the National Cancer Plan.

This follows the **ABC process**:

- *Ask* about smoking status
- *Brief Advice*: advice on how to stop, about available programs and/or prescribe nicotine replacement therapy
- *Cessation Support*: referral to quit-line or smoking cessation programs

Smoking cessation programs are organised by the Health Promotion and Disease Prevention Directorate. These are free of charge and are carried out during the evenings in various health centres including Paola, Mosta, B'Kara, Floriana, Gzira, Qormi and Gozo. Hence patients can be referred to these classes. For further information and copies of the tool kit and smoking cessation application forms kindly call the directorate on 23266000 or email health.pro@gov.mt 📞

All material is also available online at https://ehealth.gov.mt/HealthPortal/health_promotion/library/publications.aspx



References

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3. Caplan L, Stout C, Blumenthal DS. Training physicians to do office-based smoking cessation increases adherence to PHS guidelines. J Community Health. 2011;36(2):238-43.
4. Sinclair HK, Bond CM, Lennox AS, Silcock J, Winfield AJ, Donnan PT. Training pharmacists and pharmacy assistants in the stage-of-change model of smoking cessation: a randomised controlled trial in Scotland. Tob Control 1998;7:253-261.