

Scripting for Tobacco Discussions

How you ask about tobacco use sets the tone for respect. When you ask, be straightforward and non-judgmental.

Asking about tobacco use:

“We know tobacco use has a dramatic effect on health, so we ask all our patients about their tobacco use. What tobacco products (including vaping/e-cigarette products like JUUL, Puff Bars, Boulder, etc.) have you used in the last 30 days?”

“Tobacco use significantly impacts many [mental health disorders] [physical health issues], so we ask all of our patients about their tobacco use at every visit. What tobacco products (including vaping/e-cigarette products like JUUL, Puff Bars, Boulder, etc.) have you used in the last 30 days?”

“Tobacco use has many impacts on our patients and is an important part of your recovery, so we ask all patients about their tobacco use. In the last 30 days, what tobacco products (like Juul, Puff Bars, cigarettes, Hookah or others) have you used?”

Advising patients: Be empathetic and offer support.

“The best thing you can do for your health is to not use tobacco. Medications and counseling support combined significantly improves your chances of quitting and staying quit”

“When you quit, you will see many improvements in your health. For instance for you, [give an example of a personal health benefit they will experience]”

“You need to quit now to optimize your treatment. I’d like you to consider talking to our tobacco treatment experts on what you can do during your treatment. Will you talk with them?”

“I understand quitting can be difficult, and I’m here to support you.”

“I feel so strongly about tobacco use and its impact on your health that I will ask you about it when I see you next.”

“Quitting is the most important thing you can do for your physical and behavioral health. What are your thoughts about changes in your tobacco use?”

Example of a 30 second message that is clear, effective, and personal:

“Quitting all tobacco use is one of the most important things you can do for your health. I understand that quitting can be difficult, and I’m here to support you. We have effective resources such as medications and the Quit Line (or TTS) to help you succeed. I’d like to hear your thoughts about stopping or cutting back on your smoking”.

Assisting patients:

“It is important that you select a specific date to quit tobacco so you can prepare and enlist support. What day within the next two weeks or so would be a good day for you?”

*“Next, let’s discuss medication and counseling. What medications have you tried in the past?
“Did any work better for you than others?”*

“I strongly recommend that you take advantage of coaching support”

Key actions to prepare for quitting (STAR):

*Stick with your quit date.

*Tell family, friends, and coworkers about quitting and request their understanding support.

*Anticipate and prepare for challenges. Some examples include nicotine withdrawal symptoms, being around other smokers, and drinking alcohol.

*Remove all tobacco products and paraphernalia from your environment. Make your home and vehicle smoke-free.

Referring patients:

If they are ready to make changes, refer to your own internal TTS or an external resource such as Quit Now Indiana (1-800-QUIT-NOW).

“I strongly recommend that you take advantage of the support that the Quitline can provide. They offer a number of services and all services are free. I can place a referral for you, and the Quitline will call you. Your information is confidential and will only be shared with the Quitline. Are you willing to accept a call from the Quitline?”

“We have a team of tobacco treatment specialists here that can help you. I’d like you to see our specialists for some support”

Responding to the Resistive Patient:

“I’ve tried everything and just can’t stop smoking.”	<p><i>“Our tobacco treatment specialists are highly trained. I’d like you to talk with them. It is free, will you give it a try?”</i></p> <p><i>“On average, it takes an individual about 30 attempts to quit before they are successful. Every attempt teaches us something even if it doesn’t work. What have you tried and what problems did you encounter?”</i></p> <p><i>“Most patients go through several attempts to quit before they find a way to make it stick. Our free tobacco treatment program have staff that are trained specifically to work with people like you, who have had multiple quit attempts but nothing seems to be working. They can provide one-on-one support that you may need.”</i></p>
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<p>“I really don’t want to stop using tobacco.”</p>	<p><i>“You need to quit now to optimize your treatment. I’d like you to consider talking to our tobacco treatment experts on what you can do during your treatment. Will you talk with them?”</i></p> <p><i>“What needs to happen for you to feel ready to make a serious attempt to quit?”</i></p> <p><i>“When you are ready, we are ready to help”</i></p>
<p>“I’m already stressed out dealing with my depression and anxiety. I need smoking to help me calm my nerves.”</p>	<p><i>“How does smoking calm your nerves? Did you know people who smoke actually have higher levels of stress than people who do not?”</i></p> <p><i>“We have other ways to relieve your anxiety. We have trained staff who can work with you on figuring out other coping skills besides smoking to help you deal with stress. Let me refer you!”</i></p>
<p>“Listen doc, no offense but I can’t keep coming to your clinic for more appointments”</p>	<p><i>“We understand it isn’t always easy traveling to our office. Our free tobacco treatment program has the option for telephone counseling if that works better for you. Do you mind if I refer you to this program and their staff will be in touch with you directly?”</i></p>

Ensure your providers/APPs/Physicians know the patient’s decisions and encourage them to reinforce the importance of quitting in a compassionate manner. If the patient is ready to make a change, the prescriber should talk with the patient about pharmacotherapy options.

Scenarios and Talking Points about Quitting Tobacco

"Are you interested in support to take steps to cut back or quit in the next 30 days?"

"May we have a quit line coach call you to discuss free counseling and nicotine replacement?"

CASES	POSSIBLE RESPONSES
1. Patient has no interest a. "I'm not interested now." b. "No, thanks!"	1. AFFIRM - "I understand...The timing matters (for quitting or cutting back)." ADD - "When you are ready to quit, we are ready to help."
2. Patient seems frustrated being asked about quitting again a. "Don't ask again—you ask every time!!!" b. "Can't you see in the chart that I just answered this question last week/month?"	2. AFFIRM - "I can hear that you're frustrated." Or "I realize how this can be frustrating." ADD - "We're offering all tobacco users the chances to learn about options for quitting or cutting back." Or "It's a UW priority -- and a national standard -- to ask about quitting tobacco ...and quitting can help arthritis."
3. Patient seems discouraged about quitting "I've tried to cut back/quit, but it's hard..."	3. AFFIRM – "It's not easy, and it can often take several quit attempts before you're successful!" ADD - "Speaking with a quit line has been shown to make patients up to 4x more likely to quit successfully. We'd be happy to have them call you to discuss how they can help."
4. Patient seems unsure about connecting with quit line. "If I said 'yes' today, and then changed my mind, could I skip talking to the quit line?" "Can I opt out?"	4. AFFIRM - "It sounds as if you're unsure / undecided about using the quit line now." ADD "You don't have to use the quit line services when the staff call you... If you change your mind, or aren't interested any more, then you can just say 'no, thanks'." Or "If you feel more comfortable, I can give you the phone number to call the quit line when you're ready"
5. Patient believes they will quit "all at once" without support. "When I do it, I am going to go 'cold turkey'."	5. AFFIRM – "I think it's great that you've thought about how you might quit." ADD - "We'd like you to have the best chances of quitting...Research shows that people using the quit line have 4 times more success than those who quit on their own." Or "Medications and coaching improve chances of successfully quitting, and the quit line can provide you those tools for free." Or "You have paid into the quit line for years on your cigarette taxes, you could collect on that and get their help!"

https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/million_hearts_tccp_to_ols/quit_connect_health_manual.pdf#page=14

The Motivational Interviewing (MI) Toolkit

The following examples from Berger Consulting (2011) illustrate MI tools in action:

Dance with discord

- Example – “You are not ready to quit smoking at this time?”
- When to use – when patients are expressing resistance.

Express empathy

- Example – “You are worried that you may not be able to quit without your husband quitting?”
- When to use – to demonstrate understanding and to address a patient’s core concern.

Avoid argumentation

- Example – “You do not see yourself quitting smoking at this time? What types of things are you willing to do to get your cholesterol down?”
- When to use – to demonstrate understanding and to prevent creating relational resistance.

Develop discrepancy

- Example – “On the one hand, you have an important goal of lowering your blood pressure to prevent stroke and heart attack. On the other hand, your smoking raises your blood pressure and your risks of stroke. What are your thoughts?”
- When to use – to create “change talk” without creating more resistance.

Support self-efficacy

- Example – “I am really glad to hear that you are thinking more about quitting. What has you thinking more about that?”
- When to use – to reinforce both thoughts and actions regarding behavior change.

A look over the fence

- Example – “If you were to wake up tomorrow and you were no longer a smoker, what would you like about that?”
- When to use – to encourage change talk and assisting the patient in making the argument for the change—creates dissonance.

The envelope

- Example – “If I were to hand you an envelope, what would the message have to say inside for you to consider setting a quit date?”
- When to use – to explore readiness for change.

The “insurance card”

- Example – “May I tell you what concerns me?”
- When to use – to prevent “fixing” or “saving” the patient.

Brief Motivational Interviewing:

A. NOT READY TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Smoking is an addiction that affects you physically and psychologically.	<ul style="list-style-type: none">■ Explain how smoking affects the brain (dopamine).■ Discuss health risks associated with smoking.
Smoking puts your health at risk.	<ul style="list-style-type: none">■ Discuss some of the specific health effects associated with smoking (see the Advise section #3).
Smoking puts your family's health at risk.	<ul style="list-style-type: none">■ Explain how secondhand smoke puts family members at risk for more severe asthma attacks, bronchitis and heart disease.■ Children of smokers are more likely to start.
Concerns about weight gain.	<ul style="list-style-type: none">■ Explain why people gain weight when they quit, i.e., eliminating nicotine decreases metabolism.■ The amount of weight you will likely gain from quitting will be a minor health risk compared with the risks of continued smoking.■ Offer suggestions for addressing other lifestyle changes such as eating plenty of fruits and vegetables, getting regular exercise, and avoiding high-calorie foods and beverages.
Quitting is hard.	<ul style="list-style-type: none">■ Remind your patient that it often takes a smoker several quit attempts to succeed.■ People quit every day and most eventually succeed.
There are many benefits to quitting.	<ul style="list-style-type: none">■ The patient will immediately have a better sense of smell.■ The patient's clothes will smell better.■ The patient will immediately breathe better.■ The patient will save money.

NOT READY FOR CHANGE:

- What would need to be different for you to think about changing?
- What would need to happen for you to consider a change?
- If you _____, how would your life be different? What would be the first sign that things were better? How would others say you were different?
- If one day you were to decide to change, what do you think you might do?
- What is getting in the way from putting _____ at the top of your list of things to do?