

## Why Physician Intervention is Important

- More than 80 percent of tobacco users see a physician regularly, making the clinical setting important for tobacco cessation.<sup>[i]</sup>
- Patients who work with their doctors are ultimately more successful in their quit attempts.<sup>[ii]</sup>
- Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Therefore, it is essential that health care providers consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.<sup>[iii]</sup>
- When tobacco users receive treatment according to the U.S. Public Health Service's clinical practice guideline, they report higher satisfaction with overall health care received compared to untreated tobacco users.<sup>[iv]</sup>
- Yet, in 2012, only half of Florida's health care providers reported often assessing tobacco users' readiness to quit or that they often assist users with a quit attempt.<sup>[v]</sup>
- Smokers who quit can add up to 10 years to their life expectancy by quitting.<sup>[vi]</sup>

## How to Team Up to Quit

- Refer patients to the Florida Department of Health's Tobacco Free Florida program, which offers free and evidence-based quit services to all Floridians.
  - » In Florida, tobacco users have the option to call the Florida Quitline, use a web-based program, or attend in-person counseling services.
  - » They may also receive free FDA-approved nicotine replacement therapy, like the patch or a combination of the patch and nicotine gum.
- Use the 5 As<sup>[vii]</sup>
  - » Ask - Find out if your patients are using tobacco in any form.
  - » Advise - In a clear, strong and personalized manner urge every tobacco user to quit.
  - » Assess - For current tobacco user, is the tobacco user willing to make a quit attempt at this time? For the ex-tobacco user, how recent did you quit and are there any challenges to remaining abstinent?
  - » Assist - For patients willing to make a quit attempt, offer medication (if appropriate). Provide behavioral treatment to help patients quit or refer patients to Tobacco Free Florida's services that can complement your care.
  - » Arrange - Follow up regularly with patients who are trying to quit.
- Use the 2 As and 1 R
  - » Ask - Find out if your patients are using tobacco in any form.
  - » Advise - In a clear, strong and personalized manner urge every tobacco user to quit.
  - » Refer - Provide direct referrals to Tobacco Free Florida's services that will assist patients in quitting. Prescribe medications, if appropriate.
    - Tobacco Free Florida's 3 Ways to Quit are free and evidence-based quit services available to all Floridians.

## Impact of Tobacco in Florida

- Florida's leading preventable cause of death and disease is tobacco use.<sup>[viii]</sup>
- If current rates continue, 270,200 Florida children alive today who are younger than 18 years of age will die prematurely as a result of smoking.<sup>[ix]</sup>
- In 2009, the annual direct costs to Florida's economy attributable to smoking were in excess of \$19.6 billion, including direct medical costs of \$7.2 billion.<sup>[x]</sup>

**For more information, visit [tobaccofreeflorida.com/healthcare](http://tobaccofreeflorida.com/healthcare).**

[i] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—January 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease; [ii] Curry, S.J., Fiore, M.C., Orleans, C.T., & Keller, P. (2002). Addressing tobacco in managed care: Documenting the challenges and potential for systems-level change. *Nicotine and Tobacco Research*, 4(Suppl 1), S5-7.; [iii] Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. April 2009.; [iv] Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services; Public Health Service; 2008.; [v] RTI International. 2013 Independent Evaluation Report. Fifth Annual Independent Evaluation of Florida's Bureau of Tobacco Free Florida. Fiscal Year 2012–2013. RTI Project Number 0212005.001.002.008. December 2013.; [vi] Prabhath Iha, M.D., Ginthanie Ramasundarathette, M.Sc., Victoria Landsman, Ph.D., Brian Roston, Ph.D., Michael Thun, M.D., Robert N. Anderson, Ph.D., Tim McAfee, M.D., and Richard Peto, F.R.S. *N Engl J Med* 2013; 368:341-350 January 24, 2013 DOI: 10.1056/NEIMsa1211128; [vii] Five Major Steps to Intervention (The "5 A's"). December 2012. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>; [viii] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.; [ix] 2014 CDC Best Practices: Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—January 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.; [x] Penn State. "Potential Costs and benefits of Smoking Cessation for Florida." 30 April 2010. Web. < <http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/reports/FL.pdf> >