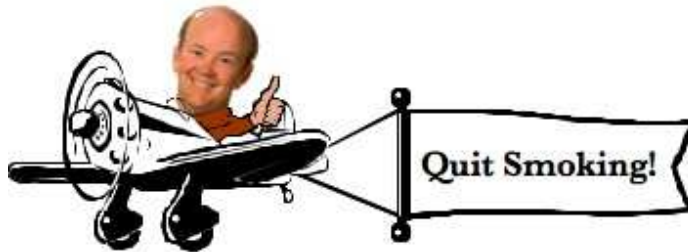




## How to Help Others Quit Tobacco

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Aug. 26 – Sept. 2, 2009



"I noticed you smoke. Would you like to quit?" I ask that question in my clinic several times a day. Like most doctors, I'm trained to gently but directly raise this issue with each patient who uses tobacco.

Suppose you don't use tobacco, but you're concerned about someone who does. Maybe you want to help them, even though you're not a doctor. And, you don't want to come across as pushy, nosey, judgmental or offensive. Where do you begin?

Do what we doctors do! We use an approach known as the "Five A's and the Five R's," which was developed by the U.S. Public Health Service in 2000. I've modified it here for non-doctors. It's quick, effective and easy to remember. And if you do it correctly, you won't offend or embarrass the person you are trying to help.

### Ask

*Would you like to stop using tobacco?*

If the person you care about is like most tobacco users, they probably wish they could quit. More than 80 percent say they do (Gallup Poll, 2001). And each year, about 45 percent of tobacco users make an attempt to quit (CDC, 2007). Most won't mind if you ask, as long as they know you genuinely care.

### Advise

*Because I care about you, I think you should stop. Just cutting down isn't enough.  
As your spouse/friend/co-worker/family member I'm worried about tobacco and its effect on your health/finances/children/self image . . . I know you are too.*

Tobacco users know they should stop, but know it won't be easy. It's important for them to know that someone who cares wants to help. Personalize your message by connecting it to your relationship with them.

### Assess

*Are you ready to try quitting in the next 30 days?  
How likely is it you will set a quit date by then?  
Can you pick a number between 0 and 10 to tell me how likely it is?*

Many tobacco users have been contemplating quitting for some time and are ready to begin planning. If the person you're trying to help gives you a number 7 or higher, they're ready! But if they say 6 or less, they aren't there yet. They may be in a stage we call "Pre-contemplation."

**This is a crucial difference in terms of what to say next.** You can begin to "Assist" (next step) people who are ready (7 or higher). But those who aren't ready (6 or less) shouldn't be given advice or assistance about how to quit. Instead they should be given help to get them ready. Don't badger them into trying now, but don't give up on them either. For such a person, you should skip the next two "A's" and go to the "Five R's" (see next week's post).

### **Assist people who are ready to try**

*Can I help you get your own quitting coach?*

*And, can I help you pick a quit date?*

*Can I help you tell other people when it will be, so they can help too?*

*Let's talk about times when you've tried to quit in the past. Where will the challenges be this time, and how can we prepare for them?*

*If we do all this, I know you'll succeed.*

At this point, by far the most effective way to assist is to make use of telephone coaching. Confidential and effective coaching is available at no cost or obligation. If the person you're trying to help is ready, encourage them to call a coaching program.

Anyone anywhere can use the national tobacco-free help line at 1-800-QUIT NOW. They will receive free live assistance from trained professionals.

Northeast Wisconsin has the added benefit of an award-winning telephone coaching program from Affinity Health System, called Call It Quits. Anyone can make use of this community service by calling (920) 738-2230 or 1-800-362-9900 or e-mail to [callitquits@affinityhealth.org](mailto:callitquits@affinityhealth.org)

These aren't "hot lines" that you call once you're desperate. Instead they are "help lines" that help people prepare, take action, and then maintain this life improvement. And coaching helps the most if it is included from the very beginning.

Telephone coaches usually call back on the quit date, and regularly thereafter. Many send additional help in the mail. They can help callers learn about prescription and non-prescription medications that help control cravings, to decide what's best for them. And this can be done at no cost and no obligation.

One great thing about the convenience of a trained and qualified telephone coach is that you won't have to be the coach yourself! Still, you may want to discuss with the person you're trying to help certain things which universally seem to be a challenge:

- Weight gain – this can happen, but the average is less than 10 pounds (National Cancer Institute, 2007). It's far healthier to gain ten pounds than to remain a tobacco user. And when quitting tobacco is part of a healthier lifestyle with regular exercise and better diet, the weight can be lost.
- Nicotine cravings – medications are highly effective. For example, over-the-counter nicotine patches, gum or lozenges, and prescription Chantix or bupropion are all proven to boost success rates by reducing craving. And, people who use tobacco less heavily tend to have fewer cravings.
- Temptations – reduce them by removing tobacco products from the home and work area. To get ready to quit, avoid using tobacco in places like the car where the user will still have to spend a lot of time once they've quit. And remind them, "Not one more puff (or chew)."
- Alcohol – this can lead to tobacco relapse, so limit or quit alcohol too. Smoke-free restaurants and bars are a great advantage.

- Fellow tobacco users – learn how to ask them for help and consideration. Practice “scripts” the quitter can use to ask them to not use tobacco in their presence. And remember, there is an 80 percent chance each of them wants to quit, too! One might become a “quitting buddy.”
- Stress – now is the time to learn effective and healthy ways of dealing with stress, without tobacco. Exercise, positive thinking, music, prayer, meditation, assertiveness and other coping skills are essential.

### **Arrange**

*Can you and I talk regularly about how this is going?*

Meet again soon after the quit date, and every few weeks after that. Congratulate the person you’re helping if they’ve been able to quit. If they relapsed, remind them it is still a victory that they tried. Review the relapse to learn lessons that will help the next attempt, and promptly start again.

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The “Five A’s” above give you a starting point to use to help someone quit tobacco. For people who are ready to quit, this is a roadmap to success. But for people who aren’t ready, as discussed in the “Third A – Assess” a different approach is needed. That approach is called “The Five R’s.” It’s designed to motivate tobacco users who aren’t ready yet. Maybe they have been demoralized by previous failures, or fear the “unknown” life ahead of them without the tobacco they’ve used for years, or are simply misinformed. Here’s how you can help:

### **Relevance**

*Don’t you think tobacco has a lot to do with your problem with your (health/finances/children/spouse/job/parents/self esteem) that you’ve told me about before?*

Encourage them to consider quitting by making it personally relevant to their current situation, being as specific as possible. Connect it to what you already know has been on their mind lately, such as their health, appearance, family or social situation (i.e., having children in the home), family history or other risk for disease, their age, and gender. You don’t have to say much. Often, the less said the better. But by even briefly connecting their tobacco use to the here-and-now, you can provide strong motivation.

### **Risks**

*What will happen to you if you keep using tobacco? What will happen to your (family/friends/children)?*

Let them do the talking. It’s best to hear what worries them instead of telling them what you think their worries should be. But remind them the only way to eliminate those risks is to quit completely, not just cut down or switch brands.

### **Rewards**

*Once you quit, what good things will happen to you and your (family/friends/children)?*

Now, you might want to do the talking! Remind them of the many benefits that will come, especially those that matter most to them in their particular situation. For example:

- Improved health
- Improved sense of smell
- Save money
- Better self-image
- Home, car, clothing, breath will smell better
- Can stop worrying about quitting
- Set a good example for children
- Have healthier babies and children

- Eliminate worry about exposing others to smoke
- Feel better physically
- Perform better in physical activities
- Reduced wrinkling/aging of skin
- Food will taste better

### **Roadblocks**

*So, what's standing in your way?*

*What has to change before you will try?*

*What worries you about trying to quit?*

*How do the risks of continuing tobacco compare with your worries about quitting?*

Now, let them do the talking. Just listen. Maybe they fear withdrawal symptoms, failure, putting on weight, lack of support, depression, and loss of the enjoyment of tobacco. Acknowledge all of their fears as legitimate, but remind them there are solutions for each of these.

### **Repetition**

I've learned it's a mistake to try to do too much at once with people who need more time. Don't try to talk through all of the "Five R's" in one sitting. Come back to where you left off some other time. That lets them know you are sincere and committed to helping them.

Each time, raise the issue gently and respectfully. Know that they are trying. And, know that tobacco use is a powerful physical and psychological addiction that is difficult to quit. Tobacco users need your compassion, support and understanding while they're struggling to free themselves from it.

Tobacco users all deal with two fears – the fear of quitting and the fear of continuing. They may need your help. Don't be afraid to try!

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