



# Review of Selected Approaches to Promoting Smoking Cessation

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Smoking accounts for at least 30% of all cancer deaths and 87% of lung cancer deaths (American Cancer Society [ACS], 2005). Ideally, no one would smoke, but, in the United States, approximately 23% of adults are smokers (ACS). Much research has been targeted at this population.

The ACS and other public health agencies have launched large campaigns to prevent the use of tobacco and to encourage cessation. Central to the educational effort is the fact that, for smokers who quit before age 50, the risk of dying in the next 15 years is half of that for those who continue to smoke (ACS, 2005). The ACS recommends comprehensive tobacco-control programs that focus on limiting advertising for tobacco products, increasing excise taxes, reducing accessibility of tobacco products to minors, counteradvertising, and implementing clean-air laws as primary prevention programs (Eyre et al., 2004). However, none of the programs will be effective without readily available treatment for tobacco dependence.

Several options are available to promote tobacco abstinence. Much research has been performed to examine the effectiveness of the various approaches. Nurses should consider the research carefully when making recommendations in clinical practice. The Cochrane Database of Systemic Reviews is updated continually and provides an organized way to review the complex data. Data and statistics on the impact of smoking also are readily available (ACS, 2005). The U.S. Public Health Service has issued a clinical practice guideline for tobacco cessation, which includes a thorough evidence-based review with many useful comparisons (Tobacco Use and Dependence Clinical Practice Guideline Panel, Staff, and Consortium Representatives, 2000). This article will provide

a brief overview of what is known about some of the various methods for helping people to stop using tobacco products.

## Practice Operations

Research has shown that healthcare providers can be the key link in getting people to stop using tobacco products. The U.S. Department of Health and Human Services (2000) has emphasized that every clinic should have a means to identify tobacco users, a means to keep healthcare providers current on smoking-cessation strategies, and staff dedicated to providing smoking-cessation services, as well as insurance coverage to include tobacco-dependence treatment.

The U.S. Preventive Services Task Force (USPSTF, 2003) suggests a “5-A” behavior approach with all nicotine-dependent patients. It suggests that healthcare professionals (1) ask about tobacco use, (2) advise patients to quit, (3) assess their willingness to quit, (4) assist them in quitting, and (5) arrange follow-up and support. Each clinical practice should implement an organized system for implementing the guidelines. Recommendation by healthcare providers to quit smoking can be a very important motivator to do so. (Tobacco Use and Dependence Clinical Practice Guideline Panel, Staff, and Consortium Representatives, 2000).

Key to assessment is the willingness to quit. Even when people are unwilling to quit, they should receive a brief intervention designed to increase their motivation to quit (Tobacco Use and Dependence Clinical Practice Guideline Panel, Staff, and Consortium Representatives, 2000). The rationale for the recommendation is that even brief tobacco-dependence treatment can be effective.

## Standard Self-Help Materials

Many printed and multimedia materials describe the importance of and methods for successfully stopping tobacco use. An analysis of 51 published trials suggested that no evidence exists of any benefit of adding self-help materials to other strategies to promote smoking cessation (Lancaster & Stead, 2002). The meta-analysis did find that using materials tailored to the characteristics of individual smokers might be a little more effective than more standard, generic materials. Lancaster and Stead (2002) concluded that such materials may lead to a slight increase in cessation rates when compared to no intervention but that the effect is likely to be very small.

## Individual Counseling

Individual counseling includes activities during which healthcare providers directly instruct and advise on the importance of and means to achieve tobacco cessation. In a review of 21 trials involving more than 7,000 people, a meta-analysis suggested that individual counseling was effective (Lancaster & Stead, 2005). The researchers concluded that the odds ratio for successful smoking cessation with counseling alone was 1.56. The same researchers did not detect a greater effect of intensive counseling when compared to brief counseling.

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