

**Table 6. Smoking Cessation Strategies**

Strategy	Action	Strategies for Implementation
<b>ASK</b> Systematically identify all tobacco users at every visit.	Implement an office-wide system that ensures that, for EVERY patient at EVERY clinic visit, tobacco use status is queried and documented.	Expand the vital signs to include tobacco use or use an alternative universal identification system: <ul style="list-style-type: none"> <li>• Data collected by healthcare team.</li> <li>• Items assessing tobacco-use status collected via computerized records or expanded vital signs printed or stamped on clinic notepaper.</li> </ul>
<b>ADVISE</b> Strongly urge all tobacco users to quit	In a <i>clear, strong, and personalized</i> manner, urge every tobacco user to quit.	Encourage all clinic staff to reinforce the cessation message and support the patient’s attempts to quit.
<b>ASSESS</b>	Ask every tobacco user if he or she is willing to make an attempt to quit.	Assess a patient’s willingness to quit: <ul style="list-style-type: none"> <li>• If the patient is willing to make an attempt to quit, provide assistance.</li> <li>• If the patient prefers a more intensive treatment, or the clinician believes intensive treatment is appropriate, refer to interventions administered by tobacco dependency treatment specialists.</li> <li>• If the patient clearly states he/she is unwilling to make an attempt to quit, provide a motivational intervention.</li> <li>• If the patient is a member of a special population (eg adolescent, pregnant, racial/ethnic minority), additional information may be helpful.</li> </ul>
<b>ASSIST</b>	Help the patient with a plan for quitting.  Provide practical counseling information (problem solving/skills treatment).	A patient’s preparations for quitting: <ul style="list-style-type: none"> <li>• Set a quit date. Ideally, the quit date should be within 2 weeks, taking patient preference into account.</li> <li>• Inform family, friends, and co-workers of attempt to quit and request understanding and support.</li> <li>• Remove tobacco products from patient’s environment.</li> <li>• Review previous quit attempts.</li> <li>• Anticipate challenges to planned quit attempt. These include nicotine withdrawal symptoms.</li> </ul> <p><i>Abstinence</i>—Total abstinence is essential.  <i>Past quit experience</i>—Review past quit attempts, including identification of what helped during the quit attempt and what factors contributed to relapse.  <i>Anticipate triggers or challenges in upcoming attempt</i>—Discuss challenges/triggers and how patient will successfully overcome them.  <i>Alcohol</i>—Drinking alcohol is highly associated with relapse. Those who stop smoking should review their alcohol use and consider limiting/abstaining from alcohol during the quitting process.  <i>Other smokers in the household</i>—The presence of other smokers in the household, particularly a spouse, is associated with lower success rates. Patients should consider quitting with their significant others.</p>
<b>ARRANGE</b>	Schedule follow-up contact, either in person or via telephone.	<i>Timing</i> —Follow-up contact should occur soon after the quit date, preferably during the first week. A second follow-up contact is recommended within the first month. <i>Actions during follow-up visit</i> —Congratulate success. If tobacco use occurred, review circumstances, try to get the patient to view the attempt as a learning experience, and elicit recommitment. Identify problems already encountered and anticipate challenges in the immediate future. Assess pharmacotherapy use and problems. Consider referral to a more intense or specialized program.