

■ HOW TO ASK

- ☞ ALWAYS USE A TONE THAT IS NONJUDGMENTAL AND CONVEYS SENSITIVITY AND CONCERN.
 - As part of routine screening for new patients, “Do you, or does someone you know, ever smoke or use any types of tobacco or nicotine, such as e-cigarettes?”
 - Clinicians can tailor questions to each patient based on their medical profile: “I see you are taking [medication*]. If you don’t mind my asking, do you or others in your household smoke?”

■ WHO IS AT MOST RISK FOR THE HARMFUL EFFECTS OF TOBACCO?

- ☞ WHEN TIME IS LIMITED, FOCUS ON THESE PATIENTS – THEY HAVE THE MOST TO GAIN BY QUITTING.
 - Patients on medications known to interact with tobacco smoke
 - See **DRUG INTERACTIONS WITH SMOKING** table
 - Patients with medical conditions caused or worsened by smoking, such as:
 - Cardiovascular disease, e.g., hypertension, hyperlipidemia, heart failure, arrhythmias, stroke
 - Diabetes
 - Respiratory disorders (asthma, COPD); parents of children with asthma
 - Cancer
 - Osteoporosis
 - Pregnancy and lactation

■ WHAT IF A PATIENT ASKS WHY WE ARE INQUIRING ABOUT TOBACCO USE?

- “We care about your health, and we have resources to help our patients quit.”
- “This medication* is used to treat medical conditions that are linked with or caused by smoking.”
- “This medication* is known to interact with tobacco smoke.”
- “Your (illness) is caused (or exacerbated) by smoking. Quitting will greatly improve your chances of not getting worse.”

* MEDICATIONS COMMONLY USED TO TREAT CONDITIONS NEGATIVELY AFFECTED BY TOBACCO USE

Cardiovascular conditions:

Antiarrhythmics (e.g., amiodarone, digoxin, sotalol), **anticoagulant/antiplatelet agents** (e.g., apixaban, cilostazol, clopidogrel, edoxaban, dabigatran, dipyridamole, pentoxifylline, prasugrel, rivaroxaban, ticagrelor, warfarin), **antihypertensives** (e.g., ACE-inhibitors, angiotensin II receptor blockers, β -blockers, calcium channel blockers, thiazide diuretics), **dyslipidemics** (e.g., ezetimibe, fibrates, statins), and **vasodilators** (e.g., nitrates)

Diabetes:

Insulin formulations and other **hypoglycemics** (e.g., metformin, sulfonylureas, pioglitazone, DPP4-inhibitors, GLP-1 agonists, SGLT2 inhibitors)

Respiratory conditions:

Inhaled beta-agonists (e.g., albuterol, arformoterol, indacaterol, levalbuterol, olodaterol, salmeterol), **inhaled anticholinergics** (e.g., aclidinium, glycopyrrolate, ipratropium, tiotropium, umedlidinium), **inhaled corticosteroids** (e.g., beclomethasone, budesonide, ciclesonide, fluticasone, mometasone), **inhaled corticosteroid/beta-agonist combinations** (e.g., Advair, Breo, Dulera, Symbicort), **inhaled anticholinergic/beta-agonist combinations** (e.g., Anoro, Combivent, Stiolto, Utibron)

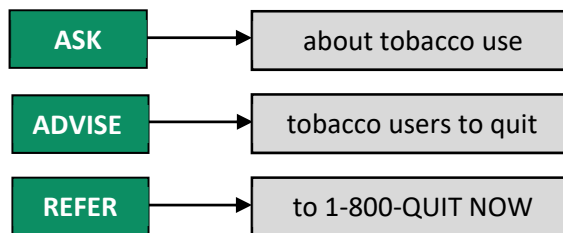
Pregnancy (e.g., prenatal vitamins)

■ HOW TO ADVISE

- ☞ PROVIDE A CLEAR, STRONG, AND PERSONALIZED MESSAGE.
 - “Quitting is probably the single most important thing you can do to improve your health now and in the future.”
 - “May I tell you what concerns me [about your smoking/vaping]?”
 - Link worsening of medical conditions with advice to quit:
 - “People who have diabetes and smoke are at a much greater risk of developing serious heart disease. Quitting smoking is as important as having good control of your blood sugar.”
 - “Quitting smoking is the most important thing you can do to...[insert tailored message]” (examples: “control your asthma or emphysema,” “reduce your chance for heart attack or stroke,” or “improve the health of your baby/child”)
 - “What are your thoughts about talking with an expert about quitting?”
 - “I can tell you about some great resources to help you quit.”

■ HOW TO REFER

- ☞ Inform patients: “The best chance for success is to combine counseling with medication.”
 - Discuss the tobacco quitline: The tobacco quitline (**1-800-QUIT NOW**) is a highly effective, state-funded program offered at no cost.
Quitline services include the following:
 - Individually tailored telephone counseling with a highly trained tobacco specialist
 - Printed self-help materials
 - Services provided in multiple languages in most states
 - Some tobacco users might qualify for additional services, e.g., proactive counseling and medications (services depend upon available funding and eligibility requirements established by the state)
 - Consider other options, based on patient preferences: local group cessation programs, web-based programs, local pharmacists (who can prescribe cessation medications in some states), or one-on-one counseling with a tobacco treatment specialist
 - See **PHARMACOLOGIC PRODUCT GUIDE** for information about medications (for use by clinicians)



- Have quitline cards and/or brochures at practice site and provide to patients
- If ready to quit:
 - Congratulate patient on the important decision to quit
- If not ready to quit:
 - Say, “Consider putting this card in your wallet—when you see it, it will remind you to continue to think about quitting. And when you are ready, call the quitline. Or come in and talk with us.”

NOTES:

- Implementation of *Ask-Advise-Refer* is most successful when clinicians and staff work as a team to determine the best method to integrate it into routine patient care.