IMPLEMENTING **ASK-ADVISE-REFER**

## 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
    - Examples: hypertension, hyperlipidemia, heart failure, arrhythmias, blood clots, 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.”

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* **Medications commonly used to treat conditions negatively affected by tobacco use**

### Cardiovascular Conditions:
- Antiarhythmic (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, SLGT2 inhibitors)

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

### Pregnancy (e.g., prenatal vitamins)
**HOW TO ADVISE**

**YOU SHOULD 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.”
- 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,” “promote the health of your baby/child”)
- “What do you think about talking with a cessation expert about quitting?”
- “I can tell you about some great resources to help you quit.”

**HOW TO REFER**

**SUCCESS RATES DOUBLE IF PATIENTS USE A QUITLINE COMPARED WITH QUITTING ON THEIR OWN.**
- 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 free of charge.
  **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, or one-on-one counseling with a cessation expert
- See **Pharmacologic Product Guide** for information about medications (for use by clinicians)

**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.