

# Advising on smoking cessation

## Then

In 2003,[1] we reported that:

Smokers were more likely to quit smoking if they received advice on smoking cessation from their GPs.

GPs were generally unaware of the smoking status of a third of their patients who were smokers, and provided smoking cessation advice to only half of those whom they knew to be smokers.

## Now

**A review of developments from 2004 to 2007 has found that:**

There has been no significant change in the level of self-reported daily smoking in Australia.

Smoking cessation advice provided by nurses in primary care settings has the potential to increase the likelihood of smokers quitting.

Initiatives such as the *Smoking cessation guidelines for Australian general practice* and *Lifescrpts* help GPs to provide better smoking cessation advice more often, and may have played a part in the substantial increase in calls to Quitline services in 2006.

Without current data on rates of smoker identification or the provision of smoking cessation advice by GPs, it is difficult to determine whether the evidence-practice gap for advising on smoking cessation is being closed.

## What has changed since Volume 1?

### Best available evidence

A Cochrane review on physician advice for smoking cessation had found a small but significant increase in the proportion of patients who successfully gave up smoking following advice from their GP, compared with those who received no advice. When this review was updated in 2004, the conclusions remained the same.[2]

Another Cochrane review published in 2004 found that provision of brief smoking cessation advice by nurses across a variety of settings, including primary care, can also increase the likelihood of smokers quitting, and can have similar levels of effectiveness as advice provided by GPs.[3]

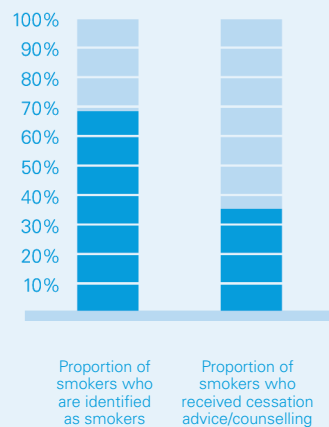
Evidence is also emerging on the impact of other initiatives in increasing uptake of effective smoking cessation strategies and quit rates. These include quit lines (telephone smoking cessation services),[4,5] and subsidised nicotine replacement therapy linked with use of a quit line.[4,6,7]

### Current practice

As cited in *Evidence-Practice Gaps Report, Volume 1* (the Gaps Report 1), GPs identify around two thirds of smokers, and only half of these are given smoking cessation advice or counselling (Figure 1).[1]

Since then, the proportion of smokers identified by GPs and who receive smoking cessation advice or counselling has not changed; [8,9] and figures are similar for a number of other countries.[10–12] However, it has been found that advice rates are higher where clinicians have received feedback or incentives to become involved in smoking cessation.[7]

Figure 1: Identification and smoking cessation advice/counselling given to smokers during GP visits



In the Gaps Report 1, it was reported that of those Australians who visit a GP, more than 1 in 5 smoke.[13]

Between 2000–01 and 2004–05 there was no significant change in the prevalence of self-reported daily smoking.[14] In 2006 however, Quitline (a nationwide telephone smoking cessation service) reported that calls had doubled, from just over 80,000 in 2005 to 165,140 in 2006.[15]

## Initiatives to help close the gap

### Guidelines

In 2004, the first *Smoking cessation guidelines for Australian general practice* were developed and distributed to all GPs nationally.[16] The guidelines use an evidence-based approach to providing smoking cessation advice, and are based on the 5As framework (Ask, Assess, Advise, Assist, Arrange). They build upon the clinical approach of the Smokescreen program,[17–19] and integrate GP advice with Australian state and territory Quitline services.[20] They give GPs the option to manage smoking cessation themselves, refer to Quitline, or use a combination of the two. A small study of 42 general practice staff found that three months after a two-hour training session on how to use the guidelines, there was a high rate of continuing use of the guidelines and a self-reported increase in confidence in smoking cessation counselling skills.[21] An earlier study found that GPs who received reinforcement contact after a training workshop for the Smokescreen program, were more likely to still be using the program at six months compared with those who received no follow-up after the training.[18]

### Tools and resources

In 2004, the Department of Health and Ageing commissioned *Lifescrpts*, a range of Lifestyle Prescription resources. In 2005, the Australian Divisions of General Practice began rolling out implementation of *Lifescrpts*. The *Lifescrpts* initiative aims to provide GPs with tools for helping patients make healthier lifestyle choices, particularly in the areas of smoking, nutrition, alcohol and physical activity.[22]

### Centre for Excellence in Indigenous Tobacco Control

In September 2003, the Centre for Excellence in Indigenous Tobacco Control (CEITC) was established with funding of \$1 million over three years from the Commonwealth Department of Health and Ageing under the National Tobacco Strategy.[23] The CEITC is part of a capacity building project, that also includes work around smoking and Indigenous health workers and development of culturally appropriate Indigenous tobacco control resources.[24]

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