Preface

This monograph, the fifth in the NCI Smoking and Tobacco Control series, provides important information for clinicians interested in reducing the tremendous burden of disease caused by cigarettes and other tobacco products. As health professionals we can and must contribute to this effort, both by assisting individual patient cessation and by contributing to broader tobacco control activities in our communities.

Cigarette smoking is still this Nation's largest cause of premature death and disability and remains the only product that, when used as intended by the manufacturer, will kill the consumer. Every physician and dentist can and should become a smoking expert to counter the pervasive attempts by the tobacco industry to convince smokers and would-be smokers that smoking is desirable, sexy, or fun.

We need to remind ourselves that for decades the cigarette industry blatantly used the medical profession in cigarette advertising and enticed entire generations into believing that smoking was safe. Even today, 30 years after it became known with overwhelming scientific certainty that smoking was a major health threat, cigarette advertisers still portray smoking as free from any significant health risk.

Health professionals have been an integral part of the national effort to reduce smoking in the United States, and in fact, the first major smoking information campaign launched by the U.S. Public Health Service was based on changes in physicians' smoking behavior.[1] However, we must do more.

TOBACCO AND THE CLINICIANS' RESPONSIBILITY Today more than 400,000 of our citizens die needlessly each year because they smoke cigarettes. Additional thousands more will die or experience a diminished quality of life because of diseases that result from use of other tobacco products. As health professionals, we have the responsibility to stem this tide of needless suffering by providing assistance to those patients who want to stop smoking and by becoming more active in our communities, supporting policies that can reduce smoking among all segments of society, especially the young.

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[1] The campaign, consisting of a series of office posters and public service print ads placed on all U.S. Postal Service delivery trucks, was short-lived because the cigarette industry aggressively attacked both the validity of the survey and the campaign, forcing the postal service to withdraw its support.

Assisting patients to quit adds to the number of nonsmokers and facilitates the growing social unacceptability of smoking in general. Although the percentage of physicians who routinely counsel smokers to quit has doubled in the past 15 years, it is disheartening that only about 50 percent of current smokers report they have ever received such advice from a physician. However, on a cost-benefit basis advice about smoking cessation is more cost-effective than many other valuable medical interventions, including preventive measures for hypertension and hypercholesterolemia. The cost was estimated at $748 per year of life saved. It would be unthinkable for a physician not to routinely monitor patients for high blood pressure, yet many physicians and dentists do not have an office system for even identifying patients who smoke.

Involvement in community-based smoking control activities poses a different, but no less important, challenge. Medical professionals' responsibility for the health of patients cannot be limited solely to those procedures performed in an office practice. Indeed, we need to recognize that the tobacco industry views the community as "a vector" to help spread the disease of tobacco addiction, and it is our responsibility to prevent it from doing so. As this monograph points out, the promotion of tobacco in our communities is still widespread. All kinds of events—from auto races to rock concerts to athletic contests and even community charity fundraisers—are often sponsored with tobacco industry money. Sponsorship of these events is intended to buy social acceptance and legitimacy, and health professionals must take the lead in discouraging such tobacco-promotion activities to the extent possible.

THE NCI NATIONAL HEALTH PROFESSIONAL TRAINING PROGRAM

In 1984 the National Cancer Institute began funding a series of 12 clinical trials in an effort to develop more effective intervention methods for use by physicians, dentists, and other health care professionals with their patients who smoke. More than 100,000 patients and 6,100 physicians and dentists were involved in these trials.

**Brief Physician and Dentist Protocol for
Patient Smoking Cessation**

1. **ASK** about smoking at every opportunity.

2. **ADVISE** all smokers to stop.

3. **ASSIST** patients with stopping by setting a quit date, providing self-help materials, and prescribing nicotine replacement therapy as appropriate.

4. **ARRANGE** followup visits to foster maintenance and prevent relapse.

This monograph distills from these and other related studies a clear picture of not only what interventions work but also how to recruit and

motivate clinicians to provide assistance and how to institutionalize the provision of cessation assistance within the health care delivery system. The monograph also provides many practical tips for involvement in community-based smoking control activities.

Recognizing that health practitioners committed to cessation assistance require training and skills to successfully deliver such services, the National Cancer Institute initiated a national training program for clinicians with the goal of training 100,000 primary care physicians and 50,000 oral health professionals.

When these goals are realized, the program will produce between 1 and 2 million additional former smokers each year. And last year, in cooperation with the American Academy of Pediatrics, NCI expanded its training protocol to include primary prevention of smoking for those primary care providers who routinely see children and adolescents in their practices. Results from this national training program will have a substantial impact on the health and well-being of the Nation and will ultimately save billions of health care dollars as well.

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