In a Letter to the Editor of our local newspaper, a reader wrote, “Let me see if I have this right: part of my taxes goes to subsidize tobacco farmers. Then, later on, part of my taxes help pay for any illnesses caused by tobacco. What’s wrong with this picture?”

Good question.

Although federal support for the tobacco industry is certain to remain a subject for political debate, the federal government, through the Agency for Health Care Policy and Research (AHCPR) and the Centers for Disease Control and Prevention (CDC), recently released clinical practice guidelines for smoking cessation. The report notes that 420,000 Americans die each year of tobacco-related illness—more than 1000 deaths each day—and every one of them might have been prevented! The leading causes of death among adults (cancer, heart disease, stroke, and chronic obstructive pulmonary disease) are each known to be related to tobacco use and are clearly preventable. Despite the tobacco industry’s well-worn, but slick, attempts to obfuscate, the public is aware of the health hazards associated with smoking. And yet, an estimated 25% of Americans continue to light up.

The AHCPR and CDC report that more than 70% of Americans who smoke visit a clinician each year, yet half of these persons report never having been urged to quit by their clinician. More than 70% indicated that they want to quit and have made at least one previous attempt to do so.

Although physicians can continue to influence elected representatives to stop the subsidization of the tobacco industry, we can—and should—do much more in addressing the issue of smoking with our individual patients. To that end, the government guidelines provide a wealth of information and evidence-based strategies to assist us in helping our patients to overcome this powerful addiction. Among the major recommendations are:

- Every patient who smokes should be offered one or more of the effective smoking cessation treatments currently available.
- It is essential that clinicians determine and document the tobacco-use status of every patient treated in a healthcare setting.
- Brief cessation treatments are effective, and at least a minimal intervention should be provided to every patient who uses tobacco.
- A dose-response relationship exists between the intensity and duration of a treatment and its effectiveness. Generally, the more intense the treatment, the more effective it is in producing long-term abstinence from tobacco.

Three treatment elements, in particular, are effective. One or more of them should be included in a smoking cessation treatment program: nicotine replacement therapy (transdermal nicotine patches or chewing gum); social support in the form of clinician-provided encouragement and assistance; and skill training/problem-solving techniques on achieving and maintaining abstinence.

As physicians, we have the responsibility during each office visit to identify those of our patients who use tobacco (including smokeless, or chewing tobacco) and to intervene. Yet, we alone cannot help our patients. The federal guidelines note that clinicians need the support of healthcare administrators and insurers to have a real impact on our patients’ long-term smoking cessation. Clinicians should be reimbursed for counseling patients, and all insurers need to reimburse patients for pharmacotherapy. Only through this partnership can we send up in flames the notion that long-term smoking cessation is an oxymoron.

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Editor’s note: Copies of the clinical practice guidelines for smoking cessation may be ordered from the Government Printing Office at (202) 512-1800. A reference guide for clinicians and smoking cessation experts as well as a consumer guide are available from the Agency for Health Care Policy and Research Publications Clearinghouse at (800) 358-9295.