

RESOURCES

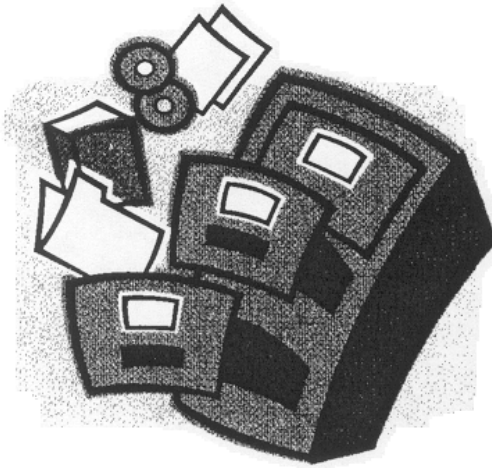
Nicotine addiction

How can we help?

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Although cigarette smoking has been referred to as the most common and lethal drug dependence in modern society,¹ medical training until recently has paid only lip-service to this fact. The public, well aware of the deadly effects of both first-hand and environmental tobacco smoke, are now asking their physicians to help them "kick the habit." Unfortunately, physicians in general are ill-prepared to deal with this demand.

We often do not know much about the physiologic basis of addiction to tobacco, nor do we understand the complexity of interactions between psychological, physical, and social aspects of the addiction. Add to this, billing systems that variably reimburse efforts in this area, and you have



physicians who are understandably reluctant to tackle this formidable problem with their patients. We can easily appreciate the incredible initial "success," defined only in terms of frequency of prescribing, of the nicotine patch. Not only do patients desire a quick fix for their dependence, so too do their physicians!

Stopping smoking is not easy. The obsessive love-hate relationship with a powerful drug has to be replaced with self-respect and freedom. This process evolves slowly, demanding constant vigilance by the ex-smoker who has to face and deal with daily challenges. To think a physician can see a

smoker, prescribe nicotine replacement, book a return visit, wish the patient luck, and expect good results, is ludicrous. Physicians must be able to refer patients to community programs, such as those offered by the Lung Association or the Cancer Society. Each smoker has a particular set of requirements for success; part of our responsibility to them is to recognize our own limitations in these specialized areas and be able to direct them to helpful resources.

We should be aware of the smoking status of every one of our patients; for children, we must be aware of the smoking status of those at home. We can make a difference simply by asking about our patient's smoking status, commenting on the negative health effects for them and recipients of their second-hand smoke, outlining the health benefits of quitting, and offering our assistance. With this apparently small intervention, we can double the chances that our patients will at least try to quit.^{2,3}

Transtheoretical model

In behavioural psychology, the transtheoretical model⁴ is a model for behavioural change. The model proposes that any individual, for any behaviour, is in one of five stages of wanting to change that behaviour. The stages are:

- Precontemplation: individual is not thinking about change;
- Contemplation: individual is considering change and might be thinking about methods of changing;
- Preparation: method has been chosen and plans are being made to implement change;
- Action: an attempt at change; and
- Maintenance: change has been attempted and ongoing input is processed to ensure lasting change is maintained.

Most interventions are cessation-oriented, such as mass media campaigns or taxation changes, and are inappropriate for smokers who are not ready to stop smoking. These people will simply ignore the interventions. In our offices and hospitals, however, we can match our intervention to a particular stage of change. The stages are not only steps on the road to successful cessation, but also a series of tasks to be accomplished by smoking patients with our guidance.

Educating ourselves in the area of nicotine addiction is essential for successful delivery of effective counseling. Several readings will enhance understanding of the physiologic nature of this powerful addiction and the rationale for using nicotine replacement therapy.⁵⁻⁹ Others describe the social and psychological aspects of nicotine addiction.^{10,11}

References

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Helpful individuals and associations

Shannon Townsend, National Coordinator, Guide your patients to a smoke-free future, Canadian Council on Smoking and Health, 1202, 170 Laurier Ave W, Ottawa, ON K1P5V5

Physicians for a smoke-free future, PO Box 4849, Stn E, Ottawa, ON K1S5J1

STAT (Stop teenage addiction to tobacco), 511 East Columbus Ave, Springfield, Mass 01105 USA

BC doctor's Stop Smoking Project, 115, 1665 W Broadway, Vancouver, BC V6J5A4