

Effective Tobacco Cessation Conversations

You can increase your patients' likelihood of quitting with consistent positive messaging.

Patient Insights

- Most people who use tobacco want to quit.¹
- Patients expect providers to ask about tobacco use and to provide guidance on quitting.
- Patients do not want to feel judged for their tobacco use. Patients may use tobacco to cope with stress.
- Patients who use any kind of tobacco or nicotine* (e.g., smoking, vaping, smokeless tobacco) should get cessation support.
- Consistently offering cessation support communicates the importance of quitting, creates teachable moments, and lets you seize the opportunity when the patient becomes motivated to quit.
- If a quit attempt is unsuccessful, remind the patient that it often takes multiple attempts to quit for good.²
- Past quitting attempts can be learning opportunities to tailor a new treatment plan, recognize triggers, and identify healthy coping strategies.
- Quitting is associated with reduced depression, anxiety, and stress.³

Evidence-based cessation treatment options can be used individually or combined to increase the odds of quitting.⁴

- Cessation counseling from a trained counselor (including quit lines).
- Nicotine replacement therapy (long- and short-acting NRT).
- Prescription medication (varenicline, bupropion).

*Excluding ceremonial or religious use of tobacco products.

Conversations About Cessation⁵

"I just want to quit, period."

"I want to live."

"...they keep encouraging [me to quit]...I'm actually pretty grateful."

"...in a way like, Hey...I see that you're a smoker. I've got some information, whether it's educational or things that could help you quit, would you be interested?" Instead of making you feel guilty..."

"...when I smoke a cigarette it kind of calms me and relieves the stress. But I need to find a better way."

"He told me, listen it takes three or four times to actually successfully quit. And the fact that I quit for almost three months is like, listen, don't be hard on yourself. Do it again."

References

1. VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation - United States, 2022. MMWR Morb Mortal Wkly Rep. 2024;73(29):633-641. Published 2024 Jul 25. doi:10.15585/mmwr.mm7329a1
2. Chaiton M, Diemert L, Cohen JE, et al. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. BMJ Open. 2016;6(6):e011045. Published 2016 Jun 9. doi:10.1136/bmjopen-2016-011045
3. Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis [published correction appears in BMJ]. 2014;348:g2216]. BMJ. 2014;348:g1151. Published 2014 Feb 13. doi:10.1136/bmj.g1151
4. Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis [published correction appears in BMJ]. 2014;348:g2216]. BMJ. 2014;348:g1151. Published 2014 Feb 13. doi:10.1136/bmj.g1151
5. Patient quotes are from focus groups conducted by the University of California, Davis and LTG Associates with patients who use tobacco, seen at Federally Qualified Health Centers (FQHCs) and FQHC-lookalikes in California, 2023 – 2024.

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