



Smoking cessation guidelines for Australian general practice



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BACKGROUND

The *Smoking cessation guidelines for Australian general practice* is based on published evidence, review of overseas guidelines, existing general practice programs, and a process of stakeholder consultation. It was distributed to Australian general practitioners in 2004.

OBJECTIVE

This article describes the development and content of the guidelines.

DISCUSSION

The guidelines provide an evidence based approach to smoking cessation advice in general practice using the 5As framework (Ask, Assess, Advise, Assist, Arrange). The intervention approach (modelled on the Smokescreen Program) makes use of stage of change assessment and motivational interviewing. The guidelines are consistent with the Smoking, Nutrition and Physical activity (SNAP) framework for intervention on behavioural risk factors, and integrate GP advice with Quitline services.

Smoking is one of the major behavioural risk factors where intervention in general practice can help patients to modify their behaviour. It is the risk factor responsible for the greatest burden of disease in Australia, accounting for 12% of the burden in men and 7% in women.¹ The opportunity for general practitioners to detect and counsel patients exists due to the high rate of contact between GPs and the Australian population, with more than 80% of Australians consulting with a GP at least once a year.² Evidence from smoking cessation studies shows that the GP can play a powerful role in assisting smokers to quit and thereby reducing the high morbidity and mortality related to tobacco use.³ Despite this evidence, not all smokers are identified in general practice and counselled to quit smoking. Studies in general practice have found that GPs identify two-thirds of their patients who smoke, and advise only half of these to quit.⁴

Why more guidelines?

Clinical practice guidelines are defined as 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances'.⁵ Guidelines that promote interventions of proven benefit have the potential to improve health outcomes and consistency of care.⁶ A range of factors influence whether a guideline will be used in practice, including attributes of the guideline itself and the dissemination process.⁷ In contrast to previously held beliefs, a recent systematic review found that postal distribution of guidelines can change clinical practice, and has the advantage of being a low cost dissemination strategy.⁸

The *Smoking cessation guidelines for Australian general practice* aim to assist GPs and other practice staff to deliver effective assistance in the general practice context.

Guidelines development

The guidelines development group comprised GPs and smoking cessation experts brought together by General Practice Education Australia (GPEA) and funded by the Australian Government Department of Health and Ageing. The guidelines development built on a literature review,⁹ guidelines from other countries, previous smoking cessation programs in Australia, and a stakeholder consultation process. The evidence base that underpins these guidelines has been drawn from the National Tobacco Strategy.⁹ The guidelines have adapted the '5As' for brief intervention that are the basis of the United States clinical practice guideline *Treating tobacco use and dependence*.¹⁰ The '5As' approach was a development of the approach of the United Kingdom guidelines¹¹ and has also been used as the basis of revised guidelines for smoking cessation in New Zealand.¹² In the Australian guidelines, the ordering of the 5As has been modified, putting assessment of stage of change and nicotine dependence as the second step before advising smokers to quit. This re-ordering emphasises the importance of stage of change assessment and choosing an intervention targeted to the needs of the smoker. Development was also informed by The Royal Australian College of General Practitioners' *Guidelines for preventive activities in general practice*.¹³ These guidelines emphasise the importance of documenting the smoking status of patients and include brief information on assisting with smoking cessation.

The development of the guidelines builds on work conducted in Australia for assisting smoking cessation. The 'in practice' management approach was based on the Smokescreen Program – the longest standing general practice based smoking cessation program in Australia and New Zealand.¹⁴ The Smokescreen Program acknowledges that the smoker's own motivation to stop is a key issue and advice is provided based on the smoker's readiness to quit. It was the first program to apply the 'stage of change model'¹⁵ in the general practice setting.

The Smokescreen Program has been shown to be effective and sustainable in trials over 22 years.^{16–19} The guidelines development process provided the opportunity to produce updated resources for general practice that built on the experience of the Smokescreen Program and incorporate the 5As approach. Ideas for briefer interventions accompanied by referral (where appropriate) were taken from the GPs Assisting Smokers Program (GASP) in South Australia and models developed by Quit Victoria.

The Australian guidelines link smoking cessation advice in general practice to the National Tobacco Campaign and to materials and support services provided through the Quitline operating in each state and territory. Creating this link provides a greater opportunity for GPs to refer patients for assistance outside the practice when needed (eg. time pressure, lack of skills, special needs). Telephone counselling services are effective in helping smokers quit²⁰ and the service provided by the Quitline in Australia has been shown to be effective in a randomised trial.²¹

The guidelines are consistent with the approach to risk factor identification and intervention of the Smoking, Nutrition, Alcohol and Physical activity (SNAP) framework suggested by the Joint Advisory Group on General Practice and Population Health.²² The SNAP framework and these guidelines recognise that, although evidence of effectiveness of brief advice and other strategies for smoking cessation such as pharmacotherapy have been known for some years, the implementation of these strategies has been variable.

Stakeholder consultation

Early in the development of the guidelines an extensive process of consultations with 52 stakeholders was conducted. Stakeholders represented tobacco control organisations (n=10), peak professional organisations including GPs, pharmacists, dentists, and nurses (n=8), and organisations representing people with special needs including pregnant and lactating women, adolescents, Aboriginal

and Torres Strait Islanders, culturally and linguistically diverse communities, those with smoking related diseases, those with mental illness, and those with other drug use problems (n=34). Semi-structured telephone interviews were conducted lasting 45–90 minutes each. Stakeholders were asked about the issues surrounding general practice and smoking cessation, on content and format of the guidelines and support materials, on roles of other agencies in supporting GPs in smoking cessation, and on strategies for implementing the guidelines.

Major findings were that the stakeholders thought the guidelines should:

- enhance GP confidence and skills
- recognise roles in smoking cessation for both the GP and practice staff
- address the needs of special groups
- be able to be used as a patient education tool
- link general practice advice to other services such as Quitline
- be integrated into desktop software, and
- link to other guidelines and form part of a broader approach to preventive advice within general practice and the health care system.

The development group sought to address each of these issues in the subsequent development of the guidelines.

Guidelines and supporting material

The guidelines and supporting material includes:

- GP and patient education materials in the form of a flip-over
- practice handbook
- referral forms to Quitline
- patient resource (Quit pack), and
- re-order form for Quit resources.

The desktop guidelines include an algorithm of the modified 5As approach (*Figure 1*); key questions for assessing stage of change and brief motivational interviewing; information on the health effects of smoking, smoking and key diseases, and pharmacotherapy use for smoking cessation; pointers for addressing issues with special groups; information on coping strategies; and a resource list. The practice handbook provides the evidence and

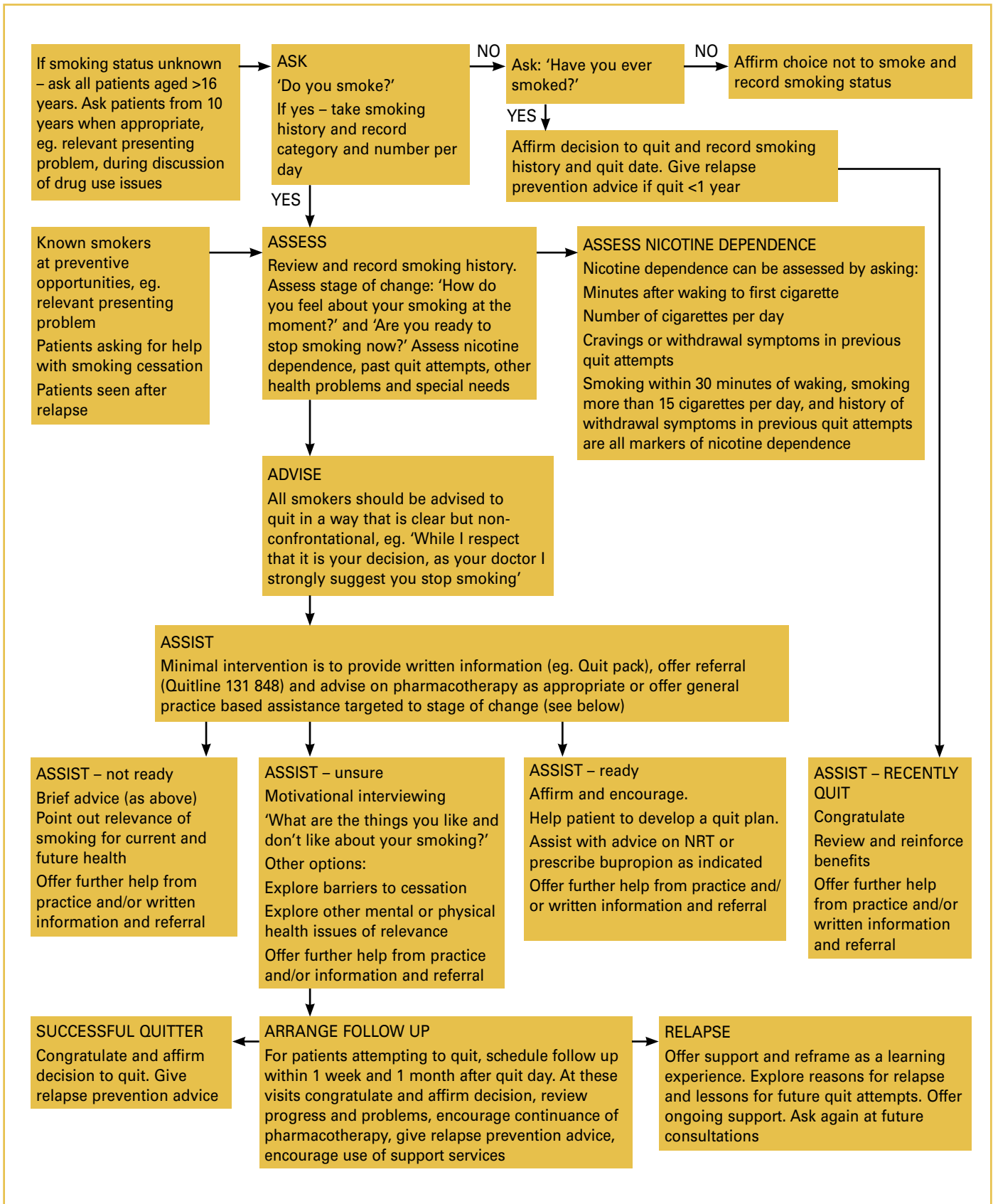


Figure 1. 5As for smoking cessation in Australian general practice

recommendations as well as providing more detailed information on the topics covered in the desktop flip-over.

Integration with state and territory Quit campaigns has been achieved through provision of Quit materials as a key patient resource and a referral system linking the GP to the Quitline. The faxed referral system has been developed to encourage GPs to actively refer patients for Quitline support. The referral form provides the Quitline with brief information from the GP assessment and what pharmacotherapy has been prescribed or suggested. On receipt of the faxed referral Quitline staff telephone the patient to offer support services. These vary from state to state, but Victoria, South Australia and New South Wales include the option of pro-active telephone counselling. One GP desktop software program (Medical Director) has incorporated the Quitline fax referral form as one of its referral templates. This assists the referral process, as patient identifying details and smoking status entered in other parts of the program automatically populate fields in the template.

Discussion

Evaluation of the guidelines was conducted in 14 diverse Australian general practices and suggestions for improvements arising from the evaluation were incorporated into the final version. The most frequent comments included that the guidelines were organised and sensible (six respondents), easy to use (five respondents), and comprehensive and effective (four respondents). Suggestions for improvements were including the effects of smoking on the eye (macular degeneration), visual material on the health benefits of quitting, more indigenous specific materials, and putting the guidelines on an interactive CD-ROM (see *Research* this issue).

Conclusion

The *Smoking cessation guidelines for Australian general practice* built on experience with guidelines in other countries and experience of smoking cessation programs in general practice in Australia, in particular

the Smokescreen Program. The guidelines are unique in that they link general practice advice to Australian state and territory Quitline services. This allows GPs the option to either manage smoking cessation within their practice, refer to Quitline, or a combination of both.

We believe the guidelines are evidence based and practical, and that their use will substantially strengthen the smoking cessation advice and assistance provided in Australian general practice. A key issue is whether they are used and strategies to support uptake are proposed, including workshops through divisions of general practice and online continuing professional development resources.

Further copies of the guidelines can be ordered from the publications office of the Department of Health and Ageing on 1800 020 103 or via the internet at www.health.gov.au/pubhlth/publicat/order.htm.

Conflict of interest: none declared.

References

- Mathers C, Vos T, Stevenson C. The burden of disease and injury in Australia. 1999. Australian Institute of Health and Welfare. Available at: www.aihw.org.au.
- Mullins R, Livingston P, Borland R. A strategy for involving general practitioners in smoking control. *Aust NZ J Public Health* 1999;23:249-51.
- Silagy C, Stead LF. Physician advice for smoking cessation (Cochrane Review). In: *The Cochrane Library*, Issue 1, 2003. Oxford: Update Software.
- Young JM, Ward JE. Implementing guidelines for smoking cessation advice in Australian general practice: opinions, current practices, readiness to change and perceived barriers. *Fam Pract* 2001;18:14-20.
- Field MJ, Lohr KN, editors. *Clinical practice guidelines: directions for a new program*. Washington DC: National Academy Press, 1990.
- Woolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. Potential benefits, limitations, and harms of clinical guidelines. *BMJ* 1999;318:527-30.
- Eccles M, Grimshaw J. Selecting, presenting and delivering clinical guidelines: are there any 'magic bullets'? *Med J Aust* 2004;180:S52-4.
- Grimshaw JM, Thomas RE, MacLennan G, et al. Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technol Assess* 2004;8:1-72.
- Miller M, Wood L. Smoking cessation interventions: review of evidence and implications for best practice in health care settings. Canberra: Publications Production Unit, Commonwealth Department of Health and Ageing, 2002.
- Fiore MC, Bailey WC, Cohen SJ, et al. Treating

tobacco use and dependence. *Clinical practice guideline*. Rockville, MD: US Department of Health and Human Services. Public Health Service, June 2000.

- Raw M, Mc Neill A, West R. Smoking cessation guidelines for health professionals. A guide to effective smoking cessation interventions for the public health system. *Thorax* 1998;53(Suppl 5):S1-38.
- National Advisory Committee on Health and Disability. *Guidelines for smoking cessation*. Revised edition. National Health Committee. Wellington: New Zealand Ministry of Health, 2002. Available at: www.nzgg.org.nz.
- The Royal Australian College of General Practitioners. *Guidelines for preventive activities in general practice*. 5th ed. *Aust Fam Physician* 2002;5(Suppl):S1-61.
- Mendelsohn CP, Richmond RL. Smokescreen for the 1990s. A new approach to smoking cessation. *Aust Fam Physician* 1994;23:841-8.
- Prochaska JO, DiClemente CC. Stages and processes of self change in smoking: towards and integrative model of change. *J Consult Clin Psychol* 1983;51:390-5.
- Richmond RL, Austin A, Webster IW. Three year evaluation of a programme by general practitioners to help patients stop smoking. *BMJ* 1986;292:803-6.
- Richmond RL, Makinson RJ, Kehoe LA, Giugni AA, Webster IW. One year evaluation of three smoking cessation interventions administered by general practitioners. *Addict Behav* 1993;18:187-99.
- Richmond, RL. The physician can make a difference with smokers: evidence based clinical approaches. *Int J Tuberc Lung Dis* 1999;3:100-12.
- Richmond R, Mendelsohn C, Kehoe L. General practitioners' utilisation of a brief smoking cessation program following reinforcement contact after training: a randomised trial. *Prev Med* 1997;27:77-83.
- Stead LF, Lancaster T, Perera R. Telephone counselling for smoking cessation (Cochrane Review). In: *The Cochrane Library*, Issue 1 2003. Oxford Update Software.
- Borland R, Segan CJ, Livingston PM, Owen N. The effectiveness of callback counselling for smoking cessation: a randomised trial. *Addiction* 2001;96:881-9.
- JAG. Smoking, Nutrition, Alcohol and Physical Activity (SNAP) framework for general practice: integrated approaches to supporting the management of behavioural risk factors of smoking, nutrition, alcohol, and physical activity in general practice. General Practice Partnership Advisory Council, 2001.

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