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Doctors, let's stop dragging (our feet)

In January of this year, on the 15th anniversary of the first Surgeon General's report on smoking and health, the Department of Health, Education, and Welfare issued a 1,200-page update concluding that cigarette smoking is a major factor in 345,000 deaths each year due to cancer and heart and lung disease.

In November, the American Cancer Society (ACS) reported that lung cancer had become the second leading cancer killer among women. "As more women took up smoking, the lung cancer death rate tripled since 1965," said the ACS.

These statistics doubtless will provide sufficient motivation for some smokers to stop. Yet, fully 30 million smokers have tried to kick the addiction and failed, according to a 1975 survey commissioned by the Center for Disease Control in Atlanta.

Many of these would-be nonsmokers have discovered that quitting smoking, like dancing the tango, is hard to do by yourself. Among the numerous programs that attempt to provide outside help and motivation for the person who is trying to stop smoking is one sponsored by the National Cancer Institute (NCI) that furnishes free "Helping Smokers Quit" kits to physicians who request them (*JAMA* 242:1016, 1979). The kits contain information for physicians on how they can help their patients understand why they smoke and suggestions both for alternative behaviors to smoking and positive ways of reinforcing the behavior of people who quit.

The ACS also has developed quit kits—of two types. One is given to physicians to help them interest their patients in the idea of quitting. Patients then can pick up a self-help kit containing ideas on how to stop smoking and obtain some counseling at their local ACS offices. This system differs from that of NCI in not involving the physician directly in patient follow-up and reinforcement.

Direct physician participation in discouraging cigarette smoking among children and adolescents is being urged also by family practitioners like Alan Blum, MD, co-founder of DOC (Doctors Ought to Care), a physician group dedicated to developing new ways to educate the public about disease prevention. DOC has programs for schools and industry and has placed antismoking advertisements on bus-stop benches and radio broadcasts.

In the office, Blum believes physicians can be effective "prevention specialists" through personalized, rehearsed, well-informed dialogue with patients not just about the dangers of smoking but also about the cosmetic and financial benefits of not buying cigarettes. He suggests displaying only magazines that do not accept cigarette advertising. (The AMA's House of Delegates has approved a resolution commending such publications.)

Available evidence indicates that these strategies can have a major impact if a substantial number of physicians take part.

For one thing, people seem to be most receptive to a direct, supportive approach. In 1976 John Worden, PhD, and Julian A. Waller, MD, MPH, of the University of Vermont, Burlington, and R. R. Sweeney, of the Vermont Lung Center, asked a group of people to state their reactions to 25 messages that might be used in an antismoking campaign. The conclusion, published in the *American Journal of Public Health* (68:378-382, 1978), was that "smokers showed highest interest in concepts offering positive and straightforward advice on how to quit smoking, rather than concepts that were negative, cute, or satirical in approach."

In addition, a survey done by Eva Lynn Thompson, DrPH, of Hunter College, New York, showed only equivocal success rates with most techniques for helping people stop smoking, such as aversive conditioning, desensitization, and role playing. There were two exceptions, however. According to Thompson, "withdrawal clinics [such as the Seventh Day Adventists' Five-Day Plan] and individual counseling [usu-

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ally by a physician] have shown the most success," both yielding one-year abstinence rates of 20% to 35% (*Am J Public Health* 68:250-256, 1978).

This conclusion has been reinforced by the more recent findings of the Stanford Heart Disease Prevention Program, a controlled, community-wide intervention program. While many coronary risk factors were influenced by mass media messages alone in the communities studied, only the public campaign plus individual counseling significantly reduced smoking.

But the study most relevant to the NCI's campaign to recruit physicians is one that was carried out in London (*Br Med J* 2:231-235, 1979). Twenty-eight general practitioners randomly allocated the 2,138 smoking patients who came to their offices during a four-week period to a control group or one of two intervention groups. Patients in the moderate intervention group received a short talk by the physician in his own words advising them to quit smoking; the intensive intervention group received the talk plus a government leaflet on how to stop smoking and a warning that they would be followed up for smoking behavior.

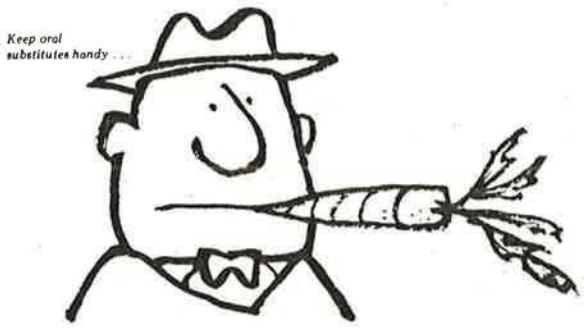
The number of smokers who reported one month later that they had actually stopped smoking was increased by the interventions, from 3% in the control group to 5% in the moderate intervention group to 8% in the intensive intervention group.

More important, the one-year follow-up showed that the interventions had had a significant effect on longer-term abstinence. Fewer than 1% of the control group members had remained abstinent for one year, while 3% of the moderate intervention group and 5% of the intensive intervention group had done so. (The investigators allowed for a 12% deception rate in self-reported smoking cessation.)

Further analysis showed that the prime effect of the interventions was to induce more people to *attempt* to stop smoking, rather than to increase the rate of successful quitting among those who tried. Thus, concluded trial organizer M. A. H. Russell, MRCP, of the Institute of Psychiatry in London, a major advantage of intervention by the general practitioner is that he sees so many patients. Participation by a majority of Britain's general practitioners in a program of this type would make a substantial dent in smoking, he contends.

A similar study is under way with the "Helping Smokers Quit" kit in the United States, *JAMA* MEDICAL NEWS learned from NCI's Bernard Ellis, who has been instrumental in the design and promotion of the kit. About 180 physicians are participating. Patients include both a general practice population and members of special risk groups, including pregnant women, uranium miners, and persons with heart and lung disease.

Since the pattern of physician visits in the United States is similar to that in Britain, results of the British study may apply to this country. Counseling by physicians would be expected to have a substantial effect for at least two reasons. First, physicians have the highest quit rate and the lowest smoking incidence of all professionals. This makes their antismoking advice more credible.



Drawing is taken from booklet by National Cancer Institute, Calling It Quits.

Second, as the AMA House of Delegates noted in its "Smoking and Health" resolution, passed at the July 1979 convention, "A recent Louis H. Harris Poll . . . revealed . . . [that] most smokers consider the physicians' advice the most effective way to get smokers to quit."

Thus, it is encouraging that physicians have so far sent for more than 65,000 NCI kits, according to Ellis.

About 50,000 ACS kits have been distributed, according to Allan C. Erickson, assistant vice-president for public education. Even more encouraging, a recent survey of 1,000 physicians shows that those who have used the kits have taken considerable time to talk to patients about stopping smoking.

The American Dental Association also plans to sponsor the distribution of the NCI kit to its members.—by WILLIAM A. CHECK