No butts about smoking cessation at DHMC

The fact that smoking is the most preventable cause of death isn’t news. Yet each year more than 400,000 Americans die from smoking-related illnesses. Nevertheless, “it’s not easy to quit,” admits DHMC cardiologist John Butterly, M.D. He was a smoker himself for 15 years and used nicotine gum to finally kick the habit in 1989.

Butterly is one of a number of DHMC clinicians engaged in a concerted effort to now help patients, employees, and community members kick the habit. “It’s surprising how many people really, really want to quit but feel hopeless about it,” says Colleen Warren, R.N., one of the leaders of the stop-smoking effort.

In January 2006, DHMC secured a grant from the New Hampshire Department of Health and Human Services to do tobacco screening and intervention with hospitalized patients. Before that, there was “no systematic process to screen or assist tobacco users at DHMC,” says hospitalist Stephen Liu, M.D., who began working on smoking cessation in 2003, as a resident in DHMC’s leadership preventive medicine program.

Pilot: With the grant, Warren and Liu helped to develop a standard process for offering smoking cessation advice to hospitalized patients, educational sessions for caregivers, and resources for patients. They also ran a six-month pilot intervention on two inpatient floors, and the number of patients assessed went from 2% to 85%. “What really seems to work,” Warren says, “is nicotine replacement therapy combined with social support.”

“The most exciting piece of news,” says Liu, “is that the hospital has now funded a full-time tobacco treatment coordinator.” Ellen Prior, R.N., just hired for the position, has actually been the head of DHMC’s tobacco treatment team—50-some nurses, nursing assistants, and social workers—since April 2006. She hopes to make DHMC’s tobacco cessation efforts “a seamless system for patients, visitors, and employees. It takes a lot of teamwork,” she says.

DHMC employees who wish to stop smoking can get help, too: counseling, as well as nicotine replacement therapy and cessation medications, are available at no charge. In addition, DHMC is working with the community to help promote stop-smoking efforts, says N. Carr Robertson, director of community health improvement.

Medical students have been active in smoking cessation efforts as well. Some provide individual counseling at the local free clinic. Second-year student Ben Snyder serves on a task force to make the Dartmouth College campus smoke-free; he’s also helping develop a program to educate schoolchildren about tobacco and a quick-intervention smoking-cessation kit for third- and fourth-year students to use on their clinical rotations.

What’s more, students have been lobbying for state legislation related to smoking prevention and cessation, and the DMS student government endorsed a recent bill prohibiting smoking in New Hampshire restaurants and bars.

Deadly habit: “This is not about being against smokers,” emphasizes Butterly; “but against smoking. Smoking is a deadly habit, an addictive habit, and doesn’t just affect smokers, but those around them.”

“We’re not judging you,” Warren says to smokers. But “we have the tools to help you quit.”

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