Social Smoking

Most college students who smoke are not daily smokers, but are still at increased risk of smoking-related morbidity and mortality compared to never smokers. In addition, occasional smoking appears to be a somewhat stable pattern. Among one cohort of college students, 50% of those who were nondaily smokers at baseline remained smokers four years later and 20% became daily smokers.

Social smokers can be difficult to identify since many do not self-identify as smokers.

While social smokers do smoke less frequently, they are still at risk for tobacco-induced diseases including heart disease, cardiovascular disease, and respiratory tract infections and certain cancers.

**IMPLICATION:** It may be difficult to identify and intervene with social smokers. But they need help!

**RECOMMENDATION:** Use screening questions described below.

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**“Five A” of the Day: ASK**

**Got a Minute?**

It takes **less than a minute** to ASK! Every provider from intake to clinician should ASK **every patient** at **every visit**.

**RECOMMENDATION:**

1. Have you used any form of tobacco in the past 3 months?
2. Which products?
3. How often?

If a patient uses tobacco, continue to the next ‘A’: ADVISE, which will be featured in our next newsletter.
Motivational Interviewing Corner

Review of Motivational Interviewing and OARS

Motivational Interviewing (MI) is one way to help young adults move toward changing their tobacco use behavior. Foundations of MI include:
(1) expressing empathy,
(2) exploration of ambivalent feelings about tobacco use behavior,
(3) avoiding arguments between provider and patient, and
(4) supporting self-efficacy.

Adhering to these fundamental principles may seem daunting, but providers can rely on the acronym OARS as a reminder of these rapport-developing tools:

O - Open-ended questions: Who, what, when, where, why and how of tobacco use
A - Affirmation: Empathically agree and express that change can be difficult
R - Reflective Listening: Reflect feelings and content of patients’ discussion
S - Summary: Provide a brief synopsis in order to help patient condense thoughts

Remember:
Most advice you can give to a patient is not new to them.
LISTENING and ASKING QUESTIONS is very important when promoting patient tobacco cessation.

QuitlineNC Update

Despite massive cuts to tobacco prevention in North Carolina by the state legislature, the Quitline is still up and running. They are equipped to assist young adult tobacco users, including social smokers. You can refer patients to the quitline by completing a Fax Referral Form and the quitline will call the patient pro-actively. Or, patients can access a WebCoach, available 24 hours a day. Patients can visit quitlinenc.com for more information and to enroll.

Billing Codes

Consider using these to bill for your tobacco services.

ICD-9 diagnosis code

- 305.1: Tobacco use disorder
- 95407: Tobacco Counseling Greater than 10 minutes
- 95975: Smoking Cessation Treatment
- 96150-96155: Health & Behavior Assessment/Intervention (Non-physician only)

For more information, visit: www.ncbi.nlm.nih.gov/books/NBK63955/