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### Speaker Summary

#### **Background/Problem**

Tobacco addiction kills about 37,000 smokers annually. Although the prevalence in the general population is about 15 to 17%, current smokers in primary care are likely to be poor, with less than high school education and have one or more medical or psychiatric comorbidities. For every 2 smokers a physician helps quit in their practice, they avert one tobacco related death. Treatment if provided systematically with a combination of proven effective medication (NRT, varenicline or bupropion) with behavioural support (in-person, phone line, web) can triple or double the chances of quitting. Given the chronic relapsing nature of addiction, treatment might need to be chronic or recurrent. Family doctors who have an ongoing relationship with their patients are ideally situated to provide high quality smoking cessation treatment.

#### **Key Messages**

1. Systematically screen for smoking status for all patients.
2. Assess for comorbidity especially depression, anxiety, alcohol and marijuana use.
3. Offer treatment to all smokers regardless of stated level of motivation.

### Implications for Practice

Time has to be freed up and dedicated to this activity. To help one smoker stop for good, the practice has to motivate at least 10 patients to make a quit attempt.

#### **References**

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