In the 1980s, when Steven L. Bernstein, MD, Professor of Emergency Medicine and of Public Health (Health Policy), began working in hospital emergency departments (EDs) in New York City, he noticed that among the people he treated, whether for emphysema or hypertension or stroke, almost 40 percent were smokers. That was double the national average of adults who used tobacco. Dr. Bernstein realized that whatever malady brought patients to the emergency department, the underlying cause was smoking, yet they were being sent home with that cause untreated. “Emergency departments were reservoirs of unrecognized, untreated, undiagnosed smokers,” he says. “So I thought maybe I could do good for patients by tackling smoking in this nontraditional setting.”

The problem is large. Smoking-related diseases, including various cancers, kill about 480,000 Americans each year, and smoking remains the country’s principal cause of preventable health problems and deaths. Dr. Bernstein believes that emergency departments are excellent places to initiate change. There’s never a shortage of patients. EDs handle 130 million visits every year. About 20 million smokers are admitted, some of them multiple times. Yale New Haven Hospital’s ED sees 90,000 patient visits a year. People who use EDs tend to come from medically and socially disadvantaged backgrounds, and are more likely to engage in unhealthy behaviors such as smoking. “So if you’re interested in the social and behavioral determinants of health, which is how I think about this work,” says Dr. Bernstein, “then the ED is a great place to be.”

He also believes that emergency departments present an opening for medical intervention. “Patients are stuck there for a couple of hours, they’re sick or injured,” he says. “If I can empathically and therapeutically explain to them that they’re there because of tobacco dependence, and that changing that might improve their health, and if I also give them an alternative or other change, that moment can be very impactful, especially if we can start treatment right then and there.”

That was the idea behind Dr. Bernstein’s recent randomized clinical trial of 778 patients, conducted over two years at Yale New Haven’s ED. The trial offered patients a combination of therapeutic treatments that had not been grouped together before. The package had four components. First, each patient received six weeks of nicotine patches and gum, tailored to the amount they smoked. More important, the patients were given the first nicotine treatment in the ED, which is atypical. Dr. Bernstein partly wanted to show patients that these medications are easy to use and well tolerated, but he also wanted, “to break the paradigm of tobacco treatment. When patients come in with hypertension or diabetes or other chronic diseases, we don’t ask them if they want to treat it, he says, “we just start them on something. But in tobacco we check their motivation and tiptoe around the problem. A number of us are trying to change the default to immediate treatment.”

Second, each patient was referred to a quitline, a toll-free phone number where a smoker can talk to a counselor about how to stop smoking. Typically, patients are simply handed a brochure or phone number. “But we faxed a referral form right from the ED to the quitline,” explains Dr. Bernstein, “so the quitline had the smoker’s name and phone number and would call.”

Third, a counselor interviewed each patient to explore why the patient smoked and to motivate reduction or cessation. Lastly, the counselor called the patient three days later to follow up and reinforce the motivational interview. Patients in the trial’s control group received the standard treatment, a brochure about the quitline. At three months, 12 percent of the patients who received the combined therapies had stopped smoking, compared to five percent of the control group. “That means that if you treated 14 smokers in the ED with my protocol, you would have made one more quitter,” says Dr. Bernstein. “And if we do that for the 40 or 45 million Americans who smoke, many of whom use the ED every year, you end up making a whole lot of quitters over the course of a year. So that seven percent difference may not sound like a lot, but when you look at it over the whole population of smokers, it’s a lot of people. In terms of years of lives saved, and quality of lives, it’s an exciting result.”

Leading the Fight Against Tobacco Addiction from the ED