



Treating Tobacco Use and Dependence

The 5 A's

The 5 A's (Ask, Advise, Assess, Assist and Arrange) associated with tobacco use identification and treatment, are designed to be *brief* tobacco cessation counseling strategies for healthcare providers. However, when faced with time constraints, the use of Referral, in place of Assess, Assist and Arrange is recommended. Following are ways on how you can integrate *Ask, Advise, Refer* into your clinical setting.

Ask ♦ Advise ♦ Refer

Ask: Ask about tobacco use at every visit

- ♦ Include tobacco use status on all intake forms
- ♦ Use different chart labels to distinguish smokers from non-smokers

Advise: Advise tobacco users to quit

- ♦ Advice must be clear, strong and personalized: "Quitting smoking is the most important thing you can do to protect your health and I can help you."
- ♦ Use Motivational Interviewing (*see below and reverse side*)
- ♦ Recommend the use of approved nicotine replacement therapies and non-nicotine cessation aids

Refer: Provide supplementary tobacco cessation resources

- ♦ Resources include federal and/or nonprofit agencies, local/state health departments, 1-866-QUIT-YES (1-866-784-3937), websites, etc.
- ♦ Type of resource should be culturally/ racially/ educationally/ age appropriate for client
- ♦ Referral materials should be available at every clinician's workstation

Tobacco users who *combine* behavioral treatment with approved medication have greater likelihood of abstinence when compared to those who choose counseling or medication *alone*.

http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Motivational Interviewing

When people feel accepted for who they are and what they do—no matter how unhealthy—it allows them the freedom to consider change, rather than needing to defend against it.

Old Method

Instruct
Fixed process
Teachable moment

New Method

Engaged
Individualized process
Learning opportunities

Brief intervention comes in the form of: **Elicit—Provide—Elicit** (E—P—E)

Elicit: Ask what the patient knows or wants to know.

Ex: "What do you know about the effects of smoking on your diabetic condition?"

Provide: Information in a neutral, non-judgmental fashion.

Ex: "Research suggests...." vs. "You're putting yourself at risk...etc."

Elicit: Ask for the patient's interpretation.

Ex: "What does this mean to you?"



Stages of Change

The idea behind the Stages of Change model is that behavior change does not happen in one step. People progress through different stages on their way to successful change, and each of us progress at our own rate. Below are two flow charts outlining the Stages of Change and Motivational Interviewing techniques to use during each stage. The charts can be folded back to back and laminated as a quick reference guide.

Stage	Characteristics	Intervention
Precontemplation	Risk is not personal	<ul style="list-style-type: none"> • Build relationship • Personalize risks • Reward for considering to quit • Give information on program
Contemplation	Thinking to quit within 6 months	<ul style="list-style-type: none"> • Personalize risks • Explore barriers • Advise to quit • Give information on program
Preparation	Quit attempt in past year or a planned quit date within one month	<ul style="list-style-type: none"> • Referral to counseling program • Reward for preparing to quit • Create quit plan • Pharmacotherapy such as NRT
Action	Changes made to quit	<ul style="list-style-type: none"> • Rewards for repetition • Assess and intervene for symptoms and/or side effects • Manage quit plan
Maintenance	6 months after action Smoking is terminated	<ul style="list-style-type: none"> • Reward • Repeat until...

Stage	Motivational Interviewing Techniques	Goal
Precontemplation	Use OARS: <ul style="list-style-type: none"> ⇒ Open-ended questions ⇒ Affirmations ⇒ Reflective listening ⇒ Summary statements 	<ul style="list-style-type: none"> • Reduce ambivalence • Meet the client where they are • Roll with resistance • Promote trusting relationship
Contemplation	Use scaling questions on importance and confidence: <ul style="list-style-type: none"> ⇒ For example, on a scale of 0 to 10, with 10 being the most important thing to you, how important is it for you to quit smoking right now? Ask if it is ok to provide them with information on the quit program	<ul style="list-style-type: none"> • Promote trusting relationship • Support self-efficacy • Express empathy • Encourage the change
Preparation	Look for change talk: <ul style="list-style-type: none"> ⇒ Desire to change ⇒ Ability to change ⇒ Reasons to make the change ⇒ Need for change Use OARS	<ul style="list-style-type: none"> • Develop discrepancy • Support self-efficacy • Encourage the success • Promote autonomy
Action	Affirmations Re-assess using scaling questions	<ul style="list-style-type: none"> • Support self-efficacy
Maintenance	Open-ended questions Affirmations	<ul style="list-style-type: none"> • Support self-efficacy