

Tobacco cessation counseling guidesheet

Steps to Providing the 5 A's Intervention



* Relapse prevention interventions are not necessary if patient has not used tobacco for many years and is not at risk for re-initiation.

STEP 1 ASK about tobacco use

Suggested dialogue

- Do you ever smoke or use other types of tobacco or nicotine, such as e-cigarettes?
- Condition X often is caused or worsened by exposure to tobacco smoke. Do you or does someone in your household smoke?
- I noticed you are taking X medicine. This is often used for conditions that are caused or affected by smoking. Do you or does someone in your household smoke?

STEP 2 ADVISE to quit

Suggested dialogue

- Quitting is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready I would be more than happy to work with you to make a plan to quit.
- May I tell you why this concerns me? [Then elaborate on patient-specific concerns.]

STEP 3 ASSESS readiness to quit

Suggested dialogue

- What are your thoughts about quitting?
- Might you consider quitting sometime in the next month?

STEP 4

ASSIST with quitting

Assess tobacco use history

- Current use: type(s) of tobacco, amount, time to first cigarette
- Past use:
 - » Duration of tobacco use
 - » Changes in levels of use recently
- Past quit attempts:
 - » Number of attempts, date of most recent attempt, duration
 - » Methods used previously—What did or didn't work? Why or why not?
 - » Prior medication administration, dose, adherence, duration of treatment
 - » Reasons for relapse

Discuss key issues

(for the upcoming or current quit attempt)

- Reasons/motivation for wanting to quit (or avoid relapse)
- Confidence in ability to quit (or avoid relapse)
- Triggers for tobacco use
- Routines and situations associated with tobacco use

- Stress-related tobacco use
- Concerns about weight gain
- Concerns about withdrawal symptoms

Facilitate quitting process

- Discuss methods for quitting: pros and cons of the different methods
- Set a quit date: ideally, less than 2 weeks away
- Recommend Tobacco Use Log (https://rxforchange.ucsf.edu/file_downloads/04%20TOBACCO%20USE%20LOG.pdf)
- Discuss coping strategies (cognitive, behavioral)
- Discuss withdrawal symptoms
- Discuss concept of “slip” versus relapse
- Provide medication counseling: adherence, proper use, with demonstration
- Offer to assist throughout the quit attempt

Evaluate the quit attempt *(at follow-up)*

- Status of attempt
- “Slips” and relapse
- Medication compliance and plans for discontinuation

STEP 5

ARRANGE follow-up counseling

- Monitor patients' progress throughout the quit attempt. Follow-up contact should occur during the first week after quitting. A second follow-up contact is recommended in the first month. Additional contacts should be scheduled as needed. Counseling contacts can occur face-to-face, by telephone, or by e-mail. Keep patient progress notes.
 - » Address temptations and triggers; discuss strategies to prevent relapse.
 - » Congratulate patients for success and reinforce need for continued support.

¹ For training on brief tobacco intervention, also known as A-A-R for Ask, Advise, Refer, check out the Oregon Health Authority's online training module at <https://tcrc.rapidlearner.com/3462253711>. For more information about this training, visit the OHA Transformation Center at <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/tobacco-cessation.aspx>.