



TOBACCO CESSATION TOOLKIT

Resources for healthcare professionals

AHS Cessation Supports

	Self-directed help		One-to-one counsel			Peer support
	Paper-based AHS tobacco resources	AlbertaQuits website	Brief intervention	Intensive counselling	AlbertaQuits helpline	Quitcore group counselling
Minimum time required	No minimum	No minimum	In as little as three minutes. ¹ Can be a single visit, or up to four visits. ²	10 minutes or more, typically involves four or more sessions. ³	Ongoing support, average of 10 minutes per call. Seven scheduled callbacks, but can be adapted to meet the needs of the caller. Calls scheduled on client's quit day, as well as two days and two weeks, at one, three and six months, and at one year after the quit date.	Six 90-minute sessions over a period of up to nine weeks.
Literacy level	High (grade 6 level)	High (grade 6 level)	Low	Low	Low	Moderate (grade 6 level)
Languages	English	English	English (may offer other languages)	English (may offer other languages)	180 languages available through an interpreter	English (may offer other languages)
Confidentiality	Yes	Yes	Somewhat (offered in semi-public areas, such as pharmacy or public health-care sites)	Yes	Yes	Somewhat (within the group)
Designated counsellor	N/A	N/A	N/A	Yes	No	Yes

(continued)



AlbertaQuits.ca

Call toll-free
1-866-710-QUIT (7848)





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Accessibility	Only when supplied through a care site	Computer and internet needed	Most common both in and outside of AHS	Limited to sites willing to offer support	Phone needed. Open 8 a.m. to 8 p.m., seven days per week	Limited locations and times
Support offered	Self-guided and not personalized. Cessation tools can be filled out by the patient	Self-guided, interactive program. Registered users have access to community forums, cessation tools, texting support and eQuit tips, and can create a personal quit plan	Not personalized, but can refer clients for additional guidance and support	Ongoing, personalized guidance	Ongoing, personalized guidance	Scheduled sessions, personalized guidance. Peer and family support included
Success rating (Note: There is a strong correlation between the intensity of tobacco cessation counselling and its effectiveness. ⁴)	Unassisted treatment has a successful quit rate of 3–5%. ⁵	Not available	Brief advice from a health professional can double the chances of a successful quit attempt. ⁶ 1–3 minute brief prompts with limited counselling can increase the six-month abstinence rate by 14%. ⁷ Physician advice has a successful quit rate of 8–12% ⁸	Intensive intervention that includes follow-up sessions can lead to a 13–40% quit rate. ⁹ If counselling is increased to 31–90 minutes, the six-month abstinence rate is increased to 27%. ¹⁰	Quit rates for 2013–14: <ul style="list-style-type: none"> • 27% at seven-month callback (seven-day point prevalence*) • 22% at seven-month callback (30-day point prevalence) *The callers have been asked whether they have smoked any cigarettes or used other tobacco, even a puff, in the last seven days	Group counselling has a successful quit rate of 13.9%, according to the USDHHS Treating Tobacco Use and Dependence Clinical Practice Guideline ¹¹

Evidence suggests that a combination of counselling and medication is more effective than either one factor on its own and, whenever feasible and appropriate, both should be provided to all patients.^{12 13}

- Abrams, D., Niaura, R., Brown, R., Emmons, K., Goldstein, M., & Monti, P. (2007). The tobacco dependence treatment handbook: A guide to best practice. New York: Guilford Press.
- Eis, C., Kunyk, D., & Selby, P. (Eds.). (2012). Disease interrupted: Tobacco reduction and cessation. [LOCATION: PUBLISHER?]
- Fiore, M., Jaen, C., Baker, T., Bailey, W., Benowitz, N., Curry, S., Dorfman, S., et al. (2008). Treating tobacco use and dependence. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.
- Fiore, M., Jaen, C., Baker, T., Bailey, W., Benowitz, N., Curry, S., Dorfman, S., et al. (2008). Treating tobacco use and dependence. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.
- Lancaster, T., Stead, L. F., Silagy, C., & Sowden, A. (2000). Effectiveness of interventions to help people stop smoking: findings from the Cochrane Library. British Medical Journal, 321, 355–358.
- Abrams, D., Niaura, R., Brown, R., Emmons, K., Goldstein, M., & Monti, P. (2007). The tobacco dependence treatment handbook: A guide to best practice. New York: Guilford Press.
- Eis, C., Kunyk, D., & Selby, P. (Eds.). (2012). Disease interrupted: Tobacco reduction and cessation. [LOCATION: PUBLISHER?]
- Lancaster, T., Stead, L. F., Silagy, C., & Sowden, A. (2000). Effectiveness of interventions to help people stop smoking: findings from the Cochrane Library. British Medical Journal, 321, 355–358.
- Fiore, M., Jaen, C., Baker, T., Bailey, W., Benowitz, N., Curry, S., Dorfman, S., et al. (2008). Treating Tobacco Use and Dependence. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.
- Eis, C., Kunyk, D., & Selby, P. (Eds.). (2012). Disease interrupted: Tobacco reduction and cessation. [LOCATION: PUBLISHER?]
- USDHHS. (2008). Treating tobacco use and dependence. A clinical practice guideline. Rockville, MD: AHQR.
- Rigotti, N., Munafò, M., & Stead, L. (2008). Interventions for smoking cessation in hospitalised patients (Review). The Cochrane Library, 4, 1–52.
- Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-Informed Tobacco Treatment (CAN-ADAPPT). (2011). Canadian smoking cessation clinical practice guideline. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from <http://can-adappt.net>