



TOBACCO CESSATION TOOLKIT

Resources for healthcare professionals



The 5As Approach: A Continuum of Brief and Intensive Settings

Note: Not all steps outlined below are required to successfully offer support.		
	Brief Intervention Settings	Intensive Counselling Settings
<p>ASK</p> <p>The Ask question is the same in each setting, but the details gathered are more in-depth in intensive counselling.</p>	<p>ASK all patients/clients: “Have you used any tobacco products in the past year?” Offer positive reinforcement.</p> <p>For current tobacco users and recent quitters, ask about pattern of use. Questions include:</p> <ul style="list-style-type: none"> • What type of tobacco products do/did you use? • How much and how often do/did you use tobacco? • When was the last time you used tobacco? • Do/did you use any other tobacco products? <p>Document on patient/client chart.</p> <p>Tool available:</p> <ul style="list-style-type: none"> • Tobacco Dependence and Cessation Brief Intervention Form 	<p>ASK all patients/clients: “Have you used any tobacco products in the past year?” Offer positive reinforcement.</p> <p>For current tobacco users and recent quitters, ask about pattern of use. Questions include:</p> <ul style="list-style-type: none"> • What type of tobacco products do/did you use? • How much and how often do/did you use tobacco? • When was the last time you used tobacco? • Do/did you use any other tobacco products? <p>Document on patient/client chart.</p> <p>Tool available:</p> <ul style="list-style-type: none"> • Tobacco Dependence and Cessation Consult
<p>ADVISE</p> <p>The Advise step is the same in each setting.</p>	<p>ADVISE patient/client to:</p> <ol style="list-style-type: none"> 1. Quit with a clear, strong and personalized message.¹ If they don't use tobacco, congratulate them on their healthy lifestyle choice. 2. Follow the AHS Tobacco and Smoke Free Environments Policy regardless of their tobacco-use status (where applicable). <p>Document on patient/client chart.</p>	<p>ADVISE patient/client to:</p> <ol style="list-style-type: none"> 1. Quit with a clear, strong and personalized message.² If they don't use tobacco, congratulate them on their healthy lifestyle choice. 2. Follow the AHS Tobacco and Smoke Free Environments Policy regardless of their tobacco-use status (where applicable). <p>Document on patient/client chart.</p>

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1-866-710-QUIT (7848)





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<p>ASSESS</p> <p>The Assess step is minimal in brief intervention, but referral for further assessment is available to those identified as needing further support.</p> <p>In intensive counselling, a much deeper dialogue and exploration can address the patient/client's physical and behavioural associations with tobacco use.</p>	<p>“Are you interested in support to help you quit tobacco use (or reduce your withdrawal symptoms)?”</p> <p>If <i>ready</i> to quit:</p> <ol style="list-style-type: none"> ASSESS the patient/client's readiness and confidence to quit/reduce harm.³ Identify their interest in: <ul style="list-style-type: none"> behavioural support for referral(s) pharmacotherapy support for withdrawal As time permits, consider screening for mood disorder: As many as 60% of patients who seek tobacco dependence treatment have a history of depression that may be exacerbated by withdrawal.⁴ Results from a brief mood screening tool (PHQ-2) may indicate the need for more in-depth assessment and referral. <p>If <i>unwilling</i> to quit:</p> <ol style="list-style-type: none"> ASSESS the patient/client's motivation by using the Readiness Ruler and Motivation Interviewing Skills.⁵ For inpatients, assess any concerns with withdrawal and offer nicotine replacement therapy (NRT) as a comfort measure while residing in an AHS tobacco-free site. As time permits, consider screening for mood disorder. For inpatients, leave the door open by offering ways they can access support when they are ready. <p>Document on patient/client chart.</p> <p>Tools Available:</p> <ul style="list-style-type: none"> Readiness Ruler PHQ-2 	<p>“Are you interested in support to help you quit tobacco use (or reduce your withdrawal symptoms)?”</p> <p>If <i>ready</i> to quit:</p> <ol style="list-style-type: none"> ASSESS the patient/client's readiness and confidence to quit/reduce harm.⁶ Identify their interest in: <ul style="list-style-type: none"> behavioural therapy pharmacotherapy support for withdrawal Screen for mood disorder: As many as 60% of patients who seek tobacco dependence treatment have a history of depression that may be exacerbated by withdrawal.⁷ Results from a mood screening tool may indicate the need for more in-depth assessment and/or referral. <p>If <i>unwilling</i> to quit:</p> <ol style="list-style-type: none"> ASSESS the patient/client's motivation by using the Readiness Ruler and Motivation Interviewing Skills.⁸ For inpatients, assess any concerns with withdrawal and offer nicotine replacement therapy (NRT) as a comfort measure while residing in an AHS tobacco-free site. Screen for mood disorder. For outpatients, leave the door open by offering ways they can access support when they are ready. <p>Document on patient/client chart.</p> <p>Tools Available:</p> <ul style="list-style-type: none"> Readiness Ruler, Decisional Balance, Tobacco Use Journal and other thought-processing tools Toxicological testing for cotinine, thiocyanate and exhaled carbon monoxide Assessments of nicotine dependence: FTND, CDS, HONC, AUTOS, Heaviness of Smoking Index Assessments/screenings of mood: PHQ-2, HAMD-7, Beck Scales.

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<p>ASSIST</p> <p>Pharmacotherapy support can overlap between brief and intensive counselling. It doesn't fit only in one category.</p> <p>Depending on the health professional's skill and training, further referral or assistance may be required.</p>	<p>Depending on the setting (inpatient/outpatient) and the patient/client's desire to change.</p> <ol style="list-style-type: none"> 1. Assist with pharmacotherapy for withdrawal, including referral to prescribing authority and ordering and ongoing monitoring of withdrawal symptoms and mood assessment. 2. Offer self-help resources, including a Quit Kit, and offer to discuss behavioural support options. <p>Cessation support may include:</p> <ul style="list-style-type: none"> • the AlbertaQuits Helpline • Quitcore group cessation • the AlbertaQuits website • local intensive counselling, such as a tobacco reduction counsellor • doctors and pharmacists • Addiction and Mental Health support <p>Document on patient/client chart.</p> <p>Tools Available:</p> <ul style="list-style-type: none"> • Tobacco Dependence and Cessation Pharmacotherapy Inpatient Order Form • Brochures/handouts, Quit Kit outlining additional supports 	<p>Depending on the setting (inpatient/outpatient) and the patient/client's desire to change.</p> <ol style="list-style-type: none"> 1. Offer to help develop a quit plan and set goals and milestones to abstain from tobacco use. Explore client/patient's behaviour regarding tobacco use with cognitive behavioural therapy approaches, tools and techniques. 2. Assist with pharmacotherapy for withdrawal, including referral to prescribing authority and ordering and ongoing monitoring of withdrawal symptoms and mood assessment. 3. Offer self-help resources, including a Quit Kit, and offer to discuss additional behavioural support options. <p>Cessation support may include:</p> <ul style="list-style-type: none"> • the AlbertaQuits Helpline • Quitcore group cessation • the AlbertaQuits website • doctors and pharmacists • Addiction and Mental Health support <p>Document on patient/client chart.</p> <p>Tools Available:</p> <ul style="list-style-type: none"> • Tobacco Dependence and Cessation Pharmacotherapy Inpatient Order Form • Decisional Balance, Tobacco Use Journal and other thought-processing tools • Brochures/handouts, Quit Kit outlining additional supports

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<p>ARRANGE</p> <p>In brief intervention, the Arrange step is primarily about linking the person to supports and arranging referrals.</p> <p>In intensive counselling, this step can include setting short-term goals to work on between appointments that will help achieve the identified ultimate goal. It may also include referral to additional supports.</p>	<p>Arrange further support by completing appropriate onsite and/or community-linked referral(s).</p> <p>For inpatient settings, ARRANGE for continued pharmacotherapy (e.g., on transfer/discharge).</p> <p>Document on patient/client chart.</p> <p>Tools Available:</p> <ul style="list-style-type: none"> • Brochures/handouts, Quit Kit, AlbertaQuits website outlining additional supports • AlbertaQuits Helpline Referral Form 	<p>Arrange further support by completing appropriate onsite and/or community-linked referral(s).</p> <p>For outpatient settings, ARRANGE appointment for follow-up session.</p> <p>For inpatient settings, ARRANGE for continued pharmacotherapy (e.g., on transfer/discharge).</p> <p>Document on patient/client chart.</p> <p>Tools Available:</p> <ul style="list-style-type: none"> • Brochures/handouts, Quit Kit, AlbertaQuits website outlining additional supports • AlbertaQuits Helpline Referral Form • Tobacco Dependence and Cessation Pharmacotherapy Discharge Plan

1. Center for Tobacco Prevention and Control Preventive and Behavioral Medicine, University of Massachusetts. (n.d.). 5A tobacco use intervention. Worcester, MA: Author.
2. Center for Tobacco Prevention and Control Preventive and Behavioral Medicine, University of Massachusetts. (n.d.). 5A tobacco use intervention. Worcester, MA: Author.
3. Center for Tobacco Prevention and Control Preventive and Behavioral Medicine, University of Massachusetts. (n.d.). 5A tobacco use intervention. Worcester, MA: Author.
4. Els, C. (2008). Tobacco addiction: What do we know, and where do we go? Montreal, QC: Snell Medical Communications.
5. Center for Tobacco Prevention and Control Preventive and Behavioral Medicine, University of Massachusetts. (n.d.). 5A tobacco use intervention. Worcester, MA: Author.
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7. Els, C. (2008). Tobacco addiction: What do we know, and where do we go? Montreal, QC: Snell Medical Communications.
8. Center for Tobacco Prevention and Control Preventive and Behavioral Medicine, University of Massachusetts. (n.d.). 5A tobacco use intervention. Worcester, MA: Author.