Promoting smoking cessation

THE FIVE A'S: ASK, ASSESS, ADVISE, ASSIST, ARRANGE[i]

I. ASK

The smoking status of every adult should be identified and prominently documented in the medical record. For current smokers and those who have quit in the past year, smoking status should be updated at each visit.

II. ASSESS

Determine the willingness of smokers to make a quit attempt by asking every smoker how they feel about their smoking.

III. ADVISE

Provide brief cessation messages at nearly every encounter. These messages should be:

- clear, strong and personalised
- supportive
- non-confrontational.

IV. ASSIST

Provide assistance according to the person's readiness to quit. Relevant information is important for everyone, even those not ready to quit. Provide additional support for those with some interest in quitting:

- offer self-help material
- assist in setting a quit date and help develop a quit plan
- provide practical counselling and support
- explore barriers to successful cessation and strategise solutions
- offer referral to organised cessation support (eg, the free QUITLINE – 0800 778 778)
- encourage nicotine replacement therapy as first-line pharmacotherapy or if previous failure or contraindication to NRT, discuss use of bupropion or nortriptyline.

V. ARRANGE (follow-up)

Arrange appropriate follow-up for all smokers. Arrange follow-up (in person or by phone) with smokers who are ready to quit:

- first follow-up within the first week
- second follow-up within the first month
- reinforce staying quit during visits in the first year post-cessation.

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i Note that the US Guidelines propose a different order for the Five A's, placing 'Advise' before 'Assess'. However, it was felt that providing strong advice to smokers early in an interview may close off opportunities to elicit their willingness to quit.

The Five A's

I. ASK

Identify and document smoking status

Identify every adult's smoking status **Identify the smoking status of a child's parents/caregivers at Well Child visits, and at acute care visits for conditions potentially impacted by second-hand smoke**	Determine if a person: • does not smoke • does smoke • recently quit smoking (<1 year). Ask **"Do you currently smoke?"** If no, ask **"Have you quit in the past year?"** Ask adults accompanying children, **"Does anyone in your/ this child's household smoke?"** Ask children over the age of 10, **"Have you ever smoked a cigarette?"** **POSITIVELY REINFORCE non-smoking, particularly with adolescents.**
Highlight smoking status and/or exposure to second-hand smoke in the medical record	Place a smoking status and/or second-hand smoke sticker on the master problem list, or electronically document in computerised notes. For identified smokers and recent quitters (within one year), update smoking status at each visit.
Obtain a smoking history on all smokers	A smoking history could be completed by people while waiting. This assessment would gather information on addiction level, readiness to quit, prior quit attempts and barriers to cessation. Attach the completed form to the person's chart or record for doctor/nurse review (where relevant). Regularly revise smoking status and document, including date.

II. ASSESS

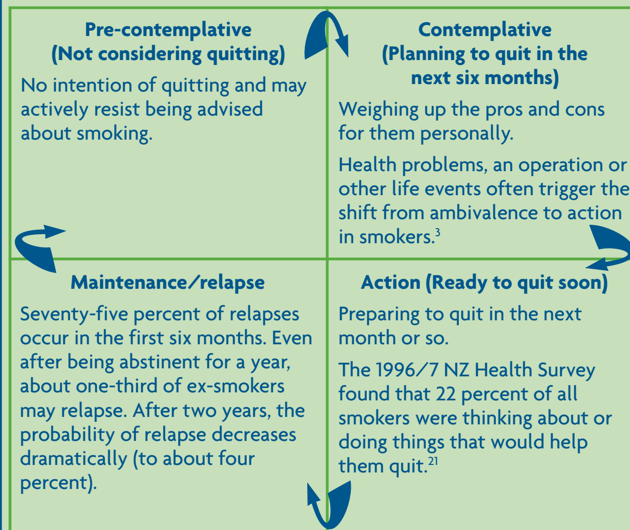
Assess a person's willingness to quit

Assess willingness to quit

ASK: "HOW DO YOU FEEL ABOUT YOUR SMOKING?"

The purpose of determining a person's willingness to quit is to enable the most appropriate and beneficial assistance to facilitate smoking cessation.

Smoking cessation is a process occurring over time. A commonly accepted model is Prochaska & DiClemente's 'stages of change',[2] in which smokers are seen as moving through a series of stages. These are summarised in the table below.[3]



ASK: "HOW DO YOU FEEL ABOUT YOUR SMOKING?"

Examples of useful additional questions:[3]

- **"What do you know about the effects of smoking on health?"**
- **"Have you ever thought of giving up smoking?"**
- **"What would it take for you to quit?"**

If the person clearly states he/she is unwilling to make a quit attempt at this time, provide relevant information and assure them that their healthcare team is available to help when ready.

For smokers not wanting to quit, remember:

- In comparing quitting smoking with curing disease, we often do not take into account the **highly addictive** nature of nicotine and the smoking habit reinforced by millions of inhalations, and strongly bound up with lifestyle habits over many years.[3]
- Change is a **process which takes time**, not an 'all or nothing' phenomenon.
- Success is **progress through the stages**, not just the act of quitting.
- People in **all stages** of change can be helped.
- Intervention must be **matched to the stage** of change.
- Relapse is a **normal part of the process**, not a failure.

III. ADVISE

Offer cessation advice on a regular basis, over an extended period, to all smokers

Advise those people who smoke to stop	Brief, repetitive, consistent, positive reminders to quit from multiple providers (or reinforcement of a recent quit attempt) double success rates. Advice and assistance are useful whatever the stage of change a smoker is at. Use messages that are clear, strong, personalised, supportive, and non-confrontational. Specifically, advice should be: • Clear **"I think it is important for you to quit smoking and I can help you."** • Strong **"As your doctor/health professional, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The staff here and I will help you."** • Personalised Tie smoking to current health/illness, significant life events, social and economic costs, motivation level, readiness to quit and/or the impact of second-hand smoke on children and others in the household. **"I know you're concerned about your cough and that your son gets so many colds. If you stop smoking, your cough should improve and your son might get fewer colds as well."** If the opportunity is right, provide motivational interventions as specified in the **5 R's**.[4] The purpose of these interventions is to get smokers themselves to identify the key issues for them personally. • **Relevance** *Encourage the smoker to identify why quitting is personally relevant* • **Risks** *Ask the smoker to identify negative consequences of continued tobacco use for them in both the short and long term* • **Rewards** *Ask the smoker to identify and discuss specific benefits of quitting* • **Roadblocks** *Assist the smoker to identify barriers and specific impediments to quitting* • **Repetition** *Reinforce the motivational message at every opportunity and reassure that repeated quit attempts are not unusual* It is important to note that not all of the **5 R's** apply to each of the stages in the cycle of change. Use history, physical exam findings and significant life events to further personalise advice. Provide reinforcement via consistent/repeated advice to stop smoking.

IV. ASSIST

Offer appropriate treatment and assistance to smokers or recent quitters

Offer nicotine replacement therapy

Provide assistance according to the person's readiness to quit	**Not considering quitting** • Advise that their healthcare team is available to help when they are ready. • Time permitting, explore barriers to considering quitting and provide motivational interventions as specified in the **5 R's**. • Provide appropriate smoking cessation material. • Discuss effects of second-hand smoke on children; encourage consideration of smoking outside at home, not smoking in the car. **Planning to quit but not soon** • Advise that their healthcare team is available to help. • Encourage them to talk about the quitting process. • Give them the free QUITLINE number (0800 778 778) or other smoking cessation support. • Time permitting, explore barriers to considering quitting and provide motivational interventions as specified in the **5 R's**, especially the benefits of stopping ie, rewards. **Ready to quit within the next month** As above, plus: • Help them develop a quit plan: – *Set a quit date.* – *Tell family, friends and co-workers about quitting and request understanding and support.* – *Anticipate challenges to planned quit attempt.* – *Remove tobacco products from the environment.* • Provide practical counselling (problem solving/skills training): – *Total abstinence is essential.* **"Not even a single puff after the quit date".** – *Identify what helped and what hurt in previous quit attempts.* – *Discuss challenges/triggers and how patient will successfully overcome them.* – *Since alcohol can trigger relapse, the patient should consider limiting/abstaining from alcohol while quitting.* – *Quitting is more difficult when there is another smoker in the household. Patients should encourage housemates to quit with them or not smoke in their presence.* • Provide support and assist patient to gain support in their environment. • Recommend pharmacotherapy as appropriate.

	• If a patient is a member of a special high-risk population (for example adolescent, pregnant smoker) consider providing additional information and support. • Be aware of and discuss the phenomenon of "switching addictions", which is defined as a substitution of one chemical or behavioural addiction pattern for another. Be particularly aware of the switch between nicotine and alcohol addiction. The National Health Committee has produced useful guidelines for *Recognising, Assessing and Treating Alcohol and Cannabis Abuse in Primary Care.*[5] • Arrange follow-up (see below). **Quit in the past year** • Congratulate success and encourage abstinence. • Use open-ended questions for example **"How has stopping smoking helped you?"** **Relapse prevention** • Reinforce the importance of permanent cessation. • Health professionals should be aware that personal circumstances may make it difficult for people to stay quit. • Make people aware of major triggers for example stress and alcohol. • Use open-ended questions to identify what precipitated or is precipitating the relapse and encourage active discussion to identify strategies to overcome this. Problems could include: – *Lack of support for cessation* – *Negative mood or depression* – *Strong or prolonged withdrawal symptoms* – *Weight gain* – *Flagging motivation/feeling deprived.* **Recently relapsed** • Ask what precipitated the relapse, and help identify strategies to overcome this in the future. • Reaffirm person's ability to quit. • Encourage them to set another quit date. • Provide them with the free QUITLINE number (0800 778 778) or other smoking cessation support.
Encourage Nicotine Replacement Therapy (NRT) ***except under exceptional circumstances***	Discuss Nicotine Replacement Therapy (NRT). Explain how these medicines increase smoking cessation success and decrease withdrawal symptoms. NRT is effective for addicted smokers (more than 10 cigarettes per day) who are motivated to quit, especially when used as an adjunct to counselling/support with organised follow-up. Inform NRT users not to smoke at all while using NRT and provide with copy of relevant 'information sheet' from these guidelines. If previous failure or contraindication to NRT, discuss use of bupropion or nortriptyline.

V. ARRANGE (FOLLOW-UP)

Arrange follow-up for smokers

For all smokers	Arrange appropriate follow-up for all smokers who are: – not considering quitting – planning to quit but not soon – ready to quit within the next month – and those who have recently quit as relapse prevention or for those who have recently relapsed.
For smokers ready to quit	Most smokers quit 'on their own', but support and follow-up contacts increase success rates. Follow-up by nurses, community workers and other health workers as well as doctors can be effective. Letters/phone calls may be more cost-effective than follow-up visits at the clinic. Actions during follow-up contact – congratulate success. If smoking has occurred, review circumstances and elicit recommitment to total abstinence. Remind patient that a lapse can be used as a learning experience. Identify problems already encountered and anticipate challenges in the immediate future. Assess pharmacotherapy use and problems. Consider referral to more intensive treatment. Taking part in an organised programme increases the chance of success for any quit attempt. Especially encourage participation in an organised programme for smokers who have had multiple prior quit attempts or who have organ damage. People planning to take part in a structured programme may benefit from a follow-up call in a week to ensure contact has been made. The free national QUITLINE (0800 778 778) provides brief (about 10 minutes) support for people quitting smoking. Callers can join a call-back service for continuing support during the quitting period. Aukati Kai Paipa, and other services focusing on Māori women are available in over 30 localities around the country. NRT Exchange Card Providers and other smoking cessation services are also available throughout New Zealand. Specialised services for pregnant women are available in many areas, and many hospitals now offer smoking cessation services. To find out what is available in your area, contact your local DHB smokefree officers, or for Māori services, contact Te Hotu Manawa Māori or your local iwi health provider.
People on NRT (or bupropion or nortriptyline) should be reassessed	Review NRT, bupropion or nortriptyline dose and adjust if there are symptoms of overdose or underdose (see pages 15–19). People who smoke at all during the first two weeks do not do nearly as well as those who don't.