

# SMOKING CESSATION

## THE FIVE A APPROACH: ASK, ASSESS, ADVISE, ASSIST, ARRANGE

### **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 questions to determine if he/she is ready to make a quit attempt.

### **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
- help develop a quit plan
- provide practical counselling and support
- explore barriers to successful smoking cessation and strategise solutions
- offer referral to organized smoking cessation support (eg, the free QUITLINE – 0800 778 778)
- Encourage nicotine replacement therapy (NRT) as first-line pharmacotherapy or if previous failure with or contraindication to NRT, discuss use of bupropion.

### **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.