

# Tobacco Cessation Toolkit

## The 5 A's Approach in Brief and Intensive Settings

Tobacco product use is a major preventable cause of morbidity and mortality, and elevates risk of many chronic conditions for which you may be providing treatment. At least 70% of people who use tobacco see a health provider each year. You are uniquely positioned to initiate tobacco cessation support using the 5 A's model as seen below, adapted to brief or intensive intervention settings.

Interventions as little as 1-3 minutes are effective and should be offered to every person using tobacco. However, there is a strong dose-response relationship between session length and successful treatment, so whenever possible more intense intervention should be offered. All tobacco interventions require documentation. The following forms for AHS staff/sites can be found on insite:

- Tobacco Patient Care Pathway form
- Brief Tobacco Intervention (5 A's) form
- Intensive Tobacco Intervention form

Non-AHS staff can request these forms at [tru@ahs.ca](mailto:tru@ahs.ca)

<p><b>ASK</b></p> <p><b>All adolescents and adults.</b></p> <p>Due to time restrictions, brief intervention settings may limit tobacco question to use in the past 30 days.</p> <p>Past year history can reveal more distant cessation attempts and success and experimental/social use.</p>	<p><b>Brief and Intensive Intervention Settings</b></p>
	<p><b>ASK:</b></p> <p><b>“Have you used any tobacco products in the past 30 days/past year?”</b></p> <p>If use is reported, ask about pattern of use:</p> <ul style="list-style-type: none"> <li>• What type of tobacco product do you use?</li> <li>• How much and how often do you use tobacco?</li> <li>• When was the last time you used tobacco?</li> <li>• Have you used any other tobacco or tobacco-like products?</li> </ul> <p>Document response on appropriate form.</p>

<p><b>ADVISE</b></p> <p>Evidence shows that a health provider's brief advice to quit tobacco use increases abstinence rates.</p>	<p><b>Brief and Intensive Intervention Settings</b></p>
	<p><b>ADVISE:</b></p> <ul style="list-style-type: none"> <li>• To stop using tobacco/tobacco-like products. Use a clear, strong and personalized message. If they don't use harmful products, congratulate them on their healthy lifestyle choice.</li> <li>• To follow the <a href="#">AHS Tobacco and Smoke Free Environments Policy</a> regardless of their tobacco-use status.</li> </ul> <p>Document on chart or form.</p>

ASSESS	Brief Intervention Settings	Intensive Counselling Settings
	<p>ASSESS step is minimal. It can simply be measuring their level of willingness to try quitting or cutting down use. Referral for further assessment is offered to those identified as needing further support.</p>	<p>A much deeper dialogue and exploration of tobacco use can address the person’s physical and behavioural relationship with tobacco.</p>
	<p><b>“Are you interested in help to change your tobacco use?”</b></p> <p>If <b>ready</b> to change:</p> <ul style="list-style-type: none"> <li>• ASSESS the person’s interest in stopping or reducing their tobacco or tobacco-like product use and their level of addiction to nicotine.</li> <li>• Identify their interest in:                             <ul style="list-style-type: none"> <li>– behavioural therapy</li> <li>– pharmacotherapy support for withdrawal (i.e., support as a comfort measure for inpatients)</li> </ul> </li> <li>• If time permits, screen for mood disorder</li> </ul> <p>As many as 60% of patients who seek tobacco dependence treatment have a history of depression that may be exacerbated by withdrawal. Results from a mood screening tool may indicate the need for more in-depth assessment and/or referral to a mental health professional.</p> <p>If <b>unwilling</b> to change:</p> <ul style="list-style-type: none"> <li>• ASSESS the person’s motivation by using the <i>Importance, Confidence and Readiness</i> rulers and Motivational Interviewing.</li> <li>• 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.</li> <li>• Leave the door open by offering ways they can access support when they are ready.</li> </ul> <p>Document your assessment on the patient/client form.</p> <p>Some additional assessment tools can be found in the <a href="#">tobacco cessation toolkit</a>.</p>	

ASSIST	Brief Intervention Settings	Intensive Counselling Settings
<p>Pharmacotherapy support can overlap between brief and intensive counselling. It doesn't fit only in one category.</p> <p>Depending on the health provider's skill and training, further referral or assistance may be required.</p>	<p>Depending on time limitations, setting services and the person's desire to change:</p> <ul style="list-style-type: none"> <li>• Assist with pharmacotherapy for potential withdrawal, including referral to prescribing authority and ordering and ongoing monitoring of withdrawal symptoms and mood assessment.</li> <li>• Offer self-help resources, including a Quit Kit, and offer to discuss behavioural support options.</li> </ul>	<p>Depending on the intensive setting services, concurrent issues and the person's desire to change:</p> <ul style="list-style-type: none"> <li>• Offer to help develop a Quit Plan or Change 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.</li> <li>• Assist with pharmacotherapy for withdrawal, including referral to prescribing authority and ordering and ongoing monitoring of withdrawal symptoms and mood assessment. Please refer to other tools found in the toolkit to support clients with pharmacotherapy.</li> <li>• Use Cognitive Behavioural Therapy to explore why person uses, what triggers use, what discourages use.</li> <li>• Consider using thought-processing activities such as the <i>Tobacco Tracker</i> or the <i>Decision to Change</i> tools found in the toolkit. They can be reviewed and discussed together or filled out by the patient/client and reviewed at a following visit.</li> </ul>

<p><b>ASSIST</b> (continued)</p>	<p><b>Brief and Intensive Intervention Settings</b></p>	
	<p><b>ASSIST</b> person with further cessation support, resources and pharmacotherapy (review comfort measures used or used in the past). Inquire about additional behavioural support options. Consider offering support through the:</p> <ul style="list-style-type: none"> <li>• AlbertaQuits Helpline 1-866-710-QUIT (7848)</li> <li>• QuitCore* group cessation</li> <li>• Online support: <a href="https://albertaquits.healthiertogether.ca/">https://albertaquits.healthiertogether.ca/</a></li> <li>• Doctor and/or pharmacist referral</li> <li>• Addiction and mental health referral</li> <li>• Local intensive counselling program referral</li> <li>• Self-help print resources such as a QuitKit, cessation workbooks (pending literacy ability)</li> </ul> <p>* Note – the <a href="#">AlbertaQuits Helpline Referral Form</a> can be filled out to refer a person to the helpline and group cessation programs.</p> <p>Complete Nicotine Replacement Therapy Inpatient Form and Nicotine Replacement Therapy Discharge Planning Forms found on insite.</p> <p>Document actions taken to ASIST on patient or client form.</p>	
<p><b>ARRANGE</b></p>	<p><b>Brief Intervention Settings</b></p>	<p><b>Intensive Counselling Settings</b></p>
	<p>The ARRANGE step is primarily about linking the person to supports and arranging referrals.</p>	<p>In 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 for further support. Complete appropriate onsite and/or community-linked referral(s).</p> <ul style="list-style-type: none"> <li>• For inpatient settings, <b>ARRANGE</b> for continued pharmacotherapy (e.g., on transfer/discharge).</li> <li>• Arrange further support by completing appropriate onsite and/or community-linked referral(s) such as QuitCore.</li> <li>• For outpatient settings, <b>ARRANGE</b> appointment for follow-up session.</li> <li>• When releasing patients, refer person back to their primary healthcare for follow up.</li> </ul> <p>Document on patient or client chart.</p>	