



Tobacco Cessation Toolkit

The 5As 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 5As model as seen below, adapted to brief or intensive intervention settings.

For inpatient locations, please refer to the [Knowledge Topic for Tobacco Reduction, Adult-Inpatient](#). (AHS staff may find this document by title search on [Insite](#).) The knowledge topic provides a tobacco care pathway, documentation forms and intervention guidance.

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 are available to you:

- **Tobacco Reduction Patient Care Pathway** form:
 - Go to [AlbertaQuits.ca](#) (Helping Others>Healthcare Providers>Tools & Resources>Download Resources>Tobacco Care Pathway Forms)
- **Brief Tobacco Intervention (5As)** form and **Intensive Tobacco Intervention** form:
 - AHS staff go to “Forms” on [Insite](#)
 - Non-AHS staff go to [AlbertaQuits.ca](#) (Helping Others>Healthcare Providers>Tools & Resources>Download Resources>Tobacco Care Pathway Forms)

ASK	Brief and Intensive Intervention Settings
<p>All adolescents and adults.</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>ASK:</p> <p>“Have you used any tobacco products in the past 30 days / past year?”</p> <p>If use is reported, ask about pattern of use:</p> <ul style="list-style-type: none"> • What type of tobacco product do you use? • How much and how often do you use tobacco? • When was the last time you used tobacco? • Have you used any other tobacco or tobacco-like products? <p>Document response on appropriate form.</p>

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ADVISE Evidence shows that a health provider’s brief advice to quit tobacco use increases abstinence rates.	Brief and Intensive Intervention Settings
	ADVISE: <ul style="list-style-type: none"> 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. To follow the AHS Tobacco and Smoke Free Environments Policy regardless of their tobacco-use status. <p>Document on chart or form.</p>

ASSESS	Brief Intervention Settings	Intensive Counselling Settings
	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.	A much deeper dialogue and exploration of tobacco use can address the person’s physical and behavioural relationship with tobacco.
<p>“Are you interested in help to change your tobacco use?”</p> <p>If ready to change:</p> <ul style="list-style-type: none"> ASSESS the person’s interest in stopping or reducing their tobacco / tobacco-like product use and their level of addiction to nicotine. Identify their interest in: <ul style="list-style-type: none"> behavioural therapy pharmacotherapy support for withdrawal (i.e: support as a comfort measure for inpatients) If time permits, screen for mood disorder <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>		

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ASSESS <i>(continued)</i>	If unwilling to change: <ul style="list-style-type: none"> • ASSESS the person’s motivation by using the Readiness Ruler and Motivation Interviewing Skills. • 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. • Leave the door open by offering ways they can access support when they are ready. 	
	Brief Intervention Settings	Intensive Counselling Settings
	Document on patient/client form. Tools available in Tobacco Cessation Toolkit : <ul style="list-style-type: none"> • Readiness Ruler • PHQ-2 • Assessing Nicotine Withdrawal 	Document on patient/client chart. Tools available in the Tobacco Cessation Toolkit are bolded . <ul style="list-style-type: none"> • Readiness Ruler • Assessing withdrawal and coping strategies tools • Thought-processing tools • Assessments and screenings of mood (PHQ-2, HAMD-7, Beck Scales) • Assessments of nicotine dependence (FTND, CDS, HONC, AUTOS, Heaviness of Smoking Index)

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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 the time limitations, setting services and the person's desire to change:</p> <ul style="list-style-type: none"> • Assist with pharmacotherapy for potential withdrawal, including referral to prescribing authority and ordering and ongoing monitoring of withdrawal symptoms and mood assessment. • Offer self-help resources, including a Quit Kit, and offer to discuss behavioural support options. 	<p>Depending on the intensive setting services, concurrent issues and the person's desire to change:</p> <ul style="list-style-type: none"> • 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. • Assist with pharmacotherapy for withdrawal, including referral to prescribing authority and ordering and ongoing monitoring of withdrawal symptoms and mood assessment. Consider using the two tools for Nicotine Withdrawal and Coping Strategies, Drug Interactions with Smoke tool and the Summary Charts for Tobacco Cessation Pharmacology tool. • Use Cognitive Behavioural Therapy to explore why person uses, what triggers use, what discourages use. • Consider using thought-processing activities such as the Tobacco Tracker or the Decision to Change tools. They can be reviewed and discussed together or filled out by the person for review at a following visit. <p>All tools bolded above are found in the Tobacco Cessation Toolkit.</p>

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ASSIST

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Brief and Intensive Intervention Settings

ASSIST person with further cessation support, resources and pharmacotherapy (review comfort measures in used or used in the past). Inquire about additional behavioural support options. Consider offering support through the:

- [AlbertaQuits Helpline*](#)
- [QuitCore*](#) group cessation
- [AlbertaQuits](#) website
- doctor and/or pharmacist referral
- addiction and mental health referral
- local intensive counselling program referral
- Self-help resources such as a [Quit Kit](#), [Workbooks](#) (pending on literacy ability)

* **Note** – the [AlbertaQuits Helpline Fax Referral](#) form can be filled out to refer a person to the helpline and group cessation programs. This supports care is in place.

Nicotine Replacement Therapy Inpatient Form and Nicotine Replacement Therapy Discharge Planning Form:

- AHS staff go to “Forms” on [Insite](#)
- Non-AHS staff go to [AlbertaQuits.ca](#) (Helping Others> Healthcare Providers>Tools & Resources>Download Resources>Tobacco Care Pathway Forms)

Document on patient or client form.

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ARRANGE	Brief Intervention Settings	Intensive Counselling Settings
	The ARRANGE step is primarily about linking the person to supports and arranging referrals.	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>ARRANGE for further support. Complete appropriate onsite and/or community-linked referral(s).</p> <ul style="list-style-type: none">• For inpatient settings, ARRANGE for continued pharmacotherapy (e.g., on transfer/discharge).• Arrange further support by completing appropriate onsite and/or community-linked referral(s) such as QuitCore.• For outpatient settings, ARRANGE appointment for follow-up session.• When releasing patients, refer person back to their primary healthcare for follow up. <p>Document on patient or client chart.</p>	