Brief Counselor Strategies for Tobacco Users—the Five A's*

▶ ASK about tobacco use and past quit efforts

Get the conversation started:

"Do you currently use any form of tobacco? Have you used it in the past? How old were you when you started? Tell me about your efforts to quit. What helped, what didn't help?"

▶ ADVISE abstinence

Advice should be:

Clear: "Quitting is the most important thing you can do for your health. Cutting down is not enough."

Strong: "You are more likely to die from smoking than from all other drugs and alcohol use combined."

Personalized: "You have powerful reasons to quit. For example..." [tie tobacco use in with current symptoms or health concerns].

▶ ASSESS willingness for a quit attempt during next 30 days

Determine motivation level to quit:

"On a scale from 1 to 10, with 1 being 'not at all motivated' to 10 being 'extremely motivated,' how ready are you to quit in the next 30 days?"

If willing to make a quit attempt:

Communicate research in quitting, "Research shows that quitting is possible for all populations. In fact, more people have quit than are still smoking and about 80% of all Americans are smoke-free."

Discuss effective treatments available, such as nicotine replacement therapies (NRTs), medications, self-help resources (help lines or support groups), and counseling.

Initiate agreed upon treatment plan, "Let's come up with a plan."

If unwilling to make a quit attempt, provide motivational intervention (see Five R's section)

▶ ASSIST quit attempt effort

Develop a quit plan (STAR):

Set a specific quit date, ideally within two weeks, that has some meaning (e.g., anniversary, stress-free weekend)

Tell family, friends, coworkers others about quitting, request extra support and understanding; ask other smokers in the household to not smoke inside; identify at least one non-smoker to talk to when tempted to smoke

Anticipate challenges that will occur including withdrawal symptoms, cravings, and high-risk situations

Remove environmental triggers (e.g., ashtrays, lighters); avoid smoking in 'favorite' places (e.g., car, dinner table, easy chair); limit smoking to

uncomfortable places (e.g., outside); recommend visiting only smoke-free establishments

Provide problem-solving strategies and skills training:

Track tobacco use patterns (e.g., time, circumstances) and identify high risk situations:

Internally—mood swings, negative self-talk, smoking urges

Externally—drinking coffee, taking a break, watching TV, driving, seeing other smokers

Identify substitute behaviors to smoking and other cognitive behavioral activities for coping (e.g., keep hands busy with a 'worry stone;' chew gum; exercise; engage in 'self-soothing' activities such as warm bath, listen to soothing music; imagine telling people you are a non-smoker, practice asking others to not smoke around you or leave cigarettes around; change daily routine)

Provide basic information about smoking and successful quitting (e.g., educate on the addictive nature of smoking; discuss that even a single puff increases the likelihood of a full relapse; withdrawal symptoms typically peak within 1–2 weeks after quitting but may persist for months)

Recommend use of NRTs, tobacco cessation medications:

Explain how these products increase smoking cessation rates and reduce withdrawal symptoms and cravings

Provide materials on dosages, contraindications, side effects, etc.

Assist in obtaining prescription

▶ ARRANGE follow-up help

Timing:

Schedule first follow-up within one week of quit date and a second within one month; schedule additional follow-ups as indicated, encouraging and allowing phone calls as needed

Make sure that NRTs, medications, and educational materials are received prior to quit date

If abstinent during follow-up:

Congratulate on success; consider giving a certificate or other reinforcement

Check on whether cravings increased for other substances (alcohol, other drugs)

Discuss relapse prevention

Start planning ahead for a smoke-free life

If slip or relapse occurred:

Normalize the difficulty in quitting

Reframe relapse as a learning experience and does not mean failure or necessitate a return to full tobacco use

Motivate to try to quit again immediately

Reassess and re-initiate quit plan

Brief Counselor Strategies for Tobacco Users Unwilling to Quit—the Five R's*

▶ RELEVANCE of quitting

*Discuss the **Relevance** of quitting for health and economic concerns:*

Encourage identifying why quitting is personally relevant to him/her (health status, family or social situation, age, gender, prior quitting experiences, etc.)

Write down personal incentives for quitting, rank order reasons, focus on them as often as possible, carry around on card in cigarette pack

▶ RISKS of continued use

Discuss short- and long-term impact to person and family:

Highlight risks specific to him/her and prioritize, "Spouses, children, and other people exposed to second-hand smoke are at higher risk to get colds, the flu, ear infections, and lung infections than people who are not around second-hand smoke"

Inform him/her that reducing number of cigarettes, using alternative tobacco products (cigars), or switching brands will not eliminate risks

Discuss acute (e.g., harm to pregnancy) and long-term (e.g., lung and other cancers) risks

▶ REWARDS of quitting

Discuss physical changes (some immediate) as a result of quitting and highlight those most relevant:

Pulmonary benefits:

Carbon monoxide and oxygen levels in the blood return to normal after 8 hours

Bronchial tubes relax, making it easier to breathe after 72 hours

Cilia re-grow in lungs, increasing ability to fight infection after 1-9 months

Coughing, sinus infection, and shortness of breath decrease after 1-9 months

Cardiac benefits:

Blood pressure and body temperature returns to normal after 20 minutes

Chance of heart attack decreases after only 24 hours

Risk of coronary heart disease is half that of a smoker within 1 year

Heart attack risk drops to near normal within 2 years

Stroke risk is reduced after 5 years

Risk of coronary heart disease is the same as non-smokers within 15 years

Reduced cancer risk benefits:

Lung cancer death rates for a former pack per day-smoker is cut in half after 5 years

Risk of throat, mouth, and esophageal cancers is cut in half after 5 years

Lung cancer death rate is similar to that of non-smokers within 10 years

Pre-cancerous cells are replaced within 10 years

Other benefits:

Expect to save $2000/year or more, list ideas for how to spend money saved

Improved taste and smell, improved smell of home and car, reduce aged appearance

Improved sleep, reduced anxiety, reduced depression, and improved sexual functioning after period of abstinence

Strengthened sobriety from other addictive substances (when sobriety from those substances is already established)

▶ Identify ROADBLOCKS to quitting

Encourage each individual to discuss his/her perceived barriers to quitting and offer strategies that address these challenges:

Examples of roadblocks could include fear of failure, weight gain, lack of support, mood or emotional problems, withdrawal symptoms, life circumstances, presence of another smoker in the household, enjoyment of tobacco, etc.

▶ Use REPETITION

Use motivational interventions each session:

Repeat the Relevance, Risks, and Rewards

*The Five As and Five Rs are available in the 2008 update of the Treating Tobacco Use and Dependence Guidelines (DHHS 2008).