Module 2: How to help your patients quit smoking
Learning Objectives

01 Health professionals role in smoking cessation as a clinical priority.

02 How to integration evidence-based tobacco dependence treatment into your clinical practice using the 5As strategies.

03 Review of available tools to assist with integrating cessation into your practice.
There is nothing more important we can do for our patients who smoke than help them quit.
Treat tobacco use with the same rigour and clinical importance that we would manage any other major chronic disease.
The 5 As
Recommendation for Brief Tobacco Treatment in Clinical Settings

The “Five As” (5As) strategies are:

- **ASK** about tobacco use
- **ADVISE** to quit
- **ASSESS** willingness to make a quit attempt
- **ASSIST** in quit attempt
- **ARRANGE** follow up
Ask & Document - 30 secs

1. **General population**
   - Patient presents to a health care setting
     - **Ask** – screen all patients for tobacco use
       - **Primary prevention**
         - Never users
         - Former users
       - **Current users**
         - Ask – screen for tobacco use
         - **Advise to quit**
           - If yes, assess willingness to quit
             - Yes: Assist with quitting
               - Arrange follow-up
             - No: Promote motivation to quit
               - Patient now willing to quit
                 - Abstinent
               - Relapse
                 - Patient in relapse
                   - Prevent relapse
                     - Relapse
Simple Question to ASK

- Do you smoke or use any other tobacco products?
- Have you smoked in the past or used other tobacco products in the past?
Ask

- Level of nicotine dependence
- Personal reasons for quitting
- Past experience with quitting
- The presence of anxiety or depression
### Fagerström Test for nicotine dependence (FTND)

1. How soon after you wake up do you smoke the first cigarette?
   - Under 5 minutes (3)
   - 6-30 minutes (2)
   - 31-60 minutes (1)
   - More than 60 minutes (0)

2. Does it feel difficult for you to abstain from smoking in places where smoking is banned (e.g. church, cinema, train, restaurant etc.)?
   - Yes (1)
   - No (0)

3. Which cigarette would it be the most difficult for you to give up?
   - The first cigarette in the morning (1)
   - All the others (0)

4. How many cigarettes/day do you smoke?
   - 10 or fewer (0)
   - 11-20 (1)
   - 21-30 (2)
   - 31 or more (3)

5. Do you smoke more frequently in the first hours after you wake up than in the rest of the day?
   - Yes (1)
   - No (0)

6. Do you smoke if you are so ill that you are immobilized in bed most of the day?
   - Yes (1)
   - No (0)
Fagerström Test for nicotine dependence (FTND)

Score 0-3: no or low tobacco dependence
Score 4-6: medium tobacco dependence
Score 7-10: high tobacco dependence
### Number of cigarettes smoked per day

<table>
<thead>
<tr>
<th>How many cigarettes/day do you smoke?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or fewer</td>
<td></td>
</tr>
<tr>
<td>11-20</td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td></td>
</tr>
<tr>
<td>31 or more</td>
<td></td>
</tr>
</tbody>
</table>

### Time to first cigarette

<table>
<thead>
<tr>
<th>How soon after you wake up do you smoke the first cigarette?</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Under 5 minutes</td>
<td></td>
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<tr>
<td>6-30 minutes</td>
<td></td>
</tr>
<tr>
<td>31-60 minutes</td>
<td></td>
</tr>
<tr>
<td>More than 60 minutes</td>
<td></td>
</tr>
</tbody>
</table>
Ask

- Level of nicotine dependence
- Personal reasons for quitting
- Past experience with quitting
- The presence of anxiety or depression
Level of nicotine dependence

Personal reasons for quitting

Past experience with quitting

The presence of anxiety or depression
Past experience with quitting

- the number of past quit attempts
- longest smoking abstinence period
- any previous cessation treatment and what the treatment consisted of
- any history of withdrawal symptoms
- any relapsing risk factors
Level of nicotine dependence

Personal reasons for quitting

Past experience with quitting

The presence of anxiety or depression
Advise

Patient presents to a health care setting

Ask – screen all patients for tobacco use

Primary prevention

Never users

Current users

Former users

Advise to quit

Assess willingness to quit

Yes

Assist with quitting

Arrange follow-up

No

Patient now willing to quit

Promote motivation to quit

Prevent relapse

Abstinent

Relapse
A health care provider’s advice to quit is a powerful intervention, which can increase patient’s motivation to quit.
Advice from a Health Professional is the major external trigger

- Health Prof advice
- Something said by family/friends
- Someone else stopping
- Smoking restrictions
- NRT ad
- Gov ad
- Health warning
- Just decided
- New treatment

Per cent
Advice to quit smoking should be:

- Clear
- Strong
- Personalized
- Non-judgmental
- Offer of Support
Offer Support with Quitting

If you would like to stop smoking I can help you. Are you willing to make a quit attempt now?
Assess

General population

Patient presents to a health care setting

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No

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Abstinent

Prevent relapse

Promote motivation to quit

Arrange follow-up

Relapse
Assess motivation to quit smoking at this time

“Do you want to quit smoking (now)?”

“Are you willing to make a quit attempt in the coming weeks?”

“How motivation are you to stop smoking?”

No motivation

Very strong motivation

1 2 3 4 5 6 7 8 9 10
Assist

General population

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Former users

Advise to quit

Prevent relapse

Assess willingness to quit

Promote motivation to quit

Assist with quitting

Yes

Patient now willing to quit

No

Relapse

Abstinent

Arrange follow-up
- Remain non-judgemental
- Reinforce Message
- Support is available
Patients not willing to quit:

- Motivational Interviewing
- Smoking Reduction
Evidence-based Treatments can Dramatically Enhance Patient Success with Quitting

<table>
<thead>
<tr>
<th>No medication or placebo</th>
<th>No behavioural treatment</th>
<th>Brief advice</th>
<th>Longer advice, multiple sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control condition (CC)</td>
<td>2 x CC</td>
<td>3 x CC</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>2 x CC</td>
<td>4 x CC</td>
<td>6 x CC</td>
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Ask – screen all patients for tobacco use

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Arrange follow-up

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Abstinent

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Prevent relapse

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Patient now willing to quit

Patient not willing to quit
Follow-up Visit
Every 2-8 weeks for 2-6 months
More frequent contacts are recommended early in quitting process when risk of relapse is highest
Tell friends and family you are quitting and ask for their support.

Identify a support person (if appropriate).

Write on a piece of paper the reasons why he/she wants to quit smoking and keep it in a visible location.

Identify what he/she will optimally replace the smoking gesture.

Identify situation where when he/she might be tempted to smoke and consider plan for what to do instead.

Relapse Curve First Year - Unaided

<table>
<thead>
<tr>
<th>Time</th>
<th>% of Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>66%</td>
</tr>
<tr>
<td>7 days</td>
<td>76%</td>
</tr>
<tr>
<td>14 days</td>
<td>78%</td>
</tr>
<tr>
<td>1 month</td>
<td>81%</td>
</tr>
<tr>
<td>6 months</td>
<td>90%</td>
</tr>
<tr>
<td>12 months</td>
<td>95%</td>
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</tbody>
</table>

Relapse: 33% | Complete abstinence: 66%

Revised relapse curve for smokers quitting smoking.
Relapse prevention
Reason for relapse

In the early period of quitting
  – generally related to cravings and withdrawal

In later stages of quitting
  – stress or other psychological factors
Relapse prevention

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Relapse
Module 3 - Behavioural Counseling

Module 4 – Pharmacotherapy