| 5A'S   | ACTION  | STRATEGIES FOR IMPLEMENTATION   |  |
|--|---|---|--|
| Ask - Systematically   | Ask ALL patients at every encounter & document it.  Make it part of your routine.   | "Tobacco Assessment and Management " (tool located in EMR)  |  |
| identify all tobacco users<br>at every visit.                  |   | Sample questions:   |  |
|  |   | Do you use tobacco? If yes,   |  |
|  |   | Are you thinking about quitting now? (Allows you to know what Stage of Change the Patient is in).   |  |
| Advise – Persuade a<br>tobacco users that they<br>need to quit | Urge every tobacco user to quit in a clear, strong & personalized manner  | Advice should be:   |  |
|  |   | Clear - It is important that you quit now, and I can help you. 'Any tobacco use is harmful"   |  |
|  |   | Strong- As your provider, "quitting smoking is the most important thing you can do to protect your health"  |  |
|  |   | Personalized – Tie tobacco use based on the <u>Decisional Balance Worksheet - Thinking about my Smoking</u> & <u>Benefits of them Quitting</u>  |  |
|  |   | For Smokers who don't want to Quit - a self-help guide developed by Canadian Cancer Society (also available as a print resource - call: 204-774-7483)   |  |
| Assess – Determine<br>readiness to make a quit<br>attempt      | Ask two questions in relation to<br>"importance' and self-efficacy;   | Any answer in the shaded areas indicates the tobacco user is not ready to quit. In these cases you should deliver the 5 R's intervention (later in the presentation) utilize the clinics "Tobacco Champion" |  |
|  | <ol> <li>Would you like to stop using tobacco?</li> <li>Do you think you have a chance of quitting successfully?</li> </ol>   | Question 1 Yes Unsure No  |  |
|  |   | Question 2 Yes Unsure No  |  |
|  |   | If the patient is ready to go ahead with a quit attempt you can move on to Assist & Arrange steps.  |  |
|  |   | See Stages of Change to Quit Smoking Questions to Consider  |  |
| Assist- Help the patient                                       | Help the patient develop a quit plan  Provide counseling and identify social support(s)  Provide "Tool to get patients thinking"  Recommend Pharmacotherapy options | Use the STAR method to facilitate and help the patient develop a plan:  |  |
| with a Quit Plan   |   | Set a quit date ideally within 2 weeks  |  |
|  |   | Tell family, friends, & coworkers about quitting, and ask for support   |  |
|  |   | Anticipate challenges to the upcoming quit attempt  |  |
|  |   | Remove tobacco products for the patient's environment and the home tobacco free   |  |
|  |   | Focus on 3 Counselling elements:  |  |
|  |   | Help the patient identify / danger situations   |  |
|  |   | Help patients identify & practice coping skills to address dangerous situations   |  |
|  |   | Provide basic information about quitting Charting your Cigarettes, Know Your Triggers, Withdrawal,  |  |

| 5A'S   | ACTION   | STRATEGIES FOR IMPLEMENTATION   |
|--|--|---|
|  |  | Symptoms and How to Cope  Refer to existing Quit Smoking Tools and Tips Patient Handout section in the EMR for tobacco cessation (local and on line services)   |
|  |  | The support given to the patient needs to be described positively but realistically.  |
| Arrange – Schedule<br>follow-up contacts or a<br>referral to your site<br>Tobacco Champion | In person or by phone follow-up Referral to Tobacco Champion when needed | <b>When:</b> Initial follow-up within one week subsequent follow-ups as needed and recommended within one month after the quit date   |
|  |  | <b>How:</b> Clinic contacts (by phone or appointment) as per usual methods based on needs of patient  What:   |
|  |  | For all Patients:   |
|  |  | <ul> <li>Identify problems already encountered &amp; anticipate challenges</li> <li>Remind patients of available treatment &amp; social support</li> <li>Assess medication use &amp; problems</li> <li>Schedule next follow-up contact</li> </ul> |
|  |  | For patients who are abstinent:   |
|  |  | Congratulate them and ask them how they are celebrating their success   |
|  |  | For patients who have used tobacco again:   |
|  |  | <ul> <li>Remind them to view relapse as a learning experience</li> <li>Review circumstances &amp; elicit recommitment</li> <li>Link to more intensive treatment if available</li> </ul>   |

| 5 R'S      | STRATEGIES FOR IMPLEMENTATION  | EXAMPLE   |
|------------|--|---|
| Relevance  | Encourage individual to indicate <b>personal relevance of</b> quitting Use Decisional Balance Worksheet  | Ask: How is quitting relevant to you?   |
| Risks      | Encourage individual to identify potential personally relevant consequences of tobacco use  Examples of risks:  Acute: shortness of breath, asthma/COPD exacerbations, harm to pregnancy  Long-term: Heart attack, stroke, cancer (lung, pharynx, esophagus etc.), COPD  Environmental: increase risk of lung Ca, heart disease in others in home, SIDS, asthma, middle ear disease, increased respiratory infections in children of tobacco users | Ask: What do you know about the health risks of tobacco use? What worries you?  Inform of risks based on concern (example: advise increased cancer risks in tobacco users)      |
| Rewards    | Ask individual to identify <b>potential relevant benefits of stopping tobacco use</b> Examples: Improved health/feel better, save money, reduced wrinkles, set good example for children   | Ask: Do you know how stopping tobacco use would affect your risk of cancer?  Re-solidify immediate and long term benefits to health and importance of stopping tobacco use ASAP |
| Roadblocks | Ask individual to identify <b>barriers to quitting</b> ; provide targeted treatment (medication, counseling)  Typical barriers: withdrawal, fear of failure, weight gain, depression, lack of support, lack of knowledge of treatment options  | Ask: What would be difficult about quitting for you?  Target response based on barrier: ex: advise can provide  NRT that can reduce cravings                                    |
| Repetition | Repeat assessment of readiness to quit: if still not ready, repeat intervention at later date  | Ask: Can you answer these questions again now that we have had a chat?  |

World Health Organization Toolkit for delivering the 5A's and 5 R's brief tobacco interventions in Primary Care (2014)