

THE 5A's TOOL

Tobacco Users Willing To Quit

The "5 A's," **Ask, Advise, Assess, Assist,** and **Arrange**, are designed to be used with the smoker who is willing to quit.

Ask Systematically identify all tobacco users at every visit

Action	Strategies for Implementation
Implement an office wide system that ensures that, for every client at every clinic visit, tobacco-use status is queried and documented	Expand the vital signs to include tobacco use or use an alternative universal identification system

Repeated assessment is not necessary in the case of the adult who has never used tobacco or has not used tobacco for many years, and for whom this information is clearly documented in the medical record.

Alternatives to expanding the vital signs are to place tobacco-use status stickers on all client charts or to indicate tobacco use status using electronic medical records or computer reminder systems.

Advise Strongly urge all tobacco users to quit

Action	Strategies for Implementation
In a clear, <i>strong</i> , and <i>personalized</i> manner, urge every tobacco user to quit.	Advice should be: Clear - "I think it is important for you to quit smoking now and I can help you." "Cutting down while you are ill is not enough." Strong - "As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff and I will help you." Personalized - Tie tobacco use to current health/ illness, and/or its social and economic costs, motivation level/readiness to quit, and/or the impact of tobacco use on pregnancy, children and others in the household.

Assess Determine willingness to make a quit attempt

Action	Strategies for Implementation
Ask every tobacco user if she is willing to make a quit attempt at this time (e.g., within the next 30 days).	Assess client's willingness to quit: If the client is willing to make a quit attempt at this time, provide assistance. If the client will participate in an intensive treatment, deliver such a treatment or refer to an intensive intervention. If the client clearly states he or she is unwilling to make a quit attempt at this time, provide a motivational intervention.

Assist Aid the client in quitting

Action	Strategies for Implementation
Help the client with a quit plan.	<p>A client's preparations for quitting:</p> <p>Set a quit date - ideally, the quit date should be within 2 weeks.</p> <p>Tell family, friends, and coworkers about quitting and request understanding and support.</p> <p>Anticipate challenges to planned quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms.</p> <p>Remove tobacco products from your environment. Prior to quitting, avoid smoking in places where you spend a lot of time (e.g., work, home, car).</p>
Provide practical counselling (problem solving/training).	<p>Abstinence - Total abstinence is essential. "Not even a single puff after the quit date."</p> <p>Past quit experience - Review past quit attempts including identification of what helped during the quit attempt and what factors contributed to relapse.</p> <p>Anticipate triggers or challenges in upcoming attempt - Discuss challenges/triggers and how client will successfully overcome them.</p> <p>Other smokers in the household - Quitting is more difficult when there is another smoker in the household. Clients should encourage housemates to quit with them or not smoke in their presence.</p>
Provide intra-treatment social support.	Provide a supportive clinical environment while encouraging the client in his or her quit attempt. "My office staff and I are available to assist you."
Help client obtain extra-treatment social support.	Help client develop social support for her quit attempt in her environments outside of treatment. "Ask your spouse/partner, friends, and coworkers to support you in your quit attempt."
Discuss the use of approved pharmacotherapy.	Discuss the pros and cons of using pharmacotherapies.
Provide supplementary materials.	<p>Sources - Federal agencies, nonprofit agencies, or local/"public" or "municipal" health departments.</p> <p>Type - Culturally/racially/educationally/age appropriate for the client.</p> <p>Location - Readily available at every clinician's workstation.</p>

Arrange Schedule follow-up contact

Action	Strategies for Implementation
Schedule follow-up contact, either in person or via telephone	<p>Timing - Follow-up contact should occur soon after the quit date, preferably during the first week. A second follow-up contact is recommended within the first month. Schedule further follow-up contacts as indicated.</p> <p>Actions during follow-up contact - Congratulate success. If tobacco use has occurred, review circumstances and elicit recommitment to total abstinence. Remind client that a lapse can be used as a learning experience. Identify problems already encountered and anticipate challenges in the immediate future.</p>

Tobacco Users Unwilling to Quit

The "5 R's," **Relevance, Risks, Rewards, Roadblocks,** and **Repetition**, are designed to motivate smokers who are unwilling to quit. Smokers may be unwilling to quit due to misinformation, concern about the effects of quitting, or demoralization because of previous unsuccessful quit attempts. It is important to avoid argumentation so that you can engage the patient in the process of quitting smoking. Therefore, after asking about tobacco use, advising the smoker to quit, and assessing the willingness of the smoker to quit, it is important to provide the "5 R's" motivational intervention. Briefly, these are:

Rewards

The clinician should ask the client to identify potential benefits of continuing tobacco use versus stopping tobacco use. The clinician may suggest and highlight those that seem most relevant to the client. Seek to understand what keeps the person smoking.

Risks

The clinician should then ask the client to identify potential negative consequences of tobacco use and of stopping use. The clinician may suggest and highlight those that seem most relevant to the client. The clinician should emphasize that smoking low-tar/low-nicotine cigarettes or use of other forms of tobacco (e.g., smokeless tobacco, cigars, and pipes) will not eliminate these risks.

Relevance

Encourage the client to indicate why quitting is personally relevant, being as specific as possible. Reflecting the pros and cons of continuing versus quitting tobacco use highlights their personal dilemma. Motivational information has the greatest impact if it is relevant to a client's disease status or risk, family or social situation (e.g., having children in the home), health concerns, age, gender, and other important client characteristics (e.g., prior quitting experience, personal barriers to cessation).

Roadblocks

The clinician should ask the client to identify barriers or impediments to quitting and brainstorm with the patient about elements of treatment (problem solving, pharmacotherapy) that could address barriers.

Repetition

The motivational intervention should be repeated every time an unmotivated client visits the clinic setting. Tobacco users who return to use should be told that most people make repeated quit attempts before they are successful.