

## Five Major Steps to Intervention (The “5 A’s”)

to intervention are the “5 A’s”: Ask, Advise, Assess, Assist, and Arrange.

***“Starting today, every doctor, nurse, health plan, purchaser, and medical school in America should make treating tobacco dependence a top priority.”***

## ASK

Identify and document tobacco use status for every patient at every visit. (You may wish to develop your own vital signs sticker, based on the sample below).

## ADVISE

In a clear, strong, and personalized manner, urge every tobacco user to quit.

## ASSESS

Is the tobacco user willing to make a quit attempt at this time?

## ASSIST

For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit. (See *Counseling Patients To Quit* and pharmacotherapy information in this packet).

## ARRANGE

Schedule followup contact, in person or by telephone, preferably within the first week after the quit date.

## VITAL SIGNS

Blood Pressure: \_\_\_\_\_  
 Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Temperature: \_\_\_\_\_  
 Respiratory Rate: \_\_\_\_\_  
 Tobacco Use: Current Former Never  
(circle one)

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



### Nicotine Cessation Assessment

How seriously would you rate your motivation to quit smoking on a scale of 1 to 10 (with 1 being no motivation and 10 is *extremely* motivated)

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1   2   3   4   5   6   7   8   9   10

Rate your level of confidence that you can quit smoking on a scale of 1 to 10 (with 1 being no self confidence and 10 indicating *I know I can do it!*)

1   2   3   4   5   6   7   8   9   10

### How dependent are you on Nicotine?

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Do you ever wake up at night to have a cigarette?	<i>Yes</i>	<i>No</i>
How soon after you wake up do you use tobacco? (Circle)		
<i>Within 5 minutes</i>		<i>3 points</i>
<i>6 to 30 min.</i>		<i>2 points</i>
Do you find it difficult to refrain from smoking in places where it is forbidden?		
<i>Yes</i>		<i>1 point</i>
<i>No</i>		<i>0</i>
Which cigarette would be the most difficult to give up?		
<i>First one in the morning</i>		<i>1 point</i>
<i>All others</i>		<i>0</i>
How many cigarettes per day do you smoke?		
<i>10 or less</i>		<i>0</i>
<i>11 to 20</i>		<i>1 point</i>
<i>21 to 30</i>		<i>2 points</i>
<i>31 or more</i>		<i>3 points</i>
Do you smoke more frequently during the first hours after waking than during the rest of the day?		
<i>Yes</i>		<i>1 point</i>
<i>No</i>		<i>0</i>
Do you smoke if you are so ill that you are in bed for most of the day?		
<i>Yes</i>		<i>1 point</i>
<i>No</i>		<i>0</i>

## Scoring the Fagerstrom Tolerance Test

***Fagerström Tolerance Test Score (Add points and circle):***

0-2 very low dependence    3-4 low dependence    5    medium dependence

6-7 high dependence

8-10 very high dependence

# Motivational Interviewing Procedure and Stages of Change

Using the Stages of Change to help move the client through the change process.

## Prochaska and DiClemente's Stages of Change Model

Stage of Change	Characteristics	Techniques
Pre-contemplation	Not currently considering change: "Ignorance is bliss"	Validate lack of readiness  Clarify: decision is theirs  Encourage re-evaluation of current behavior  Encourage self-exploration, not action  Explain and personalize the risk
Contemplation	Ambivalent about change: "Sitting on the fence"  Not considering change within the next month	Validate lack of readiness  Clarify: decision is theirs  Encourage evaluation of pros and cons of behavior change  Identify and promote new, positive outcome expectations
Preparation	Some experience with change and are trying to change: "Testing the waters"  Planning to act within 1month	Identify and assist in problem solving re: obstacles  Help Client identify social support  Verify that Client has underlying skills for behavior change  Encourage small initial steps
Action	Practicing new behavior for 3-6 months	Focus on restructuring cues and social support  Bolster self-efficacy for dealing with obstacles  Combat feelings of loss and reiterate long-term benefits
Maintenance	Continued commitment to sustaining new behavior  Post-6 months to 5 years	Plan for follow-up support  Reinforce internal rewards  Discuss coping with relapse
Relapse	Resumption of old behaviors: "Fall from grace"	Evaluate trigger for relapse  Reassess motivation and barriers and plan stronger coping strategies

## 1. Assess and Personalize Client's Risk Status

- "Based on your assessment results and symptoms you have described, I am concerned about the following: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_."
- "I want to talk to you about how your drug use may be affecting how you are functioning."

## 2. Stages of Change Evaluation

- "How do **you** feel about your \_\_\_\_\_?"
- "What concerns do **you** have about \_\_\_\_\_?"
- "Are you considering/planning to reduce/stop your use now?"
- "Do the pros of changing outweigh the cons?"

## 3. Educate: Risks and Advise: Identify Goal

- Educate: Discuss consequences - Tip Sheet (longevity and quality of life)
- Advise: Establish a reasonable goal for change using a clear statement.
- "A \_\_\_\_ % reduction over the next 2 months from \_\_\_\_ to \_\_\_\_ drinks per week."

## 4. Assess Client's Understanding and Concerns

- "How do you feel about what I've said?"
- "On a scale of 1 – 10, with 10 being 100% ready to take action, how ready are you to \_\_\_\_\_?"

**5. Facilitate motivation depending the client's level of contemplation based on the scale of 1 - 10. An answer between 1 - 4 means the client has very little intention to change.**

Facilitate Motivation for <i>PRE-CONTEMPLATORS</i>	
1. Validate the Client's experience.	
2. Acknowledge the Client's control of the decision.	
3. In a simple, direct statement, give your opinion on the benefits of change for this Client.	
4. Explore potential concerns.	
5. Acknowledge possible feelings of being pressured.	
6. Validate that they are not ready.	
7. Restate your position that the decision to change is up to them.	
8. Encourage reframing of current state of change <i>as the potential beginning of a change - rather than a decision to never change.</i>	

**GOAL: Move Client from "NO!" to "I'll think about it."**

**Discuss client intention based on the scale of 1 – 10. An answer between 5 – 7 means the Client is ambivalent about taking action.**

### Facilitate Motivation for *CONTEMPLATORS*

1. Validate the Client's experience.
2. Acknowledge Client's control of the decision.
3. Clarify Client's perceptions of the pros and cons .
4. Encourage further self-exploration.
5. Restate your position that it is up to them.
6. Leave the door open for moving to preparation.

An answer between 8 – 10 means the Client is very willing to take action.

### Facilitate Motivation for those in *PREPARATION*

1. Praise the decision to change behavior.
2. Prioritize behavior change opportunities.
3. Identify and assist in problem solving re: obstacles.
4. Encourage small, initial steps.
5. Assist Client in identifying social supports.

## Stages of Change

### Pre-contemplation Stage

"Ignorance is bliss" " \_\_\_\_\_ is not a concern for me"

### Contemplation Stage

"Sitting on the fence"

"Yes my \_\_\_\_\_ is a concern for me, but I'm not willing or able to begin within the next month."

### Preparation Stage

"Testing the Waters"

"My \_\_\_\_\_ is a concern for me; I'm clear that the benefits of \_\_\_\_\_ outweigh the drawbacks, and I'm planning to start within the next month."

\*Adapted from the work of Ockene JK et al. Arch Intern Med 1997;157:2334-2341, Simkin-Silverman L, and Wing R. Ob Res 1997;5:603-612, and Taylor, S. St. Anthony Family Medicine Residency, Denver CO





# Patients Not Ready To Make A Quit Attempt Now (The “5 R’s”)

Patients not ready to make a quit attempt may respond to a motivational intervention. The clinician can motivate patients to consider a quit attempt with the “5 R’s”: Relevance, Risks, Rewards, Roadblocks, and Repetition

*Approximately 46 percent try to quit each year. Most try to quit “cold turkey.” Of those, only about 5 percent succeed. Most smokers make several quit attempts before they successfully quit for good.*

## RELEVANCE

Encourage the patient to indicate why quitting is personally relevant.

## RISKS

Ask the patient to identify potential negative consequences of tobacco use.

## REWARDS

Ask the patient to identify potential benefits of stopping tobacco use.

## ROADBLOCKS

Ask the patient to identify barriers or impediments to quitting.

## REPETITION

The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.





# Know Your Options

Treatment	Product	Advantages	Disadvantages	Cost Per Day*
<b>Nicotine Replacement Therapy</b>				
Gum	Nicorette®, Thrive®, Generic Available OTC 2mg, 4mg	<ul style="list-style-type: none"> <li>Convenient</li> <li>Flexible Dosing</li> <li>Fast onset of delivery</li> <li>Available without prescription</li> </ul>	<ul style="list-style-type: none"> <li>Cannot eat or drink while using the gum</li> <li>Frequent use during the day required to obtain adequate nicotine levels</li> <li>May be inappropriate for people with dental problems and TMJ</li> </ul>	\$3.82-\$4.50 (9 pieces)
Lozenge	Nicorette® Lozenge, Nicorette® Mini Lozenge, Commit® Lozenge Generic Available OTC 2mg, 4mg	<ul style="list-style-type: none"> <li>Convenient</li> <li>Flexible Dosing</li> <li>Available without prescription</li> </ul>	<ul style="list-style-type: none"> <li>Gastrointestinal side effects (nausea, hiccups, heartburn) might be bothersome</li> <li>Frequent use during the day required to obtain adequate nicotine levels</li> </ul>	\$4.55-\$5.37 (9 pieces)
Transdermal Patch	NicoDerm CQ®, Prostep®, Habitrol®, Generic Available OTC 7mg, 14mg, 21mg (24-hour release)	<ul style="list-style-type: none"> <li>Easy to Use</li> <li>Only needs to be applied once a day</li> <li>Available without prescription</li> <li>Few side effects</li> </ul>	<ul style="list-style-type: none"> <li>Less Flexible Dosing</li> <li>Slow onset of delivery</li> <li>Mild skin rashes and irritation</li> </ul>	\$2.71-\$3.57 (1 patch)
Nasal Spray	Nicotrol® NS Rx Required Metered Spray 0.5mg nicotine in 50 mcL	<ul style="list-style-type: none"> <li>Flexible Dosing</li> <li>Fastest delivery of nicotine of currently available products</li> <li>Reduces craving in minutes</li> </ul>	<ul style="list-style-type: none"> <li>Nose and eye irritation is common, but usually disappears within one week</li> <li>Frequent use during the day required to obtain adequate nicotine levels</li> </ul>	\$2.79 (With Average Daily Use)
Oral Inhaler	Nicotrol® Inhaler Rx Required 10mg Cartridge 4mg	<ul style="list-style-type: none"> <li>Flexible Dosing</li> <li>Mimics hand-to-mouth behavior of smoking</li> <li>Few side effects</li> <li>Fast onset of delivery</li> </ul>	<ul style="list-style-type: none"> <li>May cause mouth or throat irritation</li> <li>Frequent use during the day required to obtain adequate nicotine levels</li> </ul>	\$11.07 (6 cartridges)

OTC= Over the Counter (No prescription needed.); Rx= Prescription Needed; TMJ= Temporomandibular Joint Syndrome; Table adapted from Rx for Change, The Regents of the University of California (2011). Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation. Cost Per Day Source: CVS Pharmacy, Baltimore, MD, February 2014. \*Cost per day represents estimated patient costs without insurance.



Treatment	Product	Advantages	Disadvantages	Cost Per Day*
<b>Medications</b>				
Bupropion-SR	Zyban™, Generic Rx Required 150mg sustained-release tablet	<ul style="list-style-type: none"> <li>• Easy to Use</li> <li>• Pill form</li> <li>• Can be used in combination with NRT</li> <li>• May delay weight gain</li> <li>• May be beneficial to those with depression</li> </ul>	<ul style="list-style-type: none"> <li>• Should not be used by those with certain health conditions</li> <li>• Lack of flexibility of use</li> </ul>	\$11.99 (2 tablets, Generic)
Varenicline	Chantix™ Rx Required 0.5mg, 1mg tablet	<ul style="list-style-type: none"> <li>• Easy to Use</li> <li>• Pill form</li> <li>• Helps reduce cravings by blocking the pleasurable effects of nicotine in the brain</li> </ul>	<ul style="list-style-type: none"> <li>• Should not be used by those with certain health conditions</li> <li>• Lack of flexibility of use</li> <li>• May induce nausea</li> </ul>	\$13.69 (2 tablets)
<b>Maryland Quitline</b>				
1-800-QUIT NOW (1-800-784-8669)	4 sessions of counseling via telephone with certified Quit Coach®	<ul style="list-style-type: none"> <li>• Free, individualized support from a trained, knowledgeable smoking cessation counselor</li> <li>• Convenient—no travel involved</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks some of the qualities that come with in-person or group counseling</li> </ul>	FREE
<b>In-Person Counseling (Individual or Group)</b>				
Nicotine Anonymous(NicA)  Call 877-TRY-NICA (877-879-6422) for local meeting schedule/locations	Group Counseling led entirely by NA members	<ul style="list-style-type: none"> <li>• Support from other current and/or former smokers</li> <li>• In-person, online, and phone-based options</li> </ul>	<ul style="list-style-type: none"> <li>• Limited in-person meeting locations (only 3 active in Maryland)</li> </ul>	FREE
Individual Counseling	One-on-one counseling with trained professional	<ul style="list-style-type: none"> <li>• Individualized treatment/support</li> <li>• Addresses behavioral parts of smoking</li> </ul>	<ul style="list-style-type: none"> <li>• If not free, individual counseling may not be covered by health insurance</li> </ul>	VARIES

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