Encouraging Tobacco Cessation
Through the Five A’s:
Ask, Advise, Assess, Assist, Arrange

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

—David Satcher, MD, Ph.D.
Former U.S. Surgeon General
Director, National Center for Primary Care, Morehouse School of Medicine
According to the Centers for Disease Control:

- Approximately 20% of Americans smoke
- Disparities present
  - 49.1% of adults with GED smoke
  - 31.1% of adults who live below poverty level smoke

According to the Centers for Disease Control’s Office on Smoking and Health:

- More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.
- Smoking cigarettes, pipes, or cigars increases the risk of dying from cancers of the lung, esophagus, larynx, and oral cavity.
From the CDC, cont.
Cigarette smoking causes about 1 of every 5 deaths in the United States each year. Cigarette smoking is estimated to cause the following:

- 443,000 deaths annually (including deaths from secondhand smoke)
- 49,400 deaths per year from secondhand smoke exposure
- 269,655 deaths annually among men
- 173,940 deaths annually among women

Cigarette use causes premature death:

- On average, adults who smoke cigarettes die 14 years earlier than nonsmokers.
- Based on current cigarette smoking patterns, an estimated 25 million Americans who are alive today will die prematurely from smoking-related illnesses, including 5 million people younger than 18 years of age.

How to help?

The 5 A’s
Who can use the 5 A's?

- Anyone!
  - Doctors
  - Nurse Practitioners
  - Psychologists
  - Social Workers
  - Nurses
  - Ancillary staff

ASK
Identify ALL tobacco users at EVERY visit

Vital Signs
Blood Pressure: ____________________________________________
Pulse: _____________________ Weight: _____________________
Temperature: ____________________________________________
Respiratory Rate: ________________________________________
Tobacco Use: (circle one) Current Former Never

**ASK**

- Options for tracking include:
  - Adjusting vital sign documentation to include tobacco assessment
  - Tobacco status stickers for paper charts
  - Tag in electronic medical record, reminder texts for documentation

**Why ask?**

- Important to understand tobacco use as a chronic illness
- Anticipate periods of relapse
- Heightened awareness
**ADVISE**

- Strongly encourage all tobacco users to quit
  - Clear
  - Strong
  - Personalized

**ASSESS**

- Is the patient willing to make a quit plan within the next 30 days?
- If yes,
  - Provide assistance with quit plan
  - Deliver treatment needed for plan or refer to appropriate treatment
  - Provide additional information for special populations (adolescents, pregnant women)
ASSESS

• What if the person says, “No!”

• Provide motivational interventions
  - Consider the 5 R’s
    • Relevance
    • Risks
    • Rewards
    • Roadblocks
    • Repetition

• Be prepared to repeat these interventions as necessary
• Remember that even if the patient continues to say, “NO!,,” when asked about a quit plan, repeated interventions still contribute to heightened awareness
ASSIST

Aid the patient in quitting

How to Assist?

• Help with quit plan:
  - Set a date
  - Tell family/friends
  - Anticipate challenges
  - Remove tobacco products

• Provide practical help:
  - Goal of abstinence
  - Review past quit attempts
  - Discuss triggers
  - Risk of alcohol use
  - Peers who smoke
How to Assist?

• Intra-treatment social support:
  - Support of providers and staff
  - Consider smoking cessation group in the practice

• Extra-treatment social support:
  - Support outside of office
    - Friends
    - Family
    - Online supports

How to Assist?

• Consider pharmacotherapy:
  - Consult medical providers with use of medicines, inhalers, patches, and/or nicotine replacement gum.

• Supplementary materials:
  - Collect materials from local/federal agencies
  - Have materials readily available at all workstations
ARRANGE

• Provide follow-up contact
  – First follow-up preferably within the week after the quit date
  – Second follow-up within the month

Resources for Clinicians

http://www.surgeongeneral.gov/tobacco/tobaqrg.htm
(Reference guide for clinicians)

(Printable handout for clinician use)

http://www.tnpca.org/displaycommon.cfm?an=1&subarticlenbr=66
(TPCA’s resource website, multiple links/documents)
Other resources - for patients

www.smokefree.gov
www.ahrq.gov/path/tobacco.html

1-800-QUIT-NOW

http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/you_can_quit/

Questions?

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