

## Brief Intervention on Smoking Cessation – Online Training

### Module 1: Brief Intervention on Smoking Cessation with 5A’s/ 5R’s Models

#### Handouts

#### 1. Introduction

- Recommended by the World Health Organization, the 5A’s and 5R’s models are quick guide to help healthcare professionals routinely deliver brief smoking cessation intervention (“brief intervention”) and quitting support. They are relatively comprehensive and facilitate quitting support to smokers at various stages of readiness for quitting.

#### 2. 5A’s model<sup>1</sup>

- The 5A’s model can be applied to all patients who smoke. It includes a brief assessment and tailored quitting suggestion to smokers who are ready to quit.
- Recipients of 5A’s model have higher uptake of further counselling and cessation medications,<sup>2</sup> and higher tobacco abstinence rate.<sup>3</sup>
- The table below outlines the five essential elements of 5A’s model that healthcare professionals can cover in the brief intervention.
- Healthcare professionals need not deliver all elements of the 5A’s model in the clinical setting. When there is time constraint, healthcare professionals can tailor the elements from 5A’s model according to the situation and patient’s need.<sup>4</sup>

	Suggested advice and questions	Remarks
<b>Ask</b>  <i>Systematically identify tobacco use in ALL patients at every encounter</i>	<ul style="list-style-type: none"> <li>Do you smoke?</li> </ul> or <ul style="list-style-type: none"> <li>Do you use tobacco products?</li> </ul>	<ul style="list-style-type: none"> <li>Ask these questions in a friendly way.</li> <li>Smoking status should be documented in medical notes or electronic record.</li> </ul>
<b>Advise</b>  <i>Urge every smoker to quit in a clear, strong and personalised manner</i>	<u>General advice/ warning</u> <ul style="list-style-type: none"> <li>It’s important that you quit smoking now, and I am here to help you.</li> <li>1 in 2 smokers will die prematurely from smoking-related illnesses.</li> </ul> or <u>Patient-specific advice</u> <ul style="list-style-type: none"> <li>E.g. continuing to smoke makes your COPD worse, and quitting can surely improve your health.</li> </ul> <u>Question to build a personalised advice</u> Health professional:	<ul style="list-style-type: none"> <li>To tailor a smoking cessation advice, healthcare professionals can help the patients to relate to his/her health profile or health concern.</li> </ul>

	<p>What do you dislike most about being a smoker?</p> <p>Patient: Well, it should be the spending on tobacco.</p> <p>Health professional: Yes, it does build up. Let's work out how much you spend each month. Then we can think about what you could buy instead.</p>	
<p><b>Assess</b></p> <p><i>Determine readiness to quit smoking</i></p>	<p>Method 1: Would you like to quit tobacco within the next 30 days?</p>	<ul style="list-style-type: none"> <li>• If yes, move forward to "Assist".</li> <li>• If no, use 5R's model to increase quitting motivation.</li> </ul>
	<p>Method 2:</p> <ol style="list-style-type: none"> <li>1. Would you like to be a non-smoker?</li> <li>2. Do you think you have a chance of quitting successfully?</li> </ol>	<ul style="list-style-type: none"> <li>• If the answer to either question is yes, move forward to "Assist".</li> <li>• If the answers to both question are no, or the patient is unsure about question 1, use 5R's model to increase quitting motivation.</li> </ul>
<p><b>Assist</b></p> <p>1. <i>Maintain quitting motivation</i></p>	<ul style="list-style-type: none"> <li>• In quitting, it's important to maintain your motivation.</li> <li>• Always remind yourself why quitting is so important to you.</li> <li>• Support from family and friends is important.</li> <li>• When will be your first quit date?</li> </ul>	<p>Encourage the patient to set a quit date that is ideally within the coming 2 weeks.</p>
	<p>2. <i>Provide practical advice</i></p>	<ul style="list-style-type: none"> <li>• Think about scenarios where you are tempted to smoke or smoke habitually.</li> <li>• This leaflet/pamphlet contains some strategies on how you manage these scenarios and craving.</li> <li>• Nicotine replacement therapy can increase your chance of quitting, and it's safe. Have you tried it before?</li> <li>• To prepare for a quit attempt, you should stop buying cigarettes, lighter and so on.</li> <li>• You can set a quit date that you feel the most confident and comfortable to start.</li> </ul>

		<ul style="list-style-type: none"> <li>• Encourage preparation for quit attempts (e.g. get rid of things antecedent to smoking, select suitable smoking cessation service)</li> <li>• Set a quit date that is ideally within the coming 2 weeks.</li> </ul>
3. <i>Refer to smoking cessation services</i>	Smoking cessation services provide professional counselling and medication which can double your chance of successful quitting. My colleague can arrange a referral for you.	If the patient agrees to be referred, follow the step of active referral (Module 3 of Very Brief Advice on Smoking Cessation).
<b>Arrange</b>  <i>Arrange a telephone follow-up or next consultation on the quitting progress</i>	<p>Arrange a telephone follow-up: Shall I call you to discuss your progress of quitting 2 weeks later?</p> <p>Follow-up at next consultation: We shall discuss your smoking cessation in the next consultation.</p>	Assess smoking status and readiness of <b>every patient</b> at <b>every visit</b> .

### 3. 5R's model <sup>1</sup>

- The 5R's model can be applied by healthcare professionals to increase motivation of smokers who say they are not ready to quit smoking.<sup>1</sup>
- The table below outlines the five elements of 5R's.
- Healthcare professionals are not required to go through all elements of 5R's model. Instead, they can focus on the particular 'R(s)' that is/are most relevant to the patient.

	Suggested advice and questions	Remarks
<b>Relevance</b>  <i>Encourage the patient to ascertain that quitting is relevant to him/her</i>	<p>Health professional: How is quitting most personally relevant to you?</p> <p>Patient: I suppose smoking is bad for my health.</p>	<ul style="list-style-type: none"> <li>• To identify a patient's disease status, health concerns, family or social situation that can best motivate the patient to quit.</li> </ul>
<b>Risk</b>  <i>Encourage the patient to identify negative consequences of smoking that are relevant to him/her</i>	<p>Health professional: What do you know about the risks of smoking to your health? What particularly worries you?</p> <p>Patient: I know it causes cancer. That must be awful.</p> <p>Health professional: That's right. The risk of cancer is many times higher among smokers.</p>	<ul style="list-style-type: none"> <li>• Short-term impact: Shortness of breath, coughing, more mucus buildup, skin looks leathery and wrinkly, losing skin elasticity, stained skin, stained teeth, bad breath</li> <li>• Long-term risks: Exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, infertility, heart attacks, strokes,</li> </ul>

		<p>cancers of lung and other organs (e.g. larynx, oral cavity, pharynx, esophagus), COPD, osteoporosis, long-term disability, and need for extended care.</p> <ul style="list-style-type: none"> <li>• Risks of secondhand smoke: increased risk of lung cancer and heart disease in spouse; increased risk of low birth-weight, sudden infant death syndrome, asthma, middle ear disease, and respiratory infections in children of smokers.</li> </ul>
<p><b>Rewards</b></p> <p><i>Encourage the patient to identify relevant benefits of quitting</i></p>	<p>Health professional: Do you know how stopping smoking would affect your risk of cancer (or any disease of particular concern to the patient)?</p> <p>Patient: I guess it would decrease the risk if I quit.</p> <p>Health professional: Yes, and it doesn't take long for the risk to decrease after quitting. It's important to quit as soon as possible.</p>	<p>Examples of rewards include:</p> <ul style="list-style-type: none"> <li>• improved health;</li> <li>• improved sense of taste;</li> <li>• improved sense of smell;</li> <li>• saving money;</li> <li>• feeling better about oneself;</li> <li>• home, car, clothing and breath will smell better;</li> <li>• setting a good example for children and decreasing the likelihood that they will smoke;</li> <li>• having healthier babies and children;</li> <li>• feeling better physically;</li> <li>• performing better in physical activities;</li> <li>• improved appearance, e.g. reduced wrinkling/ ageing of skin and whiter teeth.</li> </ul>
<p><b>Roadblocks</b></p> <p><i>Ask the patient to identify barriers of quitting, and suggest treatment options that address the barriers</i></p>	<p>Health professional: What would be difficult about quitting for you?</p> <p>Patient: Craving. That would be awful.</p> <p>Health professional: Do you know nicotine replacement therapy can reduce cravings?</p> <p>Patient: Does that really work?</p> <p>Health professional: NRT can double your chance to quit successfully.</p>	<p>Typical barriers:</p> <ul style="list-style-type: none"> <li>○ Withdrawal symptoms, e.g. weight gain, depression etc</li> <li>○ Fear of failure</li> <li>○ Lack of support</li> <li>○ Enjoyment of tobacco</li> <li>○ Being around with other tobacco users</li> <li>○ Limited knowledge of effective treatment options</li> </ul> <p>The above barriers may be tackled by either (1) adequate advice based on the leaflet or the training materials; or (2)</p>

		referral to smoking cessation services.
<p><b>Repetition</b></p> <p><i>Repeat assessment of readiness to quit (i.e. Assess).</i></p>	<p>Health professional: Let's see if you feel differently about quitting now after our discussion. Do you think quitting is important to you? Do you agree that your confidence to quit increases after knowing the solutions?</p> <p>End the intervention in a positive way, if the patient is not ready to quit: This is a difficult process but I know you can get through it and I am here to help you.</p>	<ul style="list-style-type: none"> <li>• If the patient shows some readiness to quit, continue to deliver information using "Assist" of 5A's model.</li> <li>• If the patient remain not ready to quit, health professionals can end the discussion positively and invite them to discuss next time.</li> </ul>

## Reference

1. World Health Organization. Toolkit for delivering the 5A's and 5R's brief tobacco interventions in primary care; 2014.
2. Kruger J, O'Halloran A, Rosenthal AC, Babb SD, Fiore MC. Receipt of evidence-based brief cessation interventions by health professionals and use of cessation assisted treatments among current adult cigarette-only smokers: National Adult Tobacco Survey, 2009–2010. *BMC public health*. 2016;16(1):1-0.
3. Aveyard P, Begh R, Parsons A, West R. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. *Addiction*. 2012;107:1066-73.
4. Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ. Treating tobacco use and dependence: 2008 update—clinical practice guideline. 2008. Rockville, MD: Public Health Service, US Department of Health and Human Services; 2008.

## Acknowledgements



LKS Faculty of Medicine  
School of Public Health  
香港大學公共衛生學院



LKS Faculty of Medicine  
School of Nursing  
香港大學護理學院