

STEP 1: ASK about Tobacco Use

➤ Suggested Dialogue

- ✓ Do you ever smoke or use any type of tobacco?
 - I take time to talk with all of my patients about tobacco use—because it's important.

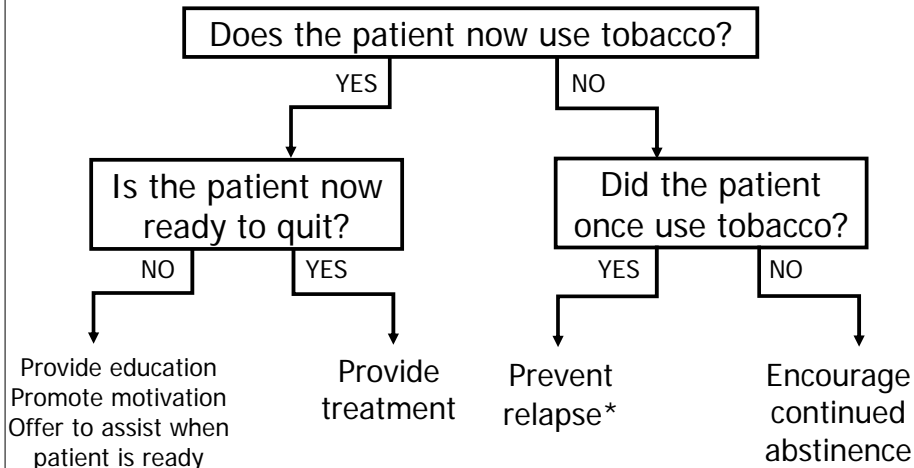
STEP 2: Strongly ADVISE to Quit

It is important to be sensitive as patients may be defensive of their smoking. Project empathy in your voice; be understanding, not reprimanding. As appropriate, link quitting smoking to patient's treatment plan (e.g., reducing self-destructive behaviors, developing more functional strategies for coping with stress).

➤ Suggested Dialogue

- Quitting smoking is the most important thing you can do for your health, and I can help you. I have training to help my patients quit, and when you are ready I can work with you to design a specialized treatment plan.

STEP 3: ASSESS Readiness to Quit



* Relapse prevention interventions not necessary if patient has not used tobacco for many years and is not at risk for re-initiation.

Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2000.

STEP 4: ASSIST with Quitting



✓ Assess Tobacco Use History

- Current use: type(s) of tobacco used, brand, amount
- Past use:
 - Duration of tobacco use & recent changes in use
- Past quit attempts:
 - Number of attempts, date of most recent attempt, duration
 - Methods used previously—What did or didn't work? Why or why not?
 - Prior medication administration, dose, compliance, duration of treatment
 - Reasons for relapse

✓ Discuss Key Issues (for the upcoming or current quit attempt)

- Reasons/motivation for wanting to quit (or avoid relapse)
- Confidence in ability to quit (or avoid relapse)
- Triggers for tobacco use
- Routines and situations associated with tobacco use
- Stress- and mood-related tobacco use
- Social support for quitting
- Concerns about withdrawal symptoms and weight gain
- Monitoring of psychiatric symptoms during quit attempt

✓ Facilitate Quitting Process

- Discuss methods for quitting: pros and cons of the different methods
- Set a quit date: more than 2–3 days away but less than 2 weeks away
- Discuss coping strategies (cognitive, behavioral)
- Discuss withdrawal symptoms
- Discuss concept of "slip" versus relapse
- Provide medication counseling: compliance, proper use, with demonstration
- Offer to assist throughout the quit attempt

✓ Evaluate the Quit Attempt (at follow-up)

- Status of attempt
- "Slips" and relapse
- Medication compliance and plans for discontinuation
- Any changes in psychiatric symptoms or psychiatric medications

STEP 5: ARRANGE Follow-up Counseling

- ✓ Monitor patients' progress throughout the quit attempt. Follow-up with patient during the first week after quitting and again in the first month. Additional contacts should be scheduled as needed. Counseling contacts can occur face-to-face, by telephone, or by e-mail. Document contact in progress notes.
- ✓ Address temptations and triggers; discuss relapse prevention strategies.
- ✓ Congratulate patients for continued success.
- ✓ Consider referrals to quit line or support groups for additional support.