



Toolkit for delivering the 5A's and 5R's
brief tobacco interventions
in primary care

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Toolkit for delivering the 5A's and 5R's brief tobacco interventions in primary care.

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Introduction

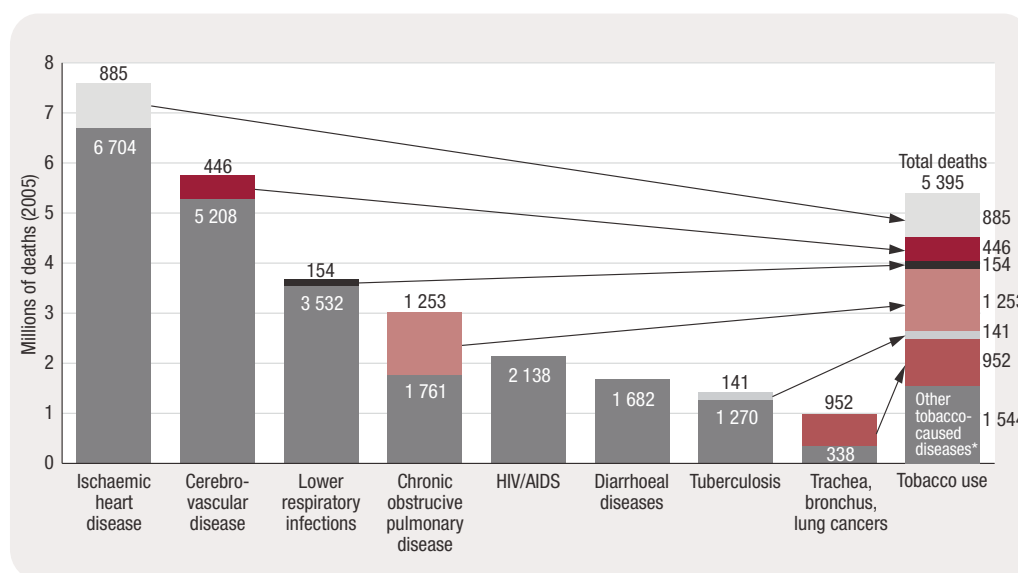
This toolkit was developed based on WHO Capacity Building Training Package 4 entitled “Strengthening health systems for treating tobacco dependence in primary care”. Its target audience are primary care providers. It aims to serve as a quick reference guide to help primary care providers deliver brief tobacco interventions as part of their routine practice. The content of this toolkit includes:

1. Tobacco use: a deadly habit;
2. The unique role of the healthcare provider in tobacco control;
3. Basics of tobacco use and tobacco dependence;
4. The 5A's model to help patients ready to quit;
5. The 5R's model to increase motivation to quit;
6. The 5A's to avoid exposure to secondhand smoke.

I. Tobacco use: a deadly habit

Tobacco use is the leading preventable cause of death in the world and it kills half of all lifetime users and half of those die in middle age (35-69). Tobacco is a risk factor for six of the eight leading causes of death in the world (See Figure 1). Tobacco kills nearly six million people each year. More than five million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco, accounting for one in 10 adult deaths. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030.

Figure 1: Tobacco is a risk factor for six of the eight leading causes of death in the world



II. The unique role of the healthcare provider in tobacco control

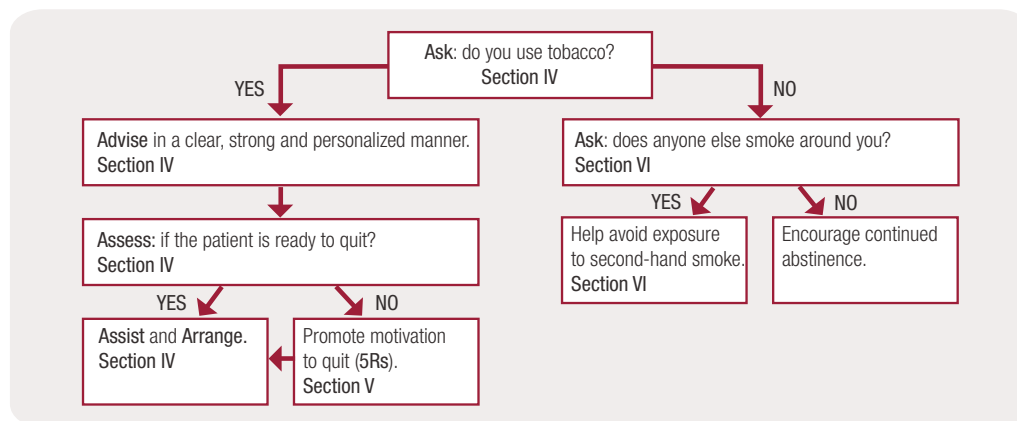
In order to reverse the tobacco epidemic, concerted efforts will be needed from a wide range of sectors with national health systems well-placed to take the leading role for implementing measures to prevent and treat tobacco dependence. Health professionals have several roles to play in comprehensive tobacco control efforts, including role model, clinician, educator, scientist, leader, opinion-builder, and alliance builder. All health professionals should at least:

- Serves as tobacco-free role models for the general public;
- Address tobacco dependence as part of your standard of care practice;
- Assess exposure to secondhand smoke and provide information about avoiding all exposure.

Primary care providers are in the unique position in helping tobacco users. If all primary care providers routinely ask about tobacco use and advise tobacco users to stop, they have the potential to reach more than 80% of all tobacco users per year; trigger 40% of cases to make a quit attempt; and help 2-3% of those receiving brief advice quit successfully.

Helping patients quit tobacco as part of primary care providers' routine practice takes them only three to five minutes and is feasible, effective and efficient. The algorithm below can guide you to deliver the 5A's and 5R's brief tobacco interventions to patients in primary care (Figure 2).

Figure 2. Algorithm for delivering brief tobacco interventions



All health professionals should also promote smoke-free policies, particularly where services are delivered so that your patients will not be exposed to secondhand smoke in your health facilities. By having a smoke free facility, health professionals can encourage your patients to live in a smoke free home and work in a smoke free workplace, which will help them avoid exposure to secondhand smoke.

III. Basics of tobacco use and tobacco dependence

In order to assist patients in quitting more effectively, every primary care provider should have some basic knowledge of tobacco use and tobacco dependence – such as the impact of tobacco use; the benefits of quitting tobacco use; and why people smoke and do not quit. The following information on the risk of tobacco use, the benefits of quitting, the three challenges in quitting tobacco and effective coping skills will help you deliver brief tobacco interventions.

I. THE IMPACT OF TOBACCO USE ON TOBACCO USERS AND OTHERS

For those patients who still do not feel that they should quit tobacco use it is important for them to go over the risks that are involved. Tobacco use will have both health and non-health impacts on tobacco users and others.

HEALTH IMPACT

This includes health risks to tobacco users and their family.

Tobacco products are made of extremely toxic materials. Tobacco smoke contains more than 7000 chemicals, of which at least 250 are known to be harmful and at least 69 are known to cause cancer. All tobacco products are harmful. Tobacco smoking can damage every part of the body, causing many actual medical conditions such as shortness of breath, exacerbation of asthma and respiratory infections as well as many chronic diseases including heart disease, strokes, cancer and chronic respiratory diseases.

Smoking puts the smoker's family at risk. Secondhand smoke exposure increases the risks of having the following diseases:

Diseases in children	Diseases in adults
– sudden infant death syndrome; – acute respiratory illnesses; – middle ear disease; – chronic respiratory symptoms.	– coronary heart disease; – nasal irritation; – lung cancer; – reproductive effects in women (low birth weight).

You will need to be prepared to help patients debunk misconceptions about health risks of smoking. Many smokers, especially those in developing countries, do not completely understand the dangers of tobacco smoking due to tobacco companies' misleading data that distort the true things about smoking.

ECONOMIC IMPACT OF TOBACCO USE

Tobacco smoking takes away not just the smoker's health but wealth. It is estimated that 5-15% of a smoker's disposable income is spent on tobacco, which could be an enormous economic burden on them and their family. You can use the cost calculator below to help patients find out how much money they have spent on cigarettes.

The smoking cost calculator						
Number of packs you smoke a year*	X	Number of years you have smoked	X	The average cigarette pack price	=	How much you have spent on cigarettes during your lifetime
	X		X		=	

*: For day to year conversion, see below table

1 pack a day	1 ½ packs a day	2 packs a day	2 ½ packs a day	3 packs a day
365 packs a year	548 packs a year	730 packs a year	913 packs a year	1095 packs a year

Tobacco use causes an acknowledgeable amount of suffering for families and individuals associating with smokers. This suffering manifests itself in the form of diminished quality of life, death, and financial burden.

SOCIAL CONSEQUENCES OF TOBACCO USE

Smoking affects social interaction and relationships negatively. In most cultures, people see smokers negatively. There is a stigma attached to smoking (for example, people may think the smoker is smelly, disgusting/dirty, unhealthy...). As a smoker, their personal relationships may be affected because many people don't consider being in a relationship with a smoker. As a smoker, their children are more likely to smoke and to be heavier smokers at young ages.

ii. BENEFITS OF QUITTING

You can explain to patients about the benefits of quitting in order to motivate them to make a quit attempt.

HEALTH BENEFITS

Helping your patients quit is the best thing that you can do to improve their health. There are immediate and long term health benefits of quitting for all smokers. You can extend the patient's life up to 10 years by quitting. It is important to help your patients quit smoking as soon as possible so they can achieve these beneficial health changes and can live a longer and healthier life. (See Table 1).

Table 1. Fact sheet: Health benefits of smoking cessation

Fact sheet: Health benefits of smoking cessation	
A. There are immediate and long term health benefits of quitting for all smokers.	
Time since quitting	Beneficial health changes that take place
Within 20 minutes	Your heart rate and blood pressure drop.
12 hours	The carbon monoxide level in your blood drops to normal.
2-12 weeks	Your circulation improves and your lung function increases.
1-9 months	Coughing and shortness of breath decrease.
1 year	Your risk of coronary heart disease is about half that of a smoker.

Time since quitting	Beneficial health changes that take place
5 years	Your stroke risk is reduced to that of a non-smoker 5 to 15 years after quitting.
10 years	Your risk of lung cancer falls to about half that of a smoker and your risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.
15 years	The risk of coronary heart disease is that of a non-smoker's.
B. Benefits for all ages and people who have already developed smoking-related health problems. They can still benefit from quitting.	
Time of quitting smoking	Benefits in comparison with those who continued
At about 30	Gain almost 10 years of life expectancy
At about 40	Gain 9 years of life expectancy
At about 50	Gain 6 years of life expectancy
At about 60	Gain 3 years of life expectancy
After the onset of life-threatening disease	Rapid benefit, people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50 per cent.
C. Quitting smoking decreases the excess risk of many diseases related to second-hand smoke in children, such as respiratory diseases (e.g., asthma) and ear infections.	
D. Quitting smoking reduces the chances of impotence, having difficulty getting pregnant, having premature births, babies with low birth weights, and miscarriage.	

ECONOMIC BENEFITS

Quitting also has very clear and tangible financial benefits to smokers. You can use the quit & save exercise to help patients understand how much money they can save if they quit.

Quit & Save	
How much money can you save if you quit?	
Total money spent on tobacco per day	
Amount of money spent per month	
Amount of money spent per year	
Amount of money spent in 10 years	
What you can buy with the money saved?	
	

SOCIAL BENEFITS

After quitting, patients will feel less isolated - quitting means they can go anywhere, not just where they can smoke. They will improve their relationships with their family, friends and employers. They will be more productive - they don't have to keep stopping what they are doing to have a smoke. They will be able to expand their social interactions. When patients quit smoking, their children become less likely to start smoking and more likely to quit if they already smoke.

iii. THREE CHALLENGES TO QUITTING

In order for you to assist smokers in planning and making a quit attempt, it is important that you familiarize yourself with the common challenges and barriers to quitting and effective coping strategies and skills. Different people have different reasons why they smoke and why they don't quit. Their reasons are typically classified into three categories: physical addiction, behavioral and social connections, and psychological or emotional connections.

PHYSICAL ADDICTION

Nicotine, an addictive chemical in tobacco products, affects the dopamine systems in the smoker's brain and increases the number of nicotinic receptors in the brain. As a smoker, their brain and body become used to functioning on certain level of nicotine. If they stop smoking, their nicotine level will drop dramatically one or two hours after the last cigarette, which will cause them to crave nicotine (cigarettes) and have withdrawal symptoms.

Nicotine withdrawal symptoms that may occur from suddenly stopping the use of tobacco such as headaches, coughing, cravings, increased appetite or weight gain, mood changes (sadness, irritability, frustration, or anger), restless, decreased heart rate, difficulty concentrating, influenza-like symptoms and insomnia, can be a major barrier against attempting to quit or staying quit. The good news is that these symptoms are normally temporary (2-4 weeks) and not all people will experience withdrawal symptoms. There are also effective methods available to help patients overcome them.

There are two ways to deal with nicotine withdrawal symptoms: cognitive-behavioral therapies and pharmacological/medical therapies (nicotine replacement therapies, Bupropion and Varenicline) (Please refer to "A guide for tobacco users to quit" for details).

EMOTIONAL/PSYCHOLOGICAL CONNECTIONS

Smokers link cigarettes and smoking with certain emotions, thoughts, and beliefs via the process of withdrawal and "operant conditioning". Part of quitting involves breaking those subconscious connections. It is important to work with your patients to find out the links between smoking and their feelings and beliefs that smokers form and to help them debunk negative beliefs of smoking and quitting (for example, "Smoking helps me relax", "Smoking isn't really harmful"). You can remind smokers about the risks of smoking and the benefits quitting. You can also suggest patients create positive self-talks to help them form positive thoughts.

BEHAVIORAL AND SOCIAL CONNECTIONS

Smoking is a habit – an addictive habit. It is so intimately tied to the smoker's everyday activities. To quit smoking, the smoker needs to break these connections that have formed the habit. You should work with your patients to find out what behavior or action has been associated with smoking and identify effective strategies or activities to break the connections (Please refer to "A guide for tobacco users to quit" for details).

It is important to remember that these three types of challenges are not necessarily separate obstacles. Success in dealing with challenges of one category can help patients deal with challenges from the other categories as well.

IV. The 5A's model

to help patients ready to quit

The 5As (Ask, Advise, Assess, Assist, Arrange) summarize all the activities that a primary care provider can do to help a tobacco user within 3–5 minutes in a primary care setting. This model can guide you through the right process to talk to patients who are ready to quit about tobacco use and deliver advice. Please find below action and strategies for implementing each of the 5As (Table 2).

Table 2. The 5A's brief tobacco interventions for patients ready to quit

5A's	Action	Strategies for implementation
Ask - Systematically identify all tobacco users at every visit.	- Ask ALL of your patients at every encounter if they use tobacco and document it. - Make it part of your routine.	- Tobacco use should be asked about in a friendly way – it is not an accusation. - Keep it simple, some sample questions may include: – “Do you smoke cigarettes?” – “Do you use any tobacco products?” - Tobacco use status should be included in all medical notes. Countries should consider expanding the vital signs to include tobacco use or using tobacco use status stickers on all patient charts or indicating tobacco use status via electronic medical records.
Advise - Persuade all tobacco users that they need to quit	Urge every tobacco user to quit in a clear, strong and personalized manner.	Advice should be: Clear – “It is important that you quit smoking (or using chewing tobacco) now, and I can help you.” “Cutting down while you are ill is not enough.” “Occasional or light smoking is still dangerous.” Strong – “As your doctor, 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. We are here to help you.” Personalized – Tie tobacco use to: – <i>Demographics</i>: For example, women may be more likely to be interested in the effects of smoking on fertility than men. – <i>Health concerns</i>: Asthma sufferers may need to hear about the effect of smoking on respiratory function, while those with gum disease may be interested in the effects of smoking on oral health. “Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health.” – <i>Social factors</i>: People with young children may be motivated by information on the effects of second-hand smoke, while a person struggling with money may want to consider the financial costs of smoking. “Quitting smoking may reduce the number of ear infections your child has.” In some cases, how to tailor advice for a particular patient may not always be obvious. A useful strategy may be to ask the patient: – “What do you not like about being a smoker?” The patient's answer to this question can be built upon by you with more detailed information on the issue raised. – Example: Doctor: “What do you not like about being a smoker?” Patient: “Well, I don't like how much I spend on tobacco.” Doctor: “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!”

5A's	Action	Strategies for implementation								
Assess - Determine readiness to make a quit attempt	- Ask two questions in relation to "importance" and "self-efficacy": "Would you like to be a non-tobacco user?" "Do you think you have a chance of quitting successfully?"	- Any answer in the shaded area indicates that the tobacco user is NOT ready to quit. In these cases you should deliver the 5 R's intervention (see Session V).<table><tr><td>Question 1</td><td>Yes</td><td>Unsure</td><td>No</td></tr><tr><td>Question 2</td><td>Yes</td><td>Unsure</td><td>No</td></tr></table> - If the patient is ready to go ahead with a quit attempt you can move on to Assist and Arrange steps.	Question 1	Yes	Unsure	No	Question 2	Yes	Unsure	No
Question 1	Yes	Unsure	No							
Question 2	Yes	Unsure	No							
Assist - Help the patient with a quit plan	- Help the patient develop a quit plan - Provide practical counseling - Provide intra-treatment social support - Provide supplementary materials, including information on quit lines and other referral resources - Recommend the use of approved medication if needed	- Use the STAR method to facilitate and help your patient to develop a quit plan: - Set a quit date ideally within two weeks. - Tell family, friends, and coworkers about quitting, and ask for support. - Anticipate challenges to the upcoming quit attempt. - Remove tobacco products from the patient's environment and make the home smoke free. - Practical counseling should focus on three elements: - Help the patient identify the danger situations (events, internal states, or activities that increase the risk of smoking or relapse). - Help the patient identify and practice cognitive and behavioral coping skills to address the danger situations. - Provide basic information about smoking and quitting - Intra-treatment social support includes: - Encourage the patient in the quit attempt - Communicate caring and concern - Encourage the patient to talk about the quitting process - Make sure you have a list of existing local tobacco cessation services (quit lines, tobacco cessation clinics and others) on hand for providing information whenever the patient inquires about them. - The support given to the patient needs to be described positively but realistically.								
Arrange - Schedule follow-up contacts or a referral to specialist support	- Arrange a follow-up contact with your patient either in person or by telephone. - Refer the patient to specialist support if needed	When: The first follow up contact should be arranged during the first week. A second follow up contact is recommended within one month after the quit date. How: Use practical methods such as telephone, personal visit and mail/email to do the follow up. Following up with patients is recommended to be done through teamwork if possible. What: For all patients: - Identify problems already encountered and anticipate challenges. - Remind patients of available extra-treatment social support. - Assess medication use and problems. - Schedule next follow up contact. For patients who are abstinent: - Congratulate them on their success. For patients who have used tobacco again: - Remind them to view relapse as a learning experience. - Review circumstances and elicit recommitment. - Link to more intensive treatment if available.								

V. The 5 R's model

to increase motivation to quit

The 5 R's - relevance, risks, rewards, roadblocks, and repetition – are the content areas that should be addressed in a motivational counseling intervention to help those who are not ready to quit.

If your patient doesn't want to be a non-tobacco user (doesn't think that quitting is important), please focus more time on "Risks" and "Rewards". If your patient wants to be a non- tobacco user but doesn't think he or she can quit successfully (doesn't feel confident in their ability to quit), please focus more time on the "Roadblocks". If patients remain not ready to quit, end positively with an invitation to them to come back to you if they change their minds. Table 3 summarizes some useful strategies to deliver a brief motivational intervention in primary care.

Table 3. The 5R's brief motivational intervention for patients not ready to quit

5R's	Strategies for implementation	Example
Relevance	Encourage the patient to indicate how quitting is personally relevant to him or her . Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation (e.g. having children in the home), health concerns, age, sex, and other important patient characteristics (e.g. prior quitting experience, personal barriers to cessation).	HCP: "How is quitting most personally relevant to you?" P: "I suppose smoking is bad for my health."
Risks	Encourage the patient to identify potential negative consequences of tobacco use that are relevant to him or her . Examples of risks are: • Acute risks: shortness of breath, exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, and infertility. • Long-term risks: heart attacks and strokes, lung and other cancers (e.g. larynx, oral cavity, pharynx, esophagus), chronic obstructive pulmonary diseases, osteoporosis, long-term disability, and need for extended care. • Environmental risks: increased risk of lung cancer and heart disease in spouses; increased risk for low birth-weight, sudden infant death syndrome, asthma, middle ear disease, and respiratory infections in children of smokers.	HCP: "What do you know about the risks of smoking to your health? What particularly worries you?" P: "I know it causes cancer. That must be awful." HCP: "That's right – the risk of cancer is many times higher among smokers."
Rewards	Ask the patient to identify potential relevant benefits of stopping tobacco use . Examples of rewards could include: – improved health; – food will taste better; – improved sense of smell; – saving money; – feeling better about oneself; – home, car, clothing and breath will smell better; – setting a good example for children and decreasing the likelihood that they will smoke; – having healthier babies and children; – feeling better physically; – performing better in physical activities. – improved appearance, including reduced wrinkling/ageing of skin and whiter teeth.	HCP: "Do you know how stopping smoking would affect your risk of cancer?" P: "I guess it would be more successful if I quit." HCP: "Yes, and it doesn't take long for the risk to decrease. But it's important to quit as soon as possible."

5R's	Strategies for implementation	Example
Roadblocks	Ask the patient to identify barriers or impediments to quitting and provide treatment (problem-solving counselling, medication) that could address barriers. Typical barriers might include: – withdrawal symptoms; – fear of failure; – weight gain; – lack of support; – depression; – enjoyment of tobacco; – being around other tobacco users; – limited knowledge of effective treatment options.	HCP: “So what would be difficult about quitting for you?” P: “<i>Cravings – they would be awful!</i>” HCP: “We can help with that. We can give you nicotine replacement therapy (NRT) that can reduce the cravings.” P: “<i>Does that really work?</i>” HCP: “You still need will-power, but study shows that NRT can double your chances of quitting successfully.”
Repetition	Repeat assessment of readiness to quit. If still not ready to quit repeat intervention at a later date. The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting.	HCP: “So, now we’ve had a chat, let’s see if you feel differently. Can you answer these questions again...?” (Go back to the Assess stage of the 5A’s. If ready to quit then proceed with the 5A’s. If not ready to quit, end intervention positively by saying “This is a difficult process but I know you can get through it and I am here to help you”.)
HCP: health-care provider; P: patient		

VI. The 5A's to avoid exposure to secondhand smoke

If your patient is a non-smoker you can offer a brief advice to inform them about the dangers of second-hand smoke (SHS) and help them avoid exposure to SHS. Please find below action and strategies for using 5A's model to help patients avoid exposure to SHS (Table 4).

Table 4. The 5A's brief tobacco interventions for reducing exposure to SHS

5A's	Action	Strategies for implementation
Ask - Systematically identify non-smoking patients who are exposed to SHS at every visit	- Ask ALL of your non-smoking patients at every encounter if they are exposed to SHS. - Make it part of your routine.	- Keep it simple. For example: – “Does anyone else smoke around you” - Countries should consider including the information on SHS in all medical notes.
Advise - Persuade the patient to avoid exposure to SHS	Educate every patient who is exposed to SHS about the dangers of SHS and advise them to avoid it.	Your advice should be clear, positive, and tailored to that specific patient's characteristics and circumstances. For example, “<i>There is no safe level of exposure, it is important that you avoid exposure to SHS, which may dramatically reduce e your respiratory symptoms.</i>”
Assess - Determine the patient's willingness to reduce exposure to SHS	- Assess if the patient is willing to reduce his or her SHS or not. - Assess where the patient is exposed to SHS and whether there is a possibility to reduce the patient's exposure.	- Have your patient list off all the common places where they can be around secondhand smoke. Common examples include: – Place of employment – Restaurants – Bars – Their home – Recreational settings - Encourage your patient to assess the possibility of reduce exposure to SHS in each place. Some places, for example, exposure to SHS at home, the patient would have a high possibility to reduce exposure by encouraging his or her family to quit or to smoke outside.
Assist - Help the patient in making an attempt to make his or her daily life environment smoke-free	Assist your patient in developing an action plan to reduce their exposure to SHS.	- Use MAD-TEA to help your patient plan what they can do: – Meet their friends at spaces in the community that are smoke free – Ask family members and visitors to smoke outside – Declare their home and personal spaces (e.g. their car) to be smoke free – Talk to family members and people they work with about the risks of secondhand smoke – Encourage family members, friends, and workmates who smoke to stop – Advocate comprehensive smoke-free laws or regulations in work-places and public places.
Arrange - Schedule follow-up contacts	Arrange a follow-up contact after around one week to provide necessary support.	When: The first follow up contact should be arranged after one week. How: Use practical methods such as telephone, personal visit and mail/ email to do the follow up. Following up with patients is recommended to be done through teamwork if possible. What: – Congratulate them on their success if the patients have reduced exposure. – Identify problems already encountered and anticipate challenges. – Provide necessary support. – Schedule next follow up contact.

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