

# Addressing tobacco use in primary care- a brief guide for providers



## Risk from Smoking



## The 5Rs for those not ready to quit

Many patients who use tobacco want to quit, but may express that they are not ready today.

These patients may respond to a motivational intervention such as the 5R's:

- 1. Relevance:** Ask the patient to state why quitting might be relevant to them (e.g., health, saving money, etc).
- 2. Risks:** Ask the patient to identify the acute and long term negative consequences that have resulted from smoking.
- 3. Rewards:** Ask the patient to identify the benefits of tobacco use, but then the potential rewards of quitting.
- 4. Roadblocks:** Ask what might get in the way of quitting and help to brainstorm ways to address these barriers.
- 5. Repetition:** Review this each time a patient returns for reinforcement

## Resources

- Patient and provider handouts/resources (Center for Integrated Healthcare website) [http://www.mirecc.va.gov/cih\\_vsn2/clinical\\_resources.asp](http://www.mirecc.va.gov/cih_vsn2/clinical_resources.asp)
- Connect to tobacco cessation quitline in your state (800-QUIT-NOW)
- Quit support via text message (<https://smokefree.gov/smokefreetxt>)
- <https://smokefree.gov/>
- US Department of Health and Human Services "Treating tobacco use and dependence: Clinical Practice Guideline 2008 Update"
- VA specific:
  - Quitline (855-QUIT-VET)
  - Quit text messaging service (text VET to 47848)
  - VA "StayQuit" smartphone app

## Treating Tobacco Use and Dependence- Key Guideline Recommendations

1. Tobacco dependence is a chronic disease that requires repeated intervention and multiple attempts to quit
2. Providers and health care delivery systems should consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting
3. PCPs should encourage every patient willing to make a quit attempt to utilize counseling and medications as appropriate
4. At least brief treatment should be offered to every patient who uses tobacco
5. Individual, group, and phone counseling are effective, and effectiveness increases with intensity

## Key Guideline Recommendations, cont

6. Effective medications are available to treat tobacco dependence; all should be encouraged to use medications unless contraindicated (e.g., during pregnancy)
  - Nicotine gum
  - Nicotine patch
  - Nicotine lozenge
  - Nicotine nasal spray
  - Nicotine inhaler
  - Bupropion SR
  - Varenicline
7. The combination of counseling and medication is more effective than either alone
8. Telephone (quitline) counseling is effective and has a wide reach
9. Motivational treatments can be effective in increasing future quit attempts among patients not willing to make a quit attempt

## The 5A's for tobacco cessation (can be completed in <3 minutes)

1. **Ask** patients about their tobacco use status (or use information from same day clinical reminder tobacco screen)
2. **Advise** patients who use tobacco to quit (e.g., "as part of your health care team and someone who cares about you, I'd like to help you quit using tobacco because it's the best thing you can do for your health and for the health of those in your household)
3. **Assess** readiness to quit
4. **Assist** patient with his/her next step (e.g., identifying triggers, setting a target quit date, considering pharmacotherapy options)
5. **Arrange** for follow up with you or with another team member to track progress