STEP One: ASK about Tobacco Use

- **Suggested Dialogue**
  - Do you ever smoke or use other types of tobacco or nicotine, such as e-cigarettes?
  - I take time to talk with all of my patients about tobacco use—because it's important.
  - Condition X often is caused or worsened by exposure to tobacco smoke. Do you, or does someone in your household smoke?
  - Medication X often is used for conditions linked with or caused by smoking. Do you, or does someone in your household smoke?

STEP Two: Strongly ADVISE to Quit

- **Suggested Dialogue**
  - Quitting is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready I would be more than happy to work with you to design a treatment plan.
  - Prior to imparting advice, consider asking the patient for permission to do so – e.g., “May I tell you why this concerns me?” [then elaborate on patient-specific concerns]

STEP Three: ASSESS Readiness to Quit

- **MAINTENANCE**
  - Prevent Relapse*
  - ≥6 mo ago

- **PRE-CONTEMPLATION**
  - Provide motivational intervention
  - <6 mo ago

- **CONTEMPLATION**
  - Enhance motivation; discuss the 5 R’s

- **PREPARATION**
  - Provide 5 A’s intervention or (in absence of time or expertise) Ask-Advise-Refer

- **ACTION**
  - Help patient through quitting process; prevent relapse

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


STEP Four: ASSIST with Quitting

- **Assess Tobacco Use History**
  - Current use: type(s) of tobacco used, amount
  - Past use:
    - Duration of tobacco use
    - Changes in levels of use recently
  - 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, adherence, 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-related tobacco use
  - Concerns about weight gain
  - Concerns about withdrawal symptoms

- **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
  - Recommend Tobacco Use Log
  - Discuss coping strategies (cognitive, behavioral)
  - Discuss withdrawal symptoms
  - Discuss concept of “slip” versus relapse
  - Provide medication counseling: adherence, proper use, with demonstration
  - Offer to assist throughout the quit attempt

- **Evaluate the Quit Attempt** (at follow-up)
  - Status of attempt
  - Address “slips” and relapse
  - Medication compliance, extent to which nicotine withdrawal is being alleviated with current regimen, and plans for discontinuation of medication(s)

STEP Five: ARRANGE Follow-up Counseling

- **Monitor patients’ progress throughout the quit attempt. Follow-up contact should occur during the first week after quitting. A second follow-up contact is recommended in the first month. Additional contacts should be scheduled as needed. Counseling contacts can occur face-to-face, by telephone, or by e-mail. Keep patient progress notes.**
- **Address temptations and triggers; discuss relapse prevention strategies.**
- **Congratulate patients for continued success.**

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