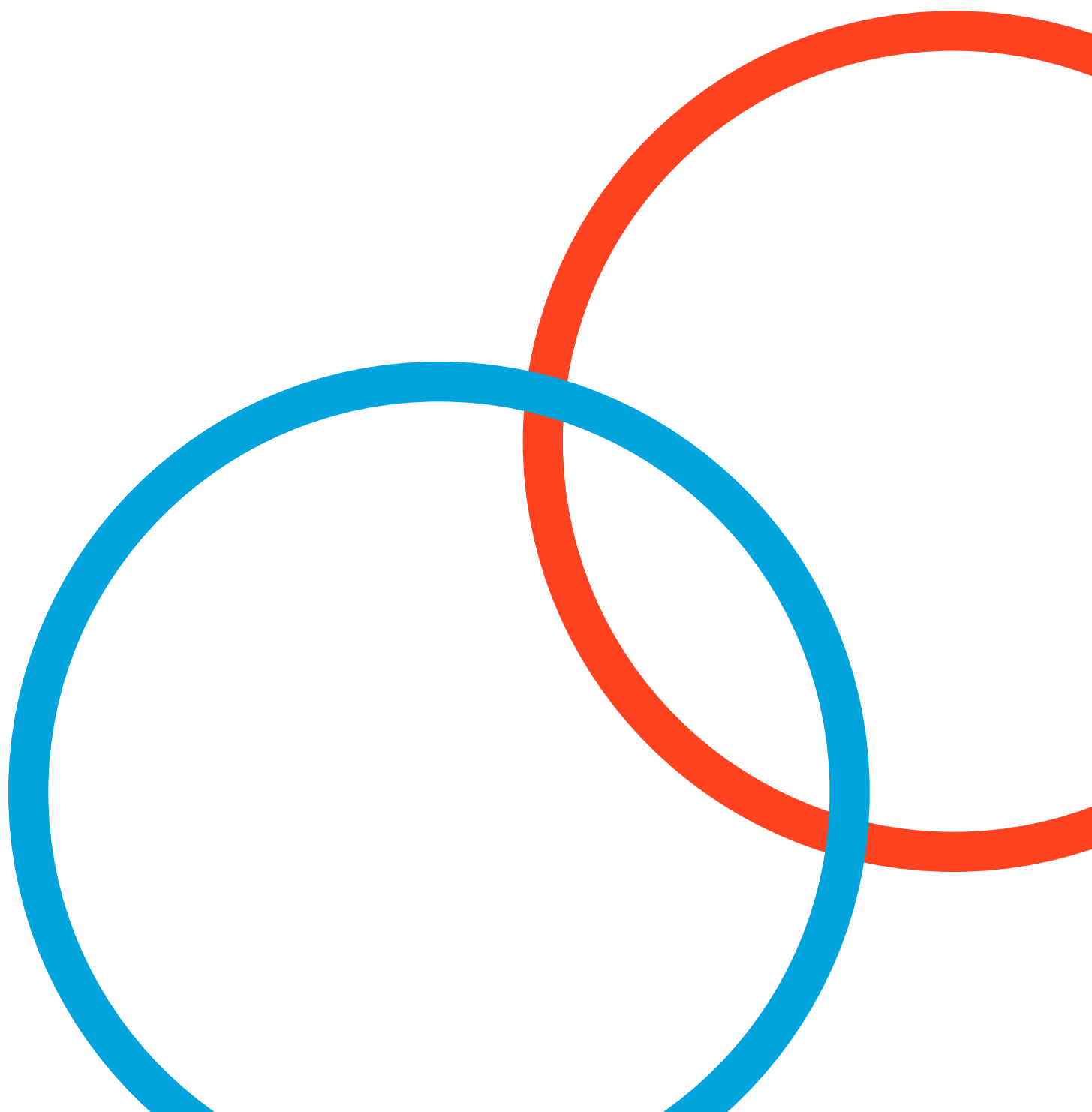


# Pharmacists' Unique Role in Smoking Cessation:

## **The 5 A's of Smoking Cessation**



Smoking kills





No one likes breaking up. How will you do it.

# Pharmacists' unique role in smoking cessation: The 5 A's of smoking cessation.

Cigarette smoking is the most common cause of preventable death and disease.<sup>1</sup> Despite the overwhelming evidence regarding the harms associated with smoking, globally, prevalence continues to rise, notably in developing countries<sup>2</sup>. Currently, smoking kills more Americans than alcohol, car accidents, suicide, HIV/AIDS, homicide and illegal drugs combined<sup>2</sup>. If current trends continue, it is estimated that in the 21st century, there will be 1 billion deaths due to tobacco use worldwide<sup>3</sup>.

Smoking is associated with a number of adverse health outcomes, including heart disease, multiple types of cancer, COPD and other types of lung disease. In the United States, each year, approximately 500,000 people die from smoking-related illnesses. Smoking reduces the median survival of smokers on average by 10 years, and beyond the age of 40 each additional year of smoking reduces life expectancy by 3 months.<sup>4</sup> It is estimated that smoking costs the US \$175.9 billion in direct medical expenses and \$150.7

billion in loss of productivity each year. With such staggering figures, it is not a surprise there has been a call to action for physicians and other healthcare providers to help curb these trends.

With extensive knowledge and experience in patient care, it seems natural for patients to turn to their healthcare professionals when discussing the harms of smoking, and the benefits and strategies to quit. In particular, pharmacists have a significant opportunity for intervention. Not only are pharmacists the most accessible healthcare profession<sup>5,6</sup>, they have continued to be cited as one of the most trusted professionals.<sup>7,8</sup> With the scope of pharmacy practice evolving across the country and changes in reimbursement models, many pharmacists are eager to shift their focus from dispensing to providing patients with meaningful clinical services.

Before looking at how pharmacists can help, it is important to understand why so many individuals start and continue to smoke. Smoking is

influenced by biologic, genetic, behavioural, social and environmental factors. Although genetics can provide predisposition, low socio-economic status can compound this risk, with prevalence rates increasing to 30% from 20% in the general population. Individuals with mental health and substance use disorders consume nearly half of all cigarettes sold in the US, with 90% of schizophrenic and 83% of bipolar patients smoking<sup>9</sup>. The complex etiology and pathophysiology of smoking and nicotine addiction makes quitting extremely difficult for many.

Quitting smoking can be daunting. While 70% of smokers would like to quit, only 40% make at least 1 quit attempt per year. Nicotine withdrawal is associated with depressed mood, irritability, frustration, anxiety, hunger and weight gain. Relapse may be attributed to withdrawal but is also common in certain social situations or during times of stress. All of these factors likely contribute to the fact that only 3-4% of smokers are successful in stopping long term on their own.<sup>10</sup> In

here lies a significant opportunity for healthcare professionals as smoking cessation programs are known to improve the outcomes of patients' quit attempts.<sup>11</sup>

Patients use multiple strategies when trying to quit smoking. Some quit 'cold turkey' while others use nicotine replacement or pharmacotherapy. Some quit on their own while others partake in counselling programs provided by their healthcare professionals. One of the most cited smoking cessation strategies used by health care professionals to help their patients quit smoking is the 5 A's. This intervention strategy is used around the world<sup>12-14</sup> and has been promoted as the intervention strategy for pharmacists in Ontario.<sup>15</sup>

**ASK**  
ASK  
**ADVISE**  
ADVISE  
**ASSESS**  
ASSESS  
**ASSIST**  
ASSIST  
**ARRANGE**  
ARRANGE

### Quitting smoking is hard.

We all know this, yet as healthcare professionals it is something we tend to quickly forget. The harms of smoking and the benefits of quitting become so ingrained in our brains throughout our education that we can't understand why our patient who just had a heart attack is walking into the pharmacy after finishing a cigarette.

We often find ourselves simply telling our patients. "You shouldn't smoke – it's bad for you."

Unfortunately this is something that almost any school-aged child could tell you and does little to actually help the patient. This statement ignores two things we already know - most patients want to quit smoking, but quitting is hard. For some reason, when it comes to smoking cessation, we spend more time telling our patients something that they already know as opposed to actually helping.



# So how do we help?

Research has shown that smokers who use smoking cessation medications or receive structured counselling are more likely to quit smoking than those who simply received advice that they should quit.<sup>16</sup> Programs like The 5 A's are valuable tools that pharmacists and other healthcare professionals can use when helping their patients succeed in improving their health.



**MOST PATIENTS WANT TO QUIT SMOKING, BUT SMOKING HARD.**

Do not be afraid to ask your patients about smoking. Those who don't smoke will be proud to tell you and the majority of patients who do smoke want to quit. If you want to make a difference, you need to be prepared to begin the discussion.

## Ask.

### Ask about patients' smoking status at every healthcare encounter.

Do not be afraid to ask your patients about smoking. Those who don't smoke will be proud to tell you and the majority of patients who do smoke want to quit. If you want to make a difference, you need to be prepared to begin the discussion.

In the pharmacy, the ideal opportunity for this conversation is during medication reviews. However, pharmacists can also ask about smoking when counselling patients on their medications. Non-pharmacological disease management should always be part of your counselling. Is your patient picking up blood pressure medications or inhalers? Smoking cessation is especially important in these individuals. Is your patient picking up antipsychotics? There is a good chance that they may be a smoker.

#### Do NOT Ask: Do you smoke?

This can lead to a yes or no question with no follow up.

Patients who only smoke occasionally may not consider themselves as 'smoker'.

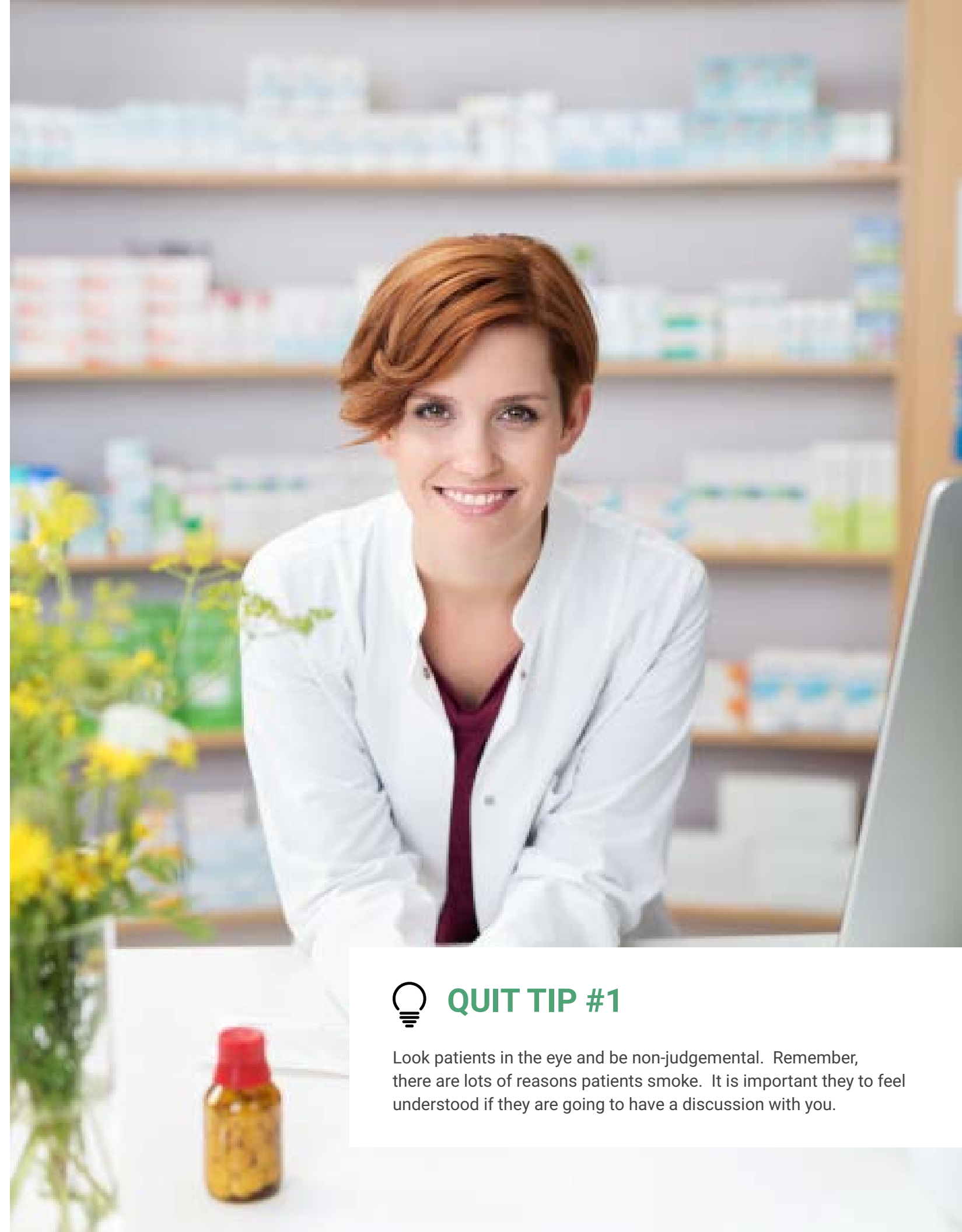
#### Instead Ask: Have you smoked at all in the last 6 months?

Asking about the last 6 months can identify patients who

have recently quit. If this is the case, congratulate the patient and acknowledge their achievement. Ask how they are feeling. Always remember that quitting can be hard and relapsing is common.

#### If they say YES, Ask:

Have they thought about quitting recently?



## QUIT TIP #1

Look patients in the eye and be non-judgemental. Remember, there are lots of reasons patients smoke. It is important they feel understood if they are going to have a discussion with you.

# Tailor your advising statement.

Be clear and concise. Advising should be a simple, one-line statement that encourages patients to start seriously thinking about quitting. Again, it is important to be non-judgemental. Showing empathy lets your patient know that you understand how difficult it can be to quit.

DO NOT begin a long lecture. Patients have heard that they should quit countless times. Excessive information on how smoking can influence medication, metabolism or lengthy lists on the harms and benefits of smoking are not necessary. A lecture is not going to be helpful and is likely to result in the patient tuning you out.



## Advise.

### Advise those who smoke to stop.

Do not be afraid to ask your patients about smoking. Those who don't smoke will be proud to tell you and the majority of patients who do smoke want to quit. If you want to make a difference, you need to be prepared to begin the discussion.

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### Try to tailor your advising statement to your patient:

#### For a patient filling an antibiotic for a lung infection:

Quitting smoking could help reduce the number of lung infections that you get each year.

#### For a patient recently discharged from the hospital with a heart attack:

Everything you have just been through must have been very stressful – quitting smoking would be the best way you can prevent this from happening again.



SHOWING EMPATHY  
LETS YOUR PATIENT  
KNOW THAT YOU  
UNDERSTAND HOW  
DIFFICULT IT CAN BE  
TO QUIT.

# A patient's readiness will guide your intervention strategies.

## Assess.

### Assess patients' readiness to quit.

Determining your patient's readiness to quit smoking is important in guiding your intervention strategies.

Three questions can be used by the pharmacist to help assess readiness:<sup>17</sup>

1. How important is it for you to try to stop smoking now?
2. If you decide to stop, how confident are you that you can succeed?
3. Are you willing to try to stop in the next month?

Different patients will likely be at different stages with respect to their readiness to quit. Prochaska's Transtheoretical Model of Intentional Behavioural Change is a useful way to assess a patient's readiness to make a change and it can help guide interventions which are going to reduce resistance, facilitate progress and prevent relapse.<sup>18,19</sup>

The problem with the waiting-for-motivation approach is that motivation is actually quite volatile. Smokers often quit impulsively, and plans to quit can change rapidly. Tobacco addiction researcher John Hughes, MD, and his team at the University of Vermont surveyed this transition of intention-to-quit on a daily basis and found that the process was extremely dynamic – much more-so than previously thought.<sup>20, 21, 21, 23</sup>

1. **PRE-CONTEMPLATION:** your patient is not ready – they don't plan to take action in the next 6 months
2. **CONTEMPLATION:** your patient is getting ready – they plan to take action in the next 6 months however they have not tried in the last year
3. **PREPARATION:** your patient is ready – they have made quit attempts in the last year and plan to quit within the next 30 days
4. **ACTION:** your patient has recently stopped smoking within the past 6 months
5. **MAINTENANCE:** your patient has successfully been able to quit for longer than 6 months
6. **TERMINATION:** the patient is no longer tempted and cope through methods other than smoking – this is the goal but may not be achievable. Remaining abstinent may be something individuals struggle with for years to come.

**Patients will likely transition between these stages overtime. It is important to reassess patients' readiness at each visit to ensure you are able to effectively tailor you interventions.**

# Tailor your strategy to your patient.

## Assist.

### Assist smokers in their stopping attempts.

Remember to tailor your strategies depending on the patient's readiness to quit.

Is your patient in the **pre-contemplation** or **contemplation** stage?

These patients **ARE NOT** ready to quit.

**DO:** Assist by providing personalized information and feedback. The goal is to provide motivation and information to improve patients' confidence in proceeding to action.

**DO NOT:** Provide detailed information on smoking cessation options



### The 5 R's:

A strategy to get patients ready for action<sup>19</sup>

**Relevance:** Why is quitting important to your patient?

- Are they worried about their health?
- Are they worried about their loved ones being exposed to second hand smoke?
- Is it costing them a lot of money?

**Risk:** Have the patient tell you what they know about the risks of smoking

**Rewards:** Have the patient tell you what know they know about the benefits of quitting

**Roadblocks:** What sort of challenges does your patient anticipate that they will face while trying to

quit? Have they encountered any of these obstacles before?

**Repetition:** Change takes time. Be prepared to have these discussions more than once.

Is your patient in the action or maintenance phase?

These patients HAVE quit

**DO:** reaffirm their success and discuss any challenges they have experienced. Discuss strategies to prevent relapse

**DO NOT:** Think your job is over. As a healthcare professional you will always remain integral to your patients' health maintenance.





**Patients in the pre-contemplation or contemplation stage are not ready to quit.**

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Keep your patients on track... quitting smoking is a process.

## **Arrange.**

### **Arrange for follow-up on these attempts.**

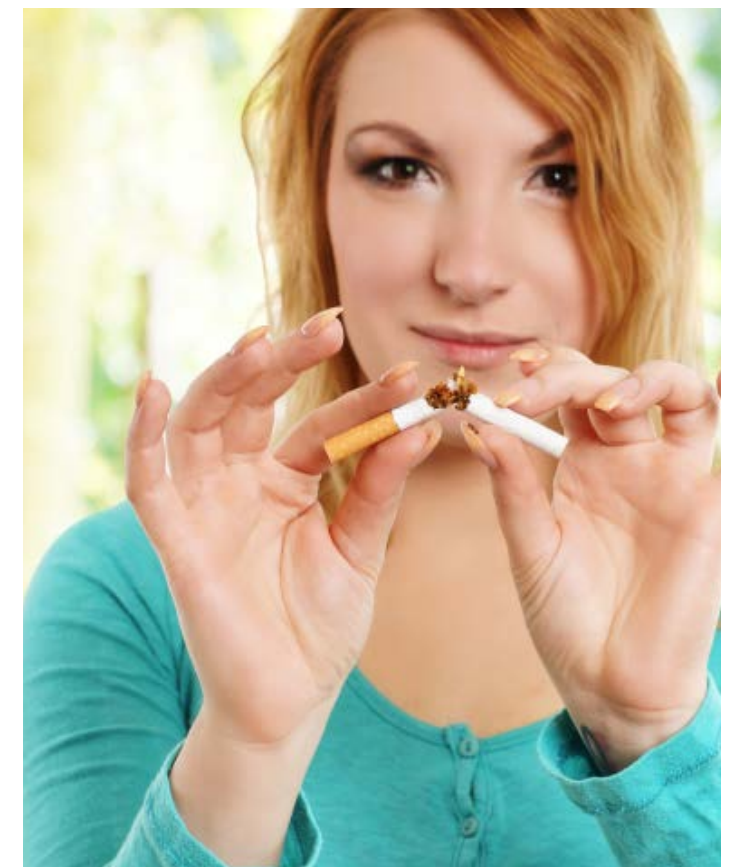
Follow-up is important to help keep your patients on track. If they know you care, this is just another reason for them to stick to their quit plan.

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Congratulate patients who are successful. Discuss any challenges that they have faced for far and how they were able to successfully handle the situation.

For patients who have started to smoke again offer non-judgemental support. Review the circumstance that led to relapse and the strategies the patient used. Discuss strategies that the patient can use going forward. Using the 5 A's, you and your patient can develop a new quit plan.

Also remember that quitting smoking is a process. Many patient will make several quit attempts before they are successful and many will continue to be challenged for years to come.



# EMERGENCE OF THE 3A'S

The 5A's provide pharmacists and other healthcare professionals the opportunity to gain a comprehensive understanding on patients smoking behaviours and their readiness to quit. However, in some cases, walking through the 5A's with all your patients can take a significant amount of time. Because of this, we have seen the emergence of a simplified version of the 5A's known as the 3A's .

**The 3A's consists of Ask, Advise and Act.**

# Ask

# Advise

# Act

**Ask:** Have you used any tobacco products in the past week/month/3 months?

**Tip:** A lot of patients may not be ready to quit, however, even asking can spur a quit attempt or even just a reduction in quitting. It never hurts to ask.

**Advise:** Offer advice in an encouraging, supportive and empathetic manner

**Act:** Refer to counselling, internet programs and telephone quit lines. Consider offering NRT.

**Tip:** This is similar to the assist stage in the 5A's. Develop a plan that will work for your patient.

These steps are similar to the 5A's and the approach pharmacists take should be similar.

- Always ask patients about their smoking status in a non-judgemental way
- Tailor your advising statement to your patient
- Tailor your assist strategy.

The 3A's are a good option for pharmacists who work in a busy setting. Although this quick counselling intervention may not be as effective as a comprehensive counselling session with your patients, it is easier to complete and will result in more conversations around smoking cessation allowing pharmacists to capture a greater number of patients.

## Pharmacists' Unique Role in Smoking Cessation: The 5 A's of Smoking Cessation

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