Brief Counselling for Tobacco Use Cessation

In collaboration with Leeds, Grenville and Lanark District Health Unit
March 26th, 2015
Alexandra Andric, RN, BScN, CPMHN(C)
Learning Outcome

Participants will have the knowledge, skills and confidence to provide brief cessation counselling during client interactions.
Workshop Objectives

- Engage in a combination of instructor-led and small group participatory learning activities to increase confidence in using the 5 A’s protocol (Ask, Advise, Assess, Assist, and Arrange)

- Practice techniques, tools and strategies to help people through the process of quitting smoking, with particular attention to motivational approaches

- Reflect on how approaches to tobacco cessation can be applied to other behaviours

- Explore challenges and share information about available resources in the community
What’s on the agenda?

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>9:40 am</td>
<td>Foundations</td>
</tr>
<tr>
<td>10:30 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>10:45 am</td>
<td>Ask, Advise, Assess</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Assist (Part 1)</td>
</tr>
<tr>
<td>2:15 pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>2:30 pm</td>
<td>Assist (Part 2)</td>
</tr>
<tr>
<td>3:45 pm</td>
<td>Arrange</td>
</tr>
<tr>
<td>4:15 pm</td>
<td>Summary, wrap up, and evaluation</td>
</tr>
</tbody>
</table>
Co-creating Learning Objectives

1. Individually, please respond to the following question:
   - What is the one thing you would like to learn today that would make you say “this was worth it!”? (1 minute)

2. Form a small group of 5 people.

3. Introduce yourselves and share your answers.

4. Come up with one theme for the table (10 minutes).

5. Debrief with the large group (10 minutes)
Evidence to Guide Action:

Comprehensive Tobacco Control in Ontario

Smoke-Free Ontario Scientific Advisory Committee
2010

TOBACCO CESSATION
TEACH
Training Enhancement in Applied Cessation Counseling and Health
ARRÊT DU TABAGISME

CAN ADAPTT

www.ptcc-cfc.on.ca
Experience and Concerns

In your participant kit, answer the following questions:

How important is it to do minimal intervention with all smokers you see?

How confident are you that you could make this change?

How ready are you to make this change?

0 = not important/confident
10 = extremely important/confident
The Burden of Tobacco Use

- 16.1% of Canadian adults 15+ (4.6m) smoke (Propel 2014)
- 15.7% of adults 15+ (1.75m) currently smoke in Ontario (Propel 2014)
- 19.3% of Toronto adults were current smokers in 2010 (TPH 2011)
- In Canada, 47,000 deaths a year due to tobacco-related disease (Health Canada, 2004)
- Tobacco use kills 1 in every 2 smokers
- On average, a smoker loses 22 years of life
- Tobacco-related diseases cost the Ontario economy
Tobacco Use in Ontario

What is the current smoking rate of “adults” 15+ in Ontario?

A. 24%
B. 21%
C. 18%
D. 16%
Tobacco Use in Ontario

Tobacco Use in Leeds, Grenville & Lanark

What is the current smoking rate of “adults” 15+ in LGL?

A. 24%
B. 21%
C. 18%
D. 16%
Top 10 Factors Associated with Smoking
(18+ Ontario 2011/12)

1. Identifies as being white (85% for smokers; 73% for non)
2. Born in Canada (78/65)
3. Unhealthy eating habits (73/59)
4. Male (58/46)
5. Inactive (53/47)
6. Drinking in excess of low-risk guidelines (53/33)
7. Renting (38/22)
8. Past year drug use (28/8)
9. Trades, transportation & equipment occupation (24/11)
10. Low education (17/11)
**Disparities in Prevalence**

- Blue collar workers (manufacturing & trades)
- Young adults, especially men 25 to 29 years of age
- Individuals experiencing unemployment
- First Nations, Inuit, and Métis
- LGBTTTIQ
- Individuals who have issues with gambling
- Individuals who use alcohol
- Individuals living with mental illness and/or substance use disorders
Why People Use Tobacco

- Powerful physical addiction
- Behavioural addiction
- Social addiction
- Psychological addiction
- Self-identity
The Nature of Nicotine Addiction
Screening for tobacco use and providing cessation treatment must be seen as part of a duty-of-care and a standard-of-practice for every health professional.
What percentage of smokers want to quit?

A. 25%
B. 32%
C. 48%
D. 63%
Do People Really Want to Quit?

**Figure 5.7:** Percentage of smokers who were seriously considering quitting in the next 6 months, and in the next 30 days, 2012

- **In the next 6 months:** 63.2%
- **In the next 30 days:** 28.7%

*Data source: CTUMS, 2012*
Quit Attempts

**Figure 5.13:** Number of quit attempts made in the past 12 months by smokers and recent quitters*, 2012

*Includes current smokers and former smokers who had quit in the past 12 months

Data Source: CTUMS, 2012
Efficacy of Smoking Cessation

Reductions in Mortality:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation</td>
<td>36%</td>
</tr>
<tr>
<td>Statin Therapy</td>
<td>29%</td>
</tr>
<tr>
<td>Beta-Blockers</td>
<td>23%</td>
</tr>
<tr>
<td>ACE Inhibitors</td>
<td>23%</td>
</tr>
<tr>
<td>Aspirin</td>
<td>15%</td>
</tr>
</tbody>
</table>

*If you have helped 2 smokers quit, you have saved at least one life.*
# Efficacy of Smoking Cessation

<table>
<thead>
<tr>
<th>Total Contact Time</th>
<th>Estimated Abstinence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>11.0%</td>
</tr>
<tr>
<td>1-3 minutes</td>
<td>14.4%</td>
</tr>
<tr>
<td>4-30 minutes</td>
<td>18.8%</td>
</tr>
<tr>
<td>31-90 minutes</td>
<td>26.5%</td>
</tr>
<tr>
<td>91-300 minutes</td>
<td>38.4%</td>
</tr>
<tr>
<td>&gt;300 minutes</td>
<td>25.5%</td>
</tr>
</tbody>
</table>
Values Check: Smoker’s think, feel, say, do…
Role Of The Counsellor & Client
Persuasion Exercise

• Choose one person near you to have a conversation with, and work together
• One will be the speaker, the other will be the counsellor
• Speaker’s topic: something about yourself…
  – That you want to change
  – Need to change
  – Should change
  – Have been thinking about changing
• But you haven’t changed yet.
Persuasion Exercise

• HCP role: Find out what change the person is considering making, and then:
  – Explain WHY the person should make the change
  – Give at least 3 benefits that would result from the change
  – TELL the person HOW they could make the change
  – Emphasize how important it is to change
  – Repeat, above (5 minutes).

Debrief with the large group (5 minutes)
Motivational Interviewing is about arranging conversations to that people talk themselves into change, based on their own values and interests.

Miller & Rollnick 2013
Open-Ended Questions
Affirmations
Reflective Listening
Summarize
A Taste of Motivational Interviewing

• Choose one person near you to have a conversation with, and work together
• One will be the speaker, the other will be the counsellor
• Speaker’s topic: something about yourself…
  – That you want to change
  – Need to change
  – Should change
  – Have been thinking about changing
• But you haven’t changed yet.
A Taste of Motivational Interviewing

1. Listen carefully with the goal of understanding the dilemma. Give no advice.

2. Ask these four open questions and listen with interest:
   – Why would you want to make this change?
   – How might you go about it in order to succeed?
   – What are the three best reasons to do it?
   – On a scale from 0 to 10 how important would you say it is for you to make this change? (Readiness Ruler)
     • Follow-up: why are you at # and not 0?


4. Ask “So what do you think you’ll do?” and just listen (5 minutes).

5. Debrief with the large group (10 minutes)
Activity Instructions:

DARN CAT

- Desire
- Ability
- Reasons
- Need

- Commitment
- Activation
- Taking Steps

Snap fingers = DARN
Clap = CAT
Silence = No change talk
“I know I should quit smoking. It’s just too stressful right now!”

**SNAP**
- Desire
- Ability
- Reasons
- Need

**CLAP**
- Commitment
- Activation
- Taking Steps
“It’s not that I can’t quit smoking...I just choose to enjoy my life...”

- **Desire**
- **Ability**
- **Reasons**
- **Need**

**SNAP**

- **Commitment**
- **Activation**
- **Taking Steps**

**CLAP**
“I want to smoke less, but only if I had time to make a change.”

<table>
<thead>
<tr>
<th>Desire</th>
<th>Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability</td>
<td>Activation</td>
</tr>
<tr>
<td>Reasons</td>
<td>Taking Steps</td>
</tr>
<tr>
<td>Need</td>
<td>SNAP</td>
</tr>
<tr>
<td></td>
<td>CLAP</td>
</tr>
</tbody>
</table>
“I am only coming to this appointment because my wife has been on my case about my smoking for weeks.”

Desire
Ability
Reasons
Need

Commitment
Activation
Taking Steps

SNAP
CLAP
“I have quit smoking, quit eating sugar, I am flossing twice a day, no more processed foods, and I turn off my BlackBerry as soon as I leave work.”

**SNAP**
- **D**esire
- **A**bility
- **R**easons
- **N**eed

**CLAP**
- **C**ommitment
- **A**ctivation
- **T**aking Steps
Questions?
BREAK

10:30 – 10:45am
5 A’s Framework

Brief Cessation Counselling

http://www.youtube.com/watch?v=yzWfgjXsgr4
Ask about tobacco use with every client at every visit.

5 A’s Framework

Ask

Advise

Assess

Assist

Arrange
How do you “Ask”? (10 minutes)

• Individually, think about:
  – How do you ask your client’s about their tobacco use?
  – What typically happens after you ask?

• In small groups, share your experiences.

• Come up with themes in your group:
  – What works well?
  – What doesn’t work?

• Debrief with the large group
In a strong, clear, personalized manner advise every client to quit smoking.

http://www.youtube.com/watch?v=7OGZbFp-8Fo
Best-Practice Guidelines for Advising (5 minutes)

What protocols do you currently refer to in regards to “advising” (e.g. RNAO, OMSC, etc.).
Elicit-Provide-Elicit

– **Elicit** the patient’s understanding of the problem
– **Provide** information
– **Elicit** patient’s response to your information
Any Volunteers?
EPE Demonstration (10 minutes)

• **Volunteer**
  – You have come to your nurse because you have been experiencing a bad cough and frequent colds. You smoke about a pack and a half a day and drink ‘socially’. You think that you might have asthma or allergies, and want some medication, perhaps an inhaler.

• **Facilitator**
  – Practice the Elicit/Provide/Elicit framework in your interview with your client. Remember: be brief in the “Provide” (giving information) part of your interaction.

• Debrief with the larger group
5 A Framework

5. **Ask**

ASK

4. **Advise**

ADVISE

3. **Assess**

ASSESS

2. **Assist**

ASSIST

1. **Arrange**

ARRANGE

Assess willingness to make a quit attempt or modify their smoking behaviour

Brief Cessation Counselling
Ambivalence & Resistance (10 minutes)
Stages of Behavioural Change

1. **Pre-contemplation**
   - Move on four spaces
   - Miss a turn
   - Wait here until you get a two
   - Go back to the blue ladder
   - Have another go
   - Go back three spaces
   - Go to the yellow triangle

2. **Contemplation**
   - **Start**
     - Go to the yellow circle
     - Have another go
     - Go up the red ladder
   - Go to the red star
   - Wait here until you get a five

3. **Preparation**
   - Go to the yellow circle
   - Have another go
   - Go up the red ladder
   - Go to the red star
   - Wait here until you get a five

4. **Action**
   - Go to the blue star
   - Have another go
   - Go back three spaces
   - Go to the blue ladder

5. **Maintenance**
   - It is possible. Maintenance
   - No, not me.
   - Pre-contemplation
   - Precontemplation
   - So, OK. What do I do now?
   - Preparation
   - OK. Let's do this.
   - Well, maybe.
The 5Rs

- Readiness
- Rewards
- Risks
- Roadblocks
- Resist the Righting Reflex
Simple vs. Complex Reflections

Individually, take a moment to write down an example of a simple and a complex reflection for the following statement (coming up – next slide).

Then compare what you wrote with others at your table. As a group, choose the best examples to share with the larger group.
Practicing Reflective Listening

Therapist advises her client that she should quit smoking because of her hypertension and diabetes.

Client responds:

“How I live my life is my own business.”
“How I live my life is my own business.”

Simple Reflection:

___________________________________

Complex (Enhanced) Reflection:

___________________________________

___________________________________
Simple Reflection:

You are the only one to decide how to live your life.

Complex (Enhanced) Reflection:

Quitting smoking is not a concern for you, and it feels intrusive for me to bring it up.
Questions?
LUNCH
12:00 – 1:00 pm
5 A Framework

Brief Counselling for Tobacco Use

Ask

Advise

Assess

Assist

Arrange

Assist in strengthening motivation and/or preparing for a quit attempt:

- Motivational Methods
- Provide Self-Help Materials
- Cognitive-Behavioural Strategies
- Pharmacotherapy
- Quit Plan
Discussion: Assisting Clients (10 mins)

1. In your small groups, discuss how you would assist a client to make a change in their life.
   - What interventions would you use for a client that was ambivalent?
   - What interventions would you use for a client that was ready to make a change?

2. Debrief with large group
PRECONTEMPLATION

Video + Debrief (10 mins):
https://www.youtube.com/watch?v=hB-zchaxINc&index=3&list=PLmLKlp1R60T7z8_9AHmQ54JPkKu1B2bKy
Decisional Balance

- Smoking benefits
  - Quitting downsides

- Smoking downsides
  - Quitting benefits
Activity: Decisional Balance (20 mins)

1. In your small groups, have a volunteer share a case from their practice of a client who is/was ambivalent about quitting smoking.

2. Generate the contents of a decisional balance form from this client’s perspective.

3. Debrief and share with the large group.
PREPARATION
Readiness Ruler
Activity: Readiness Ruler (15 mins)

1. In pairs, one person will act as the health care practitioner and one person will act as the client.
2. The client should think of one behavior they would like to change.
3. The health care practitioner will ask the patient four questions, one by one and the client will provide answers.
   – Why would you want to make this change?
   – How might you go about it, in order to succeed?
   – What are the three best reasons to do it?
   – On a scale from 1 to 10, how important would you say it is for you to make this change?
Activity: Readiness Ruler (continued)

- Then the health care practitioner will ask the follow-up question:
  - *Why are you at a ___ and not 1?*

- The health care practitioner will then provide a short summary/reflection of the client’s motivations to change.

- The health care practitioner will then ask
  - *So what do you think you’ll do next?*

- Partners switch roles and repeat the exercise.

- Debrief with the larger group.
Cognitive Behaviour Therapy
Questions?
BREAK

2:15 – 2:30pm
Stop-Smoking Medications

Check out the TEACH Project YouTube channel for video vignettes on how to use NRT
## Efficacy of Nicotine Replacement Therapy (NRT)

<table>
<thead>
<tr>
<th>Comparison</th>
<th>N Trials</th>
<th>N Participants</th>
<th>Pooled OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gum</td>
<td>52</td>
<td>17,783</td>
<td>1.66 (1.52–1.81)</td>
</tr>
<tr>
<td>Patch</td>
<td>37</td>
<td>16,691</td>
<td>1.81 (1.63–2.02)</td>
</tr>
<tr>
<td>Inhaler</td>
<td>4</td>
<td>976</td>
<td>2.14 (1.44–3.18)</td>
</tr>
<tr>
<td>Tablets/lozenges</td>
<td>4</td>
<td>2739</td>
<td>2.05 (1.62–2.59)</td>
</tr>
<tr>
<td>Combination vs single type</td>
<td>7</td>
<td>3202</td>
<td>1.42 (1.14–1.76)</td>
</tr>
<tr>
<td>Any NRT vs control</td>
<td>103</td>
<td>39,503</td>
<td>1.77 (1.66–1.88)</td>
</tr>
</tbody>
</table>

### Monthly Costs

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Cost Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupropion</td>
<td>$57 + $10 dispensing fee = $67</td>
</tr>
<tr>
<td>Varenicline</td>
<td>$114 + 10 dispensing fee = $124</td>
</tr>
<tr>
<td>Nicotine patch</td>
<td>$80 - $136</td>
</tr>
<tr>
<td>Nicotine gum</td>
<td>$112 - $184</td>
</tr>
<tr>
<td>Nicotine inhaler</td>
<td>$147 - $160</td>
</tr>
<tr>
<td>Nicotine lozenge</td>
<td>$120 - $168</td>
</tr>
</tbody>
</table>

**Smoking (1 pack/day)** $10.00 x 30 = $300
Hot Topic: E-Cigarettes

- Issues to consider include:
  - Tobacco renormalization
  - Tobacco industry investment
  - Efficacy and safety

- How do you address e-cigarette use with your clients?
- Further reading: Ebbert et al. (2015) *Counseling Patients on the Use of Electronic Cigarettes* – copy can be found in your kit.
Appendix 6

Personalized quit plan template

Quitting takes hard work and a lot of effort, but —

YOU CAN QUIT SMOKING

a personalized quit plan for:

Want to quit? Nicotine is a powerful addiction. Many people try to quit several times before they quit for good. Quitting is hard, but don’t give up. Each time you try to quit, the more likely you will be to succeed.

GOOD REASONS FOR QUITTING?
List your reasons for wanting to quit...

GET READY
- Have you set a quit date? If so, what is it?
- Have you thought about past quit attempts? What worked and what did not?

LEARN NEW SKILLS AND BEHAVIOURS
- There are a variety of strategies you can use to help yourself from urges to smoke, changing a routine can be specific when you have the urge to smoke.

BE PREPARED FOR DIFFICULT SITUATIONS
- It often helps to identify potential triggers and plan. List your potential triggers and how you plan to deal with them.

SUPPORT AND ENCOURAGEMENT
- Family, friends and coworkers can be a great source of support. Share your goals and achievements with them.

GET MEDICATION AND USE IT CORRECTLY
- Talk with your healthcare provider about medications and how to use them effectively.

List the medications (if any) that you will be using:
Activity: Developing a Quit Plan (45 mins)

- In your small groups, choose one of three case studies:
  - Amy (a 21 year old pregnant woman)
  - Mike (a 75 year old man living in a long-term care facility)
  - Joanne (a 48 year old woman living on social assistance)

Case descriptions are available on next slide....
Case Study #1: Amy (Age 21)

• Amy is a 21 year old woman who works as a cashier at a family-run drug store. Amy’s partner Steve of four years is also 21 and works for a landscaping company. Amy and Steve have just learned that Amy is two months pregnant. Both Amy and Steve still live with their parents and the pregnancy has come as a shock to both of them.

• Amy and Steve each smoke approximately 15-25 cigarettes daily. Both Amy and Steve are ambivalent about quitting, but are worried about the health of their unborn baby. Amy tried to quit “cold turkey” in the past but said she experienced so many withdrawal symptoms, she couldn’t stand it any longer. She says the only way she can quit is if she can take medication to help with the withdrawal and would like Steve to try quitting as well. Steve doesn’t think it’s safe for Amy to take medication while she is pregnant and would prefer her to try quitting “the old fashioned way”.
Case Study #2: Mike (Age 75)

- Mike presents at your clinic based on a referral by his family doctor. Mike has a myriad of health issues which his family doctor believes have been exacerbated by his smoking. He would like him to quit smoking and lose weight.

- At your appointment you find out that Mike started smoking when he was 15 years old. However, he was able to quit during his wife’s first pregnancy at the age of 32. Mike began to smoke again shortly after he was diagnosed with diabetes at the age of 40. Mike mentioned that the stress of the illness, coupled with his demanding job as a construction foreman and raising 3 children, led to his relapse.

- Mike’s wife passed away a few years ago and he has been having a hard time ever since. He was recently diagnosed with COPD and is 40 pounds overweight.

- Mike had to move into a long-term care facility so that he could receive ongoing support in managing his diabetes and COPD. The long-term care facility where he lives has a “controlled smoking room” which is making it even more difficult for Mike to quit.
Case Study #3: Joanne (Age 48)

• Joanne is a 48 year old single female with a history of depression who lives alone and supports herself with disability collecting $500 month. She volunteers as a “warm line” operator a few times a week. She states that although she enjoys helping others, she feels that it’s stressful at times, and she also finds that she smokes more after a stressful night at work.

• Joanne reports that she wants to quit smoking because she “can’t afford it” (she spends $100 month on cigarettes). She also states that she’d like to quit for “health reasons”. Even though she reports no known medical problems, she worries about developing a smoking related illness (e.g. cancer or heart disease).

• Joanne reports smoking 15 cig/day and reports as many as 11 previous quit attempts. She reports using the patch and gum, with no success. Her only reported period of abstinence was for 2 weeks, when she went “cold turkey”. Joanne reports smoking since age 19, and cannot even remember life without cigarettes.
Activity: Developing a Quit Plan (45 mins)

- Complete an Assessment for your client
- Develop a Quit Plan by filling out Appendix 6 in the *Brief Counselling for Tobacco Use Cessation: A guide for health professionals* (20 mins)
- Debrief as large group (10 mins per case)
MAINTENANCE & RELAPSE PREVENTION
CELEBRATING SUCCESS
5 A Framework

Brief Cessation Counselling

ASK

ASSESS

ASSIST

ARRANGE

Referral: Community Resources Follow-up
Regional and Provincial Supports

- RNAO Smoke-Free Champions
- Smoker’s Helpline
- STOP Study
- Ottawa Model for Smoking Cessation
- Community Health Centres
- Family Health Teams
- Ontario Pharmacists Association
- Physicians for a Smoke-Free Canada
- Addiction Services
- Leave the Pack Behind
Community Supports in LGL
ASK

Ask about tobacco use with every client at every visit.

ADVISE

In a strong, clear, personalized manner advise every client to quit smoking.

ASSESS

Assess willingness to make a quit attempt or modify their smoking behaviour.

ASSIST

Assist in strengthening motivation and/or preparing for a quit attempt:
- Motivational Methods
- Provide Self-Help Materials
- Cognitive-Behavioural Strategies
- Pharmacotherapy
- Quit Plan

ARRANGE

Referral: Community Resources Follow-up
Questions?
Activity: Setting Clinical Practice Goals

• Individually, take a few moments to set your own clinical practice goals.

• Keep your goals in a visible place in your office, so that you can refer back to them from time to time.

• Schedule time in your calendar to periodically review and update your goals.

• Make sure you set **SMART** goals!
Revisiting Our Learning Objectives
Workshop Evaluation

Please remember to complete the workshop evaluation!
Contact

Alexandra Andric, RN, BScN, CPMHN(C)
Nicotine Dependence Service, CAMH
Alexandra.andric@camh.ca
PTCC increases the capacity of organizations and providers to deliver effective, comprehensive, tobacco use reduction interventions in Ontario

SFOA Resource Centre (since 1992)
Funded by Public Health Ontario

• Technical assistance, training & resource development
• Knowledge development, exchange & programming to increase the use of research & practice-based evidence (LEARN, Communities of Practice)
• Media relation training & consultation services through Media Network