

Very Brief Advice on Smoking Cessation – Online Training

Module 2: Very Brief Advice on Smoking Cessation

Handout

1. Evidence-based Cessation Intervention

- Nicotine dependence is a chronic relapsing condition orchestrated by physical addiction, environmental cues and psychological and social connections. It requires ongoing care and most quitters attempted multiple times before they achieved long-term abstinence.¹
- In spite of the low success rate of unassisted quitting (3-5%),² most smokers successfully quitted did so by themselves.^{3,4}
- Some examples of established cessation interventions:
 - Self-help materials;
 - Web-based intervention;
 - Brief advice by health professionals delivered with or without self-help materials;
 - Behavioural support; and
 - Pharmacotherapy
- Each intervention is effective independently, and quit rate increases when they are used in combination and with increasing intensity of intervention.⁵
 - Brief advice by physicians increases abstinence rate at 6-month by 66% compared with no advice.⁶
 - Pharmacotherapy increases quit rate by 50% to 200% compared to self-help alone.
 - The most effective way to quit is by combining behavioural support and pharmacotherapy.⁵

2. Brief advice on smoking cessation

Brief advice is an “advice to stop using tobacco, usually taking only a few minutes, given to all tobacco users during a routine consultation.”

- The World Health Organization (“WHO”) advocates brief advice to be delivered by all primary care providers using 5A’s and 5R’s models.⁷
 - The 5A’s model summarise activities to help smokers ready to quit
 - The 5R’s model summarise activities to increase smokers’ motivation to quit

Table 1. 5A’s Model for Smoking Cessation

Steps	
1. Ask	Systematically identify all tobacco users at every visit
2. Advise	Persuade all tobacco users that they need to quit
3. Assess	Determine readiness to make a quit attempt
4. Assist	Help the patient with a quit plan
5. Arrange	Schedule follow-up contacts or a referral to cessation support

Source: WHO Toolkit for delivering the 5A’s and 5R’s brief tobacco intervention (Link [here](#))

- Delivery of brief advice by 5A’s and 5R’s models will be discussed in another module.

3. Very Brief Advice

To achieve the greatest impact at the population level, delivering brief advice to most smokers is more effective and efficient than spending a long time with a few smokers.⁸

- Time constraint is the commonest barrier to clinician’s delivery of cessation support, hence a Very Brief Advice (“VBA”) was developed. VBA:
 - is a three-step model, lasting as brief as 30 seconds.⁹
 - is widely practised in the United Kingdom.¹⁰ Models with similar nature are being promoted in Canada, Australia and New Zealand.^{8,11,12} In our locality, the University of Hong Kong has developed an AWARD model for VBA^{13,14}
 - increases quit rate by up to 30%⁵ by effectively triggering quit attempts and increasing smokers’ access to cessation support.
 - does not require detailed knowledge in smoking cessation treatment.
 - is effective when delivered by a wide range of health professionals including doctors, dentists, nurses, pharmacists, dental hygienists, physiotherapists and other allied health professionals.⁵
 - is more effective when delivered repeatedly and routinely at every clinic visit.⁵ (Table 3)

Table 2. Three Steps of Very Brief Advice	
Steps	Actions
1. Ask	<p>“Do you smoke?” 「你有沒有吸煙？」</p> <p>You may warn about the health hazard of smoking in a clear and personalized manner (Annex).</p> <p>May consider skipping “warning” if time is tight.</p>
2. Advise	<p>“Combining counselling and medications yields the best result” 「藥物加輔導是最有效的戒煙方法，能將戒煙率倍增」</p>
3. Offer referral	<p>“I can refer you to free cessation services” 「我可以替你轉介免費戒煙服務」</p> <p>and provide patient with information pamphlet.</p> <p>Smokers declining referral are encouraged to make use of the pamphlet and seek assistance any time.</p>
<p>Reassess the issue of smoking in next visit</p> <p>Repeat VBA if the patient is still smoking</p>	

Table 3. Effectiveness of Number of Person-to-person Treatment Sessions ⁵		
<i>No. of contact</i>	<i>Estimated odds ratio (95% C.I.)</i>	<i>Estimated abstinence rate (95% C.I.)</i>
0–1 session	1.0	12.4
2–3 sessions	1.4 (1.1–1.7)	16.3 (13.7–19.0)
4–8 sessions	1.9 (1.6–2.2)	20.9 (18.1–23.6)
> 8 sessions	2.3 (2.1–3.0)	24.7 (21.0–28.4)

4. Frequently asked questions:

- i. What if the patient wants to discuss in details about quitting?
You can say, “Making a quit plan involves several considerations, it would be better to discuss it in details at a specialist service.”（戒煙嘅計劃涉及好多方面，我建議由專門嘅戒煙服務去詳細同你傾會更加好。）
- ii. What if the patient has no intention to quit or use cessation services?
You can give them the leaflet, and say, “We understand that some smokers quit without using any aids. This leaflet contains information that helps you to quit smoking. Call the Quitline when you have problems or need assistance in quitting.”（我哋明白有啲人都想靠自己戒煙，呢張單張有啲幫助你戒煙嘅資訊。有問題或者要搵人幫手，可以打去戒煙熱線。）

Annex: Examples of Advices to Patients	
General	<ul style="list-style-type: none">▪ Quitting improves your health▪ Smoking damages almost all your organs▪ Smoking causes many cancers, cardiovascular diseases and respiratory illnesses▪ 1 in 2 smokers will die due to smoking-related illnesses
Cancers	Smoking cessation reduces risk of 12 types of cancers <ul style="list-style-type: none">▪ Quitted for 10 years or more:<ul style="list-style-type: none">• Reduces risk of lung cancer by 50%, and further reduces with continued cessation• Reduces risk of AML, cancer in stomach, pancreas, cervix, colon/rectum, liver, and kidney by various degree
Coronary heart diseases	Smoking cessation reduces risk of coronary heart diseases morbidity and mortality <ul style="list-style-type: none">▪ Quitted for 1 year or more<ul style="list-style-type: none">• Reduces risk of coronary heart disease by 50%▪ Reduces risk of recurrent infarction and premature death by more than 50%
Stroke	Smoking cessation reduces the risk of stroke <ul style="list-style-type: none">▪ Quitted for 5-15 years<ul style="list-style-type: none">• Reduces risk of stroke to the level of never smokers▪ Reduces mortality of stroke as time of abstinence increases
COPD	Smoking cessation is the only proven strategy to reduce risk of developing COPD and the only intervention that reduces lung function decline in people with COPD
Diabetes	Smoking cessation reduces the risk of developing diabetes <ul style="list-style-type: none">▪ Quitted for 5-10 years:<ul style="list-style-type: none">• Reduces risk of developing diabetes to that of never smokers▪ Quitted for 10 years or more:<ul style="list-style-type: none">• Reduces risk of coronary heart disease and mortality to a level similar to never smokers in persons diagnosed with diabetes

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