“Let’s take a moment”
Quit smoking brief intervention – a guide for all health professionals

**1. ASK**

Ask all clients
- Do you smoke tobacco?
  - Record smoking status (current smoker).

**2. ADVISE**

Advise
- All smokers should be advised to quit in a way that is clear but non-confrontational
  - e.g., “The best thing you can do for your health is to quit smoking.”

**3. ASSESS**

Assess
- Assess stage of change:
  - “How do you feel about your smoking at the moment?”
  - “Are you ready to stop smoking now?”
  - Record stage of change.
- Assess nicotine dependence:
  - Nicotine dependence can be assessed by asking:
    1. How many minutes after waking to first cigarette?
    2. Number of cigarettes per day?
    3. What cravings or withdrawal symptoms in previous quit attempts?
  - Smoking within 30 minutes of waking, smoking more than 15 cigarettes per day and history of withdrawal symptoms in previous quit attempts are all markers of nicotine dependence.
  - Pharmacotherapy for dependent smokers is proven to double the chances of successfully quitting (see over for pharmacotherapy information).

**4. ASSIST**

Assist – not ready
- Discuss the benefits of quitting and risks of continued smoking.
- Provide information about not exposing others to passive smoking.
- Advise that help is available when they’re ready.

Assist – unsure
- Do motivational interviewing “What are the things you like and don’t like about your smoking?”
- Explore their doubts.
- Explore barriers to quitting.
- Offer written information (eg Quit Kit) and referral to Quitline 13 7848.

Assist – ready
- Affirm and encourage.
  - Provide a Quit Kit and discuss a quit plan (see over).
  - Recommend pharmacotherapy to nicotine dependent smokers (see Assess).
  - Discuss relapse prevention.
  - Offer referral to Quitline 13 7848.

**5. ARRANGE FOLLOW-UP**

Successful quitter
- Congratulate and affirm decision to quit.
- Discuss relapse prevention (see over).

Arrange follow-up
- For clients attempting to quit, arrange follow-up visit, if possible.
  - At these visits:
    - congratulate and affirm decision
    - review progress and problems
    - encourage continuance of pharmacotherapy
    - discuss relapse prevention
    - encourage use of support services.
  - OR
    - Refer to GP.
    - Refer to Quitline 13 7848.

Relapse
- Offer support and reframe as a learning experience.
- Explore reasons for relapse and lessons for future quit attempts.
- Offer on-going support.
- Ask again at future consultations.
These smokers do not recognize their smoking as a problem, or are unconcerned about changing their behavior. They may be apprehensive, possibly because they have tried in the past and failed. This group is particularly amenable to motivational interviewing.

Contemplation
These smokers are ambivalent or unsure about their smoking and are thinking about changing their behavior. They may be apprehensive, possibly because they have tried in the past and failed. This group is particularly amenable to motivational interviewing.

Determination
These individuals are ready to change their behavior and plan to do so within the next 30 days. They have usually made a quit attempt in the past year. These smokers are most likely to attempt to quit in the near future. There is a window of opportunity, which may only open for a short time. Those in this group are most likely to ask for help with quitting. These individuals need assistance with problem solving and social support.

Action
The smokers in this stage have taken action and are actively quitting (i.e., they have already quit smoking in the past 6 months). This is when the risk of relapse is highest with about 75% of relapse occurring in this stage, most within the first week. The new smoker is not yet to realize their associations and triggers for smoking and establish himself or herself as a non-smoker. This is a period where support and strategies to prevent relapse are especially important.

Maintenance
These smokers have quit over six months ago. The non-smoking behavior is established and the threat of smoking gradually diminishes. The chances of maintenance of the change increase over time – only about 4% of those who quit for more than two years ever go back to smoking. Counselling for relapse prevention is necessary at this time.

Relapse
Individuals in this stage have gone back to smoking. If relapse should occur, it is important for the client to see it as part of a learning experience and not a failure. Relapse is common during the quitting process. A relapsed smoker should be encouraged and motivated to quit again. Source: DiClemente, & Prochaska, 1983 (adapted from Zwar et al, 2004)

Stages of readiness to change model

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