Tobacco Use Intervention: Rolling with Resistance

Even brief conversations between healthcare providers and patients about tobacco cessation can increase successful quit rates.* Motivational techniques can help (see next page), but it can be tricky when you encounter resistance. Here are some common barriers to quitting tobacco and tips for addressing them.

**Cravings/Withdrawal Symptoms**

“I've tried before, but the withdrawal is just too hard.”

- “I understand. Tell me about your experience with symptoms in the past.”
- “Cravings typically last for only 15 to 20 minutes, and withdrawal usually only lasts a couple of weeks. The trick is to find ways to get through that short period of time.”
- “Do you have hobbies that can distract you, or other ideas?”
- “There are treatments that ease the discomfort of quitting, including counseling and medications. Would you like to talk about those options?”

**Stress**

“My life is stressful. Smoking calms me down.”

- “Can you tell me what is causing you stress?”
- “Are there changes you can make in your life to reduce your stressors?”
- “What other techniques for coping with stress have you tried?”
- Suggest a walk, relaxation, exercise, or talking with a supportive friend.

**Social Triggers**

“My friends/partner/coworkers smoke. It’s hard to quit when they are around.”

- “Would you feel comfortable asking them not to smoke around you?”
- “What are the social situations that most make you want to smoke?”
- “Is it possible to avoid these places or people for the first few weeks after you quit?”
- Suggest they tell people they’ve quit, and ask for support.

**Fear of weight gain**

“I really don’t want to gain weight!”

- “Some weight gain after quitting is common, but there are things you can do to limit that.”
- “Are there some ways you can start or increase your physical activity?”
- “Certain medications can be helpful in delaying weight gain. Would you like more information about that?”
- Emphasize the health benefits of quitting relative to the health risks of modest weight gain.

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*NCBI.nlm.nih.gov/pmc/articles/PMC3776512/

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Intervention and Motivation
The following techniques are designed to engage the patient through open-ended questions, empathy, and reflective listening.

5 A's of Tobacco Intervention

**ASK**
Identify and document tobacco use status for every patient at every visit.

**ADVISE**
In a clear, strong, and personalized manner, urge every tobacco user to quit.

**ASSESS**
Is the patient willing to make a quit attempt at this time?

**ASSIST**
For those willing to make a quit attempt, provide counseling, medication, and referrals to support resources. If patient isn’t ready, encourage them to consider quitting by using personalized motivational messages.

**ARRANGE**
Schedule follow-up contact, preferably within the first week after the quit date.

5 R’s of Enhanced Motivation

**RELEVANCE**
Encourage the patient to indicate why quitting is personally relevant, being as specific as possible.

**RISKS**
Ask the patient to identify potential negative consequences of tobacco use. Suggest and highlight those that seem most relevant to the patient.

**REWARDS**
Prompt the patient to identify potential benefits of stopping tobacco use. Examples include: feeling better physically, saving money, and setting a good example for children.

**ROADBLOCKS**
Ask the patient to identify obstacles to quitting and provide treatment options (counseling, medication) that could address barriers. Typical barriers include: withdrawal symptoms, enjoyment of tobacco, fear of weight gain, and lack of support.

**REPETITION**
Repeat motivational intervention each time an unmotivated patient visits. If they have failed in previous quit attempts, remind them that most people try several times before they are successful.