

How to Help Your Patients Quit Tobacco Use 2025



The “5 A’s”

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

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

ASSESS willingness to make a quit attempt. Is the tobacco user willing to make a quit attempt at this time?

ASSIST in quit attempt. For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit.

ARRANGE follow up. For the patient willing to make a quit attempt, arrange for follow up contacts, beginning within the first week after the quit date.

If your patient is not ready to quit

offer motivational intervention using the Five “R’s”

Relevance — Tie tobacco use to current health, or social and economic costs of tobacco use, motivation level, and/or the impact of smoking on children and others in the home.

Risks — Ask patient to identify potential negative consequences of tobacco use.

- Acute risks — shortness of breath, exacerbation of asthma, impotence, infertility
- Long term risks — heart attacks, strokes, gum disease, tooth loss, COPD, lung and other cancers
- Environmental risks — increased risk of lung cancer in spouse and children; increased risk for SIDS, asthma, middle ear disease and respiratory infection in children.

Rewards — Ask patient to identify 1) Any positive benefits they currently derive from tobacco use. Discuss alternative methods for filling the potential void after cessation. 2) The potential rewards of quitting including improved health, improved taste, money saved, healthier children, freedom from addiction.

Roadblocks — Ask patient to think about what are the barriers to quitting tobacco use (e.g., partner or co-worker who smokes, fears about quitting smoking, etc.).

Repetition — Repeat above strategies every time an unmotivated patient has a visit.

Medications for Tobacco Treatment

- Evidence-based tobacco treatment is medication assisted treatment.
- Combination nicotine replacement therapy (usually a combination of nicotine patches + nicotine gum or lozenge) and Varenicline, have been shown to be most effective.
- A minimum of 3 months of pharmacotherapy is recommended for the initial quit attempt. Therapy may be extended to >6 months, when clinically indicated, to promote continued abstinence.