



Brief Tobacco Intervention: Addressing Common Concerns

Common Concerns when Talking with Patients about Tobacco Use

- **What if my patients react negatively when I address their tobacco use?**

The majority (70%) of tobacco users want to quit tobacco. While you may get an occasional negative reaction, the majority will be positive. People who use tobacco expect their providers to encourage them to quit so they know it's coming. A patient may need encouragement to try again – on average it takes people seven quit attempts before success. Also keep in mind that of those 70% who want to quit, 50% made a quit attempt in the last year.¹

- **Do I need to ask at every encounter?**

Yes, follow ups reinforce the importance of quitting. Motivation to quit fluctuates and while an individual might not be ready to quit this time, they might be the next time you see them. As you reinforce the need to quit and provide brief intervention you could be the catalyst for them taking the next step towards cessation.

- **I don't have time.**

A brief intervention utilizing the 2A's and an R takes less than 3 minutes. If you implement a team approach it will take even less time. A team approach is when a nurse asks the patient about their tobacco use, the provider advises the patient to quit and gets approval to send a referral, and then a nurse, provider, or someone else in the doctor's office completes and sends the referral.

- **What if my patient has other health priorities?**

Tobacco use impacts overall health. Quitting tobacco may aid in the treatment of other health concerns and speed recovery. Relating tobacco use back to a patient's other health conditions/concerns may help move them toward a quit attempt.²

- **Is the 2A's and an R effective?**

Yes, the 2A's and an R intervention is an evidenced based intervention. It has been shown to double quit rates. It is the most effective intervention for adults.³

- **What about cultural sensitivity?**

If you have a patient who is concerned about quitting commercial tobacco while continuing to use traditional tobacco the Montana Tobacco Use Prevention Program has a special program with American Indian coaches who speak to their cultural traditions.



Sources

1. Centers for Disease Control and Prevention. Quitting Smoking Among Adults—United States, 2000–2015. *Morbidity and Mortality Weekly Report* 2017;65(52):1457-64 [accessed 2017 Jan 24].
2. U.S. Department of Health and Human Services. *The Health Benefits of Smoking Cessation: A Report of the Surgeon General* external icon. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1990 [accessed 2017 Jan 24].
3. Stead, L.F., Buitrago D. Preciado N Sanchez G, Hartmann-Boyce J. Lancaster T. *Cochrane Database Syst Rev.* 2013 May 31; (5):CD000165. Epub 2013 May 31.