# Figure 1: Brief Intervention Flow Chart

Ask every client about tobacco use at every health-care visit and document subsequent care provided in client chart.

"Have you used any form of tobacco in the last 30 days?"



If client answers "YES"



It is essential to address tobacco dependence in a clear, non-judgemental manner during every health-care encounter.

While advice to quit is important and the ultimate goal, the message must be tailored to the setting.

In-patient: "The best thing you can do for your health is to quit. While you are admitted, you will not be able to use tobacco the same way as when you are at home, so we can work together to manage your withdrawal symptoms."

Community: "The best thing you can do for your health is to quit. I can help you by creating a plan, which might include starting with reducing use."



Ask the client about his or her readiness to change (is he or she interested in quitting, reducing, or managing withdrawal?).

"Are you interested in quitting or reducing your tobacco use?" Or if appropriate for the setting: "Are you interested in working towards managing your withdrawal symptoms while you are admitted/in hospital?"



Based on client's response and the clinical environment (in-patient vs. community setting), offer support to assist with quitting, cutting down, or managing withdrawal symptoms, depending on the client's needs.

If client declines assistance, no further action required at that time.



#### **NOT READY TO QUIT NOR MANAGE SYMPTOMS**

- Ambivalent
- Not currently considering change



#### **ALL SETTINGS^**

- Explain health risks of tobacco use and benefits of quitting
- Clarify that the decision to quit or reduce use is his or hers
- Encourage evaluation of pros and cons of quitting or reducing use
- Provide withdrawal management support and resources including quitline information



## In-patient setting\*

- Promote use of any available in-patient counselling
- Advocate for NRT to be prescribed (this can increase comfort and act as a gateway to quitting)
- Educate client about the need to address withdrawal symptoms while admitted: consider pharmaceutical support and appropriate use, which may include titration and multiple product use

## Community setting\*\*

 Advise client to follow up with health-care providers or a quitline for support when he or she is ready

# **READY TO QUIT OR MANAGE SYMPTOMS**

- Trying to change and planning to act within the next month
- Has sustained new behaviour for past few months



### **ALL SETTINGS^**

- Explain health risks of tobacco use and benefits of quitting
- Help client identify his or her obstacles to quitting including recognizing his or her withdrawal symptoms
- Educate client about the need to address withdrawal symptoms: consider pharmaceutical support and appropriate use, which may include titration and multiple product use
- Provide withdrawal management support resources, including quitline information
- Encourage client to use social support networks to enhance self-confidence in his or her ability to stay tobacco-free and avoid triggers, cravings, and/or relapse
- Provide positive reinforcement by congratulating abstinence and/or progress in reducing



# In-patient setting\*

- Promote use of any available in-patient counselling~
- Advocate for NRT to be prescribed (this can increase comfort and act as a gateway to quitting)

## Community setting\*\*

- Offer resources around quitting and advise client to follow up with quitline services
- ^ These interventions should be done in addition to providing support relevant to context (in-patient vs. community).
- \* In-patient setting refers to all settings where clients are admitted (including hospital, long-term care home, psychiatric, or rehabilitation facilities).
- \*\* Community setting refers to health promotion settings that are outside of hospital (clients are not admitted).
- In-patient behavioural interventions (such as counselling support) during hospital stay and at least one month of supportive contact after discharge promote cessation, especially when combined with NRT (Rigotti, Clair, Munafo, & Stead, 2012).