

# Brief Advice (BA) on smoking



## 30 seconds to save a life

Brief Advice (BA) is a short opportunistic intervention to engage with and support health behaviour change in the course of day to day health care interactions using the 3As model:

- **Ask about smoking behaviour**
- **Advise on the best way to quit smoking**
- **Act by prescribing stop smoking medication and referring to HSE QUIT services.**

[The Stop Smoking National Clinical Guideline](#) recommends that people who smoke should be identified during clinical care contacts and that they should be offered support (behavioural & pharmacological) to stop smoking.

BA involves asking patients about their current smoking, advising them on the best methods of stopping smoking available to them and helping them access evidence-based stop smoking support.

Most people who smoke are interested in quitting.

Most people who smoke made at least one quit attempt in the last 12 months.

Most people who smoke expect that a healthcare professional will raise their smoking with them and are surprised when this doesn't happen.

*Adapted from the original NCSCCT document: Very Brief Advice on Smoking (VBA+) 30 seconds to save a life.*

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## The 3As model

### ASK

**every** patient about **tobacco use** & record smoking status at every visit.  
“Do you smoke?”

### ADVISE

#### on the most effective ways of quitting

“Did you know that the best way of stopping smoking is with a combination of specialist support and medication?”

“I can refer you to our friendly stop smoking service that many of my patients have found useful.”

“If you access a HSE stop smoking service and use stop smoking medication you are up to four times more likely to stay quit for good”

### ACT

#### on patient's response:

| <b>Patient is interested in quitting</b>  | <b>Patient is not interested in quitting at this time</b>   |
|---|---|
| Build confidence and give information<br>Prescribe<br><br>Refer to HSE Stop Smoking Service<br>“Patients are up to four times more likely to quit with support and medication.” | Ensure that the patient understands where to find support.<br><br>“It’s your choice of course. Help will always be available. You can always return to see me or contact the QUITLine on 1800 201 203.” |
| <b>Follow-up</b><br>Make a note of the referral and ask about smoking status next time you see the patient.   | <b>Reassess</b><br>Repeat BA at future visits and at least once a year. Consider highlighting any links between their presenting condition and their smoking status.                                    |

# Support to stop smoking: Evidence of effectiveness

The most effective method to quit smoking is with a combination of behavioural support and stop smoking medication.

For more information, download the [Stop Smoking National Clinical Guideline](#)

## Specifically, we know:

- Individuals who smoke are up to twice as likely to quit when they receive support from a trained stop smoking advisor and up to four times more likely to quit if they also use stop smoking medication.

- While face-to-face counselling, either individual or group, is considered to be the 'gold standard', patients who receive support via telephone also do well.

- While some people who smoke may benefit from a single stop smoking support intervention, the evidence shows that success rates increase with multiple sessions. The Standard Treatment Programme as detailed in the [Quality Assurance Standards](#) for the delivery of Stop Smoking Services, incorporates a minimum of nine contacts or sessions tailored to meet the client's needs.

- The most effective medication is varenicline either alone or in conjunction with one or two NRT products. If varenicline is not suitable, then combination NRT (nicotine patch + a faster acting NRT product) should be recommended.

- Having access to stop smoking support (medications plus behavioural support) free of charge can increase the likelihood that a smoker will use these medications properly and for the recommended duration. Free medication and behavioural support is currently available through HSE stop smoking services.

Van den Brand FA, Nagelhout GE, Reda AA, et al. Healthcare financing systems for increasing the use of tobacco dependence treatment. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD004305.

- There is some evidence that text messages and stop smoking apps can add value to quit attempts but more research is needed. Digital support is recommended as a compliment to support from a trained stop smoking advisor and/or for persons who would not otherwise access stop smoking support. Suggest to your patients that they sign up to the HSE QUITplan on [www.quit.ie](http://www.quit.ie).

# Frequently asked questions about Brief Advice (BA) on smoking

## **Q: Does BA work?**

**A:** Yes! Advice from healthcare professionals is one of the most important triggers to making a quit attempt. A healthcare professional asking about smoking and offering advice and help increases the chance of someone quitting and staying quit for good. BA is effective when delivered by any healthcare professional, not just GPs. The importance of recommending both support and treatment as part of BA is highlighted by a study which showed that, compared with no advice to smokers, the odds of quitting were 68% higher if stop smoking medication was offered and 217% higher when behavioural support was also offered. The [Stop Smoking National Clinical Guideline](#) recommends that all healthcare professionals should be trained in BA and should deliver BA to all patients at **every** opportunity.

## **Q: Will my patients resent being told how to stop smoking?**

**A:** No. Patients recognise that it is a valid topic of conversation to be having with their GP or other healthcare professional and many will be surprised if you are not advising them about the best way of quitting. In fact, not discussing smoking with your patients could lead them to think that this is not something you are concerned about and therefore neither should they be.

## **Q: Why don't I ask my patients how much they smoke and if they want to stop?**

**A:** There is no safe level of smoking - all smokers need to quit. The very act of delivering BA will prompt many of your patients to make a quit attempt whether or not they were thinking about it before they saw you. There is also some basic psychology involved: ask someone if they want to stop and they will automatically start generating reasons why they shouldn't or can't stop. All smokers know that it is bad for their health and many will want to quit, so you can cut to the chase and simply advise them of the best way of stopping smoking.

## **Q. How can I refer a patient to the stop smoking services?**

**A:** There are a number of ways of making a referral to local or national QUIT services:

1. Referrals can be made using the HealthLink application (and selecting HSE QUIT Smoking Services). The HealthLink application is now in a number of acute and community services.
2. Referrals can also be made by completing [this referral form](#) and emailing the completed form to [QUIT@healthmail.ie](mailto:QUIT@healthmail.ie) or by emailing a local stop smoking service, details of which are available [here](#).
3. Any healthcare professional can apply to become a Referrer on QUITManager (the national patient management system for Stop Smoking Services). Using this system, a minimum data set can be completed for the client you want to refer. This includes name, DOB, gender, county of residence and contact phone number. See details on how to become a referrer [here](#).

## **Q: Do I record patients who vape (use e-cigarettes) but don't smoke cigarettes as smokers?**

**A:** No, patients who used to smoke tobacco but now exclusively vape should be coded as ex-smokers. This is the case for nicotine-containing e-cigarettes as well as non-nicotine containing e-cigarettes. If the client is a dual user (uses tobacco cigarette and an e-cigarette) then they should be recorded as a smoker and can be referred to the HSE stop smoking services.

For more information about stop smoking supports and treatments, see [additional resources for Healthcare Practitioners](#).