



# Treating Tobacco Dependence: Introduction to the Five A Model

*Brandie Buckless (Bitterroot Salish), MPH  
Project Coordinator*

# Our Mission



*To reduce cancer and its impact on American Indian families through education, improved access to prevention, early detection, treatment and survivor support.*

[www.americanindiancancer.org](http://www.americanindiancancer.org)

# Our Vision



Our vision is a world where cancer is no longer a leading cause of death for American Indian and Alaska Natives.

Through hard work, culturally appropriate community-based programs, and policy change that affords Native people access to the best prevention and treatment strategies, we see a day where American Indian communities are free from the burdens of cancer.



- AI/AN have a higher commercial tobacco smoking rate than other racial or ethnic groups in the U.S. (31.5% compared to 19.0% of U.S. adults overall). (*CDC, 2012*)
- There are dramatic regional differences:
  - 40% in the Northern Plains region (includes MN & WI)
  - 21% in the Southwest region(*Steel, Cardinez, Richardson, Tom-Orme & Shaw, 2008*)
- 59% in Minnesota American Indian communities, compared to 16% of all Minnesota adults.  
(*American Indian Community Tobacco Project, 2013*)



- American Indians/Alaska Natives suffer disproportionately from many of the most common tobacco-related diseases:
  - Cancer
  - Cardiovascular Disease
  - Respiratory Diseases
  - Perinatal Conditions
  - New and Worsened Diabetes

# Traditional vs. Commercial Tobacco

- Traditional tobacco has many names used by different tribes, and is often comprised of various plants and herbs, free of the metals, chemicals and poisons present in commercial tobacco (Brokenleg & Tornes, 2013)
- *Used for spiritual, medicinal and healing purposes.*



# The Five A Model

- An approach that has been proven to change health risk behavior across the disease spectrum.
- Recommended by the U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008).
- Adopted by the Counseling and Behavioral Interventions Workgroup of the United States Preventative Services Task Force (USPSTF).

# The Steps of the Five A Model

Ask	Ask about present & past use of tobacco and exposure to secondhand smoke
Advise	Offer clear, strong, personalized advice to quit
Assess	Assess willingness to quit, using the Stages of Change Model
Assist	Provide assistance in quitting through stage-based interventions and motivational interviewing
Arrange	Arrange for follow-up and offer resources

# What is a brief Intervention?

A low intensity, but meaningful, interaction between two or more people with the ultimate goal of assisting the individual(s) in making a healthy lifestyle change to achieve optimal health outcomes.

# Why this intervention?

- ✓ Appropriate medications can potentially double tobacco quit rates
- ✓ Behavioral interventions-especially multiple ones-boost those rates even higher

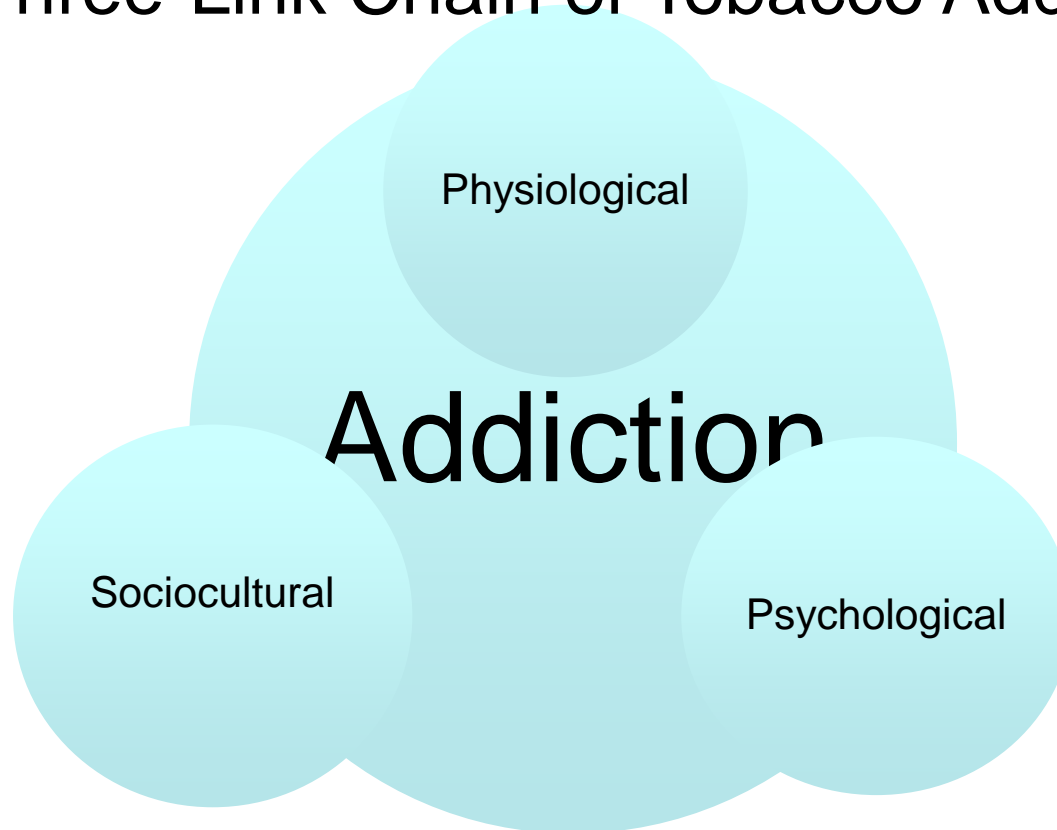
The Five A Model is:

- 1. Evidence-based**
- 2. Low-intensity**

# Tobacco addiction recovery

## Why is it so difficult?

Three-Link Chain of Tobacco Addiction



# Levels of Intensity in tobacco dependence treatment

- Minimal Intervention
- Low-Intensity Counseling (Brief Intervention)
- High-Intensity Counseling (Intensive Intervention)

## Compared to no contact:

**Minimal contact (less than 3 min)**  
increases quit rates by 30%

**Low-intensity counseling (3-10 min)**  
increases quit rates by 60%

**High-intensity counseling (more than 10 min)** increases quit rates by 130%  
*(Fiore et al. 2008)*

# Step 1: Ask



*May I talk to you about the use of commercial tobacco?*

*Do you smoke or chew tobacco?*

*Have you ever used commercial tobacco?*

*Are you exposed to secondhand smoke?*

*If no → Congratulate!*

*If yes → Provide clear, strong & personalized advice.*

## Step 2: Advise

*In a clear, concerned, respectful, and personalized manner, strongly urge all commercial tobacco users to consider quitting.*

*For example: The most important advice I can give you to protect your health is to quit using commercial tobacco and I am here to help you.*

## Step 3: Assess

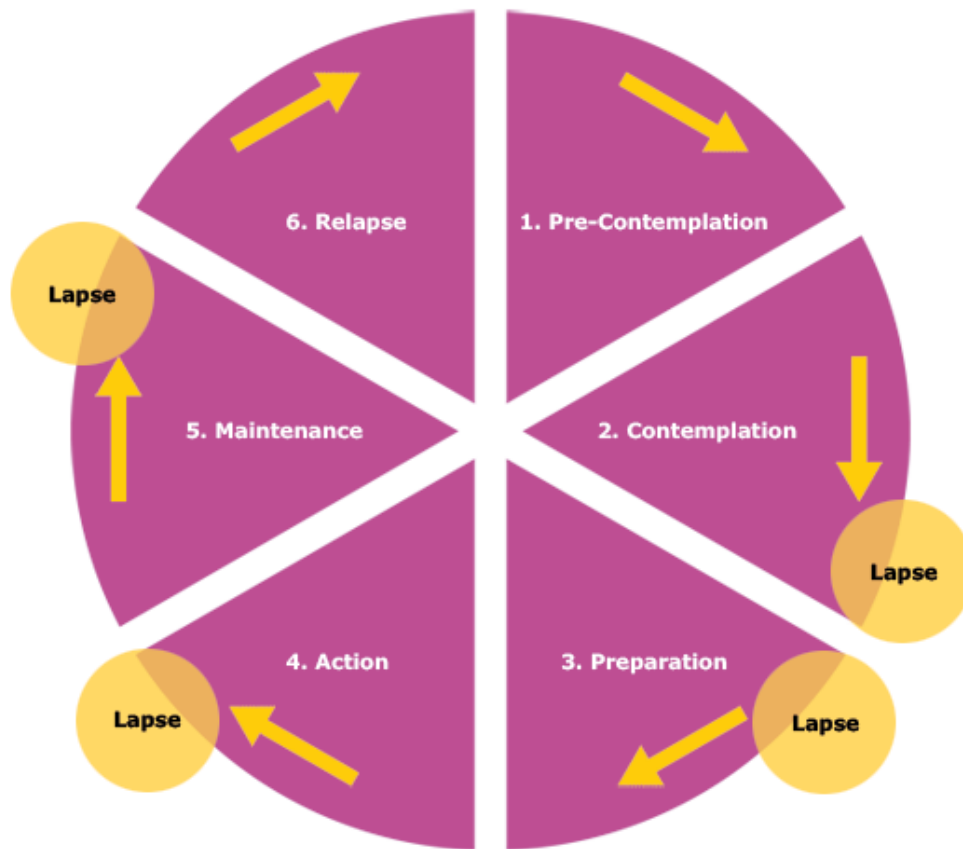
*Are you willing to start a quit plan?*

*Are you willing to set a quit date in the next 30 days?*

The answer determines the direction you will go with the next step.

**\*\*You can be more time-efficient if you know how willing that person is to set a quit date**

# Willingness to Change Model (Formerly the Stages of Change Model)



- *Rarely a simple, linear progression*
- *Can cycle through one or more stages in a matter of minutes or several years*

## Step 4: Assist

*Are you willing to set a quit date in the next 30 days?*

### Unwilling to Quit

Uncover a person's intrinsic motivation to change by using Brief Motivational Interviewing.

# The 5 R's (Brief Motivational Interviewing)

- **Relevance:** Focus on information that is relevant to each person's situation.
- **Rewards:** Ask patient to reflect on benefits of quitting & focus on those most important to them.
- **Risks:** Ask patient to reflect on consequences of using tobacco & focus on those they identify.
- **Roadblocks:** Explore potential barriers to quitting.
- **Repetition:** Reinforce that because quitting tobacco is so important, you will inquire about it at every visit.

# Willing to Quit in the next 30 days (Yay!)

## Develop a Quit Plan:

### A Quit Plan's Core Elements:

- ✓ Set a quit date
- ✓ Identify support persons
- ✓ Suggest solutions to specific problems that might cause relapse
- ✓ Offer information about recommended medications
- ✓ Provide self-management resources and materials
- ✓ Make referrals to intensive programs or services

# Overview ~ Step 4: Assist

***“Are you willing to set a quit date in the next 30 days?”***

No → Unwilling:

***Provide a motivational intervention (5 R's):***

- Relevant
- Rewards
- Risk
- Roadblocks
- Repetition

Yes → Willing to Quit:

***Assist with a Quit Plan***

- Quit Date
- Support Persons
- Problem-Solving
- Info on Medications
- Self-Help Materials
- Refer to More Support

## **Step 5: Arrange Schedule a time to follow up**

- First follow-up should occur during the first week after the quit date.
- Congratulate success for those who have quit and encourage abstinence for those who are still using commercial tobacco.
- Remind the person that slips can be used as a learning experience.
- Identify problems and anticipate challenges.
- Refer to more additional intensive help if needed.
- Document your visit.

# Definitions: slips and relapse

- Tobacco Free
  - Not using tobacco or haven't used tobacco for at least 24 hours.
- Slip
  - An instance, or several instances, of using tobacco after a period of being tobacco free.
- Relapse
  - A return to regular tobacco use.

# Understanding Relapse

- Tobacco dependence is a chronic disease that may include multiple periods of relapse & remission.
- Not uncommon to relapse up to 11 times before remaining tobacco-free.
- Relapse usually occurs within the first few days or weeks after quitting.
- Between 60% and 80% of quit attempts will result in relapse.
- Should be viewed as practice, not a failure.

# Strategies for successful cessation

## Why should you bother?

- All staff not just health care providers
- Make a difference in 3 minutes!
- Even if not ready today, brief interventions will likely increase motivation for a future quit attempt.
- Smokers who get quitting advice & assistance are more satisfied with their health care.

# Implementing the Five A Model

- Tailor it to your community—think about some of the unique aspects and challenges within your community that are connected to tobacco use and how that impacts tobacco cessation.
- Become familiar and comfortable with using the Five A Model—the more you practice, the easier it gets.
- Think about what this Model would look like in your clinic, organization, or program and then become a Champion!
- **Rad Resource** developed by Red Star Innovations:  
[http://redstar1.org/wp-content/uploads/APP\\_Workbook\\_Sept2014FINAL.pdf](http://redstar1.org/wp-content/uploads/APP_Workbook_Sept2014FINAL.pdf)



# Thank You!

E: [BBUCKLESS@AICAF.ORG](mailto:BBUCKLESS@AICAF.ORG)

P: (612) 314-4845

[www.AmericanIndianCancer.org](http://www.AmericanIndianCancer.org)

