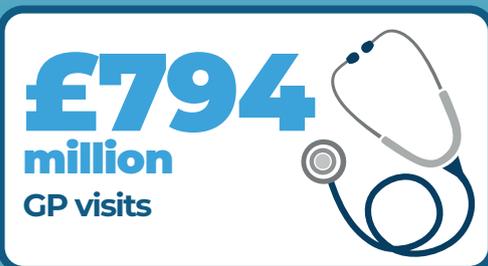


Management of tobacco dependency

Using VBA interventions to drive quitting attempts

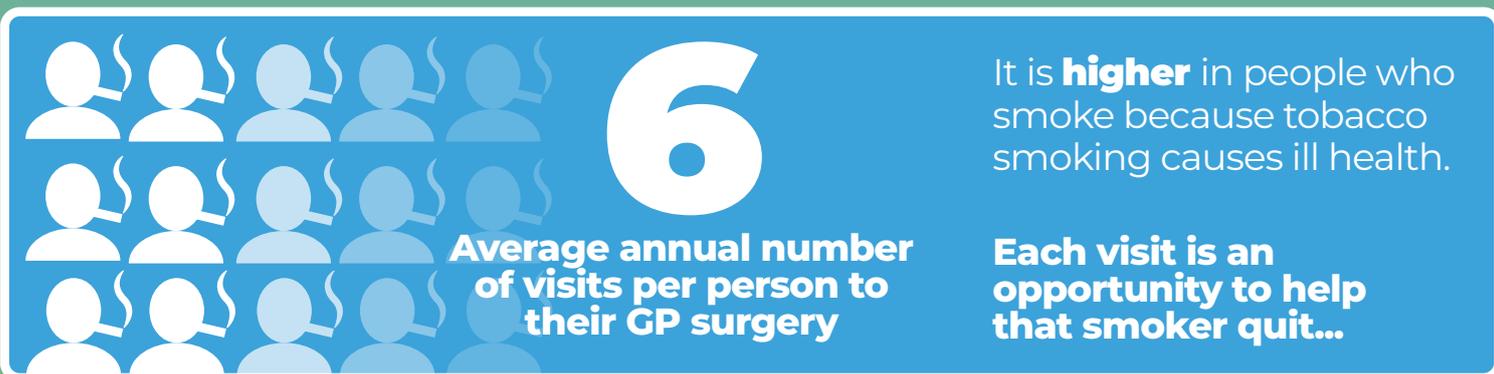
Smoking creates a heavy annual financial burden for the NHS, in primary care...



...and secondary care.



It also creates a heavy burden for people working in health services. An evidence-based approach to diagnosis and treatment has been shown to reduce this.



Very brief advice is a 30-second intervention delivered in a one-to-one health setting by any health practitioner who has been trained in its delivery.

It is practical, cheap, quick and easy to learn.

Every **VBA** should include **ASK-ADVISE-ACT** even if the **ACT** is to simply record your **VBA** and the outcomes in the medical record so that it is available to the next healthcare professional who encounters the patient – the next encounter at which **VBA** is undertaken may be the one that triggers a quit attempt.

ASK

ADVISE

ACT

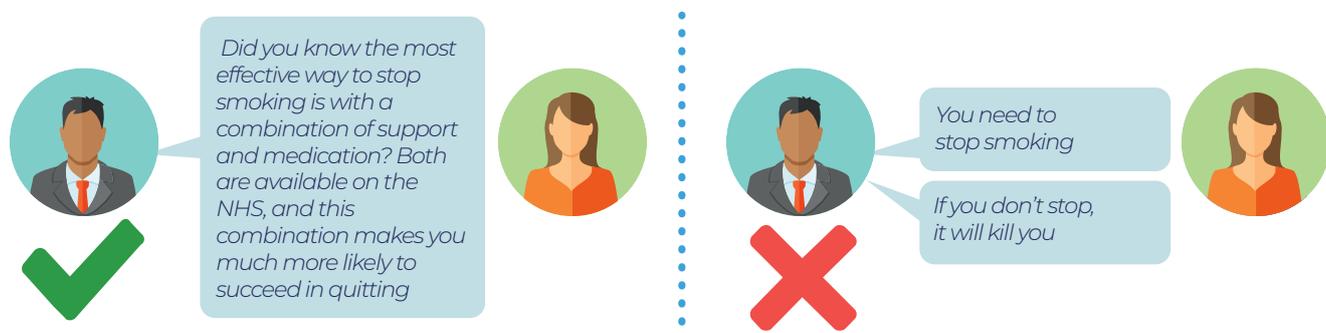
ASK and record smoking status

Don't just ASK but also record smoking status so that if someone says they are smoking they can be given VBA when they are seen again.



ADVISE on how best to stop

The ADVISE part does not involve advising smokers to stop. Instead it is simply advising HOW best to stop i.e. with behavioural support and medical treatment.



ACT to signpost best available support and treatment

The ACT part directs the smoker to the best available support and treatment to help them quit. This could be from a stop smoking service or a trained stop smoking advisor.

If your patient wants to take action



If they don't want to take action



REMEMBER: **VBA** deliberately does not “challenge the addict” unnecessarily, as this may actually reduce the power of the advice – the offer of help in itself can trigger a quit attempt.

