

What do we know about brief intervention?

What is brief intervention?

Time is often very limited in a health care setting and brief intervention is a way that health professionals can use a limited period of time to raise awareness, to share knowledge, and to get a person to think about making changes to improve their health status. It can be used with any behaviour that affects health, including smoking. It can take anything from one minute to an hour, and could be one-off or repeated¹.

Brief intervention uses the *Stages of Change Model* to assess whether people are ready and motivated to quit smoking, and uses the 5As approach to educate and help them.

The 5As are the steps that can be used to raise the issue of smoking and to encourage and support patients to quit. The 5As are²:

- ✧ **Ask** about smoking at each visit
- ✧ **Assess** the patient's willingness and confidence to quit and note the stage they are at with their smoking or quitting. Patients may be at any of the following *stages of change*³:
 - Not ready to quit
 - Unsure about whether to quit
 - Ready to give up
 - Recently quit and staying an ex-smoker
 - Lapse/Relapse
- ✧ **Advise** the smoker of the benefits of quitting in a clear but non-confrontational way
- ✧ **Assist** the patient with quitting; this will be different depending on the stage they are at with their smoking
- ✧ **Arrange** follow up so that the smoker can continue to be supported and encouraged

How can health workers learn about using brief intervention?

Several organisations and programs around the country provide training in how to do brief intervention.

- ✧ *SmokeCheck* is an Aboriginal-specific smoking cessation program. The training package includes a session on how to undertake a brief intervention.
- ✧ *Quit* organisations offer training in brief intervention; Quit Victoria offers training adapted specifically for Aboriginal communities.

Who can do brief interventions?

Anybody can be trained to do smoking brief interventions. In most organisations, only the front line health workers, such as Aboriginal Health Workers, nurses, doctors, and dentists, are expected to do brief interventions. But, in some organisations, everybody is trained and expected to do some level of smoking brief intervention. But, in some organisations, everybody is trained and expected to do brief intervention. This might include receptionists and drivers who are often the first point of contact for patients.



Does brief intervention work?

In mainstream health settings, smoking brief interventions by doctors, nurses, and dentists are very effective at increasing quitting rates and quit attempts^{4,5,6}. Brief intervention has been shown to help smokers to quit, and, compared to other strategies, it is cheap to deliver.

We don't know for certain that brief interventions are effective for Aboriginal and Torres Strait Islanders as there have been only a few studies. These have involved small numbers of people or have looked at brief intervention in combination with other strategies^{7,8,9}.

What we do know is that training health professionals in providing smoking brief interventions does have an effect on their skills and confidence to give smoking cessation advice. Evaluations of SmokeCheck in New South Wales and Queensland have shown that health workers felt more confident to ask and give advice about smoking, and were more likely to do brief interventions^{3, 10}. However, we do not yet know how many people actually quit smoking because of these brief interventions.

To find out more about Indigenous projects that use brief intervention as part of their activities, or that provide brief intervention training, see the CEITC Project Register at <www.ceitc.org.au/indigenous-projects-register>.

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