PACT
PARTNERSHIP TO ASSIST WITH CESSATION OF TOBACCO

PHARMACY ASSOCIATION OF SASKATCHEWAN

BRONZE LEVEL SUMMARY - ALGORITHM

ASK: Are you a smoker or tobacco user? Are there any smokers in your home?

No

ASK: Great! Have you ever smoked or used tobacco?

No

ASK: Are you willing to briefly discuss your smoking/tobacco use?

No

ASSESS:
- ❑ **PRECONTEMPLATION**

ADVISE:
- ❑ If appropriate, provide basic, brief info re risks of smoking, benefits of cessation
- ❑ Offer assistance when ready

Refer to:
- ❑ PACT Pharmacist www.skpharmacists.ca
- ❑ Smokers' Helpline www.smokershelpline.ca

Yes

ASK: What do you think about quitting tobacco?

ASSESS:
- ❑ **PRESCONTEMPLATION** Not thinking of quitting
- ❑ **CONTEMPLATION** Thinking of quitting in next 6 months
- ❑ **PREPARATION** Thinking of quitting in 1 – 1 months
- ❑ **ACTION** Quitting now or in the next few days
- ❑ **MAINTENANCE** Has quit for six months

ADVISE:
- ❑ If appropriate, provide basic brief info re risk of smoking, benefits of cessation.
- ❑ Offer assistance when ready

Refer to:
- ❑ PACT Pharmacist www.skpharmacists.ca
- ❑ Smokers' Helpline www.smokershelpline.ca

Yes

ASK: When did you quit?

> 6 months ago

Congratulate! Offer support if needed

< 6 months ago

Congratulate! Offer support if needed

ASSESS:
- ❑ **MAINTENANCE**

ADVISE:

Refer to:
- ❑ PACT Pharmacist www.skpharmacists.ca
- ❑ Smokers' Helpline www.smokershelpline.ca

Yes

ASK: Are you willing to briefly discuss your smoking/tobacco use?

Yes

ASK: What do you think about quitting tobacco?

ASSESS:
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DOCUMENT:
- ❑ Document on patient profile
- ❑ Complete Step 1 Form
- ❑ Process Claim using pseudoDIN 00990100 to a maximum of 1 submission at $5 per person per 365 days