



Republic of the Philippines
Department of Education

NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

**Office of the Schools Division
Superintendent**

MEMORANDUM

No. 236, s. 2026

SUSTAINING TOBACCO CONTROL AND SMOKING CESSATION INITIATIVES

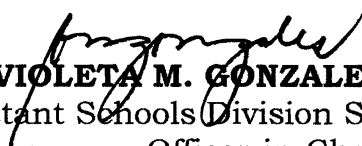
To: Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
Chief Education Supervisor, School Governance and Operations Division
Public Elementary and Secondary School Heads/OICs
Administrative Officer V
All Others Concerned

1. Pursuant to DepEd Order No. 48, s. 2016, titled Policy and Guidelines on Comprehensive Tobacco Control, and DepEd Memorandum No. 111, s. 2019, titled Prohibiting the Use of E-Cigarettes and Other Electronic Nicotine and Non-Nicotine Delivery Systems and Reiterating the Absolute Tobacco Smoking Ban in Schools and DepEd Offices, this Office reiterates its commitment to sustaining tobacco control and smoking cessation initiatives in all schools and offices.
2. In support of the implementation of Oplan Kalusugan sa DepEd – Healthy Learning Institutions (OKD-HLI), School Heads, School Nurses, and Tobacco Control Coordinators are encouraged to undertake the following activities:
 - a. Conduct health education and advocacy activities on the harmful effects of tobacco use, exposure to secondhand smoke, and the use of electronic nicotine and non-nicotine delivery systems;
 - b. Provide brief and effective tobacco cessation intervention services to learners, teaching personnel, and non-teaching personnel who may require assistance in quitting tobacco use; and
 - c. Strengthen the enforcement and monitoring of the 100% Smoke-Free Environment Policy within school premises and DepEd offices.
3. Attached to this Memorandum is the Brief Tobacco Cessation Intervention Form, which shall serve as a guide in the provision of smoking cessation services.



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4. Immediate dissemination of and strict compliance with this Memorandum are hereby enjoined.


VIOLETA M. GONZALES CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent

Encl.: As stated
References: As stated
To be indicated in the Perpetual Index
Under the following subjects:

HEALTH EDUCATION POLICY PROGRAMS CAMPAIGN

MRS / SUSTAINING TOBACCO CONTROL AND SMOKING CESSATION INITIATIVES
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Brief Tobacco Cessation Intervention Form

This monitoring tool will serve as a guide for School Health Personnel and Clinic Teachers in providing smoking cessation services to learners, teaching and non-teaching personnel in need. It is a 3-minute intervention using the 5As model (Ask, Advise, Assess, Assist, Arrange), to help patients quit smoking.

BRIEF TOBACCO CESSATION INTERVENTION FORM

Patient's Name: _____ Date: _____

Medical concerns and medications: _____

ASK

- Number of cigarettes ___ cigars, ___ pipe bowls ___ per day
- Number of cans/pouches per week ___
- Number of years used ___
- How soon after you wake up do you use tobacco
___ within 30 minutes ___ more than 30 minutes
- Previous quit attempts
___ number of attempts
___ longest quit period; method(s) used _____
How long ago was the last attempt to quit? years ___ months ___
- Reason for wanting to quit _____

ADVISE

- Advise patient to quit in a clear, strong and personalized manner.
- Explain to patient about the benefits of quitting to motivate him/her to make a quit attempt.

ASSESS

- Ask two questions:
 1. Would you like to be a non- tobacco user? ____
 2. Do you think you have a chance of quitting successfully? ____

- Willingness to make a quit attempt
 - ____ Pre- contemplation (stop here and re- assess next visit)
 - ____ Contemplation
 - ____ Preparation

ASSIST

- Help the patient develop a quit plan (STAR method)
 - Set a date ideally within two weeks.
 - Tell family, friends and co- workers about quitting and ask for support.
 - Anticipate challenges to the upcoming quit attempt.
 - Remove tobacco products from patient's environment and make a home smoke free.

- Provide practical counselling
- Provide intra- treatment social support
- Provide supplementary materials, including information to quit lines and other referral resources. They may call the DOH Quitline, 1558 (nationwide toll free hotline) or 165364 (Metro Manila callers).
- Recommend the use of approved medication if needed _____

ARRANGE

- Schedule follow- up contact with your patient in person, phone call or online.
Quit date _____
 - ____ 1-2 weeks ____ 1 month ____ 3 months
 - ____ 6 months ____ 12 months

Comments:

Adapted from World Health Organization, "Toolkit for Delivering the 5As and 5Rs Brief Tobacco Interventions in Primary Care"