

# Relapsed Smokers Who Are Ready to Try Again: What to Do?

## A 3-Step Protocol for Clinicians

Many smokers who relapse do so because they fail to plan. Often, patients think that they can simply “make” themselves quit and do not avail themselves of the many proven behavior change programs provided by various sources. The average person who quits does so after many unsuccessful attempts—estimated from 10 to as many as 30<sup>1</sup>. Furthermore, most smokers do not use a cessation medication or, if they do, they use it incorrectly. Generally speaking, patients significantly under-dose or stop pharmacologic therapy too soon.

You can help relapsed smokers regain abstinence by encouraging them to learn from their prior experiences rather than use those experiences as proof that they cannot quit. To underscore this perspective, inform patients that the best way to quit smoking is to combine a behavior change program with a cessation medication. The following **3-step protocol** will help you provide this information in an efficient, effective manner for patients who are ready to try again:

### Step 1: ASK

- “Tell me about your last quit attempt (s).”
- “Did you use a smoking cessation medicine?”
  - **If yes:** “Please tell me how you used your medicine.”  
-Reinforce proper usage/rectify incorrect usage or dosage.
  - **If no:** “What was your reasoning for not using a medicine?”
- “Did you receive any professional advice or enroll in a behavior change program?”
  - **If yes:** “Tell me what you liked or didn’t like about the assistance you received.”
  - **If no:** “What was your reasoning for not seeking advice or enrolling in a program?”

### Step 2: ADVISE

- “According to the most current research, the best way to quit is to combine one or more smoking cessation medicines with a behavioral program.”  
Note: examples of behavior change programs are listed on the reverse side, under the “Refer” section of the protocol.
- “Let’s discuss which medicine(s) would be best for you.”
- Review current level of tobacco use, past usage of medications, personal preference, precautions/contraindications, etc. to determine best product for current quit attempt.  
Note: refer to the Rx for change **Pharmacologic Product Guide** for dosing instructions, etc. for FDA-approved smoking cessation medications.
- Consider the following options:
  - If prior medication was used correctly, was well tolerated, and appeared to have been effective, consider repeating the same medication regimen in conjunction with an enhanced behavioral program.
  - If prior medication was used incorrectly, carefully review usage instructions.
  - If prior medication was used correctly but did not control urges/withdrawal, or if patient prefers something new, review other medication options, including both single and combination therapy:

Combination therapy is supported by multiple clinical trials and the *Clinical Practice Guideline for Treating Tobacco Use and Dependence* (p. 118):

- *Safe*: Most smokers are highly tolerant to nicotine from years of smoking. Side effects are rare and easily mitigated by reducing or stopping use.
- *Effective*: Can be considered a first-line approach for any patient, but is particularly applicable for those who failed with one medication and those who are heavily dependent (2 or more packs/day).

Suggested combinations:

- Nicotine patch + *ad libitum* gum, lozenge, inhaler, or nasal spray as needed for situational cravings.
- Sustained-release bupropion (Zyban) + nicotine patch.

Currently, there is insufficient evidence to routinely recommend varenicline (Chantix) as part of combination therapy.

### Step 3: REFER

The amount of counseling that patients receive linearly related to their success in quitting. More counseling contacts yield higher quit rates. If you do not have the time or expertise to assist patients with quitting and to provide follow-up counseling, refer patients to other resources:

- To a behavior change program:
  - “Here are some suggestions. Which do you think would work best for you?”
  - 1 800 QUIT NOW, the national toll-free telephone quit line.
  - All products are accompanied by a free behavior change program: Refer to usage instructions for enrollment procedures.
  - Hospital-based or other local resources (e.g. a group program).
  - BecomeanEx.org, an on-line tobacco cessation support program.
  - Smokefree.gov, an on-line guide for quitting.
  - American Lung Association, American Cancer Society, or American Heart Association web-sites or cessation programs (e.g. American Lung Association’s Freedom From Smoking group cessation program).
  - Local pharmacist, physician or other health-care provider specializing in cessation.
- When referring a patient to a community pharmacist, advise the patient:
  - “When you purchase your smoking cessation medicine(s), please take a few minutes to discuss proper usage with the pharmacist, even if it is a product you have used in the past. Proper usage will give you the best chance of success.

<sup>1</sup> Schroeder SA, Clark B, Cheng C, Saucedo CB. Helping Smokers Quit: New Partners and New Strategies from the University of California, San Francisco Smoking Cessation Leadership Center. *J Psychoactive Drugs*. 2018 Jan-Mar; 50(1):3-11.

For more information, see Fiore MC, Jaén CR, Baker TB, et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. Available at: [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco).

**For complete prescribing information, please refer to the manufacturers’ package inserts.**



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Leadership Center

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