Relapse Prevention for Smoking

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Learning objectives:

1. To identify definition and needs for RP
2. To identify evidence-based interventions for RP in smokers
Disclosure

• Nothing to declare.
Main points

1. Most quitters relapse
2. There are effective interventions for Relapse Prevention
3. RP program should be integrated into smoking cessation practice.
Main components of Smoking Cessation:
What is Relapse?

- Resuming smoking after a quit attempt is referred to as *smoking relapse*.
- The Russell Standard’s definition of relapse is smoking at least five cigarettes after the quit attempt.
Relapse is common

- 70% of the smokers worldwide want to quit smoking and 45% try to quit each year
- Most quit attempts result in a relapse
- Relapse rates of 49–76% in the first week after the quit attempt, and 80–90% after 3 months
- Multiple quit attempts are often needed in order to quit successfully
Relapse Prevention

An Overview of Marlatt’s Cognitive-Behavioral Model

Mary E. Larimer, Ph.D., Rebekka S. Palmer, and G. Alan Marlatt, Ph.D.
From quitting to re-smoking

• Emotional relapse
• Mental relapse
• Physical relapse:
  – Lapse
  – Abstinence Violation Effect
  – Relapse
Lapse- relapse

• 63% of lapsers who called Stay-Quit line were smoking 2 weeks later
• 37% were able to stop their lapses (Shiffman, S. 1996).
• The effects of the original lapse are mediated by the person's affective and cognitive reactions.

Important Premises in Relapse Prevention

1. Support patients in the identification of their high-risk relapse factors; and develop strategies to deal with them.
2. Help patients understand relapse as a process and as an event.
3. Help patients understand and address Tobacco or drug cues as well as cravings.
4. Help patients understand and deal with social pressures to use substances.
5. Help Clients Develop and Enhance a Supportive Social Network


7. Assess Clients for Psychiatric Disorders and Facilitate Treatment if Needed.

8. Facilitate the transition to follow-up outpatient or aftercare treatment for clients completing residential or hospital-based treatment programs.
9. Help Clients Learn Methods to Cope With Cognitive Distortions
11. Consider the use of a pharmacological intervention as an adjunct to psychosocial treatment.
12. Help Clients Develop a Plan to Manage a Lapse or Relapse.
Conclusions

• Relapse is common among Tobacco quitters
• Relapse prevention should be part of every SC program
• RP interventions objective is to help clients maintain change over time and to address the most common issues and problems raising vulnerability to relapse.
• Studies found RP interventions effective in reducing relapse rates and the severity of lapses or relapses
• Diverse RP approaches described in the literature can utilize for short-term or brief treatments and can be provided in individual or group sessions,
• User-friendly, interactive recovery materials such as books, workbooks, DVD’s and internet based support programs should be considered as well
The next planet was inhabited by a tippler. This was a very short visit, but it plunged the little prince into deep dejection.

“What are you doing there?” he said to the tippler, whom he found settled down in silence before a collection of empty bottles and also a collection of full bottles.

“I am drinking,” replied the tippler, with a lugubrious air.
“Why are you drinking?” demanded the little prince.
“So that I may forget,” replied the tippler.
“Forget what?” inquired the little prince, who already was sorry for him.
“Forget that I am ashamed,” the tippler confessed, hanging his head.
“Ashamed of what?” insisted the little prince, who wanted to help him.
“Ashamed of drinking!” The tippler brought his speech to an end, and shut himself up in an impregnable silence.

And the little prince went away, puzzled.
“The grown-ups are certainly very, very odd,” he said to himself, as he continued on his journey.
Thank you.
Summary of high risk factors associated with RP

1. Identify and anticipate high risk factors
   - Internal - Thoughts & Feelings
   - External - People, places, events & circumstances

2. Review details, evaluate, and partialise

3. Identify coping strategies
   - Cognitive
   - Behavioral
   - Pharmacological

4. Implement and practice coping strategies

5. Results & modify strategies as needed

Figure 4: Framework for helping patients to understand and manage social pressures based on the care planning and nursing process – Jackson 2014
Figure 3: Understanding and managing cravings for patients – Jackson 2013