

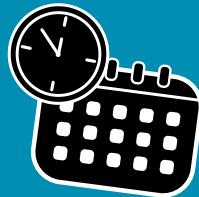
# HOW TO DEVELOP A QUIT PLAN

## Tobacco/Vape Cessation



### SET A QUIT DATE

Help the patient set a quit date.



Remind them that sometimes they might relapse, which is completely normal, but then set another quit date. The next time might be the patient's final quit date.

### DISCUSS SOME ALTERNATIVE COPING SKILLS

Discuss patient's motivation and reasons they smoke and/or vape.

Help the patient think of alternative ways to cope with stress, anxiety, or other triggers.

### PRESCRIBE/RECOMMEND MEDICATION

Varenicline, bupropion, and a nicotine inhaler are the only medications that need a prescription.

Begin medication prior to quit date, using either a nicotine patch or varenicline up to a month in advance. Short-acting nicotine replacement therapy (NRT) can then be added on the quit date to the patch. Bupropion is always started about 10 days before quit date. Patient could also begin NRT on quit date if they prefer. Use the pharmacy guide table to review options and insurance pharmaceutical coverage ([www.aafp.org/tobacco-prevention](http://www.aafp.org/tobacco-prevention)).

### ENCOURAGE SOCIAL SUPPORT

Have the patient tell family and friends they are quitting and remove nicotine products.

Create a smoke-free home: the patient, no family, or friends smokes/vapes indoors. This is an independent predictor of eventual success.

Help the patient identify social support.

### When a patient isn't ready for medication.

5 R's: Relevance, Risks, Rewards, Roadblocks, Repetition



## SUGGEST THE PATIENT CREATE A VISUAL AID

The patient could keep a jar that they put money into instead of purchasing tobacco or nicotine products.

After a month, the patient can see how much money they can save by cutting back on quitting.

## IDENTIFY TRIGGER SITUATIONS

Help the patient think through scenarios where they may be tempted to smoke and/or vape and create alternate options.

Recommend that they avoid situations that might trigger them to smoke and/or vape, including places and situations where others are smoking and/or vaping.

## REFER OUT AS NEEDED

Provide a warm handoff to a behavioral counselor or other behavioral health support at your clinic or nearby. Make the introduction to allow your patient-physician relationship to aid in your patient's success.

The AAFP's Neighborhood Navigator ([navigator.aafp.org](http://navigator.aafp.org)) includes access to lists of behavioral health services, substance abuse counseling, and support groups for a specific zip code.

## PROVIDE RESOURCES

Patient education tools are available on [FamilyDoctor.org](http://FamilyDoctor.org).

Patients can get free, personalized support using 1-800-QUIT-NOW (Quitlines).

Text QUIT to 202-899-7550 to sign up to receive text messages designed specifically to help someone quit vaping.

<https://smokefree.gov/build-your-quit-plan>



## ALWAYS FOLLOW UP

Call or have an in-person contact at a minimum on the patient's quit date, a week later, and a month later.

**Visit AAFP Patient Care for more resources.**

[www.aafp.org/tobacco-prevention](http://www.aafp.org/tobacco-prevention)

