

Most tobacco users will require multiple quit attempts before they achieve success; relapsing during the quit process is normal. Studies suggest it can take between 2 and 14 quit attempts before a tobacco user achieves long-term, complete abstinence¹. Knowing this, ASHLine collects data about the number of quit attempts and relapses a client has during an episode of care. An episode of care is a single course of services, including multiple coaching sessions, and a client may have multiple episodes of care before attaining complete abstinence.

Over the course of services, clients are asked about their experience of withdrawal symptoms and asked to rate on a scale of 1 to 10 (with 1 being the least severe and 10 the most) the severity of their symptoms. We were interested in determining if there was a relationship between the severity of withdrawal symptoms and number of relapses. To answer this, completed episodes of care where the client was quit at the end of services were analyzed by looking at the number of relapses a client experienced during the episode and the average severity of the client's withdrawal symptoms.

The findings show that within a single episode of care, the majority of clients who completed the program did not relapse. However, there is a pattern relating withdrawal severity scores and relapse (Table 1). There are many more clients who reported low withdrawal severity (scores of 0 to 5) and did not relapse (49%) than clients who reported low withdrawal severity and did relapse (40%). In other words, clients who relapse tend to not have low withdrawal severity scores. On the other end of the spectrum, clients reporting higher levels of withdrawal severity (scores of 6 to 10) were clustered more in the relapse category (60%) than in the no relapse category (51%). While there are sufficient numbers of clients who experience severe withdrawal symptoms and do not relapse, the clients who do relapse tend to have more severe withdrawal symptoms. Indeed, clients who relapsed had significantly higher average withdrawal severity scores than clients who did not relapse, $t(911) = 1.89, p = .03$.

Table 1. Average severity of withdrawal symptoms by number of relapses

Average Withdrawal Severity	0 Relapses	1 + Relapses
	Percent	Percent
Low – Mid (0 to 5)	49.1%	40.0%
Mid – High (6 to 10)	50.9%	60.0%
Total	100.00%	100.00%

Knowing that more severe withdrawal symptoms may be associated with relapses can inform the coaching process. For example, if a client is rating the severity of his or her withdrawal symptoms high on the scale (6 or greater), the coach could then proactively address ways to avoid relapsing and provide more support for the client to deal with the withdrawal symptoms.

¹ Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2008.