

Running head: SMOKING CESSATION STRATEGIES

1

1

Smoking Cessation Strategies

2

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SMOKING CESSATION STRATEGIES

2

Smoking Cessation Strategies

As Canadians become more aware of the consequences of smoking and the benefits of quitting, now more than ever before, smokers may feel external and internal pressure to quit smoking. Although Canadians can celebrate that “[smoking] prevalence is at an all-time low” (Reid, Hammond, Burkhalter, & Ahmed, 2012, p. 2), the remaining smokers still struggle to quit. In fact, in 2010, almost 50% of smokers who were surveyed had attempted to quit smoking (Reid et al., 2012). Historically, smokers have used a wide variety of techniques reputed to assist in quitting; however, some are more effective than others. This essay will identify a number of the more helpful smoking cessation strategies and then examine two of the strategies: nicotine replacement therapy (NRT) and group therapy.

Helpful Strategies

While quitting smoking sounds simple, it is, in fact, anything but easy. Statistics show that most smokers struggle to quit, making repeated attempts before they are able to ultimately break free of their addiction (Konrad, 2010). For many, quitting is more than simply overcoming a physiological addiction to nicotine: It is a life-changing event. The Registered Nurses’ Association of Ontario (RNAO, 2007) in recognition of this stated “smoking cessation is not a single event but a process that involves a change in lifestyle, values, social circles, thinking and feeling patterns, and coping skills” (p. 20).

A number of helpful therapies, categorized as pharmacological and non-pharmacological, have developed in response to both the physiological and behavioral

3 Title of document

4 Adding to the original quote - additional content in square brackets

5 3 - 5 authors, first citation using parentheses

6 3 - 5 authors, second citation using parentheses

7 Introducing an abbreviation

8 Level 1 heading

9 Abbreviating a corporate author, first citation

10 Quotation with author in the sentence - page number follows quotation.

## SMOKING CESSATION STRATEGIES

3

challenges associated with smoking cessation. The pharmacological therapies include medication in the form of NRT as well as other drugs such as varenicline, bupropion, and nortriptyline (Stead et al., 2012). The non-pharmacological treatments encompass standard behavioral support and motivational interventions such as group therapy and individual counseling (Stead & Lancaster, 2012) as well as helplines (Free et al., 2011). Moreover, in recent years, mobile phone texting support (Free et al., 2011) and online support groups have developed as new and innovative support methods. In an informal survey on the treatment preferences of 20 individuals, 60% of those questioned preferred to rely solely on non-pharmacological strategies to quit smoking (see Appendix A). Of the myriad of strategies available, research shows two have proven especially helpful for many smokers during the quitting process: nicotine replacement therapy (NRT) and group therapy.

**Nicotine Replacement Therapy**

NRT is one of the most well-known and commonly used pharmacological products for assisting in smoking cessation. *Mosby's Dictionary of Medicine, Nursing & Health Professions* defines NRT as “the use of chewing gum, lozenges and skin patches as a substitute for tobacco smoke sources to satisfy nicotine cravings” (“Nicotine Replacement Therapy,” 2009). This definition is somewhat limited, however, as NRT products are no longer limited to these delivery methods, but also include inhalers and sublingual tablets as well as nasal and mouth sprays (Robson, 2010).

Because the nicotine found in cigarettes is extremely addictive, smokers attempting to quit face significant withdrawal symptoms such as cravings, irritability, anger, and impatience (Robson, 2010). In order to reduce the withdrawal symptoms, NRT

11 *Second use of abbreviated term* - see 7

12 *authors in parentheses* - use &, not 'and'.

13 *Multiple appendices* - refer to Appendix A or Appendix B, C ... in the text. *Only one appendix* - refer to it as Appendix in the text.

14 *Level 2 subheading*

15 *Titles of stand-alone documents in text (books, reports, journal titles, etc.)* - italicize.

16 *Dictionary entry citation*

SMOKING CESSATION STRATEGIES

4

supplies a decreased amount of nicotine to smokers during the quitting process (RNAO, 2007). These physical symptoms are at their most extreme during the first few days of quitting after which they should decrease and then altogether disappear after the first 10 days of not smoking (Health Canada, 2007).

In order to benefit fully from a chosen NRT product, it is important that smokers who are trying to quit follow the directions as given on the product packaging. For example, NRT gum needs to be chewed in a certain way in order for the product to effectively control cravings (see Figure 1).



Figure 1. How to use Nicorette gum. Adapted from “Nicorette Gum,” by Johnson and Johnson, 2013 (<http://www.nicorette.ca/products/gum>).

According to Robson (2010),

the nicotine in the chewing gum is released at variable rates depending on the intensity and duration of chewing.... Thus, special instructions need to be given to patients on how to chew the nicotine gum, as chewing the gum rapidly may lead to excessive nicotine release, resulting in effect in ‘over-smoking’, with side effects such as light-headedness, nausea, vomiting, hiccups, indigestion and throat irritation. (pp. 300-301)

17

17 Second citation of abbreviated corporate author - see 9 .

18

18 Government author

19

19 Figures and tables - refer to each figure/table by number.

20

20 Source information for figures and tables - locate under the figure, and do not include in references unless cited elsewhere.

21

21 40+ word quotation

22

22 4-dot ellipsis - use when omitting the end of one sentence and the start of another.

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23 Quoting from multiple pages - use pp.

## SMOKING CESSATION STRATEGIES

5

While it is understandable that companies, such as the producers of Nicorette, advertise and promote the use of NRT products as a successful smoking cessation strategy, it is telling that the Ontario government and organizations such as the Centre for Addiction and Mental Health (CAMH) also promote NRT use. This is evidenced by the Ontario Ministry of Health and Long-Term Care's funding support of the STOP Program (CAMH, 2011). STOP reported that since 2005, "more than 80,000 Ontario smokers have enrolled in the program to receive free stop-smoking medication in combination with various forms of counselling support to help them quit smoking" (CAMH, 2011, About the STOP Program section, paras. 2-3).<sup>24</sup> Ultimately, it is clear that researchers, corporations, organizations, and the provincial government agree that NRT products are useful in helping Ontarians successfully overcome their smoking habits.<sup>25</sup>

### Group Therapy

Group therapy helps smokers quit by providing them with a forum where they can listen, vent, share, and learn. Group therapy is defined in the *Merriam-Webster Dictionary* as a discussion-based therapy that takes place between a therapist and multiple smokers ("Group Therapy," n.d.).<sup>26</sup> When quitting, support is essential. According to Stead and Lancaster (2009), "group programmes are more effective for helping people to stop smoking than being given self-help materials without face-to-face instruction and group support. The chances of quitting are approximately doubled" (p. 2).<sup>27</sup> Burlingame, Mackenzie, and Strauss (as cited in Becona & Miguez, 2008) note that having a strong, supportive facilitator and a well-structured group allow for optimal outcomes in group therapy sessions. Moreover, each individual has a role to play.<sup>28</sup>

<sup>24</sup> *Web documents with headings but no page numbers* - cite section heading and paragraph number for that section.

<sup>25</sup> *Multiple paragraphs* - use paras.

<sup>26</sup> *No date given* - use n.d.

<sup>27</sup> *authors in a sentence* - use 'and', not &.

<sup>28</sup> *Secondary citation*

SMOKING CESSATION STRATEGIES

The therapist plays an important role in establishing a safe environment and generating group discussion. It is recommend that this facilitator give attendees information about the quitting process, teach problem-solving skills and stress management, help group members predict challenging situations, and come up with coping strategies (Kinzie, d’Avernas, & Naylor, 2004). Table 1 shows various coping strategies that can be discussed during group therapy sessions.

Table 1  
*Coping Strategies Discussed in Group Therapy Sessions*

Behavioral strategies	Cognitive strategies
Keep busy.	Think about side effects of smoking.
Avoid situations with other smokers.	Think about benefits of quitting.
Chew gum, eat, or drink.	Be optimistic about quitting.
Sleep.	Think about social sanctions.
Exercise.	Focus thoughts away from smoking.
Breathe deeply.	Encourage oneself through self-talk.

*Note.* Adapted from “Coping Strategies Used by Adolescents During Smoking Cessation,” by L. Jannone and K. A. O’Connell, 2007, *The Journal of School Nursing*, 23(3), p. 177.

Although the facilitator plays an important role in this process, information sharing between group members is also vital to this process. According to “Smoking Cessation Interventions and Strategies” (2008), “the functions for group therapy are to: [sic] analyse motives for group members’ behaviour, provide an opportunity for social learning, generate emotional experiences, and impart new information and teach new skills” (p. 2). Members are asked to analyze their reasons for lighting a cigarette. This self-awareness helps individuals to anticipate their triggers, prepare strategies in advance, and problem-solve their way through each challenging situation.

29 Listing 3+ items - a, b, and c (notice the commas)

30 Table format - also see 20.

31 Document with no author - use title in place of author name.

32 Quoting material with an error by original author - use [sic] after error.

## SMOKING CESSATION STRATEGIES

7

Support groups provide opportunities for group members to connect with others who are experiencing the same temptations, challenges, and emotions. As “people are ‘social animals’ influenced by each other” (BBC, 2012, para. 7), support groups can serve as powerful tools during the quitting process. The effect of this influence can be particularly powerful when supporting peers in a group setting. In response to an email survey, former smoker R. Thomson (personal communication, January 30, 2012) stated, “group members were a lifeline throughout the quitting process.” Other survey respondents reported similar feelings (see Appendix B). When provided with adequate support, smokers find that quitting, although difficult, is possible (BBC, 2012; Canadian Lung Association, 2008). Thus, just as NRT has also helped many quit smoking, group therapy has proven effective in helping smokers achieve their goals of quitting.

### Conclusion

In conclusion, within the wide variety of smoking cessation strategies, two are seen to be particularly effective: NRT and group therapy. While NRT gives physiological relief from withdrawal symptoms in the form of gradually declining nicotine doses, group therapy provides the emotional support needed to effect the behavioral changes required to permanently quit smoking. While smoking is a difficult addiction to overcome, individuals who succeed substantially improve their chances to live longer and healthier lives; these healthy non-smoking individuals will eventually lead to a healthier non-smoking society for all.

33 Quoting a sentence that had quotation marks in the original source

34 *Personal communication* - not included in references

35 *Multiple citation*

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36 **References title**

37 **Secondary citation source - reference the source read.**

38 **Journal article with old doi format**

39 **Website article**

40 **Retrieval statement with no date - content likely won't change**

41 **Homepage URL - article is easily found on website**

42 **Retrieval statement with date - content may change**

43 **8 + authors**

44 **Journal article with new doi format**

45 **Online dictionary**

46 **Government document**

47 **Newspaper article**

SMOKING CESSATION STRATEGIES

9

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48 Paper dictionary

49 RNAO Best Practice Guidelines format

50 Journal article with database information

51 Document with no author

52 Cochrane database format

53 2 articles, same authors - list chronologically.

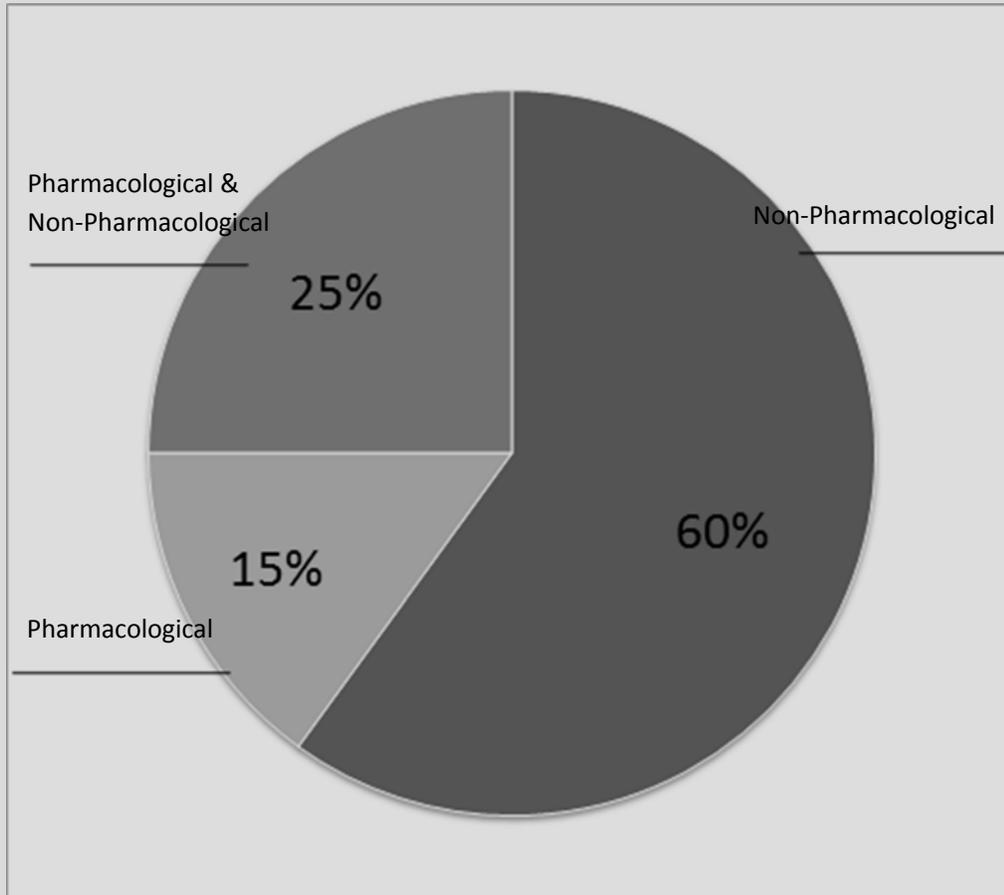
54 3 articles, same first author - list alphabetically by second author.

Appendix A **55**

**55** Appendix label and title

Smoking Cessation Strategies

Figure A1 represents percentages of cessation strategies used by smokers trying to quit.



**56**

Figure A1. Percentages of types of strategies used.

**56** Figure label in an appendix

## Appendix B

## Survey Question #10 and Sample Responses

When answering a short survey via email, many survey respondents went into detail regarding how group therapy had helped them. While responses varied, the sample of responses below attests to the usefulness of accountability and support.

*Survey Question*

Please describe the strategy that helped you quit smoking. How did it help?

*Answers regarding group therapy*

Respondent #12: “Group therapy really helped me lot. Group members were a lifeline throughout the quitting process” (R. Thomson, personal communication, January 30, 2012).

Respondent #35: “I needed to hear other people’s stories and have their support” (B. Almutari, personal communication, February 20, 2012).

Respondent #48: “My leader was great. She helped us analyze what made us want to smoke and find ways to stop. The other people in my group became my friends really quickly” (S. Medencevic, personal communication, February 21, 2012).

Respondent #63: “Going to see my group helped me because I had support from people who went through the same thing I did” (P. Morrison, personal communication, February 22, 2012).

Respondent #75: “My group really knew what I was going through and encouraged me to keep trying to quit” (C. Haim, personal communication, February 24, 2012).