

**Comment 1:** The title is in capital letters in the header

Smoking Cessation Strategies

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Introduction to Helping

HELP2014

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**Comment 2:** Include the following information:

- title of paper
- student name
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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 et al., 2012, p. 2), many 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, p. 2). 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, para. 7). 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 nonpharmacological, have developed in response to both the physiological and behavioral 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, p. 19). The

**Comment 3:** Do not include the title before the introductory paragraph

**Comment 4:** Adding to the original quotation: place additional content in square brackets

**Comment 5:** Three or more authors: standard citation format

**Comment 6:** Standard citation for a paraphrase

**Comment 7:** Introducing an abbreviation

**Comment 8:** Level 1 heading

**Comment 9:** Abbreviating a corporate author: first citation

**Comment 10:** Split citation format

**Comment 11:** Second use of abbreviated term. For first use, see comment 7.

nonpharmacological treatments encompass standard behavioral support and motivational interventions such as group therapy and individual counseling (Stead & Lancaster, 2012, p. 10) as well as helplines (Free et al., 2011, p. 50). Moreover, in recent years, mobile phone texting support (Free et al., 2011, p. 50) and online support groups have developed as new and innovative support methods. In a brief, informal survey on the treatment preferences of 20 individuals, 60% of those questioned preferred to rely solely on nonpharmacological 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, p. 299).

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, p. 301). In order to reduce the withdrawal symptoms, NRT supplies a decreased amount of nicotine to smokers during the quitting

**Comment 12:** Two authors in standard citation: use &

**Comment 13:** Appendix: If more than one, label as Appendix A, Appendix B, etc.  
If only one, label as Appendix

**Comment 14:** Level 2 subheading

**Comment 15:** Titles of stand-alone documents in text: italicize

**Comment 16:** Paper dictionary citation

process (RNOA, 2007, p. 25). 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, p. 43).

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, 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).

Thus, NRT gum clearly 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 Johnson and Johnson, 2014. How Do I Chew section.

**Comment 17:** Second citation of abbreviated corporate author. For first use, see comment 9.

**Comment 18:** Government author

**Comment 19:** 40+ word quotation

**Comment 20:** Use ellipses (three dots) plus a period when omitting words and ending a sentence before the next sentence

**Comment 21:** Citing a quotation from multiple pages: use pp

**Comment 22:** Figures and tables: refer to each figure/table by number

**Comment 23:** Citation for Figures: include

- a label
- a caption
- acknowledgement of the source
- a citation

Include this source in your references

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, Program Funding and Team section, para. 2). 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). 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.

**Comment 24:** Web documents with headings but no page numbers: cite section heading and paragraph number for that section

**Comment 25:** Multiple paragraphs: use paras.

### 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.). 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). Burlingame et al. (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 (p. 70). Moreover, each individual has a role to play.

**Comment 26:** No date given: use n.d.

**Comment 27:** Two authors in a split citation: use and, not &

**Comment 28:** Secondary citation

The therapist plays an important role in establishing a safe environment and generating group discussion. It is recommended 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 et al., 2004, p. 10). Table 1 shows various coping strategies that can be discussed during 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. |

*Table 1.* Coping Strategies Discussed in Group Therapy Sessions. Adapted from Jannone and O'Connell, 2007, 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" (Joanna Briggs Institute, 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.

Support groups provide opportunities for group members to connect with others who are experiencing the same temptations, challenges, and emotions. As "people are

**Comment 29:** Commas for a list of three or more items: use a comma after each item

**Comment 30:** Citation for Tables: include

- a label
- a caption
- acknowledgement of the source
- a citation

Include this source in your references

**Comment 31:** Mentioning an article title in your document

**Comment 32:** Quoting material with an error by original author: use [sic] after error

In this case, the author's colon use is incorrect

'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 a survey, former smoker R. Thomson (personal communication [email], 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.

**Comment 33:** Quoting a sentence that had double quotation marks in the original source: change to single quotation marks

**Comment 34:** Personal communication citation

**Comment 35:** Summary of findings: no page numbers needed in multiple citation

### 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.

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Health Canada. (2012). *On the Road to Quitting: Guide to Becoming a Non-Smoker* [HC Pub No. 4395]. Retrieved May 4, 2014, from [http://www.hcsc.gc.ca/hc-ps/alt\\_formats/pdf/pubs/tobac-tabac/orqa-svra/orqa-svraeng.pdf](http://www.hcsc.gc.ca/hc-ps/alt_formats/pdf/pubs/tobac-tabac/orqa-svra/orqa-svraeng.pdf)

**Comment 36:** References title: level 1 heading

**Comment 37:** Secondary citation source: reference the source you read

**Comment 38:** One style of DOI

**Comment 39:** Association author

**Comment 40:** Always list all authors

**Comment 41:** Online dictionary

**Comment 42:** Government document

Jannone, L., & O'Connell, K. A. (2007). Coping Strategies Used by Adolescents During Smoking Cessation. *The Journal of School Nursing, 23*(3), 177-184.

<http://dx.doi.org/10.1177/10598405070230030901>

**Comment 43:** One style of DOI

Joanna Briggs Institute. (2008). Smoking Cessation Interventions and Strategies. *Best Practice, 12*(8), 1-4. Retrieved July 22, 2014, from

<http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=464>

**Comment 44:** Institution as author

Johnson and Johnson. (2014). *Nicorette Gum*. Retrieved July 22, 2014, from

<http://www.nicorette.ca/products/gum>

**Comment 45:** Always include the full URL in the retrieval statement

Kinzie, P., d'Avernas, J., & Naylor, A. (2004). *Helping Smokers Quit: Skills for Future Facilitators*. Retrieved July 22, 2014, from

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**Comment 46:** Website

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[https://www.nytimes.com/2010/01/09/health/09patient.html?module=Search&mbReward=relbias%3Ar%2C%7B%22%22%3A%22R!%3A14%22%7D&\\_r=0](https://www.nytimes.com/2010/01/09/health/09patient.html?module=Search&mbReward=relbias%3Ar%2C%7B%22%22%3A%22R!%3A14%22%7D&_r=0)

**Comment 47:** Online newspaper article

Nicotine Replacement Therapy. (2009). In T. Myers (Ed.), *Mosby's Dictionary of Medicine, Nursing & Health Professions* (8th ed.). St. Louis, United States: Mosby Elsevier.

**Comment 48:** Print dictionary

Registered Nurses' Association of Ontario. (2007). *Nursing Best Practice Guideline: Integrating Smoking Cessation into Daily Nursing Practice* (Rev. ed.). Retrieved July 22, 2014, from

**Comment 49:** RNAO Best Practice Guidelines format

[http://rnao.ca/sites/rnaoca/files/Integrating\\_Smoking\\_Cessation\\_into\\_Daily\\_Nursing\\_Practice.pdf](http://rnao.ca/sites/rnaoca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf)

Reid, J., Hammond, D., Burkhalter, R., & Ahmed, R. (2012). *Tobacco Use in Canada: Patterns and Trends, 2012 Edition*. Retrieved July 22, 2014, from [http://tobaccoreport.ca/2012/TobaccoUseinCanada\\_2012.pdf](http://tobaccoreport.ca/2012/TobaccoUseinCanada_2012.pdf)

**Comment 50:** Always include date in retrieval statement

Robson, N. (2010). Nicotine-Replacement Therapy: A Proven Treatment for Smoking Cessation. *South African Family Practice*, 52(4), 298-303. Retrieved July 21, 2014, from CogPrints database.

**Comment 51:** Journal article from database

Stead, L. F., & Lancaster, T. (2009). Group Behaviour Therapy Programmes for Smoking Cessation. *Cochrane Database of Systematic Reviews*, 2009(2), 1-76. doi:10.1002/14651858.CD001007.pub2

**Comment 52:** Cochrane database format

Stead, L. F., & Lancaster, T. (2012). Combined Pharmacotherapy and Behavioural Interventions for Smoking Cessation. *Cochrane Database of Systematic Reviews*, 2012(10), 1-91. doi:10.1002/14651858.CD008286.pub2

**Comment 53:** Same authors as above: list chronologically

Stead, L. F., Perera, R., Bullen, C., Mant, D., Hartmann-Boyce, J., Cahill, K., & Lancaster, T. (2012). Nicotine Replacement Therapy for Smoking Cessation. *Cochrane Database of Systematic Reviews*, 2012(11), 1-264. doi:10.1002/14651858.CD000146.pub4

**Comment 54:** First author in group same as above: list alphabetically by second author

**Appendix A**

Comment 55: Appendix label

**Smoking Cessation Strategies**

Comment 56: Appendix title

Figure A1 represents percentages of cessation strategies used by smokers trying to quit as determined through an informal survey.

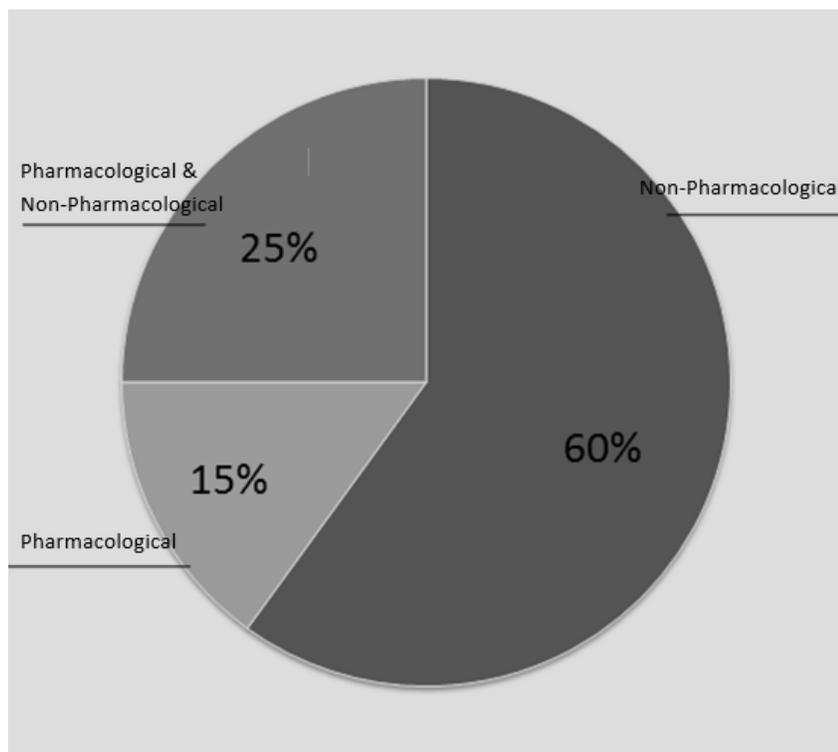


Figure A1. Percentages of Types of Strategies Used.

Comment 57: 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. 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.”

Respondent #35

“I needed to hear other people’s stories and have their support.”

Respondent #48

“My leader helped us analyze what made us want to smoke and find ways to stop. The people in my group became my friends.”

Respondent #63

“Going to see my group helped me because I had support from people who went through the same thing I did.”

Respondent #75

“My group really knew what I was going through and encouraged me to keep trying to quit.”