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SMOKING CESSATION STRATEGIES 2

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Executive Summary

Smoking cessation is a difficult process for many individuals and often requires multiple attempts using different strategies. This report, while acknowledging multiple strategies, focuses on nicotine replacement therapy (NRT) and group therapy. Both primary research, through surveys, and secondary research, through a variety of media, were conducted in order to assess effectiveness and popularity of strategies to inform individuals who are interested in implementing smoking cessation strategies.

Although there are many strategies for quitting smoking, there are two main categories: pharmacological and non-pharmacological strategies. The following is a ranking of the popularity of use for each category in order of most to least popular:

1. non-pharmacological,
2. a combination of pharmacological & non-pharmacological, and
3. pharmacological.

Two popular strategies, NRT and group therapy, which were both found to be effective in smoking cessation, were examined. While NRT provides individuals with a pharmacological approach in decreasing the dependency on nicotine, group therapy supports the emotional needs required to motivate individuals and improve success rates.
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 report 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.

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 non-pharmacological, 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 non-pharmacological 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 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, 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 process (RNAO, 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).
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.
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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.

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). Figure 2 shows various coping strategies that can be discussed during group therapy sessions.
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<table>
<thead>
<tr>
<th>Behavioral strategies</th>
<th>Cognitive strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep busy</td>
<td>Think about side effects of smoking.</td>
</tr>
<tr>
<td>Avoid situations with other smokers.</td>
<td>Think about benefits of quitting.</td>
</tr>
<tr>
<td>Chew gum, eat, or drink.</td>
<td>Be optimistic about quitting.</td>
</tr>
<tr>
<td>Sleep</td>
<td>Think about social sanctions.</td>
</tr>
<tr>
<td>Exercise</td>
<td>Focus thoughts away from smoking.</td>
</tr>
<tr>
<td>Breathe deeply</td>
<td>Encourage oneself through self-talk.</td>
</tr>
</tbody>
</table>

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. 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 ‘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 (see Appendix B), former smoker R. Thomson (personal communication [email], January 30, 2012) stated, “group members were..."
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A lifeline throughout the quitting process.” Other survey respondents reported similar feelings. 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.
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References


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Appendix A

Smoking Cessation Strategies

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.
Appendix B

Smoking Cessation Strategies Survey Questions

The following questions were used in a survey to gather information from former smokers about their experience and strategies in quitting smoking.

1. How long were you a smoker before you decided to quit?

2. Why did you decide to quit smoking?

3. How many times did you try to quit before being successful?

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

5. What support systems did you have through this process?

6. What part of the process was the hardest to cope with?

7. How has your lifestyle changed since this journey began?

8. What advice would you give others who are trying to quit smoking?