

# APA Sample Paper

Running head: SMOKING CESSATION STRATEGIES

1

## Smoking Cessation Strategies

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## 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 public and internal pressure to quit smoking. Although Canadians can celebrate that “smoking rates have dropped dramatically in Canada in the past three decades” (Reutter, 2001, p. 13), the remaining smokers still struggle to quit. In fact, in 2006, a Leger marketing study (as cited in Pfizer Canada Inc., 2007) showed that 90% of Canadian smokers surveyed had already attempted to quit smoking. To aid these remaining individuals and to strive for a healthier country, the healthcare community, in cooperation with the government, has invested time and money into providing smokers with information about smoking cessation strategies.

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Level 1 heading

### Helpful Strategies

“Smoking cessation is not a single event but a process that involves a change in [a person’s] lifestyle, values, social circles, thinking and feeling patterns, and coping skills” (Registered Nurses’ Association of Ontario, 2007, p. 20). However, two cessation strategies have proven especially helpful for many smokers during this process: group therapy and nicotine replacement therapies. The effectiveness of any smoking cessation strategy will depend largely on the individual; however, according to the Canadian Lung Association (2008),

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most people who quit smoking use a combination of quit methods. Research shows people are more likely to succeed in quitting smoking if they combine several supports. For example, you can join a support group, and also have some gum or patches on hand to overcome cravings. (para. 7)

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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. Support is essential. According to Laliberte (1998), “in 21 out of 39 studies, some form of professional advice or support for smokers boosted their success in

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quitting by an average of 80 percent” (para. 4). Group therapy combines the professional advice from a counselor with support from other smokers who are trying to quit. According to Russ (2005), the facilitator and the group members are equally responsible for making the sessions worthwhile. The facilitator plays an important role in establishing a safe environment and generating group discussion. Tsoh et al. (1997) recommend that the facilitator give attendees information about the quitting process, teach problem solving skills and stress management, and also help group members predict tempting situations and come up with coping strategies. Table 1 shows various coping strategies that can be discussed during group therapy sessions.

Journal from database, paraphrase

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Reference to table in text

Table 1

### *Coping Strategies Discussed in Group Therapy Sessions*

<b>Behavioural Strategies</b>	<b>Cognitive Strategies</b>
<b>Keeping busy</b>	<b>Thinking about side effects of smoking</b>
<b>Avoiding situations with other smokers</b>	<b>Thinking about benefits of quitting</b>
<b>Chewing gum, eating, or drinking</b>	<b>Being optimistic about quitting</b>
<b>Sleeping</b>	<b>Thinking about social sanctions from smoking</b>
<b>Exercising</b>	<b>Focusing thoughts away from smoking</b>
<b>Deep breathing</b>	<b>Encouraging oneself through self talk</b>

*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), ProQuest Nursing & Allied Health Source, p. 177.

Table adapted from journal from database

The counselor plays an important role in this process, yet 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). When in a setting, members are asked to analyze the reasons they light a cigarette. This self-awareness

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helps individuals to anticipate their triggers, prepare strategies in advance, and problem-solve their way through each tempting situation (see Appendix A). These support groups provide opportunities for group members to connect with others who are experiencing the same temptations, challenges, and emotions. In response to an email survey, former smoker R. Thomson (personal communication, January 30, 2008) stated, “group members were a lifeline throughout the quitting [sic] process.” Other survey respondents reported similar feelings (see Appendix B). When provided with adequate support, smokers find that “although quitting smoking may be difficult, it is not impossible” (*You Can Quit Smoking*, n.d., p. 1). Support groups can serve as a powerful tool during the quitting process as “smokers tend to quit in groups” (Chang, 2008, p. D3). There is little doubt that people are influenced by their peers; indeed, smokers can be encouraged to quit when supported by peers in a group setting. Just as group therapy has proven effective in helping smokers achieve their goals, nicotine replacement therapy has also helped many quit smoking.

## Nicotine Replacement Therapy

Nicotine replacement therapy (NRT) provides individuals who have decided to quit with physical support as they encounter cravings. *Mosby's Dictionary* (2002) defined NRT as “the use of chewing gum and skin patches as a substitute for tobacco smoke sources to satisfy nicotine cravings” (p. 1183). Today, NRT products are not only limited to gum and patches, but also include lozenges, inhalers, and nasal sprays. In order to benefit fully from the 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 work effectively to control cravings (see Figure 1).

Refer to  
appendixes in the  
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communication

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Dictionary,  
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Figure 1. How to use Nicorette gum. From *Nicorette: Real medicine in the form of gum*, by GlaxoSmithKline Consumer Healthcare, 2008, Retrieved June 11, 2008, from [http://www.nicorette.com/Nicorette\\_Product.aspx](http://www.nicorette.com/Nicorette_Product.aspx)

While it is clear 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 their use. This is evidenced by the Ontario government removing PST from all NRT products (CAMH, 2007a, para. 1) and by its partnering with the Centre for Addiction and Mental Health in the Smoking Treatment for Ontario Patients (STOP) program to give NRT to 13,000 smokers at no cost (CAMH, 2007b, paras. 1-2). As a result, 1,600 of these participants quit smoking, which pleased the Clinical Director of Addiction Programs, Dr. Peter Selby, who stated, “It’s clear there’s both a demand and a need for nicotine replacement therapy. With the Ontario government’s help, we’re committed to find the most effective ways to help smokers quit” (CAMH, 2007b, paras. 4-5). Corporations, organizations, and the provincial government agree that NRT products are useful in helping Ontarians successfully kick the habit.

Combining two successful strategies like group therapy and nicotine replacement therapy is the best bet for smokers who are trying to quit. Group therapy provides a person

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Web site, quote

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with the emotional support they need, while nicotine replacement therapy gives the person's body relief in the form of gradually declining nicotine doses. While smoking is a tough addiction to overcome, individuals who succeed greatly 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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Textbook,  
chapters by  
different authors

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eight or more  
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*You can quit smoking* [Brochure]. (n.d.). Toronto, Canada: Pharmatech.

Brochure,  
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## Appendix A

### Smoking Triggers and Quitting Strategies

Smokers report being faced with many temptations to smoke during their journey toward a smoke-free life. For this reason, therapy group leaders ask participants to brainstorm triggers, situations or items that make them want to smoke, and then find strategies, ways to overcome these triggers. Figure A1 is an example of common triggers and strategies a person trying to quit smoking may use.

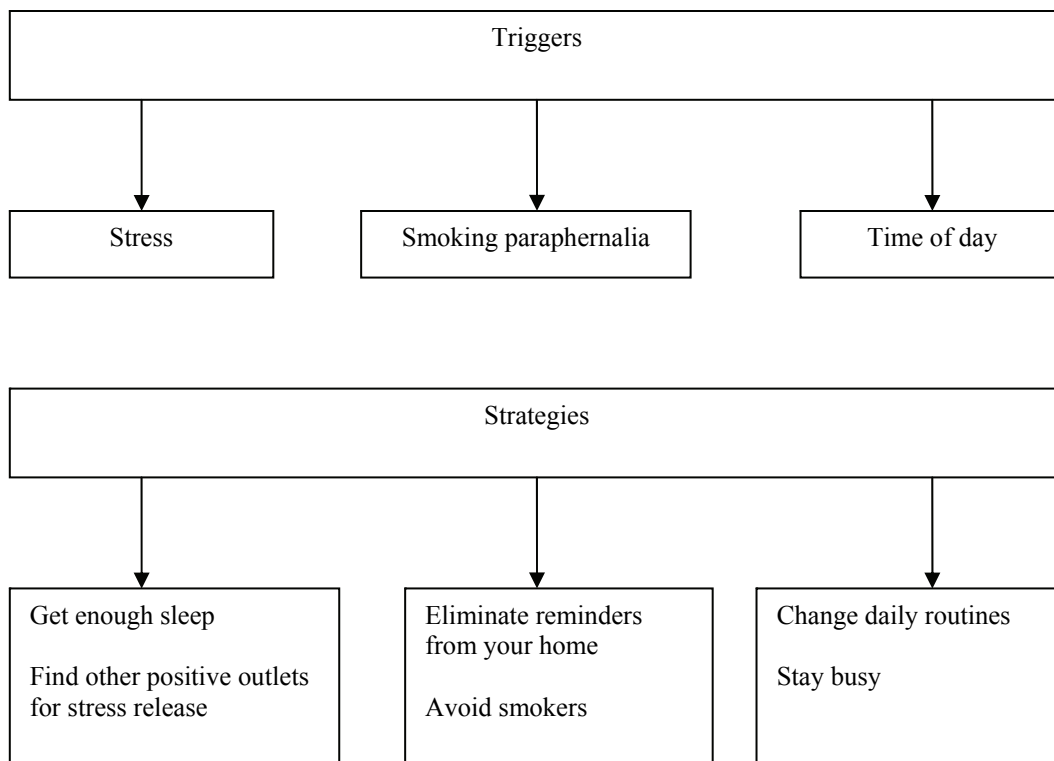


Figure A1. Example of smoking triggers and quitting strategies

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## 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 [*sic*] process" (R. Thomson, personal communication, January 30, 2008).

Respondent #30: "Having people to hold me accountable was most important" (T. Lee, personal communication, February 3, 2008).

Respondent #35: "I needed to hear other people's stories and have their support" (B. Almutari, personal communication, February 20, 2008).

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, 2008).

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, 2008).

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, 2008).