

AN EXPERIMENT ON QUITTING SMOKING PROGRAMME*

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ÖZET:

Günümüzde sigara içme, oldukça yaygın görülen bir davranıştır. Hem fiziksel hem de psikolojik bağımlılık yapısına ve pek çok sağlık sorunuyla doğrudan ilişkili olduğuna yönelik bilimsel kanıtların varlığına rağmen, sigara içmeyi sürdüren üniversite öğrencilerinin sayısı bir hayli fazladır. Bu araştırmada sigarayı bırakmak amacıyla hazırlanmış bir program denenmiştir. Bu program, Amerikan Akciğer Derneği (American Lung Association) tarafından bilişsel ve davranışsal tekniklere dayalı olarak hazırlanan "20 Günde Sigarayı Bırakma" programından esinlenerek oluşturulmuştur. Geliştirilen program, grup rehberliği biçiminde uygulanmaktadır. Programı denemek amacıyla yapılan bu araştırma 1992-93 öğretim yılı, bahar döneminde gerçekleştirilmiştir. Programa katılan 23 öğrenciden 9 tanesi sigarayı bırakmıştır.

ANAHTAR SÖZCÜKLER: Sigara içme, sigarayı bırakma, sigarayı bırakma programı.

ABSTRACT:

Today, smoking is a very common habit among university students. It is well known that this habit is harmful not only to the smokers' health but also to the non-smokers' who exposed to the smokers' environs. From this perspective, the smoking habit has a social dimension. Therefore, a programme was devised in order to help smokers to quit smoking. This research was carried out in the 1992-93 academic year, during the spring semester at Hacettepe University. In this research "a quit smoking programme" based on a programme lasting 20 days developed by the American Lung Association including behavioural and cognitive techniques was used. The programme, which helps subjects to address their smoking behaviour, was practised as a group guidance. Having participated to the programme 9 of 23 smokers quit smoking.

KEY WORDS: Smoking, quit smoking, a quit smoking programme.

1. INTRODUCTION

The most common form of drug dependence in the USA is tobacco smoking [1]. In Turkey; however, smoking seems to be a widely practised and socially accepted habit, anti-smoking campaigns are very rare and there are a few non-smoking public areas [2].

However, it is known that smoking is unhealthy and evidences indicating the relation between smoking and health hazards have been increasing. Smoking results in both physiological and psychological dependence. At the same time many people have come to state smoking is not only dangerous but also offensive to the rights of others.

All smokers know that smoking is unhealthy and some of them have already tried to quit or want to quit without organised therapeutic interventions. Forgyas and Forgyas [3] support this opinion and suggested that therapeutic interventions may be quite effective for those who are highly motivated to quit smoking, such as self-help techniques. Besides, there is an increasing interest in the development and evaluation of relatively low cost or minimal contact smoking cessation programmes, such as self-help methods [4]. As the other research findings point out Cummings et. al. [5] also mentioned that there was a common preference among current smokers which can be defined as "do it yourself" instead of "formal clinics". A number of researches based on these findings were done with using self-help materials [4-8].

In fact there are a lot of ways to quit smoking, for example, instructional and conditioning based methods, drug based and medically sponsored programmes, hypnosis, acupuncture, medication [9]; restricted environmental stimulation therapy of smoking [10]; imagery scripts [11]. In addition there is an unaided smoking cessation [12].

* As already mentioned, self-help methods seem to be more common. They may include the followings:

A. Self-quitteing guide can be given to smokers who want to quit [4,5,7,8].

B. A social support guide can be given in order to provide the social support of family and friends [8].

C. Brief counsellor calls may be made [8]; or telephone hotline may be constructed [13].

D. Mailing materials may be utilised [4].

E. Television may be used [7].

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These methods can be used both as a method and as a combination at the same time.

There are some negative and positive results and opinions concerning self-help methods. These methods caused a debate among Forgays and Forgays [3], Schachter [14], Cohen [15]. Schachter [6] implied that the general impression of the intractability of smoking and other addictive disorders were based on the results of numerous studies demonstrating the ineffectiveness of therapeutic interventions. He concluded that formal intervention methods are not as effective as self-quit attempts. Cohen et. al. [16], however found that there were no differences between success rates of self-quitters and clinic quitters. Viswesvaran and Schmidt [9] also reported that self-help methods do not seem to be as effective as formal intervention methods.

Orleans et.al. [8] found that telephone counselling was effective strategy for assisting self-quitters. Owen et.al. [4] researched a smoking cessation programme which is related with mailing materials. They mailed a standard or a personalised correspondence course and found no differences between them. McFall et.al. [13] found that rates of use of the telephone hotline were low. The newsletter seems to be useful to smokers who are predisposed to use written materials.

Marlath, Curry, Gordon [12] reported that individuals and succeeded in initial cessation were more likely to be men and lighter smokers. Similarly Cohen et.al. [16] found that light smokers were 2.2 times more likely to quit than heavy smokers. To support this Blake et. al. [17] mentioned that women were less successful in sustaining smoking cessation attempts.

Treatment programmes for smokers tend to report the same results that successful abstention followed by relapse [1]. Garvey et. al. [18] put forward that relapse rates were much larger than expected in the early days and weeks after the attempt of quitting. Approximately 62 % had relapsed by two weeks after their quitting dates.

To summarize, Prochaska and DiClementine [19] suggested that even people who successfully initiate long term quitting may return to regular smoking at a later point. Briefly, over the life course many people cycle from smoking to non-smoking and back again.

Some of these findings and opinions point out that it is hard to quit smoking. Mark Twain summed it up neatly. He could stop smoking, he said, with great ease; indeed he had done so hundreds of times.

2. METHOD

2.1. Subjects and Procedure :

In this pilot research, a self-quit method based on the American Lung Association (ALA) "Freedom From Smoking in 20 days" [20] and American Cancer Society's "Quitters Guide" [21] is tried. Both methods contain a similar combination of cognitive and behavioural exercises. Their manuals recommend the person to keep a daily record of cigarettes smoked for the purpose of identifying triggers which influence smoking [5]. According to Glasgow and Rosen (1984) self-help behaviour change programmes were limitedly effective when used without assistance [4]. Therefore this programme that is used here contains self-quitting materials, social support and group guidance for giving information and for sharing.

Subjects of this study were 17 female and 6 male total 23 students who attended Hacettepe University in the 1992-1993 academic year, spring term. Twenty three students who wanted to quit smoking applied through the announcements on the bulletin board, only 23 of the applicants attended. Table 1 shows the characteristics of the subjects.

Each subject was interviewed on his/her desire to quit and was administered a questionnaire which consists of standard demographic data, a detail smoking and quitting history, motives for smoking and quitting, perceived quitting barriers, use of past quitting techniques. Table 2 and 3 show the characteristics of the subjects' behaviour.

Experiment that was carried out has no control group. Furthermore some subjects in control groups may be exposed to self quit material from other

Table 1. Characteristics of the study subjects

Variables	Category	Percentage	
Age	18-22	69.56	Mean Age : 22.6 years Range : 18-30 yrs.
	23-27	26.10	
	28 or above	4.34	
Gender	Male	26	
	Female	74	

Table 2. Characteristics of subjects' smoking behaviors

Variables	Category	Percentage
Beginning age	8-13	4.34
	14-19	83
	20 or above	13
Cigarette/day	1-10	30.34
	11-20	65
	21 or above	4.34
Beginning style	by other's influence	67
	personel preference	33
Perceived negative effects	smelling bad	57
	having a bad taste	19
	breathing difficulty	14
	frightening the coming up effects	10
Desire to quit	want to quit immediately	60
	disbelieving in his/her success in quitting	40
Use of past quitting techniques	none	18
	1-2 times	43
	more than two	39
Used quitting ways	suddenly	48
	gradually reducing	43
	aversive techniques	9
	thought of smoking is fun	47
Perceived quitting barriers	fear of being nervous	13
	friend's smoking	13
	fear of gaining weight	10
	it's difficult	9
	other	8

Table 3. Characteristics of Subjects Smoking Behaviors (Based on questions which more than one alternative can be marked)

Variables	Category	Percentage
duration of smoking (always)	while being anxiety	78
	after meals	76
	with tea, coffee, drink	73
duration of smoking (sometimes)	while with friends	48
	while watching TV	68
Ideas on smoking	when resting	63
	threatening health	91
	disturbing others	82
	being nonsmoker is a desired property	78
Perceived driving factors (always)	smoking is wrong	50
	going to the smoking place	66
	reducing anxiety	54
	thought as a comforter	48
Perceived dri. factors (sometimes)	sharing lonliness	60
	being hand habit	43
	having personel problems	43
	having hard dense lessons	42

Table 4. Characteristics of quitters and nonquitters

Variables		Quitters		Nonquitters	
		frequency	percentage	frequency	percentage
Gender	Female	6	26	11	48
	Male	3	13	3	13
Age	18-21	5	21.6	5	21.8
	22-25	2	8.7	7	30.5
	26-30	2	8.7	2	8.7
Beginning age	8-16	3	13	1	4.34
	17-25	6	26	13	56.56
Cigarette day	1-10	3	13	4	17.4
	11-20	6	26	9	39.26
	21 or above	-	-	1	4.34
Beginning style	other's influ.	7	30.5	8	35
	personal prefe	2	8.7	6	26
Smoking time	with tea, drink	8	35	8	35
	other	1	4.3	6	26
Opinions on smoking	threatening				
	health	5	21.6	4	17.4
	others	4	17.4	10	43.6
Perceived driving factors	personal prob	4	17.4	6	26
	being hand habit	2	8.7	-	-
	dense lessons	-	-	4	17.4
	others	3	13	4	17.4
Perceived negative effect	smelling bad	3	13	9	39.26
	having had taste	3	13	1	4.34
	breathing diffi.	2	8.7	1	4.34
	afraid of coming up effects	1	4.34	2	8.7
	other	-	-	1	4.34
Desire to quit	wanting to quit immediately	5	21.6	6	26
	disbelieving in his/her success	4	17.4	8	35
Use of past quitting techniques	none	-	-	4	17.4
	1-2 times	6	26	4	17.4
	3 or more times	3	13	6	26
Perceived quitting barriers	thought of smoking is fun	3	13	8	35
	fear of being nerveous	-	-	3	13
	having friends who smoke	3	13	-	-
	other	3	13	3	13
Used quitting ways	suddenly quit	6	26	4	17.4
	gradually reducing	2	8.7	7	30.5
	aversive techniques	1	4.34	1	4.34
	other	-	-	2	8.7

sources easily [9]. For this reason, control group, has not been set up.

Similar to ALA's programme this programme has been planned for 20 days. But, this programme was realised in groups, to benefit the social support dimension. For this reason, it was produced as five weekly meetings one of which was aimed at introducing the programme. In group guidance, self-quit materials prepared by Ministry of Health Republic of Turkey was given to subjects. These materials consist of information encouraging the smokers to quit along with steps that facilitate quitting. Besides, some Turkish books were recommended in order to help them in stress management. In addition, subjects were given the opportunity to share their quitting experiences.

3. RESULTS AND DISCUSSION

Twenty three subjects attended this cessation programme. Since the member of subjects was less than 30, nonparametric statistical techniques were scanned, but only Fisher Exact Test was suitable for a few variables among them. For this reason only percentage were used. Having participated to the programme 9 of 23 smokers quit smoking. Table 4 shows the percentages obtained from different variables of quitters and non-quitters. As a result 39 % quitting rate was attained. This result of self-help programme based on group guidance could be considered as a reasonable success rate.

A one month post cessation information was obtained about smoking occasion by means of telephoning and interviewing. All of 9 quitters reported that they had not been smoke since then. In the follow up study carried out after 8 months it was found that 5 of 9 quitters had started smoking again.

It is interesting that, most of the subjects mentioned that if programme was more directing and compelling rate of success might be more effective. These expectations, may be attributed to cultural features. Turkish society is more authoritarian child rearing styles are more directive and demanding. The effects of the cultural variables are seen even in the university student's behaviours and desires. In other words, the subjects' demands symbolise the culture.

Preventing people from danger of smoking and helping them in quitting are important responsibility of professionals who work in health institutions and schools. Therefore, guidance services in secondary schools and universities have great role. This pilot study and others which will be realised, may assist counsellors who want to actualise the quitting programme.

As a final remark, it could be said that if this programme is applied to larger groups with a team work just as Cummings et.al. [5], Owen et. al. [4], Orleans et. al. [8], then it will be more useful.

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