

Brief Intervention on Smoking Cessation – Online Training

Potential Barriers and Methods to Overcome the Barriers in Delivering the Intervention; Simple Self-help Techniques to Combat Craving

Handouts

1. 5 common misconceptions of quitting among smokers

I. “It’s been years since I started smoking, it’s too late for me to quit.”

○ **Fact:**

Smoking cessation benefits smokers of all ages.¹ Health benefits almost immediately after quitting. Twelve hours after quitting, level of carbon monoxide in blood will decrease. In 48 hours, the sense of taste and smell will improve. In two to twelve weeks, circulation improves and lung function increases. In the first year, coughing will greatly reduce, and the quitter will have more energy and experience fewer sinus problems. After five years of quitting, risk for stroke will return to that of a person who has never used tobacco. After 10 years, risk of lung cancer will be cut in half. Quitting can also increase life expectancy in smokers of different age (Table 1).²

Table 1. Gain in life expectancy relative to continuing smoker²

Age of quitting	Men	Women
35	8.5 years	7.7 years
45	7.1 years	7.2 years
55	4.8 years	5.6 years
65	2.0 years	3.7 years

In a cohort study with 56 167 Hong Kong adults aged >65 years, male quitters had significantly lower risks of death from lung cancer (RR=0.51), all cancers (RR=0.64), stroke (RR=0.63), and all causes of death (RR=0.81) compared with current smokers.³

- **Suggested response:**
Smoking cessation benefits smokers of all ages. Smoking cessation brings quick and positive changes to your body no matter how long you've been smoking for. Twelve hours after quitting, the level of carbon monoxide in your blood will decrease. In two weeks, your sense of taste and smell will improve. Your lung function will improve in two to twelve weeks as well. In the long run, you will also benefit from reduced risk of cancer, stroke and heart diseases, and have a longer life expectancy.

II. “I tried quitting, and I just can’t do it.”

- **Fact:**
Many people say quitting smoking is hard, but many people have been able to do so. New research suggests smokers make an average of 30 attempts before successfully quitting.⁴
- **Suggested response:**
It’s OK. Some people need several tries before they succeed. You can think of past attempts as practice, making you more prepared for the next try. You can call the Quitline to get support any time.

III. “Smoking is my own choice rather than an addiction. I can stop whenever I want to.”

- **Fact:**
Smoking may have started out as a choice, but it has become an addiction when you have to smoke regularly.⁵ Repeated exposure to nicotine in tobacco leads to neuroadaptations and higher nicotine dependence.⁶ Smoker may come to associate the relief of low mood by smoking as a rewarding effect of nicotine, which will further feed their addiction. Study has shown that young adults were more likely to successfully quit compared with their older counterparts.⁷
- **Suggested response:**
Some smokers feel that smoking is their personal choice, and that they have control over themselves on whether they smoke or not. But the fact is smoking has become an addiction when you have to smoke regularly. Ask yourself what’s holding you back from quitting. The earlier you quit, the less damage it does to your body!

IV. “Smoking helps me stay focused and makes me relaxed. ”

- **Fact:**
Cigarette smoking gives a temporary relief from the withdrawal symptoms caused by nicotine dependence. Smokers often mistake withdrawal symptoms, such as low mood and loss of concentration, as feelings of “stress” which is often alleviated by smoking another cigarette.⁸ This nicotine dependence creates a vicious cycle that makes smokers feel “stressed” all the time except when they are smoking. On the contrary, smoking raises the cortisol level, and the dysregulation of this stress hormone is evident among regular smokers, who shows hypersecretion of cortisol throughout the day.⁹
- **Suggested response:**
If you need cigarette to maintain average level of focus and energy, it is a sign that you are already addicted to nicotine. The natural and healthy way to boost your energy and relieve stress is to quit smoking, do regular exercise and eat a healthy diet.

V. “I smoke only safe, low-tar, low-nicotine cigarettes. ”

- **Fact:**
Studies found that levels of toxicants and nicotine uptake are similar among smokers of “regular” and the so-called “light” cigarettes.^{10,11,12} A large prospective study showed that there was no difference in lung cancer risk among men who smoked brands rated as very low tar or low tar compared with those who smoked regular tar brands.¹³ Smokers who crave for nicotine may inhale these products more deeply; take larger, more rapid, or more frequent puffs; or smoke extra cigarettes each day to get enough nicotine to satisfy their craving.^{14,15}
- **Suggested response:**
No cigarette are safe. The so-called “low-tar” or “light” cigarettes contain as many harmful substances as any other cigarettes. Many smokers of these cigarettes smoke more intensively to maintain their nicotine intake. Smoking these cigarettes do not reduce your risk of getting tobacco-related diseases and deaths.

2. Simple self-help techniques to combat craving: 4P^{16,17}

- **Planning - review your reasons for quitting and set a quit date**
 - **Remind yourself why you want to quit.** This can be a powerful motivator to keep you smoke-free.
 - **Choose a day** when you will not be particularly stressful. This will allow you to cope with withdrawal symptom more easily.
- **Prevention - identify triggers and find new hobbies**
 - **Be mindful of situations** where you want to smoke more than usual. You will need to avoid these situations, or substitute smoking with other activities until you feel more confident in getting through them.
 - **Avoid environmental cues** that may induce your urge to smoke. For example, if you usually smoke while drinking at the bar, avoid going to bars.
 - **Find new activities** that you do not associate with smoking to distract yourself, such as swimming, painting, listening to music, meditation with mindfulness, or breathing exercises.
- **Preparation - tackling with withdrawal symptoms**
 - Common withdrawal symptoms include craving for cigarettes, restlessness, anxiety, headaches, etc.
 - Withdrawal symptoms usually peak during 1–3 days after quit attempt, and then decrease over a period of 2-3 weeks.
 - When a craving hits, stop what you are doing and do something different. Simply changing your routine might help you shake off a craving.
 - Physical activity, even in short bursts, can help boost your energy and beat a craving.
- **Product - Use Nicotine Replacement Therapy product**
 - **Nicotine replacement therapy** is a pharmaceutical treatment to help people stop smoking by supplying low doses of nicotine to the body. These products do not contain toxins found in tobacco products.
 - The goal of the therapy is to reduce your cravings for nicotine and ease the symptoms of nicotine withdrawal.
 - Common forms of nicotine replacement therapy include gums and patches.

References

1. Jha P, Ramasundarahettige C, Landsman V, Rostron B, Thun M, Anderson RN, McAfee T, Peto R. 21st-century hazards of smoking and benefits of cessation in the United States. *New England Journal of Medicine*. 2013;368(4):341-50.
2. Taylor DH Jr, Hasselblad V, Henley SJ, Thun MJ, Sloan FA. Benefits of smoking cessation for longevity [published correction appears in *Am J Public Health* 2002 Sep;92(9):1389]. *Am J Public Health*. 2002;92(6):990-996.
3. Lam TH, Li ZB, Ho SY, Chan WM, Ho KS, Tham MK, Cowling BJ, Schooling CM, Leung GM. Smoking, quitting and mortality in an elderly cohort of 56 000 Hong Kong Chinese. *Tobacco Control*. 2007;16(3):182-9.
4. Chaiton M, Diemert L, Cohen JE, Bondy SJ, Selby P, Philipneri A, Schwartz R. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. *BMJ open*. 2016;6(6):e011045.
5. Benowitz NL. Nicotine addiction. *N Engl J Med*. 2010;362(24):2295-2303.
6. Hogle JM, Kaye JT, Curtin JJ. Nicotine withdrawal increases threat-induced anxiety but not fear: Neuroadaptation in human addiction. *Biological Psychiatry*. 2010;68(8):719-25.
7. Messer K, Trinidad DR, Al-Delaimy WK, Pierce JP. Smoking cessation rates in the United States: a comparison of young adult and older smokers. *American journal of public health*. 2008 Feb;98(2):317-22.
8. Parrott AC. Does cigarette smoking cause stress? *Am Psychol*. 1999;54(10):817-820.
9. Kassel JD, Stroud LR, Paronis CA. Smoking, stress, and negative affect: correlation, causation, and context across stages of smoking. *Psychological bulletin*. 2003;129(2):270.
10. Maron DJ, Fortmann SP. Nicotine yield and measures of cigarette smoke exposure in a large population: are lower-yield cigarettes safer?. *American Journal of Public Health*. 1987;77(5):546-9
11. Hecht SS, Murphy SE, Carmella SG, Li S, Jensen J, Le C, Joseph AM, Hatsukami DK. Similar uptake of lung carcinogens by smokers of regular, light, and ultralight cigarettes. *Cancer Epidemiology and Prevention Biomarkers*. 2005;14(3):693-8.
12. Thomas N, Tanner NT, Ward R, Rojewski A, Gebregziabher M, Toll B, Silvestri GA. Filtered, Unfiltered, Light, Ultralight, Regular or Mentholated: The Effect of Cigarette Type on Lung Cancer Incidence and Mortality in the National Lung Screening Trial. In: *D19. LUNG CANCER SCREENING: NOVEL INSIGHTS ON PATIENT SELECTION AND OUTCOMES 2019* (pp. A5894-A5894). American Thoracic Society.
13. Harris Jeffrey E, Thun Michael J, Mondul Alison M, Calle Eugenia E. Cigarette tar yields in relation to mortality from lung cancer in the cancer prevention study II prospective cohort, 1982-8 *BMJ* 2004; 328 :72
14. Kozlowski LT, Pillitteri JL. Compensation for nicotine by smokers of lower yield cigarettes. The FTC cigarette test method for determining tar, nicotine, and carbon monoxide yields of US cigarettes: report of the NCI expert committee. Bethesda: Maryland: National Cancer Institute, US Department of Health and human Services. 1996:161-72.
15. Mercincavage M, Saddleson ML, Gup E, Halstead A, Mays D, Strasser AA. Reduced nicotine content cigarette advertising: how false beliefs and subjective ratings affect smoking behavior. *Drug and alcohol dependence*. 2017;173:99-106.
16. Tobacco TC. A clinical practice guideline for treating tobacco use and dependence: 2008 update: a US public health service report. *American journal of preventive medicine*. 2008;35(2):158-76.
17. The Tobacco and Alcohol Control Office of the Department of Health. Smoking Cessation Information Kit 2020 Updated version. <https://www.taco.gov.hk/t/english/quitting/files/kit15.pdf>. Published 2020. Accessed Jan 21, 2021.

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