Quit Smoking for the New You – Dr. Amer Siddiq

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In an earlier article, the dangers of tobacco smoking and the benefits of quitting were discussed. In that same article (http://www.mmgazette.com/say-no-to-smoking-dr-amer-siddiq/) an explanation on how nicotine works in the brain to cause addiction was clarified. A simple and quick assessment tool called FTND was provided to help assess your level of addiction to nicotine.

Introduction

The assumption here is that you are ready and eager to quit. The problem, however, is that you are not sure on how to do so and the only method that you may be familiar with is going 'cold turkey' (abruptly stop by avoiding cigarettes). In the tobacco dependence treatment, this is called unaided quitting. In addition, the success rate to quit without any help (unaided) is often reported to be between 1-2%. Conversely, with adequate preparation and smoking cessation aids, these odds are increased significantly.

Setting a quit date

The first step towards a life without tobacco smoking is to SET a Quit Date. One of the popular quit dates is usually at the beginning of the year or anytime that suits you. However, if you have been thinking about quitting today, right now, the best time would be within the next two weeks. Chances are anything further than this means there is a higher likelihood you are still smoking in February.

The reason is because studies have found that a planned quit attempt is better than an unplanned attempt and setting a quit date as early as two weeks increases your chances.

Preparing for quitting
Once you have that date in mind, for example 1\textsuperscript{st} January 2014, it is now time to start \textbf{PREPARING}. An easy but effective way to start is by telling others that you are quitting. Studies have demonstrated that a supportive environment increases success for quitting. Moreover, friends and family can assist by providing supportive and inspiring comments to maintain motivation. If they are smokers, they may in fact want to join you in your attempt and if not, true friends will NOT smoke around you and will be encouraging of your determination to quit.

Among some suggested preparatory actions include start cutting down on the number of cigarettes smoked per day to the most minimum possible. This action allows you to ‘ready’ yourself for success. After all, it is a given that it may be harder to give up 20 cigarettes one day before your aimed quit date, than it will be one or two cigarettes.

Other preparatory strategies include time management. Assuming a smoker spends 10 minutes a day on one cigarette, a pack per day a smoker stops consuming translates to 200 minutes of free time, nearly 3 hours. Therefore, it would be wise to have some strategies to utilise this time. Some suggestions include starting a new hobby, sports activities or even increasing your current exercise regime.

A personal favourite which has helped some patients of my own, is financial motivation. I often suggest to them to get a clear jar or something similar in which the contents can be seen. I tell them to put the RM10 that they would have used to purchase cigarettes daily, into the jar and to keep repeating this during the first three months of their quit attempt. The idea is you start out with RM10 per day to RM70 per week to RM 280 a month and finally, a whopping RM3360 a year! You can also do this through online banking. Although the visualisation through physical act greatly helps in fuelling the motivation and determination. If it helps, another analogy is that the money would have otherwise, I
believed, so easily ‘gone up in smokes’.

**Smoking Cessation Aids**

 Quitting smoking now is probably easier than it was prior to the 1980s. For one, there are more treatment aids in both behavioural and pharmacological approach. Second, the current recommended treatments are also backed by scientific research, otherwise known as evidence based medicine. A combination of both behavioural and medication is far more effective in assisting a quit attempt compared to individually or without any treatment altogether.

*This segment is not meant to be exhaustive but is hoped to provide an idea of treatments that are available. Individual smoking cessation providers may have other forms of therapies and treatments at their disposal.*

**Behavioural Support**

 Face-to-face intervention, either individually or in a group is more effective compared to quitting on one’s own. The most commonly provided treatment in this modality is brief advice. Behavioural support aims to increase motivation to continue staying abstinent and reduce the motivation to start smoking. It is also used to reduce urges and cravings to smoke and maximise use of smoking cessation medications.

 Furthermore, breathing exercises and distraction techniques may be helpful to reduce craving and urges to smoke. Often these ‘feeling’ come and go, however, they can be extremely powerful and lead to a ‘lapse’ (i.e. re-smoking) and therefore need to be identified and addressed.

 Breathing exercises are deep abdominal breathing and offers a technique to calm oneself. Distraction techniques include going for a walk and having a drink of water. Removing yourself from the situation which triggered the craving is also helpful.

**Medications**

 There are now a variety of treatments available to assist in quitting smoking which has been shown to be more effective than trying to quit on one’s own. The oldest, most common and recognisable treatment is
called nicotine replacement therapy (NRT). NRTs are the most studied and commonly prescribed treatments and are safe. They come in a range of delivery devices such as gum, lozenges and patches. In some countries, there are nasal sprays and mouth sprays. The range of delivery methods is to allow these treatments to reach as wide an audience as possible. Unlike tobacco, the nicotine within these treatments is just enough to reduce urges and craving but not enough to provide a sense of reward. The method of delivery also does not allow a rapid rise in nicotine levels but rather, a slow and sustained dose. Nicotine on its own is safe, unlike tobacco smoke with its tar and polycyclic aromatic hydrocarbons, two compounds which are dangerous. NRTs are available over-the-counter and can be purchased from your local pharmacist.

Other treatments available include varenicline, bupropion and nortriptyline. These medications work differently compared to NRTs and require a prescription. They have also been shown to be effective and well tolerated.

Apart from the very few that may need these treatments for long term, the majority will be tapered off once the cravings and urges are controlled and the confidence to stay quit is achieved. However, tobacco smoking is an addiction and like all addictions are chronic conditions. Behavioural treatments such as breathing exercises may need to be continued for much longer.

Available services

There are currently around 300 Ministry of Health initiated quit smoking clinics in Malaysia. They are well-represented in both the peninsular of Malaysia and Sabah and Sarawak. For example, in Sabah alone there are 30 such clinics. In addition, most government hospitals and clinics

with a family medicine specialist can also assist. Your local general practitioner, dentists and community pharmacist may also be of assistance.

Although a national quitline is not available, the National Poison Centre has a quitline service which operates from 9-5PM Mon-Fri and can be reached at (+604-657 2924).

The Tak Nak Merokok group also has an infoline (+603-8883 4400) which may be able to assist. Alternatively, they can be accessed at https://www.facebook.com/TAK.NAK.MEROKOK

Conclusions

With the current available services and treatments, there appears to be every opportunity to quit smoking now. Help is also far more accessible than it was before and the benefits of quitting are worth every effort.

Not everyone can stay abstinent on the first try, so keep in mind that the real key to success in quitting smoking is to try and try again.

Happy New Year, Happy Quitting and *may the odds be ever in your favour!*

*Dr. Amer Siddiq Amer Nordin is a senior lecturer with the Department of Psychological Medicine, at a local university. He is also a consultant psychiatrist (Addiction Medicine) and certified smoking cessation specialist and trainer. Among his administrative duties include being the coordinator for the Nicotine Addiction research group of University Malaya Centre for Addiction Sciences (UMCAS). He is also pursuing his PhD at the National Addiction Centre, University of Otago, Christchurch in New Zealand.*

References: