IF SMOKING CAN KILL YOU, WHY NOT JUST QUIT?

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In 1986, my mother Marilyn, died from lung cancer at the age of forty eight, and in 2002, my father Barry, passed away from cardiovascular disease. Both deaths were related to the smoking of cigarettes over a period of many years, and could have been avoided. The unfortunate fact is that many families face similar losses of loved ones due to chronic smoking. The question arises as to why when medical, financial, social (anti-smoking norms), and other consequences of smoking are so well documented and pervasive, people continue to smoke at alarming rates, and many of them never quit the habit. This paper is going to look at reasons why smokers do not quit for good, using a sample of the smoking population. Smoking is an important topic in society, and the purpose of this paper is to reveal some of the key issues involved in quitting smoking, with the goal of being in a position to take practical steps to help smoker's quit, based on my findings. The method of sourcing will be through interviews of various sorts, including audio, telephone, and the use of questionnaires.

My key hypothesis is that many smokers do not quit permanently for two reasons. One of the reasons is because they do not have a mindset that quitting will be permanent. Society in my opinion, treats the act of quitting smoking like an event (one time action), and does not recognize that it is a life-long struggle to abstain. Therefore, many smokers go into quitting with the mindset that it is an event, and when faced with the fact that it is a continuous struggle, they find it difficult to cope. Hence, they choose to go back to smoking. The second reason is because many smokers are not aware of or do not have local access to a formal, not-for-profit support group, that would assist smokers who are going through the quitting process, and also support those who have quit for a long time, (and still have the cravings). Many smokers try to quit in isolation, with no professional assistance, and I believe this impacts on success rates. I assert that this kind of a formal organization which would be comparable to an Alcoholics Anonymous, does not exist, or is difficult to find, and hence, due to this lack of psychological and emotional support, smokers find it difficult to cope with the process of quitting.

According to an associate of mine, who works in the Oncology department at a hospital in Toronto, the incidence of lung cancer has risen over thirty per cent since the early 1990's in Toronto hospitals. He also claims that mortality rates due to this disease have gone up close to thirty five per cent over this same period. In the area of cardiovascular disease, he asserts that both incidence rates and mortality are up substantially. Of course, not all of these incidences are related to smoking, but a substantial number are, and this is a concern for many reasons.

I will address two of my concerns. Since smoking is a choice, these incidences and mortalities can be avoided. This is obviously a great concern because people are choosing to partake in an act that statistics suggest could lead to their premature deaths. Yet they still choose to smoke, or when trying to quit, only do so haphazardly. The second reason why this is such a concern is the impact it has on the general society. Because so many people smoke, not only is their health at risk, but statistics on the impact of second-hand smoke demonstrate that many non-smokers who live in or work in an environment where there is a lot of smoking, are potentially going to be part of lung cancer, cardiovascular disease, COPD, and other smoking related incidence and mortality statistics. This is extremely important because it recognizes that smoking

does not just affect the person who chooses to smoke, but has a much larger impact on the overall society. These two reasons then are primary factors in why I chose to write this paper. Smoking has both private and public reaches to it, and therefore it is important to try and discover why people have such difficulty in quitting smoking, with the aim of helping them to kick the habit.

Why then do people smoke when it is so obviously detrimental to both themselves and their loved ones to do so? I assert that there are a number of factors at play here, including the addiction or habit itself being so hard to shake (physical aspects), stress related issues, emotional attachments to smoking, peer and family influences, and cultural and social influences, such as the way smokers are portrayed in movies, and on television as "cool, rebellious, and interesting." Of course, these societal and cultural messages are starting to change in society, as will be demonstrated in this paper, but I do believe that they still have some impact on people's attachment to smoking. However, I assert there are underlying (and at least equally important) factors at play that cause smokers to be less successful when trying to quit, than they otherwise might be.

First, I feel that the average smoker who is trying to quit but is unsuccessful, does not have the necessary mindset to help him or her through the process. He or she may perceive the act of quitting smoking as a one time event, where he or she can either do it or can not. Instead of recognizing that the process will be ongoing, full of small battles of will due to ongoing cravings, he or she takes quitting as an "all or nothing" ideology. I speculate that the reason then people often go back to smoking is because they can not cope with the inevitable challenges the process of quitting smoking provides to them. If they were to have a mindset that quitting smoking is something they have to do and have no choice but to just do, I believe their success rates would be much higher. That is, if they treated the process like grieving the death of a loved on, where it is permanent and one can not go back and bring the loved one back, he or she would be on the road to quitting for good. That way when they face grieving elements such as anger, denial, sadness and depression, they will be in a better position to cope with these elements, because they have a mindset that they can not go back to smoking no matter what (it is no longer possible mentally.)

The second reason I believe quitting rates are lower than they should be is because many smokers are unaware of or do not have local access to a formal, not-for-profit organization that specifically focuses on giving them the emotional, physical, and psychosocial support they need while going through the process of quitting (recognizing it is a life-long process.) I am not aware of any organizations that treat smoking like Alcoholics Anonymous treats drinking. AA treats drinking as a life-long disease, where ongoing emotional, physical, and psychosocial support is essential to keeping alcoholics off drinking. Through my cancer foundation, I wish to create such an organization for smokers, and believe that this kind of organization can help get them through the short-term and long-term aspects of quitting smoking, because here a smoking addiction would be treated like a disease, and as such, needing life-long support. My observations on most smokers who try to quit is that they attempt to do so in isolation, and choose not to seek emotional support from any formal support organizations. Friends and family may offer some support but are not trained to understand addiction and what smoking does to one's mind and body. So even if they

have this kind of family and peer support, I contend it is not the kind of support that will be overly helpful or lead to successes. What I believe they need is formal, professional support, by people who are trained to understand addiction and the other factors that go into why people smoke and why they find it so hard to quit. The data collected for this paper will go a long way in determining how such an organization will be structured and maintained by myself and others whom I recruit for my organization.

The data collected came from several primary sources. I utilized audio interviews, self-report questionnaires, and a telephone interview. The number of people sampled was six, which I feel gives a reasonable representation of the smoking population. There were twelve general questions I asked of all respondents, no matter the method, and these questions represented such key areas as the following: why people started smoking; what factors led them to want to quit (if any); what factors prevented them from being successful when they tried, or alternately, what factors led to their success; do they see quitting as an event or a life-long process; are they aware of any formal support programs for smokers (or those non-smokers who previously quit), and if so, have they used any (or would they use any); impact of the "smoker's label"; impact on their perceptions due to medical information that is transmitted to them about potential diseases and other medical conditions caused by smoking; suggestions on what can be done to improve the likelihood that they and others will be able to quit in the future; and finally, will they ever quit for good, in their opinion. In choosing to implement these questions, my intention was to allow for as much open-ended feedback as possible, while at the same time trying to control to some degree the overall direction of the interviews.

From these general questions, two audio interviews were done, each of about forty to fifty minutes in length. Once the interviews began, I allowed for some deviation from my interview script, to allow for more open feedback and information, and to prevent any reporter biases on my part. I also handed out ten questionnaires to peers I knew who smoked. Three of them responded, in varying degrees of detail. All five of the above group are smokers who have not been successful in quitting to date. Finally, I did one telephone interview, with a person who had successfully quit smoking, and who could shed some light on what components were particularly at play for her. Therefore, this sample represents both genders, multi-age groups, people from vastly different careers and backgrounds, various income groups, and therefore is diverse enough to be reasonably valid in my opinion. As I have used several methods of primary research, I feel that the data can be assumed to be reasonably reliable, and would hold true with similar samples over a period of time.

I will begin by providing some general information discovered during the course of the interviews. Generally, respondents started smoking between the ages of 9-16, with most in the 12-14 age group. Respondents claimed they started smoking for some, or all of the following reasons: experimentation; wanting to fit in/peer pressure; wanting to be like other kids; to be cool or rebellious; people in their family smoked; and general curiosity on what it would be like. The range of how long respondents have been smoking is from 9 years to 40 years. When asked if they had ever tried to quit, four of the respondents stated they had tried (one being successful), and two stated they had not, with one saying he was going to

try to do so shortly. For those who have tried to quit, reasons given for wanting to do so included health issues (3 of the 4 included), vanity reasons (yellow teeth, smell bad, etc.-two of the four cited this), financial expense (three of the four included), peer or family pressures to do so (3 of the 4 included), the "smoking label", or the fact smoking is now considered an anti-social behaviour (2 listed).

The interview then asked what factors were at play that prevented respondents from quitting successfully, or for the one person who was successful, what factors were at play in her case. For those who were unsuccessful, the most common responses were admission that "I really didn't want to quit deep down" (3 of 3 listed), "I love smoking" (2 of 3 respondents listed), they tried to quit because other people wanted them to, and therefore were not fully committed to seeing it through (2 of 3), they forgot how difficult it was to quit in the first place and succumbed to a moment of weakness (3 of 3), peer pressure to smoke/being around other smokers (3 of 3), lifestyle factors (drinking and smoking together, for example-2 of 3 listed), and stress related factors (3 of 3).

In terms of my hypothesis, on the issue of treating smoking as impermanent, all 3 agreed to some extent that this was an issue. For instance, one of the respondents stated that the mentality he uses is, "I'll try to make it through to noon hour, then I'll try to make it through to supper. I can't think any longer term than that. " Another respondent stated, ""It's a long time to put yourself through that kind of stress. Even once you're past that point, you will still miss it and get cravings from time to time. I know a few people who have been smoke free for 10+ years who still crave from time to time. The permanency of quitting, frankly scares me." All agreed to varying levels that smoking must be seen as a permanent activity, with a permanent mindset, or otherwise the likelihood of stopping is not good. It's too easy to go back, in their opinion (as I had assumed), and coping with such a permanent mindset (like going through a grieving process) is something all three have not been able to fully achieve to date.

On the issue of formal, not-for-profit support, the data provides mixed results. Out of the six surveyed, three think that this kind of help would be highly beneficial. However, three respondents do not believe that this support would necessarily help them. They tend to see quitting as an individual responsibility, and do not feel that they necessarily are in need of outside assistance. Of these three, all did concede that it may be beneficial to them under certain circumstances (one-on-one counseling sessions, goal-directed sessions, and a non-judgmental atmosphere) to seek outside help. I find their tendency to see quitting as an individual responsibility as particularly interesting because they perceive that they are in control of quitting, and can quit, yet they have not succeeded to date. This gets into the important issue of denial, where despite evidence to the contrary, many smokers still believe they can quit on their own.

In regard to the above issues around quitting factors, I would briefly like to discuss what factors the successful respondent felt were most applicable to her. She listed treating quitting as a permanent activity, health factors, peer and family pressures, and "wanting to do it", as the main factors involved in her success. Though she felt support groups could have benefited her, and would benefit others, she did not utilize one herself. When asked to make recommendations for others who have not yet quit, she stated that "quitting is a life-long issue, and only if one is serious about quitting, and realizes what they are up against,

will they have a chance to be successful". She felt the barrier for most people is that they "just don't truly want to quit".

In terms of general resources, the majority of respondents did not seek any kind of formal help. Most used a non-smoking aid like zyban, or the patch, and relied on family and peers for emotional support. Some (3 of the 5 who have not quit yet) admitted to having a sense of embarrassment or level of uncertainty in pursuing such help. They felt it was their problem, and that most groups would not appeal to them unless they had practical, innovative, and non-judgmental forms of support. Some (2 of 5) stated they have gone on smoking related web sites like "Quitnet.com" or "gosmokefree.ca" but that these sites did not help motivate them. When asked if a formal organization could help them if it offered the necessary resources mentioned above, all of them felt it would be beneficial. That is, if it was structured along the lines of AA, and they had not been able to quit on their own, all felt it was worth giving such an organization a try.

When asked if they felt they would ever quit for good, two of the five were not hopeful at all, while three of the five, felt it was likely that they could. For the two who were not so hopeful, reasons cited were they had tried so many times already, and they did not really deep down want to do so. For those who feel they will quit, all cited they believe it is a choice and that they can overcome the addiction, that they know they must do so for health and financial reasons, and that soon they think they will really want to.

Now that I have described the general findings, I wish to focus on some specific areas that surprised me. One area that really surprised me was the importance of vanity to respondents, when thinking about quitting smoking. For at least one respondent, the vanity issue (e.g. yellow teeth, smelling like smoke) was far more important to her in terms of a reason to quit, then were medical and general health factors. In fact, three of the respondents stated they were fully aware of the potential medical consequences, but that these consequences were superseded by other factors (e.g. vanity, financial expense, peer influences.) One respondent stated this apathy toward medical factors in his statement, "if I go to the doctor today and he says I've got lung cancer, I'm not going to say I wasn't fairly warned. But it's the moment of weakness that gets me every time. That moment seems to erase my memories of anything that could potentially happen to me medically." Thus, the fact that the medical aspect of quitting was not very important at least to a minority of this sample, surprised me and disturbs me. It is obvious that psychological factors are at play here, including denial, and the "it can't happen to me" syndrome, which gives people the mindset that they can continue smoking.

Another surprise to me was some respondents' bold assertions that they could quit at any time (had never tried yet though) and that it would most likely not be very difficult. One of the respondents is a casual smoker, and several of his responses outright shocked me. For instance, he stated, "he does not believe in resources" when it comes to helping people quit smoking. When I followed up his questionnaire with a brief phone interview, he was insistent that because he was a casual, social smoker, none of the regular factors that apply to full-time smokers, would apply to him in regards to quitting. He just felt that he could stop at any given moment and that it would not be difficult at all, despite the fact that he had nothing to

base his assertions on, as he had never tried to quit. Again, the element of denial is very important in my opinion, and I will be interested to see how things play out for this respondent as he is planning on quitting in the next year. Interestingly, when he is asked in the questionnaire about denial issues, he does not believe that he exhibits any denial. In any case, I will keep track of his progress, but I believe he will have a significantly more difficult time quitting than he anticipates.

One area that surprised me as well was that most respondents felt that the key to quitting smoking was really wanting to do so. This surprises me because why would they not want to do so, when so many negative consequences come from smoking? One respondent stated, “we know we are killing ourselves, but in the end, we don’t really care.” Again, the issue of denial crops up, but there is also an underlying issue here, and that is that a subgroup of smoker’s legitimately enjoy the experience of smoking, and have weighed the possible consequences of smoking with their enjoyment of smoking, and the enjoyment has won out. Would a support group help these types of people? My guess is no, because they do not see smoking as a problem, and they do not feel that they need something outside of themselves to help them solve this problem. They are not ready in my opinion to get help. An interesting finding from this data then, is that my hypothesis about support groups helping both smokers and non-smokers (those who have already quit) may only hold true to those who recognize that smoking is a problem, and is something to overcome. I had never realized that some smokers do not see it this way, and am surprised to some extent.

What also surprised me was that the addiction aspect of quitting smoking, which although a factor discussed in interviews, was not held to be a significantly important one. Though it was rated by all three respondents who had tried quitting unsuccessfully, as a factor, none of them when probed further, rated it in the top three of most important factors.

Almost all of the respondents recognized that smoking and quitting smoking is a choice, and that they are not victims to a drug that dominates them. With the exception of one respondent, all of them took responsibility for their smoking, and felt that it was within themselves to quit, or not to quit. I am surprised by this to some extent because I have observed a number of smokers over the years, who have told me that smoking is an addiction and disease, and that quitting is out of their control. I never really knew what to think of this, but the data from these interviews clearly proves to me that smokers in general do not blame their inability to quit on the addiction itself. More commonly, it is associated with other issues working in combination, but that addiction issues are not the most important part of the process. Except perhaps, in the initial stages of quitting when they are going through withdrawal.

What then can I take from the data? One important element is that it is obvious that mindset plays a key role in one’s ability to quit. When I start my not-for-profit organization, I must be cognizant of the “permanency aspect”, and utilize strategies similar to grieving steps experienced in losing a loved one, that will help smokers stay off the habit for the long term. Two, from the data it is clear that specific issues have to be addressed by this not-for-profit organization (can not take a universal, “one size fits all” approach to dealing with the quitting issue), which allow those who attend to be comfortable, and not feeling judged, and recognizes that each smoker has their own unique needs. Respondents do not want to generally

participate in a self-help group full of strangers, and full of people getting together to complain about their cravings and withdrawal symptoms. What respondents generally seem to want is an organization that reminds them of the things they already know, and to establish accountability and responsibility measures (goal-directed outcomes) for them. This organization then, would be a place to go to regularly to discuss short term outcomes reached, current barriers, and to reestablish why they are off smoking in the first place (be it social, financial, health, or other reasons.) This data is invaluable in providing me with an understanding of what exactly smokers want and need in such an organization. Third, the data suggests that other factors such as stress, peer pressure, and cultural representations of smokers, all play a role in why people find it difficult to quit smoking. Stress is something that all respondents discussed, and it seems to be a key factor in why people make the impulsive (usually the case) decision to go back to smoking. They may be having a bad day, or have a lot going on in their lives, and it is easy for them to go back to something that has previously acted as a stress reliever. Therefore, any organization I establish must provide stress related coping strategies as a key part of the counseling. Peer pressure (wanting to fit in or be cool) is something that got most people started, but it is also a reason why some people do not quit. When it is all around them, they find it hard not to smoke. Any organization I create would have to provide methods of avoiding other smokers, or methods of abstention when around smokers. Otherwise, it would be ignoring a key aspect of quitting. As well, culture plays a role in that many smokers feel that by smoking they are taking on the culturally created role of “the rebel” or “the social butterfly”. It is important to recognize that smoking does not exist in a vacuum, but is part of the larger society. Society’s views on smoking have changed greatly over the years, as evidenced by the data, where several respondents stated that they were uncomfortable with the “smokers label”, and with the fact that smoking in today’s society is often seen as “anti-social” behaviour. Making appeals to these negative labels, while recognizing why many smokers started in the first place (when it was cool to do so), would be an interesting part of any counseling sessions that go on in my future organization.

What also came out of this paper is I now have an even more genuine empathy towards smokers, particularly those who want to quit, but struggle with it. Previously, I had some empathy towards their struggles, but also was quick to label smokers as “weak- willed”, “egocentric”, and “selfish”. But now I do not see them this way. They are people who need help and deserve my attention and empathy. Putting labels on them or treating them as outcasts is not the answer. Finding ways to “help them help themselves” is the answer, and I plan on being an important part of that movement, by creating an organization that caters to their unique needs. Being a non-smoker all of my life, I feel my active role in such a project would be helpful in a number of ways, with one of the most important ones being that it shows all people that we do not need to be divisive on this issue. Instead, smokers and non-smokers can work together to create a healthier and happier society in the long run.

Where do I go from here? I am going to continue doing these kinds of interviews with the smoking population, and see whether the data collected here holds true. If the data remains the same, and continues to suggest that my hypothesis has some validity, then I will move ahead with the creation and establishment

of such an organization over the next two years. That to me would be a worthwhile project to undertake, and this organization would be open to smokers, non-smokers (those who quit), and their families, as families are greatly impacted on multi-levels by the smoking issue. Do I see this solving the smoking issue over night? Of course, I do not. But it is a step in the right direction, and based on the evidence here, it would be welcomed by most members of society. What started me down this road was the death's of my parents to smoking related illnesses. What keeps me going down this road is that so many others have suffered and will suffer if smokers are not assisted and counselled in ways similar to AA. Smoking is a disease that needs to be treated, and also is a life-long battle. For those who want to quit, they must first really want to do so for themselves. If a person does genuinely want to quit, and is willing to see this act as a permanent outcome, and is open to the support of a formal organization, the data suggests a likelihood of success. That is what I had hoped to discover from the outset of this study, and now with the data suggesting I am on the right track, I feel confident moving forward that I have a far better understanding of why people continue to smoke, despite all the warnings around them.