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## *Joel's Reinforcement Library*

**NEVER TAKE ANOTHER PUFF!**

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### *Setting Quit Dates*

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Conventional wisdom in smoking cessation circles says that people should make plans and preparations for some unspecified future time to quit. Most people think that when others quit smoking that they must have put a lot of time into preparations and planning, setting quit dates and following stringent protocols until the magic day arrives.

When it comes down to it, this kind of action plan is rarely seen in real world quitters. I emphasize the term real world quitters as opposed to people quitting in the virtual world of the Internet. People who seek out and participate in Internet sites do at times spend an inordinate amount of time reading and planning about their quits before taking the plunge. Even at our site we see people say they were reading here for weeks or months before finally quitting and joining up. Although I suspect there are a fair number of people who had already decided to quit right away and searched us out after their quit had begun, and some people who may not have actually decided to quit but who when finding [WhyQuit.com](http://WhyQuit.com) and seeing cigarettes for what they are decided then and there to start their quits.

Getting back to real world experience though, the best people to talk to when it comes to quitting smoking are those who have successfully quit and have successfully stayed off for a significant period of time. These are people who have proven that their technique in quitting was viable considering they have quit and they are still smoke free. Talk to everyone you know who is off all nicotine for a year or longer and find out how they initially quit smoking. You will be amazed at the consistency of the answer you get if you perform that little survey.

People are going to pretty much fall into one of three categories of stories. They are:

- People who awoke one day and were suddenly sick and tired of smoking. They tossed them that day and never looked back.
- People who get sick. Not smoking sick, meaning some kind of catastrophic smoking induced illness. Just people who get a cold or a flu and feel miserable. They feel too sick to smoke, they may feel too sick to eat. They are down with the infection for two

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or three days, start to get better and then realize that they have a few days down without smoking and decide to try to keep it going. Again, they never look back and stuck with their new commitment.

- People who leave a doctors office who have been given an ultimatum. Quit smoking or drop dead--it's your choice. These are people for whom some sort of problem has been identified by their doctors, who lay out in no uncertain terms that the person's life is at risk now if they do not quit smoking.

All of these stories share one thing in common--the technique that people use to quit. They simply quit smoking one day. The reasons they quit varied but the technique they used was basically the same. If you examine each of the three scenarios you will also see that none of them lend themselves to long-term planning--they are spur of the moment decisions elicited by some external circumstance.

I really do encourage all people to do this survey, talking to long- term ex-smokers in their real world, people who they knew when they were smokers, who they knew when they quit and who they still know as ex- smokers. The more people do this the more obvious it will become how people quit smoking and how people stay off of smoking. Again, people quit smoking by simply quitting smoking and people stay off of smoking by simply knowing that to stay smoke free that they must never take another puff!

*Joel*

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The British Medical Journal reported an interesting study that tied into this article very well. Here is a link to the abstract of that study:

<http://www.bmj.com/cgi/content/abstract/bmj.38723.573866.AEv1>

I wrote a reply to the Journal that was posted on its response website. Here is a link to that reply:

<http://www.bmj.com/cgi/eletters/bmj.38723.573866.AEv1#127706>

That commentary elicited a reply from another person, who was basically trying to give the impression that serious scientists shouldn't put too much emphasis on real world experiences. I wrote a reply to this editorial but it somehow did not seem to get past the editorial review

board at the British Medical Journal. I think the reply is still valid so I am attaching it below:

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## Re: Flawed reasoning

Joel Spitzer,  
Health  
Educator  
*Conduct Stop  
Smoking  
Clinics for the  
Evanston and  
the Skokie  
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Departments  
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"...because something commonly happens in a particular way 'in the real world' then this should be considered the best way."

Send response  
to journal:  
[Re: Re:  
Flawed  
reasoning](#)

Smoking cessation experts often seem to have to be telling people to dismiss real world experiences. Usually I see a little different variation of the comment above. Common statements I have seen are something to the effects that while it is likely that a person may at times encounter real world quitters who succeeded by using non-recommended techniques, usually meaning no pharmaceutical intervention or in what this study is showing, people who used no set quitting date, that these people are just the exceptional cases. What the experts are trying to do in effect is discredit observations made by people, making them think that the occurrence of such experiences are really rare.

The author above was at least accurate enough to say, "While it is true that most smokers who quit do so without any specific behavioral support or pharmacological treatment..." The rest of the comment was going on to try to give the impression that there would have been even more successful quitters if people would just do what smoking cessation experts say should work as opposed to doing what actual quitters continually say has worked for them.

The tactic being employed here is to leave the impression that we could just have a whole lot more successful quitters if people would just utilize the miraculous effective products out there that actually help people to quit. There is also the perception being portrayed that there really are very few ex-smokers out there because most who have tried to quit have done so unaided and everyone just knows how improbable it is for people to be able to quit in an unaided attempt.

Medical professionals and the general public are being misled to believe that quitting smoking is just too plain difficult for people to do on their own and that the odds of a person actually quitting on their own is really pretty dismal.

This would all make perfect sense if not for the fact that we have so many successful ex-smokers in the real world. In America, we have more former smokers than current smokers. Over half of the people who used to smoke have now quit smoking. From the comment made above it should be clear to all that most of the people who have quit either did not know of professional recommendations for quitting or chose to ignore professional intervention techniques. Yet these people successfully quit anyway. I think that this is an important point to hit home with all medical

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professionals. The medical profession has got to start to help people to realize the real potential of success that individuals do have to quit smoking instead of perpetuating the idea that quitting is just too hard for an individual smoker to expect to actually succeed without help.

While this article should have been about planning techniques, the original author and a few experts weighing in on the discussion have tried to turn it into a referendum on selling pharmaceutical interventions. Nicotine replacement products have been around for over two decades now-- and a significant percentage of smokers have used them to try to quit smoking. If a product has been around for decades, used by millions of people worldwide, AND, has been truly effective, it should be easy for most health care practitioners to come up with lots and lots of successful patients, colleagues, family members and friends who have quit with these products.

As I said in my original commentary above:

" I don't believe that there is a single professional smoking cessation "plan your quit" advocate who will suggest other medical professionals should take a similar survey. For if they did their study results would almost certainly be called into question when the health care professional starts seeing the results of his or her real life survey. The experts will end up having to spend quite a bit of time trying to explain away the discrepancy, using rationalizations like the people who planned their quit "didn't do it right" or didn't "plan" long enough or were "just more addicted smokers."

In all honesty, I don't expect my encouraging of real world observations by health care professionals to have much impact with smoking cessation experts. They are going to profess to believe whatever other experts keep telling them to believe or, what the funders of their studies believe.

I do however believe that health care workers who are on the front line and actually deal with patients who smoke are going to be a bit more critical and analytical about this. If they spend any time talking with patients they are going to see through the rhetoric and the rationalizations of the experts.

I have always tried to disseminate the message that just because something works in the lab or in study conditions doesn't necessarily translate to the fact that the process will work in the real world. The smoking cessation experts seem to have to work on the basis that just because something works in the real world doesn't mean that it is a good approach if it doesn't seem to work in a lab.

I have high hopes that medical professionals really wanting to help their patients are going to be more influenced by what they see is successful than by being told by the experts what should be successful, but somehow not replicable in their own practices.

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