

## Smokefree Insights from Brian Millen

Brian Millen is the Hospital Smokefree Coordinator for Waitemata District Health Board.

- **Key Challenges in helping someone to quit....**

Nicotine dependence is an incredibly interesting subject that can be as complicated or as simple as you make it. My preference has always been to selectively work with smokers who, for one reason or another, have absolutely no confidence in their ability to quit. Usually these are people who have smoked long past the point where they have been diagnosed with a smoking related disease. They know the risks and usually have a good understanding of the seriousness of continuing to smoke. Some want to quit, but multiple unsuccessful attempts in the past have left them feeling a sense of 'worthlessness', while others can't really bear the thought of living without smoking. For many, smoking has become so entangled in their emotional web of everyday activities and life events that it ends up being the first thing they turn to when it all starts to go wrong.

Imagine what it then feels like when someone suggests that they should quit! The thought of replacing smoking with something else, just when they need it the most, can be almost unbearable. Think of it in terms of a poorly understood addiction complicated by the unenviable mix of ambivalence and trepidation. Add in the pressure of not wanting to let people down, habitual cues, deeply ingrained associations, and a poorly defined recovery period that feels like it may last forever, and it's not difficult to see why some smokers don't make it past the first hour.

In terms of support, it's a huge benefit if you can provide a personal and meaningful framework that allows each smoker to see how some elements of their everyday behaviour are being influenced by the physical properties of nicotine dependence. Next, it helps if you can put some bones on it by looking at how their thought processes influence the mix and also how pharmacological support options may or may not help. With the framework established (and agreed) it's then possible to involve them much more actively in the planning and preparation. By using the same framework to explore relapse prevention, it's possible to support around 1 in 3 smokers to quit.

- **Highlights...what I get out of it.....**

By selectively working with smokers least likely to quit I get to meet some amazing people whose lives have been unfortunately been devastated by smoking. This brings challenges, heartache and joy in equal measures. Of course it's challenging working with someone who has all but given up hope of surviving past their next episode of chronic illness, but cannot see an alternative option. And yes, it's also heartbreaking to watch someone pass away because of the damage caused by a lifetime of smoking. But at the same time, it's almost impossible to describe how it feels to support someone to quit smoking when previously they had only ever considered staying shackled to cigarettes for the remainder of their not so comfortable life. People often call years after quitting and they still have as much excitement and pride in their voice as they did when they made it to their first 24 hours without a cigarette. Often they've also ended up supporting family and friends to quit. All of these factors drive the passion; they all make it worthwhile.

- **Words of wisdom.....**

Don't buy in to the fallacy that smoking is a choice. Smoking only becomes a choice when you have equal knowledge of, and access to, the alternatives.