




## Successful Smoking Cessation by Moderate Smokers: A Case Series

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### ABSTRACT

Indonesia is one of the countries with the largest smoking population worldwide, and remains the only ASEAN nation that has not ratified the Framework Convention on Tobacco Control (FCTC). This has led to the continuous increase in catastrophic diseases recorded every year. Meanwhile, the role of health workers, specifically nurses, is very crucial in reducing smoking behavior. Cessation is a surefire strategy to start improving public health and the environment, although the initial steps are very difficult for active smokers. Therefore, effective programs and strategies consistent with individual motivation and cultural contexts are needed to achieve optimal smoking cessation outcomes. Three active moderate smokers aged 20, 21, and 45 years followed the programs and strategies provided for 3-6 months. The results showed smoking cessation was successfully achieved. The strategies adopted, namely Self Awareness, Sounding, and Support Systems, have the potential to successfully achieve smoking cessation. The process requires a personal approach and knowledge about possible motivations, as well as smokers culture to function properly. Furthermore, strengthening is also needed as a support system to prevent a relapse.

**Keyword:** Moderate smokers, Smoking cessation, Self-awareness, Support systems.



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### 1. Introduction

According to West (2017), smoking is a major contributor to the rise in cases of non-communicable diseases (NCDs) worldwide. Despite the numerous detrimental effects, the number of users in recent decades has increased. Approximately 6 million deaths annually are attributed to tobacco use among the 1.1 billion smokers worldwide, and this figure is estimated to increase every year (Drope et al., 2018). Zafeiridou et al., (2018) described Indonesia as the world fifth-largest producer of tobacco and the only ASEAN country not included in the Framework Convention on Tobacco Control (WHO-FCTC) movement. The Basic Health Research Data (Riskesdas, 2018) shows a 33.8% prevalence of smoking amongst Indonesians over 15 years old, as well as an increase in the percentage of related diseases, including hypertension, stroke, CVD (cardiovascular disease), and cancer (Indonesian Ministry of Health, 2018).

Smoking cessation is considered an efficient and cost-effective technique to reduce the incidence, prevalence, and mortality rate of NCDs (Kenfield et al., 2008). Based on previous studies, numerous recommendations have been suggested to foster quitting, including counseling, pharmacological therapy,

programs, and other strategies owned by NGOs or local governments. However, not all individuals are ready to cease smoking, possibly due to the influence of determinant social factors, including the residential environment, community culture, lifestyle, and others. Cessation act is also difficult in a society where the habit is not considered taboo (Pisinger et al., 2018). Therefore, nurses in communities have a crucial obligation to continually counsel and reassure patients, families, as well as the general public, in an attempt to accelerate the creation of awareness on smoking (Kazemzadeh et al., 2017; Rice et al., 2017).

Based on the above discussion, this case study aims to examine how smoking cessation programs implemented were successful within three months. The information required to accelerate proper cessation was conveyed directly to each person in the institution. Three of the numerous smokers decided to quit and immediately consented to follow through. In addition, the help and support of various parties in the community were also required for effective cessation.

## **2. Case Presentation**

This case series describes three moderate smokers with established histories who voluntarily participated in a non-pharmacological smoking cessation program at a health education institution in Palembang, South Sumatra, Indonesia. The participants included two male nursing students (aged 20 and 21 years) and one male security staff member (aged 45 years), all of Indonesian ethnicity. The intervention was implemented through a structured program based on the "3S approach" (Self Awareness, Sounding, and Support System), adapted from established behavioral modification principles and delivered through multiple channels, including formal lectures, post-prayer educational sessions, and individual counseling. The program was conducted by nursing faculty with expertise in community health promotion and smoking cessation counseling, supported by peer networks and institutional resources. All participants had moderate smoking patterns (1-2 packs per day) with histories ranging from 5 to 35 years, and previous unsuccessful quit attempts in the case of the older participants. Programs and strategies for successful cessation were presented to smokers during teaching and learning activities, through lectures after midday prayers, and also in person.

### *2.1 Case 1*

Mr. W, 20 years old, was a third-semester student at a health education institution in Palembang, South Sumatra. This participant has smoking history initiated at junior high school, and is known to consume approximately 1 pack (12 filter cigarettes) per day. In addition, the parents were aware of the habits and were only able to advise on the practice of moderate smoking. Currently, the participant lives in an area around campus with friends and does not consume cigarettes while on campus. However, the habit is recommenced while out with friends or attending to class assignments.

Mr. W volunteered to quit smoking 5 months ago after the program was offered with a defined strategy. The process required a formal commitment agreement, where the participants are expected to follow the programs and strategies provided with enthusiasm. Furthermore, groups were also formed on social media as a means of discussion and reminders. In the first week, meetings were scheduled to discuss the results obtained and the individual feelings after smoking cessation. This period was very difficult, as smokers tend to seek replacements for the taste with other foods or drinks. Sweets and snacks served as nicotine substitutes during the withdrawal. Meanwhile, some of Mr. W friends in the boarding house frequently offered to smoke or give free cigarettes despite the boldly written announcement stipulating the desire to quit. Encouragement from family (parents) and classmates was identified as the most helpful support for smoking cessation. The participant reportedly experienced a headache and felt strange in the sense of taste within the first week, accompanied by an increase in saliva and appetite. Gradual adjustments were observed from the second week, as the appetite to smoke slowly disappeared. Based on the observations, the habit completely disappeared within 2 months.

### *2.2 Case 2*

Mr. J, 21 years old, was Mr. W classmate known to have initiated smoking habit from junior high school. This participant approximately consumes 1 pack (12 cigarettes) per day, and is currently living in male dormitory of health education institution adjoining the educational institution. The parents have recognized the active smoking behavior, and cessation attempts were unsuccessful. Despite the self-discipline to not engage in smoking activities on campus and in the dormitory, an elevated appetite prompts Mr. J to leave the environment. These cravings appear most often after eating (breakfast, lunch, or dinner), and smoking is inevitable while taking a walk or hanging out with friends.

Similar to Mr. W, Mr. J volunteered to quit after receiving information about existing strategies and programs. The challenges of quitting 5 months ago were very similar, featuring dizziness experienced for up to day 5, feeling different, and insomnia in the first week, as well as increased appetite. The roommates in dormitory offered free cigarettes, hence, Mr. J was advised to move rooms with non-smoking students and place an announcement at the door stipulating the desire to quit. The use of spicy candy and snacks was also effective in reducing the cravings, and the process required sufficient quantities to replace the taste of cigarettes. After about 2 months, the desire to smoke was eliminated, and cessation was completely successful.

### 2.3 Case 3

Mr. Y, 45 years old, was one of the security staff at the health education institution, reported to have smoked for 35 years, initiated at junior high school to date. In addition, the total number consumed per day was 1-2 packs (12-24 sticks), mostly spent while working at night. This participant has attempted quitting several times but failed, as the relinquishment was never sustained for up to 1 month. The behavior was attributed to the personal feeling of something missing in daily activities. The participant volunteered 3 months ago after a briefing about the strategies to be adopted. The first step was to agree, directly proven by throwing away and breaking the remaining cigarettes as evidence of seriousness. In addition, a notification was written regarding the desire to quit through the work social media group. An announcement was also posted to inform the wife, children, family, and neighbors.

The symptoms experienced within the first week of cessation include severe headache for 3 days, which gradually disappeared on day 6. The loss of taste on the tongue prompted the use of candy to remove the cigarette flavor. However, this attempt was unsuccessful because the material used predisposed the participant to toothaches, leading to the replacement with crackers. Another method adopted to divert the senses in instances where food use was not efficient included participation in archery exercises. Numerous neighbors offered free cigarettes at home. Therefore, Mr. Y was advised to throw all smoking-related materials away (ashtrays and others) and provide a notification board at the door, stipulating the area as smoke-free. The cravings disappeared after 1.5 - 2 months, and there was also a feeling of better health, as the nasal symptoms associated with sinusitis gradually receded.

## 3. Discussion

This case study describes three individuals with a history of moderate smoking, and currently living at a health education institution in Palembang, South Sumatra, Indonesia. Specifically, two smokers were identified to be nursing students, while one was a security staff (all male). The cessation strategy was based on the MPOWER strategies by WHO, consisting of six key interventions for tobacco control. This case series focused on the O (offer help to quit tobacco use) using non-pharmacological interventions, including 1) Self Awareness, 2) Sounding, and 3) Support System.

Self-awareness was used to provide detailed information about the potential dangers as well as the health impacts. This procedure is expected to increase physical, psychological, mental, and spiritual mindfulness. Assurance was also provided on the development of a strong desire and motivation to quit, with assistance required to serve as a positive impact. In addition, providing substantial information on the risks is a challenging task for health workers and other counselors, as a majority of individuals assume smoking has minimal effect (Krosnick et al., 2017). Intense counseling is also needed at this stage to facilitate immediate renouncement and prompt the zeal to undergo the entire process. This recommendation is relevant because acquittal instigates the experience of nicotine withdrawal symptoms, characterized by increased appetite, pain, and difficulty concentrating (West, 2017) in the early weeks. Smith, Carter, Dunlop, et al., (2015) reported on three factors implicated in successful cessation without using either drugs or professional counselors, including motivation, strong desire, and commitment to living the process. These concepts were found in the progression of all three smokers.

The ability to personally recognize smoking addiction as a condition affects the desire and motivation to quit immediately (Perski et al., 2019). The participants sometimes tend not to accept the programs and strategies provided, as several individuals assume everyone has different experiences with the methods applied (Morphett et al., 2015). However, this incident is not considered a huge problem, as patience in providing accurate information effectively influences an individual view, and ultimately facilitates method acceptance. The challenge is attributed to the misperception of an issue explored during cessation process (Smith, Carter, Chapman, et al., 2015). This underscores the need to modify programs and plans acceptable to a majority of smokers. The awareness and knowledge of smoking dangers strengthen individual intentions, desires,

motivation, and commitment to quit. Internal factors have a significant effect on self-awareness, and motivational interviewing also serves as a necessary support (Heckman et al., 2010). Therefore, counselors or motivators are required to immediately send invitation and prove the real intentions to quit smoking at this time. Compliance is confirmed by throwing away all remaining cigarette-related materials, followed by commitment with all personal might, as well as "sounding".

Sounding refers to direct announcement dissemination to the public through certain media, including family, friends, neighbors, colleagues at home, work environment, school, or through social media for smokers attempting to quit. The aim is to obtain support from the social environment and attract other addicts to cessation program. In addition, smokers were required to reward future witnesses of a defiance episode Rp 100,000 for every 1 cigarette consumed. Psychologically, the objective of the entire procedure is to serve as a source of strength and prevention, particularly for those monitoring the changes. Furthermore, announcements are possibly shared on the social media accounts of each smoker or posted at several points in the workplace, dormitories, boarding houses, and the easily visible spaces of the living area. This approach is conducted to support immediate quitting decisions, and other addicts are attracted to be dissuaded from the habit. However, there is the possibility of interference from some close friends known to offer free cigarettes, rather than ask for rewards. This emphasizes the need for consistency and strong commitment to rebuke all temptations to hinder progress. Engaging in intense discussions and exploring support from counselors, family, friends, and others is also important.

Support system refers to the assistance provided by parents/family, children, neighbors, classmates, hang-out buddies, roommates, co-workers, and counselors, physically, psychologically, and spiritually. This form of assistance is also needed through social media and intensive counseling, to ensure optimal running of cessation process (Chen et al., 2012). Health workers have a considerable role to play in facilitating the elimination of smoking habits (LaTorre et al., 2020). Therefore, both health workers and counselors are expected to consistently advise and support smoking cessation, as well as help in providing the appropriate therapy (Henley et al., 2019). This includes pharmacological or non-pharmacological approaches, comprising support and behavior therapy (West, 2017). It is also necessary to prepare a substitute for cigarettes in the form of drinks and food (candy, nuts, or crackers etc.) according to the individual needs and desires. This study showed the importance of family, co-workers, classmates, neighbors, and hangout buddies in completing smoking cessation process. The encouragement provided helps increase motivation and ensures consistency.

#### **4. Conclusion**

In conclusion, the results of this case series showed the effectiveness of the three S approach (Self Awareness, Sounding, and Support System) on smoking cessation as a strategy to be potentially adopted by nurses, both in the community and clinic. The entire restraint process includes motivation, consistency, and strong commitment between smokers and health workers or counselors in the aspect of increasing self-awareness of the possible impacts. Participation in discussions and individual decision to volunteer for quitting must be responded quickly and appropriately to ensure the patient desires do not change while being monitored. Public notification stipulating the current aspirations to stop smoking also plays an important role. Finally, support from family, neighbors, colleagues, classmates, and others is necessary, both socially and psychologically. The complete success often requires the provision of snacks, such as candy, which will replace cigarettes when the sensation to smoke occurs.

#### **Conflict of Interests**

None.

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#### **Ethical Approval**

This study was approved by the Research Ethics Committee No: 002902/KEP Universitas Muhammadiyah Ahmad Dahlan Palembang/2025. This case series was conducted in accordance with the Declaration of Helsinki. Informed consent was obtained before performing the procedure, including anonymity and permission for publication.

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