

New Treatment for ‘Change-Resistant Smokers’

Couples find the habit hard to break

By Joanne Littlefield

In the early days of Hollywood, the movies portrayed it seductively: the couple smoking together, enjoying a romantic interlude. Today, some couples find it extremely difficult to break that bond, despite overwhelming medical evidence that smoking kills. The lure of couples smoking is so strong that an anti-smoking campaign in Oregon actually uses a similar Hollywood scene to encourage quitting. In a black and white photo mimicking a movie scene, he says “Mind if I smoke?” and she replies “Care if I die?”

Cigarette smoking continues to be a leading cause of death from cardiac failure and lung disease. Despite the prevalence of nicotine patches, nicotine gum and hypnosis, cessation programs just don’t work for some people, says Michael Rohrbaugh, a professor of family studies and human development, and psychology. “Although effective cessation treatments exist, their overall effect is modest, and they rarely reach the high-risk, health-compromised smokers who need them most.”

After smoking for years together, many couples have woven the smoking regime into an integral part of their relationship. When one person seeks to quit, the dynamics of their relationship can change. A preliminary study led by Rohrbaugh found that family and relationship patterns contribute to the persistence of high-risk smoking.

Funded by the College of Agriculture and Life Sciences, the *Couples and Smoking Assessment Project* assessed physician-referred couples who had at least one partner continuing to smoke cigarettes despite multiple personal risk factors for heart disease. To identify behavior patterns that appeared to encourage smoking, Rohrbaugh and his colleagues conducted personal interviews and read three weeks of the smokers’ daily diaries. Through one-way glass in the laboratory, the researchers observed

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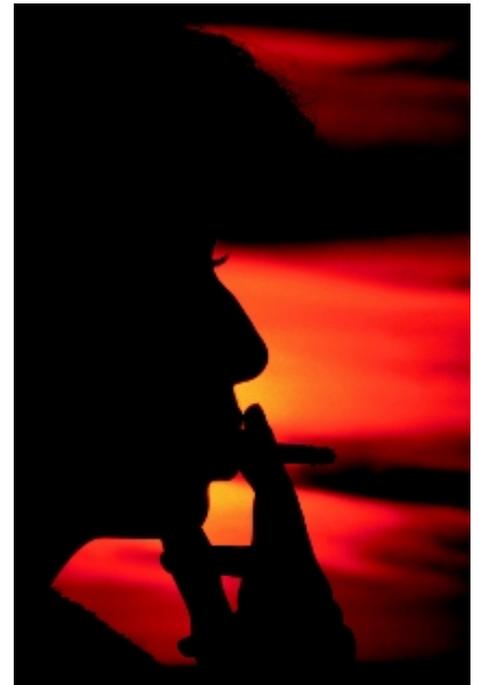
Smoking couples noted such things as “it’s the only time we talk” and “it’s our forbidden pleasure together.” In the couples with one smoker only, patterns emerged in the ways they tried to influence each other. Some commented, “The more she complains, the more I smoke.”

the couples while they smoked and also while they did not.

Rohrbaugh and his team noted the various “functions” smoking served in the couple’s relationship (e.g., drawing the partners together or keeping them apart), and sometimes in their interactions with other people. The team found that the effects varied depending on whether both partners smoked, or only one. Smoking couples noted such things as “it’s the only time we talk” and “it’s our forbidden pleasure together.” In the couples with one smoker only, patterns emerged in the ways they tried to influence each other. Some commented, “The more she complains, the more I smoke.”

Based on these findings and their previous work with alcohol-involved couples, Rohrbaugh, Varda Shoham, Director of Clinical Training in the Department of Psychology, and their colleagues are developing family-focused intervention for high-risk smokers and their spouses. The program will include some form of nicotine replacement therapy. The Family Consultation (FAMCON) Project, which begins in January 2000, is funded for three years by the National Institute on Drug Abuse. Shoham and Rohrbaugh are the principal investigators; collaborating investigators are Myra Muramoto, UA Family and Community Medicine; Scott Leischow, Arizona Program for Nicotine and Tobacco Research; and Rod Cate, School of Family and Consumer Sciences.

According to the researchers, the goal is to develop, standardize, and pilot test a systemic, couple-focused treatment. As in the previous study, this project includes physician-referred smokers who continue to use tobacco despite having symptoms of heart or lung disease or multiple risk



factors for heart disease. One difference in this treatment is that at least one of the smokers has expressed the desire to quit.

FAMCON is designed to complement other cessation programs. “We hope to encourage high-risk, change-resistant smokers to give up smoking for health reasons, and to set the framework for their family and friends to encourage them also,” Rohrbaugh says.

There is a special challenge in this treatment program to develop guidelines for what to do when smokers choose not to quit or who attempt to quit and then relapse. In addition to single-smoker couples, FAMCON will also treat couples who both smoke. A training manual and therapist training materials will be developed as the treatment project progresses. ❖