



# Positive smoker identity as a barrier to quitting smoking: Findings from a national survey of smokers in England



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## ABSTRACT

**Background:** It has been proposed that positive smoker identity may be an important factor undermining smoking cessation but very little research exists on this. This study tested the hypothesis that a simple measure of positive smoker identity would predict quit attempts over and above other known predictors in a population sample. More tentatively it explored whether this measure would also predict quit success. **Methods:** A representative sample of adult smokers in England ( $n = 9456$ ) was included at baseline and 2099 were followed-up at six months. Demographic and smoking characteristics, a single item measure of positive smoker identity (endorsing the statement: 'I like being a smoker'), measures of smoking-related attitudes, quit attempts and quit success were included.

**Results:** A total of 18.3% (95% CI = 17.5–19.2) of smokers reported a positive smoker identity. Adjusting for all other predictors, those with a positive smoker identity were more likely to be older ( $p < 0.001$ ), male ( $p = 0.013$ ), more nicotine dependent ( $p < 0.001$ ), have lower motivation to stop ( $p < 0.001$ ), have not made a quit attempt in the past year ( $p = 0.025$ ), enjoy smoking ( $p < 0.001$ ), and consider themselves to be addicted ( $p < 0.001$ ). Having a positive smoker identity independently predicted failure to make a quit attempt at six months ( $p = 0.007$ ). The independent association with quit success was similar in magnitude but did not reach statistical significance ( $p = 0.053$ ).

**Conclusions:** Only a minority of smokers in England have a positive smoker identity. However, where it is present it may be an important barrier to quitting smoking and merits further study.

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## 1. Introduction

Studies have consistently found that variables related to motivation to stop smoking (e.g., health concerns and enjoyment of smoking) are consistently predictive of quit attempts but less so of success of those attempts, whereas measures related to nicotine dependence (e.g., the Fagerstrom Test for Cigarette Dependence) are consistently predictive of quit success but less so of quit attempts (Vangeli et al., 2011). One important concept that so far has not been explored and which might have an impact on both quit attempts and success is what might be termed 'positive smoker identity.' If this construct is related to quit attempts and/or success, it may be an important target for messaging aimed at promoting smoking cessation. This paper aimed to address this gap.

There are many different ways of conceptualising identity and its role in behaviour (Schwartz et al., 2011) and there are different theories incorporating this construct to explain health behaviour (e.g., Identity Change Theory; Kearney and O'Sullivan, 2003). The PRIME Theory of motivation (West, 2006), one of the

few motivational theories that recognises the potentially pivotal role that identity can play in behaviour, provides the theoretical underpinning of this paper. It has been developed as an overarching model that can encompass models of reflective decision making as well as ones that focus on emotional and habitual drivers of behaviour (West, 2006). It defines identity as 'thoughts and images of ourselves and how we feel about these.' Thoughts are classified into 'labels' (the categories to which we consider that we belong, e.g., smoker), 'attributes' (the features we ascribe to ourselves, e.g., rebellious), and our 'personal rules' (the things that we do and do not do, e.g., not smoke indoors). Current identity and aspirational identity have positive and negative feelings attached to them that themselves can be a powerful source of wants and needs, which in turn are regarded as the primary drivers of purposeful behaviour (Oyserman and James, 2011; Vignoles, 2011; West, 2006).

Following the principle of parsimony, a positive smoker identity, one's positive feelings attached to the identity as a smoker, could be assessed by endorsement of the statement 'I like being a smoker.' For obvious reasons, a positive smoker identity would be expected to deter smokers from trying to quit, but the strength of this relationship has not been evaluated. Neither is it known whether the prediction is over and above other key variables, such as health concerns and enjoyment of smoking. It is possible that a

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smoker may enjoy smoking and not be concerned about the health consequences of smoking, but have not integrated these attitudes into a sense of pleasure or satisfaction about being a smoker. Conversely, a smoker may not derive any pleasure or satisfaction from the act of smoking or the pharmacological effects of nicotine and may accept that smoking is damaging to the health but, nevertheless, gain pleasure or satisfaction from self-identifying as a smoker. Positive smoker identity may also predict quit success where other motivational variables do not. This is because of the intrinsic motivational force of identity and its persistence.

Little research has been published on smoker identity. The majority of findings relating to the role of smoker identity in cessation have been reported in studies based on qualitative methods. It has been shown that both adult (Vangeli and West, 2012) and young smokers (Johnson et al., 2003) report shifting between different smoker identities (e.g., from 'smoker' to 'non-smoker') during the process of cessation. There is also some evidence that smokers make efforts to distance themselves from their unwanted smoker identity (Brown et al., 2011; Hoek et al., 2013; Thompson et al., 2009), but often this identity transition is not sufficient to achieve long-term abstinence, and they can carry on smoking secretly (Thompson et al., 2009) or occasionally (Brown et al., 2011; Hoek et al., 2013). Similarly, it has been found that young smokers with a strong non-smoker identity are more likely to remain abstinent when compared with heavy smokers with an established smoker identity, even though they also report negative feelings about smoking and being a smoker (Johnson et al., 2003).

Quantitative studies suggest potential discrepancies between smoker identity and behaviour, that is, despite smoking cigarettes people deny being a smoker (Berg et al., 2009; Choi et al., 2010; Levinson et al., 2007; Ridner et al., 2010). Those denying their smoker identity tend to be younger, male (Berg et al., 2009), to smoke occasionally (Levinson et al., 2007) and to not have made a quit attempt in the past year (Berg et al., 2009). There is some evidence that having developed a smoker identity is associated with smoking escalation in adolescents (Hertel et al., 2012) and resistance to anti-tobacco messages (Falomir and Invernizzi, 1999; Freeman et al., 2001). Smokers with a smoker identity have been found in two studies of specific groups of smokers to be less likely to intend to (Falomir and Invernizzi, 1999) and make a quit attempt (van den Putte et al., 2009). Moreover, smoker self-concept and abstainer self-concept at baseline were reported to be important factors in predicting the success of smoking cessation treatments among adults (Shadel and Mermelstein, 1996).

Overall, the literature on smoker identity suggests that positive smoker identity could play a role in both quit attempts and quit success, but the picture is not clear, and no study has examined this construct in a representative sample of smokers.

This study aimed to advance our understanding about determinants of smoking cessation by examining the role positive smoker identity plays in making quit attempts as well as in quit success prospectively. It addressed the following research questions: (1) What is the proportion of smokers in a nationally representative sample who report a positive smoker identity? (2) What socio-demographic, smoking variables and smoking-related attitudes are associated with positive smoker identity? (3) What is the predictive relationship between positive smoker identity for quit attempts and quit success at six months follow-up with and without adjustment for other predictors?

## 2. Methods

### 2.1. Study design

Data were collected as part of the Smoking Toolkit Study (STS; <http://www.smokinginengland.info>). The STS is ongoing and

comprises (1) a series of monthly household surveys monitoring national smoking and smoking cessation figures and related behaviour patterns in representative samples of adults in England, (2) postal follow up of each monthly wave six months later. The STS uses a random location sampling design with initial random selection of grouped output areas (containing 300 households), stratified by ACORN characteristics, an established geo-demographic analysis of the population (<http://www.caci.co.uk/acorn/acornmap.asp>), and region followed by face-to-face computer assisted interviews which were carried out each month by the Taylor Nelson Sofres-British Market Research Bureau with one adult member (age 16 and over) per each selected household. Follow-up questionnaires at six months after the baseline interview are sent to those agreeing to be re-contacted. Further methodological details are reported elsewhere (Fidler et al., 2011). The University College London ethics committee approved the Smoking Toolkit Study.

### 2.2. Participants

Measures used in the current study were included between June, 2010 and March, 2012, during which 43,079 adults aged 16 and over participated in the STS. A representative sample of current cigarette smokers who reported smoking cigarettes (including hand-rolled) either every day or occasionally, and provided data for all variables included in the analyses comprised the baseline sample ( $n = 9456$ ). Of these, 2099 (22.2%) completed the 6-month follow-up questionnaire. The follow up rate is typically low for this kind of household survey because it seeks to maximise representativeness of the baseline survey and so those taking part in the baseline survey do not necessarily have any interest in being followed up. Although the follow up rate was low, the sample followed up has been found to be similar on key variables to those not followed up (Beard et al., 2013; Fidler and West, 2010; Smit et al., 2011). Any bias leading to range restriction would lead to underestimate of predictive relationships.

### 2.3. Measures

Data on demographic characteristics, including gender, age and social-grade, were collected. In the analysis we used dichotomised social grade categories: Non Routine and Manual (AB = higher and intermediate professional/managerial and C1 = supervisory, clerical, junior managerial/administrative/professional) and Routine and Manual (C2 = skilled manual workers, D = semi-skilled and unskilled manual workers and E = on state benefit, unemployed, lowest grade workers).

Attitudes to smoking were assessed with: 'How do you feel about being a smoker?', and participants stated whether they agreed ('Yes' or 'No') with the following statements: 'I like being a smoker', 'I enjoy smoking', 'I am addicted to smoking', 'I am confident I could stop if I tried', 'I am worried that smoking is harming my health right now', 'I am worried that smoking will harm my health in the future', 'I am worried about the effect of smoking on my family and loved ones' and 'Smoking is costing me too much money'. Participants could tick all that applied to them. According to our definition, positive smoker identity was assessed by the agreement with the statement 'I like being a smoker'.

Other smoking characteristics were assessed as follows. Nicotine dependence was measured with the established Heaviness of Smoking Index (HSI), a composite measure of the numbers of cigarettes smoked per day and time to first cigarette (Heatherton et al., 1989). Motivation to quit was assessed with the validated single-item measure: the Motivation To Stop Scale (MTSS) which ranges from 1 'not want to' to 7 'really want to and intend to

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