



Does non-smoker identity following quitting predict long-term abstinence? Evidence from a population survey in England



Ildiko Tombor^{a,*}, Lion Shahab^a, Jamie Brown^a, Caitlin Notley^b, Robert West^a

^a Cancer Research UK Health Behaviour Research Centre, University College London, WC1E 6BT, UK

^b School of Medicine Health Policy and Practice, University of East Anglia, NR4 7TJ, UK

HIGHLIGHTS

- Smoker identities have been proposed to influence the success of quit attempts.
- Prospective associations were assessed in a representative sample of ex-smokers.
- The majority of people who quit in the past year consider themselves as non-smokers.
- Younger age and longer abstinence associated with a post-quit non-smoker identity.
- Adopting a non-smoker identity after quitting can predict medium-term abstinence.

ARTICLE INFO

Available online 19 January 2015

Keywords:

Smoking cessation
Smoker identity
Ex-smokers
Smoking Toolkit Study
Representative sample

ABSTRACT

Aims: 'Categorical self-labels' (e.g. thinking of oneself as a smoker or non-smoker) are important aspects of identity that can have a fundamental influence on behaviour. To explore the role identity aspects relating to smoking can play in smoking cessation and relapse, this study assessed the prospective associations between taking on a non-smoker identity following quitting and long-term abstinence.

Methods: A representative sample of 574 ex-smokers in England who quit smoking in the past year was followed-up at three ($N = 179$) and six months ($N = 163$). Post-quit identity relating to smoking ('I still think of myself as a smoker' or 'I think of myself as a non-smoker'), and demographic and smoking-related characteristics were assessed at baseline. Self-reported smoking abstinence was assessed at follow-ups.

Results: Non-smoker identity was reported by 80.3% (95%CI 76.8–83.4) of recent ex-smokers. Younger age ($p = 0.017$) and longer abstinence ($p < 0.001$) were independently associated with a post-quit non-smoker identity. After adjusting for covariates, non-smoker identity ($p = 0.032$) and length of abstinence at baseline ($p < 0.001$) were associated with continued abstinence at three month follow-up, and baseline length of abstinence ($p = 0.003$) predicted continued abstinence at six months.

Conclusions: The majority of people who quit smoking recently consider themselves as non-smokers. Younger people and those who have been abstinent for longer are more likely to take on a non-smoker identity. Ex-smokers who make this mental transition following a quit attempt appear more likely to remain abstinent in the medium term than those who still think of themselves as smokers.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

The proportion of ex-smokers who remain abstinent permanently is low (West, 2006). Some forms of pharmacological treatments can be effective in preventing relapse (Agboola, Mcneill, Coleman, & Leonardi-Bee, 2010; Hajek, Stead, West, Jarvis, & Lancaster, 2009), but systematic reviews have consistently found insufficient evidence of the effectiveness of behavioural relapse prevention

interventions (Agboola et al., 2010; Hajek et al., 2009). To improve behavioural approaches that aim to help people sustain their initially successful quit attempts, we need to advance knowledge of factors that can contribute to long-term behaviour change. 'Identity' has a pivotal influence on health behaviours (Kearney & O'Sullivan, 2003; Oyserman, Fryberg, & Yoder, 2007; Vignoles, 2011; West & Brown, 2013) and it has been recognized as a potentially useful target for behaviour change interventions (Oyserman & Destin, 2010; Vignoles, 2011; West & Brown, 2013). Yet, there has been little published research on the role it can play in relapse or maintained abstinence in recent ex-smokers.

Approximately 75% of aided quit attempts (Ferguson, Bauld, Chesterman, & Judge, 2005) and 95% of unaided quit attempts fail

* Corresponding author.

E-mail address: ildiko.tombor.11@ucl.ac.uk (I. Tombor).

within a year (Hughes, Keely, & Naud, 2004) with relapse being highest early on, typically in the first few weeks of abstinence (Hughes et al., 2004). Although the risk of relapse decreases sharply over time, it can remain substantial even after years of abstinence (Hawkins, Hollingworth, & Campbell, 2010; Hughes, Peters, & Naud, 2008; Yudkin et al., 2003). The process of relapse always starts with an initial lapse that involves a momentary suspension of inhibition to act on impulses to smoke triggered by external or internal stimuli (West & Brown, 2013), such as availability of cigarettes (Minami, Tran, & McCarthy, 2014) and negative mood (Vangeli, Stapleton, & West, 2010b), which can progress to complete relapse (Shiffman et al., 2006). Therefore, to achieve sustained behaviour change people need to exercise self-control to inhibit impulses to smoke and govern behaviour in accordance with desires not to smoke, and for which identity has been proposed to provide a potentially powerful motivational source (West & Brown, 2013).

Building primarily on the PRIME theory of motivation (West & Brown, 2013), we consider identity as a psychological construct that comprises people's mental representations of themselves, including their thoughts and images about themselves as they are at present and as they aspire to become in the future. As proposed by the social identity theory (Tajfel & Turner, 1986) and the self-categorisation theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), the PRIME theory also recognizes that important aspects of identity are 'self-labels' that describe the categories to which people consider that they belong (e.g. thinking of oneself as a smoker or non-smoker). In addition, people set 'personal rules' for themselves that specify a range of purposeful behaviours that they do or do not do as per their valued identity aspects (West & Brown, 2013). People are motivated to act in accordance with these identities, and if triggered by the context, salient identities can evoke identity congruent cognitions and behaviour (Oyserman & Destin, 2010; Oyserman et al., 2007). In the context of smoking cessation, making a deep identity change from being a smoker to a non-smoker after a quit attempt is more likely to prompt the formation of strong personal non-smoking rules and generate motives to adhere to this rule in any relevant moment when opposing motives arise (Lei Hum, Bulgiba, Shahab, Vangeli, & West, 2013; West & Brown, 2013).

Only a few studies have been published specifically about ex-smokers' identities following quitting. It has been reported that most people made the mental transition from 'being a smoker' to 'being a non-smoker' following quitting (Johnson et al., 2003; Vangeli, Stapleton, & West, 2010a; Vangeli & West, 2012); nevertheless, approximately a fifth of people who had quit smoking more than two years ago still identified themselves either with 'reluctant non-smoker' or 'smoker who is not smoking' self-labels (Vangeli et al., 2010a). Those who had been smoking for longer prior to their most recent quit attempt were more likely to retain a smoker identity despite stopping (Vangeli et al., 2010a). Both qualitative and quantitative evidence have suggested that failing to identify oneself with a firm non-smoker identity following quitting is associated with ex-smokers feeling vulnerable to future relapse (Johnson et al., 2003; Vangeli et al., 2010a).

Overall, research suggests that a non-smoker identity to which a person is committed could provide the basis for effective self-control and prevent people from acting on impulses and motivational forces that drive relapse by adhering to personal non-smoking rules. Therefore, this study assessed the prospective associations between taking on a non-smoker identity following a quit attempt and long-term abstinence in people who quit smoking in the past year. The study addressed the following questions: 1. What is the proportion of recent ex-smokers in a nationally representative sample who report a non-smoker identity following a quit attempt? 2. What socio-demographic and smoking-related characteristics are associated with having a post-quit non-smoker identity? 3. What is the predictive relationship between post-quit non-smoker identity and long-term smoking abstinence?

2. Methods

2.1. Study design

This study used data that were collected in the Smoking Toolkit Study (STS) between April 2007 and February 2009. The STS involves an ongoing series of monthly household surveys to monitor smoking and smoking cessation figures and behaviour in nationally representative samples of adults age 16 and over in England (<http://www.smokinginengland.info>). Each month a new sample of approximately 1800 people (one adult member of each selected household) completes a face-to-face computer assisted baseline interview with a trained interviewer. All smokers and recent ex-smokers who quit in the past year were asked to provide consent to be re-contacted, and those who agreed then received postal follow-up questionnaires at three months from baseline, and again at six months if they returned the first. A detailed description of the survey methodology, including the sampling technique used, is reported elsewhere (Fidler et al., 2011). Ethical approval for the Smoking Toolkit Study was obtained from the University College London ethics committee.

2.2. Participants

The baseline sample comprised a representative sample of adult (age 16 and over) recent ex-smokers ($N = 574$) who reported having stopped smoking completely in the last year and provided data for all variables included in the current study. Of these, 179 (31.2%) and 163 (28.4%) completed the three month and six month follow-up questionnaires respectively.

2.3. Measures

Participants' demographic characteristics (gender, age and social grade) were collected. Social grade was measured according to the British National Readership Survey classification system and dichotomised into ABC1 (those with higher and intermediate professional/managerial, supervisory, clerical, junior managerial/administrative/professional occupations) and C2DE (those with skilled, semi-skilled and unskilled manual, and lowest grade occupations, or unemployed).

At baseline, post-quit identity relating to smoking was assessed by asking participants about the categorical self labels applied to themselves: 'Which one of the following best describes you?'—'I still think of myself as a smoker' or 'I think of myself as a non-smoker'. Data on the numbers of cigarettes per day ('How many cigarettes per day did you usually smoke?') and serious quit attempts in the past year were collected ('How many serious quit attempts to stop smoking have you made in the last 12 months? By serious attempt I mean you decided that you would try to make sure you never smoked again. Please include any attempt that you are currently making'). To assess length of abstinence, participants were asked: 'How long ago did your most recent serious quit attempt start? By most recent, we mean the last time you tried to quit' ('In the last week'; 'More than a week and up to a month'; 'More than 1 month and up to 2 months'; 'More than 2 months and up to 3 months'; 'More than 3 months and up to 6 months'; 'More than 6 months and up to a year'). They were then further asked about the support they used in their most recent quit attempt ('Which, if any, of the following did you try to help you stop smoking during the most recent serious quit attempt?'—'Nicotine replacement product (e.g. patches/gum/inhaler) without a prescription'; 'Nicotine replacement product on prescription or given to you by a health professional'; 'Zyban (bupropion)'; 'Champix (varenicline)'; 'Attended an NHS Stop Smoking Service group'; 'Attended an NHS Stop Smoking Service one to one counselling session'). In the analysis we dichotomised these into 'unaided' (did not use any quit aids) and 'supported' (used any of these listed quit aids).

Download English Version:

<https://daneshyari.com/en/article/7260874>

Download Persian Version:

<https://daneshyari.com/article/7260874>

[Daneshyari.com](https://daneshyari.com)