ABSTRACT

Aims To gain a greater understanding of the process of unplanned attempts to quit smoking and the use of support in such attempts. Design Qualitative study using semi-structured interviews with 20 smokers and ex-smokers. Setting Twenty-four general practices in Nottinghamshire, UK. Participants Smokers and ex-smokers who reported that their most recent attempt to quit smoking was unplanned. Measurements Descriptions of the unplanned quit attempts and reported use of support within these. Findings Smokers who report making ‘unplanned’ quit attempts exhibit substantial variation in what they mean by this; many quit attempts reported as ‘unplanned’ were actually delayed and involved some planning and use of cessation support. Conclusions Reported ‘unplanned’ quit attempts often involve elements of planning and delay for quitters to access to cessation support. It is important, therefore, that smoking cessation services offer flexible and adaptable support which can be used readily by potential quitters.

Keywords Delayed, smoking cessation, spontaneous, support, unplanned.

INTRODUCTION

Tobacco smoking is predicted to become the leading single cause of death world-wide by the 2020s [1]. Helping smokers to quit smoking is one of the most cost-effective medical interventions available [2], and the UK National Health Service (NHS) has established a national, evidence-based network of cessation services to provide behavioural support and pharmacotherapy for all smokers who want to stop. Attendance at such services requires typically that a smoker books an appointment in advance of attending a session with a trained adviser. However, recent evidence from Canada [3], the United Kingdom [4,5] and the United States [6] indicates that a substantial proportion of smokers’ quit attempts are made without pre-planning. Survey data reveal that smokers making unplanned quit attempts are less likely to use evidence-based support to help them to stop [4,6], but as yet there has been no detailed exploration of how this group engage in quit attempts or their use of support, and understanding these factors is important if we are to develop better ways to support unplanned quit attempts, maximizing the likelihood of success. This study was therefore designed to gain a greater understanding of the process involved in an unplanned attempt to quit smoking and the use of support within these.

METHODS

Study design and participants

Potential interviewees were selected from participants in a Nottingham general practice-based, cluster-randomized controlled trial who had reported that they were still smoking at the end of this study in 2006 [7]. In 2008, we sent these individuals a questionnaire asking about smoking status and quitting behaviour, asked whether they would be willing to discuss their quit attempts, and identified smokers whose last quit attempt was unplanned by the response: ‘I did not plan the quit attempt in advance; I just did it’ (as previously [4]). Of 297 individuals who reported making an unplanned quit attempt and gave consent to be contacted, 180 were sampled purposively to provide a variety of age, gender, socio-economic background and smoking status (smokers or ex-smokers). Individuals were invited for interview by letter with an accompanying information sheet containing study details. The term ‘one-to-one
discussion’ was used in participant materials so as not to make potential participants feel intimidated at the thought of an interview. The study was approved by the Leicestershire, Northamptonshire and Rutland ethics committee.

Interviews
A semi-structured interview guide was used to ensure that all interviewees were asked about the same topics [8] and covered: the background to smoking behaviour, the process of the quit attempt, support used, attitudes to support available, factors contributing to ease of quitting and ways in which attempts may be better supported. The data presented in this report concern the process of the quit attempt and use of support.

All participants provided written informed consent, and interviews were conducted in a quiet room at Nottingham City Hospital by the lead author (R.M.), either face to face or by telephone where this was not possible, and tape-recorded for transcription.

Data analysis
Interviews were transcribed verbatim. The interviewer familiarized herself with the data by listening to tapes and reading transcripts in an iterative process to identify themes and subthemes and then indexed the data accordingly. Each transcript was then read by at least two authors and, using definitions agreed by all authors, all transcripts and emergent themes were coded using definitions and imported into NVivo 8 (QSR International Ltd, Melbourne, Australia). Text categorized under themes and categories relating to the study aims were collated and findings summarized, and to assist with data interpretation text relating to issues of importance were ‘charted’, as per the Framework approach [9], to enable relations between responses and interviewees with different characteristics to be explored.

RESULTS
Response and characteristics of interviewees
Of the 180 smokers and ex-smokers contacted and invited for interview, 59 (33%) responded, 32 (18%) agreed to participate and 20 (11%) were subsequently available to be interviewed (11 in person, nine by telephone). Of these, 15 had been abstinent from smoking in 2008 when they had reported an unplanned quit attempt and were still abstinent at interview (five still smoked), 11 were male, the median age was 46.5 years [interquartile range (IQR) = 19 years] and median Townsend score 1.41 (IQR = 7.49).

Support used in ‘true spontaneous’ and ‘delayed’ unplanned quitters
Charting, as per the Framework method, revealed substantial differences in the reported use of support between interviewees making spontaneous and delayed quit attempts. Support could be pharmacotherapy, behavioural support or alternative therapy. Few (three of 10) spontaneous quit attempts used any support, whereas the majority (nine of 10) of delayed quit attempts did. In some instances, it appeared that the time taken to seek support to quit may have been the reason for the time delay in implementing the decision to make a quit attempt (Box 2).

Box 1 The nature of quit attempts

**Male, successful, supported, spontaneous**

*I went to somebody’s birthday do in January and woke up with a hangover the next day, and I just did not fancy a cig one bit and I don’t know what it was, I just had this feeling that came over me that said I’m never going to have one again*

For about how long?

*About 5 days*

**Female, unsuccessful, supported, delayed**

*I was one afternoon at work, I thought, ‘do you know what, I can’t be doing with this anymore, I’m getting really fed up with it*

So when you made that decision then at that point, did you smoke after that, when you thought you couldn’t be bothered with it?

*Yeah*

The nature of unplanned quit attempts: spontaneous versus delayed

Although all interviewees had reported in a postal survey that their quit attempt had been unplanned, there was heterogeneity in what this meant in practice (Box 1). The principal difference was in the time-periods which interviewees reported leaving between making the decision to quit and putting their decisions into action. There were two distinct groups of interviewees who could be categorized by the amount of delay made; ‘spontaneous’, i.e. those who decided to quit and did so immediately and ‘delayed’, i.e. those who did not stop immediately after deciding to quit. Those in the spontaneous group often reported simply stopping ‘first thing in the morning’ on the day that they decided to stop, whereas the delayed group often postponed starting a quit attempt for up to a few days. Some (both delayed and spontaneous) reported having cut down the number of cigarettes smoked prior to starting their quit attempt.

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The most commonly voiced reasons for those who did not use support were a lack of time to access support, lack of knowledge about support available and a feeling that the general practitioner (GP) would not be receptive to offering smoking cessation support and a feeling that they could quit on their own (Box 3).

**DISCUSSION**

This study demonstrates that many quit attempts which are reported in surveys as ‘unplanned’ may actually involve elements of planning and delay. Smokers making cessation attempts which they report to be ‘unplanned’ often delay initiating these and in some cases this delay is used to obtain support to increase their chances of achieving abstinence. However, some quit attempts which were truly ‘spontaneous’ and involved no delay in initiation, although could follow a period of cutting down, were made without support.

This is the first qualitative research to investigate the phenomenon of ‘unplanned’ quit attempts from the perspective of smokers themselves; our finding of heterogeneity in what smokers mean by ‘unplanned’ quit attempts and that unplanned quit attempts may be spontaneous or delayed are novel ones. Four previous surveys found that unplanned quit attempts are common and more likely to be successful than planned attempts [3–6]. Although one of these studies included a clear definition for ‘unplanned’ quit attempts (defined as a sudden decision not to smoke any more cigarettes, including those that might be remaining in the current pack) [3], the remaining studies used the same definition of ‘unplanned’ quit attempts as used in this study. It is plausible that smokers interpret this question in different ways and this analysis illustrates the need for a clearer, agreed definition of what constitutes an ‘unplanned’ quit attempt, as this will enable research into how to provide cessation support for smokers who stop smoking without planning. In this study, it appears that those who delayed their quit attempt reported that the attempt was unplanned, as the decision to quit had been made on the spur of the moment, but they subsequently engaged in planning the attempt, thus incurring the delay.

Differences were apparent in the support which interviewees reported using in true ‘spontaneous’ and ‘delayed’ quit attempts. The majority of spontaneous quit attempts were made without the use of support, whereas in contrast the majority of delayed quit attempts were made with support. Much research has focused upon smokers’ use of cessation support, but to date only one study has investigated how this differs between those who perceive that they plan their quit attempts and those who do not [6]. This study is the first to identify that ‘unplanned’ quitters may indeed be delaying the initiation of their quit attempt in order to access such support. The fact that ‘unplanned’ quitters may actually delay the initiation of their quit attempt presents an opportunity for health services to offer cessation support to this group of quitters, who may otherwise have been considered ‘unreachable’. Investigation is needed into the type of cessation support which this group of smokers might prefer to use and how this could be made available within their quit attempts; such research is important to determine how to support all smokers most effectively, regardless of whether or not their quit attempts are planned.

**CONCLUSIONS**

This is the first research to show that smokers’ reports of ‘unplanned’ quit attempts may indeed involve elements of planning and delay, often to allow access to cessation support.

**Declarations of interest**

None.
References


