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Evaluating specific plans to increase smoking quit attempts

Submission date
02/10/2014

Recruitment status
No longer recruiting

Registration date
27/11/2014

Overall study status
Completed

Last Edited
13/07/2023

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Smoking is the greatest cause of ill health with approximately 18% of deaths in England being associated with smoking. Providing people with incentives (e.g., money, vouchers) seems to be an effective way of helping people to quit smoking, but incentives administered by others may alter underlying motivation to quit and result in people starting up smoking again. Encouraging people to reward themselves (e.g., inviting friends round) could overcome these difficulties, yet people seem reluctant to do this. The aim of this study is to test if such “self-incentives” result in an increase in the number of people already attending community stop smoking services, and workplaces, quitting the habit. The study investigates whether an “if-when” plan (e.g., If I successfully abstain from smoking for a week, then I will reward myself by inviting friends around) can help people to stop smoking, what kind of self-incentives do lead people to stop smoking and the ideal rate of self-incentivising towards successfully quitting smoking.

Who can participate?
Any person aged 18 years or over who has approached one of the participating stop smoking services (or workplaces) and is smoking at the time of enrolment on to the program

What does the study involve?
Participants are randomly allocated into one of four groups. Those in group 1 (active control) are asked to form a plan to help them to quit smoking. Those in group 2 (active control) are asked to link suitable temptations to smoke with an appropriate response (using a list of 20 temptations and 20 responses through a planner known as the volitional help sheet). Those in group 3 (intervention) are asked to complete an 'if-then' plan which includes a self-incentive that can be used for each week that they have successfully quit smoking. Those in group 4 (intervention) are asked to complete an 'if-then' plan which includes a self-incentive that can be used for each month that they have successfully quit smoking. Participants are also asked about their smoking habits, nicotine dependence, thoughts, feelings and motivation towards the smoking quit attempts at the start of the trial, at the end of the trial (12 weeks later), and 6 months after the start of the trial. The repetition and agreement to self-incentivising are measured at the end of the trial and 6 months after the start of the trial.

What are the possible benefits and risks of participating?
Participants who complete an 'if-then' plan which includes a self-incentive may benefit from their participation by the intervention helping them to successfully quit smoking. There are no risks to taking part in the study.

Where is the study run from?
The stop smoking services in which participants are recruited are held in various health and community centres across North West England (UK). The workplaces in which participants are recruited are based in North West England (UK).

When is the study starting and how long is it expected to last?
October 2014 to September 2020

Who is funding the study?
University of Manchester (UK)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
Nil known

Study information

Scientific Title
The role of self-incentives in smoking cessation: a randomised controlled trial in community-based stop smoking services

Study objectives
The main hypotheses are that:
1. Self-incentives will increase the number of participants who successfully quit smoking at follow-up.
2. Self-incentivising at the end of the week will be more effective at aiding smoking cessation than self-incentivising at the end of the month.
3. Providing smokers with self-incentives will be more effective at aiding smoking cessation than asking smokers to generate their own self-incentives.
4. Specific implementation intentions will be more effective at aiding smoking cessation than general implementation intentions.

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 12/09/2014, North West - Greater Manchester West Research Ethics Committee (3rd Floor, Barlow House, 4 Minshull Street, Manchester, M1 3DZ, United Kingdom; +44 207 1048007; gmwest.rec@hra.nhs.uk), ref: 14/NW/1262

Study design
Multi-site parallel randomised controlled trial

Primary study design

Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
A psychological health intervention within a smoking population

Interventions
Participants will be randomised to one of four groups:
1. To form a plan to help to quit smoking (active control)
2. To complete the volitional help sheet (active control)
3. To complete an 'if-then' plan which includes a self-incentive that can be used for each week that they have successfully quit smoking (intervention)
4. To complete an 'if-then' plan which includes a self-incentive that can be used for each month that they have successfully quit smoking (intervention)

Intervention Type
Behavioural

Primary outcome(s)
Increase in smoking quit status at six-months post baseline (self-reported)

Key secondary outcome(s))
1. Increase in smoking quit status at the end of the trial (12 weeks after baseline)
2. Changes in nicotine dependence (using the Fagerstrom Test for Nicotine Dependence) at the end of the trial and 6 months post baseline
3. Changes in smoking behaviour (using the Glover-Nilsson Smoking Behavior Questionnaire) at the end of the trial and 6 months post baseline
4. Changes in intention to quit smoking (using a three item scale taken from Armitage, 2008) at the end of the trial and 6 months post baseline
5. Changes in self-efficacy to quit smoking (using a three item scale taken from Armitage, 2008) at the end of the trial and 6 months post baseline
6. Changes in self-regulatory effort to quit smoking (using a six item scale taken from Armitage (2008) at the end of the trial and 6 months post baseline
7. Frequency of self-incentivising (using a measure adapted from Armitage, 2014) at the end of the trial and 6 months post baseline
8. Kinds of self-incentives used (using a measure adapted from Armitage, 2014) at the end of the trial and 6 months post baseline

Completion date
30/09/2020

Eligibility

Key inclusion criteria
1. Aged 18 or over
2. Able to understand written and verbal English
3. Competent to provide informed consent
4. Attending one of the stop smoking services or workplaces currently involved in the trial

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Total final enrolment
633

Key exclusion criteria
1. Under 18 years of age
2. Unable to understand written and verbal English
3. Not competent to provide informed consent
4. Attending a stop smoking service or workplace which isn't within those listed above

Date of first enrolment
02/12/2014

Date of final enrolment
30/09/2020

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Manchester
Manchester
United Kingdom
M13 9PL

Sponsor information

Organisation
University of Manchester

ROR
https://ror.org/027m9bs27

Funder(s)

Funder type
University/education

Funder Name
University of Manchester (UK)

Alternative Name(s)
The University of Manchester, University of Manchester UK, University of Manchester in United Kingdom, UoM

Funding Body Type
Government organisation

Funding Body Subtype
Universities (academic only)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	28/03/2019		Yes	No
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes