

Evaluating specific plans to increase smoking quit attempts

Submission date 02/10/2014	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 27/11/2014	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 13/07/2023	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> 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

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

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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)

University of Manchester in United Kingdom, University of Manchester UK, The University of Manchester, 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