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Public Health Open Access
ISSN: 2578-5001

Quitting "Cold Turkey": Insights from the Field on Smoking Cessation

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Conceptual Paper

Volume 3 Issue 2

Received Date: November 16, 2019

Published Date: December 05, 2019

DOI: 10.23880/phoa-16000148

Abstract

Objectives: We sought to explore perceptions and attitudes associated with nicotine addiction, quitting unassisted or "cold turkey", and media approaches toward tobacco cessation among people who quit cold turkey.

Methods: We conducted a descriptive phenomenological study using focus group interviews with purposeful sampling. Three focus groups were convened, one with past smokers that successfully quit cold turkey (n=11), second with current smokers that attempted cold turkey but were unsuccessful (n=7), and the third with current smokers that never tried quitting cold turkey (n=9). Individuals were recruited from respondents to the 2016 Arkansas Adult Tobacco Survey. Groups were moderated by an independent third-party. Participants completed a confidential lifestyle survey prior to the focus group discussions to gain additional smoking-related information. Perceptions and attitudes about tobacco use, nicotine addiction, quitting "cold turkey", and public health media approaches toward tobacco cessation among former and current smokers were gathered from video recordings and transcripts.

Results: Former smokers who quit "cold turkey" stated that it worked because they were finally ready to quit. Current smokers that failed the "cold turkey" approach attribute their failure to lack of readiness, and a general skepticism towards any quit approaches. Additionally, negative messages were minimally impactful with regard to quitting - there must be a readiness to do so.

Conclusion: The focus groups revealed that public health messages to promote "cold turkey" should be positive, empowering, and demonstrate the scope for renewed health; telling people what quitting "Will do", not what "Not quitting will do" is vital.

Keywords: Addiction; Qualitative Methods; Substance Abuse; Tobacco; Public Health

Introduction

Four years ago the Journal of the American Medical Association published its milestone special issue, "50 Years of Tobacco Control" with its emphasis on, 'The 50-Year Research Neglect of a Major Public Health Phenomenon – Quitting Smoking Unassisted' [1]. Since then only a few studies have examined unassisted quitting [2-4]. Public health practitioners and researchers seem to have overlooked opportunities to increase rates of cessation among these individuals. Arkansas has a high prevalence of cigarette smoking, estimated at 22.3% (95% CI: 20.0, 24.5) in 2017, five percent points above the median for all US States and DC. In 2014, 52.5% and 78.0% of adult Arkansans who smoked every day and some days, respectively, tried to quit at least once within the past year. In that year in Arkansas, 3.4% of adult smokers had quitted for six to 11 months within the last year. Nationwide, in 2015, 7.4% of smokers recently quit [5]. In a recent study that quantified the prevalence of common quit methods among over 15,000 US adult cigarette smokers, it was found that 65.3% participants gave up cigarettes all at once, alone or in combination with other methods, making it the most favorable quit method, followed by a gradual reduction in cessation (62.0%) of those who quit all at once, which came in a close second [6]. Almost half a million Americans continue to die from cigarette smoking every year [7]. In spite of significant public health advancements made with tobacco policies, regulations, cessation efforts, and anti-smoking campaigns, smoking-related deaths have increased from the early 2000's when smoking was responsible for approximately 443,000 deaths [8]. The availability of prescription and non-prescription smoking cessation aids have shown modest success, given misconceptions about their efficacy, as well as cost and access barriers [9]. Yet, two-thirds to three-fourths of successful quitters quit unassisted without using pharmacotherapy or formal tobacco counseling [9]. In spite of this evidence, a majority of tobacco control programs have typically focused their cessation efforts on traditional quit methods, such as pharmacotherapy and counseling, particularly through telephone quit lines. Although public health education efforts have helped in that most current smokers are aware of the poor health effects associated with smoking and a number attempt to quit, getting them to abstain without relapse remains a great challenge. In light of these findings, there is a need to understand the individual factors related to quitting unassisted (cold turkey). We sought to understand factors related to smoking cessation, especially quitting "cold turkey" using focus groups.

Methods

Design

We used a descriptive phenomenological study design and focus group interviews with purposeful sampling for qualitative data collection [10]. The phenomenological approach provides a way to focus on the lived experiences of individuals who attempt to quit with or without assistance and better understand the outcomes of those experiences.

Recruitment & Participant Selection

Three focus groups (FG) were convened: former smokers that quit cold turkey in the previous 6 months to 2 years (FG1); current smokers that unsuccessfully attempted cold turkey (FG2); and current smokers that never tried cold turkey (FG3). All participants were adults 18 years of age or older who were recruited from respondents to the 2016 Arkansas Adult Tobacco Survey. Participants were offered a $20 Walmart gift card to participate in a focus group.

Data Collection, Coding and Analysis

Semi-structured focus groups interviews were convened on July 2017 and were moderated by Strategic Market Research (Little Rock, Arkansas). Focus group sessions lasted 90 minutes and were videotaped. The contractor provided a transcription for each focus group and a summary report of the interviews. The research team conducted a second iterative analysis of the data using the Framework Method, a widely used approach in multi-disciplinary health studies which aids in synthesizing the data into a more manageable "framework" [11].

We used QSR International's Nvivo 11 qualitative data analysis software to organize and further explore the focus group data. To accomplish familiarization with transcripts a global word frequency query of all 4 letter words, including its stemmed words, for all transcripts was created. Words related to key study questions were identified and used to develop an initial list of codes and began guide coding. Creation of codes was both deductive, based on topic literature, and inductive, based on the participants own described experiences. Code queries were generated to develop the analytical table of themes for key constructs. The generated analytical tables were used to triangulate the data with the initial findings in the contractors report. Themes explored during the focus groups included personal beliefs and attitudes toward smoking and quitting, values and self-perceptions, factors

related to nicotine addiction, views on the "Cold Turkey" method of quitting, and attitudes towards media messages on tobacco cessation. A thematic analysis compiled the results of the focus groups based on video recordings and transcripts that were made available to the Arkansas Department of Health. Participants also completed a confidential lifestyle questionnaire prior to the focus group discussion, and collected information on demographics (age, gender, race, and employment), and tobacco use (cigarettes per day, age of initiation, prior quit attempts, and years smoking).

Results

A total of 27 individuals (17 males and 10 females; 17 Caucasian, 8 African American, and 2 Hispanic) attended one of the three focus groups. Eleven former smokers who quit cold turkey (FG1), 7 current smokers who unsuccessfully tried cold turkey (FG2), and 9 current smokers who never tried cold turkey (FG3). Participants of FG1 tried to quit cold turkey an average of 2.3 times before they successfully quit smoking. Participants of FG2 were selected because they had attempted to quit cold turkey but were unsuccessful. We also found that some in FG3 had also tried these unaware and other methods. More than half of the participants of FG2 and FG3, 57.1% and 66.7%, respectively, said they were very likely or likely to quit smoking in the next six months. The average number of cigarettes smoked per day was similar for FG1, FG2 and FG3 were 12.9, 12.4, and 12.4, respectively. The proportion of participants who had relapsed within six months in most successful previous attempt was 55.5%, 83.3%, and 44.4% in FG1, FG2 and FG3, respectively. Several participants in FG2 had mental health diagnoses, such as post-traumatic stress disorder, obsessive compulsive disorder, depression, anxiety, and former drug dependency. Eight out of 9 participants in FG3 stated that they would like to quit smoking even though they were unsuccessful.

A thematic analysis of the recordings and transcripts revealed some common beliefs and perceptions. Table 1 summarizes themes observed in discussions around the concept of quitting cold turkey.

Keyword	Codes	Theme	Summary
Quitting Cold Turkey	Attitudes_coldturkey coldturkey_Description fear_resumesmoking	Meaning of CT*	All: described their understanding of cold turkey as quitting without assistance, doing it in one shot, and most said anyone could do it if they had it in their mind.
			FG1*: Not all quitters described their quitting experience as CT
			FG2*: described previous quit attempts as "cold turkey" - meaning without assistance and described failing
			FG3*: some confusion about what CT is
		CT description	All: Quitting (CT or otherwise) is hard and a constant struggle - cravings are strong and real even when one's life and health are at risk
			Key to quitting cold turkey is that it requires a choice, a decision that involves the mind, driven by the individual and what is important to them, it's a personal choice
			FG1: most CT quitters did identify an important reason for quitting (pregnancy, family, fear of poor health, insurance, finances)
			FG1: accessing support from other (god, family, professional support)
		Strategies	FG1: expressed needing to replace smoking with another behavior (exercise, eating, finding support)
		Attitudes	CT quitters expressed positive attitudes about the method of cold turkey while smokers had a lesser view
		Fear of relapse	FG1: fear of relapse-described cravings, triggers, stress, and still thinking about smoking

Table 1: Summary of discussions around the concept, "Quitting Cold Turkey".
*CT-Cold Turkey; FG1-Focus Group 1; FG2-Focus Group 2; FG3-Focus Group 3.

For instance, participants who successfully quit 'cold turkey' truly believed that one can quit smoking if they are truly ready to quit stating "There [were] enough factors that I saw and decided on my own …it's done and unless you get that mindset, you're not going to quit." While the perception of quitting cold turkey is that one just stops smoking, FG1 indicated that one has to make the decision, and success involves reasons to quit and support from others. Table 2 summarizes themes related to nicotine addiction. Most described smoking more as a habit although individuals who had quit described it more as an addiction. Quitters replaced smoking "You got to have another habit."

Keywords	Codes	Theme	Summary
Tobacco dependency, alcohol/drugs, habit, addiction	addiction	Uncertainty over smoking being habit vs. an addiction	FG1: CT quitters expressed little confusion about smoking being a habit or an addiction but when identifying concerns & discussing what CT meant to them they identified it more as a habit.
			FG2 & FG3: higher confusion that smoking is a habit or an addiction
		Smoking as an addiction	All: Some individuals in all groups described smoking as an addiction
			Individuals level of addiction affects their ability to "decide" to quit even if they are very ill
			Sees behavior as addiction with root causes. Not addressing root causes is why some people go back to smoking
			FG1 & FG2: Individuals who had quit (anytime) described it more as an addiction
		Understanding smoking as a habit	FG1: discussed smoking as a habit when discussing strategies to cope with cravings - i.e., replacing with another "habit"
			FG2 & FG3: described smoking more as a habit,
			Smoker's description of habit includes having a feeling with it.
		Addiction to smoking as "habit" like any other habit	All: described smoking as an alternative to another habit
		Replacement of smoking with another "habit"	All: Views addiction as a habit that needs to be replaced with another habit.
			Concerns about habits that are replacing smoking
			Described a variety of "replacement" habits

Table 2: Summary of discussions around the concept, "Addiction".

Most participants had opinions on tobacco related public health media messages. They viewed "scare tactic" public health messages negatively. In other words, participants in all 3 groups stated that telling people what "quitting will do", not what "not quitting will do" would be important in our public health messages.

Discussion

Our study validates findings from previous similar studies that readiness to quit seemed more important than having assistance to quit [2-4]. Tobacco use was generally perceived as "a choice", or "habit", rather than addiction. There was a general mistrust of government, especially the federal government and the assistance offered through public health programs. Public health messages that portray negative health consequences of smoking were perceived unfavorably. Positive health messages on what quitting will do, rather than what not quitting will do, was seen favorably. Lastly, messages that empower individual willingness to quit were seen as a step in the right direction towards smoking cessation.

A Gallup poll showed 48% attributed their success to quitting unassisted compared to 8% attributing to assistive devices such as NRT patches, gum, or prescription medications [12]. Lived experiences of those who quit cold turkey could hold the key to 21st century public health efforts in tobacco cessation. Either giving up all at once or gradually cutting back on cigarettes continues to be most commonly used method by

Americans [6]. A recent study of current smokers with head and neck cancer found that unassisted cessation or cold turkey method was the most commonly used method and was associated with increased odds of achieving a longer quit duration [13].

Our study suggests developing and promoting public health and media campaigns around quitting cold turkey that promote its positive health consequences and empower current smokers, e.g., "Up to you", or "Just do it" to enhance their self-efficacy at smoking cessation. Physicians and other health care providers should screen for smoker's readiness to quit, and instill confidence in the patient's own ability to change unhealthy behaviors using techniques such motivational interviewing, cognitive behavioral therapy, and others based on where they are in the stage of change spectrum, rather than using medication alone to manage them. Representativeness of our findings is limited due to the qualitative study design and the sample size. Cultural values and regional differences are likely to play a role in the perceptions and beliefs of the study participants; hence, it may affect its generalizability.

Conclusion

In our resource strapped environment, it is important to understand the nuances of our tobacco cessation efforts and maximize the value of our resources. Public health agencies need to explore further and embrace the contribution of quitting cold turkey, potentially promoting it as a smoking cessation aid alongside current policy, practice, and research efforts to reduce the prevalence of tobacco use among the population.

Disclaimer

The content is solely the responsibility of the authors and does not necessarily represent the official views of the Arkansas Department of Health.

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