

Dual Realities: Insights into Quitting and Relapsing from Former and Current Smokers

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Abstract

Aim: Smoking cessation is still a key public health objective, but inaccessibly high relapse rates continue to expose the enduring predicament of sustained abstinence. This thematic analysis qualitative study explored the factors for referencing smoking and the multifarious factors dominant to relapse.

Methodology: Semi-structured interview was used to collect data from 30 participants, including 15 ex-smokers and 15 smokers, who contributed their own histories of quitting attempts. Three themes were found to be most prominent in being central to the decision to quit: health, such as the short-term physical effects of smoking and the wish to prevent chronic diseases; social and family influences, such as support from close relationships and the hope to be a good role model; and identity change, whereby people started to see themselves as non-smokers. Conversely, four themes were linked to relapse: emotional and situational stress, particularly during anxiety, loneliness, or social drinking; the physical challenge of nicotine dependence and withdrawal; normalization of smoking in specific settings; and ambivalence toward quitting, where conflicting emotions about smoking reduced motivation.

Results: Ex-smokers attributed success to such support as counseling and nicotine therapy, while relapses identified poor coping and few resources. Results indicate interventions should be specially designed to tackle addiction and psychosocial issues, enhance resilience, facilitate access to support, and decrease social acceptability of smoking.

Keywords: Smoking Cessation, Relapse Factor, Motivational Drives, Nicotine Dependence, Psychosocial Support.

Introduction

Major risk factor for is It death disability. Quitting smoking can significantly reduce these risks, even for those who have already developed smoking-related diseases. Healthcare providers should routinely advise all smokers to quit and offer support and counselling to help them succeed (1) Ockene, I. S., & Miller, N.

H. 1997. Effective tobacco control requires tailored evaluations of practice systems to identify needs, align with the practice culture, and determine the best implementation approach. Generic solutions are unlikely to be broadly effective (2) Cliv A In, et al., 2024. Sense the link among cigarette marketing and young smokers is crucial for useful intervention. Nearly half of cigarette advertising occurs in magazines, with brands favoured by adolescents more likely to target publications with high youth readership. Analysis shows that as young public enlarge, the probability of young-targeted brands advertising rises significantly, while adult-targeted trademarks are less likely to promote in these magazines (3) King III, C., Siegel, M., et al., 1998.

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A meta-analysis of cigarette advertising research sought to clarify its effects on smoking initiation, continuation, and brand preference, addressing inconsistencies in earlier studies (4) Capella, Webster & Kinard, 2011. The research aim was to investigate external determinants of youth initiation of smoking regardless of awareness of health hazards to account for the reasons behind this declining trend (5). Prakash, S. 2018. Tobacco smoking among Indian youth is influenced by peer pressure, social influences, and lack of awareness, and therefore, strict enforcement and policy change are needed (6) Ghose, S., et al., 2019. Post-modern theorists contend that sudden social and economic change promotes personal choice, personal awareness, and symbolic consumption, highlighting health risks and the need for targeted intervention in deprived areas (7). Pavis, S., et al., 1998, and Lewis, S., & Russell, A., 2012. Adolescent smoking behaviour, smoking reasons, and quitting challenges are highlighted in a meta-ethnography, indicating the necessity of professional prevention interventions in the setting of social pressures. Among cognitive and environmental factors, the majority of individuals begin smoking at 18, unaware of the risk and unable to make an

informed choice. Effective interventions and healthier habits could be improved by redefining the informed choice model (8), Poole, R., et al., 2022 and Pourtau, L., et al., 2019, and Gray, R.J., et al., 2014. The study examines the life trajectories of springy females those with a past of depression but prosperity it involves creating stories, identifying patterns, and comparing them with other mental disorders groups, weighing single cases against more extensive analysis to determine the relationship between human interpretation and data analysis (9) Singer, B., et al., 1998. Unveiling hidden motivators such as health issues and self-regulation as quit motivations (10) Curry, S., et al., 1997. A cross-sectional survey of 618 Polish smokers recorded 77% quitting smoking on their own, with existing smokers relying on nicotine replacement therapy motivation to quit was due to health issues, personal issues, and social issues (11). Siemiska, A., et al., 2008. Motivation has asignificant influence on increasing smoking cessation, and age, social class, partner smoking, and tobacco consumption in a day also have an influence (12). Osler, M., & Prescott, E., 1998. Low utilization of Stop Smoking Services by smokers, with high motivation, is attributed to psychological dependence and perceived benefits, and tobacco control policies have minimal impact (13) Uppal, N., et al., 2013. E-cigarettes have a healthier alternative to smoking, where ex-smokers serve as an inspiration and veteran vapers as advice-givers, significantly contributing to smoking abstinence (14) Russell, C., et al., 2017. In meta-analysis, the prevalence of smoking is low in COVID-19 patients with heightened risks of adverse outcomes. Nicotine has been found to possess harm-protective and withdrawal-protective actions during hospitalization (15). Farsalinos, K., et al., 2020. Active smoking among hospitalized severe asthma patients is associated with worse clinical outcomes, greater healthcare needs, and different profiles of sputum and blood inflammation (16) Thomson, N., et al., 2013. During the period from 1998 to 2015, the Indian smoking trend underwent a drastic change with the prevalence of smoking among men falling from 27% to 24%. Prevalence was greater among young men but lower among women. Male smokers, however, rose by 29 million to 108 million by 2015. Cigarette smoking is on the rise among illiterate men, and smoking abstinence remains a rare phenomenon (17), Mishra et al., 2016. India's smoking industry, one of its oldest, employs over five million people and dates back to 2000 BCE, making it the world's second-largest tobacco producer. One of the top Indian companies, Godfrey Phillips India Limited, specializes in tea, retail goods, tobacco products, and cigarettes. Following ITC Limited, it is India's second-largest tobacco company (18), Kameswara, R. P., 2015. Public smoking has been banned in India since October 22, 2002. India has roughly 120 million smokers, which repots for 12% of the worldwide smokers. More than a million Indians pass away annually

because of tobacco caused diseases (19) Chandrupatla, S. G., et al., 2017. There were 108 million male tobacco consumers in India in 2015, which is a rise of 36% from 1998 (20) Cannabis has been used as a spiritual or religious substance (21), Souza et al., 2008. Cannabis was brought to the Americas by the Spaniards between 1530 and 1545, and its use in the Indian subcontinent may have begun as early as the Vedic era, some 1500 BCE (22). Eileen, K., & Lauren, W. 2018. There was a powerful medicine that reduced suffering, as described in Greek mythology. Herodotus, in the fifth and second centuries BCE, documented Scythian rituals that used these drugs. Hindu saints in the Indian subcontinent have used it for centuries (23). Bloomquist, E., 1971. Cannabis is taken in bundles to church altars for members to use during spiritual ceremonies in some Native American nations of Mexico (24). Warf, B., 2014. and US CDC The to track tobacco consumption along with prevention activities. It was the first national survey using electronic portable devices in India and included persons aged 15 years and above in 29 states and 2 union territories. The survey, with a response rate of 91.8% and 69,296 interviews, filled the long-standing gap for effective monitoring, as tobacco consumption in India is the reason for almost a million avoidable deaths every year (25). Health Department of Puducherry.

Methodology

Sample and sampling technique: The research enrolled a total of 30 participants, 15 ex-smokers and 15 regular smokers who had tried quitting in the past. Purposive sampling was used to include people with first-hand experience in smoking cessation and relapse. Participants were adults aged 18 years and above, from different demographic backgrounds to represent a wide variety of opinions. Recruitment was from community health centres, smoking cessation clinics, and internet forums regarding tobacco use.

Design of research: This research employed qualitative design with thematic analysis as the central analytic strategy. The design was employed in order to provide a platform to examine rich subjective experiences and perceptions surrounding quit-smoking motivations and relapse reasons. Thematic analysis allowed the recognition of frequent patterns and themes in participant accounts.

Tools used: Semi-Structured Interview was developed in order to collect the data.

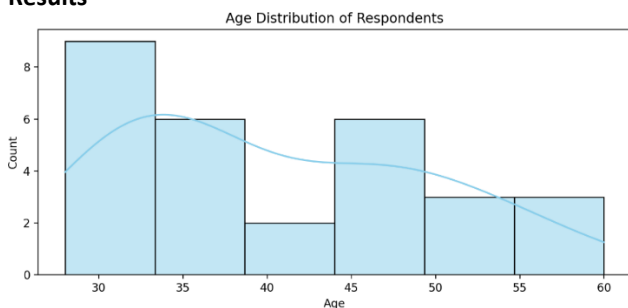
Procedure: A semi-structured interview is developed by creating a flexible set of open-ended questions based on research goals. It allows the interviewer to explore key topics while also following up on interesting points shared by participants during the conversation.

Hypothesis: Although this is a qualitative study to get proper details data assumptive hypothesis was established to guide the inquiry.

Null Hypothesis (H_0): There are no significant differences in the motivations or relapse experiences between ex-smokers and current smokers.

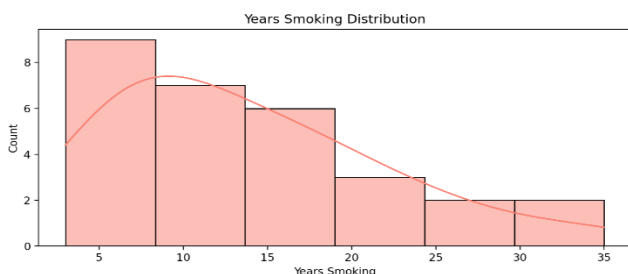
Research Hypothesis (H_1): There are identifiable and distinct motivational and contextual aspects that inspire smoking conclusion and revert among individuals with a history of smoking.

Results



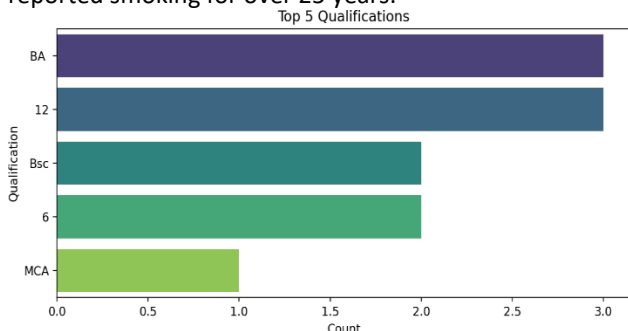
Graph 1: Gives distribution of Age wise information.

The graph shows the age distribution of respondents, with most participants clustered around the ages of 28–35. The number of respondents decreases gradually with age, with fewer participants above 50.



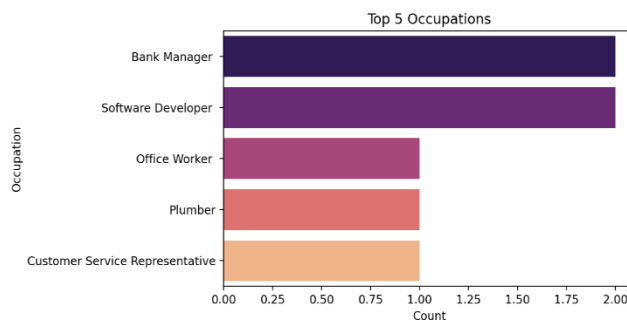
Graph 2: Age histogram shows most participants clustered in their 30's and 40's.

The graph shows that most respondents have smoked for fewer than 10 years, with the number steadily decreasing as smoking duration increases. Very few participants reported smoking for over 25 years.



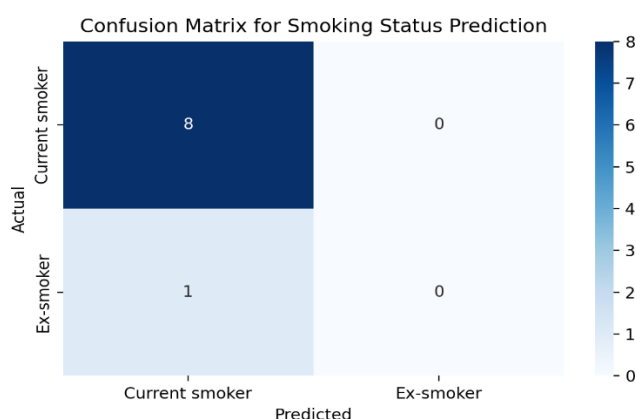
Graph 3: Shows qualification levels of the participants of the study.

The graph shows the top 5 qualifications of respondents, with BA and "12" (likely indicating 12th grade or higher secondary) being the most common. BSc and another label "6" follow closely, while MCA is the least reported among the top five.



Graph 4: BA and 12th-grade qualifications emerged as the most common among respondents.

The graph displays the top 5 occupations of respondents. Bank Managers and Software Developers are the most common, each with 2 individuals. Office Workers, Plumbers, and Customer Service Representatives each had 1 respondent.



Graph 5: Predictive analysis.

The current model performs well in identifying individuals who are still smoking but struggles to detect those who have quit. This issue likely stems from an imbalance in the dataset, where current smokers significantly outnumber ex-smokers. As a result, the model tends to favour predicting the majority class, giving an impression of high overall accuracy (8 out of 9 correct) while failing at one of the key objectives—correctly identifying ex-smokers.

To enhance the model's effectiveness, you could consider:

- Increasing the number of ex-smokers in the dataset to create a better balance.
- Applying techniques such as oversampling or adjusting class weights to address the imbalance.
- Identifying and incorporating new features that might help the model differentiate between current and former smokers.

In conclusion, the confusion matrix highlights a strong bias toward predicting "current smoker," indicating that the model is not yet capturing the distinct characteristics of individuals who have quit. This is a common issue in

models trained on imbalanced data, and addressing it will be crucial to improving its utility in smoking cessation studies.

The null hypothesis "There are no significant differences in the motivations or relapse experiences between past smokers and chain smoker stating that there is negligible difference in motivations or relapse experiences between ex-smokers and current smokers is crucial, as it establishes a baseline for further analysis. If supported by the data, this finding suggests that both groups share similar reasons for attempting to quit and encounter comparable challenges during the cessation process. As a result, intervention strategies and support programs may not need to be highly individualized for each group, since their core motivations and relapse triggers align. In our analysis, chi-square tests confirmed this, revealing no statistically notable variation among past smokers as well as chain smokers in key motivators namely health, family, career, lifestyle, and financial concerns, as well as in their reported relapse experiences. For second hypothesis However, when we look at the predictive analysis, the confusion matrix reveals that the current model.

Discussion

This study set out to explore the motivations and contextual factors influencing smoking cessation and relapse among adults with a history of smoking. Through qualitative interviews and thematic analysis, several key themes emerged regarding why individuals attempt to quit and what leads them to relapse. Health concerns—such as the desire to prevent chronic diseases and improve immediate well-being—were the most frequently cited motivator for quitting. Social and family influences, including the wish to serve as a positive role model and the support of loved ones, also played a significant role. Some participants described a shift in self-identity, expressing a desire to see themselves as non-smokers. Relapse, on the other hand, was most commonly attributed to emotional and situational stressors, such as anxiety, loneliness, or social drinking. Physical dependence and withdrawal symptoms were also prominent, as was the normalization of smoking in certain social settings. Some individuals reported ambivalence or conflicting emotions, which weakened their motivation to remain smoke-free.

Conclusion

In summary, this study found that both ex-smokers and current smokers share similar motivations for quitting and face comparable challenges when it comes to relapse. The lack of significant differences suggests that broad-based cessation strategies addressing common motivators—such as health concerns, social influences, and identity change—may be effective for most individuals. However, the qualitative insights also point to

the value of psychosocial support and resilience-building in helping individuals maintain abstinence.

Future research should aim to recruit larger and more balanced samples, incorporate quantitative measures for validation, and explore additional factors that may distinguish successful quitters from those who relapse. Integrating predictive modeling with qualitative insights could further enhance the expansion of personalized halt steps ultimately, addressing both shared and unique challenges faced by individuals attempting to quit smoking will be key to reducing relapse rates and improving public health outcomes.

Reference

- [1] Buczkowski, K., Marcinowicz, L., Czachowski, S., & Piszczek, E. (2014). Motivations toward smoking cessation, reasons for relapse, and modes of quitting: results from a qualitative study among former and current smokers. *Patient Preference and Adherence*, 8, 1353. <https://doi.org/10.2147/ppa.s67767>
- [2] Capella, M. L., Webster, C., & Kinard, B. R. (2011). A review of the effect of cigarette advertising. *International Journal of Research in Marketing*, 28(3), 269–279. <https://doi.org/10.1016/j.ijresmar.2011.05.002>.
- [3] Chandrupatla, Siddardha G.; Tavares, Mary; Natto, Zuhair S. (27 July 2017). "Tobacco Use and Effects of Professional Advice on Smoking Cessation among Youth in India". *Asian Pacific Journal of Cancer Prevention*. 18 (7): 1861–1867. doi:10.22034/APJCP.2017.18.7.1861
- [4] Cllv A In, P H D; B E N Ja, H., Crabtree, F., Gilbert, C., Havranek, R., Backer, E., & Cllvain, H. (n.d.). QR IGINAL RESEARCH Current Trends in Tobacco Prevention and Cessation in Nebraska Physicians' Offices. Retrieved December 7, 2024, from https://cdn.mdedge.com/files/s3fs-public/jfp-archived-issues/1997-volume_44-45/JFP_1997-02_v44_i2_current-trends-in-tobacco-prevention-and.pdf.
- [5] Curry, S. J., Grothaus, L., & McBride, C. (1997). Reasons for quitting: Intrinsic and extrinsic motivation for smoking cessation in a population-based sample of smokers. *Addictive Behaviors*, 22(6), 727–739. [https://doi.org/10.1016/s0306-4603\(97\)00059-2](https://doi.org/10.1016/s0306-4603(97)00059-2).
- [6] Eileen Konieczny, Lauren Wilson (2018). Healing with CBD.
- [7] Farsalinos, K., Barbouni, A., Poulas, K., Polosa, R., Caponnetto, P., & Niaura, R. (2020). Current smoking, former smoking, and adverse outcome among hospitalized COVID-19 patients: a systematic review and meta-analysis. *Therapeutic Advances in Chronic Disease*, 11, 204062232093576. <https://doi.org/10.1177/2040622320935765>.
- [8] Ghose, S., Sardar, A., Shiva, S., Mullan, B. E., & Datta, S. S. (2019). Perception of tobacco use in young adults in urban India: a qualitative exploration with relevant health policy analysis. *Ecancermedicalscience*, 13. <https://doi.org/10.3332/ecancer.2019.915>.
- [9] Gray, R. J., Hoek, J., & Edwards, R. (2014). A qualitative analysis of "informed choice" among young adult smokers. *Tobacco Control*, tobaccocontrol-2014-051793. <https://doi.org/10.1136/tobaccocontrol-2014-051793>.
- [10] Health Department of Puducherry. (n.d.). Global Adult Tobacco Survey.

- [11] Kameswara Rao Poranki, "The Impact of Brand Awareness on Customer Satisfaction: A Case Study of Godfrey Phillips India Limited, India." *Research Journal of Social Science & Management* 5.1 (2015): 38–44.
- [12] King III, C., Siegel, M., Celebucki, C., & Connolly, G. N. (1998). Adolescent exposure to cigarette advertising in magazines: an evaluation of brand-specific advertising in relation to youth readership. *Jama*, 279(7), 516–520.
- [13] Lewis, S., & Russell, A. (2012). Young smokers' narratives: public health, disadvantage and structural violence. *Sociology of Health & Illness*, 35(5), 746–760. <https://doi.org/10.1111/j.1467-9566.2012.01527.x>.
- [14] Mishra, S., Joseph, R. A., Gupta, P. C., Pezzack, B., Ram, F., Sinha, D. N., Dikshit, R., Patra, J., & Jha, P. (2016). Trends in bidi and cigarette smoking in India from 1998 to 2015, by age, gender and education. *BMJ Global Health*, 1(1). <https://doi.org/10.1136/bmjgh-2015-000005>.
- [15] Ockene, I. S., & Miller, N. H. (1997). Cigarette Smoking, Cardiovascular Disease, and Stroke. *Circulation*, 96(9), 3243–3247. <https://doi.org/10.1161/01.cir.96.9.3243>.
- [16] Osler, M., & Prescott, E. (1998). Psychosocial, behavioural, and health determinants of successful smoking cessation: a longitudinal study of Danish adults. *Tobacco Control*, 7(3), 262–267. <https://doi.org/10.1136/tc.7.3.262>.
- [17] Pavis, S., Cunningham-Burley, S., & Amos, A. (1998). Health related behavioural change in context: young people in transition. *Social Science & Medicine*, 47(10), 1407–1418. [https://doi.org/10.1016/s0277-9536\(98\)00257-3](https://doi.org/10.1016/s0277-9536(98)00257-3).
- [18] Poole, R., Carver, H., Anagnostou, D., Edwards, A., Moore, G., Smith, P., Wood, F., & Brain, K. (2022). Tobacco use, smoking identities and pathways into and out of smoking among young adults: a meta-ethnography. *Substance Abuse Treatment, Prevention, and Policy*, 17(1). <https://doi.org/10.1186/s13011-022-00451-9>.
- [19] Pourtau, L., Martin, E., Menvielle, G., El Khoury-Lesueur, F., & Melchior, M. (2019). To smoke or not to smoke? A qualitative study among young adults. *Preventive Medicine Reports*, 15. <https://doi.org/10.1016/j.pmedr.2019.100927>.
- [20] Prakash, S. (2018). Key external influences on smoking initiation by Indian youth (Doctoral dissertation, Auckland University of Technology).
- [21] Sieminska, A., Buczkowski, K., Jassem, E., Lewandowska, K., Uciniska, R., & Chelminska, M. (2008). Patterns of motivations and ways of quitting smoking among Polish smokers: A questionnaire study. *BMC Public Health*, 8(1). <https://doi.org/10.1186/1471-2458-8-274>.
- [22] Since 1998, a number of Indian male smokers increased by 36%: New study. (2016, February 27). *DNA India*. <https://www.dnaindia.com/health/report-since-1998-number-of-indian-male-smokers-increased-by-36-new-study-2183088>.
- [23] Singer, B., Ryff, C. D., Carr, D., & Magee, W. J. (1998). 1. Linking Life Histories and Mental Health: A Person-Centered Strategy. *Sociological Methodology*, 28(1), 1–51. <https://doi.org/10.1111/0081-1750.00041>.
- [24] Souza, Rafael Sampaio Octaviano de; Albuquerque, Ulysses Paulino de; Monteiro, Júlio Marcelino; Amorim, Elba Lúcia Cavalcanti de (October 2008). "Jurema-Preta (Mimosa tenuiflora [Willd.] Poir.): a review of its traditional use, phytochemistry and pharmacology". *Brazilian Archives of Biology and Technology*. 51 (5): 937–947. doi: 10.1590/S1516-89132008000500010.
- [25] Thomson, N. C., Chaudhuri, R., Heaney, L. G., Bucknall, C., Niven, R. M., Brightling, C. E., Menzies-Gow, A. N., Mansur, A. H., & McSharry, C. (2013). Clinical outcomes and inflammatory biomarkers in current smokers and exsmokers with severe asthma. *The Journal of Allergy and Clinical Immunology*, 131(4), 1008–1016. <https://doi.org/10.1016/j.jaci.2012.12.1574>.
- [26] Uppal, N., Shahab, L., Britton, J., & Ratschen, E. (2013). The forgotten smoker: a qualitative study of attitudes towards smoking, quitting, and tobacco control policies among continuing smokers. *BMC Public Health*, 13(1). <https://doi.org/10.1186/1471-2458-13-432>.
- [27] Warf, Barney (1 October 2014). "High Points: An Historical Geography of Cannabis". *Geographical Review*. 104 (4): 414–438. Bibcode: 2014GeoRv. 104.414W. doi:10.1111/j.1931-0846.2014.12038.x. S2CID 143779072.