



**NDARC**

National Drug &  
Alcohol Research Centre

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# Barriers to cessation among disadvantaged smokers and their experiences with accessing treatment and the role of technology-based quit support

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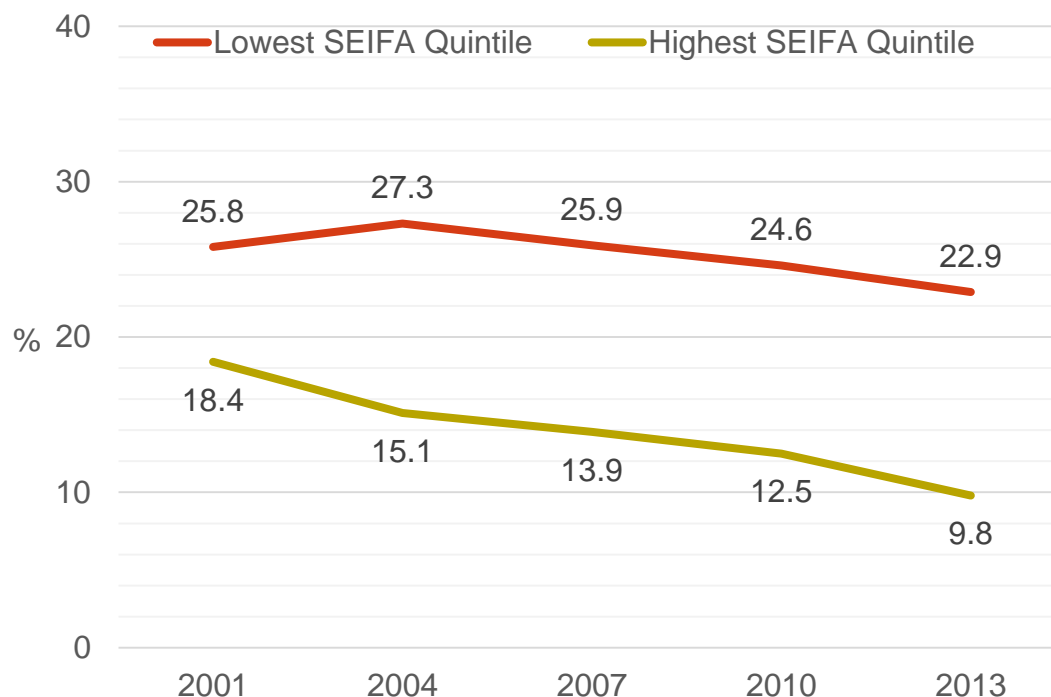
**Supervisors: Dr Ryan Courtney & Prof Richard Mattick**



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# Smoking rates by socio-economic status



Smoking rate (daily/occasional) in lowest SES area (23%) **double** that observed in the highest SES area (10%).

Source: Australian National Drug Strategy Household Survey

# Reconsidering current quit approaches

- Behavioural support and pharmacotherapy
- Tobacco tax ↑ by 25% (2001 to 2013)
  - High-SES smoking ↓ by 50% but low-SES ↓ by 12.5%
- NDSHS data found no significant change (2013 to 2016) in Australian smoking rates despite multiple and prolonged tax increases

Source: NDSHS 2017

# Cessation interventions and low-SES groups

*“Research output is not optimal to decrease smoking rates”*

*“Majority of studies poor on methodological quality”*

- Australian published smoking cessation RCTs

Journal & Year	Population	N	Result
Nicotine Tob Res 2014	Psychotic disorder	205	No effect
BMC Public Health 2014	Indigenous	163	“”
Addiction 2013	Prisoners	425	“”
Med J Aust 2012	Indigenous	263	“”
Am J Psychiatry 2006	Psychotic disorder	298	“”

Source(s): Courtney et al. 2015 *Int J Environ Res Public Health*  
Bryant et al. 2011 *Addiction*  
Michie et al. 2009 *J Epidemiol Community Health*

# Qualitative design

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- 5 ex-smokers and 19 smokers participated in a focus group or individual interview
- Thematic analysis was conducted
- Analysis was deductive from the interview guide and supplemented inductively
- Patterns were observed in the data and codes grouped into themes

# Qualitative feedback from low-SES smokers

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- Experienced smoker-related stigma
- Reported positive smoker identity
- Wanted an alternative support service to Quitline
- Were receptive to mobile phone based support
- E-cigarettes perceived to be unsafe compared to legal tobacco

***“Actually too, there’s the whole other thing of it being a part of your identity for so long. This is your... this is just part of your personality or something.”***

***“I think it’s important to emphasise that it would be interactive texting as opposed to just receiving a message.”***

***“I was walking along the footpath with a cigarette talking on my phone and someone at the table screamed out, ‘You can’t smoke four metres from food being served’”***

***“The first time I rang Quitline the young lady told me to have a carrot!... And that’s why I went back to smoking.”***



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Review

# **The Methodological Quality and Effectiveness of Technology-Based Smoking Cessation Interventions for Disadvantaged Groups: A Systematic Review and Meta-analysis**

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# Background

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- Mobile phone technology widely available and accessible among disadvantaged groups
- The *WHO Tobacco Free Initiative* identified mHealth as a cost-effective, scalable, and sustainable platform



# Results

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- 6345 articles identified and 13 met inclusion criteria
- Tech-based platforms varied with only one study using mobile phone text messaging
- Only one study was deemed to be methodologically rigorous

# Need for revised cessation approaches

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- Mobile phone technology:
  - Underutilised
  - Intervention research lacking
  - Able to deliver 24/7 real-time personalised and interactive support
  - Ability to complement existing services i.e. Quitline

# Discussion points

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- Modifying positive smoker identity
- Tailoring: What are we missing and what's next?

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