Background

- There is a marked gradient in smoking rates across socioeconomic status (SES) and rates are disproportionately higher among low-SES smokers than general population smokers\(^1\).
- Australian data shows that persons from disadvantaged areas are more likely to smoke daily (20%) than those from the most advantaged areas (7%)\(^2\).
- Low-SES and disadvantaged smokers are often described as “hard to reach” and are subsequently hard-to-treat\(^3\).
- Little research has focussed on the subjective experiences of treatment seeking low-SES smokers after a quit attempt. Understanding the factors that facilitate or inhibit cessation are urgently needed.

Aims

Using a subsample from the Financial Intervention for Smoking Cessation Among Low-Income Smokers (FISCALS) randomised controlled trial (RCT) the current study aims to:

- Examine the accounts of treatment seeking low-SES smokers and ex-smokers after a quit attempt;
- Explore the factors that enable or inhibit smoking;
- Investigate the motivations and the role of smoker identity on recent quitting behaviours;
- Explore alternative cessation support options

Method

- FISCALS participants recruited between 2012-2014: 18+ years; smoked 10+ cigarettes/day; made a quit attempt; used combination NRT; received a government pension or allowance (proxy for low-SES); followed up for 8-months; and agreed to be contacted for future research.
- Focus groups were initially conducted to provide a platform to stimulate discussion, gain multiple perspectives and sharing of ideas.
- In-depth interviews were conducted to enhance data richness and draw on personal in-depth accounts.
- A total of 24 participants took part in either a focus group or in-depth interview.
- Interviews were transcribed verbatim and the data was analysed using thematic analysis.
- Analysis was deductive from the interview guide and supplemented inductively.

Sample characteristics

Table 1: Sample characteristics (N=24)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Smoker (n=19)</th>
<th>Ex-smoker (n=5)</th>
<th>Total (N=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>42%</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Age (M, SD)</td>
<td>57.7 (13.4)</td>
<td>34.4 (6.8)</td>
<td>48.1 (14.1)</td>
</tr>
<tr>
<td>Married</td>
<td>5%</td>
<td>40%</td>
<td>13%</td>
</tr>
<tr>
<td>Education: High school or less</td>
<td>42%</td>
<td>60%</td>
<td>46%</td>
</tr>
<tr>
<td>No. of years smoked (M, SD)</td>
<td>34.6 (14.5)</td>
<td>18.6 (8.9)</td>
<td>31.3 (14.9)</td>
</tr>
</tbody>
</table>

Facilitators and barriers...

- Family, health, and rising cost of tobacco were motivators to quit:
  - “I’m on a sole parent pension – it just feels horrible to be spending the little bit of money I have on cigarettes.”(Ex-smoker)
- Social context of smoking was a common barrier to cessation:
  - “I’m in a block of units… and they call it the Smokers’ Block. Everyone in the block smokes.”(Smoker)
- Tobacco control policies isolated smokers; encouraged social contexts of smoking; and prevented unplanned spontaneous quitting:
  - “The economics of smoking. If you buy a pack and you have a quit date set up, if you’ve still got three or four left at the end of the pack you don’t want to throw them out [equivalent to throwing money away].” (M, smoker)
- Smoker-related stigma prevented treatment seeking behaviours:
  - “I just didn’t like it [Quitline] because they made me feel guilty…it made me feel so guilty, so I hated it.” (F, ex-smoker)

Smoker identity....

- Positive smoker identity inhibited abstinence:
  - “Actually too, there’s the whole other thing of it [smoking] being a part of your identity for so long. This [smoking] is just part of your personality or something.”(Smoker)
- Ex-smoker identity promoted abstinence through a complete life change:
  - “I couldn’t be a good partner, I couldn’t be anything, because I’m always controlled by these substances [nicotine]. So I had to find a way to make a complete life change and quit.”(Ex-smoker)

Future research

- Due to regulatory restrictions in Australia, VNP's were seen to be unsafe and illegal compared to cigarettes. Cochrane review evidence indicates that VNP's are an effective cessation treatment\(^4\).
- Future research assessing the safety and effectiveness of VNP's for smoking cessation among low-SES smokers in Australia is warranted.
- Tailored mobile phone text-message quit support was seen as a promising alternative to current treatment services.
- Future research would benefit from developing and piloting a mobile phone-based text message program and assess the acceptability and effectiveness compared to existing services.

References


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