"I can't do this, I'm failing" - Low-socioeconomic status smoker and ex-smoker barriers to cessation: A qualitative Study

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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 trail (RCT) the current study aims to:
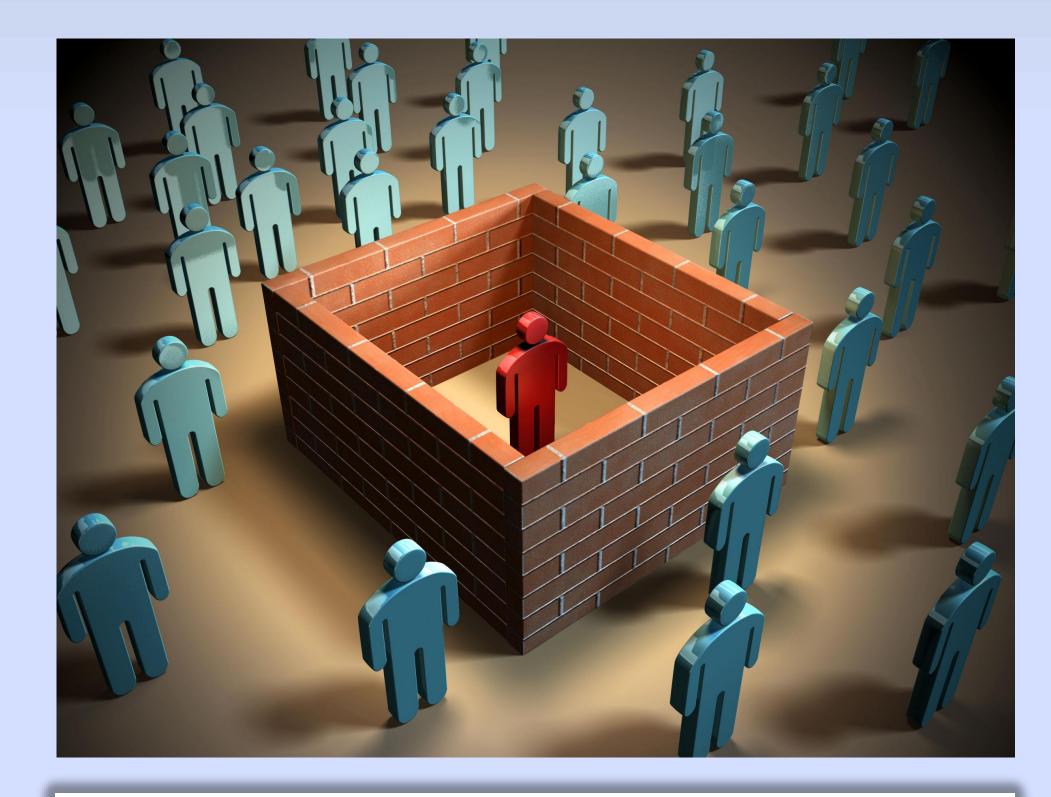
- Examine the accounts of treatment seeking low-SES smokers and ex-smokers after a quit attempt;

- 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)

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

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 [unit's]… 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)

What are the treatment alternatives?

- Concerns raised over the use of vaporised nicotine products (VNPs):

"*Are they legal? If it is illegal and I had to do it on the Internet I wouldn't do it. Cigarettes are still a legal substance. Yep, so if it was illegal I wouldn't do it.*" (F, smoker).

- Mobile phone-based platforms a potential alternative:

"*If I was getting a text message when I was feeling vulnerable, it could probably turn me a way [from smoking].*" (F, smoker).

- Text messaging, 24/7 real-time quit support:

"*I think someone has to be there to message you back at that time, whatever time it is. Twenty-four hours a day.*" (F, smoker).

Discussion & Implications

- Smokers and ex-smokers experienced the social context of smoking. For smokers, social interactions that centred around smoking elicited a positive smoker identity, while ex-smokers banned all smoking which reinforced ex-smoker identity.

- The dominant anti-smoking public health discourse in Australia is promoting 'smoking and smokers' as a negatively constructed group. The experience of smoker-related stigma prevented treatment seeking and the increased cost of tobacco further prevented quit attempts.

- Low-SES smokers and ex-smokers expressed dissatisfaction with the Quitline and expressed the need for alternative support.

Future research

- Due to regulatory restrictions in Australia, VNPs were seen to be unsafe and illegal compared to cigarettes. Cochrane review evidence indicates that VNPs are an effective cessation treatment[7].

- Future research assessing the safety and effectiveness of VNPs for smoking cessation among low-SES smokers in Australia is warranted.

- Tailored mobile phone text-messaging 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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Acknowledgements

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