“I’m not strong enough; I’m not good enough; I can’t do this, I’m failing”: Barriers to cessation among disadvantaged smokers and their experiences with accessing treatment and the role for technology based quit support

NDARC PhD Scholar - Ms Veronica Boland
Supervisors - Dr Ryan Courtney & Prof Richard Mattick
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 (NDSHS)
Reconsidering current quit approaches

• Behavioural support and pharmacotherapy

• Tobacco tax ↑ by 25% (2001 to 2013)
  
  o 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

<table>
<thead>
<tr>
<th>Journal &amp; Year</th>
<th>Population</th>
<th>N</th>
<th>Result</th>
</tr>
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<tbody>
<tr>
<td>Preventive Med 2018</td>
<td>Social services</td>
<td>431</td>
<td>No effect</td>
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<tr>
<td>Nicotine Tob Res 2014</td>
<td>Psychotic disorder</td>
<td>205</td>
<td>“”</td>
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<tr>
<td>BMC Public Health 2014</td>
<td>Indigenous</td>
<td>163</td>
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<td>Addiction 2013</td>
<td>Prisoners</td>
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<td>Med J Aust 2012</td>
<td>Indigenous</td>
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<tr>
<td>Am J Psychiatry 2006</td>
<td>Psychotic disorder</td>
<td>298</td>
<td>“”</td>
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Source(s): Bonevski et al. 2018 Preventive Medicine
Courtney et al. 2015 Int J Environ Res Public Health
Bryant et al. 2011 Addiction
Michie et al. 2009 J Epidemiol Community Health
A randomized clinical trial of a financial education intervention with nicotine replacement therapy (NRT) for low socio-economic status Australian smokers: a study protocol

Ryan J. Courtney¹, Deborah Bradford¹, Kristy A. Martire¹,², Billie Bonevski³, Ron Borland⁴, Christopher Doran³, Wayne Hall³, Michael Farrell¹, Mohammad Siahpush⁶, Rob Sanson-Fisher³, Robert West⁷ & Richard P. Mattick¹

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"I’m not strong enough; I’m not good enough. I can’t do this, I’m failing": a qualitative study of low-socioeconomic status smokers’ experiences with accessing cessation support and the role for alternative technology-based support

Veronica C. Boland¹**, Richard P. Mattick¹, Hayden McRobbie², Mohammad Siahpush³ and Ryan J. Courtney¹
Qualitative design

- 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

- Experienced smoker-related stigma
- Reported positive smoker identity
- Wanted an alternative support service to Quitline
- Were receptive to mobile phone based support
- Vaporised nicotine products (VNPs) were perceived to be unsafe compared to legal tobacco

Source(s): Boland et al. 2017 (under review Int J Equity Health) Boland et al. 2017 (under review Addictive Behaviors)
“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 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’”

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

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

- 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

• 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

• 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
Acknowledgements

• The NDARC team & investigators
• The NDARC at the UNSW is supported by funding from the Australian Government
• Cancer Institute NSW funding
• NDARC PhD Scholarship
Adding a vaporised nicotine product to standard behavioural treatment for low-socioeconomic status smokers: A randomised controlled trial

NHMRC Project Grant (APP1127390): 4 years @ $1.4 mill


^Project Co-Ordinator
A non-inferiority randomised controlled trial of cytisine versus varenicline for smoking cessation


NHMRC Project Grant (APP1127390): 4 years @ $1.9 mill
A RCT on Smoking Relapse Prevention among Ex-prisoners in Northern Territory

Smoking, Nutrition, Alcohol and Physical inactivity (SNAP) Study

Thank you!