

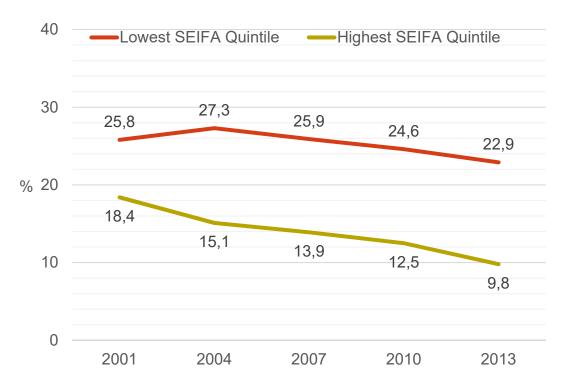
The Difference is Research

"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)
 - 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
Preventive Med 2018	Social services	431	No effect
Nicotine Tob Res 2014	Psychotic disorder	205	u»
BMC Public Health 2014	Indigenous	163	""
Addiction 2013	Prisoners	425	un
Med J Aust 2012	Indigenous	263	un
Am J Psychiatry 2006	Psychotic disorder	298	un

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



Addiction



TRIAL PROTOCOL doi:10.1111/add.12669

A randomized clinical trial of a financial education intervention with nicotine replacement therapy (NRT) for low socio-economic status Australian smokers: a study protocol

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RESEARCH Open Access

"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

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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



"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." Nicotine & Tobacco Research, 2016, 1–10 doi:10.1093/ntr/ntw391

Review 21, 2016



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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

- 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



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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



Boland V.C^, Courtney R.J, Aiken A, Stockings E.A, Chen R, Thomas D, Borland R, Gartner C, McRobbie H, Petrie D, Siahpush M, Richmond R, Shakeshaft A, Farrell M, Doran C, Mendelsohn C, Zwar N, Hall W, Mattick R.P. *Project Co-Ordinator



A non-inferiority randomised controlled trial of cytisine versus varenicline for smoking cessation

The Difference is Research

NHMRC Project Grant (APP1127390): 4 years @ \$1.9 mill



Thomas D, Farrell M, McRobbie H, Tutka P, Petrie D, West R, Siahpush M, Gartner C, Walker N, Mendelsohn CP, Hall W, Paul C, Zwar N, Ferguson SG, **Boland V.C**, Richmond R, Doran C, Shakeshaft A, Mattick R.P, Courtney R.J.



A RCT on Smoking Relapse Prevention among Ex-prisoners in Northern Territory

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

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Dolan K, Xingzhong J, Kinner S, Hopkins R, Stockings E, Courtney R, Shakeshaft A, Petrie D, Dobbins T

Thank you