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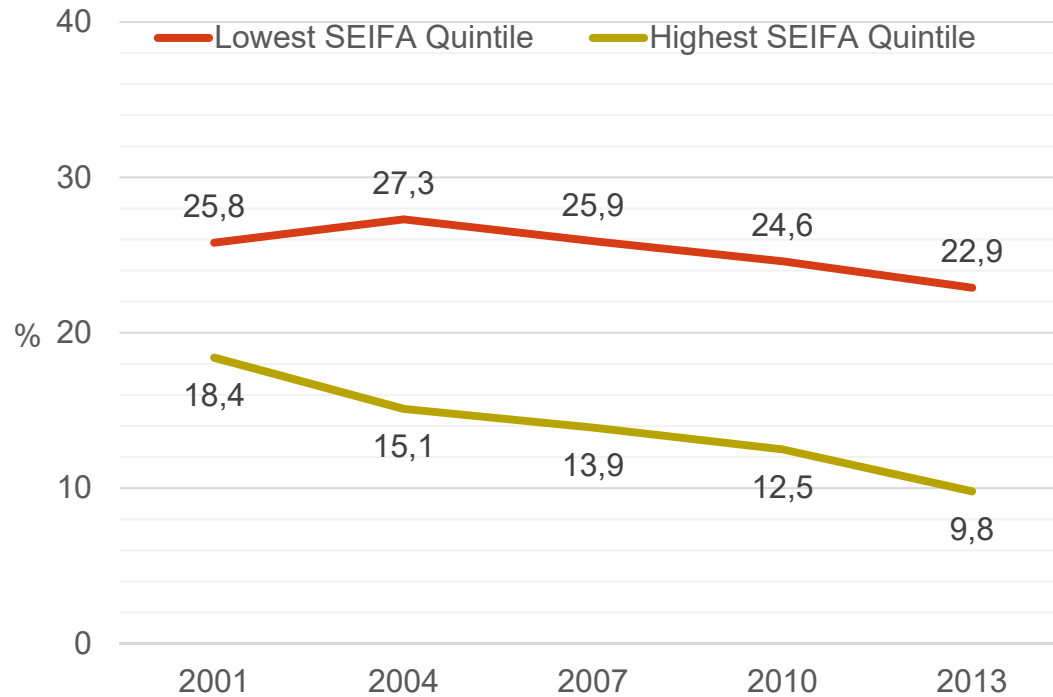
“I’m not strong enough; I’m not good enough; I can’t do this, I’m failing”: Barriers to cessation among disadvantaged smokers and their experiences with accessing treatment and the role for technology based quit support



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	“”
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): 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. Martire^{1,2}, Billie Bonevski³, Ron Borland⁴, Christopher Doran³, Wayne Hall⁵, Michael Farrell¹, Mohammad Siahpush⁶, Rob Sanson-Fisher³, Robert West⁷ & Richard P. Mattick¹

National Drug and Alcohol Research Centre, Medicine, University of New South Wales (UNSW), Sydney, NSW, Australia,¹ School of Psychology, UNSW, Sydney, NSW, Australia,² School of Medicine and Public Health, University of Newcastle, Newcastle, NSW, Australia,³ Centre for Behavioural Research in Cancer, Cancer Council Victoria, Carlton, Vic., Australia,⁴ UQ Centre for Clinical Research, University of Queensland, Herston, Qld, Australia,⁵ College of Public Health, University of Nebraska Medical Center, Omaha, NE, USA⁶ and UCL Department of Epidemiology and Public Health, University College London, London, UK⁷

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

Veronica C. Boland^{1*}, 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

“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.”



Review

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

**Veronica C. Boland BA, PG Dip Psych¹, Emily A. Stockings PhD¹,
Richard P. Mattick PhD¹, Hayden McRobbie PhD², Jamie Brown PhD³,
Ryan J. Courtney PhD¹**

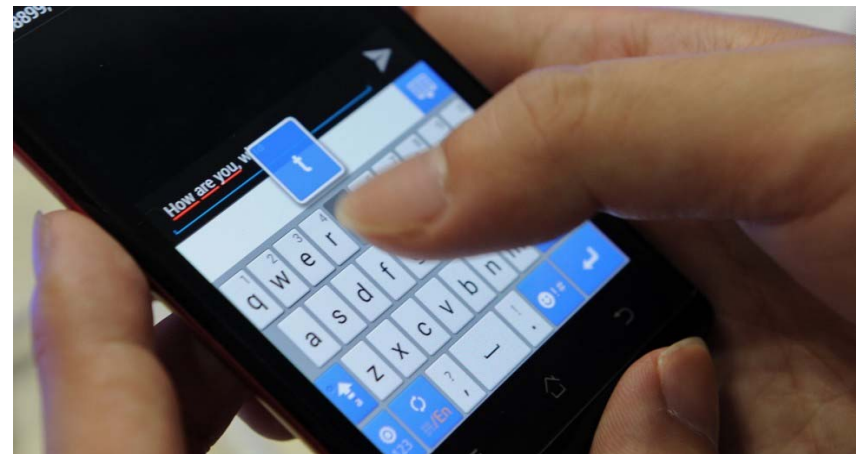
¹National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW), Randwick, Australia;

²Wolfson Institute of Preventive Medicine, Queen Mary University of London, London, UK; ³Department of Clinical, Educational and Health Psychology, University College London, London, UK

Corresponding Author: Veronica C. Boland, BA, PG Dip Psych, National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW), 22-32 King Street, Randwick 2031, Australia. Telephone: 61-2-9385-0145; Fax: 61-2-9385-0222; E-mail: v.boland@unsw.edu.au

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

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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Australian Government
Department of Health



NORTHERN
TERRITORY
GOVERNMENT



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

Thank you!

