



New South Wales

"A Secret Shame" Understanding Today's Smoker

September 2007



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PROBLEM

In 2006, New South Wales entered a period of unprecedented tobacco control activity which included ongoing Cancer Institute NSW quit smoking mass media campaigns, introduction of graphic health warnings on cigarette packs and tighter restrictions on smoking in licensed venues.

In the midst of high tobacco control activity there was a need to better define today's smoker in order to better inform the development of future campaigns and programs.

A fresh insight into today's smoker was needed and their attitudes, beliefs and knowledge toward:

- Being a smoker
- The role of smoking in their life
- Strength of external and personal factors to quit
- Motivations and intentions to quit
- Perceived social acceptability of smoking
- Perceived severity of mortality and morbidity caused by smoking
- Nicotine addiction
- Tobacco control interventions such as: campaigns, increasing price of cigarettes, graphic health warnings and smoking restrictions
- Support services for quitting

RESEARCH OBJECTIVE

The overall aim of the research was to provide an understanding of how NSW smokers currently think and feel about smoking.

METHOD

The research was conducted by MarketAccess through a series of 10 group discussions with 79 smokers, segmented primarily by age and location.

Groups took place in metropolitan Sydney, including an inner city location and a suburban location to provide a cross-section of middle and lower socio-economic status (SES) smokers, and in a medium sized, regional town.

The following recruitment criteria were also included:

- Smokers who smoke at least 5 cigarettes a day
- Smokers who report they are thinking about quitting in the next 12 months
- Smokers from middle and lower SES backgrounds
- A mix of men and women in each group
- Based on the selected locations, it was possible to ensure that at least some of the participants came from backgrounds other than Australian
- Exclude smokers working in health promotion, market research or tobacco industries.

CONCLUSION

These qualitative research findings show that NSW smokers are experiencing increased pressure to quit from sources that include quit smoking advertising, graphic health warnings on cigarette packs and legislative changes. This cumulative and mounting pressure to quit is not only direct in its impact on the individual smoker but also influential in continuing to change the social acceptability of smoking.

This pressure cooker to quit is affecting smokers in both their desire and knowledge of the need to quit but also the manner in which they are currently maintaining their smoking. New "smoker moments" are appearing in which smokers describe concerted efforts to keep this addiction in their life.

The majority of respondents acknowledge the need and desire to quit for health reasons but are also seeking greater support and empathy to quit smoking. Smokers are willing to seek support from cessation services and expressed a desire to have nicotine replacement therapy (NRT) made more affordable.

IMPLICATIONS

To continue to motivate quit attempts, these results confirm that future program and campaign strategies should consider three important factors that can increase personal relevancy with today's smokers:

- Continue to position the health consequences of smoking as an inevitability rather than risk
- Consider the shorter-term and tangible health consequences of smoking
- Build a greater degree of empathy within communication.

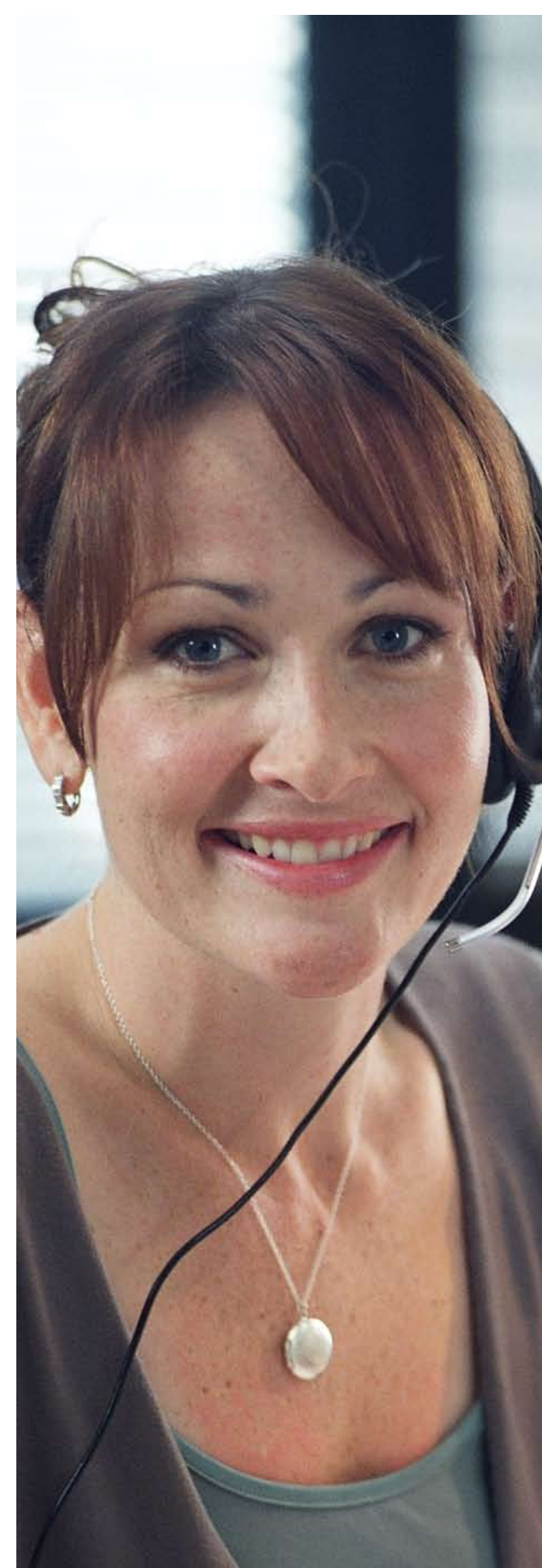
QUIT ADVERTISING

Participants commonly felt that the recent advertisements had focussed on extreme smoking consequences, and that while these were thought provoking, they did not really believe that they were personally likely to be affected by these diseases.

"Seeing commercials on TV where you see, you know, people with gangrene and all that and you think ... okay I'm never going to get that, that's not going to be me ... But like, I reckon it would be pretty cool if, you know, I turn on the tele one day and I saw an ad with someone who has had one of the, like a small thing 'cause then it feels like more close to home."

"But it's not you... it just comes back to it won't happen to you. You sort of see it, you just sort of move on."

On the whole, smokers agreed that information about health effects was most likely to be effective in moving them towards quitting. The visual impact of recent advertising associated with the graphic warning labels has substantially changed the smoking environment. The consequent sense of ostracism that smokers are experiencing suggests that there may be a need for communications to create a greater sense of empathy with smokers.



RESULTS

PSYCHOSOCIAL ROLE OF SMOKING

Smokers commonly talked about smoking as simply "just something that I do". However, their behaviours demonstrated that it has far more of a pivotal role in their life than the flippancy suggested by this statement.

"My decisions are based around smoking. Like, if we're going somewhere and there's say two cars driving, I'll get in the car you can smoke in. Or if we're going somewhere and we'll sit somewhere, I'll be like, 'Oh, can we sit there, I wanna smoke?' So, I think you have a lot more options if you didn't smoke."

"Yeah, you can miss out on friendships from smoking, but I'd rather smoke, so..."

That smokers tended to downplay the importance of smoking in their lives suggests a key communication objective is to prompt smokers to think about the effects and consequences of smoking, rather than just smoking without thinking about it.

THE LEGAL AND CULTURAL ENVIRONMENT

The legislative and cultural environment had substantially affected smokers in a variety of different ways, with the most significant change being that smokers believed that they had become more socially outcast than any time in the past.

"I think it is more a secret shame, you know."

There was a perception that the combination of smoking restrictions and graphic warning labels had granted non-smokers more permission to complain about smoking and smokers, and that this had developed into a form of ostracism and discrimination.

"It is becoming more, you know, like socially unacceptable, and then I've been hassled before for flicking a cigarette butt on the floor."

"People really hate you ... they hate it, like, people who smoke are the lowest scum of the earth."

Consequently, smokers were feeling somewhat brow-beaten. While it was apparent that this experience had supported some in their resolve to reduce their smoking, it had also left smokers with a perception that they were on their own in their quitting attempts and that there was little support or assistance available for them in the process.

QUITTING AND SERVICES FOR SMOKERS

Thoughts about quitting appeared to be focussed primarily on attitudes, rather than strategies, while unsuccessful quit attempts appeared to be related to a lack of effective strategies to assist smokers through the difficulties they experienced in the process.

Stress and the perception of stress was a significant factor in smoking. The importance of stress as both a prompt to smoke and a reason not to quit illustrated that assisting smokers in developing ways to deal with stress without smoking would be of considerable value in assisting them to quit.

"A bit of stress coming onto you, and then, that's it. It's the straw that breaks the camel's back."

"Oh, I have given it away in the past, it lasted about six months. But then as soon as something happens, if I get depressed or anything like that ... that triggers it off again."

Knowledge and experience of services for smokers, such as the Quitline and Quit courses, was very low. There is a need to better inform smokers about the range of assistance that is available to them in the quitting process.

SMOKING AS AN ADDICTION

Participants differed on whether they thought of themselves as addicted. There was a general sense that the older participants, who were heavier smokers and had smoked for longer, were more likely to think of themselves as being addicted, while there was more variation amongst the younger and lighter smokers in terms of whether they considered themselves to be addicted.

"You promise you won't laugh? It's like a friend but it's very hard to get divorced."

Some felt that they were not so much addicted to cigarettes as to the habit of smoking.

"You see, you could be addicted to the habit of smoking ... that's what mainly a lot of us are. It's something to do. It becomes, as I said, a lifestyle."

Perceptions about the notion of addiction suggest that caution would need to be taken to ensure that any communications about addiction were not interpreted as judgemental and accusatory.

"I reckon addiction the word can come off a little strong. I have a coffee every morning as well and I wouldn't say I'm addicted to coffee."

PERCEPTIONS OF HEALTH CONSEQUENCES AND RELATED MESSAGES

Smokers' perceptions of health consequences suggest that messages about the inevitability of disease have a greater capacity to affect smoker's thoughts and intentions about quitting, compared with those that focus or rely on the risk of disease. In particular, there appears to be considerable utility in messages about the inevitability of emphysema.

"No, actually death wouldn't be that bad because you'd be gone, that'd be it. Living with [gasping] with an oxygen tank would be much worse than death."

There appears to be an opportunity for developing communications that refer to the already experienced health effects, such as shortness of breath, and relate these symptoms to more serious long term consequences. Such messages would be expected to have a high degree of salience and relevance, and would provide an effective prompt to think about smoking and quitting.

"You know, when you're running to catch a bus or something and by the time you get on there you're just like [wheezing], the guy's like a dollar twenty and you're like just give me five minutes."

THE GOVERNMENT AND THE TOBACCO INDUSTRY

In all of the groups some smokers commented that the government was not really serious about getting people to quit as they did not want to lose the money they made from tobacco tax. It was apparent that this issue united some smokers into an 'us and them' mindset.

"If they thought it was that bad for us and it wasn't a positive for them to get those tax dollars, they'd just say you can't have them any more."

However, this was not a universal opinion, and in each group at least some smokers responded that the cost to the health system of smoking related diseases outweighed the income from tobacco tax. The issue of what was being done to assist smokers in quitting was also discussed in this context. In each group, some smokers commented that if the government was really serious about having smokers quit they would either fund NRT or ban cigarettes. Participants consistently suggested that more assistance should be provided to them through funding NRT.

"Well I'm just curious, you know, if we're paying for all these, you know, any quitting campaigns, why isn't the government then trying to subsidise, like, patches and gum can be quite expensive."

For messages that focus on denigrating the tobacco industry to achieve any salience, a significant shift in knowledge and understanding of the role and activities of the industry would be required.

"They're providing a product and we're stupid enough to buy it. That's our fault."