

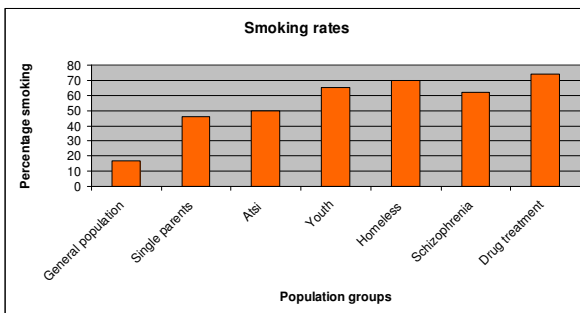
Clearing the Smoke: What the research tells us about smoking cessation with very disadvantaged groups

Tackling Tobacco Program



Overview

- Smoking cessation in the general population
- Smoking cessation with disadvantaged groups
- Characteristics of effective approaches
- Implications for community services



Reality of smoking

- It takes several (up to 14) attempts to quit
- Relapse is common

BUT

- The more quit attempts the closer is success

General community

- Simple advice from a professional increases quit rates
- Nicotine Replacement Therapy (NRT) increases quit rates
- Individual or group counselling helps
- Multi-component programs which include social support helps

Quit success at 12 months

- No action – 1%
- Brief advice from GP – 5%
- Brief advice plus NRT – 10%
- Intensive personal counselling – 15% to 20%
- Intensive personal counselling plus NRT – 30% to 40%

Literature review results

- Small number of interventions with target populations
- Comparable to general populations
- Some more intensive interventions had higher quit rates
- No clear 'best practice' for particular populations

Results: Aboriginal community

- Nicotine patches plus brief advice
- 15% quit rate (compared to 17% in the general community)

Results: Low income mothers

- Attending paediatric clinic
- Quit message (doctor) plus motivational interview (nurse) and three follow-up calls
- At 12 months 13.5% quit compared to 6.9% control

Results: Homeless people

- 41 clients of community or welfare centres
- 5 sessions of motivational interviewing plus 5 group sessions plus NRT
- 2 groups smoking alone or smoking and lifestyle
- 15% and 27% quit at 26 weeks

Desire to quit and quit success

- Many people facing multiple disadvantages want to quit
- People facing multiple disadvantages can quit
- For some who did not quit there were other benefits

Barriers - circumstances

- 'Normality' of smoking
- Low self-efficacy
- Smoking as a means of coping with difficult circumstances
 - Comfort
 - Respite
 - Attainable pleasure
 - Identity and solidarity

“The consumer is essentially being asked to give up a deep-seated and often physically addictive behaviour which, in the face of a great deal of adversity, brings solace and support.”

MacAskill et al, 2002

Barriers - organisational

- Lack of organisational commitment to addressing smoking
- Staff smoking with clients
- Attitudes about clients and smoking

Factors that make community services appropriate providers of smoking care

- Regular contact and high trust
- Whole of life/multiple issues perspective
- Strengths based approach
- Personal knowledge/tailored support
- Clients want such support

Principles of effective smoking care with vulnerable populations

- Doing something is better than doing nothing
- Focus on increasing quit attempts
- Adapt best practice approaches
- Have realistic expectations; persist

Implications for community service organisations

The need for organisational change
–make smoking care part of routine care

Two essentials:

- Supportive environments
- Active case-work

