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WHAT KEY INFORMANTS SAY ABOUT CESSATION SERVICES FOR LOW SOCIO- ECONOMIC STATUS (SES) ADULT SMOKERS



The Ontario Tobacco Research Unit (OTRU) is currently examining how well Ontario's smoking cessation services serve the needs of low socio-economic status (SES) adult smokers. Preliminary findings are presented in a series of newsletters. The first newsletter focused on the reach of existing services. In this newsletter we summarize preliminary information provided through key informant interviews (these results are

not conclusive and caution should be exercised in their interpretation). The results reflect the opinions of the key informants we interviewed, but not necessarily the views of OTRU. Study conclusions will be based on further analysis of key informant interviews, analysis of the Ontario Tobacco Survey and results of a survey of smokers. Look for these findings in future issues.

THE INTERVIEW

Smoking cessation professionals and staff who worked with low SES populations were asked about their experience with the Ontario smoking cessation system and the services available to low SES smokers. In particular, they were asked about the strengths, weaknesses and overall effectiveness of existing products, services and campaigns. Additional questions addressed perceptions about what cessation services would best serve the needs of low SES smokers and the importance of smoking cessation compared to other issues prevalent in low SES populations.

Each interview lasted approximately thirty minutes and was tape recorded and transcribed verbatim. Once transcribed, all interviews were coded using NVivo 8 software.

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PARTICIPANTS

Key informants were:

- staff who provide direct frontline support and programming for smokers
 - staff responsible for planning, communication, and collaboration for tobacco control in Ontario
- or
- staff from organizations in areas outside of tobacco control (e.g. culture and recreation services, employment centers, food banks), who work with adults with a high school education or less

We interviewed a total of 19 key informants: 13 worked in tobacco control and 6 worked with low-SES populations in other areas. Most key informants were female (13). Of the 13 key informants who worked in tobacco control, 10 had more than 8 years of experience and 3 had 20+ years of experience. Of the 6 key informants who worked with low-SES populations in other areas, 3 had more than 11 years of experience in this work.

KEY INFORMANTS' PERCEPTIONS OF PROBLEMS & SUGGESTED SOLUTIONS

1. Accessibility of Services

A major concern of all key informants is the lack of accessibility of existing services. The key informants argue that the services' locations and opening hours need to be carefully considered, as these factors might constitute major barriers to smokers from a low SES background.

"I don't think services are available for when people are ready ... we're only offering a group 3 times a year ... I think you need multiple strategies, whether it's ... online networks or groups or individual counseling, you have to make it easy for people."

"The obstacles perhaps would be getting there, finding a central place ... 'cause, sometimes people ... have transportation issues."

2. Cost of Nicotine Replacement Therapy (NRT)

All key informants believe that the price of NRT is a significant barrier for many smokers

and that free or subsidized NRT would be an effective and attractive strategy. They argue that people are not likely to try or even follow through with NRT if they have to pay for it out of their own pockets.

"Obviously the cost of treatment is an issue for people and ... there's evidence if you minimize the cost of treatment more people are likely to use the treatment so ... the bottom line is that yes, I would probably say it holds promise."

"If they're accessing lower priced cigarettes ... the NRT ends up being more expensive than what they're paying for their cigarettes so there's not as much of an incentive there."

"[It is important to have] some assistance with the funding ... a lot of... our clients are on assistance and either ODSP or Ontario Works won't pay for it."

3. Promotional Campaigns

All key informants agree that promotional strategies should be engaging smokers instead of the traditional passive media ads. In order to increase awareness, some key informants (3) suggest using social networking tools, such as facebook and twitter, as well as using text messaging services on cell phones. Some key informants also mentioned that it is important for advertisements to be easy to understand, particularly for people with low literacy levels, and that ads should be designed to be culturally diverse.

"I think [this] needs to be ongoing in a very creative way, not necessarily just print ads, or TV ads, this may be going on facebook and twitter. As we move forward with this we need to continue to remind, no different than how our competitors promote tobacco, no different than how our competitors promote chocolate bars and everything else, they bombard you all the time; everywhere you go, you see it, I think we need to have the same level of saturation for people saying you need to chose a smoke-free lifestyle and this is why."

4. Tailored Programs

All key informants feel that cessation programs would be more effective if they were tailored towards special or marginalized groups. They believe that tobacco control in Ontario is at a stage where it can move from the "one-size fits all" approach to one that tailors services to groups that have a heavier



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not an addiction. They believe that education will not only help people recognize smoking as an addiction but that it will also help smokers learn how to properly cope with the cessation process.

"I think, as a group of practitioners, we need to better understand how smoking addiction works and why the person smokes, because it isn't the same as it was for the 1960s and I think we need to accept the fact that addiction and tobacco is, weaning someone of that, is a lifelong journey and process as opposed to a tab of a binder that we turn and then you're done and then you're on your own because we wouldn't do [that] with other addictions."

"I think part of the problem is too that not everybody identifies smoking as an addiction, so they think it's just a bad habit so they beat themselves up and they don't understand why they can't go a couple of days without smoking."

"The rest of them are going to keep smoking until they get to their mindset on why they need to quit and so it's got to be education that sets them up for that, and that starts in high school and work sites."

7. Awareness of Existing Services

Five of the 6 key informants who work with low SES smokers in non-tobacco control areas stated that they are not aware of services or programs that they can refer their clients to. Furthermore, they do not know how to find out about the different cessation programs and services that are available in their regions.

"I think there's probably programs ... that I'm not aware of."

"Promotion of these programs further I think would help... because it sounds like there's ... opportunities it's just ... are we aware of them?"



burden of tobacco-related diseases, such as low SES smokers. Tailored programs would allow the unique needs, interests, and concerns of low SES individuals to be addressed.

"I think ... up until now we've been ... targeting just the general public. It's been more generic but now there's more and more of a push at looking at priority populations and targeting those that are more at risk and more vulnerable."

"What I'm finding is the smokers who are left, I think need specialized interventions. I think that the days where we had 30% plus almost every age group smoking tobacco is gone and that's fantastic. I think the smokers, as we move forward need ... someone to support them through the process, whatever that means, and with that I think you [are] into some tailoring."

5. Integration of Services

According to several key informants, it is essential to have further integration and coordination among services in the smoking cessation system. There was a belief that even though there are several smoking cessation programs, they are not as successful as they could be, since they work in isolation.

"I think ... a lot of elements are in place and what's missing is the sort of coordinating mechanisms to have them actually talk to each other."

6. Education and Training

According to key informants, there is a need to provide training to health providers on how to talk to low SES smokers about quitting, as well as to provide learning opportunities about the process of quitting and related benefits. Some key informants believe there are misconceptions among low SES smokers that smoking cigarettes is



OTHER FACTORS AFFECTING CESSATION



accommodation with the First Nations manufacturers and cut a grand bargain where they play by the rules, we're going to have this bleeding sword, that's just going to continue."

2. Social Norms

According to most key informants it is essential to modify the social norms about smoking behaviours in most working and living environments. This is particularly important when the focus is on low SES smokers because the living and/or working environments of low SES individuals tend to include more smokers than those of high SES individuals.

"Restrictions on where smoking can occur and also just the overall social unacceptability of smoking have probably been the biggest drivers for motivating people to stop ... we need to change these factors for low SES smokers."



1. Contraband

All key informants believe that the price of cigarettes affects purchasing decisions more than brand name and quality. Most key informants (16) fear that increasing cigarette taxes will lead to increased use of contraband and they indicated that contraband undermines the effects of cessation programs. More than half of them believe that, even though contraband poses an immense problem, it is often neglected.

"For those smokers who are extremely price sensitive, they're going to be getting the cheapest cigarettes where they can and so whether that's driving to the reserve or buying them ... out of a truck off the street."

"[Without] some serious effort by the federal government and the provincial government working together to come to an

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The Ontario Tobacco Research Unit (OTRU) is an Ontario-based research network that is recognized as a Canadian leader in tobacco control research, monitoring and evaluation, teaching and training and as a respected source of science based information on tobacco control.