



EVALUATION NEWS

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Cessation Pathways

Exploring Opportunities for Developing a Coordinated Smoking Cessation System in Ontario

Introduction

The process of quitting smoking can take varied paths (e.g., abrupt quitting, gradual reduction, relapse, etc., quit attempts with and without professional help and pharmaceutical aid); quitting smoking is a complex process that may span from many months to years.^{1,2,3,4} The Tobacco Strategy Advisory Group has called for the development of a coordinated system that would attract and support smokers throughout their entire cessation process.⁵ Currently, there is limited coordination across services/programs in the smoking cessation system in Ontario; however, existing services/programs (Smokers' Helpline (SHL), Ottawa Model for Smoking Cessation, STOP Study, etc.) provide the basis of such a coordinated system.

The Ontario Tobacco Research Unit (OTRU) is conducting a

study using mixed methods, including quantitative surveys and in-depth qualitative interviews with smokers, to explore their experiences with existing smoking cessation services/resources and identify opportunities for strengthening linkages across services in the province.

Study Methods

The study explores:

- What are smokers' experiences with existing cessation services/resources in Ontario?
- To what extent are their cessation needs being met as they move through the cessation system?
- What recommendations do smokers have for improving linkages and continuity of care among cessation services?

Through Smoke-Free Ontario

service partners and community advertisements, we are recruiting a sample of smokers to complete an online survey about their experiences with quitting smoking and related cessation service use in Ontario in the last five years. From this sample, we are selecting a subsample of 30 smokers to participate in qualitative interviews that explore their use, lifetime cessation, and service referral experiences in more depth. Data collection is currently ongoing.

In this newsletter, we present a summary of early and emerging findings among a preliminary sample of survey and in-depth interview participants in the Cessation Pathways study. The information presented here provides a preliminary overview only and should be interpreted with caution.

In This Issue:

PAGE ONE: Introduction, Study Methods

PAGE TWO: Preliminary Findings, Emerging Themes: In-Depth Interviews

PAGE THREE: Case Studies: Example Pathways

PAGE FOUR: Case Studies: Example Pathways, continued

PAGE FIVE: Case Studies: Example Pathways, continued

PAGE SIX: Concluding Remarks, References, Research Team, Contact Information





Preliminary Findings

Table 1 describes survey participant socio-demographics and smoking cessation experiences among a sample of 120 smokers accessing cessation services in Ontario in the last five years. The majority of survey participants were female, 33% were between the ages of 18 and 29, 28% were aged

Table 1: Sample Characteristics (N=120)

Socio-Demographics	# (%)
Age	
18-29	40 (33%)
30-39	33 (28%)
40-69	47 (39%)
Gender	
Male	45 (37%)
Female	75 (63%)
Education	
High school or less	24 (20%)
Post-secondary	96 (80%)
Employment	
Employed full- or part-time	77 (64%)
Not currently working	43 (36%)
Household Income (n=99)	
\$60,000 or less	62 (63%)
More than \$60,000	37 (37%)
Current Smoking Status	
Daily smoker	64 (53%)
Occasional smoker	10 (9%)
Former smoker	46 (38%)
Smoking Cessation Experiences	
Made serious quit attempt in last 5 years	113 (94%)
Number of Quit Attempts in Last 5 Years (n=109)	
1-3 in last 5 years	69 (63%)
4 or more in last 5 years	40 (37%)
Number of Cessation Services/Resources Used in Last 5 Years (n=119)	
1 or 2 services/resources	43 (36%)
3 to 5 services/resources	61 (51%)
6 to 8 services/resources	15 (13%)

30 to 39, and 39% were between the ages of 40 and 69. The majority of participants had received some post-secondary education; were employed full or part-time, and had an annual household income (before taxes) of \$60,000 or less. Thirty-eight percent of survey participants were former smokers, 53% were daily smokers and 9% occasional smokers. Sixty-three percent had made one to three quit attempts in the last five years. The majority of participants had used three to five smoking cessation services/programs (e.g., Smokers' Helpline, counseling services, cessation clinic, Quit and Get Fit), pharmacotherapy and/or resources such as self-help materials during this timeframe. Specifically, many survey participants have used self-help materials, nicotine replacement therapy and/or a quit contest in the process of quitting in the last five years. Health professionals, family and friends, and advertising are common referral sources to cessation services and resources (data not shown).

Emerging Themes: In-Depth Interviews

A number of themes are emerging from the in-depth interviews. The interviews focus on service use history, helpful factors related to service use and challenges with past and current quit attempts, and suggestions on how to better deliver cessation services to smokers in Ontario. We also present two case study examples to illustrate participants' experiences with the cessation system.

Past/Current Experiences

Helpful factors in quitting: simultaneous use of multiple cessation services/resources

For some participants, using multiple services at the same time is overwhelming; for others, it is necessary to maintain momentum and to meet varied needs. For example, some participants discussed being able to get the support they need for their physiological withdrawal symptoms and cravings while quitting with the assistance of nicotine replacement or pharmacotherapy, but require



further support for their psychological or emotional needs (e.g., stress, anxiety, and depression).

“I think the more services and support that you have, the more successful you’ll be... You know, the patch is one that gives you the nicotine, but yet the text message gives you the motivation...you don’t know what hour of the day you’re going to need what.”

Challenges in Quitting

Program/service inconsistencies

- Some participants discussed inconsistent experiences with their health care providers (physicians, pharmacists, addictions counselors etc.), in that some were highly engaged in patients’ quitting journey, while others were less supportive.

Limited awareness of services

- Many participants discussed not being aware of existing services in the community (e.g., Public Health Units) or being unaware of how to search for services that were of interest (e.g., group counseling)
- Some participants seemed to be unaware of or were unclear of the types of support some services provide, e.g., Smokers’ Helpline

“I just feel like these 24 hour helplines are like for crisis...and I’ve never felt like I was in a crisis.”

Suggestions for Cessation System Improvements

Centralization of services

- Participants described interest in a “hub” that provides information and/or direct connections to every available quit service/resource.
- Many suggested that this hub should involve support for system navigation. Smokers who want to quit would need to make only one appointment or phone call to find information and be connected to resources.

“Maybe an advertisement there for...a 1-800 number just to get you started or how to start a process or ‘Here’s your options out there that could help you’.”

Tailored quit plans

Some participants suggested that, in order to support smokers’ cessation needs, a support person could document their smoking and quit histories, reasons for past quit challenges, failures and relapses, ongoing challenges (e.g., financial barriers, co-morbidities, mobility limitations), and preferences regarding service types (e.g. social vs. individual, face-to-face vs. internet/phone). Following this intake process, they would design a quit plan with several options, to be used in tandem or in sequence.

“Certainly I get pretty stressed at the thought of quitting when that time approaches but ... I have a pretty solid plan so I also feel confident about it.”

Case Studies: Example Pathways

Mildred: 50-59 years, rural, current smoker

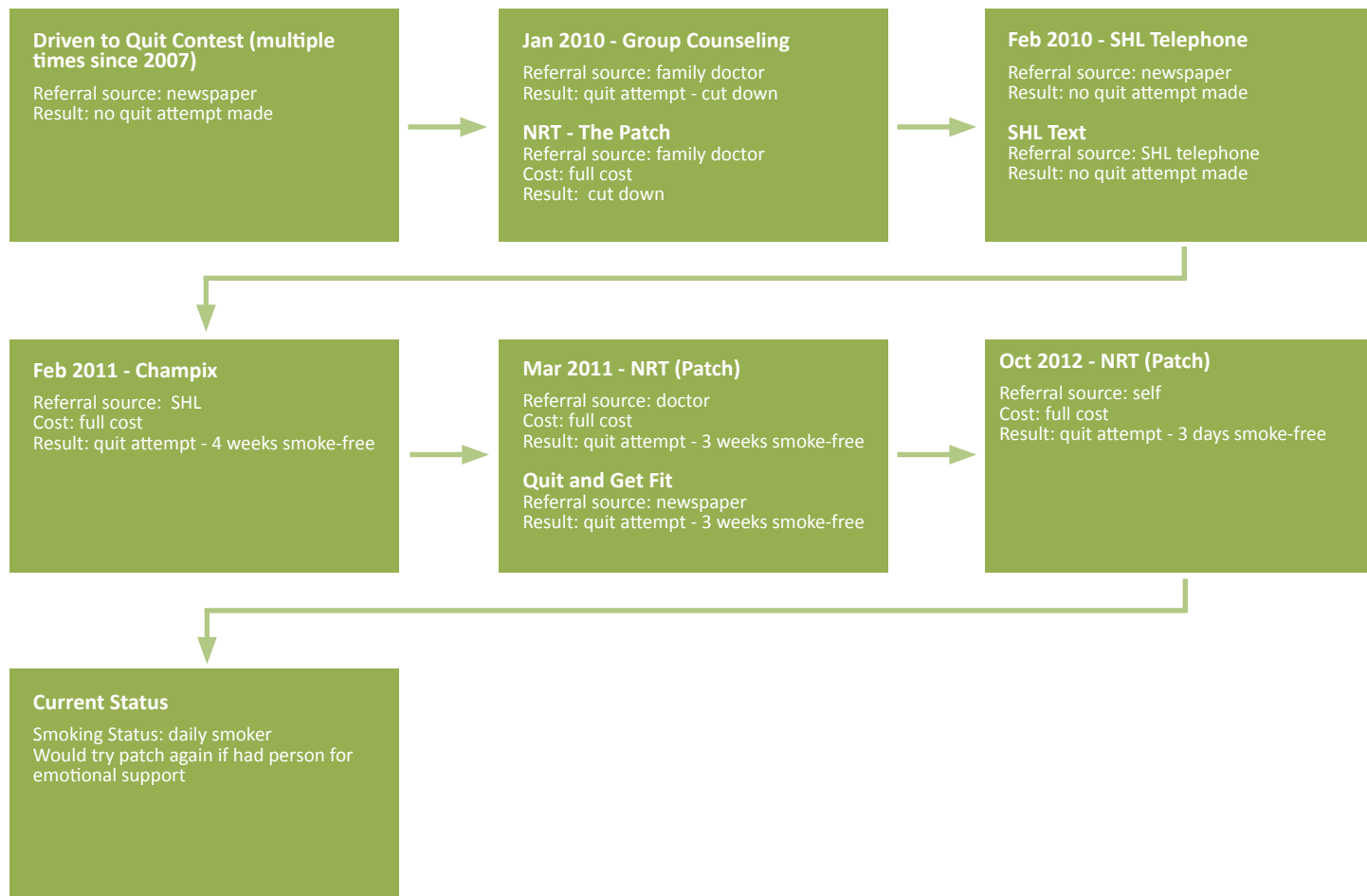
Mildred* has been smoking since the age of 18 and has made between 40-50 quit attempts in her lifetime (25 in the last five years). Her longest successful quit attempt was four weeks. During that time she was using Champix; however, she discontinued use when her doctor advised her to stop as it could affect her other medical conditions. Mildred’s journey has involved a number of cessation programs and services used both separately (Driven to Quit Contest, Smokers’ Help Line, pharmacotherapy, Nicotine Replacement Therapy (NRT)) and simultaneously (group counseling with NRT; NRT and Quit and Get Fit). She has encountered cessation challenges including disorganization of offered services (e.g., group counseling), distance and lack of transportation to cessation services, and lack of specific advice and tips provided by cessation providers. For example, Mildred would find it helpful if service providers would provide information about the different health benefits that smokers experience for each day or week that they are quit. Other challenges that Mildred faces are a weak social



support network, living with a partner who smokes, her struggles with stress and anxiety, and feelings of isolation as a result of being a new member of a rural community. Mildred identified factors that could help her be more successful: a strong social network of non-smokers, and a more personalized approach offered from cessation programs that provide advice for making a quit attempt, and counseling. * Name has been changed

“I think if I were to use the patch and I had somebody encouraging me emotionally that that would be an advantage to quitting. I can’t seem to get those two things going.”

Figure 1: Mildred’s Pathway





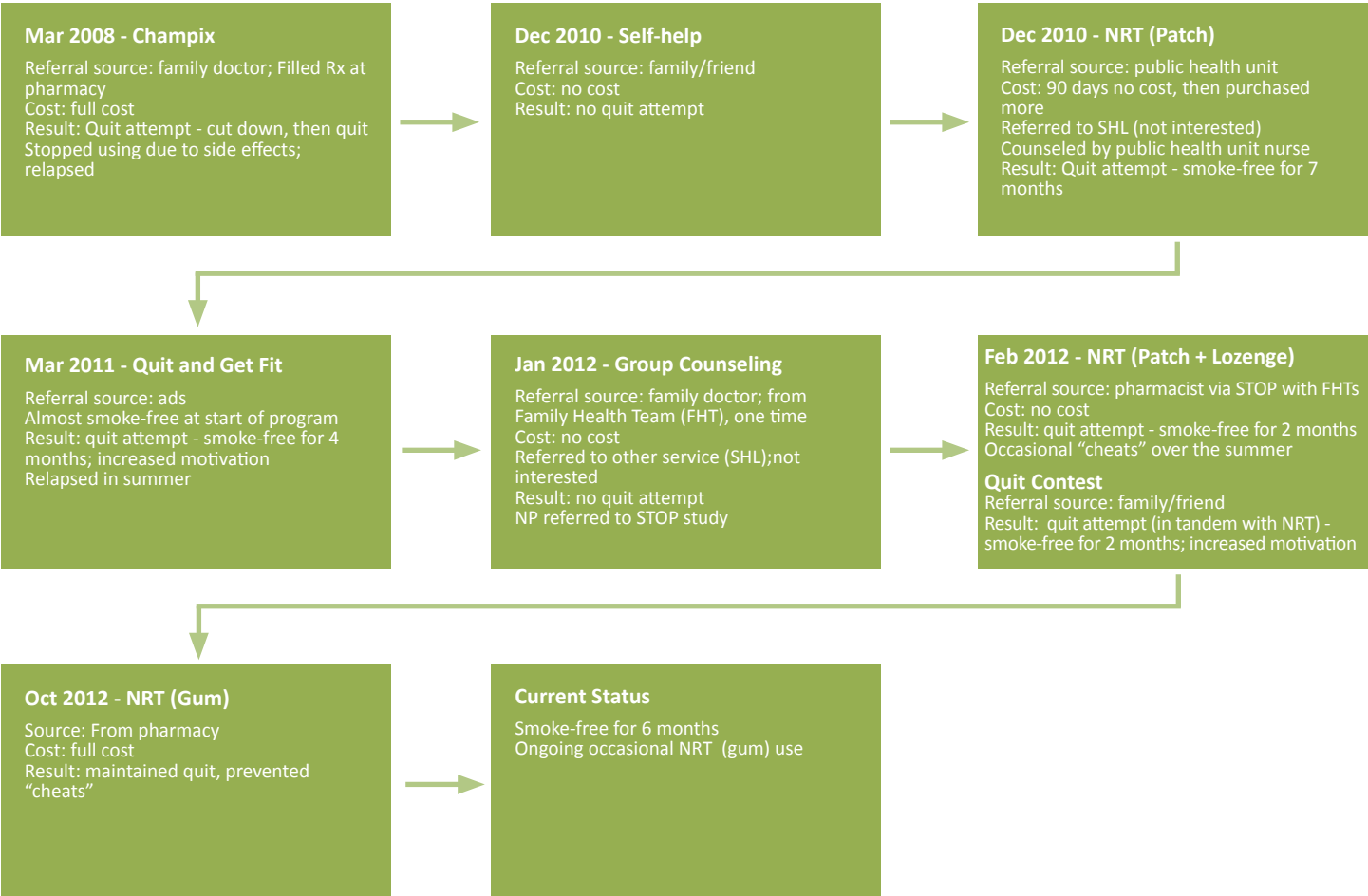
Claire: 30-39 Years, Urban, Currently Smoke-free

Claire* had been smoking since she was a teenager and had made several quit attempts in her thirties. She cited financial costs, stress, withdrawal symptoms, weight gain and social factors as barriers to her quit success. Her journey involved seven services over a period of four years

and she has now been smoke-free for six months. She attributes her success to no cost programs for NRT and fitness training. Claire particularly described appreciation for the providers of no cost NRT. * Name has been changed

“[Cost] is the main motivation, like the free NRT was one of my main motivators for the times at which I quit”

Figure 2: Claire’s Pathway





Concluding Remarks

Preliminary study findings show that participants are using a variety of services, and many participants have expressed a desire for services tailored to their individual needs. We look forward to exploring themes further in our full sample and sharing complete study findings in a future newsletter.

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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.

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