

# KWITNEEDS

What support do smokers need to assist them  
with stopping smoking?

## Topline Results

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## INTRODUCTION

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The Ministry of Health is responsible for implementing the 2007 New Zealand Guidelines for Smoking Cessation, which recommended that healthcare workers apply the ABC approach (**A**sk all people about their smoking status; give all smokers **B**rief advice to stop smoking; and offer evidence-based **C**essation support). The ABC approach is designed to be used by all healthcare workers to encourage smokers to make more quit attempts more often.

Cessation services<sup>1</sup> form part of the ‘**C**’ component of the ABC approach. These services must be available, accessible, responsive, and well linked to other healthcare services. Importantly, cessation services must meet the needs of the people who smoke.

Cessation services are currently used by only a small percentage (25-30%) of smokers who make a quit attempt. According to data from the New Zealand Tobacco Use Survey only 29% of Maori and 25% of non-Maori received formal cessation advice during their last quit attempt. There is a need to better understand smokers’ needs and expectations of cessation services, so that effective services can be provided to support more successful quit attempts.

*KwitNeeds* is an exploratory study into what smokers (with a focus on Māori, Pacific Island and lower socio-economic smokers) need with regard to stop smoking support. *KwitNeeds* was run as a supplementary sub-study of *WhyKwit* - research into *What motivates Māori, Pacific, and Low Socio-economic users of tobacco to stop smoking and stay stopped*. Data collected for *KwitNeeds* that aligned with data collected for *WhyKwit* has been incorporated in to the broader and more in-depth *WhyKwit* analysis study.

This report presents topline results from the *KwitNeeds* study.

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<sup>1</sup> Cessation services – Face-to-face and telephone services

## **AIMS**

- To determine smokers' stop smoking support needs and expectations.
- To improve the understanding among health professionals, clinical practitioners, consumers and policy makers about smokers' understanding of and needs from the health sector.
- To inform future stop smoking support service development.

## **OBJECTIVES**

In consultation with the Ministry of Health, the following realms of information were considered useful to explore:

- Knowledge of existing cessation services including what services smokers were aware of, where they get information about services from, and whether they perceived the services to be effective or not.
- What motivates people to use a cessation service and barriers to use of services.
- What people expect or need from cessation services, and is it important to have a range of services to choose from?



## METHODOLOGY

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This was a qualitative study using focus groups as the primary method of data collection. A parallel culturally appropriate method was used whereby focus groups / hui were conducted with ethnically matched researchers and participants.

### Participants

A purposive sampling frame was used to ensure participants were recruited across a range of criteria: age 16+; urban, metropolitan and rural; Māori and Pacific Island; male and female; smokers. Ten focus groups were conducted during the period December 2009 to February 2010. The final number of groups and ethnic composition is summarised in Table 1.

**Table 1: Ethnic composition of focus groups**

Ethnicity and rural/urban status	Actual ethnic composition of focus groups
Māori Urban (2 groups)	11 Māori, 1 Samoan
Māori Rural (1 group)	8 Māori
Pacific Island Urban (3 groups)	19 Pacific Island, 4 Māori
Pakeha (mixed ethnicity) Urban (2 groups)	12 Pakeha, 1 Māori
Pakeha (mixed ethnicity) Rural (2 groups)	5 Pakeha, 2 Māori

The number of smokers, who did not meet the ethnicity or age criteria of a group is minimal, and should not affect the overall results of the study.

A total of sixty three current smokers who were Māori, Pacific Island, and Pakeha (see Table 1) living in urban (Auckland and Hamilton) and rural (Wellsford district and surrounds north of Auckland and Glenorchy in the South Island) areas were interviewed.

**Table 2: Participant Demographics (n = 63 participants)**

		Number	%
Gender	Female	31	49%
	Male	32	51%
Ethnicity (Multiple response) <sup>2</sup>	Māori	26	36%
	Pacific Island	27	37%
	NZ European/Pakeha	19	26%
	other	1	1%
Age (years)	16-25	33	53%
	26-35	7	11%
	36-45	14	22%
	46-55	5	8%
	56+	4	6%
Born in New Zealand	Yes	51	82%
	No	11	18%
Eligible for a Community Services Card? <sup>3</sup>	Yes	34	41%
	No	24	57%
Work outside the home in full-time or part-time employment		38	60%

*NB: Not all participants answered all questions*

### Focus Group Procedure

All participants who attended a focus group were given a written Participant Information Sheet (Appendix 1) and an oral explanation of its contents by the focus group facilitator. Participants were encouraged to ask questions about the research. Consent forms (Appendix 2) were then provided, explained, and collected. A short questionnaire (Appendix 3) seeking age, gender, smoking status, country of birth, ethnicity, employment status, and information on participant smoking behaviour was then explained, completed by participants, and collected.

A number of group exercises and prompted discussion of reasons for quitting, methods used, reasons for relapse; knowledge of and attitudes towards various cessation methods and services, advertisements promoting quit smoking services;

<sup>2</sup>Nine (of the 63) participants selected multiple ethnicity options.

<sup>3</sup>One participant was unsure whether she was eligible for a Community Services Card.

and prompts on the kinds of services that would be good were used to elicit participants' views on and expectations of cessation support. A 'wall chart' was used to record participants' previous quit attempts and their reasons for stopping smoking.

When assessing participants' knowledge of stop smoking products and services, participants were asked to recall 'things people use to help them stop smoking'. A flipchart (Appendix 4) was then used to prompt recall and knowledge of a range of stop smoking products and services.

To assess how cessation services should let smokers know about the help they can offer, participants were shown a sample of different forms (posters, pamphlets, notices, articles in newspapers) of advertising promoting existing cessation services (Appendix 5). Participants were prompted to discuss 'what forms of advertising they see / hear and like, and, what approach would prompt them to contact a cessation support service for advice or assistance with stopping smoking?'

### **Innovative or alternative models of delivery for cessation support**

Participants were asked to suggest other service delivery models that cessation services could try? A range of suggestions were then put to them for consideration (Appendix 6). These included:

- Quit & Win stop smoking competition.
- Corner store – retailer to sell stop smoking products and to offer support.
- Workplace delivery – an advisor delivers stop smoking products directly to people at work, and can provide 'on the spot' support and / or telephone follow up support (free number to call).
- Door to door sales ('Avon lady' approach) – an advisor goes door-to-door ('cold calling') offering stop smoking products and support, including an offer of (or referral to) follow up support via a range of options (face-to-face / telephone / texts / emails / online discussion groups).

- Shop demonstrators – e.g., in supermarkets / shopping malls / other retail outlets explains the benefits of and demonstrates how to use stop smoking products, are able to 'prescribe', and refer to local services or Quitline.

Each focus group took from 1½ -2hrs. A koha of \$200 per focus group was provided to each community group involved in the recruitment of participants who smoke. Individual participants not recruited through a community group received a \$25 local retail voucher for their time. Kai/food and drink was provided during focus groups.

Ethics approval was granted by the University of Auckland Human Participants Ethics Committee (Reference 2009/044).

## **DATA ANALYSIS**

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The design was a general inductive approach, which allowed for research findings to emerge from the data, despite its deductive beginnings (i.e. design, questions and analysis determined by research objectives). Content analysis will be conducted to identify themes in the data.

The design, questions, and analysis of the study were determined by the aims of the study. The short questionnaire responses and those written on the 'wall chart' were collated and the content of the focus group interviews was analysed to allow the findings to emerge from the data. Key themes were identified from the initial data analysis of the written responses and the content from the three components of the study.

Focus groups were audio-taped. The tapes were transcribed and checked against the tape.

### **Categorising the data**

The themes and the data were revisited to identify categories and sub-categories. This process was useful in identifying variation in participant responses around a particular theme.

Three tables (Table 3, 4, and 5 in the results section) have been created for each theme, category, and sub-categories. They also include a description of the themes that emerged, and examples of text from the interviews.



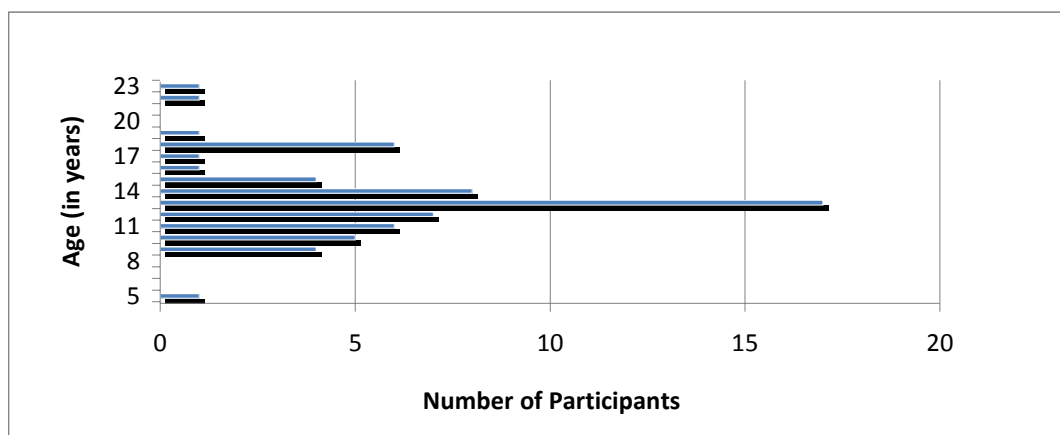
## RESULTS

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In the final analysis, there were data from 63 participants, who participated in 10 focus group meetings in seven urban and three rural areas. The data collected is presented from a whole group perspective, as most of the findings are relevant for Māori, Pacific Island people, and Pakeha. However, there are some differences that are of note that may not have emerged as themes because they were not numerous enough, and wherever possible they have been interwoven in to the data.

### Smoking history

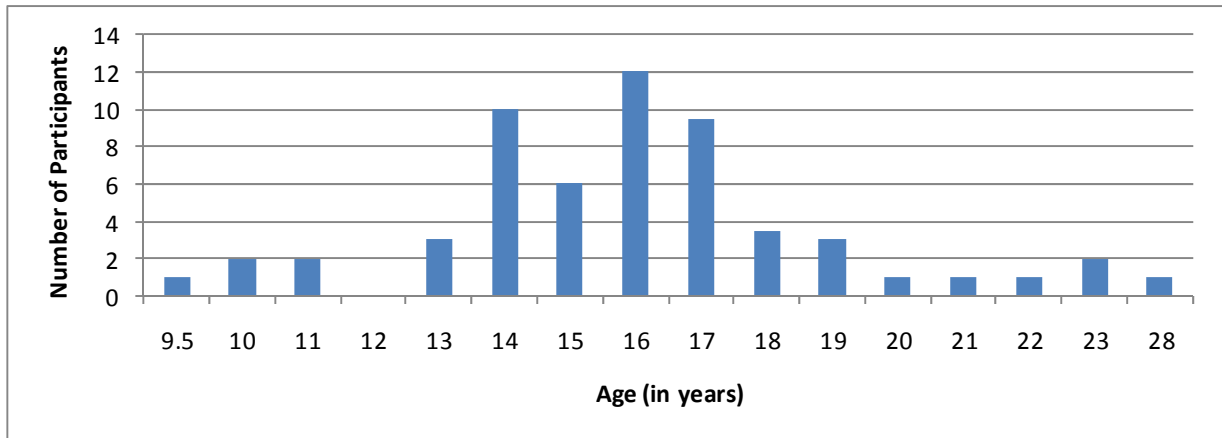
The majority of participants first smoked between the ages of 12 and 14 years. The youngest was 5 years old when he first smoked and the oldest was 23 years old (see Figure 1).



**Figure**

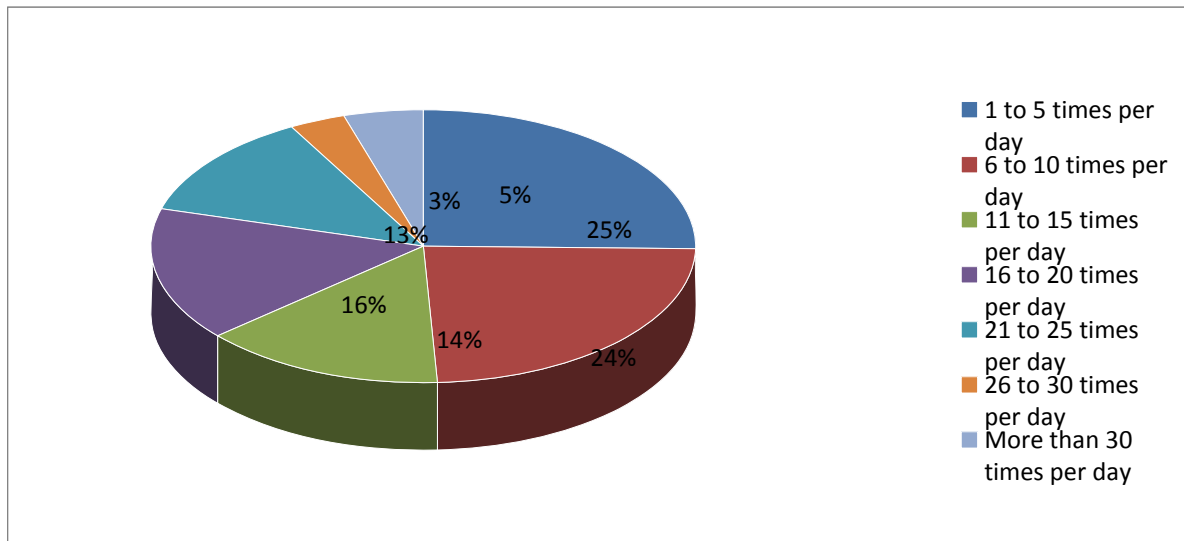
**1: Age participants first smoked (n=63)**

Most participants started smoking regularly from the ages of 14 to 17 years, with 31% of participants regular smokers by the age of 14 years (see Figure 2).



**Figure 2: Age when participants started smoking regularly (n=58)**

Most participants (49%) smoked under 10 cigarettes per day with 21% smoking over 20 cigarettes per day (see Figure 3).



**Figure 3: Number of times per day on average participants smoke (n=63)**



## Past quit attempts

The majority of participants were between the ages of 18 and 25 years (Table 2), which, could be one of the reasons why 22% of the participants had never made a quit attempt (see Figure 4).

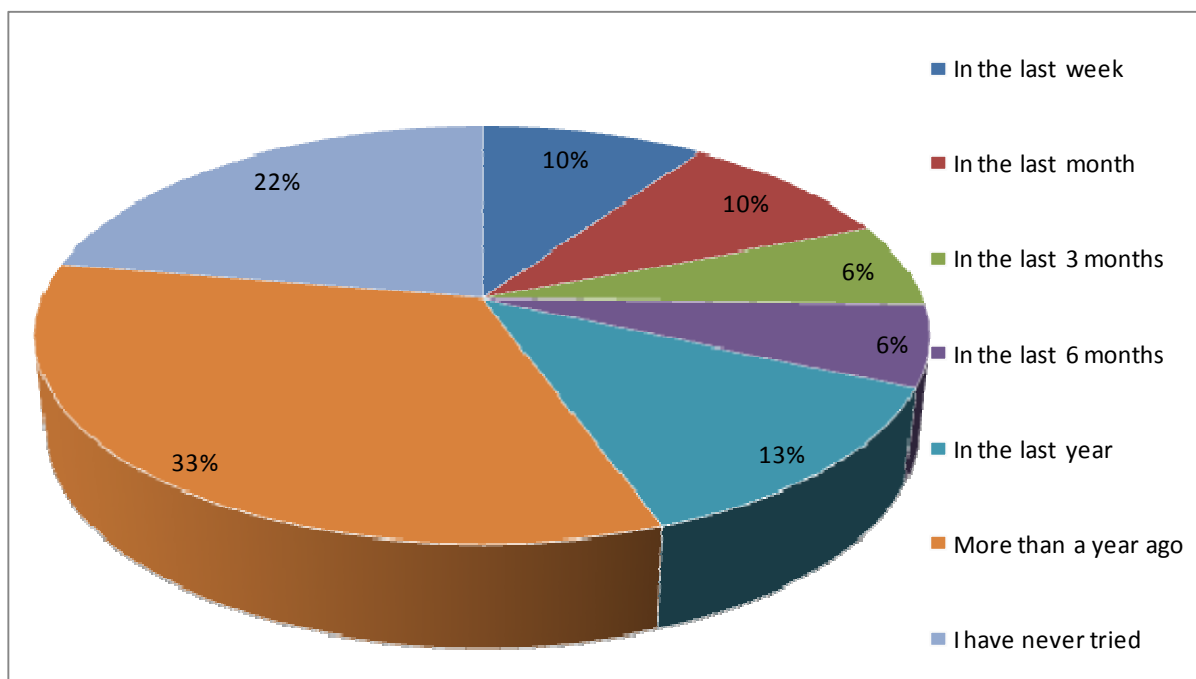


Figure 4: Most recent serious quit attempts of participants (n=63)

## Actual quitting and relapsing history

### *Previous stop smoking methods used*

The most common method used to stop smoking by 78% of participants was to stop unaided, commonly referred to as 'cold turkey'. This was the only method identified by the Pacific Island participants. Nicotine patches and gum were also a fairly common method of stopping smoking. Several participants cited 'cut down', 'reduced' or 'wean myself off' as methods of stopping smoking. The Heart Foundation's 'Stop Ourselves Smoking' programme (now unavailable), Allen Carr's 'Easy Way to Stop Smoking' book, hypnosis, Zyban, Nortryptiline, acupuncture,

exercise and prayer were also identified to a lesser extent as methods used to stop smoking.

According to the short questionnaire 58% of participants had previously contacted a cessation service but according to the 'wall chart' only three rural Māori participants had actually stopped smoking as a result of getting help from a face-to-face service (Aukati Kai Paipa) and none had used the Quitline. However, during the focus group interviews an urban Māori participant also talked about using an Aukati Kai Paipa service to stop smoking and a rural Māori participant spoke of using the Quitline to stop smoking.

### *Reasons why participants stopped smoking previously*

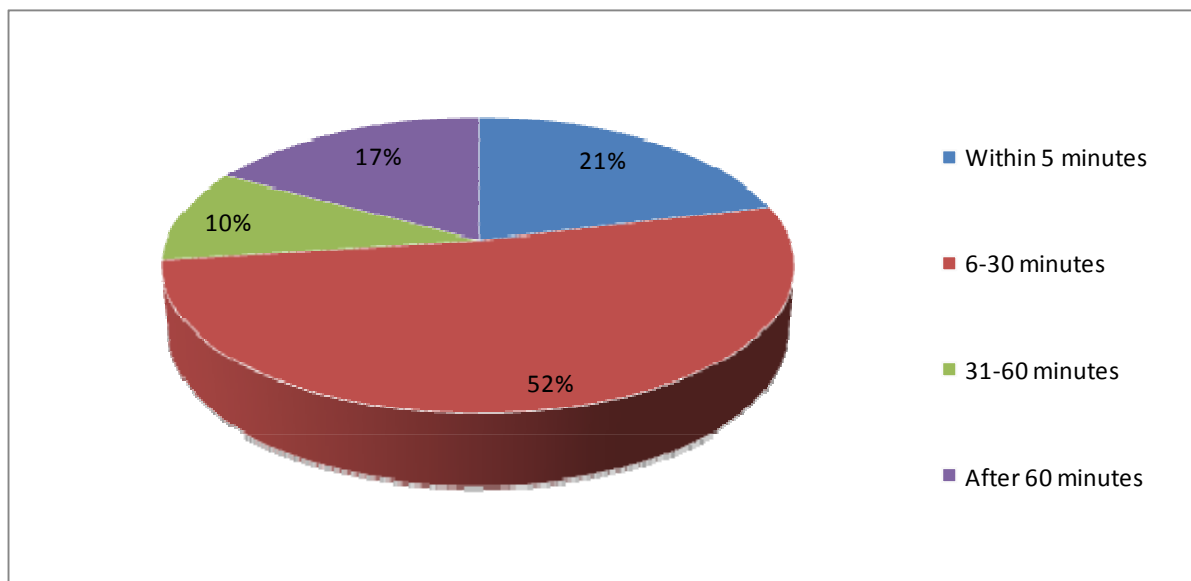
The primary reason given by participants for previous quit attempts was health including pregnancy, fitness and sport. Most participants stopped smoking because they wanted to improve or maintain their health but some also felt under duress to stop smoking because of ill-health and pregnancy. There was an understanding among the participants that there is a 'need' to stop smoking when pregnant, and most who had been (or were) pregnant, had stopped smoking or made attempts to quit, or at least reduced their smoking. However, stopping smoking often only lasted for the duration of the pregnancy.

Financial reasons were also given as a major reason for stopping smoking, although this was not identified as an issue by rural Māori participants. Other participants were concerned either about their current financial situation or they wanted to save money that would otherwise be spent on cigarettes. Having a partner who was a non-smoker was cited as a reason for stopping smoking, and sometimes there was pressure from the partner to stop and at other times it was just because the partner was a non-smoker. Non-smoking friends were also very influential in helping participants to make the decision to stop smoking, again sometimes this was active encouragement from friends but mostly it was just because they were non-smokers. Children influenced some parents to stop smoking by voicing their concerns about

their parents' health. Some parents also stopped smoking because they did not want to smoke around their children, presumably this was so they would pass on good role modeling behaviour to them. Quite a few participants, particularly Pacific Island, indicated that they had simply 'had enough' and decided to stop smoking.

### *Barriers to stopping smoking*

Several barriers that make it difficult for participants to remain non-smokers were identified. The majority (63%) of participants have their first cigarette within the first 30 minutes of waking (see Figure 5) indicating a high level of addiction to nicotine, with only 17% of participants waiting an hour before having their first cigarette after waking. This is, even though, the majority of participants are actually smoking less than 10 cigarettes per day. Some smokers may inadvertently be creating another barrier to stop smoking by attributing the addiction to themselves rather than the tobacco product, as a rural Māori participant indicated by saying that she was 'an addictive person'.



**Figure 5: Participants' time to first cigarette after waking (n=58)**

It is very difficult for participants to stop smoking when everyone else (friends and partners) are smoking around them. For one participant even being pregnant was not

enough of an incentive to stop when she was surrounded by so much smoking. Some participants identified a lack of acknowledgement from their whanau when they had previously stopped smoking. A minority of the participants had a fatalistic approach to smoking. Others found it a pleasurable activity, and if they stopped smoking they reported that they ‘miss it’.

### *Reasons for restarting smoking*

There were many reasons for participants restarting smoking but the major two were:

- Social events and being around friends and family, particularly partners who smoke. Alcohol was also identified as key component of this mix, as a trigger for restarting smoking.
- Stress, which arose out of a range of problems that occurred, and was often related to family/relationship problems.

Whilst only a few participants acknowledged that addiction was a reason for restarting smoking there was an indication that it was a reason for others as well, who reported that ‘it was too hard’, ‘it calms me down’, ‘I did not have a strong will’, and ‘couldn’t resist the cravings’. Weight gain was identified by several participants as a reason for restarting smoking, as eating appeared to replace smoking. A couple of participants restarted smoking as a result of a family / friend’s death, which may or may not have been smoking-related.

**Table 3: Category 1: Actual quitting and relapsing history – Level 1**

Level 2	Level 3	Text Examples
Previous stop smoking methods used	‘Cold turkey’ was the favoured method of stopping smoking	“I just kind of had to eh [because of pregnancy]. Yeah, ‘cold turkey’.” (Urban Pakeha) “Just stopped, yeah. Mrs said ‘Stop....’”. (Urban Pacific Island) Yeah [‘cold turkey’], took a little while though. (Urban Pakeha)
	About a quarter of the participants had used patches and gum	“I did do the patches on one occasion and it did work...” (Rural Pakeha) “Did it [gum] work?” (Urban Māori) “Yeah, well we didn’t smoke.” (Urban Māori)

	Face-to-face services and other products / therapies / self-help resources also used	<p>"Only [quit] when I had a little session with you [Aukati Kai Paipa] put me on those tablets [lozenges]." (Urban Māori)</p> <p>"It [SOS course] taught you to look at it [stopping smoking] differently I guess." (Rural Pakeha)</p> <p>"...that was the first time I stopped I used that [Zyban]". (Rural Pakeha)</p>
Reasons why participants had stopped smoking previously	Worried about health including pregnancy / fitness	<p>"Yeah, health reasons." (Rural Māori)</p> <p>"I gave up smoking when I was pregnant with <i>daughter's name</i>*, so there was quite a long time when I quit smoking." (Rural Pakeha)</p>
	Concerned about money	<p>"Yeah, waste of money. Just stop." (Urban Pacific Island)</p> <p>"Yeah, money [reason for stopping]." (Urban Māori)</p>
	Had friends / partners did not smoke and children were a strong influence	<p>"...the first time I tried to give up was when I was about, seriously, was when I was about, probably 25. It was when I got married to a non-smoker." (Rural Pakeha)</p> <p>"...hearing it coming from your youngest child, yeah, 'you're going to die if you keep smoking'". (Urban Māori)</p>
	Time to stop smoking - just wanted to	<p>"Yeah just had enough, gave up 'cold turkey'." (Urban Pakeha)</p> <p>"I think my one was because I wanted to." (Urban Māori)</p> <p>"One day get out of bed, had enough of smoking, gave it up." (Urban Pacific Island)</p>
Barriers to stopping smoking	Addicted to smoking	<p>"I'm addicted to cigarettes like I am to food. (Rural Māori)</p> <p>"...for me it's the addiction." (Rural Māori)</p>
	Everyone smoked - particularly friends and partners	<p>"...my partner smokes so it's really hard." (Urban Pakeha)</p> <p>"Friends were all smoking, yep. So I mean I didn't...I kept smoking when I was pregnant." (Urban Pakeha)</p> <p>"That's probably the other reason I kept smoking, cause like the whole group thing, yeah." (Rural Pakeha)</p>
	Had a sense of fatalism	<p>"...because I might get hit by a truck tomorrow." (Rural Māori)</p> <p>"...I'm not gonna quit, because I'm gonna die soon." (Urban Pacific Island)</p>
	Considered smoking enjoyable	<p>"I actually missed it [smoking]". (Rural Pakeha)</p> <p>"No, you're right there. I hadn't thought about it like that, but you do." (Rural Pakeha)</p>
Reasons for restarting smoking	Being with others who smoked and / or partners who smoked	<p>"Well sometimes it's those people smoking around you eh, make you smoke." (Urban Pacific Island)</p> <p>"Married <i>husband's name</i>* [a smoker]." (Rural Pakeha)</p> <p>"Married a smoker, that's why." (Urban Pakeha)</p>
	Stress - particularly relationship and family stress	<p>"...I was doing really well that last time and then shit was going wrong in my life so the cigarette was the way to fix it at that time. Stress." (Urban Pacific Island)</p> <p>"Crappy divorce, stress yeah." (Urban Pakeha)</p>
	Put on weight	<p>"I was huge [after stopping smoking] and I suppose that was a thought in the back of my mind, when I decided to put that cigarette back in my mouth." (Rural Māori)</p>
	Alcohol a trigger for smoking	<p>"I quit for 2 years....but then I started drinking up again and then just lost it [started smoking again]." (Urban Pacific Island)</p>

\* Name withheld to protect the identity of the person.

## **Knowledge and beliefs about smoking and stopping smoking**

### *Cessation services / products / resources*

Most participants had a broad knowledge of current cessation services and products. They were also very aware of the Quitline, and knew quite a lot about NRT products and that they are generally subsidised. Some participants had quite strong feelings about how bad the gum tasted ('foul', 'gross', and 'disgusting'), and a few knew about the lozenge but beyond this their knowledge was quite scant and often confused.

There did seem to be some awareness, among a few participants, of recent changes to services / products. They reported that the gum 'is better now', an 8 weeks' supply of patches can now be accessed at one time, and patches can be worn for 24 hours a day as opposed to 16 hours a day. However, others were making cessation support decisions on incorrect information, such as, smokers are only entitled to one lot of patches for 4 weeks or NRT is expensive. Most participants were not particularly aware that there are now more subsidised stop smoking products available, such as, the lozenge and Zyban. The participants seemed to be generally unaware of the existence of Smokestop and the Text2Quit service for 16-24 year olds, and some were uncertain where and how to access cessation services and products.

There was generally a reasonable knowledge of the harm caused by smoking but not necessarily the detail or the extent of the harm. There was some interest by several participants in knowing more about the harms of smoking with quite a few asking facilitators or each other questions, such as, '...my toes were going to sleep in my boots while we were walking up the hill, so that's my circulation, isn't it...?', and 'What's worse? Smoking weed or smoking smokes?'

### *Advertisements, promotions and key messages*

Most of the participants acknowledged, some reluctantly, that they were affected by the graphic and scare tactic nature of some television advertisements, which also were reported to have had an effect on their children, who may then harass them to

stop smoking. Graphic health warnings on cigarette packs were viewed similarly. The ‘Adrian’ (oral cancer) and ‘Keith’ (emphysema) series of advertisements were thought to be good because the participants could relate to them on a personal level. Participants were in disagreement about the usefulness of the quit video diaries of people / couples stopping smoking, and a few thought that some of the television advertisements were quite patronising. Generally, many of the existing pamphlets and posters were considered boring.

### *Myths and misconceptions*

There were several myths about smoking that some participants believed, such as, smoking relieves stress, it is a habit, smokers choose to smoke or not, and all that is needed to stop smoking is ‘willpower’. There was some confusion about addiction, even reported advice given to one participant by a doctor was incorrect, and one rural Māori participant said she was ‘an addictive person’. A couple of participants thought that smoking is ‘not as bad as other addictions’. Many had used NRT and other products to help them stop smoking, such as, Zyban and nortriptyline but they were inordinately concerned about the side effects of these products compared to the harm caused by smoking.

**Table 4: Category 2: Knowledge and beliefs about smoking and stopping smoking – Level 1**

Level 2	Level 3	Text Examples
Cessation services / products / resources	Mixed knowledge about cessation services / products - participants were often not up to date with recent changes	“Whereas with the smoking cessation [Aukati Kai Paipa service] it’s [NRT] free.” (Urban Māori) “I got mine free.” (Urban Māori) “...I did do the patches on one occasion and it did work and then I lapsed into it somewhere on that chart, and rang back and asked for another dose and they said I wasn’t entitled to it.” (Rural Pakeha) “And where do you get that [lozenge]? The chemist?” (Urban Pakeha) “You’d see a doctor wouldn’t you?” (Urban Pakeha) “I know a lot of it’s [NRT] Government funded.” (Urban Māori)
	A lot of cynicism about some stop smoking products	“And are they [stop smoking products] money-making products or are they actually there to try and help us quit?” (Urban Māori) “I don’t want to take anything that’s got side effects and doesn’t even help you.” (Urban Pacific Island)
	Several questions were asked about	“You know if you’re like smoking hard core before you’re pregnant, and then you have your baby, is there still like, is baby going to have the problems?” (Urban Pacific Island)

	smoking-related harms	"What's worse? Smoking weed or smoking smokes?" (Urban Pacific Island)
Advertisements, promotions and key messages	The TV advertisements were generally perceived to have some effect	"...the only ad that ever put me off and even seeing the advertising on the cartons, the only one that's ever put me off is that old koroua. The one with the emphysema." (Urban Māori) "Every time it [graphic advertisement] comes on TV I always wanted to quit." (Urban Pacific Island)
	A lot of pamphlets and posters were considered boring	"I just think that poster's old." (Urban Māori) "It's [quit smoking pamphlet] not really appealing." (Urban Pacific Island) "It's too bland [quitline poster]..." (Urban Māori)
	Some advertisements were a little patronising	"And they're [TV advertisements] all quite patronising as well." (Urban Pakeha) "Yeah the more you patronise the more you just want to smoke." (Urban Pakeha)
Myths and misconceptions	A belief that smoking relieves stress	"...it's [smoking] a stress relief in the way that when you have four assignments to get out." (Urban Māori)
	People chose to smoke and it is a habit that could given up by using willpower	"So it was like my choice again, to restart [smoking]." (Urban Māori) "...I think it [reason for restarting smoking] was just something, I guess habit eh" (Urban Pakeha). "...if you want to stop smoking you need to just need to use your willpower..." (Urban Pakeha)
	Some confusion about addiction	"I'm an addictive person." (Rural Māori) "...[the doctor said] you're not really addicted to nicotine if you're only smoking less than 20 a day..." (Rural Pakeha)
	Concerns about stop smoking products were magnified and harm caused by smoking was minimised	"You sort of wonder if that the quitting stuff is trying to kill us..." (Urban Pakeha) "Yeah I guess I sort of look at it [smoking] as it's better than some other addictions." (Urban Pakeha) "It's [the medicine] probably just as bad for you." (Urban Pakeha)

## Cessation support that helps or could potentially help

### *A supportive environment to stop smoking*

A supportive environment for stopping smoking was reported to be very helpful. This could be having a non-smoking partner, friends who do not smoke, and work that restricts smoking by being smokefree or as one rural Pakeha participant said, she could not smoke when she was a 'sales rep'. Presumably it was important for her not to smell of smoke when trying to make a sale. Participants also said that they needed to reward themselves and keep busy when they stopped smoking. Sport and



fitness were identified as incentives to stop smoking. Participants generally thought that it was good to be well informed, as is currently happening via television and radio advertisements, posters, and pamphlets. This education campaign should be continued, albeit with more visually appealing posters and pamphlets. Information should be available where it is most likely to be read, such as, doctors' surgeries and in popular magazines. The cost of accessing cessation services and products is very important to participants, and several were not aware which services and products are available, and whether they are subsidised or available at no cost.

### *Current stop smoking methodologies that are helpful*

Much of what is currently available was considered quite helpful, such as, the Quitline, subsidised NRT, (except for the gum), and Aukati Kai Paipa services. Other face-to-face services were not specifically mentioned. Two rural Pakeha participants said that they would be interested in getting a prescription for Zyban but generally there was not much interest in prescription products as accessing them would mean a trip to the doctor. There was some interest in non evidence-based products / therapies, such as, hypnotherapy and self-help books, particularly 'The Easy Way to Stop Smoking' by Allen Carr. Although participants who spoke about these methodologies generally spoke about other peoples' experiences and not their own. There was minimal interest in acupuncture but the over-riding concern with all stop smoking methodologies was the cost of them.

### *Improve current approaches*

Current face-to-face cessation services need to be more accessible. Māori participants were generally interested in using an Aukati Kai Paipa service, although access to these services was identified as a problem by both urban and rural Māori. Pacific Island participants were also interested in using Pacific services but did not seem to know how to access them. Whilst the Quitline was not identified on the 'wall chart' as a method of quitting, it was well known to participants, and there were mixed comments about it. Some talked about problems they had encountered with the service, such as, 'always engaged', 'they've never smoked', and 'don't talk to us

like we're normal human beings' but others were more positive about it, saying that 'it worked quite well for me', 'I found them alright', and 'it was good'. Several participants also said that they would use the service in the future. A few participants suggested the current range of subsidised stop smoking products be broadened to include products, such as, the inhaler and the e-cigarette.

Participants were generally interested in the concept of Quit & Win competitions. They had mixed feelings about internet based support, although some participants thought that using technology (Facebook, Bebo, internet programmes, texting and emailing) to provide cessation support could be useful, particularly for younger smokers. However, other participants just wanted to stop smoking on their own, when and how they wanted to, and that could involve reducing the number of cigarettes per day over a period of time.

### *New innovative approaches*

Most of the new innovative approaches that were presented by the facilitators were not supported immediately but after some discussion and all the implications had been considered there was generally some interest in most of the approaches. However, there was no interest in stop smoking specialists 'cold calling' on people at home, but one participant suggested that if appointments were made (perhaps at promotion stands inside or outside supermarkets) to visit smokers in their home, that would be different. Stop smoking specialists visiting workplaces to talk to smokers and give them stop smoking products was, considered by most, quite a good idea. One participant suggested that competitions among the staff might provide an added incentive to stop smoking. There was some concern that employers' might not be supportive but the idea was worth consideration. Participants also suggested that stop smoking specialists should go where smokers 'hang out', such as, educational institutions, sporting events particularly netball, touch rugby, and the gym.

Most participants liked the idea of subsidised NRT being available in tobacco retail outlets, particularly local dairies. An urban Pakeha participant suggested that it

should be available without 'having to get a card [quitcard]'. A rural Pakeha participant thought it would be particularly 'handy in the country'. Another participant suggested that smokers might go to a dairy intending to buy cigarettes but see NRT available for sale (subsidised or at no cost) and decide to buy it instead of cigarettes. There was considerable interest in e-cigarettes and several participants would like to see them subsidised and available for sale (at the subsidised price) in tobacco retail outlets, their main concern again was cost of stop smoking products. Shop demonstrators giving away subsidised NRT inside / outside supermarkets was supported by most participants, some a little reluctantly because of a concern about a lack of privacy but most thought it was a good idea.

Other random ideas suggested by participants were:

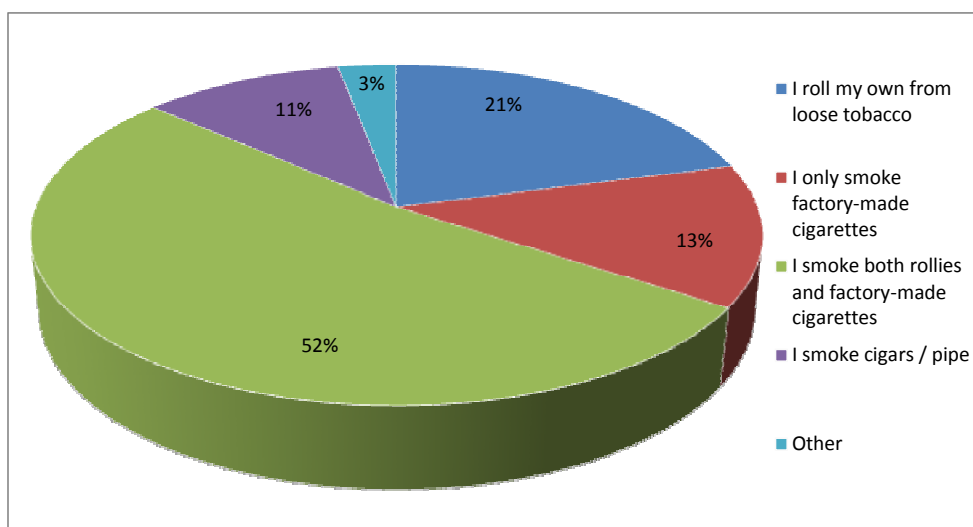
- Paying or bribing smokers to stop smoking.
- A reality show where participants could stop smoking for prize money.
- A travelling stop smoking support bus that could be advertised locally.
- Inserting a coupon for NRT in cigarette packs.
- Sending out quitcards nationally.
- Printing information on the back of Work and Income New Zealand or Inland Revenue forms.

### *Public health approaches*

Participants would generally like to see an improved stop smoking education campaign targeting smokers. It was suggested that the graphic health warnings on cigarette packs should be larger, and they should be changed regularly. Advertising should be targeted to different age groups, and ethnic groups. Many participants also believed that a lot of the posters / pamphlets are dull and need to be visually more interesting, particularly for Pacific Island participants. One suggested using Pacific role models who are well known and respected, such as, Miss Cook Island / Nuie Island / Samoa in advertisements targeting Pacific Island people. Some participants wanted to see more testimonial advertisements on television, such as, the 'Adrian' and 'Keith' series. There was a mixed response to video diaries, but some found it

interesting to follow the storyline. The advertisement 'with the crayon' was mentioned by a couple of participants, who thought that this message works. It was suggested that advertisements should continue to be displayed on the back of buses, and could also be on taxis and cars. Local advertisements about cessation services would be helpful (particularly for those in rural areas). These could be advertised on community and supermarket noticeboards, in particular notices with 'rip-off' tags appealed.

Some participants think the Government should increase the price of cigarettes, although one did not want this suggestion to be included in this study, as the cost of cigarettes is a concern for most participants. Many smoked roll-your-own cigarettes and / or in combination with factory-made cigarettes (73%), as opposed to only 13% who smoked factory-made cigarettes only (see Figure 6). One urban Pakeha participant identified cost as a reason for smoking roll-your-own cigarettes.



**Figure 6: Type of cigarettes / tobacco smoked by participants (n=63)**

*NB: Some participants provided multiple answers to this question. One participant selected option 5, which did not exist in the demographic questionnaire.*

A couple of participants said that the Government should just ban smoking.

**Table 5: Category 3: Cessation support that helps or could potentially help – Level 1**

Level 2	Level 3	Text Examples
A supportive environment to stop smoking	Smokers need to be well informed about the range of harms caused by smoking, and stop smoking options available	"Waiting for your appointment [at the doctor's surgery] you'd probably read it [a pamphlet]." (Urban Pacific Island) "...I used to read <i>Tearaway</i> every week, you know, something like that [advertise stop smoking options]..." (Urban Māori) "...good to have all those passive things [information] like on TV and on the radio and like maybe posters and stuff..." (Urban Pakeha)
	Cost of services / products is an issue	"...they [services and products] should be free..." (Urban Māori) "If that [Champix] was subsidised I probably would have gone with that." (Urban Pakeha)
	Support is needed from family / friends / the community	"...something that's most unhelpful, is when you've knocked off for a couple of weeks, and nobody's noticed." (Rural Pakeha) "Glenorchy people generally are very good. When you do knock off they don't pressure you to start again." (Rural Pakeha)
Current stop smoking methodologies that are helpful	Some support for accessible cessation services	"...locally. I wouldn't travel to Queenstown for it [a stop smoking service]." (Rural Pakeha) "Oh yeah, I'd go to that [Aukati Kai Paipa] service." (Rural Māori) "...yeah, I'd call them [Quitline]." (Urban Māori)
	Interest in trying most subsidised NRT and to a lesser extent prescription products	"...Yeah I may as well [try Zyban]." (Rural Pakeha) "...[the gum sticks to dentures] that's why] I'm going to try the lozenge." (Urban Pakeha) "...I wouldn't mind getting those [inhalers]. Mum uses those." (Urban Māori) "...so instead of smoking you put it in your mouth. Yeah, I think that would be an option." (Urban Pacific Island)
	Non evidence-based therapies have some appeal	"I've heard that [hypnotism] works." (Urban Pakeha). "I would give it [acupuncture] a go." (Urban Pakeha) "I would try it [e-cigarettes]." (Urban Pacific Island) "Allen Carr, he's my person. Still haven't stopped smoking but I swear by him, I think it's the best way." (Rural Pakeha)
Improve current approaches	Make cessation services more accessible and broaden the range of subsidised stop smoking products	"...give it [cessation service / product] to them where it's accessible." (Urban Māori) "...they've got the patches and the gum and the lozenges. So, really it's just a case of, I don't know, an inhaler, a pill...". (Rural Pakeha) "And the e-cigarette." (Rural Pakeha) "A different combination, patches with the e-cigarette, or something like an e-cigarette...". (Rural Pakeha)
	Some support for relatively unknown or little used stop smoking interventions	"And whatever prizes there are to win [Quit & Win competitions], that'll get us to get in there and go, 'oh I want that. I want to try and win that'" (Urban Māori) "...maybe regular texts? Texts and email, I think we have to be able to utilise the technology..." (Urban Māori)
	Some just want to stop smoking 'cold turkey' or reduce slowly until they stop	"I know for me it's something that I need to do on my own. I feel it's something I need to do on my own." (Urban Māori) "I'm just going to have to just give it up." (Urban Pakeha) "Like go down to three ciggies a day and then go down to two, go down to one, just like that..." (Urban Pakeha)

New innovative approaches	Some interest in stop smoking specialists visiting workplaces / educational institutions / sporting events even including some competitive element	<p>"...gave some of those things [stop smoking products] away to them [in their workplace]." (Rural Pakeha) "I think that would be, probably work for them." (Rural Pakeha)</p> <p>"...and turn it [stop smoking in the workplace] into a competition within the staff." (Rural Pakeha)</p> <p>"...come knocking on your door, like, you know, where you hang out or..." (Urban Māori) "I think at the universities..." (Urban Māori)</p> <p>"...an extra service for them [Ngati Whatua] to go down there and grab all these young fitness touch players..." (Urban Māori)</p> <p>"...or netball..." (Urban Māori).</p>
	Support for selling subsidised NRT and e-cigarettes at tobacco retail outlets	<p>"...sell them [stop smoking products] at the dairy." (Urban Pacific Island)</p> <p>"Definitely handy in the country." (Rural Pakeha)</p> <p>"...[e-cigarettes] right next to the smokes, because I would actually prefer buying those if they were cheaper." (Urban Māori)</p>
	Some support for a stand inside / outside supermarkets	<p>"...you'd have to give something [NRT] away with it [at the stand] ." (Urban Pakeha)</p> <p>"It would need to be in Pak n Save." (Urban Māori)</p> <p>"Yeah, you'd have to give out samples." (Urban Pakeha)</p>
	New approaches via internet	"Maybe younger people do [use the internet for cessation support], like on their Facebook and all that.." (Rural Māori)
	Some random ideas	<p>"Why don't they try bribing us? That might work" (Urban Pakeha)</p> <p>"...make a show and put us on TV. Quit smoking for \$1,000." (Urban Pacific Island)</p> <p>"...a nationwide mail out [of quitcards]." (Urban Pakeha)</p>
		"...have a massive picture on them [cigarettes packs]." (Urban Pacific Island)
Public health approaches	Improve the stop smoking advertising campaign	<p>"...more ads like that [Adrian Ad], like actual people that are dying of smoking related illnesses..." (Urban Pakeha)</p>
	Some support for banning smoking	<p>"Why can't they just ban smoking?" (Urban Pacific Island)</p> <p>"They should ban it completely." (Urban Pakeha)</p>
	Increase the price of cigarettes	<p>"...if they lifted the prices up (of cigarettes) high as." (Urban Māori )</p> <p>"...there comes the day when you just can't afford a cigarette, so you've got no choice but to stop." (Urban Pacific Island)</p>

## **LIMITATIONS OF THE STUDY**

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The study was exploratory using qualitative methods, thus it gives insight in to the experience of a small range of people. Participants varied by age, gender and ethnicity, with mainly Māori, Pacific Island and Pakeha current smokers represented. The study was confined geographically, but included residents living a mixture of urban (Auckland and Hamilton) and rural (Wellsford district, Glenorchy) lifestyles. Participants were mainly lower socio-economic.





## CONCLUSION

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Sixty-three current smokers, who were Māori, Pacific Island and Pakeha living in urban and rural areas in New Zealand described what support they think smokers' need to help them stop smoking.

Seventy-eight percent of the participants have previously stopped smoking on several occasions. The most common previous method of stopping smoking was 'cold turkey', followed by using nicotine patches and gum. Aukati Kai Paipa services in rural areas were the only face-to-face services identified as assisting participants to stop smoking, and none of the participants had previously stopped smoking using Quitline. Participants had used Quitline but it was not linked to having stopped smoking previously. Participants said they would use the various cessation services discussed in the groups, but all cessation services needed to be more accessible.

There was a significant lack of knowledge among the participants about the details of cessation services / products and the range of harms caused by smoking. There was a tendency among the participants to minimise the effects of smoking, maximise the side-effects of stop smoking products, and to liken smoking to significantly less harmful 'habits'. Current graphic health advertisements on television and cigarette packs were generally considered to be effective, as were advertisements using real people testimonials. However, many participants still believed some of the myths and misconceptions about smoking, and these still need to be effectively addressed through national and local media campaigns using a range of medium, and covering a range of issues. More advertising about the availability of local cessation services would be helpful.

All participants who had stopped smoking previously had struggled to remain smokefree. There were a variety of reasons for this. Stress and having a partner and / or friends / family who smoked made it very hard for them not to restart smoking. Addiction, although not always cited as addiction, was also a prominent reason for restarting smoking.

In conclusion, knowledge of the wide range of effective stop smoking products now available in New Zealand, and that several are heavily subsidised and in some places available free (via some Aukati Kai Paipa services), was very poor.

The primary need identified was for more clear, detailed information about what are effective stop smoking products and services, where and how to access them, and how much it's going to cost people. Information delivery needed to be improved also to more effectively appeal to and reach Maori, Pacific Island and rural smokers.

The second most important need identified was for a broader range of stop smoking products and services to be more accessible, to be delivered out to the smokers **where they are, when they are there**. Most importantly, cessation services needed to reduce the burden they expect people to incur (in terms of time to access, number of questions they have to answer, travel, doctors' fees, and dollars and cents). Side-effects of pharmacological aids was a major negative expectation that needs to be reduced, by providing more accurate information about the side-effects and raising awareness about the benefits of using the products.

By the end of the focus group sessions, the majority of participants were eager to try products they had learned about in the session and most participants accepted the offer of a Quitcard so they could access patches, gum or lozenges. A campaign, for example, to promote the subsidised lozenge (which most participants did not know about), would likely act to trigger many smokers to consider another quit attempt using this 'new' product.

## RECOMMENDATIONS

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More needs to be done to encourage people attempting to stop smoking to use effective cessation services and products. Cessation service development to promote quitting and reduce smoking could be improved by taking into account the following findings from this study:

- To expand the range of subsidised stop smoking products to include products, such as, the inhaler and e-cigarettes.
- To ensure subsidised stop smoking products are available or offered at an increased range of venues, such as, tobacco retail outlets, workplaces, promotion stands inside and outside supermarkets, sporting events, gyms, AMP shows, etc.
- To expand the Text2Quit programme to be available to all age groups
- To hold Quit & Win type competitions in a range of settings, such as, geographical areas and workplaces. These could be usefully boosted with television coverage.
- To review the effectiveness of paying smokers to quit smoking.

Public health policy and programmes can facilitate a supportive environment for smokers to stop smoking, such as:

- Equalising the tax on roll-your-own cigarettes followed by a tax increase on the full range of tobacco products.
- Significantly improving and expanding the current media campaign at a national and local level through a broad range of medium to:
  - improve smokers' knowledge of the range of harms caused by smoking (including harm done to children and in utero), and the addictiveness of smoking;

- redress the myths and misconceptions about quitting, such as, that smoking is a choice, thus all that's needed to stop smoking is willpower; and that it's cheaper to smoke (i.e. they need to know how to access free or very low cost cessation support);
  - increase smokers' awareness of effective cessation services and products, their accessibility and availability, costs, detail on components of the services, particularly face-to-face services for Māori and Pacific Island people, and address the inordinate concern with side effects of cessation products; and
  - deliver more interesting stop smoking advertisements that resonate with smokers (particularly Pacific Island and Māori), such as, testimonials and graphic health warnings.
- Working towards banning the sale of cigarettes in New Zealand.



## APPENDICES

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### APPENDIX 1: Participant information sheet



#### What Support Do Smokers Need To Assist Them With Stopping Smoking



THE UNIVERSITY OF AUCKLAND  
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HEALTH SCIENCES

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Mobile: 027 27 57 852  
Facsimile: 64 9 303 5932  
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#### Participant Information Sheet

You are invited to participate in this study which aims to find out what support people (especially Māori and Pacific Island people) need to assist them with stopping smoking.

The study is funded by the Ministry of Health and is being carried out by Dr. Marewa Glover (Ngā Puhi) and Dr Vili Nosa (Niue) from the School of Population Health, University of Auckland, and Trish Fraser from Global Public Health.

#### Why are we doing this study?

Tobacco smoking affects the health and well-being of New Zealanders (especially Māori and Pacific Island New Zealanders). The study will identify how stop smoking support service providers can make their services more relevant for smokers.

#### Who is being invited to participate?

With the help of various community organisations, we are approaching men and women who are aged 16 and over who currently smoke tobacco.

#### What is involved?

We will hold at least 8 discussion groups of 6-8 people in 2 locations around New Zealand to talk about their personal knowledge of stop smoking support, whether the support is useful/effective and accessible. We are interested in finding out what stop smoking support people want. There are no right or wrong opinions or answers.

Getting participants to stop smoking is not the aim of this study. However, information on effective stop smoking support and products will be available for you to take away if you want.

Groups run for approximately 1½-2 hours at a community based venue, such as a marae or health centre and light refreshments will be provided. The groups will be conducted mainly in English,

but you may respond in your first language if you wish. A koha/meaalofa will be paid to the community or cultural group who support your participation.

### **Do I have to take part in this survey?**

Your participation is entirely voluntary, and within the discussion group process you are free to respond, or not, to questions or prompts as you wish. Because it is a discussion, it is not possible to withdraw your contribution to the discussion.

### **What about my privacy?**

Any information you choose to contribute will be treated respectfully and anonymously. Due to the nature of groups, confidentiality cannot be guaranteed however participants will be asked to respect the privacy of other participants and to treat the discussion as confidential to the group. The discussion will be recorded; while the voice recorders cannot be stopped during the discussion, you are free to leave the discussion group or choose not to answer any question if you feel uncomfortable.

The recordings will be transcribed by the data entry team at the University of Auckland. Any identifying information will be deleted from the data so that you will not be identifiable in any reports produced from the study. The research assistants employed by the project have signed confidentiality agreements. Notes and recordings from the discussion will be stored in a locked filing cabinet for 6 years and then destroyed using the University document destruction service. The information will not be kept for use in any future research projects.

### **What are the benefits and risks of the study?**

The future benefit of this study is that it will help tobacco control programmes to design stop smoking support to be of greater relevance to people who smoke. You will get access to information about stop smoking support and products. Involvement in this study may trigger you to want to stop smoking which would be a great benefit to you and your whānau/fanau/family.

The only risk involved for participants taking part in a discussion group is the possibility that the discussion could touch on culturally sensitive or personally sensitive matters. If the discussions trigger uncomfortable feelings, such as guilt about smoking, you are welcome to talk to either Dr Glover or Dr Vili Nosa who would be happy to listen to your concerns and/or refer you to specialist services that could help. Dr Glover can be contacted on (09) 373 7599 extn. 86044 or for callers from outside of Auckland ph: 0800 285 284. Dr Vili Nosa can be contacted on (09) 373 7599 extn. 86906.

### **Research findings**

A copy of the summary research report produced as a result of this study, with any identifying information deleted from the data, will be provided to the community or cultural group who you are supporting. No information identifying you in any way will be reported back to them. If you would like to receive a copy of the KwitNeeds summary report, please add your name to the separate list that will be circulated at the discussion group.

### **What next?**

If you agree to be involved in this research please read and sign the consent form (to be

supplied) and return it to the researcher. You need only do this once.

**Contact persons**

Should you have any concerns or complaints arising from your participation in this research you may contact Dr Marewa Glover, Dr Vili Nosa or Associate Professor Peter Adams (Head of Department), through the Department of Social and Community Health, School of Population Health, University of Auckland, Private Bag 92019, Auckland 1142. Telephone (09) 373 7599 extn. 86538.

**For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 83711.**

Thank you very much for your time and help in making this study possible. You may keep this page for your records.

**Approved by the University of Auckland Human Participants Ethics Committee on 13/05/09  
for a period of three years, Reference 2009/044.**



## APPENDIX 2: Participant consent form



### What Support Do Smokers Need To Assist Them To Stop Smoking?

#### Participant Consent Form

This form will be held for a period of six years



THE UNIVERSITY OF AUCKLAND  
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Mobile: 027 27 57 852  
Facsimile: 64 9 303 5932  
Email: [m.glover@auckland.ac.nz](mailto:m.glover@auckland.ac.nz)

**Researchers:** Dr. Marewa Glover, Dr Vili Nosa, Trish Fraser

- I have been given, and have understood, an explanation of this research. I have been able to ask questions of the researcher and have them answered.
- I understand that my participation is entirely voluntary, and that if I consent to participate, within the discussion group process I am free to respond, or not, to questions or prompts as I wish. I understand because it is a discussion, it is not possible to withdraw my contribution to the discussion.
- I understand that the discussion group will last about 1 1/2 - 2 hours.
- I understand that notes will be taken during the discussion group and that the discussion will also be audio taped and transcribed by the data entry team at the University of Auckland. I understand that the information recorded during the discussion group will be anonymous and that comments will not be associated with any person in a way that could identify them, and that it will be kept confidential.
- I understand that no information identifying me in any way will be reported back to the organisation who supported my participation in this study.
- I agree that anything I say during the discussion group may be quoted or cited in presentations, reports or publications arising from this research. Such quotations will be anonymous, with any potentially identifying details removed or changed.
- I agree to respect and treat as confidential the contribution of other participants.
- I understand that the written information I provide will be marked with a code number only and not my name.
- I understand that the questionnaires, tapes and discussion group notes will be stored in a locked filing cabinet for 6 years and then destroyed. I understand that the information will not be kept for use in any future research projects.

**Please circle one of the options below:**

I wish/ do not wish to receive a KwitNeeds research summary report (If you indicated that you wish to receive a KwitNeeds research summary report, please write your name and contact details on the list provided).

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ (please print clearly)

Date: \_\_\_\_\_

## APPENDIX 3: Demographic questionnaire



For researcher use only

Focus group: \_\_\_\_\_

Date: \_\_\_\_\_

### What Support Do Smokers Need To Assist With Stopping Smoking.

#### Questionnaire for Focus Group Participants

1. I am ☐<sup>1</sup> Female ☐<sup>0</sup> Male

2. I am ☐ 16-20 ☐ 31-35 ☐ 46-50 ☐ 61-65 ☐ 76+  
☐ 21-25 ☐ 36-40 ☐ 51-55 ☐ 66-70  
☐ 26-30 ☐ 41-45 ☐ 56-60 ☐ 71-75

3. I am (*Tick **all** that apply*)

☐<sup>1</sup> Māori

☐<sup>4</sup> Samoan

☐<sup>7</sup> Other (*please write*

*below*)

☐<sup>2</sup> Cook Island

☐<sup>5</sup> Tongan

☐<sup>3</sup> Niuean

☐<sup>6</sup> NZ European

4. Were you born in New Zealand? ☐<sup>1</sup> Yes ☐<sup>0</sup> No

If "no", how long have you lived in New Zealand? \_\_\_\_\_ years

5. How old were you when you had first smoke?

\_\_\_\_\_

6. How old were you when you started smoking regularly (that is every day)?

\_\_\_\_\_

7. How do you smoke tobacco? (*Tick **all** that apply*)

☐<sup>0</sup> I roll my own from loose tobacco

☐<sup>3</sup> I smoke cigars/pipe

☐<sup>1</sup> I only smoke factory-made cigarettes ☐<sup>4</sup>

Other \_\_\_\_\_

☐<sup>2</sup> I smoke both rollies and factory made cigarettes

**8.** On an average day when you smoke, how many times a day do you have a smoke?

☐<sup>0</sup> 1-5 times

☐<sup>4</sup> 21-25 times

☐<sup>1</sup> 6-10 times

☐<sup>5</sup> 26-30 times

☐<sup>2</sup> 11-15 times

☐<sup>6</sup> More than 30 times

☐<sup>3</sup> 16-20 times

**9.** How soon after you wake up do you smoke your first cigarette? (*Tick **one** answer only*)

☐<sup>1</sup> Within 5 minutes

☐<sup>3</sup> 31-60 minutes

☐<sup>2</sup> 6-30 minutes

☐<sup>4</sup> After 60 minutes

**10.** Have you ever contacted a quit smoking support service? ☐<sup>1</sup> Yes ☐<sup>0</sup> No

**11.** When was your most recent serious quit attempt? By serious we mean you decided you would try to make sure you never smoked again? (*Tick **one** answer only*)

☐<sup>0</sup> In the last week

☐<sup>4</sup> In the last year

☐<sup>1</sup> In the last month

☐<sup>5</sup> More than 1 year ago (*please write how long*

*ago*)

☐<sup>2</sup> In the last 3 months

\_\_\_\_\_

☐<sup>3</sup> In the last 6 months

☐<sup>6</sup> I have never tried to quit (*Go to question*

*13*)

**12.** How long did your most recent quit attempt last? (*Tick **one** answer only*)

☐<sup>0</sup> Still not smoking

☐<sup>5</sup> 1-2 months

☐<sup>1</sup> 1 day

☐<sup>2</sup> Up to 3 days

☐<sup>3</sup> One week

☐<sup>4</sup> 3-4 weeks

☐<sup>6</sup> Almost 3 months

☐<sup>7</sup> I quit more than 3 months ago

☐<sup>8</sup> I forget

**13.** Do you work outside the home? ☐<sup>1</sup> Yes ☐<sup>0</sup> No ☐<sup>2</sup> On leave

a. If YES: is this employment paid or unpaid? ☐<sup>1</sup> Paid ☐<sup>0</sup> Unpaid ☐<sup>2</sup> On a course

b. Is this employment full-time or part-time? ☐<sup>1</sup> Full-time ☐<sup>0</sup> Part-time

c. What is your occupation?

---

**14.** Are you eligible for a Community Services Card? ☐<sup>1</sup> Yes ☐<sup>0</sup> No

## APPENDIX 4: Flipchart

# WHYKWIT

## Products and Services

WHYKWIT

### Nicotine Patches



WHYKWIT

### Nicotine Gum



WHYKWIT

### Nicotine Lozenges



WHYKWIT

### Nicotine Microtab



WHYKWIT

### Champix (Varenicline)



WHYKWIT

### Nicotine Inhaler



WHYKWIT

### Norpress (Nortriptyline)



WHYKWIT

### Zyban (Bupropion)



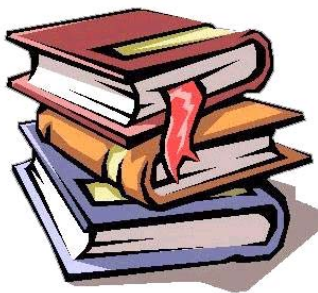
WHYKWIT

### Just stopped - didn't use anything



WHYKWIT

### Self-help Books



WHYKWIT

### Hypnotherapy



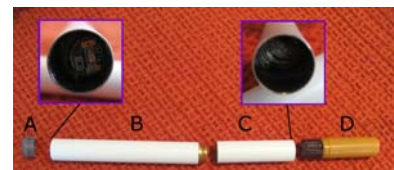
WHYKWIT

### Acupuncture



WHYKWIT

### E-cigarette



WHYKWIT

### The Internet



WHYKWIT

### Quitline



WHYKWIT



**AUKATI KAIPAIPA**

**Maori Stop Smoking Service**

WHYKWIT

Is there anything you would like to  
add about stopping smoking?



WHYKWIT

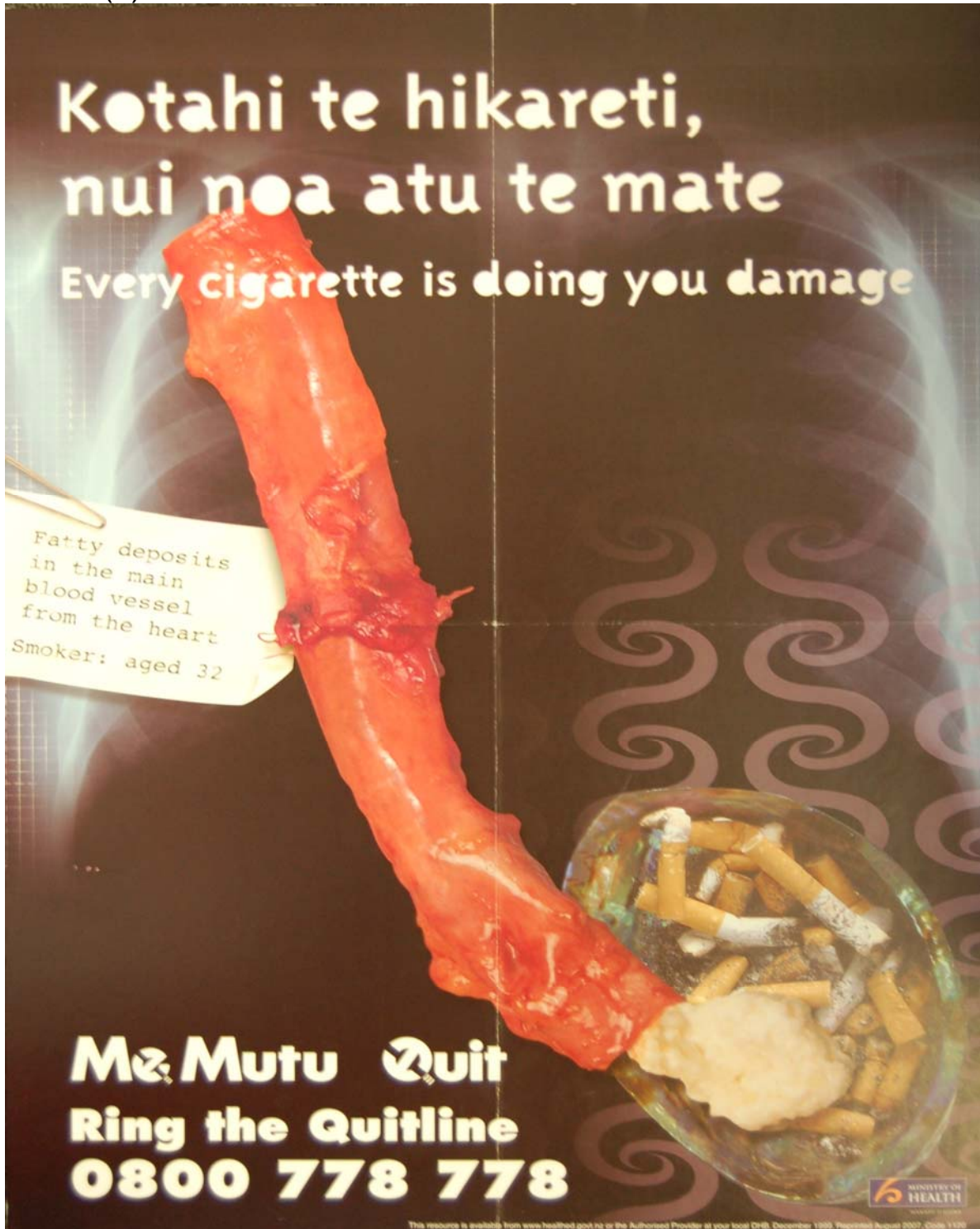


WHYKWIT



## APPENDIX 5: Examples of advertising for existing cessation services

### Poster (1)



Poster (2)

# Want to stop smoking?



For advice & support  
call the Quitline  
**0800 778 778**

Quit  
Mā Mutu  
MINISTRY OF HEALTH



## Pamphlets (1)

### **Aukati Kaipapa**

*A holistic kaupapa Maori approach designed to inspire and motivate you, whilst supporting you and your whanau in becoming smoke free.*

#### **The programme consists of:**

- A FREE personal assessment that looks at you and your choices
- Identifying support from whanau and friends
- FREE nicotine replacement therapy (NRT) - Patches, Gum and Lozenges
- Quit Counselling and motivational support
- Additional support and follow up as you need
- Mobile Service

#### **Support is provided by:**

- Face to face
- By phone
- Individual or group sessions

#### **Office Hours:**

Monday - Friday, 8.30am - 4.30pm

Late night Thursday by appointment  
at 66 Yarrow Street, Invercargill

Hokonui Runanga / Gore, Tuesdays by appointment

#### **Contact Details**

##### **Teina Wilmshurst**

66 Yarrow Street, PO Box 1749, Invercargill 9840

Phone: 03 214 5260

Fax: 03 214 5262

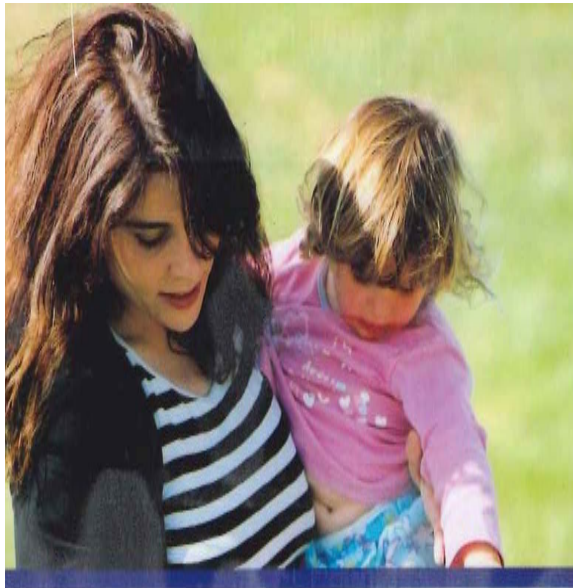
Freephone: 0800 925 242

Email: [teina@kaitahu.maori.nz](mailto:teina@kaitahu.maori.nz)

Web: [www.kaitahu.maori.nz](http://www.kaitahu.maori.nz)



## Pamphlets (2)



### Want to Quit smoking?

The Quitline is a free telephone support line for people wanting to quit smoking. Callers can:

- receive a quit pack, containing information and practical strategies for quitting
- talk to a Quit Advisor for one-on-one quit support and advice
- receive exchange cards for subsidised nicotine patches and/or gum.

**For more help, call the Quitline  
0800 778 778 or visit [www.quit.org.nz](http://www.quit.org.nz) for  
online resources and the quitter community.**

Code: GE014 January 2007

**The Quit Group**  
TE ROOPU ME MUTU  
[www.quit.org.nz](http://www.quit.org.nz)

**Call the Quitline  
0800 778 778**

**Quit Me Mutu**



**Kids do  
what  
you do**

[facethefacts.org.nz](http://facethefacts.org.nz)



**smokefree**

**auahi kore**

**Smoking.  
Face the  
Facts.**

For help to  
quit smoking,  
call Quitline  
0800 778 778  
or talk to your  
pharmacist.

**smokefree**

**auahi kore**

# Aukati Kai Paipa Smoking Cessation Programme



**Teina Wilmschurst**  
**Programme Facilitator**

A holistic kaupapa maori based programme designed to meet your needs whilst supporting a positive lifestyle change.

The programme supports:

- Ⓢ Face to face assessment
- Ⓢ Weekly meetings
- Ⓢ Monthly follow-up
- Ⓢ Nicotine replacement therapy for over 18 yrs
- Ⓢ Health Education

**A personal tailored plan all at no  
cost to you.**

So whether:

- Ⓢ You have made the choice to stop
- Ⓢ You are considering stopping
- Ⓢ You want further information
- Ⓢ You would like a Health Presentation for your whanau or workplace

**Contact: Teina Wilmschurst on  
(03) 214 5260 or  
Free phone 0800 925 242.**

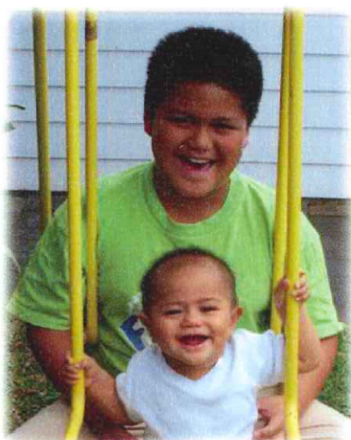
*You can come to us or we can come to you.*

**NGA KETE MATAURANGA  
POUNAMU CHARITABLE TRUST**

# Pasifika Smoking Cessation

**FREE**

## Quit Smoking Program



**Thinking about quitting smoking?  
Your doctor OR family has advised you to quit smoking?  
Wish you could but don't know how to because it's so  
hard?**

**Scared of failing quitting smoking?**

*If you have answered two of these questions contact Jane Tariau.*

## Contact Details

**Jane Tariau**

*Pasifika Smoking Cessation Practitioner*

**Phone: 09-578 0967 Mob: 021-847 698**

**[janet@orakeihealth.org.nz](mailto:janet@orakeihealth.org.nz)**

Jane Tariau	Jane Tariau	Jane Tariau	Jane Tariau	Jane Tariau
<i>Pasifika Smoking Cessation Practitioner</i>	<i>Pasifika Smoking Cessation Practitioner</i>	<i>Pasifika Smoking Cessation Practitioner</i>	<i>Pasifika Smoking Cessation Practitioner</i>	<i>Pasifika Smoking Cessation Practitioner</i>
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2 Thursday October 29 2009

SOUTHLAND EXPRESS

Advertisement

# Smoking affects lives...

## Finding support in the workplace

THE staff at Invercargill's EnergySmart have taken the healthy homes mantra and applied it to themselves.

All up 12 staff have given up smoking for a healthier lifestyle and workplace, meaning EnergySmart now employs more non-smokers than smokers.

Leading the way is office administrator Marling Morgan who has been smoke free for the past four years, successfully kicking a 17 year habit.

Marling featured in Smoking Affects Lives in June and she has been using her experience to support her fellow workers.

Work mates and partners in life, EnergySmart manager Anthea McKay and assessor Julian Abbott decided to give up together after getting "grief" from Marling. Anthea going "cold turkey", Julian using patches.

Anthea, a full-time smoker for 14 years, said she and Julian had tried to give up on many occasions, but never at the same time. Quitting together had helped.

"I found it extremely easy because Julian has given up... it made it heaps easier," she said.

Julian said quitting had been really tough, but the cravings had worn down.

"There was one sly one the first week and that's been it," he said. "And I didn't enjoy it."

Julian said he remembered having his first puff when he was 6-years-old, the day after his granddad died.

Looking to the future, Julian said he and Anthea wanted to have children and were going through IVF treatment, which was a "major push" to stay smoke free.

Other staff members keen to go smoke



Smokefree: (From left) Marling Morgan, Julian Abbott and Anthea McKay.

free included the touch rugby team, eager to improve their on-field performance.

Marling said the typical "huffing and puffing" on the field had gone.

"I've been to a couple of their practices and they're looking a lot better," she said. "Now they had more energy and a 'bit more of a spark in them'."



Barbara Metzger  
Wahine Hapu,  
Changing Smoking in  
Pregnancy

"Every cigarette you don't smoke adds protection to your baby," Barbara says. Most referrals to

Wahine Hapu come from midwives and Well Child health providers. Barbara has seen around 400 mothers in the last 2 years. "For many women pregnancy motivates them to consider quitting, and this is the time people realise that it is an addiction. 'That's when we can be there to support them to make healthier choices.'"



Teina Wilmshurst  
Aukati Kai Paipa,  
Smoking Cessation

Teina loves meeting people and seeing them make positive changes to their lives. "Everybody is different. We need

to find out why they smoke before we can help them quit," Teina says. "Listening to the client is really important. We need to find out what their motivation is, and use methods such as CBT (cognitive behaviour therapy) to keep encouraging them towards their goals." "When it comes to our program, we work with them."



Judy Wilson  
Invercargill Stop  
Smoking Programme

Judy knows first hand how hard it is to give up. From "40-a-day" to 17 years smokefree, Judy uses her experience

to counsel others. "I was a big smoker, so I can empathise with people trying to give up," Judy says. People don't need to be referred to Judy for one-on-one weekly sessions, and she tries to be on-hand for people who have made the hard decision to give up. "When you make your mind up you don't want to wait two weeks for help."



Terille Sheppard

Smoking was ruling my life. Every facet of my life was centred on my ability to have my next cigarette. Eating out, visiting friends, international flights, travelling anywhere, holiday accommodation, just everything. My addiction was my priority. Then along came my granddaughter.

I didn't want her to witness my smoking like my own children had. I am now setting the example I should have set years ago. Maybe by showing my children I can quit, they might give it a shot too.

By the way, my husband quit three years ago. I am a slow learner! It was the best decision I have ever made - it was not easy and anyone who says it is lying.

It takes a few goes to quit, but you learn something new about yourself each time you try. But that's the point - keep trying. In the end it is all about getting your head in the right place.

**Be in to win...**  
Just text 'Yes' or 'No' to the questions below and be in to win a \$25 phone card.

Q1. Do you agree with this month's Right or Wrong (Who's the drug pusher?) written by Dr Mathew Stokes?  
Q2. Are you a smoker?

To enter text 'Yes' or 'No' answering both questions with your name to 021 059 4783. Winner's details will be published in the next Smokefree News. Entries close Thursday, November 12. Only one text entry per phone. Sending a text message is not free and costs vary according to your phone plan and provider.

**Congratulations...** Kameel Medcalf

The winner of the \$25 phone card from last month's Smokefree News

## Right or wrong...

### Who's the drug pusher?

I AM a GP working in rural New Zealand, a country that I am proud to call home for the last 12 years. I am still amazed by Kiwi ingenuity and "can do" attitude. So I'm puzzled by the statistics showing New Zealand smokers taking up to 13 attempts to quit smoking (other countries are lower around 8 attempts). Why is this?

Nicotine is highly addictive, people obtain Nicotine through smoking cigarettes - the process of smoking is extremely harmful to their health and finances! I have to wonder why the Government allows such an addictive and harmful drug to be readily available to the public, any other addictive and harmful substance is only available through closely monitored prescriptions & pharmacies.

I would like to see a change of the non-smoking population's attitude towards smokers, we need to be less judgmental - they are realistically addicts and the Government could be perceived to be no better than street corner drug pushers! Surely any other addict gets proper care with limited access to their habitual drug through their GP, drug rehabilitation facility and pharmacies.

I propose a change in legislation so that Smokers register with the Primary Health Provider, they then receive a prescription for their cigarettes that they then pick up from the pharmacy (unfortunately I doubt that these prescriptions would or could be subsidised).

The advantages of this

system is many fold:

1) Proper care for smokers, lung function tests, early detection of emphysema, address the numerous other health issues that smoking causes (heart attacks, strokes, lung cancer, asthma, cot death to name but a few).

2) Restrict access to nicotine products to the young and new potential smoker - any person newly addicted could be easily identified and managed so that we have a significantly reduced new uptake of this drug that is more addictive than heroin!

3) People who do manage to make an attempt to stop would find temptation less easy to act upon as cigarettes would only be available through the GP and the pharmacy.

4) Due to the probable reduced number of attempts at stopping smoking the smokers would benefit with better health and financially sooner rather than later.

5) The Public Health system would have to deal with fewer smoke-related illnesses with huge benefit to the struggling health system.

6) A black market would be near impossible to sustain as every new smoker could easily register with their primary care provider for either cessation or maintenance, thus removing the need for a black market.

I would very much like to see a system that is fair and supportive to current smokers, but limit the number of new addicts "hooked".

- Dr Mathew Stokes

## Going smokefree...



Kevyn Kini  
Coached by  
Teina

A smoker since he was 12-years-old, Kevyn (50) said it was a combination of things that made him want to give up including the death of his daughter-in-law and a plea from his grandchildren.

"My grandchildren said 'we want you to stop smoking Pa, because we want you around' and 'bany' that was it," he said. But it hasn't been easy.

"I've been four years with Teina and them. They've persevered with me."



Steph Coard  
Coached by  
Judy

Steph was a smoker "on and off" for around eight years before she went smokefree 18 months ago. "It's hard, it's breaking the habit," Steph said she preferred meeting face to face with a counsellor rather than calling a help line. "I found coming to Judy heaps better, it's the interaction, sitting one-on-one with someone who's been there and done that. 'I never looked back.'"

## Where to go for help

Wahine Hapu -  
Changing Smoking in Pregnancy  
Barbara Metzger 0800 025 242

Aukati Kai Paipa -  
Smoking Cessation  
Teina Wilmshurst 0800 952 242

Invercargill Stop Smoking  
Programme  
Judy Wilson 218 9112 or  
0276 478 944

Outline  
National Phone Counselling Service  
0800 778 778

Smokestop  
Enabling you to become smokefree.  
Text, email, bulletin board & chat  
support. Phone Smokestop Help desk  
0508smokestop (0508 766 537)

Your Local GP  
Refer to your phone book for listings



Public Health  
South

92 Spey Street, Invercargill  
Phone 211 0900

**Smoking. Face the facts.**

Patches and gum are safe and double your chances of quitting  
For more information go to [www.facethefacts.org.nz](http://www.facethefacts.org.nz)



## APPENDIX 6: Examples of alternative models of delivery for stop smoking support

### Quit and win competition



Corner shop retailer to offer cessation products and support





## Workplace delivery



## Door-to-door sales





## Shop demonstrators (1)



Shop demonstrators (2)



