

Placing Tobacco Users at the Center of Cessation Research to Inform State Tobacco Control Program Initiatives



Erin R. Singer, PhD, MSW. JSI Research & Training Institute, Burlington, VT
 Kristina S. Kiarsis, BS. Vermont Department of Health, Burlington, VT
 Fonda Ripley, MHS. JSI Research & Training Institute, Burlington, VT



Significance

In the U.S., states make significant investments in Quitline and Quit Online programs, per CDC-recommended best practice for tobacco control programs. However, the reach of tobacco Quitlines remains low, with only about 1% of adult smokers in the U.S. receiving services annually. Most research informing current best practice is based largely on effectiveness at a population-level. Research focusing on tobacco users' lived experiences and desires in relation to cessation support could yield new insights to inform future cessation strategies.

Methodology

In Summer 2019, five focus groups were conducted with 47 adults throughout Vermont who identified as current tobacco users (defined as using a tobacco product every day or some days, and having used tobacco regularly for the past two years or more). Focus group participants were recruited through community partners, social media, and flyers. Focus groups were conducted in geographic regions throughout the state in local community spaces, including restaurants and a church. A team of three researchers coded the data using a grounded theory approach to identify themes that reflected broader patterns found within the data. These themes were then used to develop key elements and models to consider when developing or enhancing tobacco program cessation support strategies. Two Tobacco Advisors (current or former tobacco users with lived experience) were engaged in-person at two points during this study to provide input to the focus group tools and logistics, and to ensure relevance and accuracy of data interpretation.

Focus Group Participants Demographics (n=47)	
Female	60%
Heterosexual	85%
White, non-Hispanic	87%
1+ year of college	66%
Public Health Insurance	63%
Low income (<\$25,000 Annual HHI)	54%
Average Age	44 (range: 19-74)
Use Cigarettes Exclusively	57%
Use Cigarettes & E-Cigarettes	21%

Results

"And, I plan on quitting again, but I know me and if I don't get all of my ducks in a row first I fail. So, I'm just trying to get my life together just a little bit here before I [try]"

Focus on alleviating quit barriers, addressing triggers, and promoting readiness to quit

- Simply removing tobacco from one's life is not a feasible nor sustainable option to quitting without attending to the causes of tobacco use, primarily stress and triggers.
- Build support and awareness about how smoking is often a response to personal challenges and offer alternative strategies for growth, healing, and wellness.
- Move beyond motivation & focus on readiness to quit. This might include stress management plans, having support systems in place, and assistance with basic needs to mitigate stress.
- Support outcomes other than cessation – tobacco reduction, stress reduction, improved nutrition, and/or social support.

"I've never been able to do the date thing. I don't like setting a date and saying it's gonna be this date that I'm gonna stop – it just ends up causing more anxiety."

Provide choice in quitting and promote shared-decision making

- Support people in *quitting my own way* versus *on my own*. For example, consider offering a suite of approaches from which people could choose some or all per their preferences, needs, and values.
- Promote active collaboration and shared decision-making between people who use tobacco and their providers to customize cessation supports and/or a cessation plan.
- Identify opportunities to assess and consider the needs of individuals who present for cessation support, including individual values, preferences, and goals in the timing, pace, and method for cessation.

"When you quit you get that isolation feeling. There's no one. You kind of stay away from everyone, 'cause you don't want to see that cigarette... It'd be nice to always have a buddy to quit with. Someone to share the story with, to know what you're going through."

Connect people to resources and support that aid cessation

- Partner and/or family support is influential in several ways, including approval, encouragement, and exposure during a quit attempt.
- Lived experience with tobacco use among those providing cessation support is important and desirable.
- Peer support is a desirable option for some people interested in quitting (e.g., quit buddy, meetups).
- Supporting people with basic needs, such as transportation, housing, and food with the intent of reducing stress and promoting stability may assist in a quit attempt.

"We will move mountains for people who are drug addicted, but for nicotine addiction...where is our help?"

Advance the narrative of tobacco use as an addiction and chronic condition and promote *how* instead of *why* to quit

- Similar to other addictions, promote tobacco use disorder as an endpoint or chronic condition versus a behavior or risk factor.
- Instead of giving attention to the health consequences of tobacco use, explore promotion of the benefits of not using tobacco.
- Decouple communications on how to quit with why to quit or not use tobacco because of possible unintended consequences on the 802Quits brand. Consider messaging that promotes the 802Quits brand in conjunction with tactics on how to quit and resources to support quitting.

Conclusion

Tobacco users identified many significant motivators to quit (e.g., health consequences), but other factors stymie quit attempts (e.g., stress, lack of readiness, triggers from social network, and addiction). Tobacco users stressed the importance of choice and shared-decision making in their quit journey. Several indicated interest in conventional cessation support such as pharmacotherapy, while others found appeal in alternatives such as peer support. Perceived stigma and judgement towards tobacco users was strong and may contribute to feelings of "less than", "unworthy", and "outcast".

Findings can be used to guide public health professionals in the tobacco control field to move beyond traditional approaches such as Quitlines in an effort to better reach and support tobacco users in successful cessation. From the focus group findings, Vermont has identified three models to guide the development of cessation treatment, support, and resources for adults in Vermont.

Peer Support

- Alcoholics Anonymous
- Vermont Recovery Network's Peer-to-Peer Support Services
- Vermont's Kindred Connections

Patient-Centered Care

- Active Collaboration
- Shared Decision-Making
- Customized cessation treatment plans

Trauma-Informed Framework

- Physical and emotional safety
- Trust and transparency
- Control and empowerment
- Collaboration and shared power
- People as experts in their own lives

References & Contact Information

Erin Singer, JSI Research & Training Institute, Inc.
erin_singer@jsi.com

Kristina Kiarsis, Vermont Department of Health,
kristina.kiarsis@vermont.gov