Quitting Motivations and Barriers

Qualitative Research

The Quit Group

Te Roopu Me Mutu

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Executive Summary

Objectives, method and sample

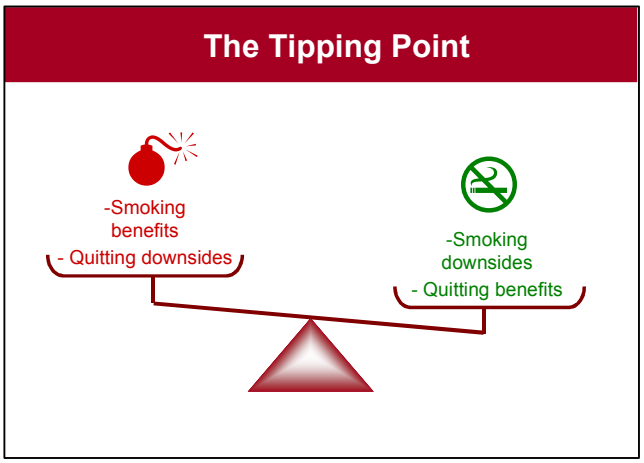
The overall purpose of this research was to provide The Quit Group with insights and information about quitting that could be used in future media and communications campaigns, and wider strategy and initiative development.

A qualitative research methodology was used. The key component involved 16 depth interviews conducted in June 2005. The target audience was smokers in the contemplation and preparation stages of quitting, aged 25-40, from lower socio-economic groups, from Māori, Pacific peoples and Pākehā ethnic groups. Some defining characteristics of participants' lives include being:

- *Home and family focussed:* Many have limited time to focus on their own issues and interests (including health and fitness). Women in particular, often put themselves last.
- *Juggling and struggling*: Money worries are a major source of stress. Socialising, treats, and holidays are limited. Menial jobs contribute to frustration and boredom.
- *Mixed feelings about being older*: Key age milestones (turning 30, 35, 40) often contribute to evaluation and re-evaluations of lives and achievements.

Overview – The Tipping Point

Litmus has used the 'tipping point' model as the foundation for our research analysis. At the tipping point, the downsides of smoking and/or the benefits of quitting outweigh the benefits of smoking, and/or the downsides of quitting. On this basis, we have examined quitting motivations and smoking motivations recognising that both influence our target audience.



Smoking: A Love-Hate Relationship

Most smokers in our sample began smoking in their schooldays. At that time smoking satisfied a number of key emotional need states: Discovery; Independence; Belonging; and Desirability. The habit became ingrained with the commencement of full time employment, due to smokers' increased buying power, the daily routine and influence of work colleagues.

In contrast to younger days, our participants all are very well aware of the dangers of smoking. They can easily recite a raft of potential diseases and negative health impacts that they are exposing themselves to. This knowledge contributes to several major emotional downsides of smoking – guilt, feeling tainted/unclean, and low-lying anxiety/fear.

'Benefits' of smoking nowadays include:

- Physically-based motivations: Nicotine buzz/relief; Appetite suppressant; Laxative; and Wake up/ concentration boost
- Emotional drivers: Independence and defiance; Belonging; Reward; Respite and solace; Ritual; and Desirability.

Downsides of smoking nowadays include:

- Practical drawbacks: Cost; Inconvenience; Dirty/messy/smelly aspects
- Physical drawbacks: Low energy levels; Lower performance in sport; Severe hangovers; Lower immune system and healing ability; Exacerbating asthma
- Uncomfortable and unpleasant emotions: Feeling ostracised or marginalized; Guilt; Loss of control; Feeling tainted, unclean, and consequently unattractive; A low-lying sense of anxiety, unease and fear.

Smokers adopt four main strategies for dealing with unpleasant feelings that come with smoking. These include: Concentrating on the benefits; Active suppression; Adopting counter-beliefs; and Defensiveness.

So, Why Quit?

Quitting motivations act in concert and usually involve the desire of a smoker to avoid smoking downsides, or to seek quitting benefits.

Precipitating events may propel smokers toward a tipping point. The most common of these include: Pregnancy; Reaching age milestones; Embarking on 'health/fitness/self-improvement kicks'; Having children; Finding oneself the sole smoker/pressure from key influencers.

Quitting motivators are summarised in the following table:

QUITTING MOTIVATORS			
Smoking Downside	**Quitting Benefit**	**Relative Importance**	**Particularly Common for …**
Guilt	Peace of mind, others proud of you, role model	Strong motivator	- Parents - Those with non-smoking partners
Low-lying fear	Peace of mind Live longer	Strong motivator if acknowledged	- Those at older end of age group - Parents
Ostracised/marginalised	Social acceptance	Becoming a stronger motivator since SFE legislation	- All
Tainted, unattractive	Clean, pure and attractive. Especially in conjunction with health kick	Moderate motivator	- Women
Poor sport/activity performance	Increased performance, keep up with kids	Moderate motivator	- Men
Loss of control	Control, self-esteem	Moderate motivator	- Men
Inconvenience/ time waster	Keep warm and dry More time to spend on work/hobbies/partner/ children	Becoming a stronger motivator since SFE legislation	- Pub go-ers - People with non-smoking partners
Cost	Saving money	Not a core motivator, but acts in concert with other drivers, especially guilt	- Pacific peoples - Men - Those in hardship
Dirty/smelly/messy	Clean teeth, clothes, house, car	Not a core motivator, but acts in concert with other quitting drivers	- Women
Physical downsides	Physical benefits	Not core motivators – not strong enough evidence of real problems	- Women with children

The Quitting Journey

Participants used a range of strategies to try to quit smoking. Regardless of method selected, successful quitting required a dual-pronged approach:

1. Minimising and managing quitting downsides - the 'daily grind' and 'danger moments'
2. Focusing on the rewards and benefits of quitting.

Key aspects of the daily grind include:

- *Nicotine craving/withdrawal*: The most unwelcome symptom is irritability, particularly for those with children, and it is this factor that is most likely to contribute to a relapse. In a few cases, the effects led to depression or nearly breaking up families.

- *Breaking habits:* The entrenched rituals associated with smoking that now must be forgotten, or replaced with new patterns of behaviour. Relapse is staved off as long as old habits are not resumed too quickly.
- *Losing physical smoking 'benefits'*: The main tactic for dealing with the loss of physical benefits is substitution (e.g. coffee as a pick me up). However, many of our quitters struggled with weight gain and some made a calculated decision to start smoking again as a result.
- *Losing emotional smoking 'benefits'*: They are not easily recognised by many participants, and are therefore not planned for. Those who cope best keep their mental focus on the positive rewards of not smoking – particularly emotional.

Even after conquering the daily grind ex-smokers must face **'danger moments'**, when their willpower is tested to the extreme. These moments may occur during the early stages of quitting, but sometimes they occur many months or even years later. They include: *End of pregnancy; Alcohol; "Hideous" Days; Influential saboteurs; and Scary social/work situations.* Because danger moments are not planned, our participants did not have effective tactics or mechanisms to deal with them. It was during a danger moment that relapse most often occurred.

The ability to be motivated by, recognise, and celebrate quitting **rewards** appears to be crucial for long term success – a way to counterbalance the negative effects of quitting, and the lure of missed smoking benefits.

Conclusions

This research represents a 'toe in the water' rather than a fully comprehensive examination of New Zealand smokers' motivations and barriers to quitting. We present below some starting points for further thought and discussion.

1. The exploration of participants' smoking histories has highlighted the potency of emotional drivers that take hold during the teenage years, and in the early 20s. Continued efforts must be made to reduce the allure of smoking to young people.
2. Leaving school and entering the workforce is a 'crossroads moment' for young smokers, when the habit may crystallise for good. Consideration should be given to ways of intercepting at this important juncture – via employer/workplace strategies, or initiatives targeting young low income workers.
3. Participants' level of knowledge and understanding of smoking's harmful effects is heartening. It is a testimony to the strength of The Quit Group's campaigns over the years.
4. The physical pull of nicotine is extremely strong for this audience, and as such The Quit Group's ability to offer subsidised NRT is extremely important.
5. Smoking may be one of few treats that a low income, highly stressed parent can 'own' as an adult activity, and justify taking time out for. Finding ways to combat the associated emotional drivers (reward, respite, belonging) is a huge challenge for this audience.
6. Compared with what we might expect from younger smokers, our target audience is very attuned to smoking's downsides. As people who are motivated by 'belonging' and 'acceptance', they are highly sensitive to the increasing marginalisation of smokers

caused by media campaigns and the SFE legislation. Emphasis on downsides – including 'their worst fears' – should continue, together with associated quitting benefits.

7. It is saddening that many of the women in our sample have given up smoking while pregnant, only to start again when the baby is born – often several times or more. Strategies to help new mothers stay smokefree are vital.
8. The key factors contributing to an early quitting failure appear to be 1) inability to deal with stress/irritability; 2) lack of mental preparation; and 3) lack of support. The Quit Group's recommended method for quitting (getting mentally ready, setting a date, and using NRT) addresses concerns 1 and 2, and it is important that communications emphasise the value of this approach. Participants' suggestions in relation to support include holding local quit workshops in communities, providing counselling for the smokers whole family/whānau, providing contact details for local providers of smoking cessation programmes, promulgating quitting support groups at a grass-roots level (a la Weight Watchers).
9. Over a longer quitting timeframe, our target audience does not cope well with 'danger moments'. The *Relapse Matahoki* resource (developed by The Quit Group in 2004) provides some useful strategies to cope with relapse, but given that none of our sample were aware of this, we recommend it is more widely publicised.
10. Although our sample sizes were small, it is concerning that our Pacific peoples respondents reported greater acceptance of smoking within their communities. It is also concerning to note that smoking was used to control weight by the majority of our Pacific sample (including men), particularly in cases where it appears to have been endorsed by health professionals. Recent targeting of this audience by The Quit Group is commended.
11. Numbers are too small to make solid conclusions, but our research indicates that Māori smokers in this target audience are particularly motivated to quit smoking as part of getting fit. This should be capitalised on where possible.
12. The focus of this research was not the Quitline service, and Litmus understands that improvements have been made to the service over the last couple of years. We hope that opening hours and response times continue to improve, so that spontaneous quitters are not lost.

Introduction

In April 2005 The Quit Group commissioned Litmus to undertake qualitative research amongst a focussed group of New Zealand smokers. The research had two distinct, over-arching aims:

1. To select and refine the optimum concept for a new television advertising campaign

2. To provide insights about motivations and barriers around quitting smoking.

This report presents Litmus' findings in relation to quitting motivations and barriers[1], for smokers in the 'preparation' and 'contemplation' Quitting Cycle stages[2].

Objectives

The overall purpose of this research was to provide The Quit Group with insights and information about quitting that could be used in future media and communications campaigns, and wider strategy and initiative development.

Specifically, the research sought to answer the following questions:

- What are the triggers toward smoking? In what context do they operate? How do they work in concert?
- What is understood about the harms of smoking? How do people respond to, or deal with, awareness and knowledge about the dangers? What underlies these responses?
- What are the motivations for not smoking, or quitting smoking? What is the interplay between these factors?
- What tactics are used to try and stop smoking? When, why and by whom?
- What contributes to the success or failure of quitting attempts?
- What factors trigger/prevent a smoking relapse?

The research also sought to obtain some feedback about the Quitline service, although this was not a primary research objective.

Methodology

A qualitative research methodology was used, involving three separate phases of research:

[1] Results for the advertising evaluation were presented separately.

[2] Quitting cycle stages are discussed later in the report.

- **Stage 1: Focus Groups** – The primary purpose of this Stage was to present, review and rank four new advertising concepts. However, a small portion of time was also allocated to smoking/quitting motivations. 9 groups were conducted in April/May 2005.
- **Stage 2: Depth Interviews** – This stage of research focussed solely on quitting motivations and barriers. Interviews were selected as the best methodology as they enabled us to hear individual stories in a detailed and unhurried manner, uncontaminated by the group setting. Most respondents had taken part in the Stage 1 focus groups and had already established a rapport with Litmus, which enhanced the quality of information elicited. 16 interviews were conducted in June 2005.
- **Stage 3: Focus Groups** – The main purpose of this component of research was to generate ideas and storylines for The Quit Group's preferred advertising concept (*'Video Diaries'*, selected after Stage 1 research findings were presented). However, it also provided some insights for the motivational aspect of the project, because participants were encouraged to remember and discuss their own quitting experiences. 4 groups were conducted in June 2005.

Please see the Appendix for further details about the methodology and sample, including discussion/interview guides.

Sample

Litmus agreed with The Quit Group to focus on smokers in the **contemplation and preparation stages** of quitting[3] (including those who had relapsed but would like to try quitting again). In addition the research focused on smokers:

- **Aged 25-40 years**
- **From lower socio-economic groups**
- **From Māori, Pacific peoples and Pākehā ethnic groups**.

We also included a mix of: Genders; Urban, provincial and rural locations (Auckland, Manukau, Wellington, Whakatane, Tane Atua, Tinui); Life-stages (parents, non-parents); Quitline experience (users, non-users); Personal backgrounds/occupations/current activities, etc.

In order to provide context for our findings and analysis, we outline below some defining characteristics of our target audience's lives at present.[4]

- ***Home and family focussed***: The majority of participants in this research are in the 'child-raising' stage of their lives, with pregnancy, babies and young families their main focus and responsibility. Pacific families tend to be larger (i.e. 4 or more children), and Māori may have additional responsibilities for children from the wider whānau.

  Children are a major source of pride and enjoyment, and 'being a good role model' is important to most parents. However, many have extremely limited time to focus on

[3] From Miller and Rollnick's 1991 Quitting Cycle stages (Pre-contemplation; Contemplation; Preparation; Action; Maintenance; Relapse)

[4] The parameters of this research were clearly defined - wider attitudes, behaviours and lifestyles were not explored in great depth. However we believe it is important to note these wider observations, which may be borne in mind when considering ways to communicate with, and motivate this audience.

their own issues and interests (including health and fitness), as they attend to the needs of the family. Women in particular, and solo parents, often put themselves last.

- ***Juggling and struggling***: Those in lower socio-economic groups face daily challenges in trying to make ends meet, particularly when there are children and wider whānau to support. Many work long hours, take on second jobs, or undertake shift work to increase weekly pay packets, and/or to manage child-care arrangements.

  Money worries are often a major, ever-present source of stress. Socialising, treats, and holidays are limited. Low paid, low-skilled jobs may contribute to frustration and boredom (and unemployment is even more worrying and stressful).

- ***Mixed feelings about being older***: In contrast with their early 20s, our sample of 25-40s no longer feel 'young'. As they head towards 40, people react in different ways:
  - Key age milestones (turning 30, 35, 40) often contribute to evaluation and re-evaluations of lives and achievements. Some may be motivated to make positive/ healthy lifestyle changes
  - On the other hand, 'old age' is still a long way away – many have a sense that they have plenty of time to correct bad habits
  - Some resent getting older - feeling trapped, stuck in a rut and/or experiencing a loss of identity. They may cling to certain activities and habits because they are 'all that is left' from a past, freer existence
  - For some men, there is a feeling of being 'past it', as far as sport and fitness is concerned. Motivations to get fit and healthy are not as evident as they once were.

Notes to report

Results presented in this report are based on **small-scale** qualitative research with a **narrow, targeted audience**.

- Findings represent a thematic analysis of participants' perceptions and experiences
- It is not possible to draw conclusions for particular sub-groups of the population e.g. comparing men with women, Māori with Pākehā, etc. Nor can the findings be extrapolated to the population of smokers as a whole
- Our emphasis was on smokers in the 'contemplation' and 'preparation' stages. As such, we gained an understanding of motivations/barriers to quitting and the quitting experience per se. However, we did not speak to many smokers who had long lasting success with quitting.

Overview – The Tipping Point

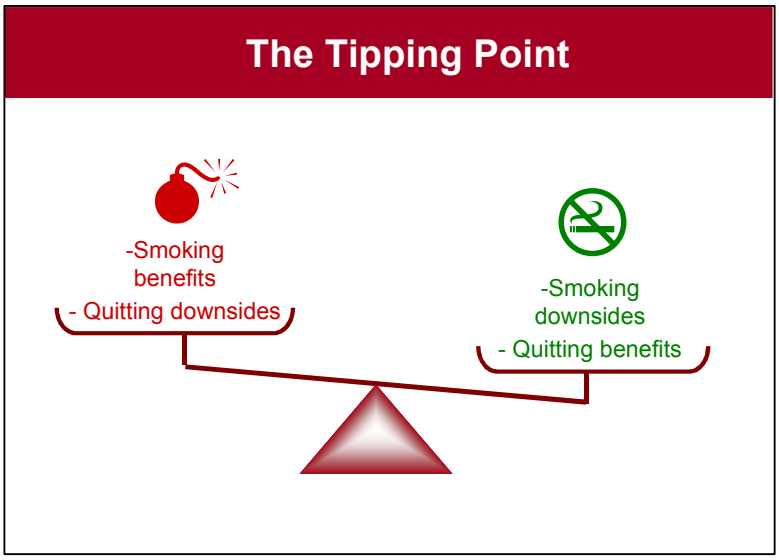
Regardless of what stage in the Quitting Cycle an individual falls, there will always exist a tension between the motivations for smoking on one hand, and the motivations for quitting on the other. For those in the 'contemplation' and 'preparation' stages, the tension is particularly high, and in some cases extreme.

It is clear from this research that each individual has a highly unique **'tipping point'** in relation to quitting smoking, when they move from the 'contemplation' and 'preparation' stages to 'action'.

At this moment the downsides of smoking and/or the benefits of quitting <u>outweigh</u> the benefits of smoking, and/or the downsides of quitting.

Some key findings in relation to the tipping point are:

- The tipping point is *unique for each smoker* – a myriad of different practical, physical and emotional motivations weigh in, to varying degrees, for smoking and quitting
- An individual's tipping point *will change over time* – the factors that drive someone to quit today may be completely different to those that motivate them to quit in 6 months time
- The tipping point for an individual *can occur at any time*, and sometimes for no apparent reason other than a period of contemplation – 'I just decided it was the right time'. At other times, a precipitating event will shift the balance just enough
- Pain avoidance is more likely to push our audience towards the tipping point, than pleasure seeking – that is, they are more motivated by reducing smoking downsides than seeking quitting benefits.



Litmus has used the tipping point model as the foundation for our research analysis. On this basis, we cover quitting motivations and smoking motivations recognising that both sets of motivations are influencing our target audience. Our report is structured as follows:

- 'Smoking: the Love-Hate Relationship' – Explores the current and historical relationship our target audience has with smoking, including key smoking benefits and downsides
- 'So, Why Quit' – Provides a summary of the main motivations for quitting, and tipping point triggers
- 'The Quitting Journey' – Covers the strategies and tactics smokers use to quit smoking, their experiences of the quitting process, and the factors that trigger/prevent relapse
- 'Conclusions' – Considers the implications of our findings, for future work by The Quit Group.

Smoking: A Love-Hate Relationship

This section discusses the target audience's current and historic motivations for smoking, and the relationship they have with cigarettes. It provides the necessary backdrop for understanding quitting motivations and quitting experiences, discussed in later sections.

Overall, it is clear that each individual has a unique and highly personal relationship with cigarettes and smoking. For people in the 'contemplation' and 'preparation' quitting stages, the relationship is particularly complex - smoking continues to bind them, but they have a growing sense of the destructiveness of the relationship.

"It's everybody's friend, everybody's enemy." Male, Pākehā

School days - The start of the affair

Not surprisingly, most participants recalled experimenting with smoking as an adolescent 'rite of passage'. Initial trials were usually with a group of young people, in a secret location, with encouragement from slightly older peers and family (siblings and cousins). Participants generally mentioned trying smoking around the age of 12-14 years. Māori were more likely to recall that they started smoking under the age of 12, whereas Pacific and Pākehā males tended to be slightly older (15-16 years).

Many continued smoking through secondary school, albeit in a somewhat opportunistic and sporadic manner. All attributed smoking at this time to peer pressure within their friendship groups – often described as 'the naughty kids' and/or 'the cool group'. Smoking went hand in hand with other forms of teenage boundary pushing – wagging school, trying alcohol and drugs, breaking the rules. A few began to develop rituals around smoking – for example, one every morning before school.

The presence or absence of smoking role models within the family (e.g. parents, uncles and aunts, grandparents) contributed to the development of a smoking habit for some participants. Pacific people and Māori were more likely to mention family smoking history as an influence, and the latter group of participants were more likely to smoke openly in front of their family from a young age.

As teenagers, knowledge about the dangers of smoking was practically non-existent amongst our sample. A few knew it was 'bad for you', but did not know about specific health risks.

Some powerful **emotional need states** are linked to teenage smoking:

- ***Discovery***: Smoking represented a move into the adult world, a visible demarcation from childhood
- ***Belonging***: Smoking was used to signify, and to obtain, inclusion and acceptance within the peer group
- ***Independence***: Smoking was a means of breaking away from rules and conformity
- ***Desirability****:* Smoking signalled glamour, sophistication – the James Dean effect.

Most adult smokers argue that their motivations for starting smoking 'properly' are completely different to those associated with their smoking as a teenager. However, with the exception of 'Discovery' it is apparent that emotional drivers remain potent into adulthood.

"I took to it like a duck to water." Female, Māori

"I liked the fact that my parents would freak out if they knew." Male, Māori

"It's the forbidden fruit." Male, Pākehā

"My friends were the naughty ones, we were quite cool." Female, Pacific

Young workers - Making the commitment

Almost unanimously, participants mentioned starting work as the pivotal time when their smoking habit became truly ingrained. For a minority, beginning a job coincided with starting smoking altogether.[5]

A number of factors underlie this trend:

- ***Affordability*** – For many, the arrival of a pay packet meant that for the first time, they could afford to buy their own cigarettes or tobacco on a regular basis
- ***Routine*** – As people settled into a work/home/work routine, smoking habits became part of the pattern. Rather than smoking on an ad-hoc basis, people smoked at regular intervals throughout the day
- ***Work-mates*** – 'Smoking groups' were common at many workplaces for low income people (factories, large offices, warehouses), and for someone new, joining the group was a fast-track to acceptance. This influence was particularly prevalent for Pacific peoples and Māori
- ***Freedom*** – Being a wage-earner meant being seen as an adult, and having the right to openly smoke (often for the first time).

Only three participants in our sample were not smoking 'properly' at work before the age of twenty. In these cases, they were influenced to begin smoking in their 20s because their partner, a close family member, or flat-mate was smoking around them on a continual basis. Their thought process was: "Well, it's all around me, I might as well start too."

Only a few gave any consideration to smoking's negative health impacts, as adults in their early 20s. These tended to be men who were concerned about the impact of smoking on their fitness, particularly if playing competitive sport (indeed, some gave up for this reason around this age).

As smoking habits became more entrenched, so did the **emotional bonds**:

- ***Independence*** continued to be a strong driver – 'I'm smoking because no one can tell me not to'
- ***Belonging*** also persisted, in the work context and also with smoking buddies

[5] Reflecting that our sample was people from lower socio-economic groups, most left school with few or no qualifications, entering the workforce immediately, rather than undertaking tertiary education.

- ***Reward*** began to be quite strongly associated with smoking. 'I have done a good morning/day/hour's work, now I *deserve* a smoke'
- ***Respite and solace*** started to be an emotional need state that got tangled up with smoking at this time. Adult responsibilities and relationships are complex and stressful, and smoking occasions became valuable 'time out', a way of 'calming the nerves'
- ***Ritual*** now featured, with all sorts of tangible and underlying associations tied up with different smoking occasions (the 'pre-work smoke', the 'smoke with a drink', the 'before bed smoke', and so on).

"I started smoking when I started nursing because a lot of nurses smoke." Female, Pacific

"I started to buy a packet every week, like clockwork." Male, Pacific

"You'd finish the hard work, and everyone would stop and have a smoke." Male, Māori

Nowadays – A long and rocky marriage

*"It's quite a rollercoaster of emotions. I still love smoking … but then sometimes I look at the ashtray and think "F***ing cigarette." Male, Pākehā*

Despite differences in the daily amount smoked and the locations/occasions, nowadays our audience define themselves as **long term smokers.** All have tried to give up at some stage (with varying degrees of success, as discussed later), but for now the habit is an integral part of their daily lives, and to some extent, their identity.

In contrast to younger days, all are very well aware of the dangers of smoking, and can easily recite a raft of potential diseases and negative health impacts that they are exposing themselves to.

- The Quit Group *'Every Cigarette is Doing You Damage'* advertising campaign has been particularly effective in teaching smokers about the range of diseases they can inflict on themselves
- Other important information sources are cigarette packets, pamphlets/posters at doctors' surgeries and other community centres or churches, children bringing home information from school, television programmes and magazine/newspaper articles, etc.
- A few have tangible undisputable evidence of smoking's harms, through experiencing the loss of family members to smoking-related diseases.

This knowledge contributes to several major emotional downsides of smoking – guilt, feeling tainted/unclean, and low-lying anxiety/fear. These, and the way in which smokers cope with them, are discussed later in this section.

Benefits and drivers

Compared with their younger days, participants are now experiencing far stronger **physically-based motivations** for smoking:

- ***Nicotine buzz/relief*** – For long term regular smokers, the craving for nicotine is on a par with the desire to eat when hungry. When a craving occurs it must be satisfied, and smokers become preoccupied and anxious if something stands in their way (such

as not having money to buy smokes, being trapped in a non-smoking environment like a plane, etc.)

- ***Appetite suppressant*** – Almost all participants agree that smoking suppresses the appetite, and females in particular mention this as a primary 'benefit' of smoking. Solo parents in particular may use it in place of eating - "A cigarette and a cup of coffee is all you need." Pacific people (men and women) are more likely to mention it than other ethnicities
- ***Laxative*** – A number of participants mention that they currently use smoking as a laxative, particularly in the mornings
- ***Wake up/ concentrate*** – A few mention using smoking in the same way that they would use a coffee or a bar of chocolate - to 'perk up' when feeling flat and tired, usually when at work. Two male participants mention using smoking to warm up for sport, because smoking makes their heart beat faster.

"If I don't have it, I start to panic." Female, Pacific

"I used to be overweight, 120kg. I don't want to put that back on. Smoking helps because you don't feel like eating." Male, Pacific

"It's a quick buzz, it helps with problem solving." Female, Pākehā

Emotional drivers continue to be an integral part of smoking for our target audience nowadays:

- ***Independence*** remains, but with a new twist. Rather than adult freedom and sophistication, smoking signals ***defiance*** - 'I know it's bad for me, and I don't care'
- ***Belonging*** is still a driver, with smoking seen as part of the connection and bonding with others – an enhancement to one's social life. All Pacific peoples in our sample mentioned overt pressure to smoke with others. Māori women appear to take their lead from their partners, in relation to smoking. This driver is particularly important in the context of home-based socialising. In a work context it is a weaker driver than in the past, with more workplaces going smoke-free and many women in our target audience now at home with children
- ***Reward*** is a hugely important aspect of smoking for this audience nowadays. In the absence of financial and verbal recognition for mundane work/housework/child-care, a smoke becomes the 'well done'. When budgets are tight, cigarettes are seen as a 'luxury' item, which reinforces their perceived value as a reward
- ***Respite and solace*** are probably the strongest emotional drivers for this audience, with all mentioning stress relief that comes from smoking – via alone time, deep breathing, being outside, self-indulgence, and so on. In non-stressful situations, smoking's ability to offer a minor ***diversion*** is also valued by some – especially men
- The ***rituals*** associated with smoking are stronger than ever for this audience. Due to their long standing nature, they assume greater significance in the minds of smokers
- Smokers in this age group do not openly state that smoking meets an emotional need to be ***desirable***, but descriptions of 'typical' smokers as interesting, creative, passionate, etc. indicate that desirability remains a strong driver, particular for those at the younger end of the age range.

"Your typical smoker is more rebellious, more curious … also more stubborn." Female, Pākehā

"It's a personal expression, it's making a statement." Female, Pākehā

"It breaks down barriers with people." Male, Pākehā

"It is unusual in Māori households to have one smoking and the other a non-smoker." Female, Māori

"My sister is happier with me smoking as it reminds her of Dad." Female, Pacific

"The most satisfying cigarette is the one that is earned… put the dinner on, do the housework. Then I can go outside for a cigarette and a coffee." Female, Māori

"It's like a compulsory break, time to yourself." Male, Māori

"When I'm sad, I want a cigarette." Male, Māori

"Pacific culture can be very stressful. You have big families to support lots of kids to provide all the food. I need a smoke to help calm down." Male, Pacific

"I smoke because it keeps me sane. I would rather smoke than eat." Female, Pacific

"Keys, wallet, smokes – it's automatic." Male, Pākehā

Smoking downsides

The most important contrast between smoking nowadays and in the past is the emergence (or belated recognition) of smoking downsides – practical, physical and emotional. These downsides represent the 'hate' in the love-hate relationship with smoking, and are the source of considerable emotional conflict and torment for smokers.

Practical drawbacks include:

- The high ***cost*** of smoking
- The increased ***inconvenience*** associated with being a smoker - primarily, having to go outside to smoke, but also the ***time-wasted*** when doing so. In cold/windy/wet weather, this smoking experience becomes unpleasant. If a smoking area is some distance away, the smoke break becomes disruptive. If people are smoking in a clandestine fashion, this may also be inconvenient
- The repellent ***dirty/messy/smelly*** aspects of smoking … whether it be on oneself, in the house, in the car, on the pavement.

"It does mean you miss out, spending time with the children." Female, Māori

"I hide in the car and wind down the window and have mints and spray myself. No one knows I smoke." Female, Pacific

Few **physical** drawbacks are mentioned, and they do not include severe health effects such as difficulty breathing, heart pain etc. They are less severe, and include:

- ***Low energy levels*** and an overall feeling of sluggishness particularly when waking in the morning
- ***Lower performance in sport*** and physical activity, particularly noted by men
- More severe ***hangovers***

- ***Lower immune system and healing ability*** - e.g. susceptibility to coughs and colds, small cuts taking longer to heal
- Exacerbating ***asthma***.

"I know if I quit smoking the use of my inhaler would decline." Male, Pākehā

Smokers experience a number of **uncomfortable and unpleasant emotions** arising from their decision to continue smoking - in the face of known health risks, pressure from others, and their personal experience of practical and physical downsides. These feelings include:

- Feeling ***ostracised or marginalised*** for smoking. Most participants believe that smoking is becoming less and less popular over time, and some describe themselves as a 'dwindling minority'. Some say they feel 'battered' by the constant pressure from media, family and friends to give up, and the new Smokefree Environments legislation makes them feel even more like 'second class citizens'.
- ***Guilt*** is another unpleasant emotional outcome for many smokers in our target audience. The guilt often stems from a sense of responsibility to partners and children – it is hard to justify a behaviour that puts one's life in jeopardy, eats into limited family finances, makes the house smell or makes one a negative role model or hypocrite. Pressure from partners and children often exacerbates feelings of guilt, as does sneaky smoking behaviour (e.g. pretending that one is cutting down or has quit, to appease others).
- ***Loss of control*** is a major emotional downside of smoking. Many feel controlled by the nicotine addiction and resent this greatly, men in particular. This may manifest in self-directed anger for being 'weak-willed' or a 'failure' when it comes to smoking.
- Feeling ***tainted, unclean, and consequently unattractive*** from smoking. Although they may not be able to see any damage, women in particular feel somewhat sullied by smoking toxins (in the same way that they think food additives, drugs, polluted air, etc.).
- A ***low-lying sense of anxiety, unease and fear*** about what might be happening within one's body as a result of smoking, or to others in the household if smoking occurs indoors[6].

"Everyone is giving up, it's starting to be really noticeable. People look at you sideways when you say 'I'm going for a cigarette'." Female, Māori

"It makes me feel guilty as I know I'm killing myself and my children can see me doing it … it's seeing their faces when they say 'Why do you smoke?" Female, Pacific

"The kids never used to say anything. Now they do. It makes me angry. I'm the adult, you listen to me." Male, Pacific

"I hate the fact I get out of a plane and all I can think of is racing through the airport to get outside for a smoke." Male, Pākehā

*"I feel bl**dy disgraceful about it. Especially when my 3 year old picks up a felt pen and puts it in his gob like a smoke." Male, Pākehā*

[6] Only a very small number of our sample admitted smoking inside nowadays.

"I wonder if it has anything to do with the kids getting bronchitis." Female, Pacific

Dealing with feelings

Smokers adopt four main strategies for dealing with unpleasant feelings that come with smoking in 2005. These include:

- **Concentrating on the benefits:** Smokers use repetitive mental and verbal 'self-talk' to reinforce the perceived upsides of smoking
- **Active suppression**: Smokers openly admit that they suppress negative thoughts and feelings around smoking. The most common reaction to the question 'How do you cope with knowing what smoking can do to you?' is "I just don't let myself think about it."

  This is also expressed in such behaviours as changing television channels when *'Every cigarette is doing you damage'* advertisements appear, asking shop assistants not to give them packets of cigarettes with the words *'Smoking kills'* on them, turning packets of cigarettes over so as not to see the health warning, etc.
- **Adopting counter-beliefs**: Smokers comfort themselves by adopting beliefs that counter to the 'Every cigarette is doing you damage' message, for example:

  "I know lots of people who have lived to 100 while smoking."

  "They say that your cells regenerate every seven years, so if you stop before then, you're fine."

  "People who stop smoking get depressed, and that can also cause cancer.""

  "It's just like drinking a little bit every day is good for you."

  "Indians use it as a medicine."

  "The amount I smoke isn't much anyway."

  It is concerning that these beliefs may be reinforced by others, including health professionals:

  "I stopped smoking when I was pregnant (18 years ago). The doctor recommended I start again because I gained too much weight. He said I could smoke up to 3 per day and do no damage to the baby." Female, Māori

  "I took my Grandma to the hospital a couple of months ago. It was a French doctor. He told her not to quit because at her age her body was so used to nicotine." Male, Pacific

- **Being defensive**: Smokers take an aggressive stance, challenging others to criticise them, for example:

  "It's not as bad as gambling, there are worse things I could do… It's my money to use how I please."

  "Cigarettes are my only vice. I don't drink."

  "I can quit if I want to – I <u>choose</u> to smoke."

  "You're going to die one day anyway."

So, Why Quit?

As discussed earlier, an individual reaches his or her tipping point when quitting motivations outweigh smoking motivations. A move towards quitting might therefore include:

1. Increased perception of smoking downsides and/or quitting benefits, and/or
2. Decreased perception of smoking benefits and/or quitting downsides.

While bearing in mind that tipping points are unique and fluid, for participants in this research quitting motivations derive primarily from the first of these factors[7].

The following table summarises common quitting motivations, loosely in order of importance.

QUITTING MOTIVATORS			
Smoking Downside	**Quitting Benefit**	**Relative Importance**	**Particularly Common for …**
Guilt	Peace of mind, others proud of you, role model	Strong motivator	- Parents - Those with non-smoking partners
Low-lying fear	Peace of mind Live longer	Strong motivator if acknowledged	- Those at older end of age group - Parents
Ostracised/marginalised	Social acceptance	Becoming a stronger motivator since SFE legislation	- All
Tainted, unattractive	Clean, pure and attractive. Especially in conjunction with health kick	Moderate motivator	- Women
Poor sport/activity performance	Increased performance, keep up with kids	Moderate motivator	- Men
Loss of control	Control, self-esteem	Moderate motivator	- Men
Inconvenience/ time waster	Keep warm and dry More time to spend on work/hobbies/partner/ children	Becoming a stronger motivator since SFE legislation	- Pub go-ers - People with non-smoking partners
Cost	Saving money	Not a core motivator, but acts in concert with other drivers, especially guilt	- Pacific peoples - Men - Those in hardship
Dirty/smelly/messy	Clean teeth, clothes, house, car	Not a core motivator, but acts in concert with other quitting drivers	- Women
Physical downsides	Physical benefits	Not core motivators – not strong enough evidence of real problems	- Women with children

[7] Smoking downsides and quitting benefits are essentially two sides of one coin. Given that the previous section covers smoking downsides in detail, the table notes corresponding quitting benefits without further elaboration.

Tipping point triggers

Some smokers move slowly and steadily towards their tipping point – gradually becoming more interested and enthusiastic about quitting.

Often however, a precipitating event occurs which propels a smoker to his or her tipping point. External triggers mentioned by our target audience, listed in rough order of prevalence, are:

- **Pregnancy** – Most women in our sample give up smoking during pregnancy. In addition to following medical advice being concerned for the baby, many do not feel like smoking when pregnant. Unfortunately, most soon resume the habit after the baby is born. In fact, some only ever saw quitting as a temporary state.
- **Reaching age milestones** – As discussed earlier, turning 30, 35 or 40 can trigger positive life changes, including quitting. This may be linked with:
  - Embarking on a **'health/fitness kick'**, which includes quitting smoking (especially common for Māori, and men)
  - Embarking on a **'self-improvement kick'**, such as dieting, starting to exercise, starting study, etc. (especially common for women)
- **Having children** – The arrival of a child, or children, may trigger some to quit
- **Hangover/illness** – A particularly severe hangover, or a flu/stomach upset may trigger smoking cessation. People can not stomach smoking while sick, and develop somewhat of an association between smoking and nausea
- **Finding oneself the sole smoker / pressure from key influencers** – Some smokers quit when they no longer have smoking buddies (e.g. at work, on a sports team, etc). Women seem more likely to quit following pressure from their partner, especially after their partner quits
- **Loss of income** – Several in our sample stop smoking due to income constraints
- **Family/friend health scares/deaths** – This trigger is relatively uncommon amongst our sample
- **Doctor's orders** – Only one of our participants quit following the advice of their doctor
- **Disease/health impacts of smoking** – No one in our sample had experienced major health impacts from smoking, consequently, none quit on this basis.

"I was hiking, getting fit. I stopped smoking to improve my breathing." Female, Māori

"I went cold turkey because I was involved in sport. No one else on the team smoked." Male, Māori

"My wife's friends and family belong to a church group, I am the only one, the outsider." Male, Māori

"I tried to quit to save money for a family holiday. It only lasted one week." Male, Māori

We have now covered the motivations for smoking, and the motivations and triggers for quitting. What happens next is explored in the next section.

The Quitting Journey

In this section we discuss the strategies and tactics used by people to quit smoking, and their relative effectiveness. We describe the experiences people go though while quitting, and the factors that contribute to success or relapse.

Please note: This research focuses on smokers in the 'contemplation' and 'preparation' stages of quitting smoking. Many of our participants had attempted to quit smoking, some with considerable success (i.e. remaining smokefree for several years), and were thus able to describe their motivations for quitting and their experiences. We did not seek information from people who had *never* relapsed, which represents a gap in terms of helping us understand what works for these people and why.

Strategies

Participants used a range of strategies to try to quit smoking. Each is discussed briefly below:

- **Cold turkey** – This was the most frequently used method of quitting.
  - Around half of those to use this method said they did it spontaneously – particularly if the trigger was unexpected (e.g. feeling sick). In general, these people were less likely to succeed in their quitting attempt, often lasting only a few days
  - Others went through a process of mental preparation, talking to others about their plan to quit, cutting down the amount they were smoking, setting a date, etc. Many accompanied the time of quitting with a *ritual* e.g. savouring one last smoke, ceremoniously throwing cigarettes into the garbage, treating themselves to a celebratory meal or drink, etc. These quitters appeared to have a much greater chance of long term success.

"My daughter wrote a card that said 'Will you give up smoking for my 5th birthday?' The smokes went on a shelf above the fireplace and they weren't touched for 2 years." Male, Māori

- **Cutting down** – This was the next most commonly mentioned method of trying to quit smoking, particularly for the heavy smokers in our sample.

  Generally people tried to limit themselves to four or five 'essential' cigarettes each day – such as the morning smoke, one after each meal, and one before bed. In a very small number of cases, cutting down was followed by complete cessation, with a good to moderate rate of long term success. However, in most cases, people plateaued for a while at the new level, and then resumed earlier smoking habits.

  "My life revolved around the next cigarette. I would time myself." Female, Māori

- **Nicotine replacement therapy** (NRT - patches and gum) – Around a third of our sample had tried to quit using NRT at some stage in their smoking career. All had been able to obtain subsided NRT – they would not have been able to afford it otherwise. Some accessed NRT via the Quitline (see below), while others received it from local health services/health promoters (in our sample, particularly Māori)

A few said that they found NRT very effective for limiting cravings, and these people were more likely to have some degree of success.

On balance however, experiences were disappointing and many did not complete the full NRT course. Neither patches nor gum provided quitters with the nicotine 'hit' that they had become accustomed to. Most said that they had smoked while wearing a patch or chewing gum, to get the 'hit' – and soon realised this to be foolish. Patches tended to cause rashes where they were applied, whereas the taste of gum was off-putting.

"They actually increased my desire to smoke." Male, Māori

"The gum wasn't strong enough. It's all fluffy, you can taste the tobacco, it's horrible." Female, Pacific

- **Quitting support groups** – Some participants had tried to quit smoking with the support of fellow quitters, either on an informal basis (often at work), or in a more formal setting such as a church or community group.

  Feedback about this approach was generally very positive, with most people managing to quit for a considerable length of time (4-5 months or more). The primary appeal of this strategy is the *support* from other group members, and *regular contact*/meetings to help them stay on track. Some also enjoyed the slightly competitive element of this quitting strategy. In more formal groups, the wealth of information available is also seen as a big benefit (verbal tips and strategies from other group members, written information provided by group co-ordinator, etc.).

  "My whole class tried to quit together." Female, Pacific

- **Using the Quitline service**[8] - Around a quarter of our sample had experienced the Quitline service. They were usually prompted to call Quitline after seeing television advertisements, but sometimes a friend or relative made the suggestion (or even rang on their behalf). The primary benefit of the service was perceived to be access to subsidised NRT.

  Bearing in mind the very small sample, some feedback about the service included:

  - Helpful and supportive Quitline advisors, who clearly explained the process and answered all questions
  - Difficulties reaching Quitline, due to calling outside opening hours or call centre overloading. Unfortunately this initial hurdle meant that some people terminated their quitting efforts at this point
  - Mixed responses to the information sent out by Quitline. Some found it comprehensive, informative, inspiring … while others were overwhelmed and confused
  - Some frustration about the process required to get NRT. Some had lost motivation by the time they were able to actually get patches. One person had called Quitline twice, but the material never arrived in the post
  - Some requests for Quitline advisors/counsellors to call at more convenient times.

[8] Please note: Feedback from participants about the Quiltine service was minimal, as it was not the focus of our research. Only a small number were prior Quitline callers (some were recruited from the Quitline database). Comments about Quitline are indicative only – a much greater sample would be needed to draw strong conclusions about the service.

Amongst the remainder of our sample, most had heard of Quitline but many had limited understanding of its services, especially the fact that it offers subsidised NRT.

"I have the Quitline number, in case I want to quit." Female, Pākehā

"When they called, it's like – someone does care for me." Female, Pākehā

"They didn't call back or send the information." Male, Māori

"They rang at the wrong time. They were all chirpy, I didn't want to hear that." Male, Pacific

"When the counsellor rang I told her I was doing good – while really I'm having a smoke!" Male, Pacific

"Quitline does work but it depends on your strength and willpower." Female, Pacific

- **Hypnosis/acupuncture/herbal cigarettes** – These were only used by a few people in our sample. One said hypnotherapy worked well, the others had found no benefit. Herbal cigarettes and acupuncture were each trialled by one person, but considered too expensive to continue with.

Tactics

Just as each individual's tipping point is unique, each embarks on a different journey when they quit. Some have strong willpower and excellent support networks to help them succeed, while others have to resist overt sabotage efforts from people close to them.

Regardless of the end result, it is apparent from this research that the quitting journey is not a slow, steady affair. All quitters experience highs and lows - times when it feels completely natural not to smoke, and times when they are consumed by cravings. In most cases, the early stages of quitting are hardest, with Days 2-4 representing the toughest test of all.

Successful quitting requires a dual-pronged approach:

1. Minimising and managing quitting downsides - the 'daily grind' and 'danger moments'
2. Focusing on the rewards and benefits of quitting.

The daily grind

The daily grind represents the ongoing, effort that must be made by the ex-smoker to remain smoke free. At many stages over the course of each day, mini-battles must be fought in the mind of the ex-smoker – as each is won, another looms on the horizon. Key aspects of the daily grind include:

- ***Nicotine craving/withdrawal***: The physical effects of quitting, such as a 'gnawing sensation in the gut', headaches, irritability and so on.

  The most unwelcome symptom is irritability, particularly for those with children, and it is this factor that is most likely to contribute to a relapse. In a few cases, the effects led to depression or nearly breaking up families.

  Tactics: The most effective tactic our sample used to deal with cravings was NRT (despite some difficulties noted above). Other tactics included drinking water or juice, deep breathing, eating, sleeping, eating tasty snack food (e.g. chippies), drinking alcohol, smoking marijuana and displacement/diversion activities (e.g. going for a walk,

talking to a friend, doing chores etc.). Some also used mantras ("It will pass", "I can do it", "I don't need it" etc.). Having the support of partner, family and friends at this time is vital.

"I went for walks, I pulled weeds, I did arts and crafts." Female, Pākehā

"I waited til the last patch before ringing my friend for more. She was away for the week and I couldn't bear it and started again." Female, Māori

"I don't miss a thing about smoking … but at the time it was hard and I paid the price." Male, Pākehā

"My stress was at epidemic levels. I had no motivation, I wanted to sleep all day." Male, Pākehā

"I have tried to quit. It's unbearable. I have to choose between losing the family or not… I'd like counselling that would include the family, so they realise what you are going through." Male, Māori

"I was so nasty to the kids." Female, Pākehā

"It was complete Jekyll and Hyde – it caused a lot of heartache for the family." Male, Māori

- ***Breaking habits**:* The entrenched rituals associated with smoking that now must be forgotten, or replaced with new patterns of behaviour.

  Tactics include avoiding trigger people, avoiding trigger places (in a couple of cases this included leaving town for a short time) and diversion activities (e.g. chewing gum, eating lollies, etc.) Relapse is staved off as long as old habits are not resumed too quickly.

"When I gave up I didn't see any of my friends. I stayed here, I'd just give them a ring." Male, Pacific

"I gave up cigarettes as well as drink and drugs." Male, Pākehā

"I had been going to the gym and that helped with not smoking. The gym closed over Christmas and I got a packet of cigarettes and started smoking." Male, Māori

- ***Losing physical smoking 'benefits'*:** Including appetite suppressant, laxative, wake-up, etc.

  The main tactic for dealing with the loss of physical benefits is substitution (e.g. coffee as a pick me up). However, many of our quitters struggled with weight gain and some made a calculated decision to start smoking again as a result.

"But I now have to fight the weight." Female, Pākehā

- ***Losing emotional smoking 'benefits'*:** Including independence, belonging, reward, respite, ritual, desirability etc.

  Emotional losses are probably the most challenging aspect of the daily grind to overcome. They are not easily recognised by many participants, and are therefore not planned for.

  Tactics: Those who cope best keep their mental focus on the positive rewards of not smoking – particularly emotional. For example, they may miss their old smoking group but they are pleased to feel new acceptance by non-smokers. They may feel less 'free-spirited', but they feel cleaner and purer. They are more likely to celebrate milestones and reward themselves for achieving goals (thus filling another emotional driver 'lost' after smoking cessation).

Those who are more likely to relapse are those who are not 'mentally ready' to quit, and who do not have the support of family and friends at this emotional time.

"I was fat, sad, unsociable." Female, Pākehā

"I wanted to be accepted back within the fold." Female, Māori

The daily grind gets significantly easier over time in quite a predictable way, to the point where the ex-smoker suddenly realises they are not thinking about smoking on a regular basis. In our sample, this appeared to occur around 2-3 months after quitting.

Danger moments

Even after conquering the daily grind ex-smokers must face 'danger moments', when their willpower is tested to the extreme. These moments may occur during the early stages of quitting, but sometimes they occur many months or even years later.

Danger moments repeatedly referred to by participants, in loose order of importance were:

- *End of pregnancy:* The emotionally and physically draining experience of giving birth drives many women smokers back to their old friend
- *Alcohol:* Loosening of inhibitions, and also the ex-smoker's willpower. May be combined with the presence of influential saboteurs, and scary social situations
- *"Hideous" Days:* Something unexpected and traumatic happens to the ex-smoker, such as a death, motor accident, job loss, having a major argument with a partner etc.
- *Influential saboteurs:* Reactions, or even the presence of some people – usually those with a very close relationship to the ex-smoker, and sometimes in a position of power over them
- *Scary social/work situations:* Events or occasions that cause the ex-smoker considerable anxiety – over and above normal day to day stresses.

Because danger moments are not planned, our participants did not have effective tactics or mechanisms to deal with them. In fact, it was during a danger moment that relapse most often occurred.

"It's times like when you get a parking ticket, or you have to go to Family Court, or you have a fight with WINZ, or one of the kids gets in a fight, or you get a huge power bill." Female, Pākehā

"When I cut down, my two mates were laughing at me at work. They said 'Is it worth it? Look at us having a smoke'." Male, Pacific

*"My flatmates shut me in a room with a packet of cigarettes and said don't come out til you start again … because I was being a b**ch." Female, Pākehā*

"They said[about me]: 'She's a goody two shoes.. she's put on weight'." Female, Pacific

"I gave up when I was pregnant, but I started right away when the baby came because my husband smokes as well." Female, Pākehā

Focussing on the rewards

Without exception, smokers who manage to quit for any length of time will experience quitting benefits. These may be physical (fresher breath, more energy), practical (more money) or emotional (increased pride and self-esteem).[9]

The ability to be motivated by, recognise, and celebrate quitting rewards appears to be crucial for long term success – a way to counterbalance the negative effects of quitting, and the lure of missed smoking benefits.

"It felt good, the extra energy. I felt cleaner." Female, Pacific

"I feel much better, I don't stink, but I now have to fight the weight." Female, Pākehā

"It was a good feeling. I lost a lot of weight, I was only allowing myself to drink alcohol after the game." Male, Māori

"I might stress out from the withdrawal, but I would know that I was not going to die. That's the truth, I am not going to die." Male, Māori

"When I gave up my missus was saying she was real proud of me. That made me feel good." Male, Pacific

"I noticed how refreshed I was. How I can smell my fresh clothes. You'd be amazed how you can really smell food. … I felt so energetic, I had more time to play with the kids and do extra housework." Female, Pacific

[9] See page 15 for a full list of quitting benefits.

Conclusions

This research represents a 'toe in the water' rather than a fully comprehensive examination of New Zealand smokers' motivations and barriers to quitting. We present below some starting points for further thought and discussion.

1. The exploration of participants' smoking histories has highlighted the potency of emotional drivers that take hold during the teenage years, and in the early 20s.

- Continued efforts must be made to reduce the allure of smoking to young people.

2. Leaving school and entering the workforce is a 'crossroads moment' for young smokers, when the habit may crystallise for good.

- Consideration should be given to ways of intercepting at this important juncture – via employer/workplace strategies, or initiatives targeting young low income workers.

3. Participants' level of knowledge and understanding of smoking's harmful effects is heartening. It is a testimony to the strength of The Quit Group's campaigns over the years.

4. The physical pull of nicotine is extremely strong for this audience, and as such The Quit Group's ability to offer subsidised NRT is extremely important.

5. Smoking may be one of few treats that a low income, highly stressed parent can 'own' as an adult activity, and justify taking time out for.

- Finding ways to combat the associated emotional drivers (reward, respite, belonging) is a huge challenge for this audience.

6. Compared with what we might expect from younger smokers, our target audience is very attuned to smoking's downsides. As people who are motivated by 'belonging' and 'acceptance', they are highly sensitive to the increasing marginalisation of smokers caused by media campaigns and the SFE legislation.

- Emphasis on downsides – including 'their worst fears' – should continue, together with associated quitting benefits.

7. It is saddening that many of the women in our sample have given up smoking while pregnant, only to start again when the baby is born – often several times or more.

- Strategies to help new mothers stay smokefree are vital.

8. The key factors contributing to an early quitting failure appear to be 1) inability to deal with stress/irritability; 2) lack of mental preparation; and 3) lack of support.

- The Quit Group's recommended method for quitting (getting mentally ready, setting a date, and using NRT) addresses concerns 1 and 2, and it is important that communications emphasise the value of this approach.

- Participants' suggestions in relation to support include holding local quit workshops in communities, providing counselling for the smokers whole family/whānau, providing contact details for local providers of smoking cessation programmes, promulgating quitting support groups at a grass-roots level (a la Weight Watchers).

9. Over a longer quitting timeframe, our target audience does not cope well with danger moments.

- It may be worthwhile producing a resource that provides specific recommendations for ex-smokers at these times, including how to avoid a full relapse (as opposed to a one-off mistake in the heat of the moment). The *Relapse Matahoki* resource (developed by The Quit Group in 2004) provides some useful strategies to cope with relapse, but given that none of our sample were aware of this, we recommend it is more widely publicised.

10. Although our sample sizes were small, it is concerning that our Pacific peoples respondents reported greater acceptance of smoking within their communities. It is also concerning to note that smoking was used to control weight by the majority of our Pacific sample (including men), particularly in cases where it appears to have been endorsed by health professionals.

- Recent targeting of this audience by The Quit Group is commended.

11. Numbers are too small to make solid conclusions, but our research indicates that Māori smokers in this target audience are particularly motivated to quit smoking as part of getting fit.

- This should be capitalised on where possible.

12. The focus of this research was not the Quitline service, and Litmus understands that improvements have been made to the service over the last couple of years. We hope that opening hours and response times continue to improve, so that spontaneous quitters are not lost.

APPENDIX

1. Additional methodology details

Groups and interviews were moderated by a Litmus director and/or one of Litmus' Māori/Pacific research partners, using semi-structured guides (see Appendix 3). Groups lasted 2-3 hours, interviews lasted around 1 hour.

Focus groups were conducted at Litmus offices (Wellington), the Quality Inn Hotel (Manukau), Toi te Ora offices (Whakatane) and Tu Whakatoea community hall (Tane Atua). The same venues were used for interviews, except in cases where people preferred to be interviewed in another location (usually at home). Three depth interviews were conducted by telephone, after the initial face to face appointment was not kept by the participant, or when it was clearly more convenient for the participant.

Participants received koha of $50 to cover any expenses incurred. Those who completed the smoking diary (for Stage 2 depth interviews) received an additional $10.

2. Additional sample details

Stage 1: Focus Groups			
	Ethnicity	**Quitting Cycle stage**	**Location**
1	Māori	Action/maintenance/relapse	Wellington
2	Māori	Contemplation/preparation	Whakatane
3	Māori	Pre-contemplation	Tane Atua (rural)
4	Pacific	Pre-contemplation	Manukau (city)
5	Pacific	Contemplation/preparation	Manukau (city)
6	Pacific	Action/maintenance/relapse	Manukau (city)
7	Pākeha	Contemplation/preparation	Wellington (city)
8	Pākeha	Pre-contemplation	Auckland (city)
9	Pākeha	Action/maintenance/relapse	Tinui (rural)

Stage 2: Depth Interviews				
	Ethnicity	**Quitting Cycle stage**	**Location**	**Gender**
1	Māori	Contemplation	Wellington	Male
2	Māori	Contemplation	Wellington	Female
3	Māori	Relapse/contemplation	Tane Atua	Male
4	Māori	Contemplation	Tane Atua	Female
5	Māori	Contemplation	Whakatane	Male
6	Māori	Contemplation	Whakatane	Female
7	Pacific	Relapse/contemplation	Manukau	Male
8	Pacific	Relapse/contemplation	Manukau	Male
9	Pacific	Contemplation	Manukau	Female
10	Pacific	Relapse/contemplation	Manukau	Female
11	Pākeha	Preparation	Wellington	Male
12	Pākeha	Contemplation	Wellington	Male
13	Pākeha	Contemplation	Wellington	Female
14	Pākeha	Preparation	Wellington	Female
15	Pākeha	Action	Tinui	Female
16	Pākeha	Contemplation	Tinui	Male

Stage 3: Focus groups			
	Ethnicity	**Quitting Cycle stage**	**Location**
1	Māori	Contemplation/preparation/relapse	Wellington
2	Pākehā	Contemplation/preparation/relapse	Wellington
3	Pacific (men)	Contemplation/preparation/relapse	Wellington
4	Pacific (women)	Contemplation/preparation/relapse	Wellington

3. Discussion and interview guides

Stage 1 Guide

1. Introductions – around 5 mins

- Thanks, up to 3 hours, toilets, fire exits, food, confidentiality, group work/individual exercises, no wrong answers

2. Warm ups – around 15 mins

- *Paired introductions*: *Talk briefly in pairs then each person introduce the other*
- *String exercise: Each person draws length of string and then has to talk about their favourite TV show/channel for as long as it takes to wind string round their finger*

3. Concept testing – around 90 mins

Present concepts according to order on rotation schedule. First two concepts receive greatest attention and detailed probing, second two concepts less so [depends on time]. Show/play each concept twice through in silence (i.e. no comments from facilitator, or from group participants). Then get people to complete individual feedback forms. Then open discussion. Then ranking of all 4 concepts – individually, and as a group. Note: "Every cigarette" board to be shown after presentation of first concept, during group discussion.
Introduction: "We would like to hear your feedback on some possible ideas for a new advertising campaign that will go on television. At this stage, we have got one picture to show you, and a recording that goes with it, for each of the four different campaign ideas. There will be a series of different advertisements, all based around the one main idea, for each campaign. So today we are going to show you one example that has been thought up, but each overall idea could have a range of different advertisements with different people in them etc. Please don't get too concerned about exactly what is in the picture, or what is said on the tape – we want to know what you think of the overall idea or concept, as a whole. Does everyone understand? Any questions?"
Discussion:
Overall reactions/impressions; Likes/dislikes; Probe to cover:

- *Understanding*: What is this ad telling you? What is the main thing you think is being said? What other messages did you get? Is there anything that doesn't make sense?
- *Salience*: Would you notice this ad if it came on the television? Is it thought provoking? Does it make you think differently? Is it original?
- *Tone*: What is the overall *feel* of this ad? How does this ad compare with some of the more 'shocking, scary' smoking ads, like the 'Every cigarette is doing you damage' advertisements?
- *Credibility*: Do you believe what they are saying in this advertisement? Do you think it sounds sincere? Do you think they really understand what it is like to be a smoker, or to quit smoking?
- *Persuasiveness*: What effect do you think this ad will have on people? How will it make them think/feel/behave? Do you think it will encourage people to give up smoking, or to try quitting? What about people who have tried a few times and found it difficult – will it encourage them to have another go? What about you?
- *Relevance/resonance:* Who is this ad aimed at? (age, gender, ethnicity, types of smokers, etc.) Would you *personally* want to ring the Quitline after seeing this ad?
- *Fit with Quitline/Quit Group brand:* Who do you think is behind the campaign? *(Explain if necessary).* What does this concept say about Quitline? How do these ads compare with the *Every cigarette is doing you damage* ads?

Individual exercises (after general discussion):

1. ***Feelings drawing*** *– Fold a piece of paper into 4 sections, in each segment, draw a picture to express how the campaign makes you feel. On the other side, draw how the 'Every cigarette is doing you damage' makes you feel*
2. ***Card flash exercise*** *– Facilitator holds up cards with descriptive words or phrases written on them (i.e. not the concepts) to get group's feedback about whether or not each concept matches with the words. Cards are presented in random order, rotating for each group. When holding up each card facilitator says: "Is this concept…? /Does it say…? /Would you describe it as...?", etc. as appropriate. The facilitator will ask the group's opinion as a whole, noting whether there is consensus amongst the group, or different opinions. Examples of words/phrases that will be shown: Warm; Exciting; Funny; Supportive; For people like us; Cold; Negative; Positive; Interesting; "You can quit smoking and the Quitline is here to help", etc.*

Group ranking

1) Which campaign is your favourite? Why? Next most favourite, next, next next
2) Which campaign will be the best for encouraging people to actually quit smoking?
3) Explain The Quit Group's goals for the campaign:

- *Supportive, to counterbalance 'Every cigarette is doing you damage'; Key message = "You can quit smoking and the Quitline is here to help"; Relevant for Māori, Pākehā and Pacific smokers; Encouraging relapsed smokers to try and quit smoking again; Flexible with a variety of advertisement options*

Improvements/transferability – to the two most highly ranked campaigns (in 2s or 3s) Imagine you were in charge of making this campaign a success.

- What other ideas do you have, for different ads in the series? What changes or improvements would you make?

10 MINUTE BREAK FOR LEG STRETCH/ TEA/ COFEEE/ TOILETS ETC.

4. Understanding smoker motivations and barriers to quitting – around 60 mins

The rest of the time we are going to use to talk about smoking.

Whiteboard exercise:

Please call out all the words that come to mind when someone says 'smoking'. What else, what else? Any other positive/negative words?

Use as a starting point for general discussion, and probe to understand practical/rational and emotional/attitudinal triggers.

- What are the good things about smoking
- What makes us start smoking
- What keeps us smoking
- What do you know about the effects of smoking
- Where do you get this information – do you try to find out more, or try not to find out
- How does this information make you feel

Quitting – Individual 'mandela wheel' exercise

Each person draw a circle. Fill up the circle with different colours, patterns etc. to represent how you feel about quitting smoking.

Use as a starting point for general discussion, and probe to understand practical/rational and emotional/attitudinal triggers.

- Have you ever thought about quitting, and why? If not, why not? (Groups 1,3,4,5,8,9)
- OR what made you think about quitting (Groups 2,6,7)
- What things have you tried, to give up smoking
- Have you ever called Quitline? Why/why not (probe to understand role of campaigns)
- What contributes to the success or failure of quitting attempts
- What factors trigger/prevent a smoking relapse

CLOSE WITH THANKS $50 incentives/koha – sign form

Individual feedback form – advertising ideas

1. *Overall, what do you think of this idea?*
2. *What are the main things they are trying to say, using this idea?*
3. *Would this ad encourage someone like you to try and quit smoking?*
4. *Would you call the Quitline after seeing this ad?*

Individual ranking exercise

Please give each campaign marks out of 10. 10=excellent, 1=terrible

	I did it	**Ex-smoker story**	**Reality TV**	**Cartoon**
Supportive and Understanding				
Good contrast to 'Every cigarette is doing you damage'				
Has a clear message: "You can quit smoking and the Quitline is here to help"				
Appropriate for different types of New Zealanders (different races, ages, sexes etc.)				
Will encourage people to quit smoking				
Will encourage people who have started smoking after quitting, to try again				

Stage 2 Guide

1. Introduction – around 5 mins

- Thanks for taking part, up to 2 hours, project aims, confidentiality, no wrong answers, toilets, fire exits, etc.

2. Smoking history

Can you remember having your very first cigarette? Encourage respondent to tell their story …

- When, where, who with, how often, what brand, where purchased. Why – influencers, triggers, barriers/fears
- Thoughts/feelings at the time –feelings, others' perceptions, impact on 'image'
- Knowledge of smoking impacts

First starting to seriously smoke

- When where, who with, how often, what brand, where purchased. Why – influencers, triggers, barriers/fears
- Thoughts/feelings about being a 'proper smoker' –feelings, others' perceptions, impact on 'image'
- Knowledge of smoking impacts at that time (what did you know about the effects of smoking; where did you get this information; how did information make you feel?)

Nowadays

- When where, who with, how often, what brand, where purchased – *how has this changed over time?*
- Why – influencers, triggers, barriers/fears – *how have these changed over time?*
- Thoughts/feelings about being smoker –feelings, others' perceptions, impact on 'image'
- Knowledge of smoking impacts now (what do you know now about the effects of smoking; where do you get information; how does it make you feel? How do you reconcile it?)

3. Smoking occasions – REFER TO RESPONDENT DIARY

Ask respondent to talk through the diary, probing to cover:

- When, where, who with, how often. Why - key triggers for different occasions
- Which smoking occasions are <u>most</u> satisfying and why
- Which smoking occasions are <u>least</u> satisfying and why
- Which occasions would be the <u>most difficult to *not* smoke</u> and why
- What thoughts/feelings/emotions surround different occasions

<u>Smoking attitudes projective techniques (intersperse when appropriate)</u>

a) *Deprivation - "Imagine you awoke tomorrow and there were no cigarettes in the world. How would that feel?"*
b) *Obituary – "Imagine your smokes as a person, someone you know very well because you've spent a lot of time with them over the years. Imagine that person died and you had to give a speech at their funeral. What would you say?"* Give respondent time to jot down notes first.
c) *Stereotyping – "How would you describe a 'typical' smoker? What are their good/bad qualities. What about non-smokers?"*
d) *Scales cartoon – "On left side, list things you like/love about smoking. On right side, list the things you dislike." Discuss: What are the things that keep you smoking, when you weigh up good against bad?*

4. Quitting – KEY FOCUS OF INTERVIEW

Have you ever thought about quitting? Encourage respondent to tell their story …

- When, how seriously. Why: practical/emotional reasons, key influencers on attitudes/behaviour
- Barriers/sabotage – what stops you taking any action to actually quit

Tell me about times you have tried to quit…

- When, how seriously. Why: practical/emotional reasons for quitting, key influencers on attitudes/behaviour
- Different techniques/tactics - 'Cold turkey'; Cutting down; Patches/gum; Quitline; Others
- Impact of quitting: what was positive/difficult, what changed in your behaviour/feelings/attitudes, how did other people react
- For each attempt - what contributed to success/lack of success

Relapsers: What lead to you starting again

- When, where, who with, gradual vs sudden. Why – influencers, triggers
- What could have prevented the smoking relapse
- Thoughts/feelings about relapsing – how make them feel, other people's perceptions, impact on 'image'

<u>Role play</u>

Imagine you were in charge of an organisation that had to reduce the number of New Zealanders who smoke. What would you do?
Probe: key messages / tactics

5. Quitline

- What people/places/organisations do you know of that can help people stop smoking
- Which would you consider using, and why
- If not mentioned: Have you ever heard of? What do you know about? Have you ever called?
- Why/why not (probe to understand awareness of/role of campaigns)
- If caller: What was your experience of the service? What was positive/negative? How could they improve?

<u>CLOSE WITH THANKS</u> Incentive/koha – sign form

SMOKING DIARY

INSTRUCTIONS:

Please complete the Smoking Diary for **TWO DAYS** – one week day, and one weekend day.

Each day, for each smoke, record:

1. **The time you had the smoke**
2. **The reason you had the smoke**
3. **Your thoughts/feelings at that time.**

EXAMPLE:

DAY 1 (WEEK DAY): *TUESDAY 24 May 2005*

WHEN AND WHERE	REASON	THOUGHTS AND FEELINGS
7.30am Home	*Always have one when I wake up in the morning*	*Wakes me up, best smoke of the day*
10.00am Work	*Needed a break*	*A good break, nice with my coffee*
2.00pm Work	*As above*	*As above. Good to get outside*
5.00pm 5.10pm Car	*Driving home*	*Didn't really need it, just habit really, wish the car didn't smell*
7.00pm Home	*After dinner*	*Perfect to have at the end of the meal*
8.00-10.00pm Home	*Watching TV – 4 smokes, mainly during ad breaks*	*Annoying having to go outside, keeps me chilled out*

Bring the completed Smoking Diary with you to the interview, and you will receive an additional $10.

Stage 3 Guide

1. Introductions

- Thanks for coming, length of group, toilets, fire exits, food, confidentiality, group work and individual exercises, no wrong answers

2. Warm ups

- *Paired introductions*: *Talk briefly in pairs then each person introduce the other*

3. Response to video diaries

Introduction: We would like to hear your feedback on a new advertising campaign that will go on television. It's like a 'reality TV show'. There will be 6 people, all different types of New Zealanders, and we will watch them in their actual, live experiences of quitting over time. There will probably be around 8-10 episodes for each person.
At this stage, we have got an idea for one person's story – a woman. We have one picture to show you, and a recording that goes with it. I will explain how the ads might start and finish.
Please don't get too concerned about this picture, or the script on the tape – we want to know what you think of the overall idea or concept, as a whole. I'll show it to you twice, and during this time can everyone please stay silent, and write down thoughts on the forms

Discussion*:*

- Overall reactions/impressions; Likes/dislikes
- Criteria: *Understanding/Salience/Tone/Credibility/Persuasiveness/Relevance*
- Strength of Quitline message; Overall improvements
- Reaction to teaser - overall …likes/dislikes; Will it get people's attention; Improvements
- Reaction to intro - overall … likes/dislikes; Is it clear / does it work well with the concept; Improvements
- Reaction to outro - overall … likes/dislikes; Is it clear / does it work well with the concept; Improvements
- EXPLORE: Concept of failure; Real people vs actors vs role models

Ideas generation

1. Real life quitting experiences

Who has tried to quit before? I'd like us to remember as much as possible about some of those times – why you wanted to quit, what helped you manage to not smoke, what happened that made it really hard … or even start again.

Instruct to complete forms. ASK EACH PERSON TO SHARE, PROBING TO GET 'NUGGETS' ABOUT:

- Quitting reasons – personal, family, health, emotional etc.
- Quitting experiences – physical and emotional experiences
- Quitting aides / success tactics – substitutes, behaviour changes, support from friends etc.
- Quitting impediments – difficult situations, emotional/ physical reasons, attitudes of others etc.

2. Story ideas

For the last part of the group, we want you to help us come up with ideas for the new campaign. Overall, we need to come up with around 6 different 'stories'.
Work in groups of 2-3. We'd like each pair/group to try and develop a story for two different smokers who are trying to quit, and for each person, please come up with three different 'episodes' and a concluding episode. We need the ads to:

- *Show situations that are **realistic**, with people giving up for the reasons people really give up for, and experiencing the things that really happen when you are quitting*
- *Show how people **can cope and reach their end goal** in the long run, and include lots of good ideas people can use to make it easier to quit*
- *We want to tell them about **Quitline***

ASK EACH PAIR/GROUP TO SHARE, PROBING TO GET 'NUGGETS'.
WRAP UP / CLOSE WITH THANKS: Any last thoughts people have, to help Quitgroup develop a successful campaign? $50 incentives/koha – sign form

Individual feedback form

1. *Overall, what do you think of this idea?*
2. *What are the main things they are trying to say, using this idea?*
3. *Would this ad encourage someone like you to try and quit smoking?*
4. *Would you call the Quitline after seeing this ad?*

Quitting Experiences Grid

1. *Reason for quitting*
2. *Feelings and experiences while quitting*
3. *What made it hard*
4. *What helped … or made me start again*

QUITTING STORY

Name of person /Age / Gender/ Ethnicity/ Occupation:
Episode 1: Where is the person? Is anyone with them? Why do they want to quit? How are they feeling? What do they say?
Episode 2: Where is the person? Is anyone with them? What has happened since last time? How are they feeling? What do they say?
Episode 3: Where is the person? Is anyone with them? What has happened since last time? How are they feeling? What do they say?
Episode 10: Where is the person? Is anyone with them? What has happened since last time? How are they feeling? What do they say?