In 2011, The Aboriginal Health and Medical Research Council (AH&MRC) and the Cancer Institute NSW commissioned the Cultural and Indigenous Research Centre (CIRCA) to undertake research with Aboriginal smokers and health workers/practitioners from across NSW to:

- identify how the Quitline service can be tailored to support Aboriginal people who smoke to quit smoking

In total, 13 focus groups were conducted with Aboriginal smokers in Campbelltown, Mt Druitt, Dubbo, Wollongong, Moree and Lismore. In addition, 30 in-depth interviews were conducted with Aboriginal and non-Aboriginal health workers and practitioners from across NSW.

Overview

The research found that awareness of the Quitline is very high among smokers and health workers/practitioners, with many having a broad understanding of the type of service offered by the Quitline. Despite this high level of awareness, however, only one smoker in the group discussions had previously accessed the Quitline. There was also only limited awareness among the participants of others who had contacted the Quitline. Similarly, few health workers/practitioners had recommended the Quitline to clients, or knew of clients that had accessed Quitline.

The research also provided information on the social context with regard to smoking, quitting experiences and quit support preferences. Smoking is very closely associated with social situations, with family, friends and work colleagues. Most of the participants indicated that most people they know also smoke.

Stress was identified as a trigger for smoking with many participants indicating they felt that smoking helped to relieve stress and that stress was a key factor in previous unsuccessful quit attempts. There was considerable concern about the cost of smoking and many parents felt guilty about spending this money on cigarettes. Many noted that they have tried a variety of methods to quit.

Strengths of Quitline

Several strengths of the Quitline service were noted (although some participants, generally younger participants, were not able to nominate any strengths). The strengths that were discussed included:

- the confidentiality that Quitline provided
- the benefits for people who are geographically or socially isolated
- the benefits of calls back in providing ongoing support
- the ability to access after-hours support.

Barriers of Quitline

We found there are considerable barriers to people utilising the Quitline service.

The main barrier is the resistance to talking to someone unknown on the telephone; rather, there was a preference for face-to-face and local-level support.

The cost of the calls from a mobile phone is also a significant barrier. This was identified by smokers and health workers/practitioners.
In addition to the criteria mentioned above, health workers/practitioners indicated that it would be important that the advisors are able to provide holistic support and link in with other services such as grief counselling, anger management and substance misuse. Health workers/practitioners also identified the importance of developing Aboriginal-specific smoking cessation resources.

Despite considerable discussion about the ideal Quitline service, there was limited interest in contacting this ideal service if telephone is the only option for accessing support, especially among those aged less than 30 years. Given this, the Quitline service may need to focus on face-to-face support options.

Promotion may also play an important role in increasing the positive perceptions of the Quitline and encouraging smokers to use the service. A range of options for promotion were identified as part of the research. These included Aboriginal Community Controlled Health Services (ACCHS) and other Aboriginal organisations (through staff and posters), community meetings and workshops, Aboriginal media, mainstream media, at community and sporting events, through Facebook, endorsement from Elders and celebrities, and word-of-mouth (especially success stories). The research also suggests there could be opportunities to capitalise on the success of the Break the Chain campaign.

Health workers/practitioners considered that they are well placed to promote the service to their clients, particularly where opportunities exist to link in with their current smoking cessation activities or other relevant programs. Heath workers/practitioners also indicated the benefits of presentations and face-to-face meetings with community members or quit groups to enhance confidence in the service.

Conclusion

There are high levels of fear and a lack of confidence with regard to quitting smoking. This is exacerbated by previous unsuccessful attempts at quitting, a long history of smoking, as well as a lack of role models who have successfully quit. The research indicates that the vast majority of smokers are hopeful they will quit for good in the future. Older participants in particular felt that family and children will be the critical motivator for quitting successfully.

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