

An exploration of
the quitting
experiences of
young Quitline
callers

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Executive Summary

Three focus groups were held for first-time Quitline callers aged 15 to 24 years to find out about their quitting experiences; their experiences of using the Quitline; and their thoughts on how the Quitline could be more responsive to smokers of their age. A fourth, differently focused focus group was also held, with the intention of supplementing the data already gathered about the motivations for quitting amongst non-Maori.

Findings drawn from these focus groups that may be useful to the goal of providing a service that is more responsive to Quitline callers of this age cohort are listed below, sorted by research objective.

Objective 1: To explore the quit-attempt experiences of younger Quitline callers.

- People for whom children are an important focus are likely to cite this as a motivation for trying to quit, both because they want to be a good role-model and also, where there are family ties to children, they want to be part of the child's future.
- Young men often cite a desire for increased sporting stamina as a motivation for making a quit attempt. When sporting performance is a very high priority in their lives, the quit attempt is more likely to be successful. However sporting performance is not usually a very high priority compared to other things going on in their lives.
- Exposure to smoking-related illness motivates people to make a quit attempt in two ways. People with children are more likely to see such an attempt as a way of avoiding a smoking-related illness; while their child-free peers often conceptualise such an attempt as a protest at the effects that smoking has had on a loved one.
- Relapse is usually attributed to stress, for which people have not found satisfactory replacement outlets.

- The habitual association of smoking and other activities, especially coffee and alcohol, is associated with slip-ups.
- Planning to quit in partnership with another smoker can be a useful tactic.
- The misuse of nicotine replacement therapy (NRT) gum is common. NRT gum is often 'passed on' to friends, but the use instructions do not accompany the gum.

Objective 2: To find out the impressions younger Quitline callers have of the Quitline service.

- Quit Advisors are held in high esteem by Quitline callers, who feel a special rapport when Quit Advisors offer tips based upon personal experience.
- Positive changes in smoking behaviours need to be acknowledged, even when cessation remains elusive.

Objective 3: To gather ideas about how the Quitline could become more responsive to the needs of younger callers.

- Quitline should be presented as a support organisation which will help with a quit attempt, to negate the over-bearing sense of obligation that deters some people from using the service.
- Supplementary brochures and advertising need to be developed that reflect lifestyles not associated with children.
- Using the internet to provide Quit Cards and quitting tips will benefit young people for whom immediacy means the difference between getting started at quitting and changing ones mind.
- Under-age smokers need to know that Quitline:
 - is a free, user-friendly, support service;
 - is available to all smokers – including those who are 'under-age';
 - is confidential: Mum and Dad do not need to know; and
 - provides heavily subsidised NRT.

Introduction

This research project aimed to find out how 15 to 24 year old Quitline callers experience cessation; their impressions of the Quitline service; and ways they think Quitline could become more responsive to their age group, in order to inform the on-going development of Quitline. The project was envisaged as complimentary to the New Quitline Service Evaluation project (NQS), which sought to over-sample younger Quitline users because this age cohort is of special interest to the Quit Group. The challenge of meeting the quota of younger callers set for the NQS project prompted the supplementary focus group research reported in this document.

The Objectives

The three objectives of the project were:

- To explore the quit-attempt experiences of younger Quitline callers;
- To find out their impressions of the Quitline service; and
- To gather their ideas about how the Quitline could become more responsive to the needs of younger callers.

The Methodology

All research is underscored by methodological assumptions, which may be overt or invisible in the presentation of findings, but are nonetheless implied in the selection of research methods and techniques, and even more so in the approach to analysis. The Quit Group nominated the focus group as the research method, and in liaison with the research consulting company, investigation techniques were selected to provide the best opportunities to address the three research objectives presented above within the focus group setting. The approach to analysis, however, was not based on specific instructions but left to the researcher under the supervision of Penny Salmon, Senior Researcher for The Quit Group.

The selection of an analysis approach was significantly influenced by the confluence of the overall objective of The Quit Group: to assist people to quit smoking, with the approach of social science research authority Norman K Denzin, who asserts that:

We must grasp, understand, and interpret correctly the perspectives and experiences of those persons who are served by applied programs if we are to create solid and effective programs, (Denzin, 2001a, p. 3).

Denzin's approach to social research is ontologically Idealist and epistemologically Interpretivist, producing a research paradigm of Social Constructionism, which places a high value in qualitative inquiry. Qualitative inquiry "begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit," (Patton, 1990, p. 278), and this is the premise at the foundation of the analysis approach. Qualitative interpretive research offers the best opportunity to ensure the lived experiences of research participants remain at the fore of the research findings: an essential aspect of research relating to programmes designed to assist people with personal difficulties, such as the Quit Group attempting to assist people to quit smoking. By coming to grips with the lived experiences of Quitline callers, The Quit Group can be better assured of providing and delivering services that meet their needs.

The Method

An inductive approach was used within the focus groups, using a thematic guide established directly from the research objectives, rather than a standardized set of questions to be addressed at each session. Facilitation focused on drawing out the understandings of the research participants, as opposed to testing preconceived theories about the cessation experiences of young smokers. This is consistent with the methodology discussed above.

Attendance was encouraged in two ways. Gourmet pizza was provided on arrival and a \$50 voucher was given to each participant at the end of the 2-hour session as a token of appreciation. For most participants

this was provided as a top-up voucher for a pre-paid mobile telephone. Where this was unsuitable, a \$50 gift card from Just Jeans or the CD & DVD Store was provided.

Three focus group sessions were held on weekday evenings at the premises of the research consultants, who offered a congenial, neutral environment that was centrally located in the Wellington city.

Each session was recorded and later transcribed before being analysed with the aid of NVivo 7.

A fourth, differently focused, focus group was arranged when it was considered that more data was necessary in respect to the motivations of non-Maori when making a quit attempt. As well as having a different focus, there were also differences in sample parameters; recruitment; inducement; investigative technique; and analysis. An unanticipated additional difference became apparent in the analysis phase, when it was discovered that the session had been only partially recorded, due to equipment failure. Due to these differences, where this report refers to the fourth focus group or the findings emerging from this group, this information is enclosed in a shaded text box.

The Sample

Participants were recruited from the Quitline database on the following basis:

- People who were registered as first-time-callers of the Quitline between July 2007 and February 2008 who, at the time of registering:
 - consented to being contacted for research purposes;
 - were at least 15 and not older than 24 years of age;
 - had a residential address within either the Capital Coast Health or Hutt District Health Boards;
 - were neither pregnant nor breastfeeding; and
 - self-selected their ethnicity as either:

- including Maori; or
- including New Zealand European but not including Maori, Asian or Pacific ethnicities (NZE).

The resulting sample ($n=94$) was divided into three subsets:

- Maori (15 – 24 years) ($n=32$);
- NZE 20-somethings (20 – 24 years) ($n=41$); and
- NZE teens (15 – 19 years) ($n=21$).

To ensure equal gender participation, each subset was split by gender before the resulting lists were randomised. Recruitment took place from each gender-specific list in an alternating fashion.

At least eight participants (four female and four male) were recruited for each focus group, in the expectation that about six would attend.

Aggregated participant characteristics

Despite the number of attendees being lower than expected, the sample was balanced on the bases of gender, ethnicity, and age, and current smoking status. Of the 24 people recruited, 10 attended, including:

- five female and five male participants;
- four Maori and six NZE;
- five teens and five 20-something's; and
- five who see themselves as ex-smokers and five who do not.

Most participants have been smoking since their early teens and have a smoking history that spans about one third to half of their life. For most of them, smoking was a normal activity within family life. All have experienced the loss of at least one relative through a smoking-related illness. The age at uptake that arose in focus group discussion did not always tally with the information in the Quitline database, and the information provided in the focus group context has been used for this document.

The sample for the fourth focus group:

- included participants who have neither called Quitline ($n=5$) nor made a quit attempt ($n=1$);
- included but was not limited to participants who self-selected their ethnicity as NZE (Other (not specified) ($n=1$));
- excluded pregnant, breastfeeding, and special needs persons;
- included participants from Capital Coast Health ($n=5$) and Hutt ($n=3$) District Health Boards;
- ranged in age from 18 to 23 years;
- included four female and four male participants;
- two participants have quit smoking; two are smoking one to four smokes per week, and four are smoking five or more per week.
- Seven participants were recruited by snowballing via personal contacts and one was recruited through the Quitline database.
- Two of those recruited via snowballing had called the Quitline prior to the July 2007.
- As an attendance inducement, participants received gourmet pizza and \$50 in cash.
- The session was held on a Saturday at 1pm for an hour.

Meet the participants

The voices of the research participants should shine out through these pages as real people whose quit attempts occur within evident, contextualised lives. With this in mind, the following section provides a pen-portrait of each participant. In accordance with the confidentiality they were assured, pseudonyms are used.

Amy

Amy is a nanny, caring for three children of early childhood age. She is 22 and has smoked for 10 years, lighting her first smoke of the day “as I roll out of bed.” She experienced a building sense of frustration as she has mourned the death of several older relatives due to smoking-related illnesses, and eventually Amy resolved to take action. Amy made a plan to quit, aligning her quit date with the day her

mother was scheduled for surgery. She has been smoke-free for three weeks, to the delight of those she cares for and her extended family.

Bill

A former national age-group basketball player, 19 year old Bill played a one-off game, his first in three years, last December. Much to his frustration and embarrassment, Bill had to leave the court to vomit three times during the game. Bill was so affected by this incident that he called Quitline. However by the time the Quit Cards arrived through the mail, the moment was lost: Bill threw away the brochures without reading them and never redeemed the Quit Cards. Nevertheless he has reduced his smoking by about half. He strongly feels that in order to quit one must come to hate smoking and *really* want to quit; but Bill loves smoking.

Harry

Harry has special needs and attended the session along with his community support person. He is 19 and has smoked for 5 years, frequently changing his brand and tobacco type in alignment with his current smoking buddies. Three months ago his sister had a baby and Harry feels bad about smelling of smoke and breathing smoky breathe on his little niece. Although he called Quitline and has a Quit Card for NRT patches, Harry hasn't taken this to the pharmacy. He feels the Quitline service 'hides' behind the 0800 number: he would like to see more opportunities for face-to-face consultation with dedicated Quit Advisors, so that a supportive rapport can be established.

Lora

At age 18, Lora was staggered one day late last year to find that she had run out of puff before reaching the top of a hill she walks up every day to get home. As she sat in a bus shelter, composing herself, she noticed an advertising hoarding that prompted her to call Quitline. The timing was not good, with Christmas fast approaching, and she delayed her quit attempt until after the festive season, during which time she misplaced the Quit Card. When she was 10 years old Lora's

father taught her to roll his smokes – which seemed really cool at the time, but she feels somewhat differently in hindsight. Lora was very encouraged by the discussion group session and resolved to call Quitline again to get the missing Quit Card replaced.

Natalie

Nicotine is one of several substance addictions that Natalie has had to deal with in her 24 years. She became a mother at 19 and now has two children, one of whom suffers bronchitis: “When I seen my son get really sick with bronchitis, that sort of made me feel guilty. I sort of mucked up my son’s health because of my own problems.” While she has made several attempts to quit, her recent contact with Quitline has given her new tools with which to approach her next quit attempt. Natalie has cut back to two a day and feels strong enough to assert her determination to beat her addiction. For Natalie, quitting is definitely about being a positive role model for her children.

Nell

Last August Nell and her boyfriend made a plan to quit at Labour Weekend. In preparation Nell read *Alan Carr’s Easy Way to Stop Smoking*, taking from it what appealed and rejecting ideas that had no resonance. One deviation was to ensure she had NRT patches on hand to cope with the stress she experiences at work. ‘Going for a smoke’ has been something of a punctuation mark in Nell’s day – breaking up frustrating tasks and also signifying completion points. Despite two occasions where she has had a puff or two, Nell used NRT patches for two months and then rode through four days of nicotine withdrawal when they ran out. In the four months that she has been smoke-free, Nell has substantially re-envisaged herself as fit and healthy. She has taken up running, which she could never do before: “my lungs were almost dead.”

Raewyn

In the middle of last year 24 year old Raewyn was having a smoke on the doorstep when her 2½ year-old daughter picked up a clothes peg

and imitated Mummy. Sickened by the negative influence she was having on her child, Raewyn began to think about giving up. Her thoughts of quitting were strengthened when she realised what a poor role-model she was being to the young people she works with, and she was finally prompted to take action when she learned that a friend had called Quitline and was making a quit attempt. The two women provided mutual support, helping each other through the tough days. Nowadays, Raewyn is occasionally tempted to take a few puffs, but her daughter keeps a close eye on her when they are with smokers: “You’re not smoking are you Mummy! Smoking is yuck!”

Raymond

Raymond, 19, appears to have special needs. He started smoking when he went to Tech, where everyone else smoked and he felt isolated by being a non-smoker. His brother-in-law pointed out that he was not inhaling but puffing, telling Raymond he ‘smoked like a train: puff, puff, puff’. Raymond lost his grandmother to cancer, and he has a young nephew who he wants to enjoy, rationalising that: “it would be devastating for him to grow up without an uncle”. Quitline advised Raymond to try NRT gum, but once he had talked to the Quit Advisor he no longer felt the need to smoke and has remained smoke-free for two and a half weeks without using the gum. Raymond feels great: he is very proud to be able to walk down the street with his head held high, not even wanting to have a smoke.

Russell

At age 16, last year Russell was invited to trial for New Zealand age group rugby; and he is soon to become a father. These two circumstances arose in close proximity and each motivated him to quit smoking. His doctor prescribed patches, which caused a rash, and then gum, which made him vomit. Talking to a Quit Advisor gave Russell a lot of encouragement and really helpful tips to deal with his cravings. It’s not easy: his mum and dad both smoke; there are smokers everywhere on the building site where he is a scaffolder; and

it's really hard when alcohol is on hand. Nevertheless Russell stopped cold turkey and has not smoked for almost six months.

Tyler

20 year old Tyler made a New Year's resolution to quit smoking in 2008, and this eventually led to him calling the Quitline. First, however, he went 'cold turkey'. But the stress at work, compounded by normalised workplace smoking at the building site where he is a block layer, saw this first attempt dissolve into despair. Tyler felt he had failed and would probably always be a smoker. A Quitline television advertisement triggered a new sense of hope that he could quit and he made the call. But he was shifting flat and the envelope got mislaid and the Quit Card has yet to be redeemed. Tyler was really encouraged by Nell's quit story and decided to make a quit plan with his younger brother in the hope that they could encourage and support each other as Nell and her partner had done.

Focus Group Four

The method and format used in the fourth focus group generated different data than the first three focus groups: the motivations for making a quit attempt were not contextualised within the lives of the participants and consequently comparatively little is known about how smoking and cessation fit within their lives. From general discussion it was discerned that two participants are students preparing for a teaching career; one is a nanny; one is a hairdresser, and none are parents.

Perspectives and experiences of the participants

This section makes heavy use of participant dialogue extracts, with the aim of providing the reader with a basis for making their own interpretations. My interpretation of this material is offered in a subsequent section, but the subjective nature of interpretive works makes it important to ensure that the reader is able to draw independent conclusions from the material. The perspectives and experiences of the ten participants are presented in three parts, reflecting the three research objectives: quit attempt experiences; using the Quitline; and improving the Quitline for younger callers. Material has been selected that illustrates the main themes that emerged from the focus groups. Themes that emerged in all groups are always included, as are themes that came up in just one or two groups where these participants held this idea to have significant resonance. A dramaturgical form has been used to present extracts from participant narratives, which allows the reader to get a better sense of the thought processes, intonations, and emerging ideas as these were expressed. This form of presentation style appears somewhat 'poetic', and it is a very useful way of bringing the reader into the presence of the speaker: it "attempts to stay close to how people represent everyday life experiences," (Denzin, 2001b, p. 15).

Quit attempt experiences

Becoming a smoker

Most participants spent their childhood in situations where smoking was normal behaviour. For example, Lora was ten years old when her father taught her to roll his tobacco; and Amy grew up as the youngest of six children in a household where both parents 'smoked like chimneys' and so do all five of her siblings.

Participants started smoking between the ages of nine and 14 years. A few have smoked for about half of their life, and a few have smoked for just a few years. Bill smoked 'off-and-on' between 14 and 17, but

started smoking more heavily when he left school, and this pattern of smoking more heavily as a school leaver was also an experience noted by Nell.

Regardless of how old they were, or how long ago it was, everyone who mentioned starting smoking held a vivid memory of their first smoke. Amy's story was fairly typical:

The first time I learnt to inhale
I went to watch a movie with these older girls
when I was 12
and they sat me down
and they taught me how to inhale.
Straight after that I went home
vomited,
crashed out
and the next day I smoked, you know?
Full on!
(Amy)

Natalie was 14 years old when she realised she was addicted to nicotine. She had been smoking for two years. Natalie explained the difference between *habit* and *addiction*:

Like, yeah,
the coffee,
talking on the phone,
having a feed,
straight away that's habit: pick up the cigarette.
When I sit there alone
and I haven't got cigarettes
and I'm ready to cry,
that's the addiction.
(Natalie)

Recognising the power of nicotine addiction was used in a positive way by Nell and Raewyn. Both women were startled at the withdrawal symptoms they experienced and drew on their alarm at realising the extent of their nicotine addiction to strengthen their resolve to stay off the smokes. Nell experienced strong withdrawal symptoms when she stopped using NRT patches two months into her quit attempt. She explains how she felt about the experience:

I think it was the realisation of just how strong the nicotine is.
It made me probably
a little bit more determined
in a way
because it made me realise how addicted I was to this drug.
And how strong it actually is
because I've always been just, like
'Oh nicotine, whatever',
you know,
'I can give it up anytime.'
And I never realised just how strong that addiction is
and I think that having those couple of days just made it cement
in my mind a bit more
just what I was achieving by giving up
and I just stuck to my guns.
(Nell)

In contrast, Bill thinks he is addicted to nicotine but has never attempted to quit, despite calling Quitline. Bill understands addiction to be "all in the head": conquering addiction is simply mind over matter. However he shared the following recent experience which, although he did not recognise it as such, illustrates the physical impact of an addiction denied:

I can remember a couple of weeks ago
I didn't have any cigarettes
and someone had taken my car
and I didn't have any way of,
well, I don't know:
I had to walk to the dairy basically
which was a bit of a nuisance
and I kind of went nuts and sort of went all around my room
to try and find something, you know
that [I could smoke],
but there was nothing there!
And it was just kind of,
I kind of sat there and, like,
I went this complete mess
and I'm usually quite a bit of a neat freak in fact, you know
and I was
'what the [****] am I doing?'
you know?
(Bill)

The quitting journey

Motivations

Children

Children are an important motivator for all of the participants who are parents, or are about to become parents. For example, in the narratives of Natalie and Raewyn there are abundant references to their children, as will be evident in many of the extracts where they are quoted. An important motivator for Russell's quit attempt is that he wants to be good example to his soon-to-be-born child. This was reinforced as his understanding of the negative impacts of his smoking became stronger. His perspective on life has taken a sharper focus now that a child is not just a future possibility but a reality awaiting delivery. Living one day at a time is no longer appropriate for Russell, who wants:

To grow old,
to see your daughter or son have kids
so you can call them
'Grandchildren'.
(Russell)

With social roles a step removed from being a parent, Amy is a nanny and felt she was a bad influence on the young children for whom she cares. Similarly, Harry and Raymond are both uncles, and are also motivated by their close contact with children:

[Three months ago]
my little niece was born
and I kind of,
when I used to go round to my mum's place,
my baby niece would be there
and I would be outside smoking
and then I'd come inside and hold her
and I'd be smelling of smoke,
so that's my main motivation.
(Harry)

Being motivated to quit by the presence of children in one's life was also evident within the fourth focus group. Two participants training to become teachers both expressed the goal of quitting prior to taking up a teaching position, noting the offensive smell as well as the necessity to be a positive role model as their reasons. For another participant, who has not smoked for six months, being a good influence on his cousins, nieces and nephews is positive aspect of quitting, although this was not an initial motivator.

Sport/Fitness

Recreational sports were frequently mentioned as a major motivation for quitting. For some participants, there is a desire to resume a former recreational activity – such as Bill, who wants to get back into basketball. On the other hand Russell and Tyler want to increase stamina in order to perform better in an activity currently pursued.

I like diving:
diving for pāua and stuff like that,
and one of my mates,
he can hold his breath for,
I don't know exactly how long,
but at least 2 or 3 times as long as I can
and I want be able to get down there
and be able to go spear fishing
and stuff like that.
(Tyler)

Somewhat differently, Nell wanted to take up a new activity: jogging, which she could not do as a smoker because her lungs burned.

Lora and Amy were motivated by a desire to accommodate mundane activities such as walking uphill without their lungs burning. Just one participant, Raymond, omitted any mention of wanting to improve his fitness, and he was a light smoker of short duration who did not inhale, making it possible that the damaging effects on his lungs were not as advanced as other participants.

In the fourth focus group, this motivator was only raised by men. Improved stamina on the sports field was the major motivation for one participant, who has remained smoke-free for six months. Others mentioned this aspect on a theoretical basis, noting specifically the 'lung burn' they presently experience when playing sport. Their reasoning was along the lines of "If I gave up, I'm sure I would be able to play [my sport] better and for longer without my lungs burning".

Smoking-related illnesses

Another major motivation raised by participants is that of smoking-related illnesses resulting in the death or pending death of someone close – almost always a relative in the grandparent's generation. Every participant included this element in their narrative at some point. In each instance the death or illness was noted rather than elaborated upon: the body language of other participants suggesting empathetic understanding rather than any desire for details. Some expressed the fear of meeting this end themselves:

If I continue smoking for another 10 years
I could have cancer at 34.
(Natalie)

Meanwhile others, such as Amy, seem to get their motivation from their anger, rationalising that 'smoking caused [relative to become ill/die], and I'm so angry with smoking that I'm not going to do it anymore', as opposed to the motivation expressed above by Natalie, who seeks to ensure her own life is not shortened through cancer. Amy in particular, expressed her growing frustration at the refusal of her family to change their smoking behaviours as more and more relatives died:

When I first thought about [quitting]
it would have been the middle of last year
and I had an uncle die of lung cancer,

my Nan's brother.
I was sad and angry
knowing that it was the smoking that caused it
and then realising all the immediate family smoked,
all my immediate family smoked.
And at the tangi they were all smoking
even though he had died of lung cancer.
(Amy)

In the fourth focus group, the threat of premature death through cancer was seen by female participants as the most likely reason to make a quit attempt, but this was substantially hypothetical scenario-setting: none of the women noted that this reflected her personal experience. Notably, this possible motivator did not arise amongst the male participants of this focus group.

Other motivations

Motivations that came through with less intensity included the cost of cigarettes; a change of perception about smoking: it is no longer cool; and sensory considerations such as the smell of smoke on ones person, the bad taste smoking leaves in the mouth, and the desire for healthier looking skin and hair.

From the fourth focus group, other motivations included a dislike of the 'cosmetic' side-effects of smoking, such as staining on the teeth and hands, the offensive smell of stale smoke; and detrimental impacts on hair and clothing. From the point of view of this group, especially for the males, these collectively amount to being less sexually attractive to desirable partners.

NRT

Three participants, Amy, Russell and Tyler, had problems using NRT. All three had tried gum prior to contacting Quitline and had chewed it like regular chewing gum, consequently suffering from nausea and sometimes vomiting. Interestingly, in each group there was at least one other participant who immediately related their understanding of

how the gum should be used, and this information was reasonably consistent with the information given out by the Quit Advisors. In all three cases the gum had been provided either by a doctor, or by a friend who had tried it and did not find it helpful. NRT patches were also a problem for Amy (nightmares) and Russell (rash). Russell has subsequently quit without NRT, drawing particularly upon the tips provided by Quitline to strengthen his resolve. Amy preserved and the nightmares abated.

Nell feels NRT patches really helped her to quit, but she experienced considerable withdrawal effects when she stopped using them, which she feels may have been avoided:

Going from full strength patches ...
to absolutely nothing. ...
It was really bad.
it would have ... been better, maybe,
to wean people off them
just because
it could actually put someone over the edge
and make them smoke again ...
I sort of thought you'd go from
Like
high dosage
to medium
to low dosage
over a three month period.
(Nell)

Strength in numbers

Several participants, notably all female, made a conscious effort to quit along with someone else. Nell and her boyfriend planned their quit attempt together. Natalie and her best friend started their quit attempt together and have now drawn others from their social circle into a group quit attempt, promoting a supportive network that, in part, negates the social isolation sometimes experienced by people giving up smoking and reported by several participants. Note also that Natalie sees a positive spin-off for the children:

When I quit
my best friend,

she doesn't smoke anymore
and her mother doesn't smoke anymore.
Or they're trying to quit
like me,
you know, going through it.
And now her partner,
he was like
'oh shut up, whatever',
'we'll see how she gets on'
and hers has been three weeks
so now he's said
'okay next week I'll stop'.
And they've got two little kids
and so
it's good
when there's a lot of you that are doing it.
You're going through it
and you're not being left out.
(Natalie)

Raewyn was motivated to take action, after a period of contemplation, when she found out a friend had called Quitline. Having someone to share the experience is helpful from the perspective of these women.

It was really good
because I had somebody to ring up and talk to
about the temptations.
(Raewyn)

One participant commenced his quit attempt in conjunction with a friend who was also attempting to quit. This experience was helpful for the participant but did not work as well for his friend. He noted that while his quit attempt was motivated from within: a personal choice to quit in order to increase his sporting stamina; his friend's quit attempt arose from an external expectation: his girlfriend wanted him to quit. While the participant has remained smoke-free for six months, his friend relapsed when the relationship broke up.

Barriers to quitting

Common themes that emerge as barriers to quitting are the strong association of smoking with particular activities, such as drinking

coffee and alcohol; after eating; and the difficulties experienced in the workplace, particularly where smoking is not restricted in the workplace environment. While Amy is very happy with her quitting progress, she nonetheless notes the gaps in her routine where her favourite smoke of the day was once enjoyed:

There's nothing to enjoy after a meal:
I haven't found that,
that primo thing
after a meal.
(Amy)

Alcohol, all participants assert, goes hand-in-hand with smoking, creating a huge temptation. Consider Harry, for example:

I go out nearly every weekend
or second weekend
and my mates would go outside for a smoke
so I'd be like
'I don't want to be here on my own'
so I go out and join them.
And I would go out
and I'd have a few drinks
and we'd start drinking when we get to the pub
and then have a smoke,
go back in,
have a few more
and then go back out.
(Harry)

Russell and Tyler both work on building sites. Not only is 'smoko' a problem – when everyone sits together and just about everyone smokes – but smoking is unrestrained on the work site, making it difficult to separate oneself from temptation even whilst working:

All the work mates,
they all smoke and stuff,
so we're all together,
bunched up, and stuff.
And like builders are smoking,
us scaffolders are smoking,
the steelies are smoking
and all the smokes just coming up
into a bunch.
It feels like I need that cigarette,

Yeah.
(Russell)

Stressful times or events are also seen by all participants as a significant barrier to quitting. Different things stress different people, but participants agree that whenever they felt themselves to be stressed, they want to reach for a cigarette. Without recourse to a cigarette, from the point of view of the person who smokes or is attempting to quit, there is no way to relieve stress. Further, the cigarette was seen as a 'friend' at such a time, as this flowing narrative demonstrates:

A silent friend that's always there. (Natalie)
It never talks back to you and tells you what you should do.
(Raewyn)
When you're angry and you just want to take stuff out, it's not gonna argue with you! (Russell)

While barriers to quitting were not specifically discussed in the fourth focus group, participants commenced the session by sharing what they love and hate about smoking. Three of the four females noted the association of drinking alcohol with smoking as an aspect of smoking that they love. In contrast, none of the males noted this as a loved aspect of smoking. Two females and one male noted that an aspect of smoking that they love is that it helps them deal with stress.

Reinforcers

Participants who were motivated to move from thinking about quitting to taking action generally quickly discovered unanticipated benefits or circumstances that reinforced their decision to quit. For example, Raewyn found her general fitness improved, allowing her to enjoy being physically involved when she takes her daughter to the park, instead of standing aside and having a smoke whilst watching her daughter play. There was general agreement from those who have quit that positive things about quitting include: no longer having stained teeth; not smelling of smoke; and saving money. Even those who have

cut down rather than quit felt that their general health improved: it was easier to breath, some felt their skin looked better, most felt they had more energy or stamina, and some of those who have quit felt they coughed less than before.

A significant reinforcement for being smoke-free emerged very strongly within the focus group session where all participants self-identified as Maori. This is the idea of being a good example within the extended family. All four participants in this group noted this idea as an important driver for being smoke-free. While motivation to make a quit attempt was more likely to involve a close association with children, especially one's own children, the idea of being a good role-model within the whanau was a positive reason for staying smoke-free. This notion did not emerge in either session where participants self-identified as NZE. Nevertheless, while there was a good feeling about role-modelling a positive alternative choice, participants also noted that it is not uncommon to feel isolated by being different in this way, and that while family members offer praise for the quit attempt, they sometimes make it difficult for the person attempting to quit, as this flowing discussion demonstrates:

You feel ostracised ...
even though they're saying
'neat',
'too much',
'that's awesome',
'primo'.
But...
(Amy)

Then they turn around and talk to the next smoker ah?
(Natalie)

Or ask you for a lighter!
(Raewyn)

Slip-ups and relapsing

Those participants who talked about slip-ups generally associate these occasions with alcohol, while those who talked about relapsing

generally associated this with stress. For example, Tyler made a New Year's resolution to quit. This went well until he returned to work:

I just kind of hit a slump
about halfway through January I think.
I did about 3 or 4 days completely without a smoke
and then I did,
it was like one a day kind of thing
for about two weeks.
And then,
yeah,
and then,
yeah,
I don't know,
I just
started smoking again.
I think it was work.
Just real, real stressful
and, um,
at the start of the year,
it was,
there was so much on
that I was just running around,
crazy
and yeah,
and I just needed a cigarette.
(Tyler)

Tyler felt 'gutted' about relapsing. In a despairing tone, he described how he rationalised that he would probably always be a smoker, so there was no point trying. His despair is evident as he relates the relapse experience he went through a few months ago:

I also tried the gum
but that just,
I don't know,
it kind of made me feel sick every time I'd have it
and um, yeah,
I got off that and started smoking again.
I actually thought I wasn't ever going to be able to give up
and so I just kept smoking and kept smoking.
(Tyler)

Nell has had two slip-ups in the four months since she stopped smoking and both occasions were associated with socialising that involved alcohol:

I was at a party
and I think I had a few too many
and decided
“oh look there’s some cigarettes”
and tried one.
It made me really sick
because I had patches on as well. ...
the other time ...
I just had a couple of puffs on it
but it, it was again,
cos my friends were all smoking around me
and we’re out having drinks.
(Nell)

Becoming an ex-smoker

Among those who now see themselves as ex-smokers, regardless of how long they have been smoke-free, there is a common expression of pride in their accomplishment:

I’m the only one in my family who doesn’t [smoke],
and yeah
it’s just good being different.
A positive difference.
(Amy)

I feel proud that I quit.
(Nell)

I feel so much better walking down the road with her
[2 ½ year old daughter]
or you know,
going to the park not needing to have a smoke.
Or not smoking while she’s out playing.
I can enjoy time with her a lot more now.
(Raewyn)

Well just knowing that I’m strong enough to like not,
to like,
walk around Wellington
where people are smoking
and not feel the urge to smoke.
(Raymond)

Walking down the street
not worrying what people think of you.
(Russell)

Using the Quitline

Perceptions of Quitline before calling

Most participants contacted Quitline with the expectation of receiving NRT Quit Cards, but some called mainly for tips to assist their quit attempt. Information received from a personal acquaintance seems to be more influential at encouraging participants to call Quitline. However participants were reluctant to talk to smokers about their own experience of using Quitline, because this may be construed as judgemental or pushy: the right of family members, friends, and colleagues to make the choice to smoke is implicitly understood:

It's their decision to keep smoking.
(Raewyn)

It's their thing and if they want to do it, they'll do it.
(Tyler)

Often if you talk to people about quitting smoking
and they're stubbornly still smoking,
they don't want to hear that you've been successful
and they think you're going to,
you know,
turning into,
going all judgemental on them or something.
(Nell)

Raewyn and Tyler both expressed the hope that Quitline would provide a 'magic miracle potion' or a 'the easiest way' for quitting, and in both instances the other participants recognised this longing, with long sighs and nods of understanding. For Raewyn, the 'hope' of a miracle is represented by NRT patches – even though she knows this is a forlorn hope:

I initially thought:
"Yay! It's like they've come up with a magic miracle potion or something".
Yeah, at first.
And then I thought,
Oh yeah, need to realistic.
But I also knew that I'd get the patches
because a friend told me.

Some people postpone calling Quitline because they expect to be chastised. For example, Harry expressed his fears as follows:

I was actually [****] scared to ring the number ah. ...

...

I was contemplating ringing them and I was like, ...
'now this looks like a good number'
and cos it was quit smoking I thought
'hey'

I was going to ring them up.

Six months later I forgot about it.

And then a year came

and then 18 months came and I was still smoking.

...

I was just waiting for someone to pick the phone up
and I was like, ...

"What they were going to say?"

So I was, like,

'hopefully they're going to be nice and ...

they're not going to bite my head off',

which was my initial thought ah!

But then the lady who picked the phone up,

she was actually real nice.

(Harry)

Some people have negative preconceptions about 0800 numbers and/or call centre operations. In Nell's case, this is because she has worked in them, and Raymond, has spent time on the other end of the telephone getting unsatisfactory service – which may be compounded by his disability if the person addressing his concern is not empathetic to his situation. Nevertheless they were both pleasantly surprised that their expectations were exceeded:

I had probably lower expectations than what I got.

I thought because it's a call centre it might be a bit 'scripty'

and the people on the phones might not be,

you know,

might be younger and that sort of thing,

with, you know,

it might be a bit more of a,

how do you call it,

you know,

like a classic call centre?

Like you just have all these people,

slaves on the phone.

It wasn't like that at all.
I thought it was really good.
They sounded confident in what they were doing.
(Nell)

It was like really good service and that. ...
You know, there were no worries,
no hassles.
I actually felt the internet company should be like this.
They take ages to get through,
like 30 minutes just to get through
and you kind of sit listening to music.
(Raymond)

Registering with a Quit Advisor

Overall, participants had high praise for the Quit Advisors and the registration process, describing the process as reasonably quick, while the Quit Advisors are encouraging; friendly; polite; non-judgemental; confident; spontaneous; and offering clear, concise instructions. Participants really like it when Quit Advisors share personal experiences of quitting: this builds rapport, giving a strong feeling of acceptance and hope. Nevertheless some participants initially felt some questions to be 'over-stepping the mark', as Raewyn put it.

Raewyn thought the Quit Advisor was flirting when the question of the first smoke of the day was addressed. Her male Quit Advisor asked what time she got out of bed and if she jumped straight into the shower. Once she received the information pack and Quit Card she realised this information was used to determine the most suitable form and dose of NRT, and she accepted the need for these questions, feeling a little foolish about her earlier thoughts.

Some participants expressed a reluctance to go through the registration process because they consider themselves to potentially be wasting the time of the Quit Advisor. As Russell said:

I kept saying
'I don't want to waste your time
[because you]
could ring up a couple of weeks later,

[and I] could be smoking again'.
(Russell)

Amy attempted to register via the internet but was concerned that the registration had not processed correctly. She telephoned to check, and her suspicion was confirmed:

I really didn't want to speak to anyone
because I thought from then,
then I was obligated to them, you know,
so I'm wasting their time by talking to them.
If it doesn't work then I've just wasted ten minutes of that person's
or 20 minutes of that person's time.
So I would have rather gone on the internet.
So I quickly says to them
"Oh look I went on, I don't need to talk to anyone about it, I went
online to order for patches, I filled in the questionnaire, can you
tell me if it's been done?"
And they looked for it and said 'no'.
So she said, she asked if she could talk about it.
I says
"Oh not really, just, could you just sign me up to patches,"
and, yeah.
So it was quick and easy and that's what I liked. ...
I don't want to have to lie to someone I don't know
and I'm feeling obliged to that person.
(Amy)

Through the letter box

The brochures which accompany the Quit Cards through the postal service generate a divided response from the participants: they either love it or hate it and there is not a lot of sentiment expressed between these extremes. Criticisms include:

- Tyler and Nell feel that the images are overly focused on families, causing those without young children in their lives to make the convenient assumption that the information does not apply to them. They suggest that this causes some young people to rationalise that they will quit when they have children.
- From the point of view of Nell, who skimmed through to see if there was anything she did not already know, the content is 'obvious' and 'basic': it includes nothing that she does not

already know, either from her previous quit attempts or from her reading.

- Bill is sure that he (and everyone else) is desensitized to the material: he threw it away without removing it from the envelope.
- While Lora found it interesting, reading it word-for-word, she did not see the information as personally relevant, in a ‘this couldn’t happen to me’ rationalisation.

On the other hand, some participants praised the material.

- Russell had expected to get ‘a whole lot of pictures, of what you could look like’ – which he did not want to see – but was pleasantly surprised:

The thing that put me off smoking
was the common facts of smokers and smoking in general.
Yeah.

They just had so much unreal stuff in there. (Russell)

Russell uses ‘unreal’ in the context of youth slang, implying that he feels the content is exceptional. The material added considerably to his knowledge about smoking and quitting, giving him a renewed impetus to become smoke-free. He shared the material with smoking friends and family members:

but they took no notice.
Stuff them too, man! (Russell)

- Raewyn read it right through four times so that it would really sink in;
- Harry was inspired by the material:

I’ve got, like,
the book on all the people;
like the named people and the reasons why they quit
and I actually,
I read some of the things
and I was actually quite amazed ah
like what they had to say.
I can’t remember on the top of my head

But they had dedication to quit ah
and that's what I admire in people ah
like quitting smoking is a tough thing.
(Harry)

Follow-up Calls

Few participants have received follow-up calls from Quit Advisors, but those who have report high levels of satisfaction from the calls. Bill had a pleasant chat with the Quit Advisor and felt assured that he could call when he decides to make a quit attempt. Natalie, who has relapsed after six weeks to be presently smoking two cigarettes a day, has received three follow-up calls. Despite these calls coming from different Quit Advisors, Natalie feels she received a consistent and encouraging message, noting especially that “they’re not all righteous!”

The Quitline factor

Calling the Quitline does not always result in becoming an ex-smoker, but for all ten participants calling Quitline always has a positive effect. For some this was a reduction in the amount they were smoking – even Bill, who made no actual attempt to quit, has halved the amount he is smoking. Those who cut down often note their use of delaying tactics to hold off on their first smoke of the day. Reports of changing smoking behaviours also extend to where people smoke, or rather, where they no longer smoke, such as in the car.

At the other extreme, those who now see themselves as ex-smokers have a tremendous sense of pride in their accomplishment, even when the length of time being smoke-free is counted in weeks instead of months. Asked what Quitline had done for her, Natalie’s response includes the implications for her partner as well as herself:

With the Quitline
they've actually given us the tools that we need to make that
change in our life
and then if we do relapse, ...
you've got the tools to get back up there again and to do it again
And if you don't relapse:
[to] keep going!
That's good.

For free too.
(Natalie)

Improving the Quitline

Asked how Quitline could be more responsive to the needs of younger smokers, most of the participants assumed 'younger smokers' to exclude themselves: such is their personal smoking history (often ten years or more) that they have ceased to see themselves as a 'younger smoker'. From the perspective of participants with personal smoking histories that commence between ages nine and fourteen, 'younger smokers' are those still at school. Just one participant, 16 year-old Russell sees himself as a younger smoker. Nevertheless, interesting ideas emerged that might be considered useful in planning future campaigns targeted at younger smokers. Before considering these, however, it is worth bearing in mind that most participants do not separate Quitline from anti-smoking campaigns or other cessation assistance services and advertising: it is all interpreted within the same frame of reference: *this is aimed at getting me to stop smoking.*

Resonance for youth

There was little awareness of the *Smoking not our future* campaign, yet participants in the Maori focus group suggested ways to make the Quitline more attractive to young callers that might have been lifted directly from that campaign. For example the use of hip-hop, dance, and youth idols were suggested as being 'things that kids relate to' and therefore appropriate avenues for appealing to younger smokers. This same group suggests, in full agreement, that the principal message that needs to be delivered to young smokers is that "*Smoking is not cool!*"

Quitline entitlements

With the legal age for purchasing tobacco products being 18 years, it was suggested that some smokers who are under 18 may believe they are either not entitled to use Quitline, or that by calling Quitline they open themselves to negative consequences. Participants suggest that

this misconception could be alleviated by increasing public awareness that Quitline is available in confidence to all smokers, regardless of their age.

There is also a misconception that people are only entitled to use the service for one quit attempt, or more specifically, one voucher for subsidised NRT. From the point of view of the participants, it is important for smokers to know that Quitline is available to them even if they have previously used the service and subsequently relapsed or their earlier thoughts about quitting never progressed to a quit attempt.

Focus on support

For most participants there is too much emphasis on the negative physical effects of smoking – as shown in the images depicted on tobacco packaging – and not enough emphasis on the support that Quitline offers to people making a quit attempt. Most participants point out their personal reaction to vivid graphics of smoking-related illnesses: they ‘spark up’, to use the language of younger smokers. Asked why such images prompt them to smoke, Amy and Russell responded:

You want to rebel.
Like, well,
‘Who are you to...’,
you know.
Instead of advertising “help”,
it’s like they’re forcing you to ...,
(Amy)

...to look like the picture!
(Russell)

As Amy’s statement suggests, participants consider that offering help and support for a quit attempt, rather than implying derision, fear and blame, is much more likely to get have a positive impact on younger smokers. Russell, the youngest participant at 16 years, feels bad about his smoking, which he started at age 11. He feels he needed help and assistance as opposed to moralising, negative judgements

about his past decisions, which was his interpretation of the 'gory' images depicted on cigarette packets and in some anti-smoking campaigns. Reaching for their tobacco in such circumstances is understood by participants as being an act of rebellion: a denial that such a physical effect could happen to them. Participants suggest reframing the message: if you want to quit, Quitline is here to help you achieve your goal.

This topic arose spontaneously within the fourth focus group, where even the man who has been stopped for six months and is enjoying the benefits of improved sporting stamina as well as capitalising upon his non-smoking status in the search for dates with non-smoking women, noted that the graphic images on cigarette packets make him want to reach for a smoke.

Differently-focused messages

Many of the images in Quitline material are family-focused. None of the participants who are parents or caregivers have any issue with this, praising the literature they received through the mail along with their Quit Cards. On the other hand none of the participants who are dismissive of the literature mailed to them are parents nor caregivers. While this division might be considered on an ethnic basis, it can also be interpreted in relation to life-stage. By chance and not design, the four participants at the focus group for those whose self-selected ethnicity included 'Maori' all have a very close association with children: two are parents, one is about to become a parent and one is a nanny. In contrast none of the six NZE participants are parents or have a day-to-day relationship with a child, although two mentioned nieces and nephews. Of the four who made no specific reference to a relationship with a child, one assessed the material for new information before rejecting it; one thoroughly read the material but did not relate to it; one flicked through it and felt he did not relate to it; and one threw it out without consideration. Initially Nell said the material was 'basic' and didn't offer her anything she didn't already

know, but she later offered the following statement, which may provide a clue as to why the participants without a close connection to children were much less impressed with the material than participants with a significant relationship or role with children:

There's too much of the,
like,
'families' and all that sort of thing
and not, you know,
working people or,
you know,
more of the social aspect of smoking.
It's always sort of ...,
it seems to be the advertising focuses on one sort of group of
people I find,
and it's just,
yeah,
it's harder to relate to.
(Nell)

Natalie recognises that if she was not a parent, 'children' in general would not be a primary motivator:

With, sort of, like, 25 year olds that are parents, ...
you know,
show the children cos that DOES IT...
cos parents get pretty fast when it comes to the kids, you know.
But then again,
what about people that don't have children? ...
If I hadn't had children ...
what would actually entice me not to smoke? You know,
cos my children are,
for myself and my partner,
our motivation.
[But] if I was, if we were single and had no kids...
(Natalie)

Another matter that emerged from teenage participants is that some of the images presented in various forms of media are regarded as dubious: participants do not believe the scenario is true or even possible. As the following extracts show, Lora has rationalised birth deformities as being related to genetically engineered food rather than the effects of tobacco; and Bill is convinced the tar coming from a dissected lung has been put there for effect:

They've even got one of deformed babies at the back [of the packet],
like, you know,
"If you smoke while you're pregnant...,"
you know ...
(Bill)

I don't think that can happen.
Oh it probably can,
but they probably ate too much GE food.
(Lora)

Oh yeah,
what about the lung?
where they...
(Harry)

Where they cut it open?
(Bill)

... cut the lung open
and they cut it down the side
and then they get this jar of black stuff
and just....
(Harry)

Well,
that's just,
you know,
well great ...
(Bill)

That's the tar.
(Lora)

...you can pour tar on a lung,
you know,
what does that show?
...you know?
(Bill)

While the above discussion occurred in the context of the focus group attended only by NZE teenagers, Russell, a teen attending the session for Maori participants, also expressed his opinion that the anti-smoking message can be better conveyed to a younger audience by presenting scenarios that are 'more realistic' – suggesting that some anti-smoking messages are either unrealistic or not real at all. For

example, Russell particularly likes the Video Diaries campaign because it includes things that he can directly relate to, such as a pot-plant full of cigarette butts. Talking about the brochures, Russell felt he was personally influenced more by the straight-forward presentation of 'common facts about smoking' than images which he described as 'gory' and, in his experience, tend to make smokers, and even ex-smokers, want to reach for a smoke.

Personalised service

In all three focus groups participants suggested that establishing a rapport with a dedicated Quit Advisor might be useful in that one would not want to disappoint the Quit Advisor. Yet in another space the same participants were likely to express a contradictory desire. One example that closely reflects similar sentiments expressed by others comes from Nell. Nell called Quitline one month before her planned quit date, primarily to ensure she would have patches on hand, but also:

to kind of just
to cement my decision a bit better.
So I had,
you know,
someone else to answer to.
(Nell)

Nell expected follow-up calls, which never eventuated; but she was not concerned about this: she didn't want to *talk* about quitting:

I'm really hard to get hold of, ...
I'm sure that they have tried,
cos I got letters...
and they've,
I've just had,
yeah,
in the end I didn't really,
it didn't bother me really,
cos I didn't really feel like spending time talking about it I'm afraid.
(Nell)

Another similarly representative example of this comes from Harry, who was very insistent that the Quit Advisors were 'hiding' behind an

0800 number and should have a physical presence where those seeking to quit can get face-to-face support. Harry, it may be recalled, delayed making a call to the Quitline for 18 months, fearing he would be confronted by someone waiting to 'bite his head off'.

Interpretation

This section provides an interpretation of the participant perspectives as contributed in the context of the focus groups. I have been mindful of the research objectives especially as these relate to the implications for Quitline. My interpretations should be able to be usefully applied to the smoking cessation services provided through The Quit Group.

This interpretation is likely to be at least a little different from an interpretation made by anyone else. This is the beauty of interpretive interactionist research, which attempts to make the perspectives of research participants available to an audience, such that they can make their own interpretations. The sections, *'Meet the participants'* and *'Perspectives and experiences of the participants'* have provided with the intention of fulfilling that aim. It is recognised, however, that the material selected for inclusion in this document is in itself subjectively selected, just as it has been selected to highlight the objectives of the research project.

Before progressing to the interpretation, it is important to make explicit my own perspective and experience on smoking and cessation, because I, like everyone, make interpretations within the context of both personal experience and understanding.

I started smoking at age 10 and smoked for the next thirty years. I consider myself a smoker who is between smokes: I haven't had a single puff in 7 ½ years, but having relapsed many times before, I do not have the courage to classify myself as an 'ex-smoker'. My motivation to stop smoking was pending surgery: I thought I would have a quicker recovery if I wasn't smoking. Since then, it has been a matter of delay, initially on a day-to-day basis. I still occasionally smoke in my dreams, which makes me very angry! As I wake I can feel the butt between my fingers and resting on my lip, and I can smell phosphorous. These dreams are a powerful demonstration of the strength of my nicotine addiction, and make me all the more determined NOT to relapse. I have a deep respect for anyone

attempting to free themselves from using tobacco. My motivation for engaging in this area as a researcher is to find ways to enhance the efforts of those attempting to quit so that their chances of success are improved.

Quit attempt experiences

Getting motivated

Children and family

For people who have a close relationship with children, generally through family but sometimes through work, being a good role-model is a common motivation for making a quit attempt. When the quit attempt is gaining momentum, this motivation expands in an interesting way for those who self-identify as Maori. It becomes a reinforcing element, assisting in the quit effort by marking the person as a good role-model for the whanau. On the contrary, people with no close association to children sometimes rationalise that they will quit when children come into their lives. A lack of lifestyle images within cessation media that have resonance with their personal situation reinforces this rationalisation.

Quit Advisors have an opportunity to capitalise on known relationships with children within motivational interviewing. However, this does not address how to motivate those without children in their lives, and pointed questioning about children might reinforce ideas that cessation is something that can be delayed until children are in ones midst or on the horizon. Supplementary resources are needed for callers that do not have children in focus.

Fitness

Generally, males seem to be motivated more by specific sporting and fitness aspirations, while women are more likely to be motivated by a desire to complete everyday tasks with greater ease. While men talk about specific sporting aspirations, few hold these as a top priority in their lives. So where sports performance is the major motivation for

quitting, it is easily pushed aside when a matter of more direct urgency arises. On the other hand, fitness was seldom the major motivator for women. More usually, such improvements to lifestyle are a welcome but unanticipated consequence of quitting.

Health

Long-term health, negatively experienced through the consequences of smoking-related illness in older relatives, is a motivator for both men and women. Some people see their smoking as potentially leading them toward that end, and try to quit in the expectation of avoiding smoking-related illnesses. These people tend to be parents or have a very close relationship with young children, consequently seeming to have a vision of the future that extends wider and further than their childless peers. In contrast, those without children in their lives are more likely to get angry at what smoking has done to a loved one, and reject tobacco in protest. These people are more likely to express the idea that the best thing about quitting is along the lines of 'no longer being a slave to tobacco'. This is an individualistic or egocentric response that contrasts with the more altruistic response which seeks to prevent premature death for the benefit of the wider community. The altruistic response was very strong among Maori participants, all of whom have children in their lives, and also evident in a somewhat narrower sense for NZE participants who have nieces and nephews.

By understanding that the health motivator has more than one manifestation for younger smokers, Quitline can ensure the caller is offered advice that best matches their specific driver. Those with children are more likely to be motivated by future thoughts of life involving their children and grandchildren. Even 16 year of Russell, who is about to become a father, has a vision of himself as 'grandfather'. But this would have no resonance for 19 year of Tyler who has no children in his life at this time. What Tyler has, however, is a desire to get the better of a drug that has been getting the better of him and his older relatives.

NRT

Several participants have acquired NRT Gum from sources other than The Quit Group, and in all cases the gum was used incorrectly. Gum seems to be handed on to those planning a quit attempt from those who have tried the product and disliked it. Consequently the gum comes without the benefit of use instructions, or with incorrect instructions, and the outcome is overwhelmingly negative, with nausea, vomiting, and eventually giving the gum to someone else being a common pattern.

Quit Advisors provide instruction on the appropriate way to use NRT gum, and participants who had been given this advice through Quitline relayed it to other participants with a good degree of accuracy. On the other hand, NRT gum prescribed through a doctor did not come with sufficient instructions. There is a need to re-educate the public about the appropriate use of NRT gum, and this could possibly be achieved as part of a Video Diary episode. Changing the misconception about how to use NRT gum has the potential to be very helpful for those who receive the product through unofficial sources, as well as for those who do not always register such messages the first time they hear them. Incidentally, only one person, Raymond, was provided NRT Gum through The Quit Group, and he did not redeem the Quit Card, drawing instead on the motivational conversation and tips he received from the Quit Advisor. Raymond provided others in his group with a thorough and accurate description of the correct way to use NRT Gum, including a description of the side-effects of incorrect use.

Strength in numbers

Quitting in conjunction with someone else can be helpful, especially early in the quit attempt. Women seem to have a particular affinity with this idea, but once the seed is planted, men also see the appeal. While it is not the role of Quitline to buddy people up, suggesting that this approach has been helpful for some may prompt callers to seek

out a quit-mate. Pointing callers to the Quitter Blog site is another way to encourage callers to develop a sense of the support and strength that is fostered when groups make a concerted attempt.

Barriers to quitting

Stress

Finding an alternative outlet for stress is a major barrier to quitting. Participant discussions about stress and relapse provide an insight to the degree of powerlessness felt by some people, and smoking is a source of comfort that provides compensation for and in the midst of times of the experience of powerlessness. As the extract from Natalie, Raewyn and Russell demonstrates, smoking is a friend that doesn't answer back, and it compensates for the alternative desire to strike out. Attempting to break smoking habits and nicotine addiction already pose a significant stress for the would-be ex-smoker. Establishing a stock of ways to deal with this stress is important, and this is something that Quit Advisors already attempt to do in the process of registering callers. All too often, there is desperate hope – even though this is recognised deep-down as unrealistic – that NRT will resolve all of the issues and stresses associated with quitting, and quite simply, it does not do that: it is not the 'magic potion' that some participants sincerely wish it to be. Callers need to have realistic expectations of NRT, and they need to have a plan to deal with daily stresses as a minimum, and to give some thought to how they will deal with unanticipated crises that occur, especially when one is a parent. One problem that needs to be addressed as people plan their quit attempt is that smokers use smoking as a source of immediate comfort in the midst of stress, and whatever stress-relieving tactics are to be deployed in the place of having a smoke also need to be immediately available and have immediate effect. Participants offered no solutions to this, and stress is strongly connected to relapse.

Habitual associations

Aside from dealing with nicotine addiction, which for most people can be partially addressed through NRT, the major barriers to quitting relate to habits, especially where smoking is strongly associated with another action. With coffee; with alcohol; and after food are the three major associations of this type. Knowing what to do instead of having a smoke is essential. The tips shared by the Quit Advisors are very important in this respect, and when these are offered in the light of personal experience, they have a lot more resonance.

Workplace smoking

Working in an outdoor environment where workers smoke throughout the day as well as in official breaks is a big test of the resolve of those making a quit attempt. People working indoors are afforded a degree of separation from their colleagues 'going for a smoke', but this does not apply in the outdoor work environment. Tyler and Russell work outdoors on construction sites and smoking on the job is prevalent in their experiences. Having an awareness of the work environment of callers would help Quit Advisors hone in on specific sources of likely temptation. Tyler's discussion shows he associated his relapse with workplace stress, but had his workplace been a smoke-free environment, he may possibly have found an alternative outlet for the stress he was experiencing.-

Using the Quitline

Expectations

There is a largely un-spoken but sometimes verbalised hope that Quitline has a miraculous solution to the woes of cessation. While both people who voiced this within the focus groups immediately 'took it back', realising that this was an unrealistic expectation, the affirmative language and gestures of their peers suggested this was a shared hope, despite a deeper knowing that the hope was in vein. Sadly, such hopes do provide comfort and complacency – a convenient

little white lie told to oneself that makes it ok to keep smoking because when we're really ready to quit, Quitline will come to the rescue. It is a mistake to foster such ideas: the difficulties of quitting, especially where the person is addicted to nicotine, should never be understated. Likewise, callers should be encouraged to confront any unrealistic expectations that they have of NRT.

Contact with Quitline

Some people postpone calling Quitline because they expect to be judged; others because they have a dislike of 0800 services. However, once contact is made, the friendliness and helpfulness of the Quit Advisors has a very positive impact on callers. Rapport is quickly and firmly established when Quit Advisors share personal quitting experiences with callers.

One point to note is that it is worth prefacing some of the personal questions with the reason this information is necessary. This would avoid any misunderstandings, such as occurred for Raewyn, when ambiguous questions seem to be being asked.

One participant with special needs, Raymond, commented very favourably on the simplicity of instructions provided by Quit Advisor and this speaks very positively about the care and empathy demonstrated. Raymond's story left no doubt that not all organisations are so well disposed to relating to those in his situation.

A social expectation of *reciprocity* is created in the minds of some Quitline callers, and this seems to contribute to a reluctance to call, or to delaying calling Quitline. *Reciprocity* arises when one party provides something to another, creating an expectation of that the recipient will give back something of about equal value at some time in the future. This sort of exchange is different from commercial exchange, where money is paid for services provided. The importance of reciprocity is well documented in many societies, most frequently through anthropological works. For example, *The Gift*, by Marcel Mauss (1954) is an authoritative source of more information about

this phenomenon. What I am suggesting is that smokers who are not very confident of their ability to quit may find it difficult to accept the assistance offered by Quitline precisely because the perceived repayment expectation is not monetary: the ideal repayment is for the person to quit. One way to address this understanding that is evident in the perceptions of some participants is to ensure an overt message of support for the quit attempt – with *attempt* being the operative word. By strongly stating the service objective in terms of assisting those who are *trying* to quit, the responsibility to succeed is lifted, thus enabling more people to be prepared to engage with the service as part of their quit attempt.

The few participants who had received follow-up calls felt they received a courteous and consistent message of support. On the other hand many people never received these calls. Establishing a clear idea of the best time of day to phone as part of the registration process is a logical way to increase the chances of making contact in the follow-up phase.

Only one participant, Amy, was aware of the Quitline internet site. There was no awareness of the Quitters Blog, so although these services are available, there seems to be a low level of awareness of them within this age cohort. This is unfortunate as people who are contemplating quitting could find such sites very encouraging, possibly prompting a move to action. Spreading the word about these sites could be addressed through general awareness advertising, or links could be established through other websites. To promote awareness amongst younger smokers it would be desirable to include links from sites that are popular with this age group. Information about the demographics of site visitors is available through site hosts and internet providers, and web designers often have a good feel for this. If email contact details were recorded as part of registration, Quitline callers could be alerted to these aspects of the Quitline service through the email provision of electronic links.

Through the letterbox

The material that accompanies the Quit Cards makes a strong connection for some people and yet not for others. It is possible that the material would appeal to a wider cross-section of the community by having some leaflets where the content, especially the images, do not include or imply children.

In some instances the brochures and Quit Card do not arrive until after the resolve to quit has passed or weakened. Bill, Tyler, and Lora are all examples of this situation. If they had immediate access to the material it is possible their resolve to quit may have been fortified rather than weakening prior to the material arriving. One way to achieve this is to collect email contact information and immediately generate a message that links the recipient to the Quitline website. Building on this idea, technologies are already in use that would enable the recipient to receive their Quit Card on-line, hastening the availability of NRT by several days. Such technologies are currently used by ticket booking services, for example. In attempting to make the Quitline service more responsive to younger callers, their need and expectation for immediacy should not be underestimated.

The Quitline factor

Calling Quitline has resulted in positive short-term outcomes for all participants. In some cases the caller simply becomes more aware of their smoking behaviours and modifies these in some way – perhaps the amount smoked is reduced, or perhaps the car becomes a smoke-free environment. Even small wins demonstrate taking increased responsibility for ones smoking, which is a step toward cessation, giving cause for celebration. Even when people relapse, having the Quit Advisor acknowledge the gains that have been made is encouraging and affirming; hopefully enticing the person to make another attempt.

For those who consider themselves to have quit, there is a huge sense of pride in this achievement. Regardless of their motivation to quit,

this pride is personal and it is experienced in public. People do not talk of feeling really proud as they sit in front of the television after dinner instead of lighting the smoke that formerly signified the conclusion of their evening meal. This pride is felt in public spaces: often walking down the street. As other participants listened to such expressions of pride, they were inspired. Quit Advisors may be able to draw upon such experiences to reinforce resolve, especially in the follow-up period when such experiences might be entering the experience of the person quitting.

Improving Quitline

The interpretation section of this report has focused on suggesting ways to enhance the services provided by Quitline so that the service as a whole becomes more responsive to younger callers. This part of the section addresses the general themes that emerged from participant suggestions of ways to make the Quitline better for people of their age.

Reaching out in a different way

Participants universally reject the images on tobacco products as a source of inspiration for quitting. Without exception, when faced with such material their response is a desire to light a smoke. I suggest this impulse is associated with stress. The images are interpreted by the participants as antagonistic; the reaction to antagonism: stress; the reaction to stress: have a smoke. Recognising that graphic images of smoking-related illnesses have been shown to significantly trigger calls to Quitline; opportunities to reach younger smokers who want make a quit attempt need to be enhanced in other ways. Participants say that younger smokers need to know that Quitline:

- is a free, user-friendly, support service;
- is available to all smokers – including those who are ‘under-age’;
- is confidential: Mum and Dad do not need to know; and
- it provides heavily subsidised NRT.

One suggestion for getting this information across is to supplement the Quitline 0800 number details presently on cigarette packets with various by-lines, such as the above information but also including quit tips – such as the ‘4 D’s’ advocated in the Quitline website.

There is a call for more options in the ways the service can be accessed. The anomaly here is that a number of ways of accessing the Quitline service already exist but the participants were largely unaware of these options. One suggestion that is not presently available through Quitline is to have face-to-face counselling opportunities. Yet it is difficult to see how useful this would be considering the above discussion regarding the general reluctance to make contact for fear of retribution or fear of creating a relationship of obligation. Nevertheless, providing different avenues for accessing the service and ensuring people are aware of these options is important.

Quitline as a support organisation

The supportive nature of the Quitline service needs to be emphasised. Young people pull away from situations where they sense they will be berated. Replacing the expectation of ‘having ones head bitten off’ with an expectation of support and assistance, and a preparedness to go the extra mile by faxing Quit Cards directly to the pharmacy so as to avoid parental confrontation, may be important factors in the decision of a young smoker to reach out for assistance instead of grappling in isolation with guilt about smoking, the fear of discovery, and nicotine withdrawal.

Youth-focused literature

Material needs to be developed that assume life stages and life styles that are other than family-centric. If youth smokers are to be a group of interest for the Quitline, it is important to recognise that images and styles which have resonance for parents will not also have resonance for people whose lifestyle does not include children. Not only are many of these people not parents, but as young adults they sometimes have tense relationships with their own parents, giving the

'happy families' image a double negative. New material needs to supplement existing material rather than replace it. In some cases this could be achieved without changes to the text, but by using different images. Images that will strike more accord for the target group include notions of fitness, as opposed to health; of looking good and feeling great; and of taking back control. Young people engaged in physically active pursuits; noting how much better their teeth look now that the dentist has scrapped off the inky build-up; and having a whole lot more fun on the dance floor (sex appeal is important) will have a lot more resonance with young child-free smokers who are thinking about quitting.

Appendix 1: An additional focus group

Focus Group – Summary of Focus Group Findings

Introduction

One focus group was carried out with Pakeha under 24-year-olds who had been selected on the basis of being at either an action or maintenance stage in relation to quit smoking.

Participants

Eight participants (four female and four male) participated in the focus group. Ages ranged between 18 and 23 years. Three participants reside in Lower Hutt and the remaining five reside in Wellington.

Methodology

The focus group incorporated two collage-based exercises.

Exercise I: Male and females were separated and asked to complete a collage exercise which entailed selecting pictures from the magazines that reflect their drivers for quitting. Pictures were pasted onto large pieces of paper. Once completed each group (males and females) outlined why they had selected various pictures.

Exercise II: The two collages (male and female developed) were combined. Participants were asked to prioritise three of the “most important drivers” for them to quit smoking. Participants summarised “what they saw” emerging from the second exercise.

Results

The results of the first exercise are presented in Appendix I.

Participants’ prioritised pictures (from Exercise II) were analysed. This involved collapsing pictures into categories where there was a similarity between pictures (eg more than one All Black picture) and when the pictures were of a common theme (eg exercise). A frequency count was then conducted to determine the most common responses. A strong gender difference emerged from the analysis. The one exception is a shared priority (level three) of negative impacts on one’s family.

Table I: Prioritised Drivers, By Gender for Quit Smoking

| Level of Priority | Males | Females |
|-------------------|--|---|
| 1 | Negative impact on physical fitness. Male participants want to be able to compete in sports and enjoy the spontaneity of physical exercise | Premature death (long-term impact of smoking) |
| 2 | The physical impact of smoking (yellow teeth, stained fingers and smell) and the costs associated with combating these issues. This was also highlighted as a driver in terms of increased sexual attraction | Short-term impacts on health and how this can impact on one’s family and career |
| 3 | Negative impact on children and one’s family - being a poor role model | Impacts on one’s family - being a poor role model and on children’s health (eg passive smoking) |

Table 2: Male and Female Collages Resulting from Exercise I

Pictures elicited in the collage exercise are provided in Table I alongside qualifiers offered by focus group participants. Themes that are repeated are grouped together and shaded

| Male Collage | | FEMALE COLLAGE | |
|---|---|---|--|
| Picture | Qualifier | Picture | Qualifier |
| Picture of hands | Stained finger tips resulting from smoking | <ul style="list-style-type: none"> ▪ Picture of man with yellow teeth ▪ Picture of older woman with yellow teeth and wrinkles | <ul style="list-style-type: none"> ▪ Stained finger tips resulting from smoking |
| <ul style="list-style-type: none"> ▪ Old lady ▪ Before and after picture of Viktor Yushchenko (small pox poisoning) | <ul style="list-style-type: none"> ▪ Premature aging ▪ Premature aging – the effects of smoking | Ugly cartoon character | <ul style="list-style-type: none"> ▪ You smell ▪ I'm a hairdresser and I can't smell of smoke and work with people |
| Clock | Life is shorter | "Lie Down and Die" | Shortened life expectancy |
| <ul style="list-style-type: none"> ▪ Softball player ▪ All Blacks ▪ All Blacks ▪ Skateboarders | <ul style="list-style-type: none"> ▪ Negative impact on fitness ▪ Negative impact on fitness – you can't keep up with non-smokers any more ▪ Negative impact on fitness ▪ Burning lungs | Ballet dancer Exercise equipment | <ul style="list-style-type: none"> ▪ Negative impact on fitness ▪ Decreased fitness |
| Women lying in hammock | Smoking provides a false sense of relaxation "You're not relaxing at all" | Picture of a man | If your boyfriend doesn't smoke that inspires you to quit. Otherwise it's selfish" |
| Bottle of wine | <ul style="list-style-type: none"> ▪ "When you drink you smoke much more ▪ "Smoking is associated with alcohol" | Glass of wine | When you wake up hangover in the morning you want to quit |

| | |
|--|---|
| Glass of wine | |
| "Stupid" | "You know it is stupid and you feel stupid" |
| <ul style="list-style-type: none"> ▪ Small child ▪ Baby | <ul style="list-style-type: none"> ▪ Being a role model for children ▪ Need to stop smoking before I have a child |
| Beautiful woman | |
| Picture of a cricket player behind a fence | You feel trapped |
| Food on a plate (x 3) | <ul style="list-style-type: none"> ▪ "Your taste buds go funny" ▪ You don't enjoy food much more ▪ The desire for a after meal cigarette |
| Man at type writer smoking | It is a habit that invades every aspect of your life |
| <ul style="list-style-type: none"> ▪ Deodorant ▪ Credit card | <ul style="list-style-type: none"> ▪ You stink ▪ Costs associated with smoking to hide the smell and the effects (whitening tooth paste, deodorant) |

| | |
|---|--|
| | |
| Sheep in a pen | "You don't want to follow the crowd like a sheep" |
| Small child | <ul style="list-style-type: none"> ▪ Pregnancy ▪ You can't smoke around children ▪ My job is about kids (nanny) I need to be a good role model for them |
| Picture of the television show Scrubs | "This is about the long-term effects of smoking – like cancer" |
| Picture of a pumpkin with "health" as the caption | "The short-term effects of smoking – like coughing" |
| "Alienation from society" | "It's not cool anymore" |
| Picture of a family | "Pressure from your family to quit smoking" |
| Scale with coins | Cost of smoking |

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