AN INVESTIGATION INTO PUBLIC KNOWLEDGE AND ATTITUDES REGARDING TOBACCO SMOKING AND SMOKING CESSATION

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Abstract

Introduction

While tobacco smoking has been well established as the most common cause of preventable death in a number of countries including Australia and New Zealand, approximately one-half of Maori, one-third of Pacific Island people and one-quarter of European New Zealanders continue to smoke on a regular basis. Since 1991, few New Zealand smokers have quit, rather they have cut down on the amount smoked or switched to less costly hand-rolled cigarettes.

Despite compelling evidence to support smoking cessation as a cost-effective activity, efficacious interventions including brief advice, behaviour therapy and nicotine replacement therapy may not have been easily accessed by the New Zealand nicotine addict due to a lack of information.

Aims

In order to ascertain current knowledge and attitudes to tobacco smoking and smoking cessation interventions, this current study aimed to investigate three key questions:
1. How well informed are the general public regarding tobacco smoking and treatment methods for nicotine addiction?
2. Do differences exist between current smokers and non-smokers in their knowledge of and attitudes towards tobacco use and cessation interventions?
3. Are there differences between continuing and former smokers in their attitudes towards, and personal experiences of treatment methods for smoking?

Method

A telephone survey was conducted on 250 individuals aged between 20 and 59 years, selected at random from the Christchurch Electoral Roll and assigned into one of three groups: current smokers, ex-smokers and lifetime never smokers. Issues addressed by the 58 item questionnaire included general attitudes to smoking and cessation practises,
tobacco tax, laws prohibiting the sale of tobacco products, tobacco advertising and sponsorship, and the perceived role of the government in assisting smokers to stop.

Results

The sample comprised of 17.2% current smokers, 28.8% ex-smokers and 54.0% never smokers, with the mean age of the sample being 40.8 years. Current and ex-smokers followed similar patterns of tobacco use with enjoyment and pleasure being the most frequently reported motivator for smoking, health the predominant reason for attempting to quit and “cold turkey” the most common method used during a cessation attempt. Differences detected between the two groups included current smokers reporting a higher mean perceived addiction level to nicotine than ex-smokers, more current than ex-smokers citing habit as a major reason for continuing to smoke and a greater number of current smokers using nicotine transdermal patches during a cessation attempt than ex-smokers.

Significantly more never than current or ex-smokers stated health as a major motivation for cessation and a greater number believed advice from a doctor and illness of a significant other highly influenced quit attempts. Opinions also differed on the effectiveness of some cessation methods with more never smokers than current or ex-smokers considered “cold turkey” to be less effective and nicotine patches to be more useful in aiding cessation. Furthermore, significant differences were detected between groups in regard to tobacco sponsorship and advertising, reducing insurance premiums for non-smokers and the introduction of fully subsidised smoking cessation programmes. However, all three groups were more closely aligned in their knowledge of tobacco use in New Zealand and issues pertaining to increased taxation and restrictions on tobacco sales.

Conclusions

This sample were both relatively ill informed regarding smoking practices in New Zealand and unaware of useful information that may assist smokers to quit. While evidence emerged from this study to support smokers being slightly better informed regarding proven strategies for cessation than smokers in the past, generally few current smokers were aware of well researched efficacious interventions for smoking cessation.