



“We don’t want a lecture ... we want support”

**GIPPSLAND PRIMARY HEALTH NETWORK
RESEARCH WITH LATROBE VALLEY SMOKERS**

Report of qualitative research

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EXECUTIVE SUMMARY

The Gippsland Primary Health Network (GPHN) commissioned MMResearch to conduct a program of qualitative research with smokers.

The overall aim of the research was to explore smoking and quitting drivers and barriers amongst smokers living in the Latrobe Valley, with the purpose being to inform the development of strategies that will encourage and motivate smokers to quit or seek cessation support.

The research design comprised a program of fifteen group discussions, segmented by age, sex, work status and location. One separate group of young mothers from the local Koori community was included. A total of 85 participants took part in these group discussions.

It is important to keep in mind that this was a qualitative research study, and while every endeavour was made to ensure broad representation of smokers from across the community, being a research process that requires participants to attend group discussions, it is likely that not all sub-population groups were represented in the sample, and there may be value in further quantification of some results. Notwithstanding this limitation, the themes that emerged during the group discussions were consistent, and by the completion of the group discussions, the identification and exploration of the issues that were pertinent to these smokers seemed to be reasonably well exhausted.

SUMMARY OF KEY FINDINGS

This research identified several key interrelated themes that appear to be of particular importance in understanding smokers who live in the Latrobe Valley. These included:

- Smokers don't necessarily like smoking, but it does offer them a range of benefits that they don't know how else to have met. Most obviously, smoking is valued as a mechanism for coping with the breadth of life's challenges.
- A substantial group of smokers in this research experienced a lack of purpose or engagement that they believed might have given them a reason to not smoke.
- While health is a recognised reason to stop smoking, smokers have developed numerous beliefs that allow them to exempt themselves from feeling personally susceptible to health effects, or from experiencing the need to stop smoking.
- Smokers in this research experienced very low levels of self-efficacy with respect to stopping smoking, and an associated sense of hopelessness with respect to quitting, which affected their attitudes, beliefs and behaviours around smoking.
- Quitting resources such as the Quitline were not held in high regard, with a substantial limitation being that smokers have little understanding of how these services could help them.
- There is an opportunity and a need to promote nicotine replacement therapies (NRT) and to educate smokers about how to use NRT effectively.
- There is an opportunity to assist Latrobe Valley smokers through the provision of services that offer connection with others who are interested in quitting, and services that offer advice, support and counselling to smokers in the process of quitting.

Smoking is just something to do

When asked to describe what they liked about smoking, a common response was that they did not necessarily like smoking, rather it was just something to do. A small proportion admitted that they smoked for the enjoyment of smoking, but a more common response was that smoking had become more habitual and addictive, rather than enjoyable. This did not necessarily mean that they intended to quit though, as smoking still played an important role in people's lives.

Smoking as a mechanism for coping with life

While these smokers might not necessarily like smoking, they did value what having a cigarette did for them. At its most simple level, smoking offered them an opportunity for time out. It was a break from work, a time-out from the kids, a means of having a bit of space to oneself.

A dominant theme of this research was that smoking was used as a mechanism for dealing with many of life's challenges, ranging from the relatively minor to quite fundamental issues. These included boredom and disconnectedness, financial worries and unemployment, family and relationship stresses, other substance use, and physical and mental illnesses.

Participants were doubtful of their capacity to cope with these life stresses without smoking, which acted as a clear barrier to quitting. Previous quit attempts had typically come unstuck in the face of these stresses, and smokers doubted whether they could stop smoking unless these issues were addressed.

Any programs and strategies that are developed to support smokers in quitting need to take into consideration the breadth of challenges that people face in their lives, and the value that smoking provides. Programs that focus purely on smoking are unlikely to be either appealing or useful. For quitting attempts to be successful, smokers need to be assisted in adopting alternative strategies for creating personal time and for dealing with life's challenges without smoking.

There's no reason not to smoke

A common theme throughout this research was that many people felt they did not have a reason to not smoke, or at least they did not have a sufficient reason to stop smoking. This took different forms for different people.

Experience of un- and underemployment was common across these groups, and associated with this some identified a lack of purpose and meaning which translated to a sense of futility with respect to stopping smoking. They explained that with no work and few work prospects, they were not motivated by future goals, and preferred not to think about their futures. They reasoned that the positive value of smoking was something they experienced in the immediate, while the benefits of stopping smoking were all long term. Hence, they experienced little motivation to go through the difficult immediate process of quitting.

There was a strong sense of fatalism amongst smokers in this research, especially but not only amongst the older men, which acted as a substantial barrier to quitting. Some had seen family and friends be affected by smoking and assumed that smoking related disease was likely to be their lot. Some of the older smokers talked about not expecting to live past their late fifties or early sixties, as this was the life span of their parents before them. For others, there was a lack of personal agency, believing that they had little control over their health outcomes, and therefore that there was little value in stopping smoking.

In understanding these attitudes of futility and fatalism, it is important to acknowledge that a contributing factor may have been the sense of hopelessness that these smokers experienced with respect to stopping smoking. It is possible that futility and fatalism had developed because they no longer believed that they could stop smoking.

In the development of strategies and programs designed to support smokers to stop, consideration needs to be given to approaches that enhance self-esteem and perceptions of personal agency.

Health effects are not enough of a reason to quit

There was a reasonable level of awareness that smoking was associated with a range of chronic health effects, and it was common for participants to report that they had witnessed serious consequences of smoking amongst their friends and family members. However, awareness and/or experience of health effects did not necessarily affect quitting intentions.

Smokers proffered a range of arguments that allowed them to self-exempt from health effects messaging and to minimise their perceptions of personal susceptibility to these health effects. Older smokers tended to be more strident in their arguments against health effects, while younger smokers tended to report that the health effects were far enough off into the future to not have to worry about them yet.

As with the fatalistic attitudes, it is important to acknowledge that the motivation for expressing these self-exempting beliefs may have been to avoid the cognitive dissonance of smoking in the face of knowledge and experience of its effects.

When developing communications that target smokers it will be important to take into consideration that messages that focus on the health effects and on reasons why people should stop tend to provoke self-exemptions rather than engagement. This research suggests that greater value will be gained from a focus on messages about how to stop than on why to stop.

Lacking confidence in ability to quit

The process of stopping smoking was believed to be difficult, something that had been borne out by past quitting attempts, with a common observation being that these smokers doubted that they would be able to get through the cravings or the associated effects on their moods and emotional states.

Several participants talked about having chosen to return to smoking during past attempts, or having been encouraged to do so by partners, family members and work colleagues, because of the effect that not smoking had on them. They talked about being irritable, angry and upset whenever they tried to stop smoking, and about how this affected those around them. For many of the smokers in this research, it was easier to continue smoking than to go through these difficult processes and to affect their loved ones in these ways.

In the development of programs and strategies to support smokers in quitting it will be important to address issues of self-efficacy, and to assist smokers in adopting attitudes and behaviours that will enable them to get through the process of nicotine withdrawal without negatively affecting those around them.

Quitting assistance and resources

A substantial barrier to accessing services or resources was the belief that the most important thing required for a successful quit attempt was an attitude of “you’ve got to really want to quit”, and an associated belief that if one wanted to quit, these services were unnecessary.

There was little value placed on resources such as the Quitline, although this did not appear to be any different in this research than has been observed recently amongst other populations of smokers.

There was little awareness of how a service such as the Quitline could help, with a common belief that it would be presented in judgmental manner and that it would offer little other than promoting the reasons to stop smoking. Further, a common expectation was that the only time that support services would be used was after a decision had been made to stop smoking, and there was no awareness that these services could be useful in the process of preparing to quit.

In the development of programs and strategies to support smokers to quit, there is a need to better inform smokers about what assistance exists, and specifically to educate them about how the available assistance will make a difference to preparing for their quitting attempts.

Promoting and educating smokers about NRT

When asked about quitting aids and resources participants typically presumed this referred to some form of nicotine replacement, and while many had used NRT in the past, it was apparent that participants lacked knowledge about how to most effectively use these aids or how to determine which forms of NRT were most appropriate for them.

The cost of NRT was a barrier to trialing these aids, and there was limited knowledge about the availability of subsidised NRT through the public health system.

There would be considerable value in educating smokers about NRT, and in providing more cost-effective mechanisms for them to trial different forms of NRT.

Creating Quitting communities

There was some interest in accessing support that involved creating connections and communications with others. Ideas that received some support included on-line communities of people who were in the process of quitting, group support programs through which people could regularly interact with others who were quitting, support from within friendship and social groups, and a drop-in center where people could access information, advice, support and counselling services.

For any of these versions of group or face-to-face support, the essential need was for the service to be delivered in an empathetic manner, by people who understood and appreciated the difficulties that smokers face when quitting and the breadth and complexity of factors that contributed to their smoking. What they did not want was a service that focussed on promoting messages about why they should stop or that judged them for smoking and / or for the slip-ups they experienced in the process of quitting.

CONCLUSIONS

The overall aim of the research was to explore smoking and quitting drivers and barriers amongst smokers living in the Latrobe Valley, so as to inform the development of strategies that will encourage and motivate smokers to quit or seek cessation support.

While there are considerable overlaps between Latrobe Valley smokers in this research and those that have been previously identified from the general population in terms of attitudes, beliefs and behaviours around smoking, there were also some local attributes that appear to contribute to both higher smoking rates and to greater difficulty with stopping smoking in the local population. Most obviously, these smokers expressed attitudes that suggested a combination of low self-esteem in general, and low self-efficacy with respect to stopping smoking, which manifested in attitudes of futility and fatalism with respect to smoking.

To be of relevance and value, cessation support needs to be delivered in an empathetic manner. Any programs and strategies developed to assist Latrobe Valley smokers to quit or seek cessation support will need to acknowledge the breadth and complexity of challenges that people face and the role that smoking currently plays in assisting them to cope with these challenges.

Smoking cessation support needs to be provided in a context that considers whole of life. For smokers to quit they will need to be supported in developing attitudes and behaviours that will help them get through the difficult process of nicotine withdrawal and in developing alternatives to smoking for coping with the challenges that they experience in their lives.

BACKGROUND

The Gippsland Primary Health Network (GPHN) commissioned MMResearch to conduct a program of qualitative research to inform the development of programs and communications to address smoking in the Latrobe Valley.

According to information provided to MMResearch by GPHN, key data related to smoking in Gippsland includes:

- Smoking is the leading cause of preventable death and disease in Victoria and is a key modifiable risk factor underpinning the development of multiple chronic illness.
- Gippsland has the highest current smoking prevalence of all Victorian regions.
- The high smoking rates are likely to be significant contributors to cancer (the top cause of death in Gippsland), high levels of ongoing lung-related issues and heart disease (another leading cause of death in Gippsland).
- While a substantial proportion of people living in Gippsland have stopped smoking, the proportion of people who are ex-smokers in Latrobe City is one of the lowest in Victoria.
- Referral rates for people seeking support and advice to specialist services such as Quitline from health professionals in Latrobe City are the lowest in Victoria.
- The proportion of people who have never smoked in Latrobe City Council is significantly lower than the state average.

Given this prevalence of smoking, and smoking related health issues, there is interest in developing strategies to reduce smoking rates in the region. The purpose of this consultancy is to:

- Provide an understanding of local smokers, including insights into motivations for smoking, interest in quitting, experiences of quitting and barriers to quitting.
- Provide insights into the local issues that affect smoking and quitting rates, including factors that are peculiar to Gippsland.
- Provide community-based insights into how to support local smokers in becoming non-smokers.
- Provide these insights in a manner that engages the local community and that will encourage support of subsequent programs and strategies for affecting smoking in the local area.

The consultancy will comprise several stages, with this report relating to the first stage, being primary qualitative research with smokers. Subsequent stages will involve further consultation with the GPHN team and with key stakeholders in the community.

RESEARCH OBJECTIVES

The aim of this primary research is to explore smoking and quitting drivers and barriers amongst smokers in the local community to inform the development of strategies that will encourage and motivate smokers to quit or seek cessation support. Specific issues that were explored included:

- An exploration of experiences of smoking, including:

- Motivation for smoking, and the perceived benefits of smoking.
 - Thoughts, feelings and beliefs about smoking.
 - The factors that weigh into the smoking decision balance.
 - Perceived concerns about smoking, including personal, health and social factors.
- An exploration of the social context of smoking in the Latrobe Valley:
 - The environment of smoking, including social norms and perceived influences.
 - Perceptions of local attitudes to smoking.
 - Exploration of perceptions of factors that influence smoking rates in the local community (e.g., fatalism, rebelliousness, socio-demographics (generational welfare, employment issues, etc), role models, etc.).
- An exploration of attitudes to and experiences of quitting:
 - Motivations for quitting attempts.
 - Perceptions of factors affecting the success of quitting and re-uptake of smoking.
 - Barriers to quitting, both personal and social.
 - Perceptions and usage of quitting services, including barriers and potential motivators.
- Exploration of perceptions of existing strategies and programs aimed at reducing smoking rates:
 - Response to recent social marketing campaigns.
 - Response to regulatory environment (footpath bans, taxation, etc.).

RESEARCH APPROACH

The research design comprised a program of 15 group discussions, with a total of 85 participants.

Sample and Segmentation

Factors taken into account for segmenting the groups include:

- **Age** – The research program was segmented by age, with four age categories: 18-21, 21-29, 30-49, 50+.
- **Sex** – separate groups of men and women.
- **Location** – Groups were conducted in Traralgon and Morwell. Participation was not limited to smokers from the location where each group was held, so that groups in each location included participants from across the Latrobe Valley.
- **Employment status** – Some of the groups were segmented by employment type and status (blue collar, white collar), and some were recruited to include a mix of employed and unemployed.

- **Smoking status** – all participants were daily smokers. Recruitment aimed for a mix of smokers with respect to quitting intention, including some who have made previous quit attempts.
- **Aboriginal women** – one separate group was conducted with Aboriginal women who were pregnant or young mothers, recruited through the Koori Maternity Health Service. The findings from this group discussion have been reported separately (see: Findings from Koori maternity group).

A summary of the sample segmentation is included in the table below.

Age	Employment / economic status	Men		Women	
		Traralgon	Morwell	Traralgon	Morwell
18-21	Mix of Employed, Student & Unemployed	1 group	1 group	1 group	1 group
21-29	Low SES/Blue collar	1 group		1 group	
30-49	Low SES/Blue collar	1 group		1 group	
	White Collar	1 group		1 group	
50+	Low SES/Blue collar	1 group	1 group	1 group	1 group

Group discussions

A discussion guide was developed based on the research objectives, and after consultation with the GPHN project team. This discussion guide was used by the group moderator to prompt conversation amongst the participants, to steer discussion to the topic areas to be covered and the specific questions of interest within each topic area. All groups other than the group of Aboriginal women were moderated by a this report author (Michael Murphy), with the Aboriginal women's groups moderated by a female moderator (Alana Fishman).

Recruitment

Recruitment was coordinated by a professional research recruitment agency. Recruitment comprised a mix of methods, beginning with an email to a sample of the agency's database of people who live in the Latrobe Valley, and who have previously expressed their interest in participating in market and social research. This was supplemented through advertising (local media and social media) and snowballing techniques.

We recruited between six and nine participants for each group, with response rates returning a total of 85 participants. Participants were paid an incentive to cover time and expenses.

Group facilities

The groups were conducted in local facilities that enabled viewing and video-recording. All research sessions were audio-recorded for the purposes of analysis.

Analysis and reporting

With the permission of participants, all research sessions were recorded, and these recordings have been reviewed and transcriptions analysed for the preparation of this report.

A sample of quotes has been included for illustration purposes, with a reference to the group in which the quote was made in terms of sex, age group and where appropriate work background (BC=blue collar, WC = white collar). It should be noted that these quotes are not necessarily representative or reflective of segment differences, rather, they are included to illustrate and provide context and language to the findings of the group discussions.

While this report is an accurate reflection of the attitudes of participants, the limitations for generalising qualitative research should be acknowledged.

Throughout this report, some observations are included that compare these Latrobe Valley smokers with smokers from the general population. These are observations from the author of this report based on experience of qualitative research with smokers throughout Australia, and as such may require further comparative studies for confirmation.

DETAILED FINDINGS

EXPERIENCE AND PERCEPTIONS OF SMOKING

Top of mind perceptions

At the beginning of each group participants were asked the question “What is it like to be a smoker these days?”. Their responses and the initial conversations that ensued provide an insight into the issues that are top of mind for these smokers. Top of mind issues included:

- Perceptions of being judged by others. While some claim to be unaffected by this, some indicated that they felt quite upset or angry about being judged for their smoking, and some reported that this experience affected them in terms of changing where they smoked and / or who they smoked with to avoid the judgements.
- Frustration and annoyance with the restrictions on where smoking was allowed. While there was a general acceptance that some restrictions on where smoking was allowed was reasonable, there was also a sense that the breadth of restricted areas was excessive and unreasonable. Some suggested that they were ignoring some of the rules about smoking in the streets of local towns, and some suggested that these rules were contributing to feelings of being socially outcast.
- Concerns about the increasing cost of smoking. Smokers reported that they were choosing brands based on price, changing brands with changing prices and wanting to quit because of the cost of smoking. The rising costs tended to be blamed on government, and contributed to negative attitudes towards authorities in general.

These issues, which are documented in more detail throughout the report, are similar to the top of mind issues that have been identified with recent research smokers in other areas of Victoria, NSW and South Australia.

Perceived benefits of smoking

Participants were prompted to talk about the things that they liked about smoking, and how they used smoking. The main benefits were that smoking offering a break from either boredom or stressful situations, and that it was valued for social connectedness.

A small number of participants responded that they enjoyed the smoking experience, including factors associated with the taste and mouth feel of smoking. However, this was not a common response.

I like the feel of it, like when, the first drag, like the feel on your throat. (F, 18-21)

There is a part of that I enjoy breathing in the cigarette, I enjoy breathing in the smoke, the feel of the smoke in the throat. (F, 21-29)

Quite often, participants’ immediate responses were that they did not really like smoking, or that there was little that they actually liked about it, rather it was just something they did. Several commented that the positive attributes that they had associated with smoking when they first took it up had been lost, and that it was now simply a habit that fitted with their daily activities and routines and / or an addiction.

Throughout this research it was apparent that participants typically did not spend as much time thinking or talking about their smoking as they were during these group discussions, and that they tended to smoke without giving the behaviour much conscious thought.

Well I don't dislike it ... I still do it, but, I hate doing it. (F, 18-21)

I don't really like it at all, it was something that I done when I was younger, really, just to fit in. I'm addicted to it now. (M, 18-21)

I don't think anyone likes anything about it, do you? (M, 18-21)

Sort of routine, as well, I reckon. I got into the routine of wake up, have a coffee and a ciggie. (M, 18-21)

It's something you do. It's like getting up, first thing I do. Get ready, go have a shower, make sure I have something for breakfast. By the time I realise it, I've already ... had one, and yeah it's just part of the routine. You don't think about it. (M, 21-29)

Mine is just that I have smoked for so long now that it is just habit and the first thing I do in the morning is get up and go have a cigarette, like even if I am busting that doesn't matter I still go for a cigarette and sit out there like knee tapping. (F, 21-29)

Yeah I don't like anything about it. (F, 30-49, BC)

I don't like anything about it. It obviously calms me and mellows me through the day, but I don't have any like for it. It's been an addiction I've had since I was 10 years old. (M, 50+)

I don't know. I am sitting here going 'nothing', I don't enjoy anything about it anymore, so you just do it. Its habit. (F, 50+)

It is probably more the habit thing, like getting them and lighting up one, oh yeah a coffee, yeah a smoke. It is probably more habit than what you really enjoy. It is probably more a habit thing. (F, 50+)

Smoking as an opportunity for time out

When they were further prompted, a range of positive values of smoking were identified. A common important value of smoking was that it provided an opportunity for a time out, something to do while having a break. Several participants commented that they didn't think they could sit and do nothing, and so smoking allowed them to have time out. For some, there was a sense that smoking was their version of meditation and, as discussed below, they used smoking as a means of retreating from stressful situations.

I think one of the positives of smoking is that I get to sit outside ... I'm like, I'm going to go outside and I like go outside and like, if the sun's setting, I'm like 'oh I get to look at the sun set for longer' cause like, I can sit here and enjoy this cigarette, enjoy the sun, look at nature, I get all this fresh air, oh, it's beautiful, and I'm like, well I wouldn't do this without smoking. (F, 18-21)

Having that 5-minute thing I guess, to kill time. (M, 18-21)

I think the only thing I like about smoking is it's a time killer. Like you can, if you've got to kill five, ten minutes you just duck out, have a smoke and then come back in and you're ready to go pretty much. (M, 21-29)

Gives you a break from what you're doing. Whether it's at work or at home, just to stop for a few minutes, what you're doing. (M, 50+)

Relaxing. You stop thinking for a while. Sometimes you can think more, it's a break, it's a break. (M, 50+)

End of the day, when you get home and you sit down with your cuppa, and you light one up, it's just relaxing. (F, 50+)

Sometimes it's, like you know people don't like being around you when you smoke, you can go outside and be guaranteed you've got 10 minutes not being annoyed. (F, 50+)

It's time to yourself actually. (F, 50+)

This was especially valued aspect of smoking for those who were at home with young children. Several of the single mothers in particular commented that smoking gave them an opportunity to have a break from the constant pressures of parenting that they believed they would not be able to get otherwise. They commented that, because they wouldn't smoke around their children, having a smoke was an accepted means of separating themselves from their children for a few minutes.

I have my smokes as kind of a time out, a break from the kids. And so, like yeah, if I want to have a smoke I duck out the back and the kids will be playing and it's that 5 minutes for me to just sit down clear my head and not have mum, mum, mum, unless they find then I kinda hide. (F, 21-29)

It just calms you out. Like the kids are pissing you off. Five minutes I'll be back, and you have your smoke and your like. Okay, I can deal with this. (F, 30-49, BC)

I've got a sitting area, like I've got my front porch and I smoke out on my front porch. If your kids come out there, I tell them, 'Go away, I'm having a smoke, it's my time.' They don't respect that, then you piss mum off, it's not my problem. They've all been told. (F, 30-49, BC)

That's what it feels like that there's your little reward. It's like, it's the kids you are trying to get away from. When they are little or they're doing your head in. So, you try and find something else to reward yourself with cause it's going to be good. (F, 30-49, BC)

Some mentioned that smoking offered them a chance to have a break from work, and noted that it would not be appropriate to simply go out for a five minute break and do nothing, but that it was acceptable to go out for a cigarette break.

I know a lot of job sites, if you're a smoker you'll often get a small break. That, and it disrupts the routine as well. (M, 18-21)

it's not so much the act of smoking, it's the fact that you sort of just like, walking away from everything or whatever and like if you're at work and you just go out for a smoke break, you just like going out for you know five minutes or whatever, just to get away from everything. (M, 18-21)

I don't know, mine's sort of a little bit, sort of relaxation like if I'm stressed at work or if I'm doing things like that I'll think, right, I'll sort this out, I need to go have a smoke first, having a smoke, then I'll come back in and I'm just like 'ahhh' like you know, sort of feeling, and I'm like, that, it's just taken that sort of weight off you. (M, 30-49, WC)

It just sort of gets me out of the way for the moment, lets me think clearly and I come back in and off I go and do whatever I do. (M, 30-49, WC)

Dealing with discomfort and difficult feelings

A key related value of smoking was that it provided something to do in times of discomfort, boredom and stress.

For some, the habitual act of smoking was partly about providing an activity that filled in time. Several participants in this research talked about being un- or underemployed and not having anything else to do. This benefit of smoking as a break was also about relief from boredom, with these participants describing

that they would feel more anxious or irritable if they did not have something like smoking to do to break up their time.

Yeah, I do it when I'm bored. When I'm working on the boat, in the shed, and when I'm sick of doing the fibreglass on that I go and have a smoke, so, it gets me away from doing the work that I need to do. Sitting down and relaxing, having a break. (M, 18-21)

Mine's out of boredom at the moment ... as a mum that's always been a mum. That's always had to everything for their kids. When they get to that age when they dress themselves, clean themselves, go and play with their friends, go on the school by themselves. Then you are left there with all this limbo time when they're got nothing to do or you know. You going to sit there and watch tv. Because there's nothing better to do all day. (F, 30-49, BC)

A common explanation was that smoking offered a way to assist people dealing with difficult emotions and difficult situations. As with the mothers mentioned above, participants talked about the value of going out for a cigarette as a way of removing themselves from stressful experiences and challenging situations. Participants were aware that, from a physiological point of view, smoking contributed to physical measures of stress, but their experience of smoking was that it relieved their anxiety. As discussed in a later section of this report (see: Barriers to quitting), several talked about having returned to smoking after a quit attempt for this reason, and some admitted that their partners had encouraged them to take up smoking again, because of how they reacted to stressors when they were not smoking.

I don't want to kill my partner as much ... you know you just get in an argument and stuff and instead of sitting there arguing with you, you can just say 'I'm going to have a smoke now, you can stay inside with the kids. (F, 18-21)

Brings the anger down. (M, 50+)

If I could give up smoking tomorrow, I'd give it up, but I know for a fact that would be the end of my relationship, and I don't want to take the risk. (M, 30-49, BC)

When stuff goes down you want that cigarette, the nicotine. (M, 50+)

Well me personally, I have a heart condition, so I get stressed out, and when I get stressed out my heart can skip beats, so I like to not let that happen, because it is very painful, and to prevent it, when I feel myself going into a panic, I just have a smoke and just the nicotine and the relief, it's just to help a bit of the stress off, I know ultimately smoking isn't good for my heart at all, but even still, it's that bit of relief. (F, 18-21)

I enjoy that it relieves my stress. Like, it tones down my nerves. Other than that, doesn't do nothing. (F, 30-49, BC)

The other one is too, I find if I get really stressed out instead of popping pills like a lot of people do I smoke. Stress. (F, 50+)

A specific subset of the value of smoking as stress relief was that smoking helped people to deal with life in the context of the mental illnesses they suffered. Several commented that they were unsure how they would deal with their mental health issues without smoking, and as discussed later (see: Barriers to quitting), this attribute of smoking was a substantial barrier to quitting for some.

I've got very very bad depression and anxiety, I also take tablets for it, but other than that, I'm one of those people that think weed can also help people with depression and anxiety as well so I've got nothing against weed, um, other than that, just like yeah, smokes are my friends because they bring me closer to people and they make me like me. (F, 18-21)

Quite frankly, if I didn't have a smoke before I got here, I wouldn't have walked in here, it wouldn't have happened ...[because] I have major social anxiety ... I kind of just freak out. (F, 18-21)

Having some sort of depression or mental health, you smoke more. You get depressed you smoke more. You flip out and go into a mental health situation, you smoke more. (M, 30-49, BC)

And it's a crutch for when you're feeling depressed. (M, 50+)

Well I enjoy smoking and ... stress is yeah, something I have had a lot of trouble with and I take anti-depressants, I suffer from depression and I suffer from anxiety and panic attacks. I am on medication and cigarettes help with it. (F, 50+)

Smoking is not as bad as other things

Some participants responded that the main benefit of smoking was that it was less damaging than other things they could be doing. This attitude was especially amongst the younger participants, with a common belief was that smoking tobacco (and marijuana) was far less problematic than some of the behaviours that people around them were engaged in, essentially referring to other drug use. From this perspective, many of the younger participants reported that they chose to continue smoking marijuana in preference to using other drugs, even though smoking marijuana meant that they were unlikely to quit tobacco. Some of the older participants agreed, noting that they had previously used other drugs excessively, and felt that they were better off smoking than whatever else they could be doing. In this context it is worth noting that it was apparent during this research that smoking marijuana was quite common across the spectrum of the age groups.

It's a bad habit, but there's a lot of worse ones out there that you could have as well, so. (F, 18-21)

Yeah my childhood wasn't so good either, so I grew up just not you know being around different stuff, I was more around stuff like crack when I was younger and I'm glad I'm not that type of person, so weed and cigarettes, I'm appreciative, like I'm glad I'm not. (F, 18-21)

Smoking and smoking weed is good! ... compared to the alternative ... like there are some angry people down here on that shit and smoking and smoking weed makes me feel like a saint compared to those people and that's just literally Moe, Traralgon, Morwell ... (F, 18-21)

I'm less worried about the long-term damage as I am short term damage (referring to benefits of smoking tobacco over using other drugs). (F, 18-21)

The doctor tells me I'm going to lose my voice and all this sort of thing, but as far as giving up goes, I smoke more thinking about giving up, than giving up. I'm at that age, when I was younger I was a drug addict and an alcoholic and was told I wouldn't get much further than 50, I'm 59, and I'm kicking goals. I haven't drunk for 6 years, so that's pretty cool. (M, 50+)

Social value of smoking

Smoking was also thought to provide a range of social values. Most obviously, being a smoker provided a context for meeting and having conversations with people when in social settings. While this was also part of the habit of smoking, some also felt that there was enjoyment in having a cigarette and a drink together with friends, and it was apparent that an important part of the value was the opportunity that these situations allowed for separating oneself from the daily challenges and stresses of life.

You've got a common interest you can communicate ...yeah, you've got a common ground that you can talk. (M, 18-21)

I love a good ciggie though ... Goes with a beer well. (M, 18-21)

Nothing better than a beer and a ciggie, it wouldn't be right, I wouldn't be able to drink, if I gave up smoking I'd give up drinking. If I was an alcoholic before I was fucking 18, so that's not going to work. (M, 18-21)

Well, when you go to a new town or something like that, you have to be in a segregated area, you get to meet different people, you can have a chin wag, how are you going, what's your travel? (M, 30-49, BC)

Sometimes it is just not necessarily with the stress, it is the social aspect, I mean, I drink, I will have a glass of beer and I will have a smoke. Somebody will call me on the phone I will have a cigarette while I am on the phone. (F, 50+)

I also find that when you go out socially, being single and the most interesting conversations always happen with the smokers. (F, 50+)

Perceived negatives of smoking

Participants were prompted to talk about the things that they disliked about smoking. As noted above, a common response was that there was little that they actually liked about smoking, and therefore, logically, they disliked a lot about smoking. For some, the fact that there was nothing that they liked about smoking, and yet they still smoked, was what they didn't like about it. For these participants, that smoking had become so habituated that they continued to smoke without enjoying it was an indication of being addicted, and this they did not like.

I don't think I like anything about it anymore. I'm pretty over it. I'm close to quitting. I'm just sick of it, but I just can't seem to kick it ... I hate it. (M, 21-29)

I hate it. I hate being addicted to it, not being able to go without it. (F, 21-29)

It's not as much a choice, as an addiction that you know, like, I fight it. I put a patch on, I had a patch on yesterday morning, you know, after about 4 hours, I just go, fuck it, and I go and buy them. And then I think to myself, once I buy them and I have a ciggie and I think, you fucking dickhead. That \$20 you could have used trying to do up the campervan up to take my kids away. And every time I buy two packs, I know that's the floor that I need to get for \$40 but I've never bought the floor in two months, since I've had the van, but I go and buy the cigarettes. (M, 50+)

An obvious dislike was amongst those who acknowledged that they were experiencing health effects. This is discussed in more detail in the next section of this report. Similarly, several talked about the effect that smoking had had on the health and lives of friends and family members. And following from the previous point about addiction, these participants disliked that they were so addicted to smoking that they could not stop even when they were suffering the effects of smoking themselves or had close personal connection with others who had serious health effects from smoking.

As discussed in other sections of this report, participants felt that they were socially ostracised for being smokers, and while some reported that they did not care what others thought or felt about them, it was evident that this sense of being outcast was strongly disliked by others.

A substantial negative of smoking was the cost. As noted previously, the price of cigarettes was raised as a top of mind issue that concerned participants, and was recognized as offering a substantial reason to stop smoking. It was common for participants to report that they were constantly moving to cheaper and cheaper brands of cigarettes and / or tobacco, in an attempt to avoid the rising prices. However, several also noted that, despite the price rises of recent years, they continued to smoke and some reported that they would continue to choose to spend money on cigarettes before spending on basic necessities.

I get paid every Friday, half of my pay I'm left to go shopping with goes on smokes. And I could be putting that money onto the kids instead of them going onto smokes. (F, 30-49, BC)

We spend \$150 a week on smokes ... And that's buying from the cheapest tobacconist at \$16 a packet. Not from the supermarket. (F, 30-49, BC)

That's 80% of the motivation for me [to stop]. (F, 30-49, BC)

You can justify it, I haven't been to a butcher's or bought proper meat in about 4 years I've been separated, or vegetables, or fruit...I have two minute noodles mate. I had a pack of two minute noodles for dinner last night. I went down and bought a packet of smokes this morning. (M, 50+)

No matter how broke you are you will find the money for a packet of smokes ... you will go without something just to get that packet of smokes. (F, 50+)

Or you look for other alternatives, like I found a guy at the Morwell markets, I can get a box of 50 chop chop already made up for \$15. (F, 50+)

Some mentioned the practical elements of smoking that they disliked, such as the smell on their hands, hair and clothes. This was experienced more acutely by those who reported being in close proximity with non-smokers, such as children, other family members and work colleagues.

Like working in a restaurant, you've got to make sure, like I can't have smoke on my work uniform, like if I do, I put my dressing gown over me, before I leave ... so that way the smoke doesn't go on my work uniform, it goes on the dressing gown and I like drench myself in deodorant as I walk out the door and go to work. (F, 18-21)

Perceptions of smoking health effects

The groups were prompted to discuss their perceptions of the health effects of smoking and whether there were any specific health issues that were commonly rated as being of concern. Acknowledging that it would require a quantitative approach to make any comparisons, these components of the discussions did not appear to be substantially different to what is observed in the general population groups of smokers.

Awareness and experience of health effects

There was reasonable awareness of the range of health effects associated with smoking, with the most concerning factors tending to be those that they already had some association with through family and / or friends.

I am worried about getting cancer. Emphysema all those scary images on the cigarette packets. (F, 21-29)

Most of the time you just look at it and ignore it but sometimes you think is that going to be me, what happens 10 years down the track what am I going to be like? (F, 21-29)

Several participants from across all the age groups talked about family members who had suffered from smoking related illnesses, including cancer, emphysema, stroke and heart disease. And several of those in the older age groups referred to friends who were suffering or had died from smoking related diseases. They admitted that these close associations with smoking related diseases did prey on their minds, and provided some motivation to stop smoking. However, even amongst those who reported that people close to them had died from smoking related illnesses, these experiences were not necessarily a sufficient

motivator to quit now. Some of these participants expressed a degree of despair that they were unable to stop smoking themselves, even in the face of such evidence of its effects.

Oh, well I grew up with seeing the effects, cause my dad had emphysema since I was born so I grew up seeing it and that's how evidently my dad died, from emphysema, so I know the effects, I've seen it growing up. (M, 18-21)

My Mum's got Pulmonary hypertension ... It's like where you can walk for like two minutes and then she has to stop and have like a five-minute breather, sort of thing, so it's just like ... they can't fix it. (F, 18-21)

My nan's basically have been all health issues from smoking ... she can barely stand to do like wash like two cups without being out of breath. (F, 18-21)

My grandfather's terminally ill with cancer and he's been smoking since he was 14, but even that's not an incentive for me to go, fuck it. (M, 18-21)

My mother, she has emphysema, but she still smokes ... now that I actually think about it, my nan actually has emphysema as well and she still smokes, I just reckon it's in the blood line, just cursed. (M, 18-21)

Yeah I've got a friend on the lung transplant list, still smoking, they're never giving him his lungs. (F, 30-49, WC)

Makes me worry, just like me old man getting the cancer, and then my brother who is 18 months older, who had a similar lifestyle, having a triple heart bypass, that was a big one. I'm thinking, fuck, that could be me. Then I think, I live on my own, what happens if I have a stroke? Who's going to look after me? That's all the shit that plays through my head. (M, 50+)

My mother died of lung cancer. But I am still smoking ... it is terrible that that didn't stop me. (F, 50+)

One of my best mates for 27 years has emphysema, he's been in and out for the last 3 or 4 months. He went in today and we found out that one section of his lung is not working at all. On his other side of his lung, it's just working. He's in ICU, because there is nothing more they can do for him. It's so sad to see him like that. He's got to the stage when he's in palliative care, and I just fucking hate seeing him like that. All the tubes hanging out of him, it's a nightmare ... I feel fucking sick about it. I feel angry about it too. He said, why me, why me? There are other people out there who have done the exact same thing as him, and I honestly think it's a genetic thing. (M, 50+)

I watched my father die of cancer, smoking related. But it still doesn't stop me... (M, 50+)

While not as severe as the experiences of those around them, several participants also reported that they were experiencing chronic health effects from smoking themselves. As would be expected, this was especially the case amongst the older groups, although several of those in the younger age groups also reported that they were not as fit as they would be if they didn't smoke, that they had coughs from smoking, and / or that they experienced colds and flus more severely because of smoking.

I have to tell everyone that I'm having an asthma attack ... Just tell everyone, 'I'll catch up to you's later, I'm just having an asthma attack, I'll be right' and then you go off somewhere. (F, 18-21)

I'm developing neuropathic pulmonary fibrosis in the lung, which is scarring of the lung. I was told by a specialist, and this has been going on for about 5 – 6 years now. I still smoke. I mean, I might have stopped for about 2 or 3 days, but then I went back ...so, I'm still smoking. (M, 50+)

I must admit, now that I'm 66, and you see others in your age group dropping off the perch, it does make you think, it really does, especially when you cough of a night time, and you can hear me coughing now. (M, 50+)

Factors affecting perceptions of susceptibility

However, neither awareness nor experience of health effects necessarily affected smoking behaviours or quitting intentions. Participants raised numerous arguments against the reported health effects of smoking, and it was evident that these arguments were used to allow smokers to self-exempt from health effects messaging and to minimise their perceptions of personal susceptibility to these health effects. Throughout the research it was evident that the older smokers were more strident in their arguments against health effects. On the other hand, there was a greater tendency amongst the younger smokers to accept what they had heard about the health effects of smoking, but to argue that these effects were likely to be far enough off into the future for them not to have to worry about them yet.

A common argument was to claim that it was not possible to tell whether all the sickness and deaths that were attributed to smoking were necessarily from smoking, but that the authorities simply blamed smoking for everything. For some, this self-exemption was reflective of a cynicism towards authority, and to some extent a victim like mentality that suggested an underlying belief that authorities were simply against them.

They say it can cause premature birth when your pregnant, well I had a premature baby but that was due to pre-eclampsia not to me smoking, so there are all these other avenues that come into it. But they seem to pinpoint it all on smoking when there is other factors. (F, 50+)

As I said, they say cancer is the main thing from smoking, but how many people and what are the statistics of people that have cancer that have never smoked, never been near any smoke. (M, 50+)

But then again, everything in life is a 50/50 chance. I walk across the street it's a 50/50 chance that you make it across the street and not get hit by a car. (M, 50+)

But I mean a person who doesn't smoke still gets a stroke ... same with lung cancer, and they don't smoke ... and all the other cancers and they'd never smoked, so is there an actual disease that ahm, smokers that is just from cigarettes, is there actually a single disease? (F, 50+)

They blame everything on smoking though ... Because they blame everything, everything is blamed on smoking, like strokes, heart attacks, I mean we realise smoking is not good for us, but non-smokers have heart attacks, they have strokes, they have lung cancer, everything else. (F, 50+)

Well your chance of anything if you do anything, like your chance of dying in a car accident because you drive a car, same thing. (F, 50+)

To support these self-exempting beliefs, it was common for participants to report having a close experience that they believed was an argument against the reported health effects of smoking. They referred to examples such as: people who had been affected by supposed smoking related diseases who had never smoked; people who had smoked for a long time without developing smoking related diseases; smokers being healthy and only developing diseases after they stopped smoking; amongst other stories. While these reports came from all age groups, they did appear to become more dominant with age. During the group conversations, participants suggested that these examples proved that the health effects information that has been promoted about smoking is not the whole story, and they therefore used these arguments to justify continuing to smoke. For some, it was apparent that these examples supported their claims that life was something of a lottery, and whether they were affected by smoking was simply one of the lotto games they played. However, given that almost all participants accepted that

smoking could have severe health effects, a question can be raised about whether the motivation for expressing these beliefs was to avoid cognitive dissonance of smoking in the face of knowledge of its effects.

My dad passed away of cancer and he wasn't a smoker, so ... (F, 18-21)

Yeah my pop got cancer and then he quit and then his body got worse so he was like, 'well this obviously aint working' so he went back to doing it, still alive, but just sick as fuck. (F, 18-21)

Well I mean, my nan's like really old right, like really really old, and you'd think she'd be dead but she's still kicking, she's still walking, she's still doing stuff ... and my pa's old and he's got some heart conditions and he's still kicking ... and like the fact that they have lasted so long considering they've been in a house that they've always smoked cigarettes and like my nan's a chain smoker ... so like part of me is like, 'it's alright, like, there's not going to be that many health issues, like my family's like pretty good at this stuff. (F, 18-21)

There's no way to tell, it's basically Russian Roulette. (F, 18-21)

There's a lot of people that I know right that have been smoking since their 30's and 40's and they're in their 90's, and they're still going strong you know, and they smoke. (M, 30-49, WC)

I had 4 members in the family that died and none of them were smokers and they all had cancer. (F, 50+)

No, as I said, my grandfathers they smoked until well into their 80's. My parents both lived into their 80's, they smoked ... I'm big in 'seeing is believing'. (M, 50+)

I reckon it's to do with your genetics and all the rest of it, I don't reckon smoking, I know someone recently that never smoked, well this was last year, never smoked a day in his life, he died of lung cancer at 49. (F, 50+)

I gave up smoking for 12 months, 6 months after I gave up smoking I got pneumonia, I've never had it before in my life. (F, 50+)

There was a strong sense of fatalism amongst these groups with respect to the effects of smoking, and this acted as a substantial barrier to quitting. For some, this was based on having seen family and friends be affected by smoking and therefore assuming that this was likely to be their lot as well. For others, the attitude was more akin to a lack of personal agency with respect to one's health: that whatever diseases one developed or whatever one died from, was a matter of chance rather than anything one did personally; and from this perspective, whether one smoked or not was irrelevant. These participants argued that their health was as likely to be affected by some random event, the proverbial "hit by a bus" argument, as by smoking. It appeared that this sense of fatalism was most evident amongst the groups of older men. However, consideration needs to be given to whether these attitudes resulted from the sense of hopelessness that these participants experienced with respect to stopping smoking.

As I said, we've all got to die one day, so, best not to think about it and just, yeah, live your life. (M, 18-21)

I don't know, it just doesn't really bother me cause my whole self-worth thing, like. (M, 18-21)

We all know it's bad for you, it's just a raffle if you're going to get lung cancer, if you don't. (M, 50+)

It is bad for you, there is no two ways about it ... but so is driving a car. (F, 50+)

I just thought, when it comes to my day, I will die anyway, so I might as well enjoy it. The thing is, I control it anyway. (M, 50+)

If I'm taken off this earth because I died of a smoking related disease, well, so be it. (M, 50+)

For some it was apparent that the fatalistic attitudes were related to an experience of not having a purpose that was driving them to want to be healthy. Several participants commented that their health was compromised just by living in the Latrobe Valley, and argued therefore that there was little value in quitting.

But I think what she's trying to say is like, say here in Morwell, Churchill and Traralgon, we have these big Chimney, what do you call them, power plants ... The thing with the generator that got bought back ... They're digging all the holes and all that shit, um that's obviously a hell of a lot of pollution, how do you know that he didn't die from pollution that wasn't just five meters down this road. (F, 18-21)

A small number of participants justified not having to attend to health effects messaging through a hope that there will be a cure by the time they develop a smoking related disease. Again, it was apparent that this was more simply an excuse for not stopping, than a strong belief about the consequences of smoking related disease.

I feel like there's a big part of me that clings on to the hope that medical science will get to the point where cancer is not a problem, so it's like, we're in 2018, we're getting pretty close I reckon. Ride it out 10 more years, see how we go. (M, 18-21)

SOCIAL AND ENVIRONMENTAL CONTEXT OF SMOKING

Social norms of smoking

The groups were prompted to discuss the social context of smoking. While participants experienced being judged and ostracised by the wider community, the common sense was that, within their own families and social networks, smoking was the norm, and therefore an acceptable behaviour.

A common response was to say that “everyone smokes”, with this including friends and family members, and some commented that it was harder to think about who didn’t smoke than who did.

Participants in several of the groups talked about growing up in smoking households, with parents smoking, and that even as children, they always had an expectation that they would take up smoking eventually. Several claimed that they had believed that smoking was just a normal part of being an adult, so they assumed they would become smokers. In this context, several of the younger participants talked about not being discouraged by their parents when they started smoking, because their parents were smokers themselves, and felt that this contributed to them developing smoking into a habit.

The only person I know that doesn’t smoke is my younger sister. (F, 18-21)

When my dad went for a smoke I’d follow him. I wasn’t smoking at the time, but it was what we did. And when grandad came around, I’d follow him. (M, 18-21)

I’ve just been doing it for so long, no one told me not to, my parents all smoke, my younger brothers and sisters all smoke, my nan smokes, everyone smokes man. (M, 18-21)

I know more smokers than non-smokers, definitely, I think we tend to sort of, well we congregate in our groups. (M, 30-49, WC)

My father smoked when I was growing up and that, and he’d smoke in the car and like the window would be like cracked down, only like that if you were lucky, and that’s sort of, I don’t know if it’s sort of, but it sort of makes smoking like, was acceptable. (M, 30-49, WC)

Associated with this perception of smoking as normal, some also believed that smoking related disease was normal, and that they expected that they would develop smoking related diseases, as their parents had. Some indicated that they expected that their life range would be the same as their parents, and therefore that it would be acceptable if they died of a smoking related disease in their fifties or sixties.

I don’t know, I just smoke, like I’ve watched my parents smoke, and they’re fine, um and so it’s just sort of like, it’s part of life to me I guess, like when you watch somebody, like, especially your parents, smoke all the time, and like you grow up and then you’re like, ‘oh, well we’re supposed to do this then’ like you know. (F, 18-21)

Another common theme was the perception that everyone smokes when out socialising and drinking, even those who don’t smoke or have stopped smoking otherwise. Along with normalising smoking, a consequence of this was that the social setting created a substantial barrier to quitting.

Even those that don’t smoke, like I know my brother in law, he doesn’t smoke usually, but if he starts drinking then, he comes over our house and has one or two and stops, he’ll end up picking up a cigarette and he hasn’t smoked for years now, but he will, when he’s around us. (F, 18-21)

I find it surprising at uni, there’s really not that many smokers but of all the people I hang out with, you know, on a normal day, 20% are probably smokers, but then again ... you go to a party, then they’re all smoking, you know, everyone social smokes around here you know, even people that don’t smoke like. (M, 18-21)

Those who had partners who were smokers also reported that this made stopping more difficult.

My partner who I have just started seeing he is a smoker. So that encourages me. He smokes a lot often more than me, so he will roll a smoke but then he will roll me one. (F, 21-29)

Well my partner, who I have been with for the last 4 or 5 years, before I met him I wasn't a very heavy smoker but he was a very heavy smoker and then I started slowly getting into his smoking habits and now I am trying to cut back because it is not particularly pleasant for me to smoke that much but yet again when you have someone next to you that's doing it, the nagging in your brain starts. (F, 21-29)

Associated with the notion that smoking amongst their social group was the norm, it was common for participants to mention that few people in the close circle of acquaintances had successfully stopped smoking. From this perspective, few participants had any positive examples or role models of how to successfully quit. They knew of plenty of others who had made numerous attempts, but few who had completely stopped. It was apparent that this contributed to perceptions of low self-efficacy with respect to quitting, on the basis that few people actually managed it.

My mum. She's the only one I know of that has quit. I don't know anyone else. (M, 21-29)

On the other hand, some mentioned that some people around them had managed to stop smoking, and suggested that this left them feeling more self-conscious about smoking and more intent on stopping themselves.

My mum's cut down heaps and my cousin only uses his smokes for other reasons. And I'm, they used to be a lot heavier than what I am, and they're shocked at me at how much I've been smoking in the last couple of years. (F, 30-49, BC)

Friends our age are quitting now, I've noticed in the last couple of years. (M, 50+)

There is less people out there smoking yeah. (F, 50+)

As noted throughout this report, participants were aware that smoking amongst the wider population was decreasing, even if it wasn't amongst their own families and friendship groups. Within this, there was some awareness that they tended to spend less time with people after they stopped smoking.

I think public's perception is changing towards that sort of attitude and it's certainly swung, you know, when I started working thirty odd, thirty-five years ago, everybody went for a smoke and that slowly diminished and the non-smokers were very few and far between, now, I think the pendulum's swung, now the smokers are few and far between and the non-smokers are running the show, if that, so yeah, so it's gone that way that people are going 'oh, don't smoke near me or whatever' that pendulum has gone. (M, 30-49, WC)

I'm noticing people stopping, um in my group ... anyway, um, yeah, every couple of weeks you notice there's one or two less sort of people trying to give it up, um, sometimes you see them back there a couple of weeks later, but they try, at least, to get the patches and the gum and all the rest of it yeah. (M, 30-49, WC)

Yeah my missus, her entire family used to smoke, they don't smoke anymore. But, like we've all said it before, the people that you used to hang around that smoked, you don't associate with them anymore. (M, 30-49, WC)

The groups were prompted to discuss whether they experienced any stigma associated with smoking. As noted earlier in this report, the perception of being judged and ostracised was a top of mind issue, and from this perspective, participants experienced being stigmatised as smokers. Some described that they experienced these judgements especially strongly when they were with children, whether their own children or others'. Some claimed that they experienced stigma in their workplace, for both the smell of smoke and that they had cigarette breaks. The stigma described by Latrobe Valley smokers in this research appeared to be similar to that identified during qualitative research with smokers in other location around Australia.

Constant ridicule, you're having a smoke down the street people look at ya, like, and it's like 'I'm just havin' a durr'. (F, 18-21)

It's worse when you're walking down the street with a kid, I baby sit, and I walk down the street with a kid and I pull out a smoke and everyone just kind of stares at me, like 'what are you doing?'. (F, 18-21)

I get frowned upon at work cause I'm like 'oh have a smoko break', and there's only three of us in a group of 30 and us three that are looked down upon like we're bad, and then we come in and they're like 'oh you smell funny' ... 'it's all over ya', you know, 'why do you smoke, rah rah rah'. (M, 30-49, WC)

I get frowned upon a little bit at work here, um there's less of those who do actually smoke who work here, um and if you go out they're sort of a bit like, 'hmp, you're going for a smoke', like, sort of thing. (M, 30-49, WC)

Just, back in the day, it was advertised on tv, if you lit up a smoke you were cool. These days if you light up a cigarette and look around, everyone is looking at you. What are you doing that for, I'm getting your second-hand smoke. It's uncomfortable, it's not the way it was. (M, 50+)

You are looked down on, when you are a smoker. I have a granddaughter that tells me I'm yuk ... when I go out for a smoke she said "eww, you are going out to do the yuk". (F, 50+)

Smoking norms in the Latrobe Valley

Each group was presented with the information that smoking rates were higher within the Latrobe Valley than other areas of Victoria. Participants were not at all surprised. They felt that this made intuitive sense, based on the numbers of people they knew who smoked and on their perceptions of the region.

Reasons postulated for the high smoking rates included a perception that there were high rates amongst the local population of a range of disadvantage attributes that people believed were associated with smoking, such as high unemployment, low income, high rates of mental health difficulties, high rates of drug usage.

It's the lack of jobs, and you know, the depression side of things. (M, 30-49, BC)

I know six different fella's that worked out at Hazlewood, not one of them smoked, and now everyone of them does. They had too much to do, and they've gone from ... a full-time job to nothing. (M, 30-49, BC)

There's a lot of mental health issues around Latrobe Valley. Especially with the power stations closing down and now the newest power station closing down. Over the years, that's done a lot of damage to the... Cause there were so many jobs and now that's just. There so many men out of work. Done lots of work, and now there just nothing there for them. (F, 30-49, BC)

The Latrobe Valley has the higher rate of drugs, it has the higher rate of everything. (F, 50+)

Some, especially amongst the younger participants, reported that the high smoking rates were related to boredom, claiming that there was nothing to do. Some felt that the high levels of unemployment amongst these groups may have contributed to this perception. As noted in other sections of this report, there was a lack of engagement and purpose experienced by participants in some of these groups, and it was apparent that this contributed to an attitude that supported smoking. That is, with no strong motivation for anything, some experienced no particular reason not to smoke.

It's fucking boring here and there's nothing to do. (M, 18-21)

And if there was activities, like, we could do around here, that would keep us occupied and shit, that would help us a lot. Then we wouldn't feel the need to smoke as much. A lot of us are unemployed. (M, 18-21)

That's another thing, if we had incentive, but there's nothing here to look forward to in the future ... there's no future in the Valley. (M, 18-21)

There's not really a great lot to do here. If you go to Morwell, like you've got the movies and stuff like that. But there's nothing like, and there's ten pin bowling and everything involved. There's nothing in Traralgon and Moe to do. (F, 30-49, BC)

There's more boredom. (M, 50+)

The predominance of a fatalistic attitude amongst these participants appeared to contribute to high smoking rates. As some participants noted, people's health was already affected from the effects of pollution associated with living in the Latrobe Valley, and they went on to reason that smoking was similar to the pollution, so there was no reason not to smoke.

Yeah, but just living in the Valley could be just as bad as smoking. (F, 50+)

I know a neighbour of ours, when I was a kid, you know and ... he was a smoker and he died of what they call black lung, because of the coal, and his theory was 'well if that doesn't kill me this'll kill me'. (F, 50+)

Well you're pretty much screwed in Traralgon anyway, even if you don't smoke, like I mean, with the APM and the pollution and I mean, and the mine, I mean it's just fucked mate, like. (M, 30-49, WC)

EXPERIENCES AND PERCEPTIONS OF QUITTING

Participants were prompted to discuss a range of issues associated with stopping smoking, including their desires and intentions with respect to quitting, their experiences of quitting attempts, their use of and interest in quitting aids and resources, and the barriers they experienced to successfully quitting.

Overall, these discussions did not identify any specific issues that clearly differentiated the Latrobe Valley smoker group from the general population of smokers in terms of their experience of aids and resources, however it was apparent that the desire and intention to stop smoking was at a lower rate than is typically observed by this researcher in qualitative research with smokers throughout Victoria, South Australia and NSW.

Desire and intention to stop smoking

Some participants had no intention of stopping smoking, and believed that they would always smoke. These participants claimed that they accepted that smoking could have consequences on their health and longevity, but that they chose to continue smoking, and believed that what they gained from smoking outweighed these negatives. This reluctance to stop smoking was especially obvious amongst the older male groups.

I reckon the only thing at the moment that's going to make me stop, is, it raining, because I have to go outside to smoke. (F, 18-21)

It's my choice I smoke cigarettes, and as far as I'm concerned, I don't want to die a craver, I want to die just naturally. I don't want to crave for shit. My wife stopped smoking for 22 years and she still feels like a cigarette today, bugger that. Life isn't meant to be full of stress. (M, 30-49, BC)

I can't see myself quitting. I'm happy at the moment. Healthy – well I'm a fat turd, I don't want to give up. That's basically what it comes down to. I'm happy. (M, 50+)

I probably won't stop. I just like to have a smoke in my hand, sit outside, that's about it. (M, 50+)

Whichever way you ask me, I'm happy, and I don't want to give up at the moment. I'm not going to sugar coat it, I know it's bad for me, but that's my opinion and that's what I want to do. (M, 50+)

I'm of the mindset, when I was 18 I was in gangs. We had baseball bats, we had everything. I was going to be dead at 21, or in jail. I'm 50, I've had a family, I've been married twice, so, as I said ... because I'm happy, I want to. (M, 50+)

Me personally, it's not a big enough addiction for me to worry about it. I don't think I need to worry about it, it doesn't worry me. (M, 50+)

At this stage, no [not interested in stopping]. I've lost everything in the last few years, so what the hell. (M, 50+)

A common attitude was those who claimed that they would stop if they had a reason to, but that they did not have anything that motivated them to want to not smoke. This attitude was especially prominent amongst some of the younger groups of smokers, and most obviously amongst the younger men, who had talked about smoking as a way to relieve boredom and as something to do when they were otherwise unoccupied. These participants admitted that they lacked a sense of purpose in their lives, and that this contributed to their perception that there was no reason not to smoke. When further probed, these participants were adamant that the threat of suffering serious health effects from smoking was not a

sufficient reason to stop smoking, but rather, they felt that they would need a more positively focused reason to want to be alive and healthy.

I'd like to stop, I just don't know when. Probably if I had something that made me stop, like a job or something, just something that prevented me from smoking. (M, 18-21)

I don't care anymore really, so...yeah. (M, 18-21)

If I had motivation, yes, I could [stop] but there's nothing. (M, 18-21)

I don't know, yeah, there's just no one telling me to stop really ... I can't see it hurting me and until it hurts me, I don't see a reason to stop. (M, 18-21)

I can't really answer that [Do you have a thought that you will stop one day?] because the way I value my life isn't exactly highly, so I don't know ... so yeah my um, my self, um, I don't exactly know what to call it, but my self isn't exactly the pleasantest ... [Self-worth?] ... yeah that's it, like there's no reason not to [smoke], or, I don't believe there is. There is, but there isn't really ... I don't know, I'm a very complicated human being. (M, 18-21)

It's not that we don't want to [stop smoking], it's that we don't have a solid reason to. (M, 18-21)

A variation of this attitude, more commonly amongst the older participants, was a sense of fatalism. These smokers talked about life being a gamble, and expressed a belief that they had little control over their future. Consequently, the thought of going through the difficult process of stopping smoking held little appeal when they believed that quitting would not necessarily change their health outcomes. While these attitudes appeared to be convenient self-exempting excuses for some, for others, the sense of futility was very real. An element of this was that there were so many challenges in their lives, that stopping smoking did not seem sufficiently important.

I've lost everything I own in the blink of an eye ... the following year I lost my son and my grandson, the following year my wife had lung cancer, the following year I had a head on in the truck – so, every second can be a different second, so ... why go through that [quitting] when life can change in a millisecond. (M, 30-49, BC)

I could drive out of here tomorrow, and I could get killed in the car out the front. (M, 30-49, BC)

That's how I look at it too. My grandfather smoked and drank till he was 101, you know, my uncle didn't drink, didn't smoke, never took drugs, nothing like that... did he have fun? Um, lived like a priest, but he died when he was 40 of cancer. You know. (M, 30-49, BC)

When I was a kid it was normal for fathers to die around the 50, 60 mark. Nowadays there is all this fix me up, fix me up, we last longer ... my head says, they're going to find a fix me up drug before I get real crook. (M, 50+)

My dad dies when he was 61, probably alcohol and cigarette related, but his father lived until he was 95. Smoked, drank...I think it is a bit of a lottery. (M, 50+)

I have philosophy ... you could go out tomorrow and get smashed by a bus and get killed ... a months ago I fell off a trailer, I banged my leg and shin up pretty bad, I went to hospital and had a scan, they're telling me I could have had a blood clot and died within an hour. (M, 50+)

I don't have the willpower, and I have no desire to stop ... even though I do think about it, I think pfft, you know, 57, I've had a good innings ... I'm going to go out the way I want. (F, 50+)

I think I'm just too scared to try to give up. (F, 50+)

Against all the stressors, because, you know, my boy, I lost because he was paranoid schizophrenic, my daughter also has a personality disorder, and she, she has a lot of anxiety and stuff like that, so I always have this, so I think well what's the point? (F, 50+)

For some of these smokers, the limitation was that even if they did perceive some benefits in not smoking, these benefits were way off in the future, while the challenges that they experienced that would make it difficult to stop smoking, were experienced in the present.

I don't know, like for me, a benefit would probably have to be more you know like, a short term, like I don't care about myself in thirty years, I don't know what I'll be, I could be wrapped around a tree or I could be having a happy life with ten kids, who knows? (M, 18-21)

For some, the pros and cons of smoking were relatively evenly balanced, but the process of stopping smoking was hard, and therefore the easier decision was to continue to smoke. Some claimed that they wanted to quit, but indicated that they did not really want to go through the process of stopping. While they had a desire to be not smoking, there was no associated intention to stop. These attitudes were confirmed in responses to the question of “when do you think you might stop?”, with common responses indicating that this was some time off in the future, far enough away not to have to do anything about in the present.

There's times that I'd be like 'yeah, I'd rather not' but like the benefits and the negatives are sort of exactly balanced so it's sort of like, you know, if I do or if I don't, I'm you know, not really that fussed either way. (M, 18-21)

I want to stop but it's hard, like trying to go even one day without it, it's like a relief by the time you finally get home and you have one. (F, 18-21)

I usually say New Years and then it doesn't happen. (F, 18-21)

I'm hoping I grow out of it. (F, 18-21)

For a considerable proportion of the sample, stopping smoking was accepted as an important thing to do, but it was not high on the list of things to do in the present, and these participants also did not have a clear idea of when quitting would get raised to the top of their to do lists. Amongst the younger participants (i.e., under 21) this was about feeling that they did not yet have any great reason to stop, and amongst the older participants (i.e., those over fifty) it was fueled by feelings that they had little to gain by stopping. For a substantial proportion of these smokers, quitting intention was little more than a belief that they would one day wake up and decide to stop, but that there was nothing that they could or should do about their smoking until then.

I want to give up smoking one day, I don't know when, but I don't want to smoke my whole life. (M, 18-21)

I'd like one day to stop, but I have no plans to push myself to it. (M, 18-21)

When the time is right for me to stop, I'll know, and we'll go from there. (M, 21-29)

I'd like to give up but yeah I sort of don't have the feeling where I want to give up you know what I mean? I'd like to give up but I don't have that sort of feeling where I sort of, that's sort of pushing me to say, geez, you've got to give up, I still got that feeling that I enjoy smoking at the moment so yep, health wise, I know you've got to eventually bite the bullet. (M, 30-49, WC)

I'd hope by 40, I might be able to quit, I don't know, I definitely don't want to smoke for the rest of my life, I see, that what can happen and will probably happen, so um, I just have to be ready to do it. (F, 30-49, WC)

Perceptions of self-efficacy with respect to quitting were particularly low, with claims that they would like to stop, or to have stopped, but that they were not confident that they could go through the process of quitting successfully. For many of these smokers, their past experiences of quitting attempts confirmed for them that they might not be able to stop smoking.

I try and say 'By the end of the month I want to least try and cut down first', and then go from there. But the end of the month comes, something comes up and I'm back to smoking heavily again. The intentions are there, it's just the actions... (F, 30-49, BC)

I think it's the ability to override what this is saying up here, your mind, to what you actually physically do, and I'm not saying I'm strong willed ... I just don't know that I would be able to do it, that's all. (M, 30-49, WC)

It was more common amongst those in the middle ages of these groups to express an interest in stopping. Some of those in their later twenties, thirties and early forties reported starting to experience the effects of smoking, and associated with this, they perceived a value in not smoking. Some of the younger smokers claimed to have definite plans and intentions about quitting, but these were in the minority.

Yeah definitely, the want's there. Exactly yeah, I've wanted to for a while. (M, 21-29)

I would like to stop. I've tried a few times, but just, it hasn't really worked out. (M, 30-49, BC)

I do not want to smoke when I hit my 30's. (F, 18-21)

If I haven't quit by the time I'm 25 I'm going to straight up tell the people around me to not let me smoke, I'm going cold turkey. (F, 18-21)

When discussing quitting intention, a common attitude was that the precondition for stopping smoking was that "you have to want to stop", with a concurrent belief that there was nothing external that could affect their desire to stop.

It won't work unless I want to. (F, 18-21)

I'm just going to wait till I want to stop Yeah and if I really do want to then I can stop. (F, 18-21)

There's no point if you don't want to because then as soon as someone comes with a cigarette, you're going to want a puff of it. (F, 18-21)

Amongst those who reported a desire to stop smoking, the main reasons for stopping were associated with health and finances. A common motivation was about children, either because they wanted to live long enough to watch their children and grandchildren grow up, or because they wanted to be healthy enough to play with them. Several of the younger participants expected that they would stop if they had children in the future, and some of the younger women reported that they expected that they would stop when they became pregnant.

I hope to stop because I want to be able to keep up with the kids. (F, 18-21)

My only motivation to quit would be if I had kids, or if it was for a loved one, you know. (M, 18-21)

I'm definitely not going to smoke when I'm pregnant. (F, 18-21)

I reckon that once I have children or have a kid, I won't want to let them see what I'm doing, so I'll try [to stop then]. (M, 18-21)

I just think smoking while you're pregnant to begin with, that child doesn't have a say, why do that to it? I've been around babies, and it's just not on. (F, 18-21)

Like with me on the aspect of wanting to quit, it is only just coming to a health thing now. After 10 years of smoking it just comes to a point where I would love to have grandkids and stuff like that. (F, 21-29)

I have to [quit]. I don't have a choice. My health and my kids. So, I've got the younger kids, and I'm an older bloke, I need to, I want to set the example for them, and I actually want to be around. My son is 5, I'm 48, I want to be around, if I get cancer like my old man got, knowing my luck I'll fall off the perch mate. I don't think that's fair on my kids, they're going to have a future saying, dad smoked, what an arsehole. (M, 50+)

Probably my kids. I might be thinking that I'm going to die earlier. So, the family comes into it of course. But me personally, I just don't give a shit. (M, 50+)

I've got a reason, family wise. That reason is always there. But it's still not enough to stop me from smoking. (M, 50+)

It's about health, I want to be around for my son who's 11 at the moment, so yeah I want to be around for him. (M, 30-49, WC)

As documented previously, some participants, even amongst the younger groups, talked about experiencing smoking related health consequences, and noted that this did motivate them to want to stop. Some also noted that having watched others in their families being affected by smoking motivated them to want to stop. However, as discussed throughout this report, even the experience of or close association with severe health effects was not enough for others to consider quitting.

My situation is a bit different, because I have the beginnings of heart disease. And my dad had it. He had to stop smoking when he was 30. Even now when he doesn't smoke he still goes in for repairs every now and again in his heart. Basically, I have to stop or I won't make it to 50. It's different for me, I know it's coming. (M, 18-21)

I don't want to smoke anymore you know what I mean? I'm just over it. I just don't know how to get to that point to get rid of it ... My lungs are starting to get affected and everything. I can feel at work and that when I'm going up the back of the truck I'm just gasping and I just don't want that. No good. (M, 21-29)

Yeah, definitely, I never used to care about it but when I started seeing my mum go downhill that's when I started changing my opinion and, like 'cos I can feel the same things happening to me basically, like just getting not as fit. And yeah, I hope to do it before like, I get to the point mum's at. You know what I mean? (M, 21-29)

I'm just glad that I'm going to stop. Because I can't afford it. My sister died of lung cancer as well. As soon as I found out that she was terminal, when she first got sick, I quit. But then after she died, I still didn't smoke for ages until 12 months ago. I don't know what made me start again. (F, 30-49, BC)

The cost of smoking was identified as an important reason for wanting to stop, and as the main motivation for many of these smokers. Participants were concerned about the increasing price of cigarettes, and especially concerned that recent trend in price increases would continue. However, they also reported that rather than prompting them to stop smoking, so far the prices rises were motivating them to change to cheaper brands, to switch to roll your own tobacco or to find places where they could buy unregulated tobacco (chop chop). It was evident that participants could find ways to continue to justify smoking despite the financial difficulties that it was causing. There was a strong tendency to blame 'the government' for the cost of smoking, and an associated belief that governments were more interested in making money from tobacco than in helping smokers to quit.

Say like you go to buy a house or something, you're not going to be able to afford to fork out a hundred and fifty dollars a week on smokes ... but I'm not in that situation so... (F, 18-21)

If they weren't so expensive, then yeah, I think that I I wouldn't stop, but the pure reason why I want to give them up is cause it's just killing me, financially, like I'm spending like pretty much 20 grand a year. (M, 30-49, WC)

Barriers to quitting

The groups were prompted to discuss the factors that acted as barriers to quitting. Some of these are relevant to the issues document above that affected intention to stop. Participants were also asked to talk about what they would find difficult about stopping, what they would miss about smoking and what had stopped them from successfully quitting in the past. To a considerable extent, the perceived barriers were related to the benefits of smoking documented earlier in this research.

A limitation of this component of the discussions was that, as noted above, some in each group reported that they did not want to and / or had no intention to stop smoking, and consequently other barriers were not personally relevant.

During these discussions it was apparent that a substantial barrier to quitting was that the perceived benefits were essentially in the longer term, while the difficulties of quitting were experienced immediately. Stopping smoking required participants to take a long-term view of their life and their health, and as several reported, this was not something they typically did. Hence, a major barrier was simply not having a reason to stop that held sufficient weight in the present.

Yeah exactly and like, I don't really look that far in the future ... I don't know what I'm doing next month, let alone like ten years. (M, 18-21)

Low self-efficacy

A common response that came up in all of the groups was to claim that they did not have the willpower to stop. For some this was associated with a fear of failure, and an attitude of not wanting to start a quitting attempt that they did not think they were going to succeed. Participants referred to past attempts in which they had returned to smoking that demonstrated that they did not have the willpower to not smoke when presented with situations and experiences during which they would normally have smoked. This included social situations where others were smoking and stressful situations where smoking was used to ameliorate difficult feelings. This was essentially a barrier of low self-efficacy.

Like I want to quit but I don't think I could in the state that I am in. (F, 21-29)

I think it's more being scared of failure ... like it's a bit of a kick in the guts when you sort of, you have that first one again and then when you buy that packet it's like, 'oh well, yeah' ... And then you sort of go through that whole week of battling with yourself and it's more trouble than it's worth. (M, 21-29)

It's easier said than done to be honest. I can't just stop smoking as of now. (M, 30-49, BC)

That's what I worry about. How can I cope with my head? Sabotage myself. When I'm totally off them, yeah cause that's my go to. If I'm having a bad mental day. I'm smoking like a chimney. Self-doubt is like my biggest issue. I know I can do it. I've done it before but what if I can't? (F, 30-49, BC)

No, I haven't got very good willpower neither. (F, 50+)

Related to this, a factor that links the notion of self-efficacy with the value of smoking for dealing with discomfort and difficult feelings, some noted that they would need to have things happening in their lives that helped them to feel good about themselves to both be motivated to stop smoking and to be able to stay stopped.

I think in myself if I can get employment, whether it is casual whatever, if I can get employment then my self-esteem will rise and then it all comes down to that. (F, 50+)

For me it is more important to look after people. Not me. (F, 50+)

What we think about ourselves enough to, I probably would like to throw in that if there was programs that could improve your self-esteem and then you'd think much better about yourself and then you would probably wouldn't let yourself smoke. (F, 50+)

And that, to me the self-esteem is possibly at the root, and till you work on that why, I mean ... I know I had a death wish when I was a teenager. (F, 50+)

Dealing with discomfort and difficult feelings

When considering the pros and cons of smoking, a common response was that, while they would like to be not smoking, they did not how to get through the difficult process of stopping. Those who had made previous quitting attempts that they had not been able to sustain reported that the process of nicotine withdrawal affected them emotionally, and they did not feel confident that they could deal with these experiences. Several talked about past attempts causing them to feel upset, irritable, and angry, and that they did not know how to control these feelings without lashing out at people around them. Some reported that they had been encouraged to return to smoking by partners, family members, friends and work colleagues who their withdrawals were affecting. For these smokers, having an expectation of what they would have to go through during nicotine withdrawal was a sufficient barrier to making a quit attempt.

It's when you get angry and you think, and then you sit there, and you think, 'why am I getting so angry' and you realise why and you're like, it's like a relief. (F, 18-21)

The withdrawals are too much, I'd rather keep smoking then deal with that. (F, 18-21)

[The only way to help me would be to] ... stop the cravings ... there needs to be more better alternatives, other than, you know, the one tablet, the one patch, the one chewy. (M, 18-21)

If cigarettes were taken off me and I'm like down the street or something, I would punch a bitch, like I get really mad, like I'm really angry, like I'm a angry, no smoke person, so I'm like, I'll smash a bitch if I don't get a cigarette! (F, 18-21)

I went twelve months without smoking ... Sent me nuts. I hated it. Yeah, I went home on the Saturday morning, sat down at the kitchen table and the missus threw a packet of smokes at me and said you're either smoking or you can get the fuck out. So, I said righto, I'll start smoking again ... Yeah, I was a bastard. (M, 30-49, BC)

I find the more I try to give up, it becomes this overwhelming burden that in the end you just go, you know what, it's not worth it. (M, 50+)

The withdrawals. And I've been right through the drug scene. Right through it, except for ice and GHB. I tried every one of them, and cigarette are the hardest to quit. (M, 50+)

When I came out of hospital I tried to give up smoking and I had a patch on, hadn't had a smoke for like 4 days and then I had to go to Melbourne for more tests to hospital and I had forgot to put a patch and by the time we got to Trafalgar I was ready to punch my partner right in the face ... I was saying stop the car I need to get out for a smoke. (F, 50+)

As discussed in relation to the perceived benefits, a major reason for smoking was that it provided people with a mechanism for dealing with stress, anxiety and other challenging feelings and difficult situations that they experienced. They did not believe they could deal with difficult situations in their lives without having a cigarette. As confirmation, it was common for participants to report that in past quit attempts they had returned to smoking as a reaction to experience of stressors. For some, this was about everyday life stressors, for some it was about specific stressful events, while for others it was about dealing with quite intense experiences that involved anger, depression and anxiety.

I stopped for about 3 months when I was about 16, but stress just got to me again, and yeah. (M, 18-21)

I agree it is very hard to get off and I don't enjoy it and I want to quit, I have been trying to quit for years, I went about 3 years of quitting and due to my recent separation, I started again over stress and it became my crutch. (F, 21-29)

I managed to quit for two years of that, but I picked it up again after my break up. (F, 21-29)

Well in the end it was either my marriage or it was smoking. (M, 30-49, BC)

I've got my son going through DHS at the moment, um, my other son tried to kill himself three months ago, my daughter just went back to her mum and told her that we were kicking the living shit out of her ... so, it's just, like, life, it's life, but it's friggin the stress or crap that you've got to go through, like, life's life, but, if the stress wasn't there it would be ten times easier. I would have given up smoking, I wouldn't have cared how bloody bad the anger was or the patience or whatever, but yeah ... you can't prove to me that life's going to be absolutely perfect and that there's no stress, and no this, and no that. (M, 30-49, BC)

I can not have a smoke for a day, but at the same time, if something stressful happened at work, I go, you know what, 'I wasn't going to have a smoke today, but you know what? I'm going to go and have one' just give me a minute. (M, 30-49, WC)

I am going through a hard time with one of my kids and that is what set me smoking again. The stress ... he is an ICE addict ... Just the stress levels, just trying to deal with him. Where's the cigarette I need it. (F, 50+)

So living with a really grumpy husband, umm,, who has a job he hates, doesn't help at all, so he goes off at a drop of a hat... I dunno with those things, I'd cope with, if I didn't have a cigarette. (F, 50+)

When discussing the benefits of smoking, participants had also noted that smoking was just something they did when they had nothing else to do, and consequently they did not know how they would be able to not smoke when they were bored or insufficiently active. This was especially exacerbated for those who reported that they were un- or underemployed, several of whom commented that they might be able to consider stopping smoking if they had a job, or something that kept them occupied. In this vein, some talked about past quit attempts being associated with times when they were busy, but that they could not imagine being able to stop if they were not busy. As noted previously in this report, a common experience amongst these smokers was of a lack of purpose, and this became a lack of a reason to stop smoking.

The main thing for me is just not being bored ... Cause when I'm bored I smoke, like if I had stuff to do all throughout the day I won't. (F, 18-21)

I'm bored so like, on my break, I'll eat and then I'll sit there for another twenty minutes and I'm like 'I'm gonna have a smoke' What are you going to do with that twenty minutes then? (M, 18-21)

I don't know what to do with myself and when I get to the periods in the day where I am bored that's the first thing I will go and do is have a smoke because that was my answer to being bored. (F, 21-29)

I'd need to be more active for me really, like another more full-on job. 'Cos if I'm not working I'm skating and I smoke while I skate as I said so... (M, 21-29)

You get bored, sitting there watching the TV 24/7, especially just myself, having my leg the way it is, you can't do nothing, you pick up a bloody smoke and have a cigarette. (M, 30-49, BC)

I gave up for six months back in 2006, only because I was working security for the Commonwealth Games in Melbourne, so I was flat out all the time, so I didn't find time to have a smoke ... It was just convenient not to smoke ... I think if I find myself more active, I smoke less. (M, 30-49, BC)

Yep, I would have to be busy. Motivated and busy. Active and doing stuff yep. I would give up smoking. (F, 30-49, BC)

I'd have to be able to keep myself occupied, you know, yeah, in a job I love. (M, 50+)

A specific component of these emotion-based barriers to quitting was associated with mental health. Several participants reported that they were concerned that if they were not smoking they would experience mental health problems more severely. As with the perceived value of smoking in modifying difficult feelings, those who reported that they suffered from mental health problems believed that they would have less capacity to control their experiences and their reactions without smoking. Some also reported that, without smoking tobacco, they would be likely to rely on other substances or return to other drug addictions to help them cope with their feelings, and they did not believe this would be any better for them than smoking.

I'd probably need like severe therapy if I had to quit ... If I quit smoking, they'd probably try and diagnose me with something like schizophrenia or bipolar or something, it would just be, the outcome wouldn't be good ... It's keeping me sane. (F, 18-21)

I would have gone back to stuff I used to do before I started smoking, the reason why I started smoking ... not necessarily other substances, coping mechanisms [referring to self-harm]. (F, 18-21)

I am a person who struggles with mental illness and if I don't have that, I haven't given myself the tools to be able to eliminate, because it is so easy to pick up a smoke and that is the quick fix and then I would have to develop something to put in place of that. (F, 21-29)

Yeah, I've got pretty big mental issues and that, and they trigger me. (F, 30-49, BC)

I have recently given up drinking though, I've been off it for over nine months now, and my whole thought was, 'I'll see how I go with drinking, if I can give that up' then I can give the cigarettes up, but I won't go back to it, 'cause I won't be drinking again. (M, 30-49, WC)

I'm not on about poor me or anything like that, umm, all through my life, there's been a history of mental illness in my family, and my son actually died at 25, from mental illness, you know, with an opiate addiction. All these types of things, and I've got a sister, who's a schizophrenic, there you go, and all of these things, this stressor thing, stops me from giving up. (F, 50+)

And I'm sorry, but that's the way I feel. And I could not cope if I did not smoke, with all the stresses I have to go through ... Because, whenever I've tried something like that, I'll have a mini meltdown with the daughter or something like that, you know. (F, 50+)

If I can just say this, personally for me, smoking is not a big enough addiction for me to stop. I've got three other addictions that are a hell of a lot worse than smoking cigarettes. So, smoking cigarettes, I don't give a fuck about it. I've got addictions, you know, a lot harder to

kick than smoking cigarettes, if you know what I mean ... If I was going to stop anything I'd be stopping them way before I stop cigarettes. (M, 50+)

Smoking marijuana

It was quite common for participants from across these groups to report that they used marijuana, and this was acknowledged as a barrier to stopping smoking. Some felt that they smoked less tobacco because they smoked marijuana, but also felt that smoking marijuana kept them using tobacco. They reported that this was partly because they needed to have tobacco to prepare marijuana joints. Some believed that they would not be able to stop smoking tobacco without stopping all forms of smoking, but that they were not interested in stopping smoking marijuana.

I prefer to not smoke the cigarettes and smoke the other stuff. (F, 18-21)

If I'm not smoking marijuana, I'm smoking ciggies flat out, but if I'm like smoking other stuff I don't really smoke. (F, 18-21)

I need marijuana to cope with my anger management, my ODD, my schizophrenia and um ... (M, 18-21)

Giving up cigarettes, which is stupid, sounds to me in my head, is easy. Giving up the other [referring to marijuana] is going to be harder, but I have to give up both at once or I'm not going to do it. (M, 50+)

Concern about weight gain

Some, predominantly amongst the older women, noted the threat of weight gain was a barrier to them making quit attempts. Several reported that previous attempts at stopping smoking had resulted in them putting on weight, and they doubted that they could stop without this happening again. Some commented that they had recently lost weight, and they were concerned that if they stopped smoking they would lose the gains they had made.

I had to lose weight because of diabetes, and, nothing else was working, so I tend to smoke more if I feel like I'm hungry. (F, 30-49, WC)

One thing that happens to you though when you give up smoking or at least try to you eat more, that's what I have found, I have put on weight before. (F, 50+)

Yeh I am not putting on 30 kgs no way. (F, 50+)

I have something else to throw in, just that my other fear is, why I keep smoking, my husband smoked and then, when ... he decided to give up, he put on so much weight, he's so unhealthy and unfit, and he got asthma! ... like do I want to die of obesity or lung cancer? I'm pretty sure I'm gonna go not obesity, so, you know? (F, 50+)

I don't want to get fatter than I am, I'm scared that I will just eat more. (F, 50+)

Because when I gave up smoking for that 8 months, all I did was cook cupcakes and eat them and I got like humpty-dumpty. (F, 50+)

Yeah, but putting on weight, is one sort of fear of mine, which probably stops me from being too serious about it. (F, 50+)

Social barriers

An obvious specific barrier that participants had experienced in previous quit attempts and that left them feeling that it was somewhat pointless trying to stop, was the difficulty that they experienced not smoking in social situations where others were smoking. Some commented that they would need to stop drinking,

going out or spending time with family friends who smoked if they were to stop, and they felt that this was unrealistic.

I kind of stopped smoking for like, a month and a bit and it was really hard just because at the time I was still living in Morwell, so my nan was like chain smoking and when I'd get home from school and she'd just be sitting there puffing one downand then I picked it back up again because it was too hard not to smoke when Nan was smoking all the time ... if it wasn't for Nan I could have easily stopped it, cause I didn't have the urge to ... the only urge was, I can smell it, I can see that she's doing it, I may as well do it. (M, 18-21)

I love the social aspect of it like that's the one thing I miss every time that I stop smoking, it's just the social aspect, I'd still go out with mates when they were having a smoke break or something sometimes but still it's just like, but what do you do? (M, 18-21)

My thing also is that I need to wait until my partner is ready as well. Cause there is no bloody hope in hell that that's happening until he is ready. (F, 21-29)

I've tried the chewies, um, and cold turkey a couple of times. Yeah, it didn't happen ... [what was hard was] ... the fact that everyone in my family smoked. All my friends smoked. Just always being around cigarettes. (M, 30-49, BC)

But the other thing is, hubby is not willing to quit. And I said to him, 'I'm not willing to supply smokes for you, if I'm not smoking.' ... So, I said to him, 'I don't think it's fair that I have to still buy you smokes.' ... the money I am saving from smoking hasn't worked, I've paid extra bills off. I'm still buying your smokes. So, for me to quit is not worth me quitting because the money I would save has to go to your smokes. (F, 30-49, BC)

You know, you try and give up, try and give up, but you don't necessarily want to break that social network you have either. (M, 30-49, WC)

Probably, I'd have to distance myself from my smoking friends. (F, 30-49, WC)

Family. I have got other members in my family that do smoke, but it would help me if they wouldn't smoke around me. (M, 50+)

Associated with these social barriers, some mentioned that, in previous quitting attempts, they had not been supported by people around them, and that this made the process too difficult. This was most problematic amongst the younger male groups, while others tended to report that people would be supportive if they were trying to stop.

The longest I went was a week, and then I was with my mate, and fucking he had one, and I said, nah, I've gone a week, and he fucking lit it up for me, and then lit one up for himself, and had one. (M, 18-21)

Just everyone saying, you're not going to be able to fucking give it up. I'll prove you wrong, but I proved them right. (M, 18-21)

It means that all my mates would have to quit at the same time. (M, 18-21)

I did notice that when I was quitting ... one of the reasons I went back to it was because my friends, my friends that smoked ... they'll offer you a smoke and after the first couple of times, and yeah, the first couple of times I was 'nah I'm fine' and then... (M, 21-29)

My partner would be the one to actually stand there and hand [a cigarette] to you every five minutes. (F, 18-21)

By contrast, those who reported that family and friends were successfully stopping were more motivated to want to stop themselves, and that having other people around them who had stopped helped to overcome the social barriers to quitting.

Like I said with my group of friends, I've noticed that, yeah, now that more and more of them are stopping it's becoming, like I said it's phasing out kind of thing, so it's becoming easier to do it but at the same time it's still a process to it. (M, 21-29)

Quitting attempts

Some participants in each of the groups talked about having made previous quit attempts, or having stopped for a period of time.

There was something of a tendency to describe past quitting attempts as being half-hearted, with the post-event rationalization being that if they had really been serious they would have made a more concerted effort. Whether they had felt this way at the time they began these attempts was not possible to work this out in these groups.

I've tried a couple of times, it lasted, oh, it's just, I don't know... I think I went like a week, but I was smoking pot so it doesn't really count. (F, 18-21)

Some, especially amongst the younger groups, talked about having had periods of not smoking, although they did not necessarily regard these as quitting attempts, just that they weren't smoking at the time. Typically, the motivation for these occurrences was financial, with the younger participants talking about times when they could not afford to buy cigarettes.

Well, every now and again, not often, you stop for a little bit and it's all good, but you fall back into the habit. Quit for a couple of weeks, or a month, and then there's the packet and it stops. (M, 18-21)

I can't remember, it wasn't some epiphany or anything, it was, I don't know, I can't remember, I was broke for a bit, just didn't buy any cigarettes cause I kind of preferred eating to smoking you know. (M, 18-21)

Quitting attempts were often precipitated by something that was happening in people's lives, rather than based on a desire and intention to stop altogether. For example, some mentioned that they had stopped for a while when they had been sick.

I was in hospital for 5 days and I couldn't smoke, so I just thoughts 'bugger it'. (F, 50+)

I had a hysterectomy and I had to, you know, stop smoking before surgery or cut right down, so I done that. (F, 50+)

The question of smoking during pregnancy was brought up in most of the women's groups. Some commented that they had stopped as soon as they became pregnant; some reported that they didn't smoke for part of the time while they were pregnant; and others reported that they had not changed their smoking at all.

My partner just yelled at me every time I tried to get up for one while I was pregnant ... as soon as I was pregnant it was a no-go zone. He has really severe asthma and major health problems and he's really, like, you know, it's my kid, don't you mess it up. (F, 18-21)

When I was pregnant I went, I think the longest was three, four days, I went without a smoke ... I had to, I was um incredibly sick when I was pregnant, to the point where I ended up tearing my throat and my stomach lining from being sick so yeah, so I didn't have a choice ... anything that went, basically in my mouth, came back out. (F, 18-21)

Yeah, I've cut down to like five a day, I didn't quit completely, there was never a day that I went without one, probably would have died if I did. (F, 18-21)

It was common to report cutting down rather than quitting completely when pregnant. When probed about this, several participants reported that they had been advised by a health professional that if they stopped completely they could be causing trauma to the embryo. These women believed that they had been advised that cutting down was sufficient. When further probed, it was apparent that this might not have been advice from a health professional, but rather something that everyone talks about. The actual advice from the health professionals was possibly about cutting down before stopping, rather than stopping suddenly. Some noted that they would not have been happy with a health professional who they felt was overly focused on getting them to stop smoking. These issues discussed in more detail in the section related to the group discussion with Aboriginal women.

They also say that it's worse to completely quit when pregnant because it can make your body go into all sorts of shock and, cause you're going through, your body's trying to go through withdrawals, and you're trying to make something live in there and your body's going through that stress, it's really not good. (F, 18-21)

Yeah, they tell you to cut down slowly like. (F, 18-21)

I cut down to about 5 a day and that was mainly cause the doctor turned around and said that if you quit straight away, like with the amount that you're smoking now, you'll end up killing your kid, before you even get the chance to, so you're better off cutting down. (F, 18-21)

When I was pregnant I could have killed the baby if I quit cold turkey... the doctor was like, 'oh should I quit smoking?' and they're like 'don't go cold turkey cause you can stress yourself out and the more you stress, the more the baby will stress, and you can kill the child' and I was like, well. (F, 18-21)

My midwife ... gave me packs, but they weren't ever on my back about quitting or anything like that. They tried to say to cut down obviously and things like that but even my doctor too he was never a big, you have to quit smoking kind of person, he was just like if you can cut down great. (F, 21-29)

I probably wouldn't have wanted to keep going back to a doctor that was telling me what to do anyway, I was pregnant, and I wanted to cut down obviously, but I don't want a doctor telling me that, do you get what I mean? He was good, he was supportive the whole time and if I had come in and said I have cut down to this and he would be happy with that and supportive and that made me feel better than him barking in my face that I should quit smoking. (F, 21-29)

I got told when I was first pregnant, which is many years ago, that the doctor said, I said oh I will give up smoking now or whatever I said, and he said no actually the stress that your body will go through by giving it up would be worse than if you continue smoking, and who was I to disagree with him. (F, 50+)

Participants didn't necessarily believe that smoking during pregnancy was harmful, and claimed that this was backed up by their experiences.

My missus smoked during pregnancy and all the kids are fine, I mean, we've got a couple of asthmatics ... (M, 30-49, BC)

I didn't smoke with one of them and he was the biggest ... he was a healthier baby than all the rest of them. (F, 30-49, BC)

My mum smoked with all of us and we were all fine. (F, 21-29)

Yeah but my mum smoked with all of us and like all of us came out fine. (F, 18-21)

Quitting resources and aids

Participants were prompted to discuss any assistance and resources that they had used in quit attempts, and their attitudes to the assistance and resources that were available.

The most common approach to quitting had simply been cold turkey, with those who had stopped typically describing that the only strategy they had used was to not smoke.

Just cold turkey, didn't think about it, stopped, tried to do other shit instead, work out, stuff like that. (M, 18-21)

I always say I'll give up without the aid of anything, because I started smoking without the aid of anything, I just picked up a cigarette. Basically, I want to be the same way I started. (M, 30-49, BC)

I've tried to quit too, but I do it totally different to everyone else. I haven't tried any of these tablets and that, I just wake up in the morning and try not to have that first smoke. If I can do that, I've lasted 8 – 9 days, but then, yeah, it gets on top of me and I really want to punch the shirt out of the boss, I have a smoke. (M, 50+)

A common reaction when asked how they had gone about the process of stopping smoking was to claim, “I've tried everything”, with an associated belief that there was nothing else available that could help them in the process of quitting. Typically, these participants were referring to various forms of nicotine substitutes and pharmaceuticals.

I've tried patches, I've tried this, I've tried that, they are only a substitute, they're still giving you nicotine. They don't work. I've tried the pills, the tablets. (M, 50+)

I'd love to stop ... I'm trying, it doesn't seem to happen. I've tried patches, they make me get a big rash, I'm allergic to the glue, the chewing gum made me throw up. I ate them for a while and over 2 or 3 days it just makes me heave, and then I get back on the smokes again. I've tried the spray, that seems to work. Those tablets I was recommended not to take, Champix, it can make you go mentally strange for the rest of your life. (M, 21-29)

I couldn't take the Champix. I have tried the patches, they didn't work ... you can be allergic to patches, which I was so I couldn't take the patches and I couldn't take Champix, so I thought oh well I will just keep smoking then. (F, 50+)

Just stop, I've tried everything else, I'd just stop. (F, 50+)

I've tried all of that too, nothing works. (F, 50+)

Nicotine replacement therapies

Of those who had used any assistance, the main approach was some form of NRT. Several participants mentioned that NRT had been helpful, and that they would use some form of NRT again if they were to quit smoking in the future. Others talked about not liking the effects of these substances.

The only thing that really helped me was the Nicabate inhaler like the cigarette looking one. (F, 21-29)

I tried the chewies, they were fucking useless, they make you spew. (M, 18-21)

I have tried the gum but that burns the crap out of your gums. I have tried the inhaler and couldn't stand the taste of that. (F, 21-29)

I've tried those sprays, e-cigarettes, um, spray, patches, chewing gum. That spray stuff, mate, ear wax tastes better than that. (M, 30-49, BC)

I ended up in hospital with those patches ... I was as sick as a dog. (M, 30-49, BC)

Yeah, I've tried a couple of times, I've tried patches. They seem to work, give you mad nightmares ... when I was on the patches I cut right down. (M, 50+)

Some participants talked about experiencing harmful effects from using patches, such as inflammation and allergic reactions. Some questioned whether they had been given the appropriate dosage, and it was apparent in these conversations that this was an area where participants lacked knowledge and confidence, and where guidance about how to use NRT would be valuable.

I tried Nicotine patches, and overdosed on that shit. Ended up in hospital. Heart rate picked up to about 150. (M, 18-21)

I tried the patches, but it kind of just felt like my arm was burning. Where it was, so I don't know whether I had too strong of a one or a sensitivity to it. (F, 21-29)

I had a reaction to the patches. Just, I flared up, red rash and they fell off. So I can't... (M, 21-29)

A common reaction in these discussions was to complain about the cost of NRT. In particular, the groups consistently reported that they focused on the immediate costs, so that if the price of buying another packet of cigarettes was more attractive than spending the same money on NRT, they found it hard to justify purchasing the NRT. Several participants explained that it was simpler to spend money on cigarettes that they knew they would use, than to spend money on NRT that they were unsure whether they would get value from. It became apparent in these discussions that there was limited awareness that some forms of NRT were subsidised if they were obtained through doctors.

All the stuff you get from the chemist is expensive to give up smoking, they're worth more than 3 packets of smokes. So, you go, no, fuck it, I'll smoke. If I buy this it's going to last me a month, or a couple of weeks, and then I've got to go and buy another packet because I still haven't given up. (M, 21-29)

I would like to. I've researched online. I don't want to go to the doctor and get the Champix ... I am keen, but the price of Nicobate is like \$40 for a packet. (F, 30-49, BC)

I couldn't afford to do that. It was cheaper to buy smokes. (F, 30-49, BC)

See if they sold these Nicorette things for five dollars or something, well everyone would be trying to go on it, like to get off the smokes, I mean but, because they're forty dollars or something you go, well I'll buy a packet of smokes, cause I know what I like. (M, 30-49, WC)

Yeah, a pill and a patches would have to be significantly reduced in price for me to even consider thinking about it. (M, 30-49, WC)

Forty bucks a packet, I'm like, 'I'm not paying for that' I prefer to buy smokes here, that's money. (F, 30-49, WC)

I went to buy a packet of Nicorette today \$28 I decided to buy a packet of Winfield. Nicorette is way too expensive. (F, 50+)

So, it comes down to money too with the patches, because if you don't have a Healthcare card or a pension card, you can't afford to buy the patches. (F, 50+)

Pharmaceuticals

Several participants talked about having tried pharmaceuticals, such as Champix and Zyban, again with various reports of success. Others talked about being interested in trying these drugs on a future attempt. There were mixed reports of efficacy of these drugs, with some saying they had been successful for them or other smokers they knew, and others reporting that they had not been effective. Participants were

generally aware that there was the potential for Champix to have undesirable side-effects, and for some their experiences of these side-effects, or stories they had heard from others' experiences were a barrier to using these medications,

I did Champix, I did that twice. The first time I went 2 weeks and on the second week you have to quit smoking. And it just came automatically that I just wanted to get off it. Come the second time because I kept smoking socially ... did the two weeks, but I had to force myself off it because I just couldn't do it again ... it was such a struggle. But it makes you so nauseous in the morning. But you take the tablets and they say 1 in 5 people get sick off it. I'd take the tablets and I have to sit there for 30 mins and get the nausea to pass and then I would be able to go to work. (F, 21-29)

And that Champix I think it is that's going out at the moment, my brother had a bad side effect to that and went loopy. So my doctor has recommended I don't try that one as well. So yeah, just not many options available. (M, 21-29)

I would be tempted to try Champix ... 'cos it works for my step-dad. He's been six years now. He got on that and hasn't smoked since. (M, 21-29)

Yeah, well, two people that I know of have had severe side effects and have had to go to casualty. (M, 30-49, BC)

It gives you really weird dreams, you keep waking up during the night. My doctor said you have to be careful with it. (M, 50+)

It did work when I was taking them. You didn't have that craving for a cigarette. (M, 50+)

I've had people say that they've tried them and they make them feel really really ill. (F, 50+)

Some mentioned that they had been advised that they were not able to use these medications because of existing health conditions or other medications they were using.

I wasn't allowed ... because you take anti-depressants you can't take Champix. (F, 50+)

So, say in my instance if I wanted to give up and I couldn't wear the patches are they going to bring out a new tablet for people to take that take anti-depressants? (F, 50+)

Chewing gums, I find they really help, I can't take the Champix because of my health conditions. (M, 50+)

Of those who had used Champix, not all had called Quitline, and it was apparent that the importance of counselling therapy while using these medications had not always been effectively explained by their prescribing doctors.

I've got a box of Champix at home, just never opened it. (F, 18-21)

I went onto the Champix the original time they had to put me onto Quitline, they gave me a couple of calls, but I just wasn't interested I wanted to do it on my own. (F, 21-29)

Just because it wasn't something that I decided that I wanted to do, I decided to go on the Champix so then I was forced to go onto the Quitline so then I was doing one and I was already trying... when you have everything thrown at you at once it scares you away. (F, 21-29)

Quitline

Each of the groups was specifically prompted to discuss their use and / or expectations of the Quitline. Only a small number had called the Quitline.

Overall, this service was rated as having little relevance or value. An overwhelming limitation was that participants had little idea how the service could help them. They did not know what could be offered by talking to someone over the phone that would make a difference to their quitting process. They were not aware that the service was provided by trained counsellors, and they did not understand how such counselling could help them to stop smoking. Perceptions of what the Quitline had to offer were either that they would be told why they should stop, or that it was designed to be used like an emergency service to assist someone through a craving. The former was thought to be completely irrelevant, as participants believed they already knew the why's; and the latter was assessed as offering little value and being unlikely to have sufficient appeal at this critical time.

It's one of those things where you don't really think of it. When you're trying to think, like, I don't know about anyone else but when I'm trying to think of quitting I don't think, you know, what can I get, what help can I get and all that. I'm more of, internalisation you know, how can I help myself beat this you know. How can I plan ahead? (M, 21-29)

What are they going to say, 'don't have that cigarette', do you know what I mean? Like, they're not going to slap the smoke out of my hand like that 'no Gary no' ad! That's not like that. (M, 21-29)

I think it's one of those things where even though you see all the ads, all the billboards and all that, and all the advertising, it never clicks in your head to actually do it. I don't know how many times I've seen it but in my head, it's never gone to just, 'oh, I could just give them a call'. (M, 21-29)

Well they're on the end of a phone, what are they going to tell me, that I don't already know, that's going to make me want to stop? ... it's not as though you've got someone sitting there, and they go, I'm going to help you today, and I'll, you know, do whatever, to help you give up smoking ... all they're going to do is say, oh you should go do this, you should go and see a counsellor, you should go and do this, you should go and do that. (M, 30-49, WC)

I've never thought about ringing them, but the thing that I picture when I ring something like that is that they're just reading off some sheet and going through a tick list, and they're just going 'yeah, yeah' asking all the questions that anyone could really ask you, and are they really going to, yeah, at the end of the phone call, am I going to be helped or not really, like you know. (M, 30-49, WC)

And it's the same as help line, you know, if I'm that down, I don't see what some stranger on the phone is going to say that's going to help me, I've never tried so I don't know, but I can't work out what they could possibly say. (F, 30-49, WC)

I've never rung a Quitline, I wouldn't. I can't imagine they're going to tell me that I don't already know. (M, 50+)

Yeah, I've called before. Not useful, they just give you a whole heap of advice that doesn't really work anyway ... and you already know it yourself. (M, 50+)

There was a perception that, if they called the Quitline, the people they spoke with would be judgmental about their smoking, and this was not appealing and perceived to be unhelpful. Some claimed to have experienced this judgement, and some others were relying on hearsay. The general perception amongst these smokers was that the Quitline was unlikely to be delivered in an empathetic manner.

I know that when I tried to speak to psychologists and stuff like that. They tried putting me on to people from Quitline and that. And some of them are very judgemental. Very judgemental. (F, 30-49, BC)

I actually rang up the Quitline ... these people ring you and they give you like a lecture and you feel like saying will you just piss off. (F, 50+)

I've never rung it myself, would they be judgemental? That's the other thing, we're face to face, so I can quite easily reach out and bop you on the head, or vice versa. On the phone, you don't know who you're speaking to, you might be shy, they might be judgemental, even though they don't want to be, but, you might say the wrong thing. I don't know, I've never rung it. (M, 50+)

I have never rung them, so I don't know. I think one of the reasons why I have never rung them I don't want a lecture. I know they are bad for me, I am not an idiot. (F, 50+)

Ok, they, I found that they were sort of quite judgemental ... they just saying, 'well why can't you? why can't you?'. (F, 50+)

Calling any telephone help service, such as the Quitline, was thought to be a fairly drastic measure, and several participants commented that they did not feel that they were in such a critical state with respect to their smoking that it would warrant a call to such a service.

I feel like it'd just be too formal for me. (M, 21-29)

just the setting I feel like it would be more like just trying to talk to a therapist. Like, the Quitline and like, that just, the whole, I've been in therapy most of my life 'cos I've got ADHD and multiple other mental disorders so I've been in and out of therapy all my life and I just feel like going back into that would be like going back into therapy and it'd be just... and that'd just get stressful again and would start to bring up stuff that I really just don't want to think about and then, it'd just end up more, yeah, more harm than help. (M, 21-29)

I've been suicidal before and never rang the Suicide lines before either. I just don't think I'm a 'reaching out' kind of person. I am more of a isolated, 'I will deal with this shit myself' type. (F, 30-49, BC)

The medium of the telephone was rated as having limited appeal. On the whole, participants felt that a telephone-based service was unlikely to be the kind of help they needed, and some noted that the idea of telephone support felt quite outdated. As noted below, participants were more interested in either on-line services or face-to-face support.

I'm not a big sharer on Facebook. Same reason I wouldn't talk to Quitline because its none of their damn business. (F, 21-29)

And then also like, when you put anxiety on top of like that, that's like the worst thing, and then like when you go to your doctor and you're like 'hey I want to quit smoking' they're like 'Oh here's the number for the quit line' and you're just like, but like, 'how am I supposed to make a phone call if I can't even go out to the kitchen sometimes?' like. (F, 18-21)

Interestingly, several participants believed that the Quitline would be unlikely to help them because, being a phone based service, they would be unlikely to be honest with the person they were talking with. This attitude seems to reflect a perception that the Quitline was an authority that they would have to manage, rather than a service that offered them support, and was clearly a barrier to using then service.

I don't like the theory of the system, only because it's dependent upon the person. So, it's easy to kind of fudge it. So, like, I'm assuming you call them up, it'd be a bit formal ... you'd be talking to them, you'd explain your details and really you may smoke say sixty a day but it'd be easy to say, 'oh no I only smoke thirty', or you know it'd be easy to change things up. (M, 21-29)

They'll sit there and they'll listen to him, 'yeah righto mate, yep cool' with a cigarette in my mouth. (M, 21-29)

I'm not going to ring someone, cause if I'm ringing them, I'll be sitting there with a smoke ringing them, I can't do that, there's no point. (M, 30-49, WC)

Nah cause I could be talking on the phone to them saying yeah I am not smoking. (F, 50+)

I think that's where the face, with the counsellor is, instead of the phone call, like the phone call you can say anything on the phone, you can be anybody on the phone. (F, 50+)

A common belief was that the Quitline was for people who had already started a quit attempt, and were after support in the process. There was no awareness that the Quitline might be able to assist people prior to their decision to quit, or to help people plan a quit attempt. There was a concurrent perception that one would need to be committed to stopping in order to call the Quitline, and therefore if there was any element of doubt, they were unlikely to call. These considerations have implications for whatever services are developed to assist Latrobe Valley smokers – that for people to be attracted, they need to appreciate that the service can just be a step in the process, and that they won't be forced into anything that they are not ready for.

I feel like the people who have decided to contact Quitline have it already in their mind that they are completely quit so. (F, 21-29)

I reckon the Quitline would be good for people who are like ... four weeks into not smoking right, and they go, fuck I'm feeling like a smoke you know? Give these guys a call and maybe they might, send me out a ... happy pack or something. (M, 30-49, WC)

I wouldn't ring because they're only telling you, they're not in you, do you know what I mean? It's... really hard to explain, but you've got to be ready. Doesn't matter what anyone else says, you've got that mind set. (M, 50+)

In line with a consistent theme of this research, there was a perception that the Quitline was a government service, and that government did not really want people to stop smoking (because of tax revenue), so therefore the service would not be effective.

But, it's run by the government isn't it? So, they don't really want you to quit. (M, 18-21)

My QuitBuddy App

A small number of participants reported that they had downloaded the My Quit Buddy App. On the whole the App was assessed as offering some value, but was not regarded as a majorly helpful tool.

The main perceived value in this App was in receiving reminders of how much money they had saved while not smoking. Some mentioned that it was useful to be able to share where they were at with their quitting process, as this provided more encouragement and motivation.

Actually, I have heard a few of my friends who used it to quit. (F, 21-29)

It tells you like where your body is like repairing and stuff. (F, 21-29)

I think it is interesting because it is like, for me like I said that it was that smoking is a reward system, when you put that app in place it is almost like that is the reward system that you have replaced it with because it is here saying you've done good job, awesome keep it up and that is really encouraging you. (F, 21-29)

I found watching the timer and it is so many days, hours, minutes, seconds since my last smoke and you think about having a smoke and then your like but then I have reset my timer, and you kind of feel like you have lost all that progress you have done, and you can see your progress. So that helped me. (F, 21-29)

I think it is good that you know you can take those things, screenshot it and share it on Facebook and then you get all that support from everyone being like you're doing well. It is essentially just an ego thing, but you know it helps. (F, 21-29)

Something like that would be good to use because it's also, it'd be easier for people to be more honest. I mean it's easier to be honest with your phone. It's not going to judge you, it's not going to look at you and say, 'come on, what are you doing?' If you don't like it you can just ignore it. At the same time the fact that it's still doing it is kind of re-enforcing it. (M, 21-29)

Others felt that an App was unlikely to offer them anything that made a difference to their quitting processes, or that addressed the difficulties they experienced when quitting.

I have quit buddy on my phone and it didn't do a lot for me. (F, 50+)

It's just a guilt app, you got to quit into it, then you got to set a date, and then if you don't quit in two weeks, then they just make you feel like shit. (F, 30-49, WC)

Health Professionals

Participants were prompted to discuss their experiences of talking with health professionals about stopping smoking. For those who had approached a health professional, the main motivation was in the process of obtaining prescriptions for medication to assist quitting.

Participants reported mixed experiences with general practitioners. Some commented that their doctors frequently brought up the idea of quitting, and for some this was thought to have been done in an understanding manner, while for others it was experienced as being rude and lacking empathy. A common report was that, while they were open to doctors offering information and suggestions, they did not want medical professionals to push quitting on them.

As with the Quitline, the general perception was that they would only raise the topic of quitting with a doctor when they were ready to start a quit attempt.

Um, no my doctor just asks if I'm ready yet, usually. So are you ready to try yet? I'm more than happy to help ya ... It makes me feel good knowing that the help is there if I need it. But at the same time like it's sort of just like, it feels like it gives me that bit of a push towards, like closer and closer towards being ready to quit. (M, 21-29)

Well that's the thing like, you don't want someone who's going to preach at you, you know. We're naturally wired to rebel so if someone's going 'you need to do this!' you're going to be like 'well, no I don't mate'. (M, 21-29)

Given the rapport I've got with my doctor, if he was to suggest [calling the Quitline], I probably would ... But it'd also depend on how he said it. Like, if he said, 'hey, I want you to call Quitline, like, just do it', I probably wouldn't. But if he come to me and goes, 'hey, look, have you a had a thought about giving Quitline a call, there's no pressure or anything, just have a chat to them and see how you go', I'd be probably a lot more inclined to. (M, 21-29)

[My doctor] was always babbling on about giving up smoking. I said to him, 'I'm not here for you to tell me to give up smoking', I said 'if I wanted to hear you tell me to give up smoking I'd come in and ask you if you had any advice on giving up smoking'. He politely put on my record that he never wanted to see me again. (M, 30-49, BC)

They always tell you, when you're serious come back and see me. (M, 50+)

Vaping

Participants in several of the groups raised the topic of using vapourisers. Some had used vaping as a substitute for smoking tobacco, with mixed reports of the efficacy of this as a means of quitting. Some concern was expressed about whether there were any health effects associated with vaping, and it was

apparent that this was an issue that participants were somewhat unsure of. Not all of the interest in vaping was for the purpose of quitting smoking, with some commenting that they would be interested in other values of vaping.

I know people that have given up ciggies completely, they've been smoking vapes for a month and that's it, done. (M, 18-21)

Nah. I've heard they're not good for you. (M, 18-21)

I wouldn't mind trying vapours 'cos I know there's different things like, I don't know, you can get coloured smokes, flavoured as well and all that so I wouldn't mind. (M, 21-29)

I tried the e-cigarette as well, I don't think it is that much better for you than a normal cigarette, to be honest, the chemicals you're breathing in with that stuff. (M, 30-49, BC)

Yeah, who knows what's in it anyway, it's probably just as bad, so you literally don't know, it's just a substitute. (F, 30-49, WC)

That's the thing, you don't know what the long term effects of vaping is ... you don't know what those effects will be in ten years' time, like you might have different side effects. (F, 30-49, WC)

What assistance do smokers want?

Each of the groups was prompted to discuss the kind of support that they would want if they were stopping smoking, with ideas that were raised in early groups also being put to the later groups for discussion.

Peer support and drop-in centres

The idea of connecting with others who were quitting was discussed in each group. Some suggested that if they were making a quit attempt, they would be interested in communicating with others who were also trying to quit or who had successfully stopped. They felt that the group context would offer support from those who understood what they were going through, as well as offering practical assistance in the process in terms of sharing ideas for how to go about quitting smoking. To some extent this interest was generated through participation in these research groups, during which some participants reported that they were surprised by how much value they experienced in the opportunity to talk with other smokers.

The fact that we talk about it now is kind of egging me to have it more, so I don't think trying to quit and then going to a group and talking about it. (F, 18-21)

Some believed that an online modality might lend itself to this kind of support, while others suggested that they would prefer some form of face-to-face connection. For those who were interested in an online format, the perceived advantage of this approach was that, as well as being anonymous, it would be peer and personal interest driven, and therefore they would not feel that they were being dictated to by government or other authority. These participants felt that a social media network, such as Facebook, would be an appropriate medium for this format of support.

The only place I'd probably really go would be Reddit and I'd just read through other people's past experiences. And just sort of learn from other people's mistakes and try and implement some of that into my own life. (M, 21-29)

Some liked the idea of quitting support groups where they might get together on a regular basis with a group of people who were all trying to quit smoking. A community based organisation such as a local Community Health organisation or Neighbourhood House was thought to be an appropriate setting for this kind of support. The perceived value of such groups was that they would be getting support from peers who were in similar situations to themselves, and therefore that it would be empathetic and non-judgemental. Some felt that the group context would also offer motivation through the idea of being accountable to others who were quitting at the same time.

For me it would get me out of the house and relate with people and ... you know, nice to sit around in a group and know that you are not alone and you're not struggling and someone else is going through the exact same struggle and it is just nice to have the collective support. (F, 21-29)

I'd find sitting with other people that are going through the same thing and face to face would be more comforting than sitting on a computer, behind a screen and just reading. (F, 21-29)

I still like the idea of the group, I think if that was available I would do that. (F, 21-29)

I would because to be honest it's easier to do it in a group because it's a support system. That's one of the major problems I had, is when I was quitting no-one to really ... [push you]. (M, 21-29)

Something up at the Neighbourhood House could come in handy actually. There's nothing up there to do with quitting or anything. (M, 21-29)

Just share stories and explain of your struggles and... talk about your goals. (F, 30-49, BC)

I would be there if I could get there ... because I want to go and stop smoking but be around people that have the same issues and aren't going to judge you. (F, 30-49, BC)

A quit community, like if you got like strangers like we are today, everybody, if everybody here wanted to quit, we'd be like, 'right, we're going to quit from this day' we'll all like each other on Facebook, have a group, and then we check in every day or every time, 'how you going? What's your craving's?' so then you're kind of doing it together, kind of like as a team, and so then you go back and forth and you have that accountability, like you have to check in at the end of the day, like, no judgement, whether you've smoked or not, and then you can kind of think, I don't know, I think if I was ever going to quit, I'd have to do it with a group of people. (F, 30-49, WC)

Yeah but maybe like have like an Alcoholics anonymous, have like a Smokers' Anonymous, like I think if there were groups like that, I would actually quit if there was like a you know, a Smokers' Anonymous group, you could meet once a month. (F, 30-49, WC)

I would definitely attend a Smokers Anonymous kind of group, thing ... and it would just be facilitated by a person that has actually quit smoking before, so you've got people there ... that's actually, a like minded person as well. (F, 30-49, WC)

Maybe to me, being a little bit accountable to someone else, but, not my husband, who's just gonna nag and put pressure, but someone, you know how you have an AA, someone you can, like 'I'm gonna have a cigarette!' [laughs] I dunno if you did it with a buddy ... maybe that would be a little easier, and you'd be more accountable than just yourself? (F, 50+)

Some, more commonly amongst the male groups, reported that they would not want to go so far as a quitting support group, but that they would be interested in learning from others who had quit or were going through the process of quitting. They were interested in finding out about strategies that had worked for others.

When I do go to quit and all that, it's not an if, it's a when pretty much. That's when I would reach out to ex-smokers and be like, what did you do to quit? What tips can you give? (M, 18-21)

I don't know, it'd just be more the bouncing ideas of things to do instead of smoking really. That's what I'm struggling, is just to replace it. (M, 21-29)

The idea of a drop-in centre was also discussed in some groups, with this version of support being perceived to offer some value for some smokers. This idea appeared to have more appeal in the women's groups. Those who liked this idea believed that a drop-in centre could be helpful if it offered the possibility of accessing information, advice, and support. Several participants reported that there were similar support services for various other issues, including other drug dependencies, and felt that it would be appropriate to offer this kind of support for people wanting to stop smoking. While they recognised that such an approach would need to cover life issues that were broader than just smoking, they felt that this kind of service would demonstrate that the issue of smoking, and the difficulties they experience with quitting, was being taken seriously.

But not like um, not like ... like shitty meditation and stuff like that, like actual stress, stuff like that's going to help when your kids are ... when you've got three kids sitting there screaming at you and your partner's like 'where's this, where's that where's that where's that?' all at the same time and you're trying to not pull your hair out, so. (F, 18-21)

I don't know, maybe like a drop in centre or something like that or, you know, how the local health centres have you know, ah somewhere that a smoker could go, it would be good to have a chat to somebody at a minimum cost, or something like that, again, I still think it comes back to, you've got to want to go there, as I say, if you're going there, you're already in that mode of 'well I want to stop, so I'm coming here to get that support. (M, 30-49, WC)

Yeah see I've just gone to Alcohol counselling for like giving up the alcohol and that as well and, they've got drug and alcohol counselling but nothing for cigarettes. (M, 30-49, WC)

They should do a quit day, and have a trade-in system that for a pack of twenty's you'll get this gift bag with mini activities in there to do, to give you that option. (F, 30-49, WC)

Actually, they have a group that they just started yesterday in Moe. It's called Pressure Drop. For anybody that's going through sorts of things and they just want to talk about the relief of pressure and stuff like that. Whereas I suppose like-minded people that are trying to give up smoking or... (F, 30-49, BC)

You would have to have just a centre for that ... Like just a centre with counsellors or whatever in there for people that are trying to give up smoking. (F, 50+)

With the counselling approach and the counselling centre and what have you, I think it would help, I think obviously if it was not just smoking if it was a whole, well what else is going on in your life, what are your stressors can I help you with other stressors ... Because if I think I had help with other stressors in my life... (F, 50+)

Make it free, make the counselling free, the service free ... [Quitline] is on the phone, people like to see people face-to-face. (F, 50+)

Yeah, not if it's telling you what to do, whereas if it's marketed at like, you know you can learn willpower, I could teach you better ... for yeah, whatever, but probably that you don't mention smoking, and then I think everybody will go. (F, 50+)

As long as you don't have the drug addicts there. (F, 50+)

A small number of participants also felt that they might be interested in more one-on-one support through a Quit counsellor.

If you had a smoking counsellor, you know, if you had a smoking counsellor, that someone could just pop in, and go, hey, have a chat for ten, fifteen, twenty minutes, whatever it is, you know, and that person can offer you some support, that person's there, so if you are struggling with it, you can just pop in, or give them a call, or whatever. (M, 30-49, WC)

The idea of just quitting again is like, 'I don't know' I just don't think I could mentally and emotionally do that, so to actually, an actual Quit counsellor, it would be something that would play on my mind and I would consider the idea. (F, 30-49, WC)

Yeah, someone to actually talk to about it and not feel like they're the authority telling me what to do, I need someone to come down to my level, not feel like they're above me. (F, 30-49, WC)

As with perceptions of the value of the Quitline, some noted that they would need to be given an idea of how a support group or professional assistance was going to help them to be interested. For any of these versions of group or face-to-face support, the essential need expressed by all of these smokers was for the service to be delivered in an empathetic manner, by people who understood and appreciated the difficulties that smokers faced when quitting. What they did not want was a service that focussed on promoting messages about why they should stop or that judged them for smoking and / or for the slip-ups they experienced in the process of quitting, as demonstrated in the following conversations about whether a support group should be moderated by health professional facilitator.

I think like one facilitator, who's just kind of there to conduct it, and mediate...because they are there to promote that support and healthy, healthy side. (F, 30-49, WC)

I would have to work up to that one person first though, I would start with your Facebook group that you're speaking of, before something like this, because in this, I feel like I'm being told what to do, I still feel like I'm being judged by that one, essential stranger. (F, 30-49, WC)

It would have to be an ex smoker, hundred percent. (F, 30-49, WC)

Unless it's somebody coming in to help you, give you ideas on how to maintain quitting or to quit, but coming in and telling you the health effects and all that sort of stuff, like it's a bit, that's what we don't want, we know we're going to die, we don't need somebody for that. (F, 30-49, WC)

We don't want a lecture ... we want support. (F, 30-49, WC)

But there's a different way to go about it, in terms of health professionals, they could measure how you've improved, if someone could show me that my lung capacity has improved by blah blah and that my smell's improved by blah blah ... that would give you encouragement, wouldn't it? (F, 30-49, WC)

You don't want to hear it [the health effects of smoking] we know it, let's just deal with the actual addiction side of things, that's what we want help with, the addiction. (F, 30-49, WC)

What are you guys going to tell me, or what are you guys going to show me, or put in front of me, or if not show me that this is going to happen and this is what's going to make you not want to smoke, because the last thirty years has been price hikes, pitches, um, there's even adverts on TV of some Sheila dying, you know, and, shit, I'm still smoking. We all are but um, you have to help us you know. (M, 30-49, WC)

However, some felt that a drop-in type service would not be of value to them, and that they were concerned that placing so much emphasis on smoking would make the process of quitting harder. These participants did not see themselves as being the type of people who would benefit from targeted, personalised assistance.

To be honest that probably wouldn't work well with me. (F, 18-21)

No, I don't really post on pages and stuff like that, I don't feel like other people telling me that they want to quit would help me quit either. (F, 21-29)

In my experience of like doing something with somebody else, it's never worked out, like me and my friend ... we'd known each other for years, so we were going to go on diets together, we were going to stop self harming together, we were going to quit smoking durries, quit stealing money, quit like drinking goon ... Stop bingeing and purging and all this other stuff together, we were going to recover together and like be real good and then like I think it lasted like a couple of hours. (F, 18-21)

Like an AA meeting for smoking? ... not my cup of tea. (F, 21-29)

You gotta set time aside for that. I haven't got time. (F, 21-29)

Yeah I don't, I wouldn't be reaching out so much either. (F, 50+)

Support with access to NRT

A common request was for a greater level of assistance and support, including financial support, in accessing NRT. As discussed previously, cost was considered to be a barrier to trialing NRT, and participants felt that if they had easier access and support that provided them with a means of finding out which version of NRT worked best for them, they might be more likely to stop.

If you had like packs like how when you have sex they have like condoms and pads and all that kind of stuff, if you had like a tiny, little, like stop smoking kit, to just try and stop yourself for like a week or so ... like a sample pack if you want to help yourself for like a week or so, yeah like a sample pack of something, and like try it out and if it doesn't work then, don't give up sort of thing. (F, 18-21)

I think there's a couple of strategies, like, for people like us, make it so that there's cheaper solutions for us to actually be able to buy like the patches and stuff and the mints and stuff. (M, 18-21)

You want to quit smoking to save money, you're not saving any money if you're buying that shit 24 times a week. (M, 18-21)

The thing is, they want everyone to give up smoking, but the tablets, the patches, the bloody chewing gum, it's all through the roof in price. I'm not going to go and waste my money on crap that's going to put me in hospital, which it has. (M, 30-49, BC)

The Quit aids should be heaps cheaper than they are. Like they're available in the supermarket. They're available everywhere, like you can buy them from the supermarket and stuff. But they are just not cheap enough. There needs to be some incentive for people to want to buy a non-smoking aid rather than a packet of smokes. It needs to be cheaper for them. (F, 30-49, BC)

To drop the price of the patches and that's what they need. (F, 50+)

Put the chewing gums on the PBS. Or patches on the PBS for people who can handle them. (M, 50+)

Well ... I know the Government's making billions, billions of dollars off tobacco tax, um, if there were some type of incentive, or some type of right, 'for smokers that have been smoking for between 5, 10 years, or 20 years or whatever, go see your local GP, we're going to offer you a one time patch or one time pill or, go see this person' um you know. (M, 30-49, WC)

If it were subsidised for everybody, I think ultimately maybe, yeah, because if that cost's prohibited, like as we've just said you know, you can go there and even if they said it's forty bucks, I'd go 'well I could buy a packet of smokes for forty bucks' and I know what I'm getting, I get a pill, take it, and still smoke, so it's wasted. (M, 30-49, WC)

The magic bullet and other hopeful ideas

It was apparent that for some, the only assistance they could imagine was the proverbial magic bullet. They talked about needing to be locked away, to be in a coma, to go on a retreat for a month, or for

smoking to be banned for them to stop. And while these comments were made somewhat in jest, the seriousness behind them reflected the low levels of self-efficacy apparent during these group discussions. These participants simply did not believe that they could stop smoking on their own, and had no idea of how they could change this sense of hopelessness.

If you were forced to...I reckon the only way you can actually stop smokers is to take them off the shelf. (M, 18-21)

Create like a retreat or something where you're not allowed to smoke while you're there. Just fill it with activities where it's always keeping your mind occupied, because as a lot of us have said here it's often boredom as well that causes us to smoke. Maybe if there was a retreat for 6 – 12 weeks, or whatever, then it would help us to keep our minds off it. (M, 18-21)

If there were some magical pill or magical way to do that, yeah yep. (M, 30-49, WC)

Because obviously it's such a big mind game ... it would be good to have some kind of like, an injection that lasts for like two weeks that's like a blocker of something that's just, I mean, you know, we're already pumping like chemicals into our brain, what's something more chemically? (F, 30-49, WC)

Put us in a coma for two weeks. (M, 50+)

I know a bloke who had the flu so bad, he had it for a month, and he couldn't smoke that whole month. He was in and out of consciousness, sleep all day, and he quit like that. He couldn't have a smoke. (M, 50+)

At least someone in each group claimed that they were interested in trying hypnosis if they were going to attempt quitting, with numerous stories of hypnosis having worked for other people they knew. There appeared to be an attitude that hypnosis could take away the difficulties of quitting, by removing cravings and overcoming the challenging emotions that people might experience during the process of quitting. A few had already tried hypnosis themselves, with mixed results. A commonly reported barrier to hypnosis was the cost.

I'd have to be hypnotised. (F, 50+)

No it doesn't work, I've tried it twice, three times, doesn't work. (F, 50+)

My girlfriend got hypnotised. (F, 50+)

I've heard of hypnosis, that's um, one of the ways, um, I find probably the best option, for me to try, because um, I don't believe in the patches and that, I don't want to put nicotine straight in my body, you know what I mean? If I'm gonna get it, I want to get it from cigarettes ... I just never liked the idea of patches and gums and stuff like that. (M, 30-49, WC)

In several of the groups participants raised the notion of the cost of stopping smoking, and suggested that they would be more likely to make an attempt if there was a financial incentive rather than disincentive. They claimed that, if the government was serious about wanting them to quit, and if this concern was based on the cost of smoking to the public health system, then it would be reasonable to offer a financial incentive to encourage them to stop.

I'll do it but if you're getting something every week and that ... a Coles voucher or some shit. (M, 18-21)

Give me some kind of reward. (M, 50+)

PERCEPTIONS OF STRATEGIES AND PROGRAMS AIMED AT REDUCING SMOKING RATES.

While these topics were not explored comprehensively, participants were prompted to discuss anti-smoking mass media campaigns and the regulatory environment of smoking bans in certain areas.

Response to previous social marketing

A common response when the topic was raised was that they didn't recall a lot of recent advertising, with several mentioning that anti-smoking advertising did not seem to be as prevalent as it had been in the past. Their recall of advertising campaigns tended to be from several years ago.

They've stopped them now really, like I haven't seen any in ages. (F, 18-21)

A common response was to dismiss social marketing messaging as relying on extreme and unrealistic examples that they felt did not necessarily apply to them. A common specific example was of the warning label showing a man who died from smoking ('Brian'), and participants claimed that it was "common knowledge" that this story was not true. Smokers used this as a justification for rejecting all messaging.

Um, it's going to sound really bad, but I don't know, like you remember, so you know like the non-smoking ads, you know it's just the 'I'm terry, I'm 84' ... I'm sorry but I cack every time I hear that ad, I'm sorry but I think it's hilarious, I'm like, 'well if you know you're gonna die bitch, you shouldn't been smokin' for that long'. (F, 18-21)

I read something that that guy didn't even die from smoking, it was aids. (M, 18-21)

The general impression was that anti-smoking campaigns had not affected these smokers when they did not want to stop, but for those who were keen to stop, the social marketing campaigns were perceived as having some value, particularly as reminders of the reasons to quit.

[Seeing ads] does help me kind of push home the fact that I need to do the, eventually get to that point where it's, cut down and, stop. 'Cos I don't want to get to that point so, it's one of those things where, it's good 'cos it's re-enforcing it. I's constantly showing you. (M, 21-29)

It might be a different story if you were looking to give up, it may help you in that predicament, but when you're not willing to give up, and you don't want to, well, as I said, it's just a waste of time. (M, 30-49, BC)

Stop putting ads on telly, 'cause I just want to go and have one. (F, 50+)

Response to regulatory environment (footpath bans, taxation, etc.).

The regulatory environment was raised in all of the groups as something that caused concern for smokers, and that was affecting where and when they smoked.

As noted throughout this report, it was common for participants to talk about the taxes on tobacco products being an indicator that 'the government' gains from people smoking, and is really not interested in them quitting.

But it's stupid because if they make us stop, where's the Government's money going to go, they're going to have none! (F, 18-21)

It's money. What's the government going to do for money. That's billions and billions of dollars per day, and if they get rid of it, where are they going to find their billions and billions of dollars. (M, 30-49, BC)

Realistically the government will not do nothing, because they are getting such a big tax out of the smokes, they are making money out of it. (F, 50+)

they put the price of smokes up, ok, now, what's going to happen if everybody gives up smoking, where are they going to get that revenue? (M, 50+)

As noted, the regulations about where smoking was allowed and not allowed were a top of mind issue, with participants noting that this was affecting not only where they smoked, but how they were perceived as smokers. While there was a general acceptance that restrictions on where smoking was allowed was reasonable, there was also a sense that the breadth of restricted areas was excessive and unreasonable. Participants believed that an effect of these regulations was that they gave permission to non-smokers to criticise and judge them for their smoking anywhere in public. They talked about how people would wave their hands in front of their faces as if to blow away smoke, and how they would glare at them, even when they were smoking in areas where it was allowed. A common perception was that, when smoking in open public areas, they were made to feel like outcasts. While some noted that this reinforced their own dislike of smoking, a more common response was that it banded smokers together as a discriminated against minority.

Back then you could have a cigarette with your beer, now you can't do the two together, you have to have them separately. There is no fun in that ... Now I drink at home. I sit outside with my fire going and have my cigarette and my beer. (M, 30-49, BC)

When discussing these regulations, it was common for participants to claim that they were more conscious about where they smoked, and to note that they believed they were aware of not imposing their smoking on others. Hence, they felt the judgements they experienced were unfair.

These days people are a lot more conscious. Before you could just, wherever, just start lighting up and go. Now it's, I've actually gotta pay attention if I'm walking in certain areas. I'm more conscious. (M, 21-29)

It changes where I smoke I guess. You're a little bit more mindful of where you're going and where you're actually smoking, like, even just walking past people I mean it's always been a common courtesy if you're walking past someone with a child you sort of move a bit further out and stuff like that but I guess with all the new laws and stuff that are coming in I'm becoming more and more mindful of that. (M, 21-29)

You have to have a look around to see where you are to make sure, shit, I can't be smoking here. (M, 50+)

On the other hand, several participants commented that they did not take notice of bans in open air areas, such as those in the main streets of some local towns.

You're not meant to be smoking in the main street of Warragul. I walk the streets of Warragul with a smoke in my hand. I'd walk anywhere. (M, 30-49, BC)

FINDINGS FROM KOORI MATERNITY GROUP

A separate component of this qualitative research project involved young Koori women from the region who were pregnant and who smoked. This component of the research comprised one group discussion with five young women.

The group discussion covered similar issues to those covered in the broader smoker research, namely:

- Provide an understanding of smokers, including insights into motivations for smoking, interest in quitting, experiences of quitting and barriers to quitting.
- Provide insights into the local issues that affect smoking and quitting rates.
- Provide insights into how to support local smokers in becoming non-smokers.

This component of the research also specifically explored issues around smoking and quitting intentions and behaviours during pregnancy.

This component of the research comprised one group discussion with five women recruited through Koori Maternity Health centre, who ranged in age from 20 to 32. All were pregnant, and all had other children.

This section of the report provides a summary of the conversation with these women. As this research comprised only one group discussion, the analysis was restricted to providing a descriptive summary of the issues identified by these participants. There was limited capacity to comprehensively cover all the issues, or to delve deeply into the complexity of issues that arose.

EXPERIENCE AND PERCEPTIONS OF SMOKING

In the opening of these discussions it was apparent that a top of mind concern for these young women was that, being pregnant and being young mothers, they experienced a considerable amount of judgement and shame for their smoking. They talked about experiences of family and the general community openly criticising them, and discussed how this made them feel worse about smoking, but that it did not help them to stop. Several commented that even their children gave them a hard time about smoking.

Yeah you do, you feel the judgement ... Especially being pregnant and smoking. (K)

I had my daughter come up to me the other night and said 'mummy, you need to quit smoking, you know it's bad for the baby'. (K)

Yeah about the smoking and about being pregnant and smoking and being at a young age, smoking and pregnant and everything all at once, 'cause I was 14 when I fell pregnant so, I was 14, pregnant and smoking. (K)

Mum you need to stop cause that's harming the baby, I'm kind of like 'oh shit' but that is through education. (K)

At the same time, they acknowledged that smoking was common in their families, and that they had grown up around smoking and had close associations with serious health effects of smoking.

I think that's what's sort of, what's always on the back of my mind when I think, cause I don't want to smoke, I do want to quit, cause I want to be able to live a long life, you know, I

want to see my grandkids you know, whereas my family didn't get that chance, like my grandparent, I didn't get to grow up and see them. (K)

Perceived benefits of smoking

The main benefits were related to smoking providing an opportunity to have a break from the challenges of life. This was similar to the findings for the general population of smokers. At one end of the spectrum, this benefit was simply about smoking providing a time out, especially from the factors experienced as stressors in these women's lives.

No, all I want to do is smoke it because I'm so stressed out and I'm just like, I know that if I smoke, I'm going to be like, I can chill for a little while, like I can't process and shit. (K)

Even though it tastes like shit, you do it just to get away for like that five minutes. (K)

At the other end of this 'time out' scale, smoking was used to manage uncomfortable feelings, stress and mental illness.

Self-medicate for anxiety, depression and fricken, personality disorder, just kind of keeps in check ... like I have mad anxiety attacks and I go and smoke a bong and that will help me out rather than take a shit load of pills. (K)

I'm having trouble kicking it because there's so much stress in my life right now, it's all I fricken want to do. (K)

Now it's become a bit of a stress reliever when I was going through my separation and stuff but now it's just habit, I think, if something's going on, you know like, if something's going on, I'll be like, 'ah need to grab a ciggie'. (K)

Participants also recognised that there were a range of social values associated with smoking, and that smoking was very much a part of their social interactions with friends and family.

Yeah, people want to come over home for a gossip session and they're sitting there smoking and it's kind of like, 'fuck'. (K)

When discussing the benefits of smoking, there was a perception that smoking was not as bad as other things that they could be doing, with several references to smoking marijuana. The associated belief was that if smoking tobacco helped them to reduce other substances, then this was preferable. Some referred to having given up other substances when they were pregnant, and they felt that tobacco was the least harmful, and therefore they were reluctant to also quit smoking. On the other, some mentioned that they preferred to continue using marijuana, as they believed it was less harmful than tobacco.

I go through more cigarettes now than what I did previous to being pregnant cause I used to smoke yardie ... Pot, marijuana ... so I've been smoking more ciggies like yeah to get that out of my system and shit, like replace habits sort of thing, so I'm probably going through about ten a day, at the moment. (K)

I don't really smoke cigarettes, I'm a pot smoker, I've been doing that for a good while since I was about 13 ... I probably smoke a gram a day maybe. (K)

Cause you're like 'it's just my only thing, don't take it!' (K)

Perceived negatives of smoking

The main negatives associated with smoking were also similar to those identified during the general population research. An obvious theme was that they did not necessarily like smoking, they just did it because of the value it provided in dealing with the challenges in their lives, and/or because it was an ingrained habit. In particular, some suggested that they especially did not like smoking since they had become pregnant.

Sometimes I can't, like sometimes it makes me sick and I don't even know why the fuck I bother. (K)

Yeah and you've got the smell on your hands and stuff and you just want to wash it off and it's still lingering in your clothes. (K)

I don't really smoke much anymore, because I don't know, since I've been pregnant, it just sickens me ... I just have one or two here or there, I haven't really been smoking much, but I used to smoke probably like a packet a day. (K)

Perceptions of smoking health effects

Participants were prompted to talk about their understanding of the health effects of smoking, specifically in relation to smoking during pregnancy.

In this context, some talked about already experiencing smoking related health effects, such as lack of fitness, asthma and poor breathing. To some extent, there was a perception of inevitability with respect to being affected by smoking. However, they did not necessarily believe that these effects were only from smoking, with some claiming that these symptoms were independent of their smoking.

I'll have emphysema, I'll die young of emphysema or something. (K)

The heart disease because heart disease runs in my family, we've got a family history of heart disease, my grandmother passed away from lung cancer. (K)

I was born asthmatic ... so with my asthma it's never got worse or nothing. (K)

Yeah I have heart palpitations. (K)

I don't know if it's from anxiety or if my smoking makes it worse, I don't know, but I think you know that I feel like, I get like out breath like easy. (K)

There was an understanding that it was not ideal to smoke when pregnant. They reported having heard that there could be health factors associated with smoking during pregnancy, however it was apparent that they did not necessarily believe all they had heard, or believe that the smoking effects were serious enough to need to change their behaviour. The main potential health effect that they had heard about was that smoking could be associated with having a small birthweight baby, however, they did not necessarily think of this as a negative thing and therefore it was not a sufficient reason to quit.

Um, I think that just for overall health with maybe for the baby you know, knowing what it does to our insides, knowing what it's doing to us, you know, and the fact that we're feeding that through to our babies you know, if I had the willpower and I, and I could do it, I'd do it. (K)

Lack of oxygen as well. (K)

Yeah and the placenta, it can't grow, as much as it needs to. (K)

When I was pregnant with her, they told me she had an enlarged Kidney they I gave birth and she only had one kidney and I didn't know if that was to do with smoking and I don't know what is was to do with, and I still haven't found out. (K)

Only just like, had premature births, yeah, like that was the scariest part for me. (K)

Yeah just low birth weight and um like their organs take longer to grow and stuff. (K)

Participants were asked to talk about what they knew of the health effects associated with smoking and breastfeeding. There was some surprise in their responses, commenting that they had not even considered that there might be such a link, noting that they had not been advised not to smoke while breastfeeding.

I haven't even really thought about it with breastfeeding. (K)

Nah me either, that's one thing I hadn't thought about. (K)

There's a breastfeeding nurse that comes in here after you have your kid sort of thing and, but she doesn't really delve on the smoking thing, she's like, if you're smoking, wear a smoking jacket, and you know, things like that, and when it comes to feeding a new born baby, wash your hands. (K)

Yeah see I didn't know anything about that either, just the medication and breast feeding. (K)

On the other hand, they were adamant that smoking around young children was not healthy and believed that they should avoid this. However, they felt that this was not always possible. To some extent they believed that they were doing sufficient by their children by telling them not to smoke.

The way that I see it is, I'm my children's teacher, therefore if I'm, if I'm role modelling, I mean, if I'm modelling, smoking, then what sort of message am I sending to my children? (K)

They still smoke with kids in their car and stuff like that, see I would never do that to [my child], I wouldn't put him in a closed space and fill it up with smoke, you know what I mean? (K)

Do you know what I mean? So even when you do or you don't smoke your kids are still standing there ... and you can't bubble wrap them cause they're going to go out there anyway. (K)

Participants were prompted to talk about what they had been told by doctors and other health professionals about smoking when pregnant. All participants claimed that doctors had told them that quitting suddenly could cause fetal distress, and used this as a reason not to stop completely. They believed that their doctors were encouraging them to cut down on their smoking, but not necessarily to quit completely. They felt that they had received mixed messages about the health effects of smoking on pregnancy, and reported that this ambivalence left them feeling that it was not that important to completely stop smoking.

Try your best to cut down. (K)

Yeah that's what they said, just cut it down, cut it down as far as you can go. (K)

Same for yarnie too, they always say, my sister in-law, she smoked dope with every single one of her kids, and they told her, 'do not stop, don't stop because your body's so used to it, you need to continue'. (K)

Yeah trying to stop stresses you out more and you smoke more, it's like a catch 22 sort of thing, you know like, if you've already got a habit like and you maintain a habit. (K)

It's sort of like the doctor's given you permission to continue at the same time. (K)

I don't get why they're allowing it um to be so, like if you're going to take a stance, take a stance on it, it's either yes or no, don't be, it's like, sort of thing, if it's going to be, cause that's what makes it confusing for everyone ... it's sending mixed messages. (K)

The doctor's being more stricter [would make a difference to me] ... do you know what I mean? (K)

Two of the participants reported that they had been told by their doctors that it was most important that they come off other medications when they were pregnant, so this was their focus rather than stopping smoking.

It seems like a lot of us suffer with mental health issues, like, suffer anxiety, depression, and stuff, it was something that the doctors, you know when they try to ween you off your medication, um, you know that they'd say, well continue smoking, you know, if that's what you need to for the stress. (K)

They usually tell me, yeah to cut down, like, I haven't been on my meds for a good while, um a few years ago I had a mental breakdown and I ended up in Flynn ward. (K)

Factors affecting perceptions of susceptibility

Throughout this discussion group it was evident that a range of factors affected participants perceptions of personal susceptibility to the effects of smoking when pregnant.

Participants knew other women, including their mothers, friends and relatives, who had smoked during pregnancy, and reported that these women had had healthy pregnancies and gave birth to healthy children. Some also reported that this had been their own experience of previous pregnancies.

I got drilled through my first pregnancy by my baby's father's mum, and then I found out that she drank through her entire pregnancy, I'm like get fucked, Karen! Drinking through pregnancy contributes to brain damage in your child, smoking through pregnancy contributes to a smaller birth weight, he was 7 pound 4, I didn't want him to be any bigger! (K)

Nah, I get a little bit of my sassy pants and start having a go at people and shit, it's like 'you're criticising me for something that my nanna got away with, my mum got away with, fricken all these generations, I'm fine, they're fine, like leave us the fuck alone sort of thing. (K)

As noted above, there was also a feeling that smoking was not as harmful as other behaviours they could be doing or other substances they could be consuming, including alcohol, other drugs and other prescription medications. These beliefs were used to excuse smoking as the lesser of evils.

I guess for me it's a bit, any smokes are bad, you know what I mean, but I mean if I've cut down then hey, better than ... smoking a pack a day, hey. (K)

It was also apparent that these participants did not fully accept the health effects messages, or were not sufficiently satisfied about their likelihood to feel that they needed to change their behaviour. They were not satisfied that the claimed health effects were necessarily going to happen, and therefore believed that there was a chance that they could get away with smoking. Some claimed that they wanted more definitive information about health effects in order to believe that they should stop smoking.

Yeah which is like you know, at the end of the day, what will happen, not what might happen, this is what happens. (K)

They have proof on what alcohol does, they have the alcohol syndrome. (K)

In reality they don't have any actual facts about what smoking does, just like the same with dope, you know they say, underweight babies, yeah underweight is a little bit different to what alcohol foetal syndrome does. (K)

It was evident that for these young women to raise the issue of stopping smoking to sufficiently high on their list of importance, they would need to be provided with clear and unambiguous evidence about the health effects of smoking during pregnancy, and consistent guidance about the importance of quitting. If the intention is to encourage women to quit completely during pregnancy, there is a need to counter the existing belief that quitting is potentially harmful and that cutting down is sufficient.

PERCEPTIONS OF QUITTING

As noted above, these participants reported that their aim was to cut down during pregnancy, rather than to stop smoking completely. They were prompted to talk about what made it hard for them to stop altogether.

Barriers to quitting during pregnancy

As had been identified in the general population research, the main barriers were related to the difficulties of dealing with life without smoking cigarettes. Some talked about the difficulties of dealing with cravings when they were withdrawing from nicotine, at the same time noting that they believed that nicotine withdrawal could be harmful to their unborn babies. Others talked about finding it too hard to deal with everyday life challenges without having a cigarette. They mentioned that the best way they knew to cope with the experience of stress was to smoke, and were unsure how to cope otherwise.

I quit for like three months with my daughter, but then I continued and then I started back up, I was craving smokes with my daughter. (K)

I'm really hoping to quit, it's just that you know, personal situations and stress just has just prevented me from doing it. (K)

As noted previously, some reported that they had modified much about their lives when they became pregnant, including quitting other substances, but that smoking was the one thing they hung on to. They felt that this was acceptable, as it was at least an improvement on what they were doing before pregnant.

I managed to give up pot completely, when I was pregnant, stopped all my depression and anti-anxiety medication at the same time 'cause they were all bad for the kid ... I went cold turkey on absolutely everything, my body like withdrew hard ... like Josh's dad's an ex drill sergeant in the army and all that sort of thing, so they're a real proper family, so for them, for me to be carrying their grandson sort of thing, it was huge, so I just copped so much and cigarettes were the one thing that I held on to, so I did start defending my cigarettes. Yeah [I gave up] Redbulls, anti-anxiety medication, anti-psychotic medication, anti-depression medication and marijuana ... I think I just needed that one vice left ... I just never managed to shake the cigarettes but managed to drop everything else. (K)

What's the baby going through if you're like, well alright I'm not going to smoke cigarettes, turf that gone, I'm not going to smoke pot, that's gone, the doctor's cut all me pills off, well that's gone too, the baby's going like, 'whoa, what the fuck!?' (K)

As some noted, they felt like they needed something to cope with these life challenges, and believed that if they stopped smoking, they would replace it with something else that was more harmful.

And know that you're going to replace your habit with something else, so be aware of the fact that if you know, you drink Coke, or Redbull or something, you're probably going to drink more of that, or you're probably going to replace it with food, or lollypops or ... (K)

You're waking up feeling sick because you want a cigarette when you know what I mean? Your baby's waking up feeling real shit because you want a bong, you're feeling shit, the baby's feeling shitty, you won't do this and you won't do that, if you can't have your bong. (K)

These discussions demonstrated that any programs aimed at encouraging them to stop smoking would need to acknowledge the totality of their life situations, including other substance use, other medication use, and the factors they experienced as stressors.

A substantial barrier was that others around them continued to smoke, and that others were not supportive of them stopping smoking. Some suggested that even the opinions of others that they should stop contributed to the stress they experienced, which only encouraged them to smoke. It was evident during this group discussion that for these young women to stop smoking, they would need to be supported by their partners, families and communities, rather than judged and criticized for smoking.

I was just craving it, like because my, the father of my baby, he was still smoking so I just wanted to smoke yeah. (K)

You get a lot of other people who don't have the respect or decency not to smoke around you to help you quit. (K)

They do it in front of you and like right in front of you, they're not considerate of the fact that you know, you're trying to stop, or you have stopped, like they don't even care that most of the time that you're sitting in a car with them and you're in an enclosed space and they're smoking next to you. (K)

Quitting resources and aids

Participants were prompted to talk about their perceptions and use of quitting aids and resources, including any resources or assistance that they felt might be helpful. For these women, any previous attempts at stopping or cutting down had been done without any assistance.

None of these participants had ever called the Quitline, nor did they think that this was something they might do in the future. As with the findings from the general community of smokers, the Quitline was not thought to offer any specific value, and they believed that the format was not sufficiently personal to be helpful.

That doesn't work. [Why?] They're strangers. (K)

Yeah it's not personal. (K)

I don't like to talk to a stranger, 'cause they don't know me, I don't know them. (K)

That person behind the phone might not have even had a drag of a ciggie any time in their life and wouldn't even know. (K)

What assistance do smokers want?

When asked to identify what might assist them to stop smoking, the main ideas were inter-related factors associated with their environment, their emotional and psychological well-being, and with finding support in the process of stopping.

The most common observation was that they would need to be supported more in life generally, and specifically in the process of not smoking. As noted throughout this paper, smoking was used as a way to deal with everyday challenges, and these participants felt that, without something else to support them, they did not believe they could stop smoking. One participant acknowledged that this would require helping her at a deeper level of self-esteem and self-confidence.

Ah more support, like I do everything on my own, so that would help, I don't have a support network around me, like I don't have family or friends that can help at all. (K)

You've got to have confidence in yourself. (K)

The other layer of support that they wanted was to not be around smoke and smokers. They felt that it was too difficult to not smoke when they were surrounded by smokers, and felt that they would need a way to remove themselves from this influence if they were to stop.

Yeah move in with non-smokers. (K)

Keeping away from smokers for a bit too. (K)

Peer support and drop-in centres

There was some interest in community-based support, such as a quitting group, a quit buddy or a drop-in-centre. When discussing these options, the main concern was that any such form of support would need to be provided in a way that felt safe, which for them meant non-judgmental and confidential.

A rehab for smoking, down here, instead of having to travel or stay in Melbourne. (K)

I reckon a support group. (K)

Someone that you could call when you know you want to pick up a fricken' bong or cigarette, you know, say 'I'm having a really fricken stressful time right now and I want to do this so bad' someone to talk you out of it, someone to talk you down, sort of. (K)

There just sort of needs to be that place where there is a mediator, or an overall rule that people understand, that this is a no judgement, this is a safe zone sort of thing, because anywhere else, you don't even know, like even when you're opening up to your family, or your closest friends that you know, that you're not going to cop a really negative reaction which will then stop you in future instances, opening up again. (K)

There was some preference for peer support over professional assistance, as they were concerned they would be judged by health professionals. In the experience of these participants, some of the health professionals they dealt with demonstrated limited appreciation of the totality and complexity of their lives and the difficulties they faced. Again, this reflected the need for any assistance to be provided in a non-judgmental manner by people who appreciate the complex difficulties they experience in their lives.

And you know there's no judgement, there's no judgement at all, because that's the biggest thing, that's your biggest fear of being judged, being judged by those who are professionals in the area, you know like. (K)

Nobody takes advice from people that have just read it in text books. (K)

SUMMARY OF KEY ISSUES FROM KOORI MATERNITY GROUP

The following provides a summary of the key issues identified during this group discussion with pregnant Koori women:

- There was limited awareness of negative health consequences from smoking during pregnancy. The main health effect that these women knew about was low birth weight. However, they did not know the health consequences of low birth weight, and without such detailed knowledge low birth weight was not necessarily regarded as a negative, as they perceived that there were some benefits in birthing a small baby.
- A common limiting belief was that stopping smoking completely can be dangerous to the health of a foetus. This belief was used as a justification for cutting down rather than stopping smoking altogether.
- These young women reported that there were a range of health related factors that they had to change when they were pregnant, including reducing their use of other drugs, both licit and illicit. Smoking was not regarded as the only or most important of these, and consequently, cutting down on cigarette consumption was believed to be sufficient, even if not ideal.
- There is a need to provide these women with clear and unambiguous evidence about the health effects of smoking during pregnancy, and to provide consistent guidance about the importance of quitting.
- If the intention is to encourage women to quit completely during pregnancy, there is a need to counter the existing belief that quitting is potentially harmful and that cutting down is sufficient.
- In the development of approaches to assist these women to stop smoking, there is a need to acknowledge the totality of their life situations, including other substance use, other medication use, and the factors they experienced as stressors. Any quitting support would need to be provided in a non-judgmental and confidential manner, by people who appreciate the complex challenges these women experience in their lives.

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