

Attitudes about quitting smoking

Background

There are a range of cessation services and products available in New Zealand to provide support to smokers who want to quit. This includes the heavily subsidised provision of nicotine replacement therapy (NRT). It is important to assess the public's awareness and attitudes towards quitting and NRT to understand how to provide effective cessation services.

Methodology

The 2012 Health and Lifestyles Survey (HLS) included two questions that assessed people's attitudes towards quitting smoking. Responses to these questions were compared by smoking status (current smokers: those who smoked at least monthly, and ex-smokers: those who ever smoked but did not smoke at the time of the survey, and never smokers), ethnicity, neighbourhood deprivation status, age, gender, and educational background. Statistically significant differences ($p < .05$) are reported.

Knowledge of quitting help

All respondents were asked about their level of agreement or disagreement with the statement that 'People who want to quit smoking know where to seek help'. Responses were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'.

Over nine in 10 respondents either 'agreed' (69%, 65-72%) or 'strongly agreed' (23%, 20-26%) with the statement, while less than one in 10 'disagreed' (5%, 3-6%) or 'strongly disagreed' (0.2%, -0.1-0.4%). A small proportion of respondents (4%, 3-5%) were ambivalent, saying that they 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with this statement were:

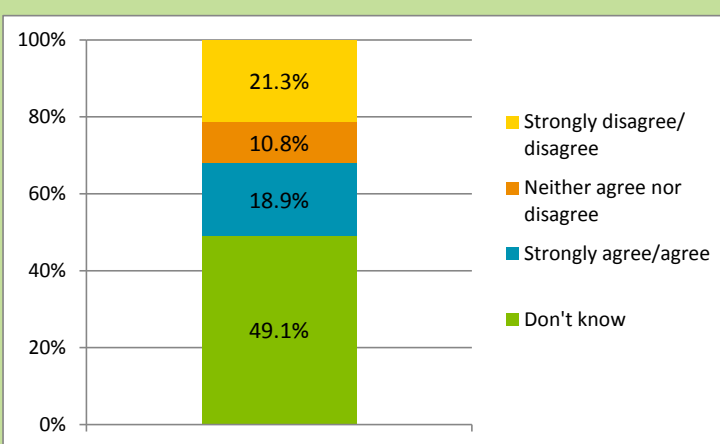
- People aged 25-34 years (95%) and 55+ years (92%), compared with those aged 15-24 years (86%). The difference between those aged 15-24 and 35-54 years (92%) was marginally significant ($p=.05$).

Knowledge about nicotine replacement therapy

All respondents were asked about their level of agreement or disagreement with the statement that 'Nicotine replacement medications are more harmful than smoking cigarettes'. Once again responses were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'. We also report the proportion of respondents who answered 'don't know' given the relatively high rate responding 'don't know' for this question.

Around two in 10 either 'agreed' (15%, 13-18%) or 'strongly agreed' (4%, 3-5%) with the statement, and similarly around two in 10 respondents either 'disagreed' (19%, 16-21%), or 'strongly disagreed' (2%, 1-3%). One in 10 respondents 'neither agreed nor disagreed' (11%, 9-13%) with this statement and five in 10 respondents said 'don't know' (49%, 46-52%).

Figure 1. Agreement with the statement 'Nicotine replacement medications are more harmful than tobacco cigarettes'.



Respondents who were more likely to 'agree' or 'strongly agree' with this statement were:

- Current smokers (27%), compared with never smokers (18%). Differences between never smokers and ex-smokers (16%) were not statistically significantly different.
- Pacific (31%) and Asian (46%) people, compared with European/Other (17%). Differences between European/Other and Māori (18%) were not statistically significantly different.

Respondents who were more likely to say 'don't know' in response to the statement were:

- Never smokers (53%), compared with current smokers (38%). Differences between never smokers and ex-smokers (50%) were not statistically significantly different.
- European/Other (50%), compared with Asian people (31%). Differences between European/Other and Māori (51%) and Pacific (49%) were not statistically significantly different.

Key points

- The majority of New Zealand adults agreed that people who want to quit smoking know where to access help, although fewer young people (aged 15-24 years) appear to agree.
- People appear to be less sure of the efficacy of nicotine replacement therapy (NRT), one of the main cessation aides used in New Zealand. Half of New Zealand adults did not know whether NRT was more harmful than smoking cigarettes.
- About one-quarter of current smokers believed that NRT is more harmful than tobacco cigarettes.

Citation

Newcombe, R., & Li, J. (2013). *Attitudes about quitting smoking. [In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit.

About the HPA

The Health Promotion Agency (HPA) is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, and prevent disease, illness and injury. HPA also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, and alcohol.
- In 2012, the main sample, with a response rate of 86.3%, included 1,539 people of European/Other ethnicity, 619 Māori, 387 Pacific peoples and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. The significance level used for statistical analyses was set to $\alpha=0.05$.
- Comparison groups for these analyses were as follows:
 - Smoking status (current smokers and ex-smokers, compared with never smokers).
 - Ethnicity (Māori, Pacific and Asian compared with European/Other ethnicity).
 - Neighbourhood deprivation status (NZDep 8-10 and NZDep 4-7, compared with NZDep 1-3).
 - Age (25-34 years, 35-54 years, and 55+ years, compared with 15-24 years).
 - Gender.
 - Educational background (no formal qualifications, School Certificate/NCEA level 1, and UE/NCEA levels 2-3/trade certificates, compared with university qualifications).
- A full description of the 2012 HLS survey methodology and further HLS publications can be found online at <http://www.hpa.org.nz/research-library/research-publications>

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July 2013