ATTITUDES OF PEOPLE LIVING WITH HIV TOWARD NICOTINE PRODUCTS AND TOBACCO HARM REDUCTION: A FOCUS GROUP STUDY

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1. Background

- The high prevalence of tobacco smoking among people living with HIV (PLHIV) causes substantial early mortality and ill health for this population.
- Harm reduction approaches such as long-term substitution with less harmful nicotine products could offer an alternative approach to reducing these harms.
- We don’t know if PLHIV find this approach acceptable or which products most acceptable as cigarette substitutes.

2. Methods

- Eleven focus groups were conducted with PLHIV in Qld, NSW and Victoria.
- The groups discussed experiences with nicotine products and views on harm reduction and a range of nicotine products, including electronic cigarettes.
- Qualitative data were recorded, transcribed verbatim and analysed thematically.
- A brief quantitative questionnaire was also completed.

3. Participants

<table>
<thead>
<tr>
<th>Location of group</th>
<th>Participants N (%)</th>
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</thead>
<tbody>
<tr>
<td>Capital city</td>
<td>37 (64.5)</td>
</tr>
<tr>
<td>Brisbane</td>
<td>8 (14.8)</td>
</tr>
<tr>
<td>Sydney</td>
<td>9 (16.7)</td>
</tr>
<tr>
<td>Melbourne</td>
<td>20 (37.0)</td>
</tr>
<tr>
<td>Regional</td>
<td>17 (31.5)</td>
</tr>
<tr>
<td>Sunshine Coast</td>
<td>2 (3.7)</td>
</tr>
<tr>
<td>Bundaberg</td>
<td>4 (7.4)</td>
</tr>
<tr>
<td>Townsville</td>
<td>6 (11.1)</td>
</tr>
<tr>
<td>Cairns</td>
<td>5 (9.3)</td>
</tr>
</tbody>
</table>

Demographics N (%)

- Male          48 (88.9)
- Age
  - <45        14 (25.9)
  - 45-54     25 (46.3)
  - 55+       15 (27.8)
- Born in Australia 40 (74)
- Indigenous
  - ≤ Junior HSC 16 (31.5)
  - Senior HSC 15 (27.8)
  - Post School 14 (25.9)
  - Uni degree 8 (14.8)

4. Results

- Nicotine product
  - NRT used previously
    - Patches 37 (68.5)
    - Gum 22 (40.7)
    - Lozenges 11 (20.4)
    - Mouthspray 7 (13.0)
    - Dissolvable strips 5 (9.3)
    - Inhalator 31 (20.4)

Willingness to try nicotine products

- Nicotine product
  - Very likely to try N (%)
    - Patches 12 (22.2)
    - Gum 7 (13.0)
    - Lozenges 6 (11.1)
    - Mouthspray 16 (29.6)
    - Dissolvable strips 4 (7.4)
    - Inhalator 13 (24.1)

- Maybe would try N (%)
  - Patches 14 (25.9)
  - Gum 10 (18.5)
  - Lozenges 17 (31.5)
  - Mouthspray 17 (31.5)
  - Dissolvable strips 17 (31.5)
  - Inhalator 16 (29.6)

- Would never try N (%)
  - Patches 20 (37.0)
  - Gum 31 (57.4)
  - Lozenges 26 (48.1)
  - Mouthspray 15 (27.8)
  - Dissolvable strips 23 (42.6)
  - Inhalator 19 (35.2)

- Missing N (%) 8 (14.8)

5. Conclusions

- Harm Reduction approaches may be a viable strategy to reduce tobacco-related harms among PLHIV who are unable or unwilling to quit smoking.
- Participants seemed reluctant to use products that seemed too different to cigarettes, which are accepted as normal.
- There was some confusion about what long-term use was.
- Reluctant smokers (with strong quit motivation) were least interested in harm reduction.

The quitting continuum

- Committed
  - “Don’t want to quit, but some open to the idea. Must be own decision.”
  - “Enjoy smoking. Mixed feelings about quitting. Need to rather than want to quit.”
  - “Yes, some of us want to quit. Some of us would rather just keep smoking. But at the moment with the way that society looks at us whether we’re HIV or because we’re gay or because smoke we’ve basically got everything against us when it comes to society. So being the way we are we can band together. We can enjoy our lives as we see fit, not the way everyone else should dictate it to us.”

- Ambivalent
  - “Want to quit—usually for multiple reasons. Have tried to quit.”

- Reluctant
  - “If I wasn’t addicted, I would be able to stop it and not be dependent on either nicotine or nicotine replacement therapy. Like I would love to be able to just cut it out altogether and have no nicotine replacement therapy, you know just have nothing and say, ‘goodbye to it, but I find it too hard, I need that bit of nicotine.”

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Disclosure of Interest Statement: This study was funded by a University of Queensland Health and Behavioural Sciences Faculty Collaboration Research Seed Grant awarded to PF and the Qld Health MRI/1995. Professional Chair. No funding from commercial sources was received for this study including pharmaceutical grants. CEG holds a NHMRC Career Development Fellowship (GDT 09-789).