

# **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 have most potential 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.

Location of group	Participants N (%)
Capital city	37 (68.5)
Brisbane	8 (14.8)
Sydney	9 (16.7)
Melbourne	20 (37.0)
Regional	17 (31.5)
Sunshine Coast	2 (3.7)
Bundaberg	4 (7.4)
Townsville	6 (11.1)
Cairns	5 (9.3)

# 3. Participants

Demographics		N (%)	
Male		48 (88.9)	
<45		14 (25.9)	
Age	45-5	54	25 (46.3)
	55+		15 (27.8)
Born in Australia		40 (74)	
Indigenous		4 (7.5)	
		≤ Junior HSC	16 (31.5)
Highest		Senior HSC	15 (27.8)
schoolir	ng	Post School	14 (25.9)
		Uni degree	8 (14.8)

Smoking and quitting history		N (%)
Nicotine dependence	Very low	15 (28.8)
	Low to moderate	19 (36.5)
	High	18 (34.6)
Tried to quit smoking in the last year		31 (57.4)
Used prescription cessation medicine		29 (53.7)
	Patches	37 (68.5)
	Gum	22 (40.7)
NRT used	Lozenges	11 (20.4)
previously	Mouthspray	7 (13.0)
	Dissolvable strips	5 (9.3)
	Inhalator	11 (20.4)



# 4. Results

Damages dental items

Messy to fill

or like drug

Complicated

paraphernalia

Risk to children?

Gum

• Cost

• Addictive

Tank vaporiser

Appearance too clinical

### Willingness to try nicotine products

Nicotine product	Very likely	Maybe would	Would never	Missing N
	to try N (%)	try N (%)	try N (%)	(%)
Patches	12 (22.2)	14 (25.9)	20 (37.0)	8 (14.8)
Gum	7 (13.0)	10 (18.5)	31 (57.4)	6 (11.1)
Lozenges	6 (11.1)	17 (31.5)	26 (48.1)	5 (9.3)
Mouthspray	16 (29.6)	17 (31.5)	15 (27.8)	6 (11.1)
<b>Dissolvable strips</b>	4 (7.4)	17 (31.5)	23 (42.6)	10 (18.5)
Inhalator	13 (24.1)	16 (29.6)	19 (35.2)	6 (11.1)
Snus	13 (24.1)	8 (14.8)	28 (51.9)	5 (9.3)
Voke aerosol inhaler	28 (51.9)	15 (27.8)	9 (16.7)	2 (3.7)
Cigalike e-cigarette	34 (63.0)	10 (18.5)	6 (11.1)	4 (7.4)
Tank vaporiser	15 (27.8)	13 (24.1)	18 (33.3)	8 (14.8)

• For younger people

(not older people) • Cost?

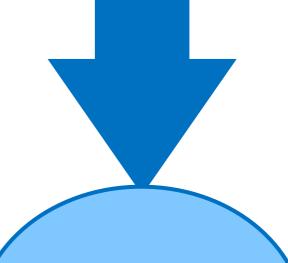
• Too big

ABSTINENCE

Views on harm reduction were mediated by belief that quitting involved complete abstinence or if support was needed. "Well nicotine is a poison and so I, if I'm trying to get rid of smoking I don't think I would want to carry on with nicotine"

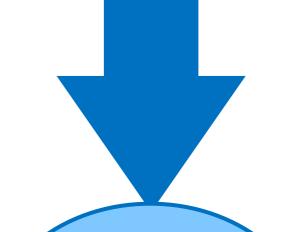


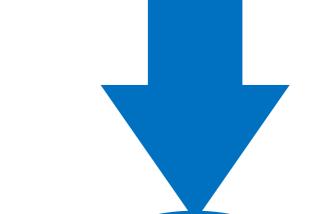
I find too there's a bit of stigma out wanting to quit. A lot of people really don't want to know us.



HARM REDUCTION

there too with people with HIV







### HABIT

"For me, I would, if I was going to use nicotine replacement therapy, I would use something that is not in the form of the old habit, the same habit that I'm trying to get rid of."

"Yeah well I would actually go the opposite, I would prefer something, because I chew on toothpicks every now and then and it's just having something to do with your hands and up near your mouth and that."



# Snus

# The quitting continuum

Committed	Ambivalent	Reluctant
Don't want to quit, but some open to the idea	₊Enjoy smoking₊Mixed feelings about quitting	.Want to quit— usually for multiple reasons
<ul> <li>Must be own decision</li> </ul>	Need to rather than want to quit	<ul> <li>Have tried to quit</li> </ul>

"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 we 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."

## **5.** Conclusions

Patch

• Too strong

• Not strong enough

• Easy to use

• Can wear when going

out to avoid smoking

Comes off too easily

when hot /humid

- 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

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**ADDICTION** 

"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."