

Improving Health Outcomes Related to Tobacco Use Informed by Lived and Living Experience

CAPSA, a national organization of experts informed by lived and living expertise, was approached by Health Canada to develop knowledge products to inform policy development and program delivery around tobacco use. The following information was gathered from 15 key informants, recruited through a national network of people with lived and living experience in Canada. Participants were invited to attend one of three focus groups on improving health outcomes related to tobacco use. Within each focus group, people were asked to identify: 1) strategies that were or were not effective in improving health outcomes around their tobacco use (e.g., resources, peer support, campaigns, tools, programs, services, apps, etc.); 2) perceived risks, benefits and motivations for tobacco use; and 3) suggestions for healthcare providers and policymakers on best practices to support people attempting to improve their health around tobacco use. This summary discusses the themes surrounding tobacco use that were identified through this research.

Conversations Around Tobacco Use

People are asked about their tobacco use by family doctors, dentists, mental health service providers, family, and peers. These conversations often focus on negative health impacts, specifically the long-term risks of tobacco use. People describe feeling judged and seek to avoid these interactions where possible. However, people are significantly more receptive when messaging has a harm-reduction and/or positive-health focus. Many feel that conversations to improve health and reduce tobacco use should promote further tools and strategies to support their self-motivated healthcare goals rather than focusing on their “problem behaviours”.

Perceived Risks & Benefits

People who use tobacco are generally well-informed about the risks and can identify a variety of negative health outcomes related to tobacco use. These include cancer, chronic obstructive pulmonary disease (COPD), cardiac risks such as heart attack or stroke, and death. They are also cognisant of the negative impacts of tobacco use in their lives such as the cost of cigarettes, increased cost of life insurance, and tobacco use as a barrier to access healthcare (e.g. substance use disorder [SUD] programs) or employment. People identify many perceived benefits to their tobacco use including primary benefits such as anxiety relief, weight management, increased energy, and “quick dopamine”. They also highlight the secondary benefits from their tobacco use such as time outdoors, social benefits from being included in smoke-breaks, the ability to take time to themselves away from family or co-workers and suggest that tobacco is used as a “less-harmful” placeholder for other SUDs.

Strategies to Improve Tobacco Use Health

There are several strategies that people find effective for supporting their health goals around tobacco use. Peer support groups, such as Nicotine Anonymous and All People, All Pathways™, can provide encouragement for improving health goals from others with lived and living experiences. People feel more comfortable confronting the negative impacts of tobacco use in this type of safe and non-judgmental environment. Nicotine Replacement Therapy (NRT), and other methods that seek to slowly reduce the amount of nicotine use over time, are useful tools for supporting health goals across the spectrum of tobacco use. For individuals who see cessation as their ultimate goal, counselling and cessation coaches provide excellent additional support to help reduce and ultimately cease using tobacco. However, when cessation is presented as the only option people may disengage and feel hopeless to bring about a meaningful change to their tobacco use health. In this state, they do not feel supported enough to attempt any change, as anything but cessation is still framed as falling short of the desired health goal.

Tobacco Use & Legislation

People who use tobacco have mixed feelings about the efficacy of legislative changes around tobacco use and tobacco products. Some feel that the recent packaging changes are useful, as they contain more salient health information. However, the majority of people who already use tobacco describe a level of cognitive dissonance that prevents these changes from having a meaningful impact on their use. Instead, it was suggested that legislation surrounding packaging, labelling and appearance would be most effective for people who did not currently use tobacco or those who had begun using recently. Other policy changes to reduce smoking areas are seen as effective as they make smoking less convenient, but also more shameful.

Tobacco Use & Stigma

People who use tobacco continue to experience significant stigma in our society. Previous research has shown that stigma acts as a barrier to wellness for people who use substances. Stigma can come from a variety of sources including family, peers, in the workplace, in their community, outdoors in areas where smoking is permitted, and within healthcare or housing services that require tobacco cessation as a condition of accessing care.

People describe being made to feel constantly aware of their smell, appearance and their “smoker’s cough”. Being labeled a “smoker” by family, peers, neighbours, and co-workers promotes stigmatizing beliefs about people who use tobacco in various settings (e.g. being seen as “lazy” or “wasting time” in the workplace, being seen as “polluting the air” by others in the community). This stigmatizing view of people who use tobacco causes people to feel that “smokers are marginalized in our society” and that there is a lack of advocacy to de-stigmatize the conversation around tobacco use.

Many are familiar with public health campaigns that emphasize the dangers and risks of tobacco. However, they feel that these “shame campaigns” are not effective at reducing their own tobacco use. Rather, they believe these campaigns perpetuate and vindicate the continued stigma and vilification towards people who use tobacco. Although some people feel that stigma or shame around tobacco use motivated their own cessation or could discourage the uptake of tobacco, the harms of continued stigma outweigh any perceived benefits.

Key Recommendations

As per the results of this research, we strongly recommend the adoption of a Substance Use Health lens to policies and practices related to tobacco use.

This can be done by:

- Improving health outcomes through multiple tools and resources for overall wellness (i.e., peer-support, apps, incentives-based programs, and health coverage for tobacco treatment programs or NRT, etc.).
- Meeting people where they are around their own health goals (i.e., adaptable programming, non-restrictive policies).
- Shifting our language (i.e., Tobacco use health, people who use tobacco, health-promotion around tobacco use).
- Providing actionable, accessible and evidence-based information about tobacco use and health.

To learn more about Substance Use Health and the impacts of stigma, visit CAPSA's training and education program at www.capsa.ca/training