Background

- Denormalisation (DN) describes a shift in broad social norms where smoking changes from being perceived as a normal or desirable practice to one which is abnormal or undesirable
- DN may increase support for smokefree measures and smokers' likelihood of trying to quit or quitting. However, it may also marginalise smokers, reduce well-being and motivation to quit, cause anger, and induce reactance (defiant thoughts and behaviours)
- DN may manifest as perceptions and beliefs at personal or societal levels, and as perceived or experienced marginalising behaviours
- Marginalisation due to DN may be particularly important within high smoking prevalence groups (such as Māori, the indigenous peoples of New Zealand (NZ))

Results

Smoker identity and attitudes towards smoking

- Over 80% of smokers expressed regret about becoming a smoker
- Around half (49%) had an overall negative opinion about smoking and very few (9%) had an overall positive opinion
- However, 80% of smokers stated that they enjoyed smoking

Personal attitudes, behaviours and experiences of denormalisation (Figure)

 Agreement with personal indicators of DN varied from over 60% for experiencing discomfort about where it is OK to smoke to around 20% for need to smoke making smokers feel like an outsider with friends and trying to hide smoking from family and friends

Beliefs about societal attitudes towards smoking and smokers

- The prevalence of beliefs about societal DN of smoking were mostly high
- 81% disagreed that cigarettes were a suitable gift for family and friends, 76% agreed society disapproves of smoking, 59% agreed smokers get little sympathy if they get sick, 58% agreed restrictions on smoking had turned smokers into second class citizens, and 44% that people they know generally disapproved of smoking

Reactance to denormalisation

- A minority reported reactance at the personal or societal level
- 12% of smokers reported they sometimes ignored smoke-free signs to make a point and 27% reported greater determination to smoke in response to the government trying to reduce smoking; 38% agreed that more and more smokers are ignoring smokefree policies

Impacts of denormalisation on thoughts about quitting

- Substantial minorities reported that aspects of DN had prompted them to think about quitting, e.g.:
 - » disapproval of smoking by: society (39%) and friends and family (43%)
 - » increasing restrictions on smoking at: work (24%) and in public places like bars and restaurants (31%)
- However, 76% also agreed that smokers are getting tired of being pressured to stop smoking

Comparision of Māori and non-Māori participants

The main disparities (>10% absolute difference) between Māori and non-Māori (Figure) were all in the direction of DN beliefs or experience being less common among Māori smokers except Māori participants were more likely to report smokers were ignoring smokefree area policies.

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Disclosures/Conflict of Interest:

GTF has served as an expert witness on behalf of governments in litigation involving the tobacco industry. All other authors have no conflicts of interest to declare.

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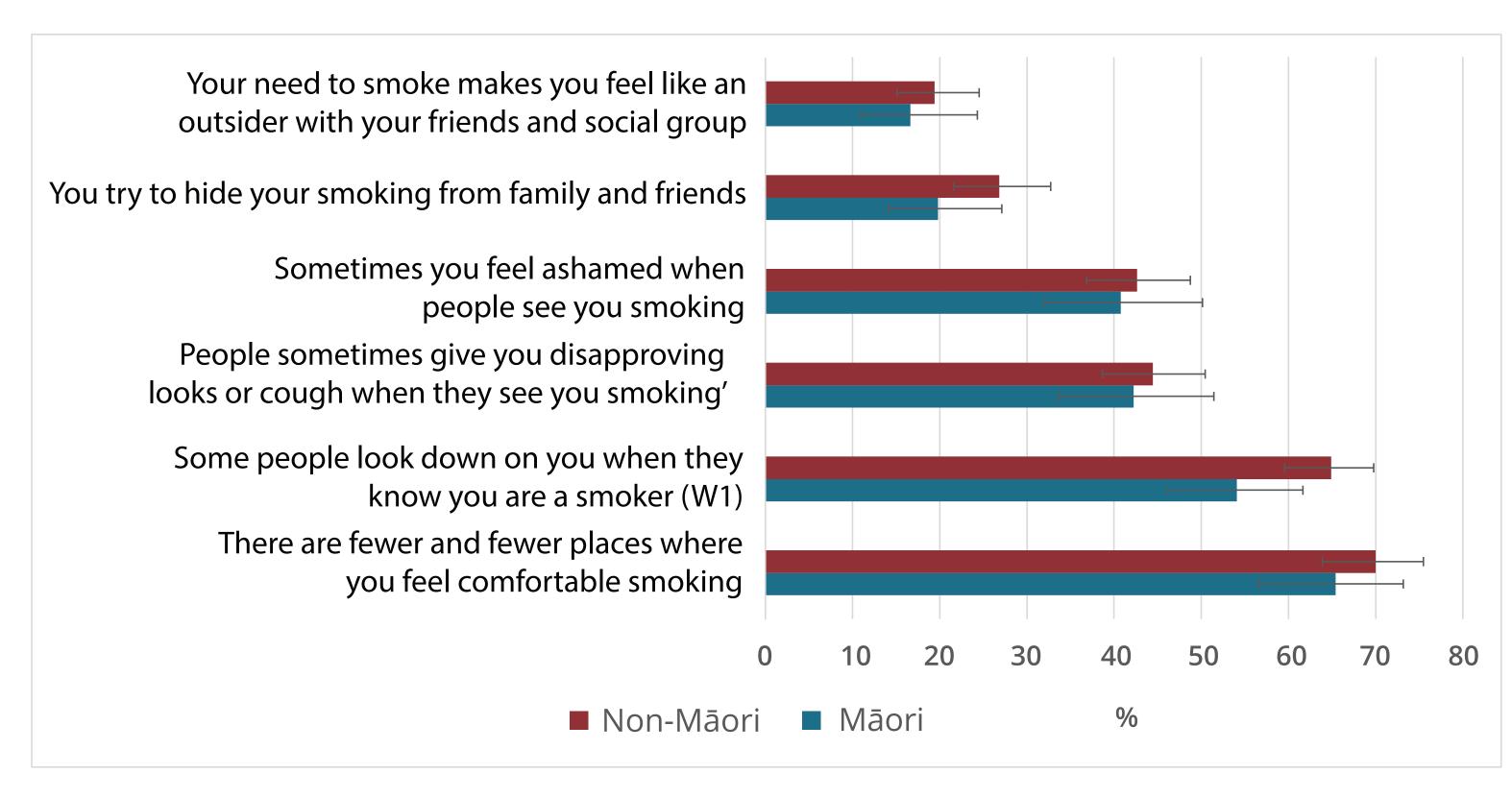
Objective

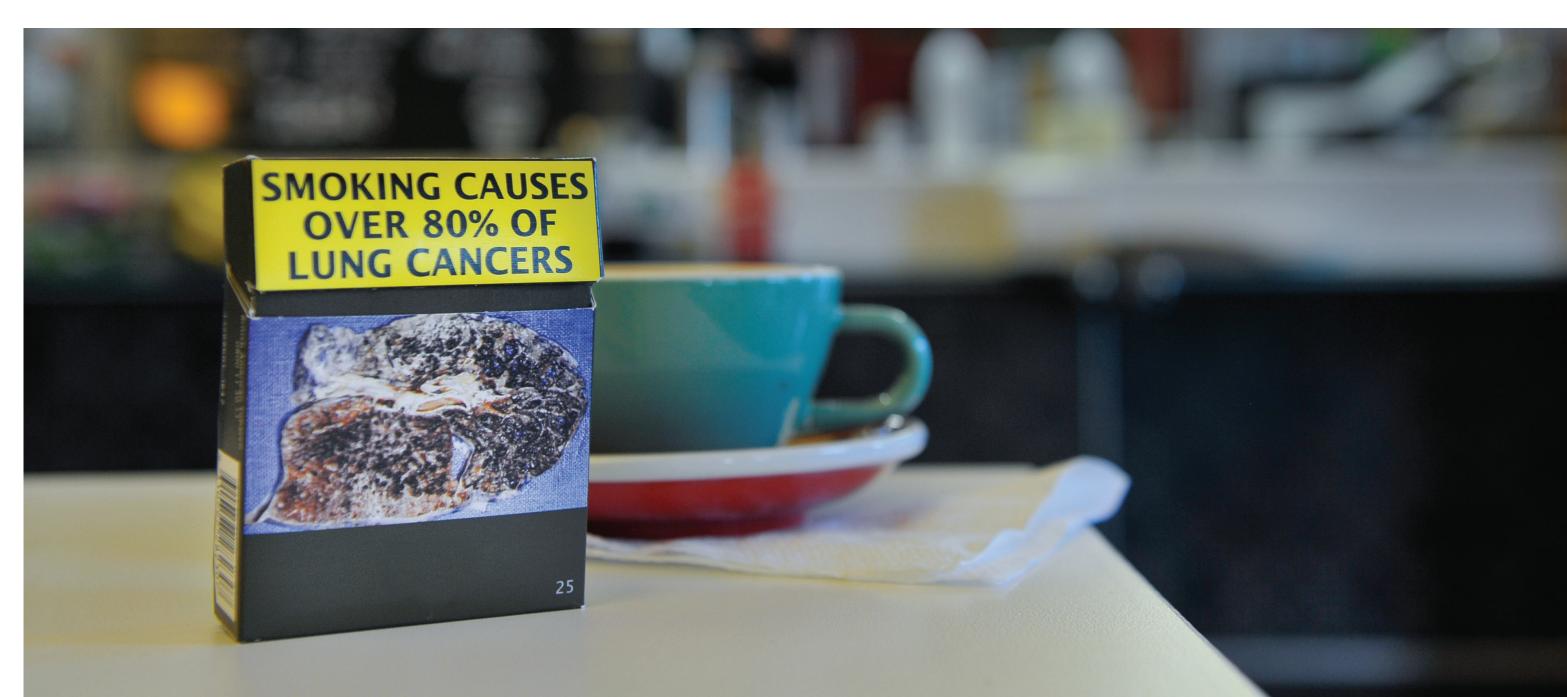
To describe perceived and experienced DN and behavioural outcomes of DN among Māori and non-Māori NZ smokers.

Methods:

- Participants recruited from respondents in the nationwide NZ Health Survey
- CATI interview data from smokers in the International Tobacco Control (ITC) NZ Survey:
- Wave 1 (W1, Aug 2016-Apr 2017), n=910 including n=326 who identified as Māori
- Wave 2 (W2, Jul-Dec 2018), n=726 including n=308 who identified as Māori
- Weighted analyses comparing Māori and non-Māori: estimates reflect the NZ adult smoking populations
- Findings presented from W2 unless stated otherwise

Figure: Percentage (with 95% CI) of Māori and non-Māori smokers agreeing with statements about personal attitudes, behaviours and experiences of denormalisation





Conclusions:

Most NZ smokers hold negative views of smoking and believe society disapproves of smoking. A minority experienced personal DN and reported responding with negative reactance. DN was an important prompt for thoughts about quitting. The findings were mostly similar for Māori and non-Māori. Monitoring of DN should continue to assess the balance of positive and negative impacts of smokefree interventions and policies.









