



Research paper

A qualitative analysis of low income smokers' responses to tobacco excise tax increases



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ARTICLE INFO

Article history:

Received 18 May 2016

Received in revised form 8 August 2016

Accepted 10 August 2016

Keywords:

Tobacco control

Tobacco excise tax

Low income smokers

ABSTRACT

Background: While increasing the excise tax applied to tobacco products reduces consumption and smoking prevalence, it may also cause hardship among smokers who do not quit. We explored how smokers living on a low income respond to increasing tobacco excise taxes.

Methods: Using a social justice perspective, we explored the increasing costs of tobacco with a sample of 27 adult smokers who live below the poverty line (i.e., with an income less than 60% of the median New Zealand income). Face-to-face interviews were conducted in Dunedin, New Zealand, a city with marked income differences, and were undertaken shortly after a further tobacco excise tax increase. The interview guide explored participants' smoking practices, their perceptions of excise tax as a strategy to reduce smoking prevalence, and the strategies they used to manage their tobacco needs.

Results: We identified three key themes: depriving the poor; tobacco as a precious commodity, and desperation. While many participants described smoking as a pleasure or coping mechanism, they also saw it as a burden that they struggled to manage. Despite trying to quit, most had failed to become smokefree and felt victimised by a punitive policy system that coerced change without supporting it. They managed financial pressure by reducing their tobacco consumption but also used increasingly desperate measures, including recycling waste tobacco; participants reported feeling demeaned by measures they saw as their only option.

Conclusion: Providing intensive cessation support for lower income smokers could avoid further alienating a group already experiencing considerable disadvantage.

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Introduction

Although tobacco control strategies have substantially reduced overall smoking prevalence, general population figures disguise striking socio-economic gradients and smoking prevalence remains persistently high among people in lower income groups (Atkinson, Salmond, & Crampton, 2014; Bader, Boisclair, & Ferrence, 2011; Guillaumier, Bonevski, & Paul, 2015; Hiscock, Bauld, Amos, Fidler, & Munafo, 2012; Hiscock, Bauld, Amos, & Platt, 2012). Specific groups within more deprived communities often exhibit even sharper disparities; for example, between 40% and 50% of indigenous people in Australia and New Zealand smoke (Bader et al., 2011; Ministry of Health, 2012; Thomas, Ferguson, Johnston, & Brimblecombe, 2013), and people with schizophrenia or other mental illnesses are over five times more likely to smoke than those without these conditions (Bader et al., 2011; de Leon &

Diaz, 2005; Hiscock, Bauld, Amos, Fidler, et al., 2012; Lawn, 2008). Further, smokers in lower income groups are often more heavily addicted, find it more difficult to quit, or are more resistant to quitting (Caleyachetty, Lewis, McNeill, & Leonardi-Bee, 2012; Hiscock, Bauld, Amos, Fidler, et al., 2012; Kotz & West, 2009; Reid, Hammond, Boudreau, Fong, & Siahpush, 2010; Siahpush, Spittal, & Singh, 2007a; Siahpush, Yong, Borland, Reid, & Hammond, 2009; Voigt, 2010). These inequalities are troubling in their own right and present a serious threat to 'endgame' goals, which aim to reduce smoking prevalence to minimal levels (i.e., less than 5%) in all population groups (Maubach et al., 2013; New Zealand Government, 2011).

Measures to reduce smoking prevalence typically include excise tax increases and there is substantial evidence that price increases elicit larger reductions in smoking prevalence than other policy measures (Chaloupka, Straif, & Leon, 2010; Chaloupka, Yurekli, & Fong, 2012; Hiscock, Bauld, Amos, Fidler, et al., 2012; Organization, 2015). Given a 10% price increase decreases tobacco consumption by up to 5% (Chaloupka et al., 2012; Levy, Chaloupka, & Gitchell, 2004), many countries have committed to a sustained

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programme of tax increases. Several studies report that lower income smokers' higher price sensitivity means they respond more strongly to excise tax increases, thus reducing overall health inequalities (Brown, Platt, & Amos, 2014; Cowie, Glover, & Gentles, 2014; Guillaumier et al., 2014; Siahpush, Spittal, & Singh, 2007b; Siahpush, Wakefield, Spittal, Durkin, & Scollo, 2009a; Warner, 2000; Wilson & Thomson, 2005a, 2005b) and producing greater net benefits (Hill, Amos, Clifford, & Platt, 2013). However, those who continue to smoke may face an increased economic burden, particularly if tobacco purchases account for a larger proportion of their disposable income or they have co-morbidities to manage (Bader et al., 2011; Farrelly, Nonnemaker, & Watson, 2012; Lawn, 2008; Martire, Mattick, Doran, & Hall, 2011; Voigt, 2010; Warner & Mendez, 2010). In New Zealand, these effects may be most intense in communities with high smoking prevalence, particularly Māori (Cowie et al., 2014).

Striking variations in smoking prevalence, together with evidence that tobacco control policies vary in their effects on different population groups, have led several researchers to describe smoking as a question of social justice (Healton & Nelson, 2004; Lawn, 2008; Voigt, 2010). Smokers' unequal life circumstances may predispose and reinforce smoking uptake, promote perceptions of smoking as normal, and make healthier practices more difficult. Voigt (2010) explored environmental and individual factors that promote smoking and noted how perceptions of smoking as normal, and its role as a stress management tool, are particularly common among smokers from more deprived communities (Voigt, 2010). The contrast between positive perceptions of smoking and its negative health effects challenges researchers to recognise that while smoking undeniably causes inequities, so too may some of the solutions proposed (Healton & Nelson, 2004; Voigt, 2010). Further, while tobacco control measures may aim to redress structural factors that create inequalities in smoking prevalence, they nonetheless impose solutions on people who typically have no direct input into policy processes. Voigt suggests recognising this ambiguity by applying a social justice lens to potential measures, examining unintended consequences, and considering whether and how these may be pre-empted (Voigt, 2010).

Adopting a social justice perspective focusses on the control smokers may exert over their behaviour. While arguments that describe smoking as an 'informed choice' and hold smokers responsible for harms they experience have recently been challenged, particularly with respect to Māori smokers (Gifford et al., 2016), external factors affecting smokers' ability to respond to policy interventions have received less attention (Voigt, 2010). Voigt's approach requires a deeper exploration of tensions between reducing health inequalities and the direct and indirect consequences of imposing measures on people whose autonomy is already compromised by their life circumstances.

Current research has outlined how smokers experiencing higher deprivation adjust to increased tobacco costs. Some switch to less expensive brands (Biener, Aseltine, Cohen, & Anderka, 1998; Cornelius et al., 2013; Dunlop, Perez, & Cotter, 2011; White, Gilpin, White, & Pierce, 2005), while others move from more expensive factory-made cigarettes to roll-your-own (RYO) tobacco (Dunlop et al., 2011; Mindell & Whynes, 2000; Scollo, Younie, Wakefield, Freeman, & Icasiano, 2003), regulate their consumption more stringently (Biener et al., 1998; Dunlop et al., 2011; Farrelly et al., 2012), or displace other purchases (Armour, Pitts, & Lee, 2008; Guillaumier et al., 2015; Siahpush & Carlin, 2006; Siahpush, Borland, Young, Cummings, & Fong, 2012). Yet, while this work provides important population insights into how low income smokers manage increased tobacco costs, few studies have explored the direct and unintended effects of sustained excise tax increases (Caleyachetty et al., 2012; Voigt, 2010).

New Zealand provides a unique setting in which to explore these questions as it is the first country to have set a tobacco endgame goal that aims to reduce smoking to minimal levels among all population groups (New Zealand Government, 2011) and has had a programme of sustained excise tax increases for more than five years. Following a surprise tobacco excise tax increase in 2010 (10% on tailor-made cigarettes and 25.4% on roll-your-own or loose tobacco), the excise tax applied to tobacco products has risen by 10% each year since 2011. A pack of 25 cigarettes that cost \$13.28 in December 2009 (prior to excise tax increases) cost \$28.79 in March 2016 (Statistics New Zealand, 2016). Recent price analyses reported that tailor-made cigarettes cost an average of NZ83 cents per stick while RYO cigarettes (assuming use of 50 g of tobacco per stick) cost NZ64 cents per stick (Health New Zealand, 2015; Laugesen, 2015). Median weekly incomes have not risen at the same rate and increased from NZ\$549 in 2011 to NZ\$621 in 2015 (Statistics New Zealand, 2015).

We explored how low income smokers interpret and manage rising tobacco costs, and examined how decreasing the affordability of tobacco products affected their smoking practices and general well-being. We were particularly interested in probing unintended outcomes resulting from sustained excise tax increases.

Methods

Sample and recruitment

To recruit a diverse participant group, we contacted local social support agencies and provided them with handouts and information sheets for social workers to distribute. We also posted fliers on community notice boards in areas of higher deprivation. People who made contact by email or phone were sent a copy of the information sheet to review before confirming their willingness to participate in the research.

In total, we recruited 27 participants all of whom earned less than the median income (\$28,400); most lived in poverty (defined as earning less than 60% of the median income). All were current daily smokers, though the number of cigarettes participants reported smoking each day varied considerably from three to 50. Half (14) had made at least one quit attempt in the past year and the overall likelihood of sample members trying to quit in the next year was also 50%. Table 1 contains details of participants' demographic characteristics and smoking behaviours.

Data collection

In-depth interviews enabled us to gain a detailed understanding of participants' experiences and management strategies. This approach allows topics to evolve as part of the interaction between participants and researchers, and offers opportunities for probing not always possible when multiple participants are involved, as with focus groups. In-depth interviews are also very sensitive to participants' privacy and enabled us to discuss responses that participants may have felt reluctant to raise in a group (Gill, Stewart, Treasure, & Chadwick, 2008). We have previously used in-depth interviews to explore sensitive topics, including experiences of stigma relevant to this study (Hoek, Maubach, Stevenson, Gendall, & Edwards, 2013; Hoek, Gifford, Maubach, & Newcombe, 2014).

Interviews took place from January to early March 2014, immediately following a 10% increase in tobacco excise tax, and lasted between 35 and 70 min. Our loosely structured interview guide comprised introductory, follow-up, probing, specifying and indirect questions (Kvale, 1996). We first explored participants' smoking history, including initiation, their smoking trajectory, quit

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