

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.

3. Participants

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)

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		4 (7.5)
Highest schooling	≤ Junior HSC	16 (31.5)
	Senior HSC	15 (27.8)
	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)
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	11 (20.4)

4. Results



Inhalator

- Health risk of long term use?
 - Cost
- Environmental impact
- Reinforces smoking habit
- Don't like appearance
- Useful when can't smoke



Mouthspray

- Tastes bad
- Needs to look sexier
- Appearance too medicinal
- Too feminine



Gum

- Cost
- Addictive
- Damages dental items



E-cigarette

- Socially acceptable
- Attractive pack
- Too much like smoking
 - Cost?
- Is big tobacco involved?
- Environmental impact?



Aerosol inhaler

- Attractive appearance
- Provides behavioural replacement
- Cost?
- Is big tobacco involved?
- Environmental impact?



Tank vaporiser

- Messy to fill
- Appearance too clinical or like drug paraphernalia
- Risk to children?
- Complicated
- For younger people (not older people)
- Cost?
- Too big



Snus

- Smells good
- Oral health risk?
- Appealing packaging
- Takes away habitual smoking behaviour
- Good for short term use



Patch

- Too strong
- Not strong enough
- Easy to use
- Can wear when going out to avoid smoking
- Comes off too easily when hot/humid

Willingness to try nicotine products

Nicotine product	Very likely to try N (%)	Maybe would try N (%)	Would never try N (%)	Missing 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)
Dissolvable strips	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)

The quitting continuum

Committed

- Don't want to quit, but some open to the idea
- Must be own decision

Ambivalent

- Enjoy smoking
- Mixed feelings about quitting
- Need to rather than want to quit

Reluctant

- Want to quit— usually for multiple reasons
- Have tried 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 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."

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"

STIGMA

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

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."

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."

HARM REDUCTION

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