

Outback Quit Pack: Qualitative assessment of acceptability of quitline support + mailout NRT smoking cessation intervention to smokers living in rural, regional and remote areas

Ashleigh Guillaumier¹, Kristen McCarter², Harrison Vardanega², Tonelle Handley², Flora Tzelepis³, Chris Paul², Megan Passey⁴, Laura Twyman⁵, Amanda L Baker⁶, Kate Reakes⁷, Phillipa Hastings⁷, Billie Bonevski¹

¹Flinders University, Adelaide, Australia, ²The University of Newcastle, Callaghan, Australia,,
³Hunter New England Population Health, Wallsend, NSW, Australia, ⁴University of Sydney, Lismore, Australia, ⁵Cancer Council NSW, Wolloomooloo, Australia, ⁶UNSW, Sydney, Australia, ⁷Cancer Institute, Eveleigh, Australia

Presenter's email: Ashleigh.Guillaumier@flinders.edu.au

Introduction: Rural, regional and remote (RRR) residents who smoke experience significant barriers to accessing tobacco treatment compared to those in metropolitan areas. This study is a qualitative exploration of participant views after participating in a feasibility pilot randomised controlled trial (RCT) targeting RRR residents who smoke. Interviews assessed participant perceived acceptability of receiving an outreach smoking cessation intervention (proactive quitline referral + mailout nicotine replacement therapy; NRT).

Method: Semi-structured qualitative 15-minute telephone interviews were conducted between May – October 2021 with participants who had received the Outback Quit Pack (OQP) intervention in the parent feasibility pilot RCT. Interviews explored acceptability of the OQP intervention, barriers and facilitators to quitting smoking and accessing tobacco treatment, and preferences for cancer risk factor programs.

Results: N = 17, 71% female, mean age 53 years. Participants overwhelmingly described the OQP intervention as appropriate and acceptable, describing it as useful and comprehensive, and that it removed significant barriers to quitting (e.g. cost, excuses, distance and access). Tailoring and personalised information on how to use NRT were identified as areas to improve the intervention. Receiving a variety of NRT formulations and in bulk supply took the stress out of commencing a quit attempt. Receiving proactive behavioural counselling from Quitline provided a sense of accountability, care and support, although participants would prefer to be engaged with a regular counsellor.

Discussions and Conclusions: Outreach cessation interventions are acceptable and remove barriers to cessation faced by people living in RRR areas who smoke.

Disclosure of Interest Statement: *The work was supported by a 2020 New Strategic Initiative grant from the Hunter Cancer Research Alliance and ECR pilot funding grants from Hunter Medical Research Institute.*