

05 Preventing cancer in disadvantaged women smokers

Catherine Hayes

Smoking-related lung cancer is now the leading cause of cancer death in Irish women, having overtaken breast cancer. The incidence of new cases is the highest in Europe. The highest rates of smoking are among socio-economically disadvantaged women, who are more likely to smoke to cope with negative emotions and stressful situations, and experience more difficulties in quitting and are more likely to relapse.

My research group at the Institute of Population Health in Tallaght has been piloting a trial of an intervention to prevent cancer in socioeconomically disadvantaged women by helping them to quit smoking.

Tailored smoking cessation programmes

Members of our research team were previously involved in the design of We Can Quit (WCQ), a stop-smoking programme for women living in disadvantaged districts in Ireland. We Can Quit involves 12 weekly group-based smoking cessation support sessions, optional access to nicotine replacement therapy (NRT) without charge, and individual support between sessions. It is delivered by trained lay women (Community Facilitators) in local community facilities.

The We Can Quit Too (WCQ2) pilot study

My research group includes practitioners from the Irish Cancer Society and the Health Service Executive (HSE), public, patient representatives (PPI) and two

universities in Scotland. Our community engagement research aimed to evaluate if it was feasible to recruit women smokers living in eight disadvantaged districts of Dublin and Cork to a randomised controlled trial and to keep them in the trial. We also sought preliminary evidence of effectiveness in terms of smoking abstinence. We interviewed women and Community Facilitators to understand their experiences of being part of a trial and their acceptance of the WCQ intervention. The work is now almost complete.

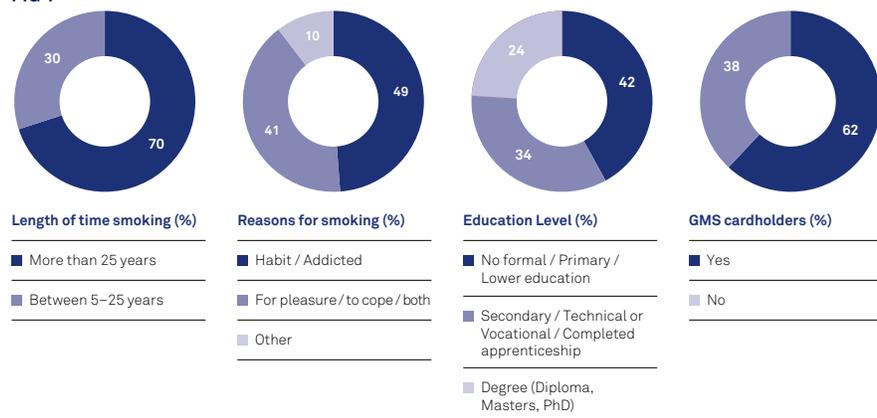
We used community based participatory research to engage community development organisations, GPs, nurses, and local pharmacies in each district to recruit participants. Women were randomised within districts to receive WCQ or a control treatment (one-to-one smoking cessation support delivered by health professionals in HSE).

Most of the 89 women participants were heavily nicotine dependent long-term smokers; over 40% had not progressed to second-level education, and the majority had low incomes as evidenced by their eligibility for the General Medical Services (GMS) scheme (Figure 1).

Women engaged well with both smoking cessation treatments and almost half provided follow-up data at six months. They considered the WCQ group support and free NRT very valuable for smoking cessation. Peer learning and role modelling were important themes:

“...that lady she taught me one thing that I didn’t know and I taught her something that she wouldn’t have known so that’s the way that it went around in the meetings, we all found out something different to help us and if one fell off the wagon we’d turn around and say ‘don’t worry about it’” – Participant.

FIG 1



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FIG 1 – Key characteristics of trial participants.

BELOW – Women celebrating their achievement on completion of ‘We Can Quit’.

“It was great [free NRT], yeah, yeah, I found it fantastic. It was great to get it” – Participant.

Low literacy was a factor that influenced women’s participation in the trial: “We Can Quit itself is for more marginalised people who probably will have literacy issues. So I think you need to think about how to have the same information but make it accessible to all of the people” – Community Facilitator.

More women who received WCQ were abstinent from smoking than those who received the control treatment at the end of programme delivery.

An integrated system of care – Expansion of this work will potentially have a major impact in reversing the rise in lung cancer incidence and deaths, by providing an alternative model to deliver stop-smoking services for disadvantaged women smokers and other difficult to reach groups. It has potential for global application in low-middle income countries. Specific strategies to address literacy issues will be important to promote sustained participation and smoking abstinence.

The participatory action research approach has resulted in stronger connections between the statutory and

voluntary sectors and has paved the way for integrating WCQ into the HSE national tobacco control programme, in line with the Sláintecare national programme to create an integrated system of care.

In the coming year a focus for my research will be on implementation of the national Make Every Contact Count programme by the HSE. This applied research will determine how best to scale up the implementation of brief interventions addressing a range of lifestyle determinants, including tobacco, delivered routinely by health professionals in many different settings.

