https://doi.org/10.26493/978-961-293-397-5.125-134

Smoking habits of older adults in Slovenia – analysis of Quitline calls

Saša Šajn Lekše[1], Tomaž Čakš[2]
[1] Community Health Centre Ljubljana, Ljubljana, Slovenia
[2] National Institute of Public Health, Ljubljana, Slovenia

Abstract

Introduction: Older smokers have a higher risk of serious health complications and death. Quitting smoking in old age has many benefits, but older adults are often overlooked. Literature published in the last five years cites various percentages of older smokers worldwide, between 8 to 12 % of people over the age of 65. World No Tobacco Day 2023 states that cessation interventions should also target older smokers. An analysis of 10 European countries showed that changes in legislation did not reduce the prevalence of smoking among people over 65 years of age. *Methods:* A qualitative content analysis of secondary sources was used. The data were obtained from the recorded summaries of calls to the Slovenian telephone line for smoking cessation (Quitline) in 2022. A purposeful sample of the records of anonymous telephone conversations with people over 60 years of age was used. *Results:* 43 older adults contacted Quitline in one year and two main themes have been identified: factors that facilitate smoking (theme 1) and factors that facilitate non-smoking (theme 2). Caller average age was 67 years, smoking for more than 45 years, 20 cigarettes a day. They all had at least one experience of quitting. They mostly relapsed due to stressful life changes. Smoking is perpetuated through boredom or lack of activity. In several callers, counsellors detected signs that may point to psychiatric health problems. Older adults often smoke while drinking coffee. Women prefer to smoke alone. Many of them still smoke indoors. The most frequently mentioned health problems were: arterial hypertension, old myocardial infarction, shortness of breath, cough, COPD, asthma, diabetes. Health and saving money were the most common motivational factors for quitting. They often wanted quick quitting solutions. *Discussion and conclusions:* Less than a half of older smokers know smoking is harmful. They believe quitting would not improve their health and passive smoking is not harmful to others. A lower education level indicates less knowledge.

The main factors in maintaining smoking are addiction and loneliness. When an older smoker calls Quitline, it is crucial to work on their loneliness. We advise directing older adults to assistance programs in their local environment. Everyone who comes in contact with older smokers should be able to identify their specific needs and be able to provide appropriate help. Quitline should always be offered as one of the options.

Keywords: *older adults, smoking, cessation, Quitline*

Introduction

Smoking in old age is a public health problem. Older smokers are more susceptible to a more severe course of disease and have a higher risk of serious complications and death. There are many benefits to quitting smoking at any age, but older smokers are often overlooked. Newer tobacco and nicotine products may mislead them despite their long-term effects still being uncertain (Yao et al., 2021). Research shows that 8-12 % of people over the age of 65 still smoke, more likely to be male than female. World No Tobacco Day 2023 highlighted the need to focus cessation interventions on older smokers, as health risks only increase with longer smoking duration. An analysis of 10 European countries showed that changes in tobacco legislation reduced the prevalence of smoking in the age group of 50-64 years, but not in those over 65 (Stival et al., 2022, Yao et al., 2021, Satre et al., 2020, Viana et al., 2019, Jamal et al., 2018,).

A large Chinese prospective cohort study demonstrated a statistically significant reduction in the risk of death from all cancers, stroke, and cardiovascular disease when older smokers quit smoking (Lam et al., 2007).

Focus groups of older people in the USA revealed they use newer nicotine products to abandon traditional cigarettes and as an alternative way to avoid smoking restrictions. Their beliefs about the safety of e-cigarettes were incorrect. The promotion of e-cigarettes was seen as a way of renormalizing smoking and immediate action is needed regarding the advertising of alternative nicotine products at the global level. At the moment this encourages dual use and does not contribute to reducing nicotine addiction (Cataldo et al., 2015).

In England they examined how older smokers were treated in primary health care. They found that smokers older than 75 years were less likely to report deciding to quit or asking their GP for help. Primary care physicians addressed the smoking problem equally in all age groups, but those over 70 were more likely not to receive advice about nicotine replacement therapy (NRT) or other forms of cessation assistance (Jordan et al., 2017).

The Slovenian National Institute of Public Health (NIJZ, 2022) reports more than 50 % of smokers wish to quit. Many of them cannot succeed on their own. In Slovenia, they can choose between group and individual counselling at our Health Promotion Centers in Community Health Centers (insurance covered). Prescription drugs or over-the-counter NRT can be used in the form of

patches, oral sprays or chewing gum. The cost of NRT is comparable to the cost of nicotine products.

Telephone counselling lines are also available to help users quit smoking in accordance with World Health Organization (WHO) guidelines and recommendations. The first such line was established in 1982 in Australia, followed by other English-speaking countries in the following decade. 53 countries have an active quitline today. (WHO, 2014). Quitlines use three main approaches: motivational interviewing, cognitive behavioral therapy, and acceptance and commitment therapy (Liau, 2022).

Counsellors on the line come from various areas of expertise, mostly psychology and medicine. Students in their final years are encouraged to participate. Before allowed to answer calls, they receive training in theoretical content (harmfulness of smoking, addiction treatment, and counselling techniques) and conducting telephone consultations. Callers receive information about the benefits of not smoking, available quitting methods, tips on quitting, and support in maintaining abstinence. The telephone number, 080 27 77, is published on packaging of tobacco and nicotine products. The line operates every day between 7:00 a.m. and 10:00 a.m. and between 5:00 p.m. and 8:00 p.m. (NIJZ, 2022).

The aim of this article was to describe habits of older people regarding the use of tobacco and nicotine products as reported during calls to the Slovenian quitline. The purpose of the research was to lay the foundations for planning specific and effective interventions for the age group over 65 through understanding the smoking habits of older adults.

Methods

A qualitative content analysis of secondary sources was used. Calls are not recorded due to maintaing complete anonymity, so the data for the analysis was obtained from manually recorded reports of all Quitline calls as written by counselors in 2022. According to the Act on Data Collections in the Field of Health Care, NIJZ is authorized to collect data through administrative databases and research and the callers were not asked for their permission.

Sampling

In 2022, 27 counsellors logged a total of 799 phone calls. There were 385 serious sessions that were carried out to the end, and 59 calls where otherwise serious counselling sessions ended prematurely. 371 calls were made by daily or occasional smokers seeking help to quit. More callers were male. Their average age was 34.5 years, and most calls were recorded on weekday afternoons. The fewest calls were made on Saturday mornings.

A purposive sample of 43 call reports was used, as subjectively recorded by counsellors who spoke with a person older than 60 years at least once. The chosen age limit was 60 years or higher, due to this age being one of the retire-

ment conditions in Slovenia (valid for women). Calls where the actual age in years was not given were included when callers stated to be retired/older.

Content Analysis

The reports, recorded manually on paper in the first months of 2022, and later in the form of a Microsoft Excel sheet, were transcribed into a uniform format and combined into one file. Using deductive coding as proposed by Mayring (2014), we identified two main themes: factors that facilitate smoking and factors that facilitate non-smoking.

Results

The identified themes were further divided into categories shown in Picture 1.

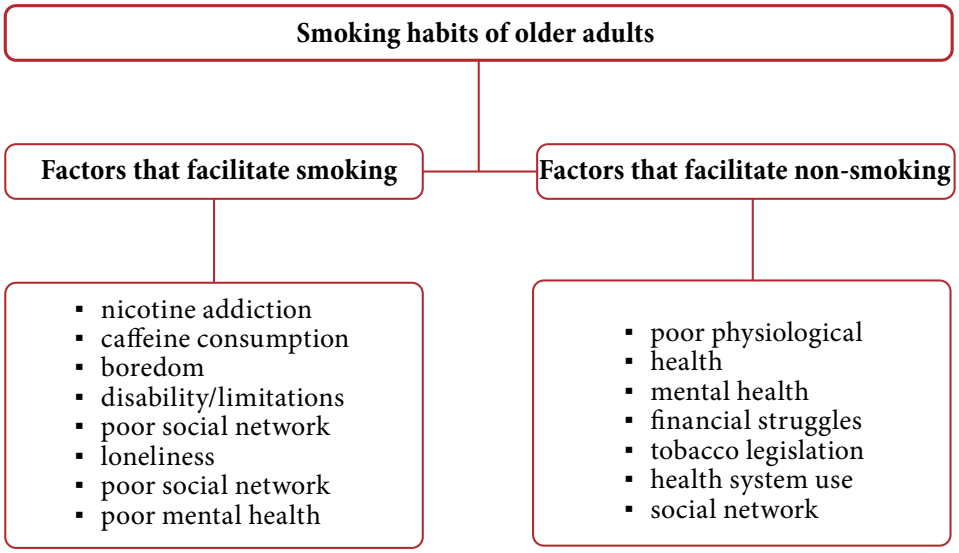

Figure 1: Themes and categories.

Quantitative data connected to callers' tobacco use are summarised in Table 1.

Table 1: Quitline caller data.

Quitline calls with older smokers	*N*	*MIN*	*MAX*
Number of calls/year	43 (23 male)	0 (March)	7 (Sep - Oct)
Age average (years)	67,1	60	89
Average smoking duration (years)	45,37	1	50
Average use of cigarettes per day	20,09	1,5	40

Theme 1: Factors That Facilitate Smoking

All callers were regular smokers, except one who could maintain abstinence for 2 consecutive days. One call was made on day 10 after quitting to report progress and one call of an ex-smoker on behalf of their family. All were classic cigarettes users, no one indicated they might be using newer nicotine products. Two male callers did ask for information on those.

Most have been smoking for decades, only one started smoking 1 and a half years ago after retirement. All but one had at least one experience of quitting. While only three callers shared information on how they first started smoking, it is interesting that both male callers stated they became smokers while in the army. Considering the social norms in the 20th century we can assume most of them started smoking out of curiosity and a desire to be accepted by their social circle since smoking was much more socially acceptable and accessible in the past.

"She started smoking because of the 'trend'" Female, 60, a smoker for 40 years

"He started in the army..." Male, 60, a smoker for 40 years

Among the reasons for relapsing callers most often cited some kind of stressful event or major life change: retirement, loss of a family member, relationship problems. Only one caller stated that the attempt to quit was a result of change in tobacco legislation. The reports of relapsing after a single cigarette are of particular concern, as well as receiving advice from a health professional that sudden cessation is bad for health.

"Started again 2 years ago when her husband died." Female, 60, a smoker for 45 years

"… but then she smoked a cigarette at a New Year's party and the story repeated itself ..." Female, 60, a smoker for 40 years

"In the past, she stopped smoking for 18 days because she didn't have money, and then the doctor advised her that sudden quitting was bad, so she started again." Female, 66, a smoker for 50 years

"He quit 2 or 3 times in the past, but gained weight, which tempted him back to smoking... He read an interview with a doctor who warned about quitting and weight gain, which is now worrying him..." Male, 75, a smoker for 59 years

Among the current reasons for smoking callers most often mentioned boredom or too much free time. It is a worrying fact that loneliness, anxiety and stress are so often cited as reasons for continuing the habit.

"In the spring and summer, he has enough work in the garden, but in the winter he smokes out of boredom." Male, 63, a smoker for 30 years

"[smokes] whenever he has a free hand." Male, 64, a smoker for 50 years

"He has been retired for 1 year and now smokes even more than in the past." Male, 60, a smoker for 40 years

"Her need for cigarettes is strongest in the morning ... but smokes more in the evening - mainly because she is much busier during the day." Female, 71, a smoker for 30 years

Older adults very often smoke while drinking coffee, indicating a strong coffee-cigarette connection. Despite raising awareness about the dangers of secondhand smoke, many still smoke indoors. No greater tendency towards preferring morning or evening hours was observed, the frequency of smoking depended more on having other activities. No one explicitly stated they smoked at night which would indicate a very strong addiction. Women preferred to smoke alone rather than while having company, which may indicate they are well aware of the decreasing social acceptability of smoking. We can also assume that since the proportion of smokers in their age group is usually lower than among younger generations, they no longer have many smoking peers.

"If he drinks coffee in a pub, 3 cigarettes, otherwise 1." Male, 64 years old, a smoker for 50 years

"He walks a lot, but that he often rushes back home after a walk to light a cigarette." Male, 75, a smoker for 59 years

"When at home she smokes the most, but when she's in company she doesn't smoke as much." Female, 62, a smoker for 44 years

"Only smokes outside, doesn't smoke if visiting someone." Female, 60, a smoker for 40 years

Five callers openly stated they were facing mental health problems and were being treated by a psychiatrist, mostly as outpatients. Some have also been hospitalised at least once. Several callers who did not confirm any mental health problems might be at risk of suffering from a mental health problem as noted by the counsellors.

"She says she is often depressed." Female, 72, a smoker for 40 years

"Then she starts explaining how her neighbour destroys her plants and throws things at her door... She says once the police intervened, but blamed her for being a danger to the children of this neighbour... she also turned up the music on the radio, which was so loud that I couldn't hear her and she couldn't hear me either... " Female, 63, a smoker for 1.5 years

"He's been in a wheelchair for three years. Says he's nervous and that's why he smokes...Suddenly he starts talking about other things. I turn the conversation back to smoking - he doesn't answer, says he's afraid to say it out loud. Because it is very difficult for him being disabled, I advise him to get psychological help, but he does not see the point." Male, no information on age, a smoker for 45 years

"Asking about e-cigarettes, their price, why I don't know the price of e-cigarettes and where to buy them, who I am, am I even a doctor, where do I work, why don't I want to give personal information, that anonymous people are evil,

madmen, murderers. Why do we sell cigarettes, allow prostitution…" Male, no information on age, no information on smoking duration

"It is very difficult to speak with him, he forgets the questions or the purpose of him calling. He says he smokes 15 cigarettes a day, is a widower. In the background, the television is on. He cannot explain why he called our phone number and shows obvious signs of dementia." Male, 89, no information on smoking duration

"She's alone during the week, she doesn't have any friends, lately she's completely out of willpower... I ask about suicidal thoughts, she denies them..." Female, 71, a smoker for 30 years

Theme 2: Factors That Facilitate Non-Smoking

The most common physiological health problems were: cardiovascular diseases (arterial hypertension, old myocardial infarction, ...), lung diseases (difficulty breathing, cough, COPD, asthma), diabetes. In 7 cases, the counsellors on the phone referred the caller to their GP, in 2 cases to a psychiatrist and in 2 cases to a psychologist. In most cases they were advised to call other helplines for psychological support or given numbers of Health Promotion Centers.

"He is also a cardiac patient and is noticing breathing problems." Male, 72, a smoker for 20 years

"He says he had a heart attack a while ago while smoking and drinking coffee." Male, 70, a smoker for 50 years

"In the past he stopped smoking for a year due to health problems, now again for the same reason (elevated blood pressure, coughing, heart)." Male, no information on age, a non-smoker for 10 days at time of call

"Says that she also has quite a few health problems - diabetes, elevated blood pressure, knee problems ..." Female, 71 years old, a smoker for 30 years

"...[when he smokes] it is suffocating him, also has other health problems." Male, 64, a smoker for 48 years

Health was the most common motivational factor for quitting smoking, and right after it, saving money. Only a few indicated that others had encouraged them to quit.

"Her main motivation is health - a pulmologist advised her to stop smoking, and due to her low pension, she is motivated by the money she could save." Female, no information on age

"He also calculated how much he spent on cigarettes over the years and decided to put 100 € away every month". Male, no information on age, smoked for 45 years, non-smoker for 10 days at the time of call

"Besides health, her main motivation is saving money (she mentions that she has exactly 6 € until pension, and had to decide whether to buy bread or cigarettes)." Female, 71, a smoker for 30 years

"The nurse told him to stop smoking" Male, no information on age, a smoker for 50 years

Older smokers mostly showed a high level of motivation, but with a great variety of techniques they deemed acceptable. They often wanted quick fixes - medication or NRT. Despite the frequent mention of loneliness, there was little interest in group workshops.

"Wants to stop smoking right away, but he is not ready to change anything... Asked me about IQOS and NRT." Male, a smoker for 30 years

"I try to motivate him for different activities, but nothing convinces him …. At the end, he asks for advice on medication …" Male, 72, a smoker for 20 years

"I tell him about the workshops in Heath Promotion Centres but he keeps asking what I think about acupuncture..." Male, 74, no information on smoking duration

"She wants to stop completely on September 1, 2022... Suitable for proactive counselling, but she couldn't decide on it so quickly." Female, 72, no information on smoking duration

"I advise her to talk to a psychiatrist about quitting and to set a date by which she would reduce the number of cigarettes ... I also tell her about other options but she is not interested." Female, no information on age, no information on smoking duration

Discussion

It is a worrying fact that up to 18 % of residents of nursing homes still smoke. Only a good half of them (56 %) know that smoking is harmful. 44 % of nursing homes smokers believe that quitting smoking would not improve their health. 48 % also believe that inhaling their cigarette smoke will not harm a non-smoker (Carosella et al., 2002). A lower level of education means they know less about the harmful effects of smoking (Rutten et al., 2008). These data show that the attitudes of older adults towards smoking are often incorrect and they need to be continuously reminded of the benefits of non-smoking.

In our study, in addition to nicotine addiction loneliness emerged as a predominant phenomenon that promotes smoking. Belgian qualitative research describes loneliness as an elusive, intangible phenomenon. Older adults had difficulty describing feelings of loneliness. It was seen as a normal part of the aging process, defined by loss, limitation and lack of meaning. They described experiences of feeling out of touch with the world and feeling isolated in a literally and figuratively shrinking world. Loneliness has been described as a feeling of being unable to change one's situation, feeling deep sadness and a lack of self-worth in one's environment (Pageau et al., 2022).

It is very important to anticipate loneliness well before old age. Those at risk need to be actively sought out because the ones we don't see are most likely the most isolated. Quitline is a good starting point for empowering an old-

er person to deal with their loneliness. It is good practice to direct older smokers to all available forms of help in their local environment. The anonymity of Quitline does not allow for monitoring the success of the interventions used, but similar counselling can be carried out by all professionals working with older adults. Due to the frequent contact of older adults with the healthcare system these are mostly health workers. They should identify older smokers, motivate them to quit and direct them to various assistance programs. When it is clear that health problems of older adults can be attributed to smoking, it is necessary to address it at every visit. Smokers who have never thought of quitting are extremely rare, but even their attitudes can be changed with compelling arguments.

When considering financial or social hardship, it makes sense to strengthen co-operation between health and social care systems and non-governmental organisations. Reducing living costs by quitting smoking can greatly improve quality of life. Financial problems increase stress which in turn reduces the motivation to quit (Siahpush et al., 2003).

The key to reducing the prevalence of older smokers is a strong and effective interdisciplinary co-operation of all who work with this population, which should be well co-ordinated at all levels. All participants should have a good knowledge of the availability of quitting interventions in Slovenia and specific needs of the individual older smoker.

Conclusions

Older smokers have different needs than other age groups. Everyone who works with older smokers should be able to identify these needs and provide appropriate help to enable abstinence as soon as possible. Quitline should always be one of the options offered to an older person who still smokes.

References

CAROSELLA, A.M., OSSIP-KLEIN, D.J., WATT, CAPODGORSKI, C., 2002. Smoking history, knowledge, and attitudes among older residents of a long-term care facility. *Nicotine & tobacco research*, vol. 4, no. 2, pp.161-169.

CATALDO, J. K., PETERSEN, A. B., HUNTER, M., WANG, J., SHEON, N., 2015. E-cigarette marketing and older smokers: road to renormalization. *American journal of health behavior*, vol. 39, no. 3, pp. 361-371.

JAMAL, A., PHILLIPS, E., GENTZKE, A. S., HOMA, D. M., BABB, S. D., KING, B. A.and NEFF, L. J., 2018. Current cigarette smoking among adults—United States, 2016. *Morbidity and Mortality Weekly Report*, vol. 67, no. 2, 53.

JORDAN, H., HIDAJAT, M., PAYNE, N., ADAMS, J., WHITE, M., BEN-SHLOMO, Y,. 2017. What are older smokers' attitudes to quitting and how are they managed in primary care? An analysis of the

cross-sectional English Smoking Toolkit Study. *BMJ open*, vol. 7, no. 11, e018150.

LAM, T. H., LI, Z. B., HO, S. Y., CHAN, W. M., HO, K. S., THAM, M. K., ... and LEUNG, G. M., 2007. Smoking, quitting and mortality in an elderly cohort of 56 000 Hong Kong Chinese. *Tobacco Control*, vol. 16, no. 3, pp. 182-189.

LIAU, C.H., 2022. *Consumer Behaviour: Efficacy of Anti-Smoking Initiatives on Continuance by Young Adults in Australia* (Doctoral dissertation, Victoria University). Available at: https://vuir.vu.edu.au/45879/1/LIAU_Chee_How-Thesis.pdf

MAYRING, P., 2014. Qualitative content analysis. A step-by-step guide.London: SAGE Publications.

NATIONAL INSTITUTE OF HEALTH, 2022. S čimprejšnjo opustitvijo kajenja za pomembno izboljšanje zdravja. Available at: https://nijz.si/zivljenjski-slog/tobacni-in-povezani-izdelki/s-cimprejsnjo-opustitvijo-kajenja-za-pomembno-izboljsanje-zdravja/

PAGEAU, F., SEAWARD, H., HABERMEYER, E., ELGER, B-, WANGMO, T., 2022. Loneliness and social isolation among the older person in a Swiss secure institution: a qualitative study. BMC geriatrics, vol. 22, no. 1, p. 90.

RUTTEN, L.J.F., AUGUSTSON, E.M., MOSER, R.P., BECKJORD, E.B. HESSE, B.W., 2008. Smoking knowledge and behavior in the United States: sociodemographic, smoking status, and geographic patterns. *Nicotine & Tobacco Research*, vol. 10, no. 10, pp.1559-1570.

SATRE, D. D., HIRSCHTRITT, M. E., SILVERBERG, M. J., STERLING, S. A., 2020. Addressing problems with alcohol and other substances among older adults during the COVID-19 pandemic. *The American Journal of Geriatric Psychiatry*, vol. 28, no. 7, pp. 780-783.

SIAHPUSH, M., BORLAND, R. SCOLLO, M., 2003. Smoking and financial stress. *Tobacco control*, *12*(1), pp.60-66.

STIVAL, C., LOST IN LOMBARDIA PROJECT INVESTIGATORS, 2022. Tobacco smoking during the coronavirus pandemic in the older adults from Lombardy region. Implications on psychological well-being. *Tabaccologia*, *vol. 20, no.* 1, pp. 26-33.

VIANA, D. A., ANDRADE, F. C. D., MARTINS, L. C., RODRIGUES, L. R., DOS SANTOS TAVARES, D. M., 2019. Differences in quality of life among older adults in Brazil according to smoking status and nicotine dependence. *Health and Quality of Life Outcomes*, no. 17, pp 1-11.

WORLD HEALTH ORGANIZATION, 2014. Training for tobacco quit line counsellors: telephone counselling. Available at: https://www.who.int/publications/i/item/9789241507264

YAO, Y., LIU, K., ZHANG, J., ISO, H., LAM, T. H., 2021. Tobacco smoking and older people amid the COVID-19 pandemic: an elephant in the room. *Age and Ageing*, vol. 50, no. 6, pp. 1865-1867.