In a glimpse

Quitting smoking: a review of the social science publications

This review of the social science publications on trajectories to quit smoking begins with an account of surveys looking at methods used to help smokers quit and professionals involved in helping them. The second part of the report deals with studies analysing the impact of socioeconomic variables on smoking behaviour and/or cessation.

In the first part, the available research indicates that the majority of smokers choose to quit spontaneously and without help, despite the existence of numerous systems and methods. They reveal that users attach a very high symbolic value to this method of quitting and that the norm of abstinence after quitting is also valued. However, a minority of studies focus on independent withdrawal and its associated trajectories.

Although the effectiveness of support from healthcare professionals and the use of nicotine replacement therapy (NRT) are scientifically proven, recommended, and made more accessible, particularly in France, smokers cite a number of obstacles to the use of these treatments such as their cost or their perception, adverse effects, and other associated negative perceptions that limit the use of NRT. In addition, some smokers who are attached to the habits of smoking consider their dependence to be psychological rather than physical, which is an additional obstacle. Some also express concerns about the effectiveness of treatments, worrying that they may delay withdrawal or create a new addiction. In terms of facilitating factors, the social support of family and friends and the social rewards associated with quitting smoking are important factors for deciding to quit smoking. Along the same lines, electronic cigarettes (or e-cigarettes) have generated growing interest as an aid to stopping since they first appeared on the market. However, in France, the public authorities are in an in-between position with regard e-cigarettes, not formally recognising them as an aid to stopping, but not banning them either. The various studies carried out on its use highlight the motivations of users, its effectiveness in smoking withdrawal and the various socio-cultural factors that influence vaping habits. These studies also looked at the influence of gender and age or sometimes the dual use of vaping (tobacco and e-cigarettes), as well as the representations and attitudes to vaping.

In terms of support in quitting smoking, the publications show that in France general practitioners play a key role both in monitoring smokers and referring them to tobacco treatment specialists. They regularly raise the issue of withdrawal with their most at-risk patients and present the range of help available (including electronic cigarettes), but the majority prescribe NRT as a first-line treatment, in line with the guidelines of the French National Authority for Health. Pharmacists also play a role in this support. They provide nicotine replacements, but also offer advice and/or tests to rapidly assess the level of tobacco addiction. However, knowledge of their professional practices remains incomplete, which highlights the need for studies in this area. On the other hand, remote assistance programmes, which cover interactive services for people wishing to stop smoking, have proven effective in helping users to stop.

Online services (on websites, mobile applications or social networks in the case of virtual self-help groups) are particularly well accepted. Nevertheless, despite their greater accessibility and their supplementary role to traditional services, their users have sometimes expressed negative feedback linked to a feeling of having been judged by their contacts. These systems seem to be better accepted when interaction with professionals is limited, either through support provided by peer carers, or because exchanges take the form of written messages (text messages, for example).

Smokers' idealisation of quitting independently, followed by abstinence from tobacco and nicotine, is associated with moral values or specific qualities such as control, surpassing oneself, and moral strength. The internalisation of the stigma attached to tobacco smoking persists even after people have started to quit. Finally, there are still very few studies offering a qualitative, comprehensive analysis of smoking cessation trajectories and methods.

The second part of the report presents research that highlights the impact of socio-economic position on the experience of tobacco withdrawal. In France and internationally, tobacco smoking and the associated social inequalities in health are major public health concerns. People with a low level of education, a low income, or are unemployed are more likely to smoke. However, while smokers' habits and representations of smoking differ according to their social class, it is important to note that the associated stigma is present in all the groups concerned, and that its expression by users is multifaceted. Feeling of shame and embarrassment associated with smoking are expressed in different ways depending on the social class, gender and age of the individual. Professional environments also play a key role in whether people continue to smoke or stop, with tobacco smoking more common in the jobs of working-class people. Finally, some research has highlighted the difficulties for people in very vulnerable positions to give up smoking, due to the social cost of withdrawal and their particular relationship with time.

Several studies focusing on groups for whom withdrawal presents particular difficulties have been examined, such as pregnant women, people with psychiatric illnesses, and people who have experienced migration and/or been exposed to discrimination.

Studies of pregnant smokers show that the factors associated with tobacco withdrawal during pregnancy include high socio-economic status, regular medical check-ups, stable marital status, low exposure to tobacco and alcohol, and a stable moral and psychological state. In the case of other groups, the publications show that people with psychiatric illnesses have a higher prevalence to tobacco smoking. Tobacco cessation can improve mental health, but it is also more difficult for people living with these illnesses, due in particular to a more intense experience of adverse withdrawal symptoms or insensitivity to pharmacotherapy in some cases. In addition, carers are sometimes reluctant to encourage these patients to withdraw. The data concerning people who have experienced racism and/or migrants is limited in France. Factors such as administrative instability, isolation and trauma linked to migration seem to contribute to continued smoking. Health professionals tend to prioritise treatment and, in the absence of appropriate resources, do not always consider smoking cessation a priority for migrants. Tobacco withdrawal among vulnerable populations therefore presents specific challenges for which knowledge is still lacking.

Further reading (in French)

The report Les sorties du tabagisme, un état de la littérature en sciences sociales, 40 p.