Research paper

A qualitative analysis of low income smokers’ responses to tobacco excise tax increases

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ABSTRACT

Background: While increasing the excise tax applied to tobacco products reduces consumption and smoking prevalence, it may also cause hardship among smokers who do not quit. We explored how smokers living on a low income respond to increasing tobacco excise taxes.

Methods: Using a social justice perspective, we explored the increasing costs of tobacco with a sample of 27 adult smokers who live below the poverty line (i.e., with an income less than 60% of the median New Zealand income). Face-to-face interviews were conducted in Dunedin, New Zealand, a city with marked income differences, and were undertaken shortly after a further tobacco excise tax increase. The interview guide explored participants’ smoking practices, their perceptions of excise tax as a strategy to reduce smoking prevalence, and the strategies they used to manage their tobacco needs.

Results: We identified three key themes: depriving the poor; tobacco as a precious commodity, and desperation. While many participants described smoking as a pleasure or coping mechanism, they also saw it as a burden that they struggled to manage. Despite trying to quit, most had failed to become smokefree and felt victimised by a punitive policy system that coerced change without supporting it. They managed financial pressure by reducing their tobacco consumption but also used increasingly desperate measures, including recycling waste tobacco; participants reported feeling demeaned by measures they saw as their only option.

Conclusion: Providing intensive cessation support for lower income smokers could avoid further alienating a group already experiencing considerable disadvantage.

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Introduction

Although tobacco control strategies have substantially reduced overall smoking prevalence, general population figures disguise striking socio-economic gradients and smoking prevalence remains persistently high among people in lower income groups (Atkinson, Salmond, & Crampton, 2014; Bader, Boisclair, & Ferrence, 2011; Guillaumier, Bonevski, & Paul, 2015; Hiscock, Bauld, Amos, Fidler, & Munafò, 2012; Hiscock, Bauld, Amos, & Platt, 2012). Specific groups within more deprived communities often exhibit even sharper disparities; for example, between 40% and 50% of indigenous people in Australia and New Zealand smoke (Bader et al., 2011; Ministry of Health, 2012; Thomas, Ferguson, Johnston, & Brimblecombe, 2013), and people with schizophrenia or other mental illnesses are over five times more likely to smoke than those without these conditions (Bader et al., 2011; de Leon & Diaz, 2005; Hiscock, Bauld, Amos, Fidler, et al., 2012; Lawn, 2008). Further, smokers in lower income groups are often more heavily addicted, find it more difficult to quit, or are more resistant to quitting (Caleyachetty, Lewis, McNeill, & Leonard-Bee, 2012; Hiscock, Bauld, Amos, Fidler, et al., 2012; Kotz & West, 2009; Reid, Hammond, Boudreau, Fong, & Siahpush, 2010; Siahpush, Spittal, & Singh, 2007a; Siahpush, Yong, Borland, Reid, & Hammond, 2009; Voigt, 2010). These inequalities are troubling in their own right and present a serious threat to ‘endgame’ goals, which aim to reduce smoking prevalence to minimal levels (i.e., less than 5%) in all population groups (Maubach et al., 2013; New Zealand Government, 2011).

Measures to reduce smoking prevalence typically include excise tax increases and there is substantial evidence that price increases elicit larger reductions in smoking prevalence than other policy measures (Chaloupka, Straif, & Leon, 2010; Chaloupka, Yurekli, & Fong, 2012; Hiscock, Bauld, Amos, Fidler, et al., 2012; Organization, 2015). Given a 10% price increase decreases tobacco consumption by up to 5% (Chaloupka et al., 2012; Levy, Chaloupka, & Gitchell, 2004), many countries have committed to a sustained
programme of tax increases. Several studies report that lower income smokers’ higher price sensitivity means they respond more strongly to excise tax increases, thus reducing overall health inequalities (Brown, Platt, & Amos, 2014; Cowie, Glover, & Gentles, 2014; Guillaumier et al., 2014; Siahpush, Spittal, & Singh, 2007b; Siahpush, Wakefield, Spittal, Durkin, & Scollo, 2009a; Warner, 2000; Wilson & Thomson, 2005a, 2005b) and producing greater net benefits (Hill, Amos, Clifford, & Platt, 2013). However, those who continue to smoke may face an increased economic burden, particularly if tobacco purchases account for a larger proportion of their disposable income or they have co-morbidities to manage (Bader et al., 2011; Farrelly, Nonnemaker, & Watson, 2012; Lawn, 2008; Martire, Mattick, Doran, & Hall, 2011; Voigt, 2010; Warner & Mendez, 2010). In New Zealand, these effects may be most intense in communities with high smoking prevalence, particularly Māori (Cowie et al., 2014).

Striking variations in smoking prevalence, together with evidence that tobacco control policies vary in their effects on different population groups, have led several researchers to describe smoking as a question of social justice (Healton & Nelson, 2004; Lawn, 2008; Voigt, 2010). Smokers’ unequal life circumstances may predispose and reinforce smoking uptake, promote perceptions of smoking as normal, and make healthier practices more difficult. Voigt (2010) explored environmental and individual factors that promote smoking and noted how perceptions of smoking as normal, and its role as a stress management tool, are particularly common among smokers from more deprived communities (Voigt, 2010). The contrast between positive perceptions of smoking and its negative health effects challenges researchers to recognise that while smoking undeniably causes inequities, so too may some of the solutions proposed (Healton & Nelson, 2004; Voigt, 2010). Further, while tobacco control measures may aim to redress structural factors that create inequalities in smoking prevalence, they nonetheless impose solutions on people who typically have no direct input into policy processes. Voigt suggests recognising this ambiguity by applying a social justice lens to potential measures, examining unintended consequences, and considering whether and how these may be pre-empted (Voigt, 2010).

Adopting a social justice perspective focusses on the control smokers may exert over their behaviour. While arguments that describe smoking as an ‘informed choice’ and hold smokers responsible for harms they experience have recently been challenged, particularly with respect to Māori smokers (Gifford et al., 2016), external factors affecting smokers’ ability to respond to policy interventions have received less attention (Voigt, 2010). Voigt’s approach requires a deeper exploration of tensions between reducing health inequalities and the direct and indirect consequences of imposing measures on people whose autonomy is already compromised by their life circumstances.

Current research has outlined how smokers experiencing higher deprivation adjust to increased tobacco costs. Some switch to less expensive brands (Biener, Aseltine, Cohen, & Anderka, 1998; Cornelius et al., 2013; Dunlop, Perez, & Cotter, 2011; White, Gilpin, White, & Pierce, 2005), while others move from more expensive factory-made cigarettes to roll-your-own (RYO) tobacco (Dunlop et al., 2011; Mindell & Whynes, 2000; Scollo, Younie, Wakefield, Freeman, & Icasiano, 2003), regulate their consumption more stringently (Biener et al., 1998; Dunlop et al., 2011; Farrelly et al., 2012), or displace other purchases (Armour, Pitts, & Lee, 2008; Guillaumier et al., 2015; Siahpush & Carlin, 2006; Siahpush, Borland, Young, Cummings, & Fong, 2012). Yet, while this work provides important population insights into how low income smokers manage increased tobacco costs, few studies have explored the direct and unintended effects of sustained excise tax increases (Caleyachetty et al., 2012; Voigt, 2010).

New Zealand provides a unique setting in which to explore these questions as it is the first country to have set a tobacco endgame goal that aims to reduce smoking to minimal levels among all population groups (New Zealand Government, 2011) and has had a programme of sustained excise tax increases for more than five years. Following a surprise tobacco excise tax increase in 2010 (10% on tailor-made cigarettes and 25.4% on roll-your-own or loose tobacco), the excise tax applied to tobacco products has risen by 10% each year since 2011. A pack of 25 cigarettes that cost $13.28 in December 2009 (prior to excise tax increases) cost $28.79 in March 2016 (Statistics New Zealand, 2016). Recent price analyses reported that tailor-made cigarettes cost an average of NZ$83 cents per stick while RYO cigarettes (assuming use of 50 g of tobacco per stick) cost NZ$64 cents per stick (Health New Zealand, 2015; Laugesen, 2015). Median weekly incomes have not risen at the same rate and increased from NZ$5549 in 2011 to NZ$5621 in 2015 (Statistics New Zealand, 2015).

We explored how low income smokers interpret and manage rising tobacco costs, and examined how decreasing the affordability of tobacco products affected their smoking practices and general well-being. We were particularly interested in probing unintended outcomes resulting from sustained excise tax increases.

Methods

Sample and recruitment

To recruit a diverse participant group, we contacted local social support agencies and provided them with handouts and information sheets for social workers to distribute. We also posted fliers on community notice boards in areas of higher deprivation. People who made contact by email or phone were sent a copy of the information sheet to review before confirming their willingness to participate in the research.

In total, we recruited 27 participants all of whom earned less than the median income ($28,400); most lived in poverty (defined as earning less than 60% of the median income). All were current daily smokers, though the number of cigarettes participants reported smoking each day varied considerably from three to 50. Half (14) had made at least one quit attempt in the past year and the overall likelihood of sample members trying to quit in the next year was also 50%. Table 1 contains details of participants’ demographic characteristics and smoking behaviours.

Data collection

In-depth interviews enabled us to gain a detailed understanding of participants’ experiences and management strategies. This approach allows topics to evolve as part of the interaction between participants and researchers, and offers opportunities for probing not always possible when multiple participants are involved, as with focus groups. In-depth interviews are also very sensitive to participants’ privacy and enabled us to discuss responses that participants may have felt reluctant to raise in a group (Gill, Stewart, Treasure, & Chadwick, 2008). We have previously used in-depth interviews to explore sensitive topics, including experiences of stigma relevant to this study (Hoek, Mabach, Stevenson, Gandall, & Edwards, 2013; Hoek, Gifford, Mabach, & Newcombe, 2014).

Interviews took place from January to early March 2014, immediately following a 10% increase in tobacco excise tax, and lasted between 35 and 70 min. Our loosely structured interview guide comprised introductory, follow-up, probing, specifying and indirect questions (Kvale, 1996). We first explored participants’ smoking history, including initiation, their smoking trajectory, quit
attempts, current smoking and tobacco purchase patterns. We next
examined participants’ perceptions and experiences of tobacco
excise taxes before exploring how they managed the cost of
tobacco. This discussion used a very open line of questioning,
and follow-up probing explored a wide range of adjustment strategies.
All participants were offered opportunities to make any additional
comments they wished to have noted. Participants were given a
$30 gift voucher (not redeemable for tobacco) to recognise any
costs they incurred by participating in the study.

We prepared field notes following each interview; these
included a participant vignette, a review of the protocol (we
made minor modifications to explore new ideas as these emerged),
and a summary of ideas raised and explored during the interview.
We used these post-interview data reviews to test data saturation,
which we defined as having been achieved when no new idea
elements had emerged in two consecutive interviews.

Ethical considerations and review

Participants received an information sheet when registering
interest in the project and were given a second information sheet
at the start of each interview (the information sheet was read to
three participants who had lower literacy). Participants were
advised orally of their rights and assured of anonymity before they
provided written consent. The project was reviewed and approved
by a delegated authority from the University of Otago’s Human
Ethics Committee.

Data analysis

With participants’ permission, interviews were audio-recorded
and transcribed verbatim, then checked for accuracy; we inter-
preted the transcripts using thematic analysis as this approach
allowed us to employ a social justice perspective to examine
unintended consequences of excise tax increases while also
identifying other themes that represented key idea elements
within the transcripts (Braun & Clarke, 2006). We managed the
data using manual code books where we recorded initial
descriptive themes that aligned with the social justice perspective,
and that we used to review and disambiguate the data. From here,
we developed over-arching themes while also identifying sub-
themes under each of the larger groupings. We undertook these
analyses independently for the 12 jointly-conducted interviews
before reviewing each other’s draft themes and developing an
agreed interpretation. The lead author conducted and analysed the
remaining interviews; both authors reviewed the resulting
codebook and agreed on the final themes.

Results

Many participants reported a strong desire to quit smoking
because the financial stress they experienced had reduced the
enjoyment smoking offered. As Table 1 shows, just over half
reported making at least one quit attempt lasting more than 24 h in
the last year (a similar proportion to that recorded in population
surveys (Nelson & Li, 2016)). Only three thought there was no
chance they would make a serious quit attempt in the next six
months; instead, most indicated they would try to quit, typically
by gradually reducing how much they smoked.

Rising prices had created tensions that reduced the experience
of smoking; P27 explained: “I’ve been thinking about cutting down
and just kind’ve phasing it out ‘cos I’m just not enjoying it as much as I
used to” (P27:F,19). Increasing costs had focussed P2’s attention on
controlling the dissonance addiction caused: “I have to admit I’m
pleased that I’ve got mine more under control. . . it becomes something
that you, you hate being addicted to” (P2:F,56). Control and choice
were important metaphors when participants discussed their own
and others’ smoking. We explore these metaphors in the three
overall themes identified: depriving the poor; elevating tobacco to
a precious commodity, and desperation.

Depriving the poor

Participants saw excise taxes as fundamentally unfair; they felt
this measure reduced their choices and status, and undermined
their physical and mental well-being. Their experiences depict
excise taxes as a tool that deprived them of autonomy, attempted to dictate their behaviour, and reduced their financial and physical resources.

While many participants hoped to become smokefree, they resented the burden excise tax increases create, the judgment they felt this policy made about their lifestyle, and the compromises it forced them to make. P21 represented oppressed “people” when she asserted their “choice” to smoke: “it’s people’s choice whether or not they wanna smoke . . . increasing cigarettes’ [price]. . . is pretty much telling them . . . that you’re not allowed to smoke. . . I just don’t think it’s I suppose um . . . very fair.” (P21:F,30). Excise tax imposed on participants’ freedom and complicated their difficult circumstances. Several used metaphors of punishment and violence to describe this policy and its effects. P7 described how “the slapping of tax” created a deep sense of injustice and powerlessness: “This slapping of tax is sort’ve . . . too much of a punitive measure really. . . sort’ve putting them under perhaps psychological pressure” (P7:M,50).

P10 and P25 explained “punishment” further by describing how price increases placed a heavier burden on those already struggling while allowing the well-off unscathed; they found this approach inherently unfair: “it’s punishing people . . . who already have a marginal income . . . people who tend to smoke tend to be poor anyway so you’re kinda tax–double taxing the poor” (P10:M,24) and “by putting it up then they’re not punishing the um . . . well to do people in the country, they’re um . . . hitting hard with um . . . with the people that don’t have much” (P25:M,55). As well as reflecting on wider social inequalities, participants also commented on specific trade-offs that price increases forced smokers to make. Again, they used metaphors of desperation and deprivation—“last thing” “going without” and “being forced to choose” to reveal the starkness of their choices: “it’s the last thing they’ve got . . . [pause] . . . and . . . sometimes they will go without or their children may have to go without so that they can have that” (P17:F,19) and “they’ll end up forcing people to choose between food and smoke and if they’re addicted to smoking, they’re gonna pick smokes” (P23:F,23).

Imposed choices compounded the stresses participants experienced and removed what many regarded as a coping mechanism; P15 summarised these views: “it’s obviously, like, negatively impacting, like, the poorer people who rely on cigarettes to, like, cope with their . . . stressful poverty lifestyles” (P15:F,22). Perceptions that smokers had no other resources or strategies to deal with their challenging circumstances strengthened perceptions they were being victimised. P1’s angry question epitomised these reactions: “That is their last crutch . . . you know, are you going to take everything away from them?” (P1:F,53). Tobacco was not a discretionary item, but an integral “part of people’s lives” and perhaps their “only pleasure”: “but tobacco is a part of people’s lives and for people who live on their own or don’t have much in the way of activity or job, that’s perhaps the only pleasure they have” (P7:M,50).

A sense of systematic disadvantage dominated participants’ comments and led several to express their cynicism about the government’s motives. P1 saw excise taxes as a revenue generating activity disguised as a social and health intervention and asked: “is it genuinely caring about New Zealanders’ health or is it a really, really good revenue gathering exercise? I think it’s probably part of both” (P1:F,53). P5 extended this analysis, questioned the blame commonly apportioned to smokers who do not quit, and challenged the ethics of a government whose policies forced stark choices on some citizens: “I guess you could either place the . . . ethical aspect on . . . people who would buy cigarettes over food or you could . . . also say it’s the government that’s causing people to do that” (P5:M,28).

Participants’ comments illustrate a deeply unbalanced world where factors beyond their control reduced their choices and undermined their physical and mental well-being. Yet while many described smoking as something they anticipated with pleasure and to which they felt entitled, their comments also revealed smoking as an unrelenting burden they had to manage. Within these constrained contexts, participants outlined highly creative and varied strategies for maintaining their tobacco supply.

Elevating tobacco to a precious commodity

As tobacco became less affordable, participants responded by regulating and reducing their consumption, avoiding “waste”, and switching to lower-cost brands or forms of tobacco. Several used metaphors of value to describe how they elevated tobacco: “You tend to value it more . . . yeah, I’ve tended to value it more and like . . . you know, just try and . . . cut down a bit on top of that just try and value each cigarette” (P10:M,24). Valuing tobacco required participants to monitor their smoking patterns stringently; they extended their purchase intervals and carefully allocated themselves a fixed amount of tobacco. This self-regulation took different forms; P1 allowed herself a defined amount of tobacco: “I try and cut back like I’m only smoking...a 50 gram packet of tobacco . . . every three weeks. . . I’ve allocated it out for that three weeks.” (P1,F,53). By contrast, P7 and P2 gave themselves daily quotas: “I wrote down how many cigarettes I had after the last one and I thought, say five for next Wednesday . . . five for Thursday, and depending on how many I had left . . .” (P7:M,50) and “I limit myself to three cigarettes a day now . . . one morning, one in, at lunchtime, one in, about tea time” (P2:F,56). Others, like P24, actively managed situations where she might feel tempted to exceed her allowance: “By consciously not taking them anywhere with me so that I don’t have them with me” (P24:F,63).

Participants also regulated their daily schedule; P10 extended the time between cigarettes: “maybe smoke every couple of hours. . . rather than an hour and half” (P10:M,24), while P16 cut down his tobacco consumption by establishing new behaviour patterns that did not include smoking: “I’ve started just not–just having a coffee by itself and not having a cigarette. So there’s little things that I can do where . . . I usually have a cigarette and I just make myself not” (P16:M,19).

As well as managing their supply and consumption patterns, participants took considerable care to avoid unnecessary tobacco use and waste. P22 reported waiting until her cravings intensified and then assiduously smoking a full stick, leaving little or no butt: “I made sure that I really, really want the smoke and then I’ll smoke it all the way to the end, yeah” (P22:F,23). Others consumed a whole stick rather than smoking until satiated and leaving a large and wasteful butt; P12 explained: “I’m probably smoking more of the cigarette like I used to waste kind’ve . . . everyone would say to me ‘oh look, you’re chucking away half the cigarette’” (P12:F,33). P10 regulated his FM cigarette consumption by smoking only half sticks and conserving the remainder for later use to avoid waste: “like only smoke half a tailie and then just try and put it out and smoke the rest of it later. . . if it was cheaper you know, you just throw it away . . . but you can’t, like, if you’re throwing it away you just see 50c . . . just throwing 50c down the drain you know” (P10:M,24).

Several participants had switched to roll-your-own (RYO) tobacco because this allowed them to manage their consumption more precisely than if they smoked FM cigarettes; control was a recurring metaphor in these participants’ comments: “You getta control how much tobacco’s in the cigarette” (P14:M,32). By rolling their own cigarettes, participants could reduce the size of the cigarette they smoked and more effectively match their need for nicotine with their tobacco supply. P2 explained her strategy: “I went on to the roll me owns . . . and, and then I would um use a bigger filter or . . . cut off some of the paper so that it would be smaller. Yeah so I was trying to economise on the wastage really” (P2:F,56). Others, like P17 and P21, rolled very thin—“skinny”–cigarettes to eke out
their tobacco: “I roll them skinny that’s why your tobacco lasts… You don’t want them too fat… So, a greyhound – you roll ‘em like a greyhound!’ (M,47) and “like you can get skinnier filters now so that you’re rolling skinnier smokes… yeah, you kinda learn to stretch it out so that it lasts” (F,30). Despite its higher up-front cost, RYO was less expensive per cigarette and less prone to the wastage participants strived to avoid: “It’s cheaper and it goes further and there’s not so much tobacco in each cigarette… I realised that I was wasting a lot of my cigarette when I was smoking tailor mades… I may be wasting a quarter to a half” (P2:F,56).

However, managing value by switching to lower cost-per-cigarette tobacco presented other challenges, particularly the higher up-front cost of RYO tobacco. Some responded to this pressure by alternating between RYO and FM, and purchasing FM when they could not afford another RYO pouch. P21 managed her finances by switching between RYO and FM: “if you run out of rollies before your pay day then – more than likely you’ve got money to get tailor mades than… another packet of rollies” (P21:F,30). However, a sub-group smoked FM cigarettes not only because of the smaller outlay but because purchasing fewer cigarettes at a time sustained their belief that each pack might be their final pack. These participants had typically made several recent quit attempts and had a high likelihood of trying to quit again soon; they managed an uneasy balance between avoiding large tobacco purchases and copung with the reduced value this strategy imposed on them. P13 outlined this balance: “With rollies you gotta buy a 30 grams at least and… at the end of the pack there’s kinda like that there might be your last pack or… [laugh]… once you finished them, you know, you finish them” (P13:M,24).

Participants outlined numerous other strategies they used to maintain or eke out their precious tobacco supply. P16 described purchasing FM cigarettes, extracting the tobacco, and rolling RYO cigarettes: “a lot of people… without a hell of a lot of money will get a $20.00 pack of cigarettes and turn it into 50 or 60” (P16:M,19). Others traded down to less expensive brands, sacrificing taste and brand appeal for nicotine; P21 sarcastically explained how value resided in the bare product: “of course you’re gonna go for the cheapest smokes there is… you’re not necessarily doing it for the flavour of the cigarettes” (P21:F,30). Participants’ stark choices again reflected the imposition increasedexcise taxes represented: “it’s one of the two of the lesser evils, you change to the cheaper version or you cut it right out and I’m not in a place where I can do that right now” (P4:F,25). Faced with “two evils” participants chose not the best, but the ‘least worst’ option.

Managing their tobacco supply required careful planning yet, paradoxically, as participants sacrificed more to maintain their valued tobacco access, the product lost its hedonic attributes and became just a nicotine source. While this theme illustrates participants’ frugality and innovativeness, it also reveals the hardship they experienced and the burden tobacco had become. Some found managing this burden required desperate measures.

Desperate measures

Participants made many difficult compromises to accommodate the increased cost of tobacco; these included displaced purchases and extreme conservation strategies.

Displacement

Nearly all participants reported making multiple economies that reduced their living comfort, financial security, and social interactions. P3 and P4 described how their reduced spending on staple items had seen their diets deteriorate: “it was kinda fresh fruit going first [not being purchased] before the tobacco and then what’s the effect on low income families when that’s happening?” (P3:M,34) and “that’s another little sacrifice, is fresh, fresh things” (P4:F,25). P2 economised on heating: “I try to economise on electricity as well…” (P2:F,56), while P3 went into debt: “sometimes you overdrew the account” (P3:M,34) and P13 did not pay his bills on time: “… [I] let the power bill ride till next month… (M,24), P4 described limiting her social interactions: “each week now the sacrifices are getting bigger, now I kinda have to choose whether I put petrol in my car to go and visit my friends… or buy a packet of cigarettes, and that’s the reality of it” (F,25). Continuing to smoke, a behaviour many had tried unsuccessfully to change, required sacrifices and had sharply negative consequences that were “getting bigger” “each week”. Although trying to reduce their tobacco use, the increasing costs of tobacco impinged on all aspects of participants’ lives and spawned increasingly desperate strategies.

Reserves

Despite their careful day-to-day planning, participants did not always maintain a tobacco supply that met their requirements; some created “reserves” to deal with these situations. P4, P8 and P17 explained how they managed when they had depleted both their tobacco supply and their budget: “more often than not I’ll have some left over, and I’ll keep that in a little bag just in case there is… any situation where I can’t afford to go out and buy some; there’s always my reserves” (P4:F,25). P8 retained and recycled her butts: “I just leave a wee bit so I… so if I run out of bacca I’ve got my butts to roll up and make smokes. Save wasting the bacca… Every week we do that, keep our butts and put them away… for the Saturday or something” (P8:F,60). P17 described how carefully maintaining a small butt was more prudent than consuming the entire stick: “The smoke – you always leave some – to fall back on. Some people will smoke them right down to, to the filter. But… then when you wanna recycle it, it’s nothing – no tobacco in the butt to get at, see” (P17:M,47).

Yet while these participants saw their reserves and butt recycling as careful forward-planning, others felt shame and disgust at how they had coped with their need for tobacco. P3 and P12 described how they felt searching for spare tobacco: “[you] go through your ash tray or, whatever, and um, you know, pull all the tobacco out of all the butts and roll that up too… it sort’ve, um, sounds really disgusting” (P3:M,34) and: “if I get really desperate like when I’ve got no money… cos I throw them out on the grass, I’ll just dry them out and… re-roll them and… that’s pretty disgusting, but…” (P12:F,33). Participants saw themselves as “desperate” a term that both drives and explains their “disgusting” actions, and offers an insight into the self-degradation these strategies caused.

Nonetheless, a small minority saw recycling their butts as frugal and thoughtful: “People outside pick ‘em up out the bloody gutter… heaps of people. I do it myself. Nothing wrong with them. They’re just sitting in the gutter doing nothing” (P17:M,47). Yet while P17 saw potential value in littered butts, others recognised the desperation driving their behaviour and felt sympathetic: “you see people doing it all the time… especially the people who look like they’re homeless. I s’pose that’s their only option if they really want to smoke” (P14:M,32) and “I can see why… you wanna cigarette, you need a cigarette, you don’t have the money for a cigarette, they see a cigarette… when they know that they can smoke it… so it’s um, it’s sad… but… I can completely understand why people would do that” (P23:F,22).

Yet, while P14 and P23 “completely understand” how collecting waste could be people’s “only option” and empathise rather than judge, a small group used butt waste collection to assert their superior identity. P12 framed her views as rejection of an unsanitary behaviour: “I don’t collect butts cos you never if dogs peed on them or that person’s got HIV or… what you’re gonna catch,
I’d rather smoke my own cigarette butts” (P12:F:33). While P14 and P10 declared their greater control: “I’ve had friends who did but . . . [pause] . . . I’m not that addicted, I don’t want to smoke somebody else’s . . . gross cigarette but” (P14:M:32) and “I mean I don’t wanna sound like I’m . . . pretentious or anything but it just seems a bit grody [down and out] . . .” (P10:M:24). By declaring themselves “not that addicted” or “grody” participants distanced themselves from negative stereotypes of lower income smokers as heavily addicted and dirty.

The sheer desperation some participants reported contrasted starkly with the liberation they hoped to gain, and the highly constrained circumstances that determined their behaviours. Although presenting smoking as an entitlement, participants’ comments revealed smoking brought not choice but constraint. For some, it also brought an uneasy ambivalence as they tried to reconcile the demeaning actions their addiction required with the public persona they wished to maintain.

Discussion

Lower income smokers who continue smoking following sustained excise tax increases may face considerable financial hardship. Many participants wished to quit but wanted to do so on their own terms; they interpreted the difficulties they faced as evidence of an uncharted state that punished its most disadvantaged citizens and several viewed tobacco price increases as inequitable. Their views highlight the paradox Voigt outlined when she argued that measures designed to reduce health inequalities may bring unintended effects, including loss of autonomy and self-respect (Voigt, 2010).

From a purely utilitarian perspective, sustained excise tax increases had led many participants to make quit attempts and nearly all reported reducing their tobacco consumption (Clare, Bradford, Courtney, Martire, & Mattick, 2014; Kotz & West, 2009). Yet set against this interpretation is the evidence that none of our participants had successfully become smokefree. These findings are consistent with quantitative studies, which have also reported that lower income smokers are less likely to succeed in their quit attempts (Caleychetty et al., 2012; Hiscock, Bauld, Amos, Fidler, et al., 2012), even though they have a similar desire to quit as more affluent smokers. Our findings also support earlier studies that report lower SES smokers have fewer people to support quit attempts and often belong to social networks where smoking is normalised (Gifford et al., 2016; Thomas et al., 2013; Voigt, 2010).

This discrepancy between how participants manage their immediate situation and their ultimate goal of becoming smokefree highlights important questions of equity, particularly among indigenous peoples where smoking prevalence is often higher than among other ethnicities (Voigt, 2010). Our findings not only confirm evidence of the hardship reported in earlier studies, but also suggest this has increased. Nearly all participants reported displacing purchases so they could afford tobacco and many others compromised their diets, clothing and warmth, as earlier studies also report (Armour et al., 2008; Siahpush & Carlin, 2006; Siahpush et al., 2012). These actions brought both physical hardship and mental distress and participants’ common use of “punishment” metaphors illustrate their feelings of victimisation. Ironically, the anxiety many experienced in managing their tobacco supply suggests smoking may bring more stress than it relieves (Siahpush, Borland, & Sollo, 2003).

From a social justice perspective, evidence a policy that aims to reduce health inequalities creates serious unintended outcomes is concerning. Yet because most participants planned to make a quit attempt in the near future, our findings suggest policy makers should develop more comprehensive and intensive cessation support rather than abandon excise tax increases. Better support could ameliorate the deprivation and desperation our analyses revealed, reduce hardship resulting from participants’ economising strategies, and support the autonomy participants sought (Farrellly et al., 2012).

From a macro perspective, price increases have kept quitting a salient and desired goal. However, smokers’ ability to trade down brands, and evidence tobacco companies apply excise tax differentially (Marsh et al., 2015), suggests a need for tax structures that minimise tobacco companies’ ability to create budget brands that appeal to lower income smokers. To avoid exacerbating perceptions of victimisation, more targeted and tailored cessation approaches could address heavily addicted smokers’ unique needs and may promote successful cessation where mainstream approaches have not (Minichielo, Lefkowitz, Firestone, Smylie, & Schwartz, 2016; Siahpush, Spittal, & Singh, 2007a; Warner & Mendez, 2010). These strategies could align more strongly with a social justice perspective by creating opportunities for communities most affected by smoking’s harms to help determine appropriate intervention strategies (Gifford et al., 2016; Voigt, 2010).

Additional initiatives could include enhanced access to fully subsidised long-term nicotine replacement treatments (NRT), delivered through smokers’ communities and existing social support networks, using culturally-relevant cessation programmes (Chaloupka et al., 2012; Martire et al., 2011; Minichielo et al., 2016; Siahpush et al., 2003; Wilson & Thomson, 2005a, 2005b). Emerging technologies, such as e-cigarettes, may offer additional routes to reducing health inequalities, particularly if smokers transition fully to these devices (Huang, Kim, Vera, & Emery, 2016). More pro-active support programmes may also catalyse the actions participants reported taking, such as reducing their consumption and de-coupling behaviours they had paired with smoking, into quit attempts. Better support of smoker-led responses may not only enhance cessation success but bring greater self-efficacy, autonomy and mental well-being among (Prochaska, 2011).

As many lower income smokers report smoking to manage other life stresses, providing cessation support through existing social networks may also help reduce feelings of anxiety that cue smoking and provide quitters with continuing support (Hiscock, Bauld, Amos, Fidler, et al., 2012; Warner, 2000; Wilson & Thomson, 2005a). Enhanced social support may also assist smokers to identify alternative activities that replace smoking as a stress management tool and connect them to communities that endorse smokefree norms. Using revenue from tobacco excise taxes could fund new support measures and help smokers move out of the cycle of desperation and deprivation smoking causes.

As with all qualitative research, we cannot extrapolate our findings to lower income smokers in general; for example, lower income smokers who have quit in response to excise tax increases may hold very different views on this policy. We aimed to recruit a diverse rather than a representative sample of smokers living in deprived circumstances as we wished to extend understanding of how low income smokers interpret and respond to tobacco excise tax increases rather than estimate the prevalence of their responses. While our notes suggest participants shared their perceptions and experiences frankly, some may have avoided discussing behaviours they saw as demeaning or inconsistent with the social persona they wished to project. Although it is possible that participants employed strategies they did not reveal, our findings nonetheless offer new insights into the hardships sustained tobacco price increases cause and the risks of continuing this approach without strengthening the support given to smokers.

Our findings extend earlier studies by elucidating the complex and varied strategies participants use to maintain an adequate tobacco supply, and probing the ambivalence many experienced.
The recurring metaphor of “disgust” suggests that smokers whose need for tobacco exceeds their means may experience a profound loss of self-worth. Smoking’s paradoxical status as both a “pleasure” and a demeaning and controlling burden highlights the needs for more nuanced and supportive policy measures that consider both direct and unintended consequences (Voigt, 2010).

While on-going excise tax increases may continue to trigger overall cessation, this strategy alienates low-income smokers who do not quit and whose coping strategies have limited room to evolve. The unintended effects we have documented raise wider questions of social justice, suggest more nuanced analyses that examine outcomes broader than smoking prevalence, and support a more comprehensive approach to supporting smoking cessation. Without personal behaviour change interventions to support macro-level measures, further excise tax increases risk stimulating reactance, entrenching behaviour, and locking smokers into demeaning responses that may further reduce their prospect of successful cessation. Future research should partner with groups most affected by smoking, particularly indigenous communities, to explore interventions that go beyond mainstream measures and support equitable, affirming reductions in smoking prevalence.

Contributors
JH conceptualised the study; she supervised KS, conducted the majority of interviews, and prepared the MS. KS worked under JH’s supervision; she assisted with the research design and data collection, and prepared a preliminary report outlining the research findings. Both authors have approved the final manuscript.

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Conflict of interest
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