



REDUCING STIGMA IN THE NATIONAL LUNG CANCER SCREENING PROGRAM



Participants eligible for the National Lung Cancer Screening Program will have a history of tobacco cigarette smoking. They have likely experienced stigma and discrimination because of this, and as a result may be hesitant about lung cancer screening.

It is critical to minimise stigma associated with smoking and cancer risk. This can help address barriers to a person participating in the program or seeking medical help more broadly.



Australian Government

NATIONAL
LUNG CANCER
SCREENING
PROGRAM



When talking about lung cancer screening, it is important to keep in mind that:

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- i** People who smoke or have smoked often feel, or expect to feel, judged in healthcare encounters. In the past they may have felt discriminated against, not listened to, blamed, or that 'everything is brought back to smoking'.
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- i** People may find talking about the eligibility criteria for lung cancer screening uncomfortable. They might be reluctant to discuss details, under-report smoking information and/or not want others to know about their smoking history or participation in screening.
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- i** People who smoke often report feeling shame, guilt and embarrassment about their smoking history. They may feel that they should live with the consequences of smoking or that they don't deserve healthcare services like screening.
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- i** Nicotine dependence is a clinical condition. Many people who smoke feel as if they have 'tried everything' to stop. If people have tried to quit in the past and started smoking again, they may feel a sense of failure or disappointment, which can impact their self-efficacy or motivation to try again.
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- i** People who started smoking decades ago did not have the benefit of current tobacco control measures, research or education about the harms of tobacco smoking. Health warnings on cigarette packaging began in 1973, with nationally consistent health warnings only required in 1995.¹
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- i** Tobacco use is driven by harmful commercial interests and entrenched normalisation. In the past, industry marketing pushed smoking as 'cool' or 'glamorous', and in some cases as having health benefits. Australia only completely banned tobacco advertising in the 1990s,¹ and industry agendas still impact use.
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- i** Smoking and its harms disproportionately impact Aboriginal and Torres Strait Islander peoples and communities.
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Things you can do to minimise stigma when communicating about lung cancer screening:

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- ✓ Remind people that they do not need to quit smoking to take part in the program.
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- ✓ Frame smoking as a dependence on nicotine, not a lifestyle choice.
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- ✓ Exercise empathy about the cultural, social and commercial determinants of someone's smoking history. Cigarettes were designed to be addictive.
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- ✓ Encourage self-compassion around smoking:
 - People are not perfect. Perceived flaws or failings (such as difficulty stopping or reducing tobacco use) are part of the human experience and are normal.
 - Many people experience these feelings.
 - Suggest that people try to give themselves patience, understanding and care – treat themselves like they would a good friend.
 - Everyone deserves equal care, support and respect. Nobody deserves lung cancer.
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- ✓ Remind people that screening is confidential and that others do not have to find out. However, having a social support network can be helpful during the screening process.
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- ✓ Use strength-based messages to discuss screening and smoking cessation:
 - Lung cancer screening may help to find lung cancer early when it is easier to treat, which can improve quality of life.
 - It often takes multiple attempts to reduce or stop smoking entirely. Each try is a positive step, and a chance to learn more about what will work best for someone.
 - There are many benefits of stopping or reducing smoking:

Why Quit Smoking

(www.health.gov.au/topics/smoking-vaping-and-tobacco/how-to-quit/why-quit-smoking)

The health benefits of quitting smoking
(www.quit.org.au/articles/the-health-benefits-of-quitting-smoking)

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- ✓ There are a variety of supports available for people to stop or reduce smoking if they choose. These include tools and tips available through the **National Cessation Platform** (quit.org.au) and via the **MyQuitBuddy mobile app**

For healthcare providers, the **Quit Centre website** provides information, education and resources on smoking cessation to support patient care through cessation pathways.



Lexicon guide for using person-first and empowerment language^{2,3}

The words we use matter. Thoughtful use of language when communicating about lung cancer screening can help empower participants and reduce stigma.

Instead of ...		Use person-first and empowerment language
Smoker	————→	Person who smokes
Ex-smoker	————→	Person with a smoking history
Nicotine addict	————→	Person with nicotine dependence
Habit	————→	Dependence on nicotine
Lifestyle	————→	Smoking or tobacco use behaviour
Willpower	————→	Access to tools or resources to support stopping the use of tobacco
Admitter or denier	————→	Someone with conflicting responses about smoking behaviour
Willing/unwilling; non-compliant	————→	Unable, not able to; chooses not to

References:

1. Australian Government Department of Health and Aged Care. Tobacco control timeline. 2018. <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/tobacco-control-toc-timeline>.
2. American Cancer Society National Lung Cancer Roundtable. Lung Cancer Stigma Communications Assessment Tool (LCS-CAT) Alternatives Suite 2024. <https://nlcrt.org/resource-center>.
3. Global Lung Cancer Patient Council, Roche. Promoting good mental health in people with lung cancer 2022. <https://medically.roche.com/content/dam/sh/mental-health-in-lung-cancer/lung-mental-health-leaflet.pdf>.

