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Tobacco Cessation Treatments Among Young Adult Smokers

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Research Highlight

POLICY PERSPECTIVE

THOUGH MORE YOUNG ADULTS THAN OLDER ADULTS REPORTED TRYING TO QUIT SMOKING IN 2005,¹ FEWER YOUNG THAN OLDER ADULTS UTILIZED EVIDENCE-BASED TOBACCO CESSATION TREATMENTS. EFFORTS TO INCREASE THE APPEAL, USE AND EFFICACY OF PROVEN CESSATION TREATMENTS AMONG YOUNG ADULTS HOLD GREAT PROMISE TO HELP REDUCE SMOKING RATES IN FUTURE U.S. ADULT GENERATIONS. IMPROVED ASSESSMENT OF TREATMENT USE AND PREFERENCES IS CRITICAL FOR MONITORING THE NATION'S PROGRESS TOWARD GREATER TOBACCO CESSATION TREATMENT USE BY YOUNG ADULT SMOKERS AND FOR EVALUATING THE IMPACT OF TOBACCO CESSATION MEDIA CAMPAIGNS AIMED AT YOUNG ADULTS.

Background

Young adults aged 18–24 currently have a higher smoking prevalence and lower quit rate than older adults.² This cohort is a critical age group given heightened tobacco industry advertising targeted to young adults following the 1998 law prohibiting the marketing of tobacco products to adolescents under 18 years of age. Effective treatment for tobacco dependence among young adults provides a vital means to help future generations of American adults avert lifelong tobacco use and dependence, as well as tobacco-caused disease and premature death.

Few smoking cessation studies report results by age. In one of the first studies of its kind, Susan Curry and her research team including Amy Sporer, Oksana Pugach, Richard Campbell and Sherry Emery of the Institute for Health Research and Policy at the University of Illinois at Chicago analyzed 2005 National Health Interview Survey (NHIS) data to examine differences in smoking cessation treatment use among young and older adult smokers. NHIS is an annual multipurpose health survey that uses a multistage sample designed to represent the civilian non-institutionalized population of the United States.² The 2005 NHIS surveyed 31,428 adults aged 18 and older. Among respondents, current smokers (N=6,511) were analyzed for this research.

Key Findings

- The prevalence of current smoking among adults in the analytic study sample aged 18 to 24 was 24 percent, while that for adults older than 24 years was 20 percent.
- Compared to older adult smokers, significantly fewer young adult smokers reported having insurance coverage (76% versus 59%, respectively).
- Younger adults were significantly more likely than older adults to report a serious attempt to quit in the past year (49% versus 42%, respectively). Motivation to quit smoking was similar across both age groups, with about 70 percent reporting that they wanted to completely quit smoking.
- Fewer young adult smokers reported receiving or using a formal tobacco cessation treatment. Young adult smokers were less likely than older adults to have visited a doctor or dentist in the past 12 months (74% versus 81%, respectively), to have been asked about smoking by a health professional (58% versus 67%), to have their physician know about their smoking (27% versus 45%) and to have been advised to quit smoking by a health professional (49% versus 60%).

1 *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006. <http://www.oas.samhsa.gov/ndub/2k5nsdub/2k5Results.pdf>

2 Curry SJ, Sporer AK, Pugach O, Campbell RT and Emery S, "Use of Tobacco Cessation Treatments Among Young Adult Smokers: 2005 National Health Interview Survey." *American Journal of Public Health*, 97(8):1464–1469, August 2007 <http://www.ajph.org/cgi/reprint/97/8/1464?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=curry&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourceype=HWCIIT>

- Support from friends and family was the most commonly reported form of tobacco cessation assistance among younger and older smokers (34% versus 27%, respectively). Use of FDA-approved pharmacotherapies (i.e., nicotine gum, nicotine patch, other nicotine replacement products and/or bupropion [*Zyban* or *Welbutrin*]) surpassed use of evidence-based behavioral treatment methods (i.e., counseling provided through telephone quit lines, stop smoking clinics, classes or groups, or one-on-one counseling) (18% versus 4%, respectively, among smokers aged 18 to 24 and 33% versus 5%, respectively, among smokers aged 25 and older).
- There were no differences between age groups regarding those who reported utilizing any behavioral treatment and those who utilized both behavioral and pharmacotherapy treatments combined.

Correlates of Pharmacotherapy Use Among Current Smokers Who Made a Serious Quit Attempt in the Past Year: National Health Interview Survey, 2005

	Young Adults, Aged 18–24 y (n = 387) OR (95% CI)	Adults Aged ≥ 25 y (n = 2360) OR (95% CI)
Woman vs man	0.82 (0.45, 1.50)	1.39 (1.10, 1.76)
White vs other ^a	0.43 (0.21, 0.87)	1.62 (1.26, 2.07)
High-school graduate vs non-high school graduate ^b	4.70 (1.55, 14.24)	0.83 (0.59, 1.16)
Some college vs non-high school graduate ^b	4.87 (1.61, 14.74)	1.04 (0.77, 1.42)
College graduate vs non-high school graduate ^b	5.57 (1.09, 28.57)	1.50 (0.98, 2.30)
Health insurance vs none	1.57 (0.78, 3.16)	1.50 (1.10, 2.06)
Health care visit vs none	1.02 (0.33, 3.20)	1.02 (0.68, 1.53)
Advised to quit by health care professional vs none	3.14 (1.50, 6.54)	1.88 (1.45, 2.42)
10 cigarettes per day difference ^c	2.00 (1.22, 3.27)	1.46 (1.28, 1.66)

Note. OR = odds ratio; CI = confidence interval.
^aSignificance of interaction term testing for differences in odds ratios between age groups; $P < .001$.
^bSignificance of interaction term testing for differences in odds ratios between age groups; $P < .01$.
^cAmount smoked was entered as a continuous variable in the regression model. OR and 95% CI were calculated to compare a referent smoker to one who smoked 10 cigarettes less per day.

Among the correlates of treatment use in young adult smokers aged 18–24 years:

- Non-whites (i.e., non-Hispanic African Americans, Hispanics, Asian/Pacific Islanders and other races) were more likely than were whites to use pharmacotherapy (odds ratio= 0.43; 95% confidence interval (0.21, 0.87)).
- Smokers that obtained higher education levels were more likely than those with less education to use pharmacotherapy. Compared to non-high school graduates, high school graduates were nearly five times more likely to use pharmacotherapy (odds ratio= 4.70; 95% confidence interval (1.55, 14.24)); those who attended some college were 4.87 times more likely to use pharmacotherapy (odds ratio= 4.87; 95% confidence interval (1.61, 14.74)); and college graduates were almost six times more likely to use pharmacotherapy (odds ratio= 5.57; 95% confidence interval (1.09, 28.57)).
- Those who were advised by a health care professional to quit smoking were 3.14 times more likely than were those who received no quitting advice from a health care professional to use pharmacotherapy; 95 percent confidence interval (1.50, 6.54).

- Heavier smokers were twice as likely as lighter smokers (who smoke 10 cigarettes less per day) to use pharmacotherapy (odds ratio = 2.0; 95% confidence interval (1.22, 3.27)).

Young adult smokers are a critical target for tobacco cessation treatment. This study shows that evidence-based tobacco cessation treatments are underused by young adult smokers. Past research shows that the highest quit success rates are among young adults who utilized a combined treatment of telephone counseling and pharmacotherapy. This study supports the need for evidence-based cessation treatments among young adult smokers.

For more information on quitting smoking, call 1-800-QUITNOW or visit www.quitnow.gov.

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