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Short Communication

Use of nicotine replacement therapy in situations involving temporary abstinence from smoking: A national survey of English smokers

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HIGHLIGHTS

- NICE have called for evidence on the use of NRT for temporary abstinence (TA).
- Previous studies have failed to recognise the multifaceted nature of TA.
- TA can occur at work, in the home, while in a pub or while travelling etc.
- Current study assessed the 'effectiveness' of use of NRT in various TA situations.
- Use of NRT for TA was associated with increased odds of an attempt to quit smoking.

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ABSTRACT

Aims: This study aimed to assess the prevalence of nicotine replacement therapy (NRT) use in a range of situations involving temporary abstinence (TA), and the rated helpfulness of NRT. It also aimed to determine whether associations existed between reported helpfulness of NRT and use of NRT in different situations, with previous attempts to quit smoking and cigarette consumption.
Method: Smokers aged 16+ were interviewed in a national household survey in England. Participants were asked whether they used NRT (i.e. patch, gum, lozenges/tablets, inhalator (inhaler) and nasal spray) for TA in the office, at home, in a pub, restaurant and/or while travelling. Rated helpfulness of NRT and quit attempts in the previous 12 months were also assessed.
Results: Thirteen percent of smokers reported using NRT for TA. Forty-one percent of these used NRT at home, 40% while travelling, 22% in bars, 20% in an office and 16% in restaurants. The inhalator and patch received higher helpfulness ratings than the gum. The use of NRT in all situations was associated with increased odds of a previous attempt to quit smoking compared with smokers not using NRT for TA. Ratings of the helpfulness of NRT were not associated with either recent attempts to quit smoking or cigarette consumption.
Conclusion: One in eight smokers reported the use of NRT for TA. The most common occasions being the use at home and while travelling. Use of NRT in situations when one is unable to smoke may increase propensity to quit smoking regardless of the specific type of situation and whether NRT is rated by the smoker as helpful in that situation.

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1. Introduction

Bans on smoking in public places are now commonplace. In 2006, nicotine replacement therapy (NRT) was licensed in England for use by smokers to ease discomfort and cravings during these times (Medicines & Healthcare products Regulatory Agency, 2006). This paper examines the kinds of situations in which smokers in England use NRT, how helpful they find it, and whether its use and perceived helpfulness are associated with attempts to stop smoking and cigarette consumption. This issue has not to our knowledge been addressed before and is of particular importance given that the National Institute for Health and Clinical Excellence (NICE) is due to release guidance on the use of NRT for temporary abstinence in 2013 (http://guidance.nice.org.uk/PHG/Wave23/23).

It is of interest to know the prevalence of NRT use in specific situations and whether use is dependent on smokers' characteristics. This may facilitate the shaping of advice smokers receive so that benefits from the products are maximised. For example, it may be that smokers tend to use NRT while travelling rather than in bars as they can readily go outside; those of higher socio-economic status may be more likely to use NRT at work due to greater disposal incomes and longer periods of abstinence. It is also of interest to determine whether or not smokers

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find the faster acting products (i.e. inhalator, lozenges and gum) more helpful than the nicotine patch, whose use is more prevalent (Beard et al., 2011a).

Another interesting question is whether the positive associations reported previously with attempts to quit smoking, and the significant, but small, reductions in cigarette consumption found among those using NRT for temporary abstinence, are dependent on the situation in which one uses NRT .(Beard et al., 2011a, 2011b). It may be hypothesised that where the use of NRT is voluntary, i.e. use of NRT to abstain in the home in order to protect other inhabitants, as opposed to externally motivated, i.e. use of NRT as a result of public smoking restrictions, there will be a stronger association with quit attempts.

Another unanswered question is whether smokers who report NRT to be more helpful are more likely to have tried to quit and report lower cigarette consumption. If such associations exist, it would suggest that perception of the benefits of NRT might mediate between its use, attempts to quit and cigarette consumption. In the general medication literature, beliefs about medications have been shown to predict treatment adherence and clinical outcomes (Horne & Weinman, 1999). However, interventions aimed at increasing positive attitudes towards NRT do not appear to affect initiation or reports of smoking cessation (Mooney, Leventhal, & Hatsukami, 2006).

2. Methods

2.1. Study design and Sampling

Details of the survey methods are described elsewhere (Fidler et al., 2011). Data were collected between July 2009 and April 2010.

2.2. Measures

Current smokers were asked questions about socio-demographic characteristics (i.e. gender, age & social-grade), attempts to stop smoking in the previous 12 months and cigarette consumption per day.

Smokers were also asked: 'Do you regularly use any of the following in situations when you are not allowed to smoke?' (patch, gum, nicotine lozenges/tablets, inhalator, nasal spray, I don't know, none of these, other). Those reporting that they were using NRT were also asked: In which of the following situations does this apply to? (In an office, at home, in a pub or bar, in a restaurant, while travelling (for example, in a bus/train/car), or other). Helpfulness of NRT in these situations was assessed by asking: How helpful do you find using NRT in situations where you are not allowed to smoke? (1–4: not at all, slightly, moderately, very).

2.3. Analysis

ANOVA, chi-squared, and Kruskal–Wallis tests were used to assess differences amongst those using NRT in the various situations and the helpless of the various NRT products. Chi-squared and Mann–Whitney tests were used to assess differences among those using NRT in only one situation and in multiple situations. Finally, linear regression was used to determine the association between the helpfulness of NRT, previous attempts to quit smoking and cigarette consumption.

3. Results

Of 17,803 adults surveyed, 3,775 (21.2%) reported that they were current smokers. Thirteen percent (n = 473) of smokers reported using NRT for temporary abstinence. The most commonly used product was the patch (36.2%, n = 171), followed by the gum (32.0%, n = 152), inhalator (22.2% n = 105), lozenges (8.4%, n = 105) and nasal spray (2.5%, n = 12). Thirteen percent (n = 60) used a combination of products, while 86.9% (n = 397) used only one product; 16 smokers failed to report which NRT products they used.

Twenty-seven percent of those using NRT for temporary abstinence were using NRT in multiple situations (n = 130), while 73% (n = 343) were using NRT in only one situation. Forty-one percent (n = 195) of those using NRT in at least one situation requiring temporary abstinence used NRT at home, 40.2% (n = 190) while travelling, 22.4% (n = 106) in a pub or bar, 20% (n = 95) in the office, 16.3% (n = 77) in a restaurant, and 9.7% (n = 46) for 'other reasons'. Table 1 shows the characteristics of respondents.

There was no difference in gender, nicotine dependence or age, among those using NRT in the various situations ($p > 0.05$). However, those using NRT in the office or whilst travelling were more likely to report being of a higher social-grade than those using NRT at home or in the pub ($\chi^2 = 40.67$ (df 5), $p = 0.001$). Those using NRT in multiple situations tended to be of higher social-grade than those using NRT in only one situation ($U = 21671.50$, $p = 0.039$).

Overall, 25.2% (n = 115) of those who reported which NRT product they used found NRT very helpful, 30.6% (n = 140) moderately helpful, 28.9% (n = 132) slightly helpful, and 15.3% (n = 70) not at all helpful. The mean helpfulness score was 1.55 (SD ± 0.50). Corresponding mean scores for the various NRT products were [M(SD)]: Gum [1.43(0.50)], Lozenges [1.56(0.50)], Patch [1.60(0.49)], Inhalator [1.65(0.48)] and Nasal spray [1.42(0.51)]. Reports of the helpfulness

Table 1
Demographic and smoking characteristics of smokers as a function of NRT use in various situations.

	Type of TA[a]						Multiple versus single use of NRT for TA	
	Office n = 95	Home n = 195	Pub n = 106	Restaurant n = 77	Travel n = 190	Other n = 46	Multiple n = 130	Single n = 343
Gender % (n) Male	47.4 (45)	45.6 (89)	48.1 (51)	44.2 (34)	46.3 (88)	34.8 (16)	48.5 (63)	44.6 (153)
Age M(SD±)	38.4 (14.70)	40.5 (16.58)	37.8 (15.99)	41.2 (17.13)	41.7 (14.69)	42.8 (17.09)	38.9 (15.97)	41.3 (15.84)
Social grade %(n)[b]	75.8 (72)	57.4 (112)	68.9 (73)	71.4 (55)	77.9 (148)	82.6 (38)	73.1 (95)	67.1 (230)
AB/C1/C2	24.2 (23)	42.6 (83)	31.1 (33)	28.6 (22)	22.1 (42.1)	17.4 (8)	26.9 (35)	32.9 (113)
D/E								
Smoke within 30 min of wakening %(n)	55.8 (53)	38.5 (75)	38.7 (41)	45.5 (35)	44.2 (84)	43.4 (20)	46.1 (60)	40.0 (137)
Cigarettes per day M(SD±)	12.3 (9.08)	13.6 (8.54)	14.8 (10.00)	13.2 (8.44)	15.1 (8.72)	12.6 (8.00)	13.5 (9.43)	14.3 (8.35)
Quit attempt in the previous 12 months %(n)	64.2 (61)	62.4 (121)	65.1 (69)	58.4 (45)	49.2 (94)	65.2 (30)	69.5 (91)	51.5 (176)

Weighted to match the sample to the 2001 census.
TA = temporary abstinence.
[a] Smokers could report using NRT in more than one situation requiring temporary abstinence.
[b] AB = higher and intermediate professional/managerial; C1 = supervisory, clerical, junior managerial/administrative/professional; C2 = skilled manual workers; D = semiskilled and unskilled manual workers; E = on state benefit, unemployed, lowest grade workers. Nicotine dependence was assessed by asking smokers how soon after waking do they light up a cigarette (within 30 min or after 30 min).

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