



The prevalence and correlates of single cigarette selling among urban disadvantaged drug users in Baltimore, Maryland



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ABSTRACT

Background: Selling of single cigarettes, also known as loosies, is a public health concern. Loosies allow for those with fewer resources to buy cigarettes without having to purchase a pack. Selling of loosies may cue smoking behaviors. In the US, socioeconomically disadvantaged populations have high rates of smoking and illicit drug use and the selling of loosies appears to be linked to the urban informal economy. We examined the proportion and frequency of cigarette selling and roles in the informal economy associated with selling loosies among a sample of urban drug users.

Methods: There were 801 participants, recruited by community outreach, assessed at baseline, who were enrolled in an HIV prevention intervention for drug users.

Results: Most (89%) smoked cigarettes in the prior 30 days, of whom 92% smoked daily. Self-reported selling of cigarettes was common with 58% reporting that they had sold cigarettes within the last six months; 20.4% reported selling cigarettes a few times a week and 7.4% reported daily selling of cigarettes. In a stepwise regression model, four sources of income were associated with frequent cigarette selling: providing street security (OR=2.214, 95% CI 1.177–4.164), selling food stamps (OR=1.461, 95% CI 1.003–2.126), pawning items (OR=2.15, 95% CI 1.475–3.135), and selling drugs (OR=1.634, 95% CI 1.008–2.648).

Conclusion: There is a high rate of selling loosies among urban substance users. The wide availability of loosies may promote smoking. Smoking cessation programs with drug treatment and economic development programs may help to reduce economic pressures to sell loosies.

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1. Introduction

Selling of single cigarettes, also known as loosies, and other similar stick forms of tobacco products, such as bidis, is of potentially great concern to the field of tobacco control. The potential concerns linked to the availability of single cigarettes for purchase are numerous. Loosies allow for those with fewer resources, especially those who are underage or impoverished, to buy cigarettes without having to purchase a whole pack. Sellers of loosies in public (rather than retail) spaces may cue smoking behaviors, even in the absence of advertisements and active smokers. When a smoker purchases a loose cigarette they are unlikely to be exposed to a warning label. The selling of single cigarettes is well documented in some countries (Kostova et al., 2012; Linetzky et al., 2012; Thrasher et al., 2011). Data from the Global Adult Tobacco Survey suggests that

most cigarettes or bidis are purchased by the stick in Philippines, Bangladesh, and India. In Brazil, Mexico, Thailand, Uruguay, and Vietnam over one-quarter of cigarettes are purchased as single sticks (Kostova et al., 2012). Although a few studies have examined the buying of single cigarettes (Smith et al., 2007; Thrasher et al., 2009), which is illegal in many countries, little is known about the sellers of loosies and their tobacco consumption patterns. In order to develop appropriate and effective programs and policies to monitor and address the issue of buying and selling of loosies, it is critical to understand the economic motives and the social context of these transactions. In the US, the selling of loosies has been primarily reported in urban low income neighborhoods (Smith et al., 2007; Stillman et al., 2007).

In the US, socioeconomically disadvantaged populations continue to have high rates of smoking (Centers for Disease Control and Prevention (CDC), 2009, 2011; Garrett et al., 2011). In the US, smoking is more prevalent among those living below the federal poverty level, the unemployed, and those with less education (Barbeau et al., 2004; CDC, 2011; Substance Abuse and Mental Health Services Administration (SAMHSA), 2008). Disparities in smoking behaviors are not limited to initiation; the odds of

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successfully quitting are also strongly associated with level of education in the US (CDC, 2009). Moreover, Turrell et al. (2012) found that even after adjusting for individual-level factors, residents of disadvantaged neighborhoods were less likely to quit over time leading to greater inequality in smoking rates. The ways in which neighborhood characteristics may shape smoking and quitting behaviors are not yet well understood. One potential contributing factor to continued high rates of smoking among disadvantaged and minority inner city residents is the targeting of cigarette advertisements to these groups (Barbeau et al., 2005; Laws et al., 2002; Seidenberg et al., 2010), and the high density of stores that sell cigarettes (Fakunle et al., 2010; Hyland et al., 2003). Another potential contributing factor is the availability of loosies.

The buying and selling of loosies has been documented as part of the informal economy of impoverished urban neighborhoods (Smith et al., 2007). Increasing the price of cigarettes has reduced consumption in many populations (CDC, 2000), and theoretically lower income populations should have greater price elasticity (Townsend et al., 1994). The continued high rates of tobacco use in extremely economically disadvantaged communities suggest that more resources and approaches are necessary to reduce the high levels of smoking in these communities.

Loosies have been implicated in easy access to cigarettes among minority youth (Klonoff et al., 1994); a sample of 156 urban youth, found that most smokers bought single cigarettes daily (Stillman et al., 2007). Another study found that loosies were purchased most frequently by individuals with low income and young adults (Thrasher et al., 2009). Non daily smoking has been linked with buying loosies (Sacks et al., 2012). However, it is unclear whether loosies impede, facilitate, or have no impact on quit attempts (Thrasher et al., 2011).

One potentially relevant subpopulation to consider in relation to the availability of a source of single cigarettes in urban neighborhoods is illicit drug users. A qualitative study of young smokers' perceptions of the buying and selling of loosies identified drug users as frequent sellers of loosies (Smith et al., 2007). Numerous studies have documented high rates of tobacco use among illicit drug users (Guydish et al., 2011). A review of 42 addiction treatment studies in the US between 1988 and 2008 revealed that smoking prevalence per year among those enrolled in the studies ranged from 65% to 87%. Additionally, the review revealed that there was no change in the rates of smoking among this population during the two decades of study (Guydish et al., 2011). Despite the persistently high levels of smoking among this population, there are surprisingly few data on patterns of tobacco use among opiate and cocaine users who are not in treatment. One study of a community sample of HIV negative daily heroin injectors found that most (91%) reported cigarette smoking (Harrell et al., 2012). However, in this study the authors did not report on the frequency of smoking. Another study of individuals seeking out-patient treatment for cocaine-dependence, that compared smokers to non smokers, found that smokers were younger, less educated, earned less money, began cocaine use at an earlier age, used cocaine more frequently, were more likely to inject or smoke cocaine, and had higher scores on the Addiction Severity Index (Roll et al., 1996).

The role of illicit drug users in the informal economy associated with selling illicit drugs has been documented. Impoverished urban drug users have reported survival strategies of working in the drug economy packing drugs, providing street security, and looking out for police (Curry and Latkin, 2003; Sherman and Latkin, 2002). Other income generating strategies that have been reported include selling food stamps and informal paid employment (Dickson-Gomez et al., 2009). In the present study, we examined both the cigarette smoking patterns among opiate and cocaine users as well as drug users' role in selling loosies. Specifically, we examined the

proportion and frequency of cigarette selling as well as roles in the informal economy associated with selling loosies.

2. Methods

2.1. Recruitment and data collection

The data used in these analyses were from baseline interviews conducted as part of the Workshop Project, a randomized controlled trial of a cognitive behavioral intervention designed to decrease depressive symptoms and HIV risk among drug users (ClinicalTrials.gov Identifier: NCT01380613). The study took place in Baltimore, MD, USA. Recruitment and baseline interviewing was conducted between July 2009 and January 2012.

Participants were recruited from areas purported to have high levels of drug activity. Recruitment methods included street outreach, word of mouth, posted advertisements, and referrals from community agencies. Eligibility criteria for participation in the study included (1) being between 18 and 55 years; (2) willingness to attend group sessions; (3) currently living in Baltimore City; (4) willing to take an HIV test or provide documentation that they are HIV positive; and either (5) report having injected drugs 3 or more times in the past week; or (6) report having smoked crack or sniffed cocaine or sniffed heroin in the past 6 months. If the participant smoked crack or sniffed cocaine or sniffed heroin in the past 6 months and had not injected 3 or more times in the past week, they had to have one of the following sex risks: (a) 2 or more sex partners in past 6 months, (b) a sex partner who injected drugs in past 6 months, (c) a sex partner who smoked crack in past 6 months, or (d) a sex partner who is HIV positive. Exclusion criteria included (1) being enrolled in another HIV behavioral intervention or depression study in the past 3 years, or (2) being enrolled in another study conducted at the same research clinic in the past 5 years. Smoking cigarettes or using other tobacco products was not an eligibility criterion.

Following recruitment and verification of eligibility, clients were scheduled for an interview at a community-based research clinic. Upon arrival at the clinic, participants provided written consent following which a trained interviewer administered the baseline interview. During the baseline interview, clients were asked about a number of different topics including sources of income, drug use, cigarette use, and cigarette selling. All participants that completed the baseline interview received \$35 in compensation. All study protocols and procedures were reviewed and approved by the [name withheld for review] Institutional Review Board.

2.2. Measures

To assess cigarette smoking, participants were asked "Have you smoked cigarettes in the last 30 days?" For those who responded "yes" they were asked, as a brief measure of nicotine dependence (Diaz et al., 2005), "On an average day, about how many cigarettes do you smoke?" and "How soon after you wake up do you smoke your first cigarette?" Participants were also asked "Are you currently interested in quitting smoking?" and "In the past 6 months, how often have you sold cigarettes?" In a latter section of the survey, participants were asked about a list of ways that they obtained money in the past 30 days and how much money they got altogether from all sources. The list included pawning or selling personal items; obtaining money from family, friends, or sex partners; selling drugs; providing street security for a drug dealer; hacking (providing informal taxi services); selling or trading food stamps; social security payments; and doing odd jobs. A subset of participants (the first 488 participants who were administered the survey) was also asked about their perceptions of cigarette selling

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