



Young adult social smokers: Their co-use of tobacco and alcohol, tobacco-related attitudes, and quitting efforts



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ARTICLE INFO

Available online 2 October 2014

Keywords:

Tobacco
Young adult
Cigarette smoking
Alcohol use
Smoking cessation

ABSTRACT

Objective. Young adults frequently report social smoking. This study examined the relationship between different social smoking definitions and the co-use of cigarettes and alcohol, tobacco-related attitudes, and quitting efforts.

Method. Cross-sectional data were collected at bars using randomized time location sampling among young adults aged 21–26 in San Diego, California from 2010 to 2011 (73% response rate). Multivariable logistic regression examined if current smoking and quit attempts were associated with tobacco-related attitudes, and whether social smoking self-identification or behavior was associated with cigarette-and-alcohol co-use, tobacco-related attitudes, quit attempts, or quitline use.

Results. Among 537 current smokers, 80% self-identified and 49% behaved as social smokers. Social smoking self-identification was positively associated with cigarette-and-alcohol co-use, and quit attempts. Social smoking behavior was negatively associated with tobacco marketing receptivity, quit attempts, and quitline use. Tobacco-related attitudes were associated with smoking but did not generally differ by social smoking status.

Conclusion. Identification and behavior as a social smoker have opposing associations with co-use of cigarettes and alcohol and quit attempts. Tobacco cessation programs for self-identified social smokers should address co-use. Interventions denormalizing the tobacco industry or emphasizing the health effects of temporary smoking and secondhand smoke may address smoking among young adult bar patrons regardless of social smoking status.

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Introduction

Social smoking has becoming increasingly common among young adults, but there is no consensus about its definition. Some define the term based on smokers' behavior, such as smoking behavior mainly occurring in social contexts (Philpot et al., 1999; Schane et al., 2009); primarily or only with others (Moran et al., 2004; Song and Ling, 2011); or while partying or socializing (Waters et al., 2006). In a survey of US college students, 51% of current (past 30-day) smokers smoked mainly with others (Moran et al., 2004), and in another college student study, 70% of current smokers were social smokers (smoked most commonly when partying or socializing) (Waters et al., 2006). Other studies define social smoking based on smokers' self-identification (Jason et al., 1999; Levinson et al., 2007). For example, in a college student sample, 56% of smokers identified themselves as social smokers (Levinson

et al., 2007). To our knowledge, only one study compared the different definitions of social smoking. In a national probability sample of young adults aged 18–25, Song and Ling (2011) found that 40% of current smokers were behavioral social smokers (smoked mainly or only with others), and 54% were self-identified social smokers (while only 43% of self-identified social smokers actually behaved as social smokers).

Tobacco companies have studied social smoking since the 1970s (Schane et al., 2009), and implemented marketing activities in social entertainment venues popular with young adults (Gilpin et al., 2005; Katz and Lavack, 2002; Ling and Glantz, 2002; Rigotti et al., 2005; Sepe and Glantz, 2002; Sepe et al., 2002). Many tobacco promotional events targeting young adults also encourage alcohol use (Jiang and Ling, 2011). Qualitative studies of young adult social smokers have shown that social smokers view smoking and drinking as strongly paired behaviors (Hoek et al., 2013) and perceive that smoking while drinking promotes social interactions and keeps one calm when feeling drunk (Nichter et al., 2010). To our knowledge, no study has examined the co-use of tobacco and alcohol among social smokers, and how alcohol use and bar attendance affect social smokers' tobacco use.

Many attitudes demonstrated to be associated with smoking have not been studied among social smokers. For example, belief in the

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dangers of secondhand smoke reduced smoking initiation among adolescents (Song et al., 2009) and current smoking among young people (Glantz and Jamieson, 2000). Attitudes denormalizing the tobacco industry (Farrelly et al., 2002) are negatively associated with smoking among young adults (Ling et al., 2007, 2009). Conversely, tobacco marketing receptivity is associated with smoking among adolescents (Pierce et al., 2002) and young adults (Ling et al., 2007, 2009). Perceived smoking usefulness (such as to ease social interaction or to control stress) was associated with smoking among young adults (Ling et al., 2009).

Bar and nightclubs are a key public venue where social smokers congregate. We conducted a survey of young adult bar patrons to compare different types of social smokers' cigarette smoking and alcohol consumption behaviors. We also examined the association between social smoking status and cigarette and alcohol co-use, tobacco-related attitudes, quit attempts, and use of quitlines.

Methods

Data collection and sample selection

A random sample of young adult bar patrons was accessed using randomized time location sampling (TLS) strategies in San Diego, CA from September 2010 to June 2011. TLS approximates probability sampling methods, and has been widely used among hard-to-reach populations utilizing venues where the target populations tend to congregate (MacKellar et al., 1996; Magnani et al., 2005; Muhib et al., 2001; Raymond et al., 2010). Trained study personnel went to the randomly selected bars at the randomly selected dates and time periods to collect data among bar patrons. Details regarding data collection and sample selection have been described elsewhere (Jiang and Ling, 2013). All procedures were reviewed and approved by the Committee on Human Research (Institutional Review Board) at University of California San Francisco.

A total of 1296 surveys were collected with a response rate of 73%; analysis was limited to the 537 current smokers who answered the questions about social smoking. Data analysis was conducted in 2012.

Measures

Current smoking and social smoking status

Participants who smoked at least one day of the past 30 days were classified as current smokers. Current smokers also reported the average number of cigarettes smoked on a smoking day (CPD). All participants who answered "yes" to "are you a social smoker?" were classified as "self-identified social smokers." In a separate question, participants reported if they only smoked alone, mainly smoked alone, smoked as often alone as with others, mainly smoked when others are smoking, or only smoked when others are smoking. Those who smoked *mainly* or *only* when others are smoking were defined as "behavioral social smokers."

Impact of alcohol use and bar attendance on smoking

Respondents reported the number of days in the past 30 days that they drank any alcohol and the number of days that they engaged in binge drinking (drinking at least 5 alcoholic beverages within a few hours). Participants were asked, "during the times when you are drinking alcohol, do you smoke cigarettes..." with responses on a 5-point Likert scale from "a lot more than usual" to "a lot less than usual." Similarly, respondents were asked, "during the times when you are at a bar or club, do you smoke cigarettes" with the same response categories. The co-use of cigarettes and alcohol at bars was measured by a question "during the past 30 days, when out drinking alcohol at a bar or club, how frequently did you smoke cigarettes?" Participants answered on a 0–10 visual analog scale with 0 labeled "none of the time", 5 labeled "about half of the time", and 10 labeled "all of the time." Those who rated 1 or greater were defined as co-users of cigarettes and alcohol, and those who rated 5 or greater were defined as frequent co-users.

Quit attempts

All respondents were asked, "During the past 12 months, have you stopped smoking tobacco for 1 day or longer because you were trying to quit?" Response options were, "I do not smoke", "I have NOT tried to quit", and "I have tried to quit." Respondents who had tried to quit were asked (1) if drinking alcohol and (2) if being in a bar or club made it harder or easier to quit with response

categories on a 5-point Likert scale. Responses were dichotomously coded 1 = "a lot harder to quit" or "harder to quit", and 0 = "no difference" or "easier to quit" or "a lot easier to quit." Respondents were also asked whether or not they had ever called a telephone quitline.

Tobacco marketing receptivity

Receptive respondents indicated they owned or would use a tobacco industry promotional item (e.g., wear a t-shirt, use a mug).

Perceived smoking usefulness

Respondents were asked the degree that they agreed with the statements "Smoking helps to control your stress" and "Smoking a cigarette can make you feel more comfortable around other people." For each question, responses were dichotomously coded as 1 = "a lot" or "a great deal", and 0 = "not at all" or "a little" or "a moderate amount."

Belief in danger of temporary smoking

It was measured by one question "Do you think it is safe to smoke for only a year or two, as long as you quit after that?" Responses were dichotomously coded as 1 = "probably not" or "definitely not", and 0 = "definitely yes" or "probably yes."

Belief in danger of secondhand smoke

As in previous research (Ling et al., 2009) respondents reported agreement with the statements "I believe that second-hand tobacco smoke is dangerous to a non-smoker's health" and "Inhaling smoke from someone else's cigarettes harms the health of babies and children" on a 5-point Likert scale from "not at all" to "a great deal." A strong belief is defined as an average score = 5, and a weak belief is defined as an average score < 5.

Supporting action against the tobacco industry

Consistent with prior research (Ling et al., 2009) respondents were asked "I want to be involved with efforts to get rid of cigarette smoking", "I would like to see the cigarette companies go out of business", and "Taking a stand against smoking is important to me" on a 5-point Likert scale. The score was dichotomously recoded as 1 if the average score is ≥ 4 , and 0 if the average score is < 4.

Demographics

Participants reported gender and date of birth (which was used to calculate age). Race/ethnicity was categorized into five groups: White (non-Hispanic), African American (non-Hispanic), Asian/Pacific Islander (non-Hispanic), Hispanic, and "other." Education level was coded into four groups: high school graduate, dropped out of college, college student, and college graduate.

Data analysis

Among current smokers, the percentage of respondents in each social smoking category was calculated by demographic measures. T-tests were conducted to examine the differences in (1) number of smoking days, (2) CPD, (3) number of drinking days, (4) number of binge drinking days, and (5) co-use of cigarettes and alcohol at bars between (a) self-identified social smokers and those who did not identify themselves as social smokers, and (b) between behavioral social smokers and those who did not report this behavior. We conducted separate multivariable logistic regression analyses to investigate whether current smoking and quit attempts were associated with tobacco-related attitudes, including tobacco marketing receptivity, two different measures of perceived usefulness of smoking, belief in danger of temporary smoking, belief in danger of secondhand smoke, and supporting action against the tobacco industry, controlling for demographics. Then we ran 10 multivariable logistic regression analyses to examine if being classified as a social smoker by either definition of social smoking was associated smoking when drinking alcohol, increased smoking while being in a bar, frequent cigarette-and-alcohol co-use at bars, each of the above 6 attitudinal variables, and having made a quit attempt, controlling for demographics, number of smoking days in past 30 days, and CPD. We performed a subgroup analysis among current smokers who had tried to quit in the past 12 months, consisting of 3 multivariable logistic regression analyses to examine if social smoking was associated with reporting (1) drinking alcohol makes it harder to quit, (2) being in a bar or club makes it harder to quit, and (3) use of quitlines, controlling for demographics, number of smoking days, and CPD. Stata version 13.1 was used for data analysis.

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