



Little cigars and cigarillos: Affect and perceived relative harm among U.S. adults, 2015



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HIGHLIGHTS

- Participants were more likely to have favorable feeling about LCCs than cigarettes.
- Those who thought LCCs were not addictive also thought they were less harmful.
- Adults who had favorable feelings about LCCs were more likely to smoke them.
- Favorable affect has important role in LCC smoking and in harm perceptions.

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ABSTRACT

Introduction: Similar to cigarette smoking, consumption of cigars delivers nicotine and byproducts of tobacco combustion and elevates the risk of addiction, illness, and premature death. This study examined the relationship of affect, perceived relative harm, and LCC smoking behavior among U.S. adults.

Methods: Data were from Tobacco Products and Risk Perceptions Survey conducted in 2015. The study included a probability based sample of 6051 adults (18+) drawn from an online research panel. A current LCC smoker was defined as having ever smoked LCCs and was currently smoking LCCs every day, some days, or rarely. Participants were asked whether smoking LCCs was less harmful, had about the same level of harm, or was more harmful than smoking regular cigarettes. Feelings about LCCs were collected using word association technique. Descriptive and multinomial logistic regression analyses were conducted.

Results: About 7% of the study participants were current LCC smokers. Adults with positive feelings had four-fold the adjusted odds to be current LCC smokers. Perceiving LCCs to be less harmful had 2.7 higher adjusted odds of being current LCC smokers.

Conclusions: Compared to cigarettes, LCCs evoked more positive feelings among adults and these positive feelings were strongly associated with both perceiving LCCs as less harmful than cigarettes and with current LCC smoking. Cessation and prevention interventions would benefit from applying the principles of social marketing in which information is provided not only to inform consumers but also to evoke negative feelings and associations with LCC smoking.

1. Introduction

Similar to cigarette smoking, consumption of cigars—including large, premium cigars, cigarillos, as well as little filtered (cigarette-like) cigars—delivers nicotine and byproducts of tobacco combustion (e.g. carbon monoxide, nitrosamines, nitrogen oxide, and ammonia) and thus elevate the risk of addiction, premature death, and illness (Blank,

Nasim, Hart Jr, & Eissenberg, 2011; Boffetta, Pershagen, Jockel, et al., 1999; Chang, Corey, Rostron, & Apelberg, 2015; Rickert, Trivedi, Momin, Wagstaff, & Lauterbach, 2011). Cigars vary in size, filter, tip, and characterizing flavors (Corey, King, Coleman, et al., 2014). In 2009, the Family Smoking Prevention and Tobacco Control Act (TCA) gave the Food and Drug Administration (FDA) the power to regulate cigarettes (Administration FaD, 2017). During the same year, the FDA

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prohibited the sales of cigarettes, *but not cigars*, that contain any artificial or natural flavors other than tobacco and menthol because flavors were strategically used to target youth and increase prevalence of smoking initiation (Administration FaD, 2017). Cigar characterizing flavors, particularly attractive to young people, are shown to increase the appeal of cigar smoking by masking the harshness and smell of tobacco (Delnevo, Giovenco, Ambrose, Corey, & Conway, 2015).

Little cigars and cigarillos (LCCs), often sold in singles or small packs, have been marketed as the less expensive and less harmful substitute for cigarettes (Malone, Yerger, & Pearson, 2001; Messer, White, Strong, et al., 2015; Sterling, Fryer, & Fagan, 2016). Although LCC smoking exposes smokers to nicotine and other toxicants, known to impair vascular endothelial function (Liu et al., 2016) and cause oral, esophageal, and lung cancer (Chang et al., 2015), LCC smokers tend to perceive them as less harmful and less addictive than cigarettes (Cohn, Cobb, Niaura, & Richardson, 2015). Perceptions about the potential harm and addictiveness of LCCs have been linked to intention of future behavior among adult cigarette smokers (Sterling, Majeed, Nyman, & Eriksen, 2017). In cigarette smoking research, the role of feelings on smoking initiation is well-documented (Slovic, 2012). Cigarette smoking often begins in adolescence, with beginning smokers acting in response to emotion-based media appeals and social pressures that supply immediate positive associations with smoking, but no information on the risks of illness or addiction caused by smoking (Slovic, 2012). The immediate feelings an individual uses to judge the level of risk is termed the *Affect Heuristic* (FM, Ali, Paul, & JS, 2000). The risk perception theory based on the *Affect Heuristic* posits that information on risk could reduce the emotional (affective) favorability of a given behavior and that information on benefit could increase the favorability, thus influencing feelings and perceptions of harm, and in turn may discourage or promote the behavior (FM et al., 2000). Cigarette ads are designed to exploit feelings and generate positive imagery associated with smoking which in turn reduces the perceived harm and promote smoking behavior (Slovic, 2001; Slovic, Peters, Finucane, & Macgregor, 2005).

In contrast with data on the relationship between affect, risk perception, and cigarette smoking, data on factors influencing perceptions of harm and the role of affect in shaping the beliefs about LCCs are limited. Therefore, based on the research on affect, risk, and decision making, we conducted this study on the perceptions of harm of LCCs relative to cigarettes and the impact of feelings on LCC smoking. The objectives of the current study were to explore perceptions of harm associated with LCC smoking relative to cigarette smoking, and examine the relationship of affect, perceived relative harm, and LCC smoking behavior among U.S. adults.

2. Methods

Data were from the Tobacco Products and Risk Perceptions Survey, an online cross-sectional survey conducted in August–September 2015. This annual survey was administered by the Tobacco Center of Regulatory Science at Georgia State University. The overall goal of the survey was to investigate the perception of multiple tobacco products (i.e. cigarettes, electronic cigarettes, hookah, little cigars and cigarillos) how the risk perception relates to the individual's decision to use tobacco products. The study used a probability sample drawn from an online research panel designed to be representative of the U.S. population, known as *KnowledgePanel*. Since 2009, address-based sampling (ABS) has been employed to recruit panelists. This sampling methodology covers about 97% of U.S. households including those with unlisted telephone numbers, with no landline telephones, and has no access to the internet or no device to access the internet. Currently, 55,000 adults aged 18 and older have joined *KnowledgePanel*.

Final stage survey completion rate was 76.0% ($N = 6051$ adults aged 18 years and older). After exclusion of respondents who were unaware of LCCs or had missing values on the awareness variable, the

final analytical sample used in the current study was 5105 adults. The study was approved by the Institutional Review Board of Georgia State University.

2.1. Measures

2.1.1. Affect

Consistent with previous research on affect and decision making (Slovic, 2012), word association technique was used to elicit feelings toward LCCs. After word association, participants are typically asked to assign a degree of negativity or positivity to the associated word/image. In prior studies these associations have been shown to be predictive of both preferences and behavior (Slovic, 2012). Using an open-ended (text) question, the study participants who were aware of LCCs were asked to report the first thought or image that comes to mind when hearing the phrase “little cigars, cigarillos, or filtered cigars.” Data were collected on affect associated with the reported images or thoughts associated with LCCs using this question, “how do you feel about this thought or image?” Response options included very bad, somewhat bad, both good and bad, somewhat good, and very good, measured on five-point scale ranging from -2 to $+2$.

First image or thought and its associated affect were also elicited in response to the term “cigarette.” The response categories “very good” and “somewhat good” were combined into “good,” and “very bad” and “somewhat bad” were grouped and labeled “bad,” creating a three-response category (good, neutral, bad) variable to represent affect (feelings) about the first thought or image associated with LCC smoking.

2.1.2. Relative harm perceptions of LCC smoking compared to cigarettes

All those who were aware of LCCs were asked whether smoking LCCs was less harmful, had about the same level of harm, or was more harmful than smoking regular cigarettes. Participants could also select “I don't know” in response to this question.

2.1.3. Perceived addictiveness of LCCs

One direct measure of perceived addictiveness of LCCs was used. Participants were asked whether people can become addicted to LCCs; response options were yes, no, and “I don't know.”

2.1.4. LCC smoking status

Participants were grouped into three mutually exclusive groups: current, former, and never LCC smokers. A current LCC smoker was defined as having ever smoked LCCs and was currently smoking LCCs every day, some days, or rarely. Participants who reported ever smoking LCCs and responded *not at all* to the LCC use now question were categorized as former smokers. Never LCC smokers were participants who responded *no* when asked whether they have ever smoked LCCs, even one or two puffs (Agaku, King, Husten, et al., 2014). Study participants who had reported they were not aware of LCCs prior to this study were classified as never users.

2.1.5. Cigarette smoking status

To assess cigarette smoking status, we used the commonly used measure for defining current, former, and never smokers (Messer et al., 2015). Adults who reported smoking at least 100 cigarettes in their lifetime and were currently smoking every day or some days were categorized as current cigarette smokers. Adults who have smoked 100 cigarettes in their lifetime and responded *not at all* to the “smoke now” question were classified as former cigarette smokers. Never cigarette smokers were adults who reported not having smoked at least 100 cigarettes in their lifetime.

Demographic characteristics included in this study were sex, age, race/ethnicity, educational attainment, annual household income.

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