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Short Communication

Differences in quit attempts between non-Hispanic Black and White daily smokers: The role of smoking motives



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HIGHLIGHTS

- Non-Hispanic Black smokers fail to quit more often than non-Hispanic White smokers.
- The role of smoking motives in this racial difference in quit attempts was examined.
- Smoking motives mediated the relationship between race and failed quit attempts.
- Black smokers endorsed lower motives and more quit attempts than White smokers.
- Black smokers are vulnerable to failed quit attempts despite lower smoking motives.

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ABSTRACT

Introduction: The prevalence of smoking across racial/ethnic groups has declined over the years, yet racial health disparities for smoking persist. Studies indicate that non-Hispanic Black smokers attempt to quit smoking more often compared to non-Hispanic White smokers but are less successful at doing so. Research suggests that motives to quit smoking differ by race, however, less is known about the role of motives to smoke in explaining racial differences in attempts to quit smoking.

Methods: This study examined whether smoking motives accounted for the differential rates in quit attempts between non-Hispanic Black (n=155) and non-Hispanic White (n=159) smokers. Data were culled from a larger study of heavy-drinking smokers. The Wisconsin Index of Smoking Dependence Motives (WISDM) assessed motives to smoke.

Results: As expected, Black and White smokers reported similar smoking patterns, yet Black smokers reported higher rates of failed attempts to quit smoking than White smokers. Findings indicated that Black, compared to White, smokers endorsed lower scores in the negative reinforcement, positive reinforcement, and taste WISDM subscales and scores in these subscales mediated the relationship between race and quit attempts. Conclusions: In this study, Blacks, compared to Whites, endorsed lower motives to smoke, which are generally associated with successful quit attempts, yet they experienced more failed attempts to quit smoking. This study demonstrates racial health disparities at the level of smoking motives and suggests that Black smokers remain vulnerable to failed quit attempts despite reporting lower motives to smoke.

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1. Introduction

Cigarette smoking is the leading cause of preventable death in the United States (U.S.), accounting for approximately 480,000 deaths per year (U.S. Department of Health & Human Services, 2014). Population studies indicate that 26.7% of adults in the U.S. smoke cigarettes, with

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nearly equal smoking rates between non-Hispanic Black (28.7%) and non-Hispanic White (28.9%) smoking adults (SAMHSA, 2012). Yet, Black smokers experience more tobacco-related health problems than their White counterparts. For example, Black smokers are more likely to develop and die from lung cancer than White smokers, despite the fact that Black smokers begin smoking later in their lifetime (American Cancer Society, 2011; Fagan, Moolchan, Lawrence, Fernander, & Paris, 2007; SAMHSA, 2012). Similarly, Black, compared to White, smokers are less successful at quitting even though Black smokers attempt to quit at higher rates than their White counterparts (Fagan et al., 2007; Kahende, Malarcher, Teplinskaya, & Asman, 2011).

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In efforts to understand racial health disparities related to tobaccouse, studies have focused on examining differences in barriers as well as motives to successfully quit smoking between Black and White smokers. For instance, a study on barriers/obstacles to quit smoking found that White smokers identified enjoyment of smoking and stress relief equally as their main barriers, whereas Black smokers reported that stress relief was the most important barrier while endorsing enjoyment of smoking as a much less important obstacle (Theobald, Smith, & Fiore, 2005). Similarly, an examination of ethnic differences in reasons/ motives for wanting to quit smoking among adolescents (Luther, Bagot, Franken, & Moolchan, 2006) found that White smokers endorsed current health concerns (e.g., "coughing up phlegm, throat irritation") as their motivation to quit whereas Black smokers endorsed general health concerns (e.g., "it's bad for me") as their main motive for wanting to quit. Although there is some evidence that differences in barriers/ obstacles to and motives/reasons for quitting smoking may help explain racial differences in tobacco use between White and Black smokers, less is known about whether racial differences in motives or reasons for smoking may also help explicate the differential rates of failed guit attempts between Black and White smokers.

To that end, the aims of this brief report were to (1) examine whether non-Hispanic Black daily smokers reported more failed quit attempts than their non-Hispanic White counterparts and (2) test whether smoking motives mediate this difference. It was hypothesized that Black daily smokers would report more failed quit attempts than White smokers. Due to the limited data on racial differences in smoking motives, the proposed mediation analyses were exploratory.

2. Method

2.1. Participants and procedures

Participants were drawn from a community sample of non-treatment seeking daily smokers who drank heavily and responded to an ad for a medication study. The ad specified that it was not a treatment protocol for smoking or drinking problems. The medications utilized in the study were varenicline and naltrexone. While these medications can help in smoking cessation, they were only used 9-12 days, which is not enough to produce much clinical benefit (for further details see Ray et al., 2014). Interested participants were screened for eligibility through a phone interview. Eligible participants were non-treatment seeking daily smokers (smoked \geq 10 cigarettes per day) who were also heavy drinkers, consistent with the National Institute on Alcohol Abuse and Alcoholism guidelines of ≥ 14 drinks/week for men and ≥ 7 for women. Individuals were excluded from participation in the study if they endorsed a serious medical condition in the past 6 months (e.g. hepatic or renal disease), regular drug use other than cannabis, current depression or suicidal ideation assessed with the Beck Depression Inventory (BDI-II), or other psychiatric problems such as bipolar disorder and schizophrenia.

Data for the present study were culled from the in-person intake assessment before eligible participants (N=427) were randomized to medication. A total of 74% participants identified as non-Hispanic Black and non-Hispanic White and were selected for analyses. Of this sample, approximately 49% of participants identified as non-Hispanic Black (n=155) and 51% identified as non-Hispanic White (n=159). Participants were, on average, 36.29 (SD=10.7) years old and 31% were female. Participants reported smoking approximately 14 (SD=8.15) cigarettes daily.

2.2. Measures

Participants reported the number of times they made an attempt to quit smoking lasting longer than 24 h in the past year. The distribution of this variable was positively skewed therefore responses were grouped into three categories: 0–3, 4–5, and 6 or more quit attempts.

Smoking motives were assessed with the Wisconsin Inventory of Smoking Dependence Motives (WISDM; Piper et al., 2004). The WISDM asks participants to rate 68 statements on a 7-point Likert scale ranging from "not true of me at all" to "extremely true of me" and yields 13 subscales of smoking motives (Table 1) including negative reinforcement, positive reinforcement, and taste/sensory processes. The negative reinforcement subscale assesses the desire to smoke to relieve negative internal states such as dysphoria and stress with statements such as "Smoking a cigarette improves my mood." The positive reinforcement subscale measures the desire to smoke to experience a "buzz" or "high" with statements including "Smoking makes me feel good." The taste/sensory subscale assesses the orosensory and/or gustatory effects of smoking with statements such as "The flavor of a cigarette is pleasing."

2.3. Analytic strategy

A series of ordinary least squares and logistic regressions were conducted using PROC LOGIT in SAS Statistical Software V9.1. First, racial differences in smoking patterns were tested (a path). Second, racial differences in each WISDM subscale were tested to identify potential mediators (b path). Next, the WISDM subscales that were identified as potential mediators were examined in separate mediation models following the Preacher and Hayes (2008) recommendations for bootstrapping indirect effects. That is, the indirect effect (c') was calculated as the product of the coefficient representing the relationship between the predictor and the proposed mediator (a path) and the coefficient representing the relationship between the mediator and the outcome (b path). Bootstrapping yields a percentile-base confidence

Table 1Results of mediation analyses steps testing whether smoking motives as measured by WISDM subscales explain the higher rates of failed quit attempts reported by Black compared to non-White regular smokers.

Path	Variable	Beta	SE
c Path: Differences in quit attempts by race			
Race (Black vs. White)		.49*	.21
a Paths: Relationship bety			
tested in separate models			
Affiliative attachment		15	.20
Automaticity		14	.17
Behavioral choice/melioration/alternative reinforcement		−.37*	.18
Cognitive enhancement		−.62*	.19
Craving		−.37*	.17
Cue exposure/associative processes		64*	.15
Loss of control		49*	.18
Negative reinforcement		55**	.16
Positive reinforcement		58**	.17
Social and environmental goads		.02	.20
Taste and sensory properties		49**	.17
Tolerance		09	.17
Weight control		23	.19
b Paths: Relationship between WISDM subscales and quit			
attempts tested in sepa	arate models		
Behavioral choice/meli	oration/alternative reinforcement	09*	.03
Cognitive enhancemen	t	04	.03
Craving		09*	.03
Cue exposure/associative processes		07	.04
Loss of control		02	.03
Negative reinforcemen		09**	.03
Positive reinforcement		09**	.03
Taste and sensory prop		12**	.03
c' Paths: Indirect effect of race on quit attempt through			
each significant WISDN	/I subscale		
Behavioral choice/meli	oration/alternative reinforcement	.04	.02
Craving		.03	.02
Negative reinforcemen	t	.05*	.02
Positive reinforcement		.05*	.02
Taste and sensory properties		.06*	.02

^{*} p < .05.

^{**} *p* < .01.

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