

Factors associated with smokeless tobacco cessation in an Appalachian population

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Abstract

Identifying factors associated with successful tobacco quit attempts may help in the development and targeting of effective cessation strategies. This paper aims to describe factors associated with smokeless tobacco (ST) cessation and compares the results to findings in the smoking cessation literature. Prospective data on 116 men aged 19 to 70 and participating in a ST cessation program were used to examine correlates of successful ST cessation at 1-year post-intervention. Controlling for age, level of education ($p=0.002$) and daily coffee consumption ($p=0.005$) had significant independent associations with successful cessation. No ST use variables were significant predictors of cessation success. In a multivariable logistic regression model three factors were significantly associated with cessation: education ($p=0.010$), coffee consumption ($p=0.019$), and age ($p=0.029$). Factors associated with successful ST cessation in this sample are consistent with predictors of smoking cessation reported in the literature. Based on its widespread use and the strength of its association with successful quitting, the role of caffeine consumption in ST cessation merits further study.

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Abbreviations: ST; smokeless tobacco.

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1. Introduction

According to recent estimates 6.1% of American men and 0.4% of American women report having used smokeless tobacco (ST) products in the past month (SAMHSA, 2006). Use of ST is highest among the young and those living in rural areas (Nelson et al., 2006). National Health Interview Survey estimates from 2000 indicate that the prevalence of ST use among adult men 18–24 and 25–44 years old (5.0% and 5.8%, respectively) was greater than that among 45–64 year olds (3.1%) or those 65 and older (2.8%; Nelson et al., 2006). There is also regional variation in ST use, with higher use among adults in the South and Midwest, particularly in the tobacco-growing Appalachian region (Nelson et al., 2006; Wewers et al., 2000).

Since the mid-1980s use of ST in the U.S. has been in decline (Nelson et al., 2006). Despite this trend, recent developments have positioned ST products to make a comeback. Tobacco companies are promoting ST products as an alternative to smoking when faced with public bans (Henningfield, Rose, & Giovino, 2002), and are also looking to capitalize on recent efforts to promote ST as a harm reduction product (USST, 2003). While evidence indicates that ST use is unlikely to lead to smoking (O'Connor, Kozlowski, Flaherty, & Edwards, 2005), the potential for increased use is still troubling. The negative health consequences of ST use are abundant and well documented. Use of ST products increases the risk of oral pathologies, cardiovascular disease, and several types of cancer (Hatsukami & Severson, 1999; Hecht, 2006; USHHS, 1986). These problems are compounded by nicotine dependence, which can make ST cessation a challenge once the behavior is initiated (USHHS, 1986). In light of these facts, the need for effective ST cessation methods is evident.

Traditionally, the issue of smokeless tobacco has been overshadowed by the larger problem of cigarettes. Consequently tobacco control efforts have focused on smoking cessation. Unfortunately, it remains unclear to what extent studies of smoking can be applied to smokeless tobacco use. Tobacco products including ST and cigarettes are, essentially, nicotine delivery products (Benowitz & Henningfield, 1994); however the nicotine uptake rates and dose delivered are different for the two types of products and distinct neurological responses have been demonstrated in an animal model (Alford et al., 2006; USHHS, 1986). The ways in which these distinct exposure profiles impact tobacco dependence and cessation have yet to be fully explored.

An understanding of the cessation process is important for the development of effective cessation programs. Much work has been done to examine factors related to successful cessation among cigarette smokers, including the study of sociodemographic variables, tobacco use characteristics, and use of other drugs including alcohol and caffeine (Fernandez et al., 1997; Hegaard, Kjaergaard, Moller, Wachmann, & Ottesen, 2003; Olsen, 1993; Osler & Prescott, 1998; Shiffman & Balabanis, 1995; van Loon, Tjhuis, Surtees, & Ormel, 2005; Westmaas & Langsam, 2005). This study examines the distribution of these factors in a sample of ST users attempting to quit tobacco use to determine which factors are associated with successful cessation. Additionally, we compare these results to previous studies among cigarette smokers to gauge the degree to which findings among studies of cigarette smokers may be generalized to ST users.

2. Methods

2.1. Design and procedures

The data analyzed were collected during a pilot study to test the feasibility of a smokeless tobacco cessation intervention. All participants were residents of a single south-central Ohio county, part of the

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