Cessation Strategies Among Vermont Adults: Current & Recently Quit Former Smokers

Background

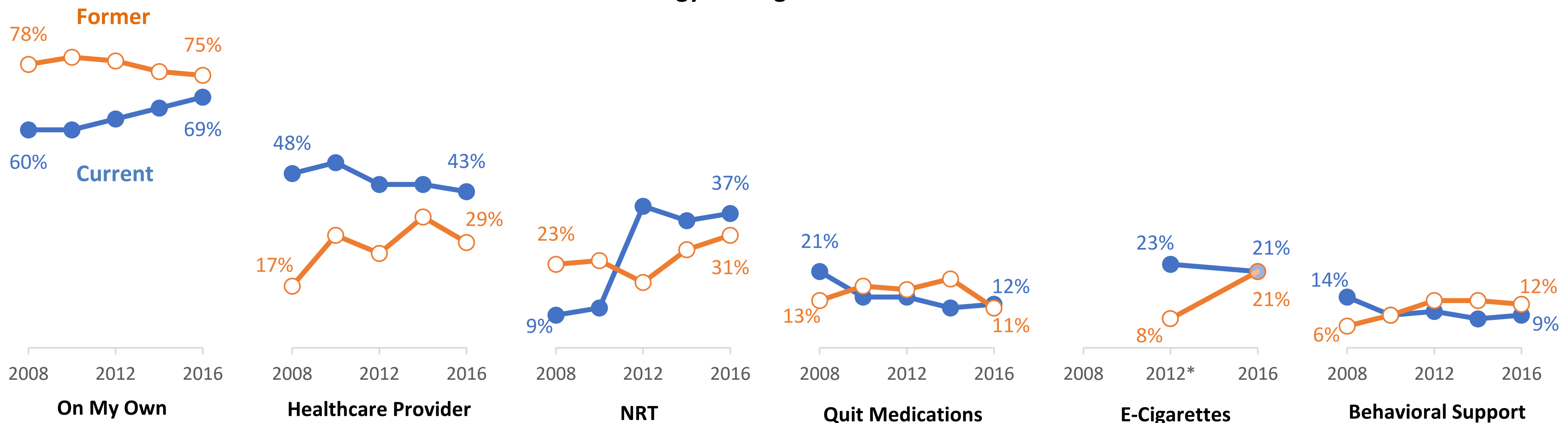
While smokers often report quitting on their own, research shows that smokers are using a variety of cessation strategies and many are using more than one method at a time.[1] In Vermont, current smokers report using an average of two cessation methods, with some using as many as eight methods during a single quit attempt. The vast majority of smokers report quitting, or trying to quit, on their own (75% and 70%, respectively). However, it is possible that some consider support such as using nicotine replacement therapy (NRT), "quitting on their own".

Using VT Adult Tobacco Survey data from 2008 to 2016, we first assessed trends in cessation methods used among current and recently quit (≤ 5 years) former smokers. Next, we identified core cessation method combinations used among those who report quitting on their own. This data brief seeks to unpack the subjective meaning of "on my own" as a cessation method and extends our knowledge of smoking cessation as a more complex and multidimensional concept.

Cessation Strategy Trends

Since 2008, three-quarters of recently quit (≤ 5 years) former smokers reported quitting on their own as one of their cessation strategies. This was also the strategy reported most often among current smokers. Almost half reported talking with a healthcare provider (43%), which was significantly more than former smokers (29%). The only statistically significant change over time among current smokers was an increase in the use of NRT from 2010 to 2012. The use of electronic cigarettes significantly increased over time among former smokers only.

Trends in Each Cessation Strategy Among Current and Former Smokers: 2008 to 2016



Source: VT ATS, 2008-2016. Categories are not mutually exclusive. In other words, a respondent could choose more than one strategy.
** Data were first collected on e-cigarettes in 2012. Two years of data were combined (2012 and 2014) for e-cigarettes because of a small sample size.*

[1] Caravallo RS, Shafer PR, Patel D, Davis KC, McAfee TA. Quit Methods Used by US Adult Cigarette Smokers, 2014-2016, Prev Chronic Dis 2017; 14:160600. DOI: https://doi.org/10.5888/pdc14.160600.

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Cessation Strategy Combinations with "Quit on My Own"

The following section describes common cessation strategies that were utilized at the same time as quitting on their own. Results showed 23 unique, mutually exclusive cessation strategy combinations for former smokers who reported quitting on their own. Four core combinations comprised 82% of the patterns identified. The remaining combinations were too small to report. The four core combinations included:

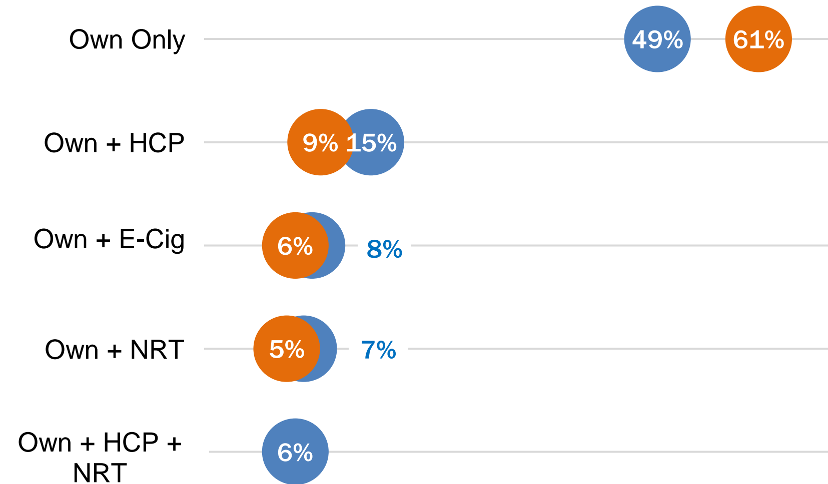
- Exclusively unassisted (own only)
- Unassisted and discussed cessation with a healthcare provider
- Unassisted and used electronic cigarettes
- Unassisted and used NRT

Results showed 26 cessation strategy combinations for current smokers who reported quitting on their own. Five core methods comprised 85% of the patterns identified. The first four core combinations were the same as former smokers. Current smokers identified one additional combination:

- Unassisted, discussed cessation with a provider and used NRT

Utilizing cessation medications or behavioral support, such as the Quitline or in-person counseling, were not included in the core strategies of current or recently quit former smokers who said they quit on their own.

Former smokers were significantly more likely to report their last quit attempt exclusively unassisted compared to current smokers.



Note: These are mutually exclusive strategy combinations chosen among those who said they quit on their own. Former smokers = those who quit within the past 5 years. Own only=exclusively unassisted; HCP=healthcare provider; E-cig=electronic cigarette; NRT=Nicotine Replacement Therapy. Prevalence of own + HCP + NRT is too small to report for former smokers. Source=VT ATS, 2012, 2014 & 2016.

Demographic Differences in Cessation Among Current Smokers

Males were significantly less likely than females to talk with their healthcare provider (38% vs 50%) (Table 1). Compared to those age 45 and older, adults 18 – 25 years old were significantly more likely to report quitting on their own (78% vs 61%) and less likely to discuss cessation with their healthcare provider (24% vs 55%). Two notable differences were found for core cessation combinations among current smokers (Table 2). Those with only one or two past-year quit attempts were significantly more likely to report their most recent quit attempt as exclusively unassisted compared to those with more than two past-year attempts (56% vs 35%). Those age 45 and older were significantly more likely to report a combination of talking with a healthcare provider and quitting on their own in their most recent attempt compared to those 18-44 years old (22% vs 9%). This data brief helps provide a picture of what the cessation experience looks like for Vermonters and suggests how we might assist current smokers in the quitting process.

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For more information on the Vermont Tobacco Control Program: http://healthvermont.gov/wellness/tobacco

Table 1. Cessation Methods Used Among Current Smokers by Demographic Characteristics						
	Own	HCP	NRT	Meds	E-Cigs	Service
	% (95% CI)					
Gender						
Male	69% (63.4-73.6)	**38% (33.3-43.8)**[a]	34% (29.3-39.6)	11% (7.9-14.4)	20% (16.2-24.8)	7% (5.0-9.3)
Female	63% (57.8-68.2)	**50% (44.2-55.5)**[b]	40% (34.8-45.6)	14% (10.4-18.3)	24% (19.8-28.9)	11% (8.5-15.0)
Race/Ethnicity						
People of Color	75% (63.7-84.1)	41% (30.0-53.4)	38% (26.9-50.2)	--	23% (14.7-33.9)	11% (5.9-18.2)
White, Non-Hispanic	65% (61.2-69.0)	44% (40.1-48.3)	37% (33.2-41.1)	12% (9.7-15.1)	22% (18.8-25.6)	9% (7.0-11.1)
Age						
18-25	**78% (67.2-86.4)**[a]	**24% (15.2-35.0)**[a]	28% (18.8-39.0)	--	16% (9.6-26.7)	--
26-44	**68% (61.3-73.6)**[a,b]	**38% (31.4-44.3)**[a]	38% (31.3-44.4)	12% (8.4-17.8)	25% (19.6-31.1)	7% (4.9-11.1)
45+	**61% (56.2-66.3)**[b]	**55% (49.0-59.9)**[b]	40% (34.9-45.0)	14% (10.7-17.5)	22% (18.3-26.6)	12% (9.5-15.6)
Household Income						
< $25,000	65% (58.5-71.0)	50% (42.7-56.4)	44% (37.6-51.2)	12% (8.0-17.2)	22% (16.7-27.8)	11% (8.0-15.1)
$25,000 - < $50,000	63% (56.1-70.1)	43% (36.3-50.4)	34% (27.5-41.0)	14% (10.1-20.2)	25% (19.7-31.8)	11% (7.1-15.9)
$50,000 - < $75,000	71% (59.9-79.8)	44% (34.1-55.1)	32% (22.5-42.3)	14% (8.1-23.6)	22% (13.9-32.4)	--
$75,000 +	67% (58.2-75.5)	37% (28.8-46.9)	42% (33.3-52.3)	--	20% (13.7-29.2)	--

NOTE: Total sums to greater than 100% because categories are not mutually exclusive. Own only=exclusively unassisted; HCP=healthcare provider; E-cig=electronic cigarette; NRT=Nicotine Replacement Therapy.

-- Sample too small to report.

[A,B] Groups within demographic categories that share a common letter are statistically similar to each other. Groups not sharing a common letter are statistically different from one another. For example, talking with a HCP among males and females is significantly different while using NRT is statistically similar. Only categories that are bolded have estimates with significant differences.

Source=VT ATS, 2012, 2014 & 2016.

Table 2. Combinations of Cessation Methods Used with "Quit on My Own" in Most Recent Quit Attempt Among Current Smokers, by Individual Characteristics

	Own Only	Own + HCP	Own + E-Cig	Own + NRT	Own + HCP + NRT
			% (95% CI)		
Gender					
Male	51% (44.6-58.0)	14% (9.7-19.0)	8% (5.0-11.7)	7% (4.0-10.9)	6% (3.5-9.7)
Female	45% (37.9-53.3)	17% (12.3-21.8)	--	10% (6.0-15.4)	6% (3.7-9.6)
x^2 (5, *N* = 794) = 0.48; *p*>.05					
Race/Ethnicity					
People of Color	47% (32.8-61.5)	--	--	--	--
White, Non-Hispanic	49% (43.3-54.2)	16% (12.6-19.8)	7% (4.8-10.3)	8% (5.7-11.8)	6% (3.9-8.2)
x^2 (5, *N* = 785) = 0.42; *p*>.05					
Age					
18-44	54% (46.3-60.8)	**9% (5.5-13.5)[a]**	9% (5.4-14.3)	11% (7.4-17.1)	--
45+	43% (35.4-50.1)	**22% (17.1-27.9)[b]**	5% (3.4-8.3)	4% (2.6-7.6)	8% (5.5-12.8)
x^2 (5, *N* = 783) = 5.54; *p*<.01					
Household Income					
< $50,000	45% (39.1-51.8)	15% (11.0-19.2)	8% (4.6-12.2)	10% (6.3-14.6)	6% (3.7-9.3)
$50,000 - $75,000 +	49% (40.1-58.1)	16% (10.4-23.7)	8% (4.7-13.6)	--	8% (4.3-13.0)
x^2 (5, *N* = 705) = 0.56; *p*>.05					
Number of Attempts in Past 12 months					
1-2 attempts	**56% (48.9-61.9)[a]**	13% (10.0-17.9)	7% (3.9-11.0)	8% (4.9-12.3)	5% (2.7-7.5)
>2 attempts	**35% (27.7-43.0)[b]**	19% (13.4-25.7)	9% (5.4-13.7)	8% (4.6-13.8)	9% (5.5-14.2)
x^2 (5, *N* = 771) = 3.46; *p*<.01					

NOTE: Own only=exclusively unassisted; HCP=healthcare provider; E-cig=electronic cigarette; NRT=Nicotine Replacement Therapy.

-- Sample too small to report.

[A,B] *Groups within demographic categories that share a common letter are statistically similar to each other. Groups not sharing a common letter are statistically different from one another. For example, talking with a HCP among males and females is significantly different while using NRT is statistically similar. Only categories that are bolded have estimates with significant differences.*

Source=VT ATS, 2012, 2014 & 2016.