

Comparing Smoking Prevalence, Quit Attempts, and Harm Perceptions Among Younger and Older Smokers

Betha A. Kleykamp^{1,2} & Floe Foxon³

¹ University of Rochester School of Medicine and Dentistry
² Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION)
³ PinneyAssociates, Inc.

Introduction

Older smokers (65 years+) carry the greatest tobacco-related disease burden of all adults and incur about 12 times more healthcare expenses compared to younger smokers.^{1, 2, 3, 4}

National level data in the United States indicate that smoking prevalence has declined substantially for all age groups except older smokers between 2005 to 2014.⁴

- Including a decline of 31.6% in smoking for young adults (18-24) compared to a 0.8% for older adults.

Meanwhile, the older adult population is projected to nearly double by the year 2050. Thus, if smoking prevalence remains the same, then the absolute number of older smokers will increase as the population increases.

Unfortunately, key questions remain in how older smokers differ from younger cohorts in their smoking behavior, cessation, and beliefs.

The aim of this study was to compare smoking behaviors between younger (18-34 years) and older (65 years and over) adults in New York State.

Methods

Data

-Prevalence, use patterns, and perceptions data for adult smokers were taken from the New York State Adult Tobacco Survey (ATS)

Variables

- ‘Smoker’ was defined as having smoked 100 lifetime cigarettes and now smoking ‘some days’ or ‘everyday’
- Younger smokers were defined as smokers aged 18–34
- Older smokers were defined as smokers aged 65+

Analyses

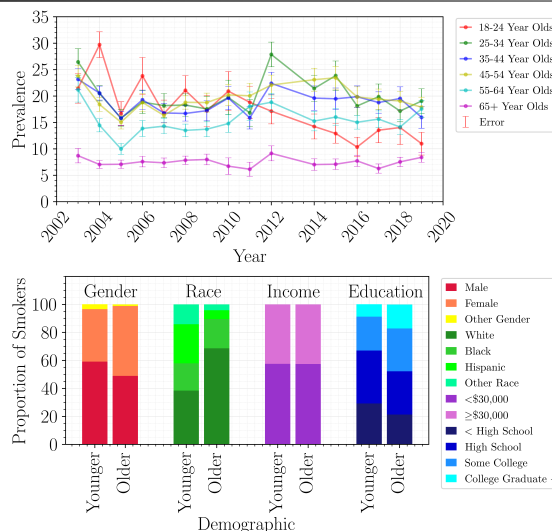
-Rao-Scott chi-square tests were used to test the null hypothesis that there is no association between age (younger or older) and a range of tobacco-related outcomes: smoking prevalence, smoking intensity, quit attempt rate and methods used to quit, and perceptions of stop-smoking products, nicotine, and vaping.

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BAK was previously employed (2014-2018) by PinneyAssociates where she provided consulting advice on non-combustible tobacco products to the tobacco company Reynolds American Inc. BAK has not had any support or affiliation with industry since that time.

In 2020, Floe Foxon became a consultant to PinneyAssociates. Within the last few years, PinneyAssociates has consulted for British American Tobacco and Reynolds American Inc, and now provides consulting services on tobacco harm reduction on an exclusive basis to Juul Labs, Inc.

Results



Discussion

Smoking prevalence has remained the same for aging smokers in New York, and nationally⁴, over the last 15 years, while rates for younger smokers have fallen by at least 8%.

While past year quit attempt rates were similar between age groups (~55–58%), older smokers relied more on behavioral treatments for cessation (21% vs 7%), while younger smokers were significantly more likely to try switching to e-cigarettes (13.4% vs 1.2%).

The majority of younger and older smokers inaccurately believed that nicotine causes cancer (87% younger and 79% older) and is just as dangerous as smoking (50% and 44%), even in patches and gum.

When abstinence is not feasible or desired by an older smoker, then a harm reduction approach might be most appropriate by respecting an older smoker’s autonomy and giving the patient a role in deciding how to best reduce their harms from tobacco use.

Future Research

National level data confirm findings in the present study that suggest older smokers are not quitting smoking at the same rates as younger cohorts.^{4,5,6} Similar age-related findings have been observed in the United Kingdom and parts of Europe.^{7,8,9}

Future research that addresses the needs of older smokers included reasons for unchanging prevalence rates is urgently needed.

Efforts could include:

- Inclusion of aging smokers 65 years and older in tobacco and nicotine research studies.²
- Tailored health education that targets older smokers and corrects misinformation on the relative harms of nicotine and smoked tobacco.¹⁰
- Increased access to non-combustible tobacco products including NRT and e-cigarettes.
- Tobacco control policy initiatives that factor in the unique needs and health issues associated with being an aging smoker.

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¹ Bold font indicates statistical significance (alpha = 0.05) ² Rao-Scott Chi-Square Test ³ T-test