

'Hardcore' smoking Is it real and does it matter?



Medicine

National Drug and Alcohol Research Centre

Philip Clare

Co-authors: Deborah Bradford, Ryan Courtney,

Kristy Martire, Richard Mattick



Background



'Hardcore' smoking



- Reviews focussing on operational definitions, usually made up of:
 - Dependence
 - Lack of intention to quit
 - No recent quit attempts
- Most direct research however has focussed on less direct measures:
 - Psychological distress



Socioeconomic Status and Smoking



- In Western countries people from low socioeconomic backgrounds are more likely to be smokers
- The exact mechanism behind this is unknown
- Past evidence has shown low-socioeconomic status smokers are:
 - Less likely to intend to quit
 - Less likely to succeed when making a quit attempt
- The overlap with 'hardcore' smoking suggests that low-SES smokers may be more likely to be 'hardened' than high-SES smokers





This paper



Aims



- Examined prevalence and change in ‘hardcore’ smoking over time
 - If the hardening hypothesis is correct, the population prevalence of ‘hardcore’ smoking will remain stable, while the proportion of smokers who are ‘hardcore’ smokers will increase
- Investigated predictors of ‘hardcore’ smoking
 - In particular, we investigated whether socioeconomic status is linked to ‘hardcore’ smoking



What we did

- Took data from a public dataset
 - NDSHS is a large, stratified sample survey of drug use conducted every 3 years
- Constructed a variable of 'hardcore' smoking
 - Smoked at least 15 cigarettes a day
 - Had no intention to quit in the next year
 - Had not made a quit attempt in the past year

What we did



- Used regression modelling to examine the predictors of ‘hardcore’ smoking and of the separate components
 - Controlled for socioeconomic variables such as education, employment status and SEIFA
 - Controlled for demographic variables such as age, sex, and main language
- Much more detail on the variables is in the paper

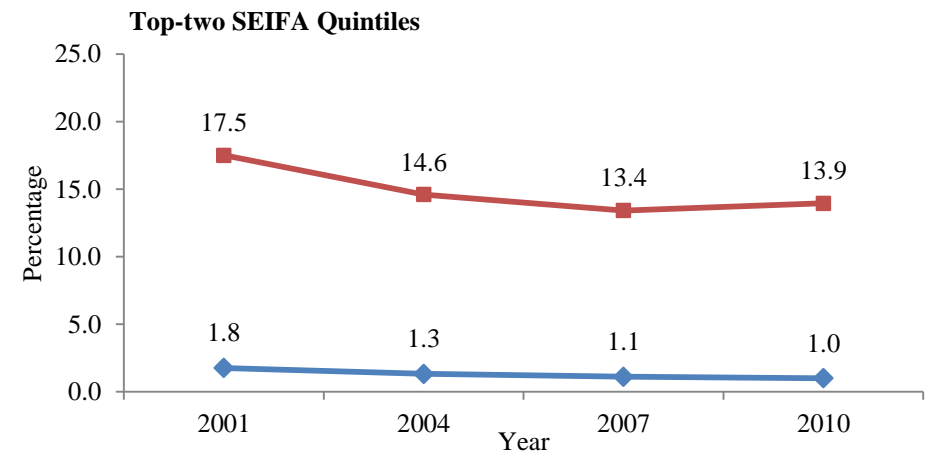
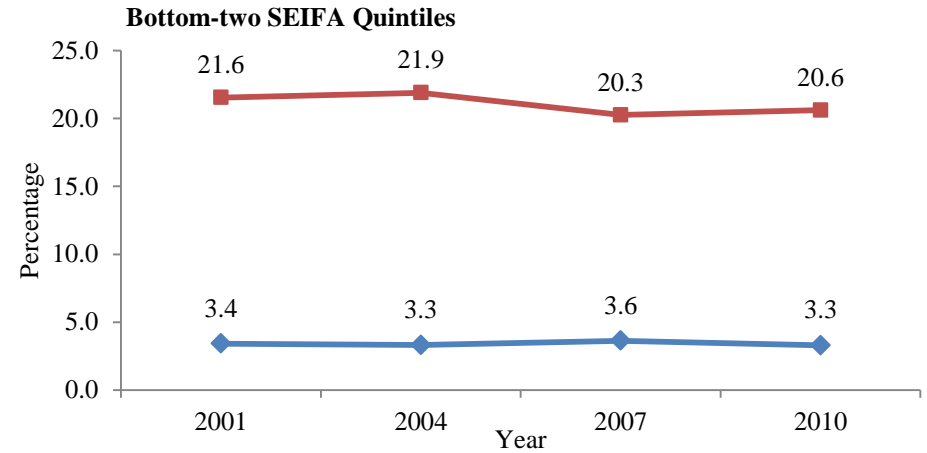
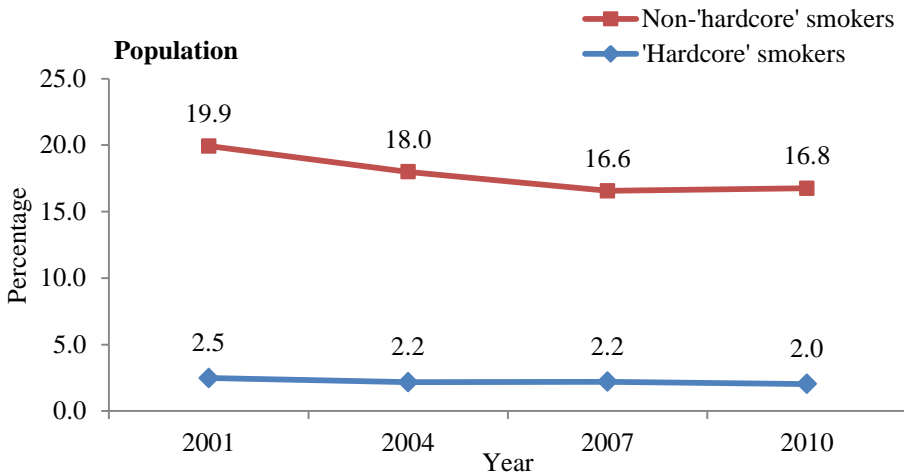


Sample - Demographics



| Demographic Characteristics | Smokers n=14,507 | Non-smokers n=57,143 | Total n=71,650 |
|---|---------------------|-------------------------|-------------------|
| Age | | | |
| 18-24 | 15.3% | 12.4% | 13.0% |
| 25-39 | 36.3% | 26.1% | 28.1% |
| 40-54 | 31.2% | 27.7% | 28.4% |
| 55+ | 17.1% | 33.8% | 30.5% |
| Sex | | | |
| Female | 46.4% | 52.4% | 51.2% |
| Male | 53.6% | 47.6% | 48.8% |
| Aboriginal/Torres Strait Islander (ATSI) | | | |
| Non-ATSI | 97.1% | 99.0% | 98.6% |
| ATSI | 2.9% | 1.0% | 1.4% |
| Main language spoken not English | | | |
| English | 94.4% | 91.4% | 92.0% |
| Language other than English | 5.6% | 8.6% | 8.0% |
| Migrant (not born in Australia) | | | |
| No | 77.0% | 72.6% | 73.5% |
| Yes | 23.0% | 27.4% | 26.5% |
| Marital Status | | | |
| Married/de facto | 56.5% | 69.5% | 67.0% |
| Widowed/divorced/separated | 14.9% | 11.2% | 11.9% |
| Never married | 28.6% | 19.2% | 21.1% |
| Single parents with dependent children | | | |
| No | 91.9% | 96.2% | 95.3% |
| Yes | 8.1% | 3.8% | 4.7% |

Smoking Prevalence by SES



'Hardcore' characteristics by Year



| Hardcore Smoking Characteristics | Total | 2001 | 2004 | 2007 | 2010 |
|-----------------------------------|-------|-------|-------|-------|-------|
| 'Hardcore' smoker | 11.3% | 11.9% | 10.9% | 11.8% | 10.7% |
| No quit attempt in past 12 months | 55.8% | 54.3% | 57.1% | 55.5% | 56.4% |
| No plan to quit | 33.5% | 33.2% | 34.4% | 35.1% | 31.4% |
| Heavy smoker | 42.3% | 42.0% | 42.4% | 43.9% | 41.2% |





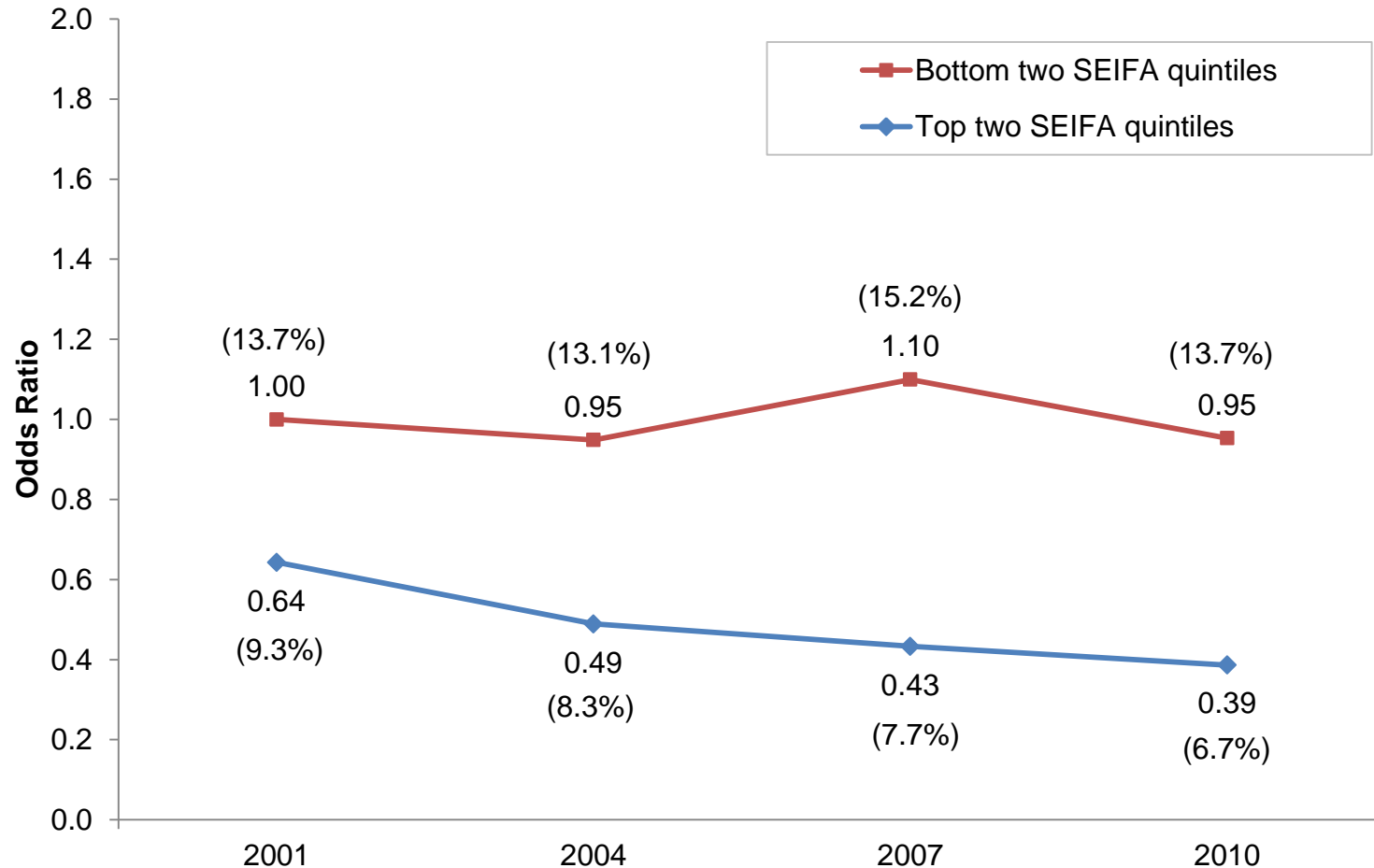
Predictors of 'hardcore' smoking

| Variables | Adjusted OR (95% CI) | p-value |
|--|----------------------|---------|
| Age | 0.99 (0.99 to 1.00) | p<0.001 |
| Sex | | |
| Female | 1.00 | p<0.001 |
| Male | 1.57 (1.38 to 1.77) | |
| ATSI Status | | |
| Non-ATSI | 1.00 | p<0.001 |
| ATSI | 2.02 (1.49 to 2.74) | |
| Main language spoken | | |
| English | 1.00 | p<0.001 |
| Language other than English | 0.54 (0.39 to 0.77) | |
| Migrant (not born in Australia) | | |
| No | 1.00 | p=0.047 |
| Yes | 1.17 (1.00 to 1.37) | |
| Employment status | | |
| Employed | 1.00 | p<0.001 |
| Student | 0.31 (0.18 to 0.51) | |
| Not employed - in workforce | 1.76 (1.37 to 2.26) | |
| Not employed - not in workforce | 1.07 (0.90 to 1.26) | |
| Other | 1.26 (0.78 to 2.03) | |
| Marital Status | | |
| Married/de facto | 1.00 | p<0.001 |
| Widowed/divorced/separated | 1.90 (1.64 to 2.21) | |
| Never married | 1.18 (0.99 to 1.42) | |
| Single parents with dependent children | | |
| No | 1.00 | p=0.049 |
| Yes | 1.25 (1.00 to 1.57) | |
| Education | | |
| High school or lower | 1.00 | p<0.001 |
| Diploma or certificate | 0.69 (0.61 to 0.78) | |
| University degree | 0.27 (0.21 to 0.35) | |

The analysis also included SEIFA, year and a SEIFA by year interaction, but it wouldn't fit in the table



Odds of 'Hardcore' smoking by SES



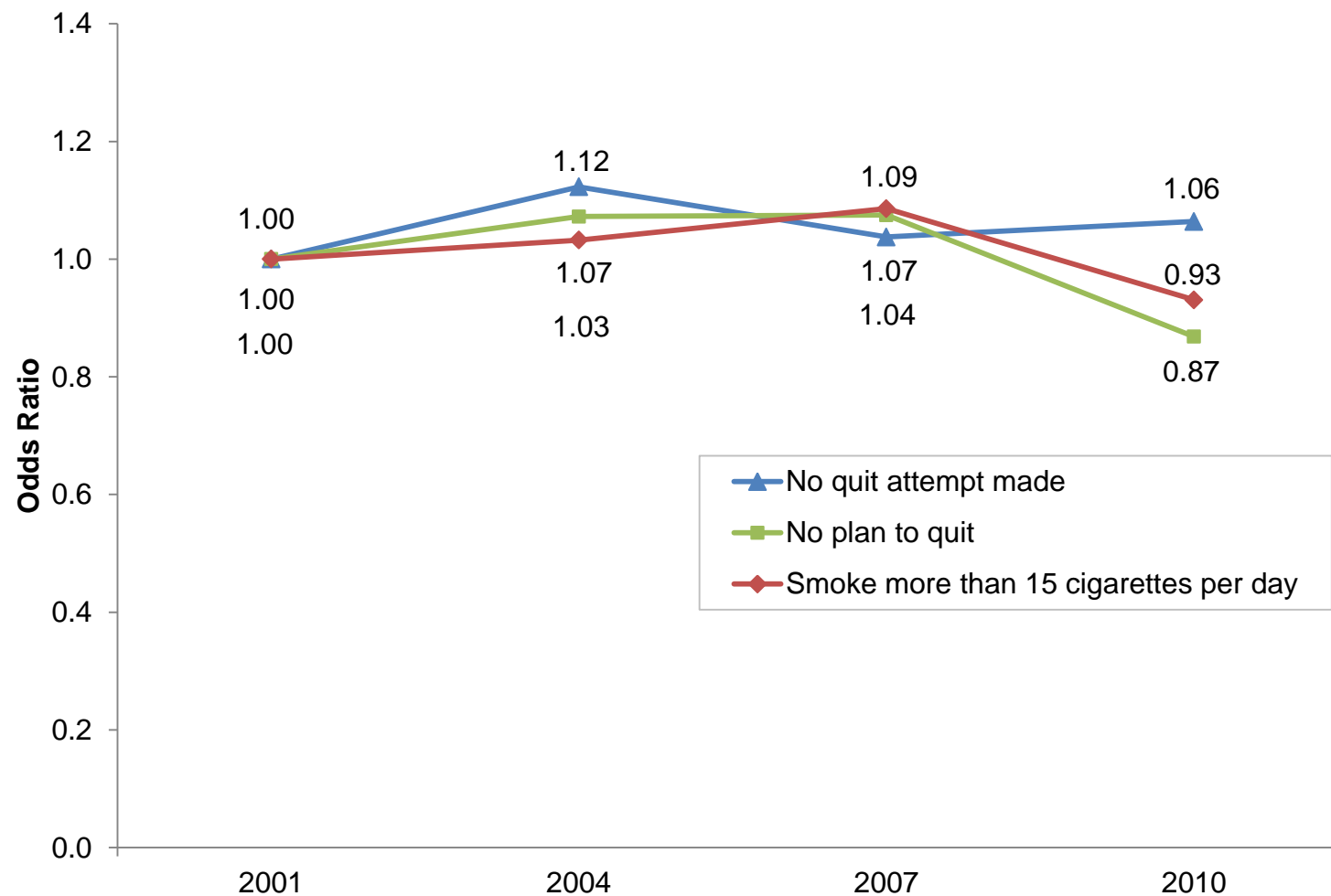
Note: Prevalence of hardcore smoking for each data point are shown in brackets.

Components of 'hardcore' smoking



| Variables | Adjusted Odds - Smoker who has not made quit attempt | | Adjusted Odds - Smoker with no plan to quit | | Adjusted Odds - Smoker who smokes more than 15 cigarettes per day | |
|---------------------------------|--|---------|--|---------|---|---------|
| | Coefficient (95% CI) | p-value | Coefficient (95% CI) | p-value | Coefficient (95% CI) | p-value |
| Survey Year | | | | | | |
| 2001 | 1.00 | p=0.213 | 1.00 | p=0.004 | 1.00 | p=0.126 |
| 2004 | 1.12 (1.01, 1.25) | | 1.07 (0.95, 1.21) | | 1.03 (0.92, 1.16) | |
| 2007 | 1.04 (0.92, 1.17) | | 1.08 (0.95, 1.22) | | 1.09 (0.96, 1.23) | |
| 2010 | 1.06 (0.95, 1.19) | | 0.87 (0.77, 0.98) | | 0.93 (0.83, 1.05) | |
| SEIFA | | | | | | |
| Bottom two SEIFA quintiles | 1.00 | p=0.698 | 1.00 | p<0.001 | 1.00 | p<0.001 |
| Top two SEIFA quintiles | 1.02 (0.93, 1.11) | | 0.78 (0.71, 0.86) | | 0.67 (0.62, 0.74) | |
| Employment status | | | | | | |
| Employed | 1.00 | p=0.159 | 1.00 | p<0.001 | 1.00 | p<0.001 |
| Student | 0.91 (0.73, 1.12) | | 0.90 (0.69, 1.17) | | 0.55 (0.42, 0.71) | |
| Not employed - in workforce | 1.04 (0.86, 1.26) | | 1.31 (1.07, 1.61) | | 1.46 (1.21, 1.77) | |
| Not employed - not in workforce | 0.92 (0.83, 1.02) | | 1.39 (1.24, 1.55) | | 1.15 (1.03, 1.28) | |
| Other | 0.72 (0.50, 1.03) | | 1.04 (0.70, 1.54) | | 1.02 (0.70, 1.48) | |
| Marital Status | | | | | | |
| Married/de facto | 1.00 | p=0.047 | 1.00 | p=0.006 | 1.00 | p=0.004 |
| Widowed/divorced/separated | 0.97 (0.86, 1.09) | | 1.04 (0.92, 1.17) | | 1.20 (1.06, 1.36) | |
| Never married | 1.13 (1.02, 1.27) | | 1.21 (1.08, 1.37) | | 0.95 (0.85, 1.07) | |
| Education | | | | | | |
| High school or lower | 1.00 | p=0.003 | 1.00 | p<0.001 | 1.00 | p<0.001 |
| Diploma or certificate | 0.90 (0.83, 0.99) | | 0.75 (0.68, 0.83) | | 0.88 (0.80, 0.97) | |
| University degree | 0.80 (0.70, 0.92) | | 0.84 (0.72, 0.98) | | 0.50 (0.43, 0.58) | |

Components of 'hardcore' smoking





So what have we learned?



Is 'hardcore' smoking real?



- Simple answer: Yes
- Hardening appears to be happening among lower-SES smokers, but NOT among higher-SES smokers



And does 'hardcore' smoking matter?



- On the one hand:
 - Very small group – only about 20% of low-SES smokers (3-4% of whole low-SES population) are hardcore
- BUT
 - The group it does apply to are already disadvantaged, and this will only get worse
 - Eventually, if the hypothesis holds, 'hardcore' smokers will be the only smokers left – so at some point we will need a strategy to deal with this



Where to from here?

- It is not clear what the mechanisms behind the SES difference in smoking are
 - The gap is growing
 - Need to understand it better in order to address it
- Lots of possible explanations:
 - Access to services
 - Understanding/engagement with health messages
 - Stress (particularly financial stress)

Some next steps



- Links to other drug use
 - Daily alcohol drinkers are twice as likely to be ‘hardcore’
 - Recent marijuana users are twice as likely to be ‘hardcore’
- Use of and access to quit smoking services and support - paper currently under review
 - Broadly, the paper doesn’t support the use of/access to services as an explanation of SES differences
 - This suggests that use of services is low across the board, and improving this is worthwhile



Some next steps



- Clinical work
 - Currently a clinical trial looking at the combination of NRT with a novel support program is being conducted at NDARC
 - Another grant has been submitted (fingers crossed)



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