

Past 12-month quit attempts and the use of cessation aids

Background

Encouraging smokers to quit is one of the six national health targets (Ministry of Health, 2013). To support smoking cessation efforts in New Zealand, the Ministry of Health (2008) states that nicotine replacement therapy (NRT) such as nicotine patches, gum and lozenges, is effective and that smokers who are ready to stop smoking should use it to aid quitting smoking. This view is also endorsed internationally through the World Health Organization (2001). In addition to NRT, other evidence-based cessation services are also available to smokers who want to quit smoking, such as the Quitline (Gravitas Research and Strategy Limited, 2012) and face-to-face support programmes delivered by Aukati Kaipapa (Regional Public Health, 2013).

To understand the level of quitting activities and the use of different cessation aids, the Health Promotion Agency's (HPA's) 2012 Health and Lifestyles Survey (HLS) included two questions about quitting smoking.

Methodology

Current smokers (those who smoked at least monthly) and recent quitters (those who quit in the last 12 months) reported the number of serious quit attempts they have made in the past 12 months. Responses to this question were compared by ethnicity, neighbourhood deprivation status, age, gender, and educational background. Statistically significant differences ($p < .05$) are reported.

Those who had quit or tried to quit in the past 12 months were also then shown a list of 28 sources of cessation support or advice, and asked to identify which they had used during their most recent quit attempt.

Number of quit attempts in the past 12 months

Current smokers and recent quitters ($n = 646$) were asked 'in the last 12 months, how many serious attempts to stop smoking did you make that lasted 24 hours or longer?' The number of quit attempts were recorded by the interviewers.

Responses ranged between zero and 52, with an average of 1.5 quit attempts. About half of the respondents (52%, 44-59%) have made at least one serious quit attempt in the past 12 months, while the remaining half (48%, 41-56%) have not.

Respondents who were more likely to have made at least one quit attempt in the past 12 months were:

- People with European/Other ethnicity (54%), compared with Asian (11%). The differences between European/Other and Māori (51%) and Pacific (46%) were not statistically significant.

Use of cessation aids

Those who had made at least one serious quit attempt in the past 12 months ($n=340$) were asked 'please identify any help, advice, programmes and products used to help you quit during your last quit attempt'. Respondents could report multiple responses, as well as specify other types of support not included in the list.

Some of the response options were combined for reporting, and categories mentioned by at least 5% of the respondents were:

- NRT including patches, gum, lozenges and inhalers (41%, 31-50%)
- The Quitline (28%, 18-38%)
- A general practitioner/GP (21%, 14-29%)
- Champix (17%, 9-25%)
- Health professional not including GPs (7%, 3-11%)
- Friends or family (6%, 1-11%)
- About three in 10 (29%, 19-39%) respondents said they did not receive any support or advice from any persons, programmes or products during their most recent quit attempt.

Key Points

- This sample of current smokers and recent quitters made an average of 1.5 serious quit attempts in the past year.
- Compared to other ethnicity groups, Asian respondents were significantly less likely to have made a quit attempt in the past year.
- Four in 10 quit attempters used NRT (with or without other cessation support) during their most recent quit attempts, while three in 10 did not use any cessation support.

References

1. Gravitas Research and Strategy Limited (2012). *The Quit Group Service Longitudinal Client Survey Six-Month Follow-Up: Full report. Research report prepared for The Quit Group.* Retrieved from <http://www.quit.org.nz/file/six-month-survey-full-report-final.pdf>. Accessed 16/7/2013. Retrieved 17/7/2013.
2. Ministry of Health (2008). *Literature review for the revision of the New Zealand smoking cessation guidelines.* Wellington: Ministry of Health.
3. Ministry of Health (2013). *The 2013/14 Health Targets.* Retrieved from <http://www.health.govt.nz/new-zealand-health-system/health-targets/2013-14-health-targets>. Retrieved 17/7/2013.
4. Regional Public Health (2013). *Aukati KaiPaipa report: Reaching communities, making a difference. Evaluation Report: February 2013. Report 1: Kokiri Marae Health and Social Service.* Wellington: Regional Public Health. Retrieved from: <http://www.rph.org.nz/content/33ae7ca5-bbc1-4a3a-83e0-765006adf2af.cmr>. Retrieved 17/7/2013.
5. World Health Organization Europe (2004). *WHO European Strategy for Smoking Cessation Policy.* Copenhagen: World Health Organization Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0017/68111/E80056.pdf. Retrieved 17/7/2013.

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About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling and alcohol.
- In 2012, the main sample, with a response rate of 86.3%, included 1,539 people of European/Other ethnicity, 619 Māori, 387 Pacific peoples and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios were undertaken to compare responses between groups. The significance level used for statistical analyses was set to $\alpha=0.05$.
- Comparison groups for these analyses were as follows:
 - Ethnicity (Māori, Pacific and Asian compared with European/Other ethnicity).
 - Neighbourhood deprivation status (NZDep 8-10 and NZDep 4-7, compared with NZDep 1-3).
 - Age (25-34 years, 35-54 years, and 55+ years, compared with 15-24 years).
 - Gender.
 - Educational background (no formal qualifications, compared with those with a formal qualification).
- A full description of the 2012 HLS survey methodology and further HLS publications can be found online at <http://www.hpa.org.nz/research-library/research-publications>

About the Health Promotion Agency (HPA)

The HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury. The HPA also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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