

Smokers with high psychological distress are smoking less and more are trying to quit

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Cigarette smokers with high levels of psychological distress are often heavy smokers, and thus identified as a "hard core" group who are less willing or able to quit than other smokers. However, a study by UC San

Francisco researchers shows that over the course of 19 years, from 1997 to 2015, this hard core group smoked progressively fewer cigarettes per day and tried to quit in increasingly greater numbers, along with every other group of smokers in the United States.

"Even though they smoke more than the general population, smokers with high [psychological distress](#) have been smoking less and trying to quit more, as the overall level of smoking has decreased," said Margarete C. Kulik, PhD, a postdoctoral fellow with the UCSF Center for Tobacco Control Research and Education (CTCRE) and the lead author of the study. "This shows that with effective [tobacco control policies](#), even hard-core smokers will soften over time."

The study, published on Oct. 10, 2017, in the *American Journal of Preventive Medicine*, draws on data from the U.S. National Health Interview Survey (NHIS) administered annually by the U.S. Census Bureau. Current smokers were asked how many cigarettes they smoked per day and whether they had tried to quit smoking for one day or longer in the past 12 months. Based on answers to the Kessler Psychological Distress Scale, which is included in the NHIS, smokers were assigned to one of three categories: no distress, moderate distress and serious psychological distress. Responses from a total of 118,604 smokers were analyzed.

The researchers found that from 1997 to 2015, cigarette consumption declined significantly among all three groups. Among the no distress group, cigarettes smoked per day decreased from 16.3 to 11.2, while cigarette consumption in the high distress group decreased from 19.6 to 14.5. The proportion of smokers who reported trying to quit increased in all groups and was highest among those with serious distress.

"The finding that there were more quit attempts among smokers with the highest levels of distress might reflect the fact that although these

smokers are motivated and willing to quit, they may need more help quitting successfully," said senior author Stanton Glantz, PhD, UCSF professor of medicine and director of CTCRE. "This indicates that we should be encouraging our mental health providers to treat [tobacco](#) dependence along with other problems. Contrary to popular belief, treating nicotine addiction does not complicate the treatment of other substance abuse or mental health issues and in fact has been shown to improve outcomes among people in substance abuse treatment and recovery. Even smokers with the greatest psychological [distress](#) can be reached and helped to quit."

Glantz added that the new findings, combined with earlier research that also showed softening among the general population, "seriously challenge the tobacco industry's position that 'harm reduction' products such as e-cigarettes and heat-not-burn products are the only way out of the tobacco epidemic. These products are premised on the unproven assumption that there is an intractable hard core of [smokers](#) who cannot be reached using established tobacco control policies."

The study was supported by funds from the UC Tobacco Related Disease Research Program and the National Institute on Drug Abuse.

The UCSF Center for Tobacco Control Research and Education specializes in tobacco control research focused on policy change, smoking cessation, nicotine addiction, health disparities in smoking, novel tobacco devices and tobacco marketing. It also houses the Truth Tobacco Documents Library, a rich resource of previously confidential tobacco industry documents.

Provided by University of California, San Francisco

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