In Fact

research facts from the HPA



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Quit intention among current smokers

Background

The New Zealand Government has announced an aspirational goal of reducing the smoking rate to a minimal level, making New Zealand essentially a smokefree nation by 2025 (New Zealand Government, 2011). The two main avenues to reduce smoking prevalence are through preventing smoking initiation and increasing cessation. With regard to cessation, previous research has shown that smokers' intention to quit is predictive of their later quit attempts (Hyland et al., 2006). In the Health Promotion Agency's (HPA's) 2012 Health and Lifestyles Survey (HLS), we asked current smokers whether they thought they would still be smoking at three future time periods (three months, five years, and by 2025). We then used this information as an indicator of their intention to quit.

Methodology

The 2012 HLS included three questions that assessed the quit intentions of respondents who currently smoke (at least monthly). Responses to these questions were compared by a range of socio-demographic and smoking-related variables: ethnicity, neighbourhood deprivation status, age, gender, educational background, frequency of smoking, quit attempts in the past year, and awareness of the Government's smokefree goal.

A comparison was also undertaken to identify the characteristics of respondents who believed they would still be smoking at all three future time periods, compared with those who believed they would be smokefree during at least one of the three time periods.

Statistically significant differences (p < .05) are reported.

Quit intention: next three months

Current smokers were asked 'Do you think you will be smoking three months from now?' Responses were 'yes', 'no' or 'don't know'. Respondents who said 'no' were considered to be intending to quit in the next three months; respondents who said 'yes' were considered to have no intention to quit in the next three months.

One-quarter of respondents (26%, 19-34%) intended to quit in the next three months, while two-thirds (66%, 58-73%) did not. A small proportion of respondents (8%, 5-12%) said 'don't know'.

Respondents who were more likely to intend to quit in the next three months were:

- Non-daily smokers (64%), compared with daily smokers (14%).
- Those who had made at least one quit attempt in the past 12 months (38%), compared with those who did not try to quit (17%).

Quit intention: next five years

Current smokers were asked 'Do you think you will be smoking five years from now?'. Responses were 'yes', 'no' or 'don't know'. Respondents who said 'no' were considered to be intending to quit in the next five years; respondents who said 'yes' were considered to have no intention to quit in the next five years.

One-half of respondents (53%, 45-60%) intended to quit in the next five years, while one-quarter (26%, 20-32%) did not. Around one-fifth of respondents (21%, 16-27%) said 'don't know'.

Respondents who were more likely to intend to quit in the next five years were:

- People aged 15-24 years (76%), compared with those aged 35-54 year (51%) and 55+ years (38%).
 The difference between people aged 15-24 years and 25-34 years (57%) was marginally significant (p=.05).
- People with a formal qualification (67%), compared with those who did not have a formal qualification (48%).



 Those who had made at least one quit attempt in the past 12 months (67%), compared with those who did not try to quit (41%).

Quit intention: by 2025

Current smokers were asked 'Do you think you will be smoking in 2025?'. Responses were 'yes', 'no' or 'don't know'. Respondents who said 'no' were considered to be intending to quit by 2025; respondents who said 'yes' were considered to have no intention to quit by 2025.

Six in 10 respondents (60%, 53-67%) intended to quit by 2025, while around two in 10 respondents (18%, 12-23%) did not. Around two in 10 respondents (22%, 17-28%) said 'don't know'.

Respondents who were more likely to intend to quit by 2025 were:

- People aged 15-24 years (78%), compared with those aged 35-54 year (59%) and 55+ years (46%). The difference between people aged 15-24 years and 25-34 years (72%) was not statistically significant.
- Those who had made at least one quit attempt in the past 12 months (77%), compared with those who did not try to quit (47%).

Profiling those who had no intention to quit

Responses to these three questions were considered as a whole to profile those who had no intention to quit in all three future time periods.

One sixth of current smokers (15%, 80-90%) answered 'yes' to all three questions – they believed they would still be smoking in the next three months, next five years and in 2025.

Respondents who were more likely to *not* intend to quit were:

- People aged 35-54 year (16%) and 55+ years (26%), compared with those aged 15-24 years (2%). The difference between people aged 15-24 years and 25-34 years (5%) was not statistically significant.
- Daily smokers (16%), compared with non-daily smokers (1%).
- Those who did not try to quit in the past 12 months (22%), compared with those who have made at least one quit attempt (6%). The difference by past 12 month quit attempt was marginally significant (p=.05).

Key Points

- Whilst the majority of current smokers (66%)
 thought that they would still be smoking three
 months from now, a much smaller proportion
 thought they would still be smoking in either five
 years time (26%), or by the year 2025 (18%) (see
 Figure 1).
- Among all the variables that were included in the analysis, past 12-month quit attempts was the only variable that consistently predicted intention to quit in the future. Specifically, current smokers who had made at least one quit attempt in the past 12 months were significantly more likely to intend to quit in the future.
- Age of respondents (which is strongly correlated to years of smoking) also predicts long-term quit intention, with younger respondents being more likely to think they would quit smoking in the next five years and by 2025.
- Awareness of the Government's smokefree goal did not predict quit intention.

Figure 1: The Proportion of current smokers who think they would still be smoking in three months, five years, and in 2025.



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 α=0.05.
- Comparison groups for these analyses were as follows:
 - Ethnicity (Māori, compared with non-Māori).
 - Neighbourhood deprivation status (NZDep 4-6, NZDep7-10, compared with NZDep 1-3).

- Age (25-34 years, 35-54 years, and 55+ years, compared with 15-24 years).
- Gender.
- Educational background (up to secondary school qualifications, compared with above secondary school qualifications).
- Frequency of smoking (non-daily smokers, compared with daily smokers).
- Past 12-months quit attempts (had not tried to quit, compared with those who have made at least one quit attempt).
- Awareness of the Government's smokefree goal.
- A full description of the 2012 HLS survey methodology and further HLS publications can be found online at http://www.hpa.org.nz/researchlibrary/research-publications

About the 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. HPA also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

Reference

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Research and Evaluation Unit

Health Promotion Agency

PO Box 2142

Wellington 6140

New Zealand

http://www.hpa.org.nz/research-library/research-publications

research@hpa.org.nz

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