

## **ARE LOW SOCIOECONOMIC STATUS SMOKERS LESS WILLING TO QUIT?**

### **FACTORS ASSOCIATED WITH DESIRE TO QUIT SMOKING, PLAN TO QUIT AND QUIT ATTEMPTS IN FRANCE IN 2021**

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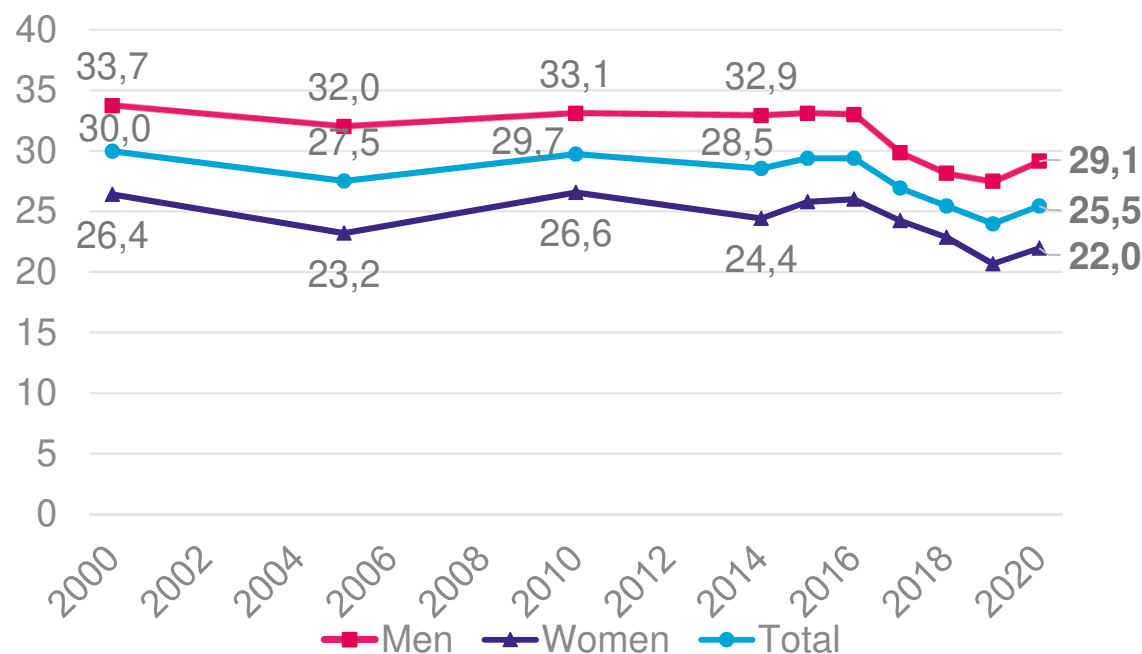
*7th ENSP – ECTC conference, 6-8 July 2022, Heraklion, Greece*

## BACKGROUND (1)

Findings on the associations between socioeconomic status (SES) and both quit intention and quit attempts (QA) are mixed (Kotz and West, 2009; Reid et al., 2010; Kastaun et al., 2020)

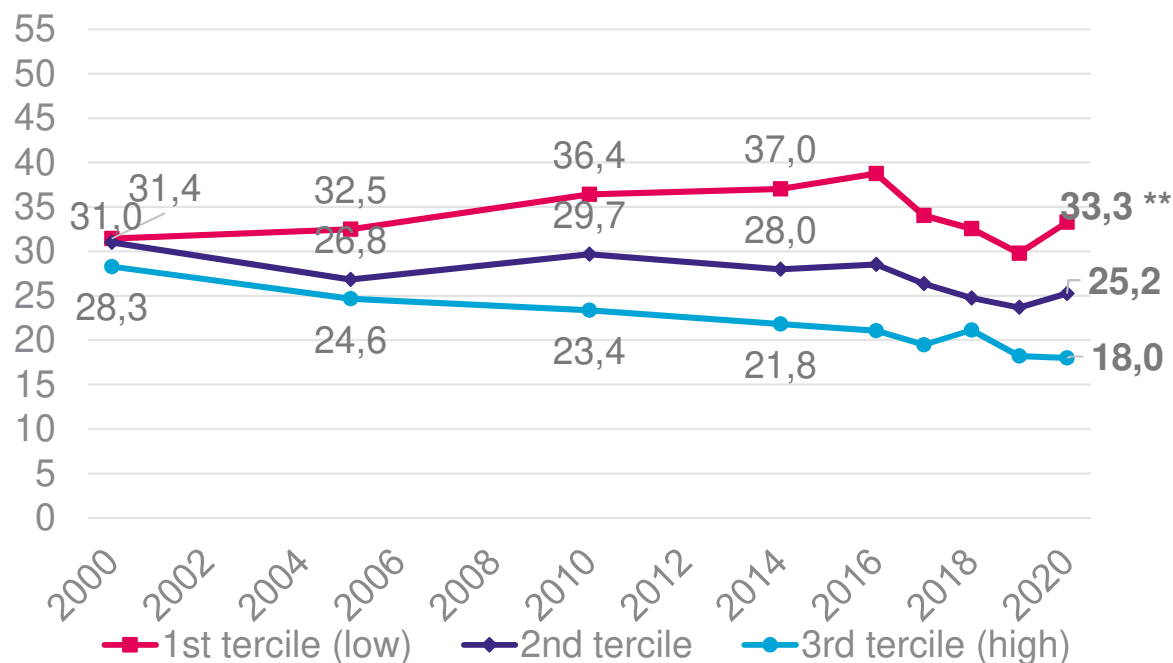
In France, in 2014, no association was found between SES and neither desire to quit smoking, nor QA in the last 12 months, but manual workers were less likely planning to quit in the next 6 months (Guignard et al., 2015).

Daily smoking prevalence has decreased since 2014, from 28.5% to 25.5% in 2020 (Pasquereau et al., 2021)



## BACKGROUND (2)

Daily smoking prevalence significantly increased between 2019 and 2020 among low income people.



+ Context of major psychological changes due to Covid-19 pandemic.

Objective of the study: To study the factors associated with desire to quit, plan to quit in the next 6 months and 7-day QA in the last 12 months, in France, in 2021.

Source: *Santé publique France* Health Barometer 2021, a general population phone survey based on random digit dialing (Richard et al., 2017; Soullier et al., 2022)

Population: people aged 18-85 years-old, living in metropolitan France and speaking French

Survey period: February to December 2021

Total number of respondents: 24,514 people (71% via cell phones and 29% via landlines)

Participation rate: 44%

Design weight (inverse probability weighting) and calibration on the French population structure (sex by age, education level, size of household, urbanization, region of residence)

Study population: daily smokers aged 18-75 years-old (n=4,733)

Outcomes:

- Desire to quit smoking
- Plan to quit in the next 6 months
- Quit attempt for at least 7 days in the last 12 months

Independent variables:

- Sociodemographic: sex, age, education, income, socioprofessional category, employment status
- Heaviness of Smoking Index (HSI)
- Alcohol use in the last 12 months (Audit-C) : daily use, monthly binge drinking
- Major depression in the last 12 months (CIDI-SF)

Analyses: Adjusted odds-ratios (OR) from multivariate logistic regressions

## RESULTS (1)

### DESIRE TO QUIT (60%)

- Male (OR=1.2 [1.1-1.4])
- 35-54 years old (OR=1.4 [1.2-1.6] compared with 18-34 year-olds) or 55+ (OR=1.3 [1.1-1.5])
- Major depression in the last 12 months (OR=1.4 [1.2-1.7])
- HSI 2-3 (OR=1.2 [1.0-1.3])
- Binge drinking (OR=0.9 [0.7-1.0])
- No association with SES

### PLAN TO QUIT IN THE NEXT 6 MONTHS (27%)

- Major depression in the last 12 months (OR=1.4 [1.1-1.6])
- Manual worker (OR=0.8 [0.6-1.0] compared with professional / intermediate occupation)
- Binge drinking (OR=0.8 [0.7-1.0])

### QUIT ATTEMPT IN THE LAST 12 MONTHS (30%)

- Male (OR=1.4 [1.2-1.6])
- High school graduate (OR=1.3 [1.1-1.5] compared with less than high school) or college graduate (OR=1.2 [1.0-1.5])
- Major depression in the last 12 months (OR=1.2 [1.0-1.5])
- 35-54 years old (OR=0.5 [0.4-0.6]) or 55+ (OR=0.3 [0.3-0.4])
- HSI 2-3 (OR=0.6 [0.5-0.7]) or HSI 4-6 (OR=0.5 [0.4-0.6])
- Daily alcohol use (OR=0.7 [0.6-0.9])

## About SES:

- No association between SES and desire to quit
- BUT being a manual worker was associated with a lower probability of planning to quit in the next 6 months
- AND higher education was associated with higher QA rate in the last year (*similar results in Hummel et al., 2018, ITC Europe ; Kastaun et al., 2020, Germany, but was not observed in France in 2014*)

➔ Low SES smokers are more frequently smokers and have less favorable attitudes towards quitting (+ have more difficulties to quit): it is important to target them and adapt smoking cessation interventions, to encourage them to quit and help them in smoking cessation.

## About mental health:

Smokers with past year depression particularly want to quit and need to be accompanied by health professionals in smoking cessation.

## LIMITATIONS

- Declarative data
- Recall bias / memory bias (for quit attempts)
- Only failed attempts were considered in the present analysis

## STRENGTHS

- Large representative survey based on a randomly selected sample
- Participation rate similar to the ones observed in other health surveys (e.g. BRFSS) even if it has been decreasing for several years
- Sufficient statistical power to analyze socioeconomic differences

# ACKNOWLEDGEMENTS AND REFERENCES



## Acknowledgements

Noémie Soullier, Arnaud Gautier and Jean-Baptiste Richard for the survey design and implementation.

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# THANKS FOR YOUR ATTENTION !

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