A COMPARISON OF SUCCESS RATE OF ENDS, NRT, OR MEDICATION IN CESSATION AMONG CIGARETTE ONLY USERS: A LONGITUDINAL ANALYSIS

Presenter: Bekir Kaplan

Background

• Prior studies investigating the role of electronic nicotine delivery systems (ENDS) use in cigarette cessation have largely relied on the analysis of non-representative samples
• The aim of this study is to compare the cessation success rate of ENDS, nicotine replacement therapy (NRT), or medication as a cessation aid among Wave 3 adult cigarette only users who used these methods between the Population Assessment of Tobacco and Health (PATH) Study Wave 3 (2015-2016) and Wave 4 (2016-2017)

Methods

• We compared the cigarette cessation rate of Wave 3 established cigarette only users who used ENDS, NRT, or medication (varenicline and bupropion) to quit smoking between wave 3 and 4 (n=532)
• “Cessation” was defined as being a former cigarette smoker in Wave 4
• Chi square test and logistic regression were used to assess the difference in cessation rate across aids

Results

• The percentages of quitting smoking among those who used ENDS (n=75), NRT (n=289), non-NRT medication (n=68), and a combination of NRT and non-NRT medication (n=100) were 16.2% (n=14), 16.1% (n=47), 17.7% (n=13), and 14.8% (n=12), respectively (p=0.97)
• In total, 192 cigarette only users in Wave 3 used ENDS to quit smoking with or without other methods and none of them became ENDS only users in Wave 4. 37.6% (n=71) of them became dual users of both cigarettes and ENDS, 52.8% (n=100) remained as cigarette only users, and 9.6% (n=21) became nonusers of any tobacco product in Wave 4
• The OR of becoming a former smoker in wave 4 among participants aged 18-24 was 2.70 (95%CI: 1.12, 6.53) compared to participants aged 35 and over

Conclusion

• ENDS are not superior to FDA-CDER approved cessation methods for cigarette cessation. Cigarette users can be informed of the possibility to use NRT or non-NRT medication to quit cigarettes to avoid potential harmful effect of ENDS

Authors: Bekir Kaplan MD, Panagis Galiatsatos MD, Joanna E. Cohen PhD

The authors declare no conflict of interest