

POS2-141 GENDER AND ETHNIC PREDICTORS OF ADOLESCENT NICOTINE REPLACEMENT THERAPY USE

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Adolescent smokers report access and use of nicotine replacement therapy (NRT) such as the patch or the gum for quit attempts, since these products are available over-the-counter (OTC). Additionally, previous reports have suggested both gender and ethnic differences in the use of NRT among adult smokers. Our aim was to compare adolescent NRT use by gender within African American (AA) and European American (EA) youths. In telephone interviews aimed to prescreen adolescent smokers for participation in two separate cessation trials, we analyzed responses to questions regarding their previous use of either patch, gum or another nicotine replacement product. Of 1860 adolescents (61.4% female, 44.5% African American, 15.9 +/- 1.5 years, FTND score 5.7 +/- 2.2), 22.8% reported previous NRT use. Chi-square analysis showed a significant difference in NRT use between African Americans and European Americans (18.4% vs. 26.3%) (chi-sq(1)=16.4, p<0.0001). Logistic regression analysis revealed a significant association (p=0.011) between ethnicity and NRT use after adjusting for FTND score. Among EA (n=1027), the association with gender was statistically significant (girls 23.4%, boys 30.7%) (chi-sq(1)=6.7, p=0.0098), which remained significant (p=0.013) after adjusting for FTND score via logistic regression. Among African Americans (n=823), the association showed a trend (girls 20.3% and boys 15.1%) (chi-sq(1)=3.49, p=0.062); this association became non-significant after logistic regression analysis adjusting for FTND (p=0.14). In a between-ethnicity gender comparison, AA boys were only half as likely to have tried NRT as EA boys (15.1% vs. 30.7%); (chi-sq(1)=23.4, p<0.0001). These findings illustrate variations in gender differences of adolescent OTC NRT use by ethnicity that might also impact the quality of quit attempts. Further, they may have implications for tobacco-related health disparities. Overall, the relatively frequent access to nicotine replacement therapy by adolescent smokers suggests the need for practitioners to inquire about NRT use and provide systematic clinical support for adolescent cessation.

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POS2-142 SMOKING: CIGARETTES, CIGARS, BLUNTS AND OTHER MARIJUANA USE IN AN ETHNIC MINORITY POPULATION

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The association between use of marijuana and tobacco among teens has been established, yet the nature of this relationship is yet unclear. An emerging issue is the use of blunts, small cigars which are frequently hollowed out and filled with marijuana, a practice which is highly salient among some youths. We present findings from a study of smoking among Southeast Asians in the East San Francisco Bay Area. A total of 164 respondents replied to a brief close-ended survey, and described their use of and ideas about smoking in a longer semi-structured qualitative interview. The purposive sample was stratified by generation in the U.S. and gender as well as smoking status. Lifetime and past 30 days use data were collected for cigars, blunts (only marijuana-filled cigars) and other marijuana smoking (marijuana smoked in a pipe or rolled in paper) as well as cigarettes, and these substances were discussed in the qualitative interview. Survey results showed differences in use of these items: the lifetime rate for blunts (34.1%) was close to the lifetime rate for other marijuana (32.3%) but more than the lifetime rate for cigars (22.6%); while the past 30 days rate for blunts (46.4%) well-exceeded the rates for other marijuana (32.1%) and cigars (16.2%). Lifetime use of cigarettes was linked to lifetime smoking of cigars and blunts. Ever-cigarette smokers, in cross-tabular analyses, had an estimated risk of ever cigar smoking of 4.02 (1.68, 9.80); an estimated risk of ever blunt smoking of 2.52 (1.23, 5.18); and an estimated risk of ever other marijuana smoking of 3.07 (1.47, 2.70). Qualitative data indicated that use of these items might represent a continuum of smoking practices. Many respondents linked cigarette smoking to marijuana use, often as a means to enhance the high. Respondents were often unclear on whether or not smoking blunts constituted tobacco use; some described the cigar wrapper as enhancing the high, other described it merely in terms of convenience. Implications for prevention are discussed.

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POS2-143 DISPARITIES IN ACCESS TO NICOTINE REPLACEMENT PRODUCTS AND CIGARETTES IN NEW YORK CITY PHARMACIES

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Background: Although racial and ethnic disparities in smoking prevalence have been eliminated, a socioeconomic gradient persists. Reasons for this are unknown, but may reflect easier access to cigarettes and/or diminished access to pharmacotherapy in retail pharmacies.

Objective: To survey New York City pharmacies to study the availability of tobacco products and nonprescription nicotine replacement therapy (NRT), stratified by racial, ethnic, and socioeconomic characteristics of the surrounding neighborhoods.

Methods: A registry of retail pharmacies was obtained from the state Department of Health. Within the city's five boroughs, 30% of all pharmacies were chosen at random. Surveyors visited each, recording the availability of tobacco products and nonprescription NRT, product placement, and the presence of advertisements within the store for either. Of all pharmacies, 10% were visited independently by two surveyors to check for interrater reliability. Census block data were obtained from www.census.gov, and 0.25-mile buffer zones were constructed around each pharmacy. Areal weighting was used for all GIS analyses. Analyses were performed with SPSS 13.0 (SPSS, Chicago, IL) and ArcGIS 9.1 (ESRI 2005, Redlands, CA).

Results: Of 646 pharmacies sampled, 623 (96.4%) had complete data available. 89.6% sold any form of NRT, and 46.3% sold cigarettes. Individuals who were non-Hispanic white, living above the poverty level, or with a high school diploma were more likely to live near a pharmacy selling both nonprescription NRT (ORs 1.01, 1.04, 1.03, respectively) and cigarettes (ORs 1.02, 1.06, 1.05, respectively), with lower bound of all 95% CI >1). The proportion of agreement for the sale of NRT and cigarettes was, respectively, 0.95 and 0.99.

Conclusion: Weak but statistically significant racial and socioeconomic disparities exist in access to nonprescription NRT in New York City pharmacies. There is a reversed disparity in access to cigarettes, but the model does not adequately account for access to cigarettes from all types of retail outlets. These results may explain some of the excess prevalence of cigarette use in these populations.

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POS2-144 CROSS-COUNTRY COMPARISON OF THE PREVALENCE OF SMOKE-FREE PUBLIC PLACES AND SUPPORT FOR SMOKE-FREE POLICIES: FINDINGS FROM THE INTERNATIONAL TOBACCO CONTROL POLICY EVALUATION PROJECT

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Smoke-free policies represent a critical feature of a comprehensive tobacco control program. The Framework Convention on Tobacco Control calls for effective measures to reduce or eliminate tobacco smoke. This paper presents data on prevalence of smoke-free public places and on adult smokers' attitudes about and support for smoke-free policies, gathered from the International Tobacco Control Policy Evaluation Project (ITC Project).

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