

WHICH ASHLINE CLIENTS USE ELECTRONIC CIGARETTES?

The frequency of electronic cigarette (e-cig) use is rising in the U.S.¹ E-cig products are commonly marketed for tobacco cessation² and the majority of users (approximately 58%), report that they use e-cigs for this purpose.³ However, studies examining the use of e-cigs as a quit smoking strategy have yielded mixed results and more research is needed to clarify the relationship between e-cigs and quitting tobacco and what the mechanisms of action may be.

Quitlines are increasingly receiving calls from clients who report using e-cigs and additional information is needed on (a) the characteristics of e-cig using clients and (b) the impact of e-cig users on tobacco quit rates.

The purpose of this analysis was to identify demographic (age, gender, education, etc.) and program utilization (number of counseling sessions and quit medication use) differences between ASHLine clients who use and do not use e-cigs. Understanding these characteristics and how they influence e-cig using clients' ability to quit tobacco will help quitlines develop appropriate services to better assist e-cig users.

METHODS

We compared demographic and program utilization differences for 202 ASHLine clients who, upon enrollment, reported using e-cigs and tobacco with 1,174 clients who only were exclusive tobacco users (no e-cigs). People only using e-cigs were not included as this represents less than 5% of ASHLine callers.

RESULTS

Overall, 15% of ASHLine clients reported using e-cigs and tobacco when they enrolled. After reviewing several demographic and utilization factors, we identified a few significant differences between individuals who reported using e-cigs and those who did not. Specifically, compared to non-e-cig users, e-cig users were more likely to be female, have more than a high school education, and identify as Non-Hispanic White. A greater proportion of e-cig users also reported having respiratory disease, asthma, or a mental illness. The combination of mental health and additional chronic health condition also was significantly higher among e-cig users. See Table 1 for group differences in client characteristics.

TABLE 1. CLIENT CHARACTERISTICS

Demographics	Non-E-cig Users	E-cig Users
	Percent	Percent
Female	58%	67%
White	68%	85%
Non-Hispanic	73%	85%
Post-High School Education	50%	62%
High Nicotine Dependence	21%	28%
Respiratory Disease	29%	40%
Asthma	18%	27%
Mental Illness	41%	57%
Mental Illness + Additional Chronic Condition	27%	42%

DISCUSSION

In a quitline setting, our goal is to help clients select a quit strategy they believe will give them with the greatest opportunity to successfully quit smoking. We found from this analysis that those who opt to use e-cigs while quitting represent a specific sub-group of clients with unique characteristics. Particularly relevant, e-cig users tend to have higher nicotine dependence and experience chronic and mental conditions which are known to make quitting tobacco more difficult.

To create tailored cessation support protocols for clients who use e-cigs, it is necessary to identify how these factors relate to quitting. In a prior quitline study, for example, it was found that callers reporting e-cig use were less likely to be tobacco free at follow-up compared to never users.⁴ To understand if the lower odds of quitting is a result of their e-cig use, however, it is necessary to isolate and examine the effect from e-cigs independent from the factors we identified in this analysis. In the next brief, we will report quit outcomes from such an analysis and comment on treatment recommendations for e-cig users.

REFERENCES

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