The impact of changing nicotine replacement therapy licensing laws in the United Kingdom: findings from the International Tobacco Control Four Country Survey

Lion Shahab, K. Michael Cummings, David Hammond, Ron Borland, Robert West & Ann McNeill

Abstract

Aim To evaluate the impact of a new licence for some nicotine replacement therapy products (NRT) for cutting down to stop (CDTS) on changes in the pattern of NRT use.

Design Quasi-experimental design comparing changes in NRT use across two waves of a population-based, replenished-panel, telephone survey conducted before and after the introduction of new licensing laws in the United Kingdom with changes in NRT use in three comparison countries (Australia, Canada and United States) without a licensing change.

Participants A total of 7386 and 7013 smokers and recent ex-smokers participating in the 2004 and/or 2006/7 survey.

Measurements Data were collected on demographic and smoking characteristics as well as NRT use and access. In order to account for interdependence resulting from some participants being present in both waves, generalized estimation equations with an exchangeable correlation matrix were used to assess within-country changes and linear and logistic regressions to assess between-country differences in adjusted analyses.

Findings NRT use was more prevalent in the United Kingdom and increased across waves in all countries but no wave x country interaction was observed. There was no evidence that the licensing change increased the prevalence of CDTS or the use of NRT (irrespective of how it was accessed) for CDTS in the United Kingdom relative to comparison countries. There was also no evidence for a change in concurrent smoking and NRT use among smokers not attempting to stop in the United Kingdom relative to comparison countries.

Conclusion The addition of the CDTS licence for some NRT products in the United Kingdom appears to have had very limited, if any, impact on NRT use in the first year after the licence change.

Keywords Epidemiology, nicotine replacement therapy, policy implementation, reduce-to-quit, smoking cessation, tobacco use.
