

Background

Tobacco and nicotine containing product (TNCP) usage, including smoking and smokeless tobacco products, has been identified as a major public health concern since the 1950s and is of particular concern to the U.S. military (Hoffman et al., 2011). Forced abstinence from all TNCPs during Air Force (AF) Basic Military Training (BMT) has been shown to reduce smoking rates among those who smoked prior to joining the military by approximately 18% at one-year follow-up. Unfortunately, although there is substantial cessation at one-year, many Airmen initiate using TNCPs. This increase directly conflicts with the AF's goal to be tobacco free (US Dept of the AF, 2012).

Purpose

This study was designed to assess the impact of a brief intervention occurring immediately following BMT and before the start of Technical Training. The goals on the intervention included: 1) increase awareness of TNCPs and their health impact, 2) increase perceived harm of TNCPs and 3) decrease intent to use TNCPs.

Instrumentation

Participants: A sample of 843 trainees participated in the BTI during orientation week of Technical Training at Lackland AFB, TX.

Methods: We conducted a 40-minute Brief Tobacco Intervention (BTI) composed of 31 slides, including 9 videos, utilizing a motivational style and social norming principles, as well as information about the health hazards of TNCPs. The BTI was presented in groups of 50 Technical Training students and their TNCP use habits prior to BMT were assessed. Pre and Post intervention assessments were conducted for perceived harm and intentions to use each of the TNCPs.

Results

A sample of 843 trainees participated in the BTI during orientation week of Technical Training at Lackland AFB, TX. Perceived harm significantly increased and intention to use significantly decreased for all TNCPs. Perceived harm of e-cigarettes and hookah had the greatest change in post perceived harm and intention to use. The perceived harm of e-cigarettes increased by 36% ($p < .0001$), while intentions to use e-cigarettes in 12 months decreased by 8% ($p = .001$). The perceived harm of hookah increased by 48% ($p < .0001$), while intentions to use hookah in 12 months decreased by 25% ($p < .0001$).

Discussion

TNCPs cost the AF an estimated 107 million dollars in lost productivity and medical costs annually (CDC, 2000). Preliminary findings suggest that the BTI is an effective brief group intervention for increasing perceived harm of and decreasing intention to use TNCPs. Future research should explore the association between the aforementioned constructs and actual tobacco use longitudinally.

Selected References

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