



Overview

In the United States, the prevalence of cigarette smoking is greater in rural compared to urban areas. Rural residents who smoke experience markedly greater health burdens than urban residents. This disparity is at least partially attributable to reduced access to health care and tobacco treatment interventions. This Research Spotlight highlights findings from a recent study examining rural-urban quit trends between 2010-2020.¹

Methods

In this study using data from the National Survey on Drug Use and Health (NSDUH), lifetime smoking was defined as having ever smoked 100 or more cigarettes, current smoking as having smoked one or more cigarettes in the past month, and former smoking as not having smoked any cigarettes in the past year. Quit ratios were calculated as the proportion of former smokers among lifetime smokers. The authors examined quit ratios by rurality, adjusting for sociodemographic variables.

Findings

- 161,348 people reported lifetime smoking
- 48% were women; 65% were white
- 34% had quit
- **In 2020, the prevalence of current smoking was higher in people living in rural (19%) than urban areas (14%)**
- Quit ratios increased in rural and urban populations from 2010 to 2020
- **Quit ratios were consistently lower in rural compared to urban residents**

Conclusions

Rural-urban disparities persist, with rural residents reporting higher smoking prevalence and lower quit ratios. Interventions that minimize barriers to tobacco treatment services may be particularly valuable for people who smoke in rural areas.

Learn More

¹Parker MA, et al. (2022). Trends in Rural and Urban Cigarette Smoking Quit Ratios in the US From 2010 to 2020. JAMA Network Open. Aug 1; 5(8).

²Parker MA, et al. (2020). Quit ratios for cigarette smoking among individuals with opioid misuse and opioid use disorder in the United States. Drug Alcohol Depend. 214:108164.

For more information about UVM CORA's Tobacco Toolkits, visit uvmcora.org or contact us at cora@uvm.edu.

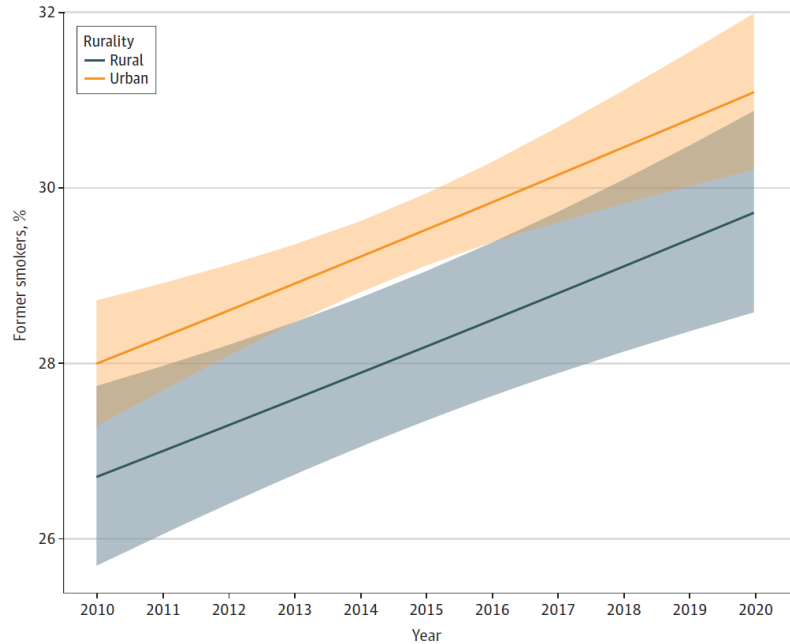


Figure 1. Smoking quit ratios for individuals in rural vs urban areas (2010-2020). Reprinted from Parker et al. (2022).¹

Tobacco Toolkits

Rurality is only one vulnerability associated with smoking and difficulties with smoking cessation. For example, individuals with opioid use disorder (OUD) are less likely to quit smoking than those without OUD.² UVM CORA offers Tobacco Toolkits to healthcare providers serving individuals with OUD in rural communities and to date has distributed over 500 toolkits. These toolkits contain nicotine replacement therapy (gum and patches) as well as items such as chewing gum and stress balls to support patients in working through nicotine cravings.