



# Tobacco Initiation and Cessation among New Soldiers

## Background

The series of Department of Defense (DoD) Surveys of Health Related Behaviors (Bray et al., 2003) have consistently indicated that junior enlisted Soldiers have higher rates of tobacco use compared with other military personnel. Little is known, however, about the underlying factors that result in initiation of tobacco use, relapse to tobacco use, cessation from tobacco, or abstinence from tobacco use following the forced abstinence during Basic Combat Training (BCT) and the initial stages of Advanced Individual Training (AIT). Similarly, little is known about the patterns of early initiation and trajectories of tobacco use, and the implications these have for prevention and cessation programs. Soldiers who re-initiate tobacco use during AIT after the weeks of forced abstinence can provide us with significant insight concerning the mechanisms and shape of reacquisition. The current study is designed to address this gap in information.

## RTI's Approach

For this project, RTI is collaborating with researchers from the University of Kentucky (Tobacco Etiology Research Network) in conducting a comprehensive, longitudinal study of tobacco use among approximately 6,000 Soldiers during and after AIT at four Army installations. For each participant, we are conducting a

- Baseline survey of all Soldiers in AIT at the selected Army installations to capture premilitary use and current tobacco use



- Follow-up survey of all Soldiers from the baseline sample who are still in AIT 6 weeks after baseline to capture change in tobacco use during AIT
- Final follow-up survey, conducted online 12 months after baseline.

During the latter stages of AIT when smoking is allowed, Soldiers can be classified into the following four groups based on their tobacco use during AIT compared to their use before BCT:

- Initiators: nonusers who begin using tobacco for the first time
- Re-initiators: former smokers who begin using again following the ban
- Quitters: former users who stopped after joining the Army
- Nonusers: nonsmokers before joining who continue to be nonsmokers.

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# Tobacco Initiation and Cessation among New Soldiers *(continued)*



Through cross-sectional and longitudinal analyses, we will identify key factors that are most strongly associated with tobacco initiation and cessation during AIT. We will also be able to identify and characterize the trajectories of tobacco use, as well as time to first tobacco use following the forced abstinence from tobacco use during BCT and the initial stages of AIT.

## Objectives

This study will provide an in-depth assessment of factors that influence tobacco initiation, cessation, and abstinence among Soldiers during AIT. Such information, which provides more in-depth understanding of the causes and predictors of tobacco use, is vital for improving and shaping effective tobacco use prevention, intervention, and cessation efforts.

The specific goals of the project are to

- Examine how premilitary factors (e.g., tobacco use, sociodemographics) and BCT factors are related to tobacco use among new Soldiers prior to joining the Army and following BCT and AIT.
- Identify the underlying individual-level (e.g., attitudes toward and expectancies of tobacco use) and social/environmental (e.g., peer use, tobacco availability) factors and their interactions that contribute to tobacco initiation, relapse, and cessation patterns.
- Assess tobacco initiation and relapse among tobacco users during early phases of training with a focus on understanding the nature of early episodes and trajectories of use.
- Provide an initial evaluation of existing tobacco-use reduction measures currently in place in AIT.

## References

Bray, R.M., L.L. Hourani, K.L. Rae, J.A. Dever, J.M. Brown, A.A. Vincus, M.R. Pemberton, M.E. Marsden, D.L. Faulkner, and R. Vandermaas-Peeler (2003). 2002 Department of Defense Survey of Health Related Behaviors Among Military Personnel. Report prepared for the U.S. Department of Defense (Cooperative Agreement No. DAMD17-00-2-0057), RTI Report 7841-006-FR.



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