

Helping Young Smokers Quit

Identifying Best Practices for Tobacco Cessation

Youth Tobacco Cessation Update: Findings to Guide Program Development

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TODAY'S GOALS

- Brief Review: What is HYSQ?
- Characterize treatment seekers
- Describe Youth Smoking Cessation Programs in the HYSQ study

HYSQ BACKGROUND AND AIMS

The Helping Young Smokers Quit initiative (HYSQ) was developed to address the critical need to disseminate effective, developmentally appropriate youth smoking cessation programs.

HYSQ aims to answer two broad questions about youth smoking cessation treatment:

1. Phase I: How accessible are youth smoking cessation programs: how many exist, where are they, who do they serve, and what do they do?
2. Phase II: What program components, processes, and contextual factors are associated with increased recruitment, retention, and quit rates?

PHASE I: Major findings

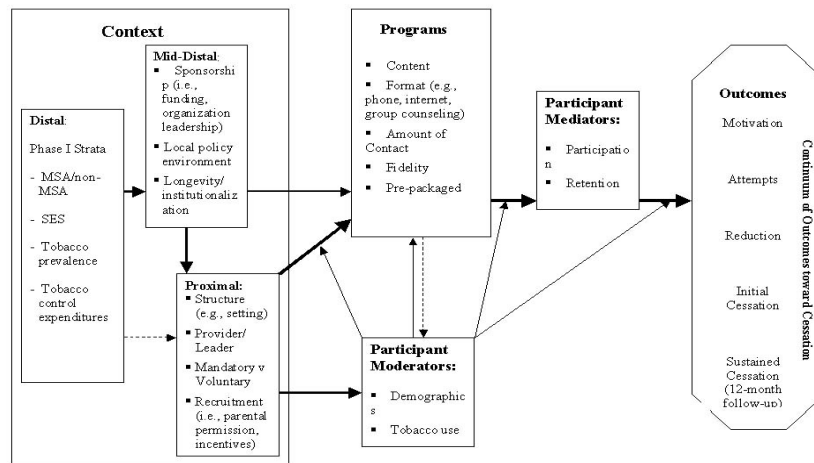
- Phase I identified and characterized 591 youth smoking cessation programs in 48 states, in a nationally representative sample of 408 counties across the U.S.
- At least 1 program found in 62% of counties sampled
- Programs were surprisingly homogeneous
- Top challenges involved recruiting youth and securing funding.

PHASE II: Evaluation Plan

Identify characteristics of programs that are associated with “success”

- Motivation to quit
- Amount smoked (days/number of cigarettes)
- Quit attempts
- Sustained abstinence

PHASE II: Logic Model

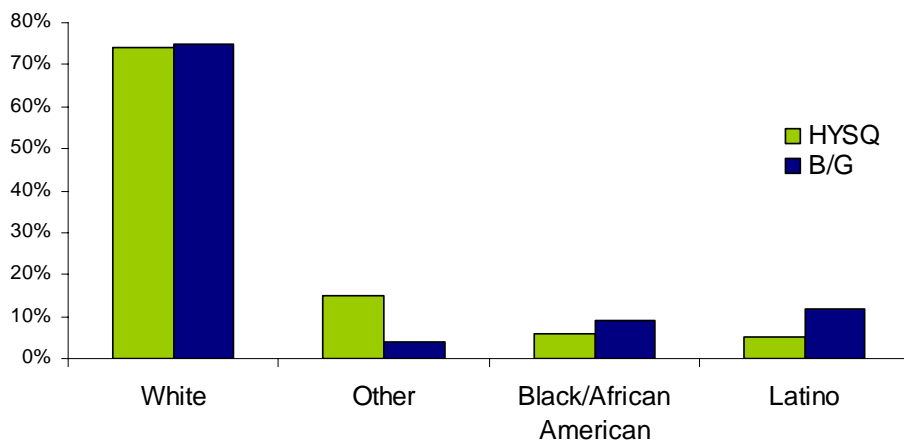


PHASE II: Data Collection Effort

- Local ordinances from archival research
- Community leaders
 - School Board
 - Health Department
 - Juvenile justice
- Organization leader
- Program leader: interview and attendance record
- Youth participants surveys (Expect ~900 youth):
 - [Baseline \(n=741 to date\)](#),
 - End of the program,
 - 6-month and 12-month follow-up

PHASE II: Who are the Treatment Seekers?

HYSQ: 52% female (B/G: 46% female)



PHASE II: School Behavior

HYSQ

- 94% currently enrolled in school
- 68% average or below average grades
- 68% ever suspended or expelled from school
- 28% expect to attend 4-year college

Barker/Giovino

- 72% enrolled in school or home schooled
- 52% average or below average grades

PHASE II: Risky Behavior

HYSQ

- 73% live with another smoker
- 57% binge drank in the past month
- 66% out \geq 3 nights per week

Barker/Giovino

- 67% live with another smoker
- 50% binge drink at least once per month

PHASE II: Smoking Behavior

HYSQ

- Average age of 1st cigarette: 12 years old
- 55% smoke daily
- 78% smoke first cigarette within hour of waking up
- Average 6 cigs/day
- Average 5 days/week
- 48% have used cigars in the past 30 days

Barker/Giovino

- Average age of 1st cigarette: 13 years old
- 57% smoke daily
- 57% smoke first cigarette within hour of waking up
- Average 10 cigs/day

PHASE II: Quitting

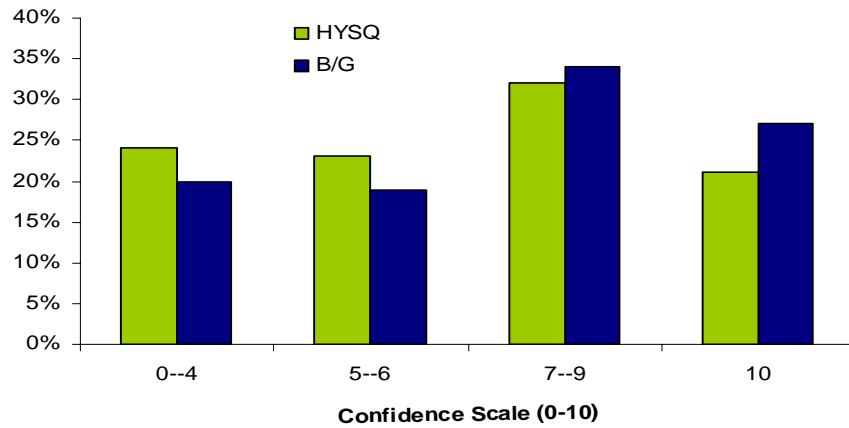
HYSQ

- 56% want to quit for good, but have not yet quit
- 20% say they definitely will not smoke in 5 years
- 74% are participating in the program voluntarily
- 44% plan to quit in next 30 days
- 77% plan to quit in next 6 months

Barker/Giovino

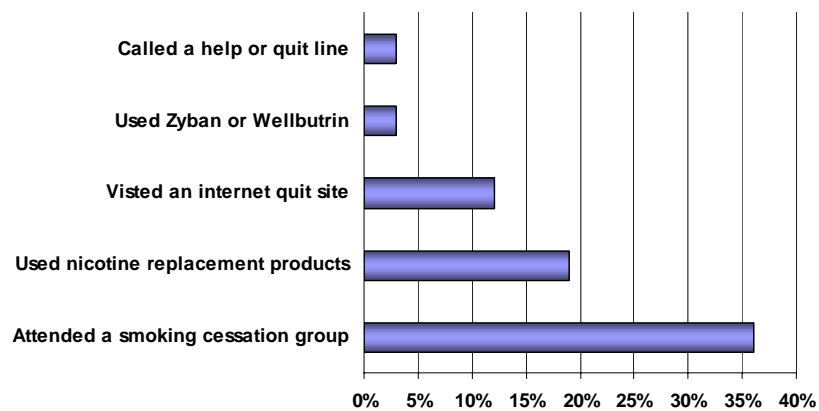
- 31% plan to quit in next 30 days
- 31% plan to quit in next 6 months, but not next 30 days

PHASE II: Confidence in Quitting



PHASE II: Quitting

- 61% have sought assistance in quitting



Phase II: Quitting

Top reasons for quitting

Internal	To save money	41.2%
	To feel in control	36.5
	So I won't smell or look bad	35.6
	To prove I can quit	34.9
	Know somebody who is sick	33.5
External	To avoid trouble at school	17.0
	To avoid trouble with parents	16.9
	Because others will be mad	16.4
	Have to for team sports	12.3
	Someone is making me	8.7

Preliminary Impressions of Treatment-seekers

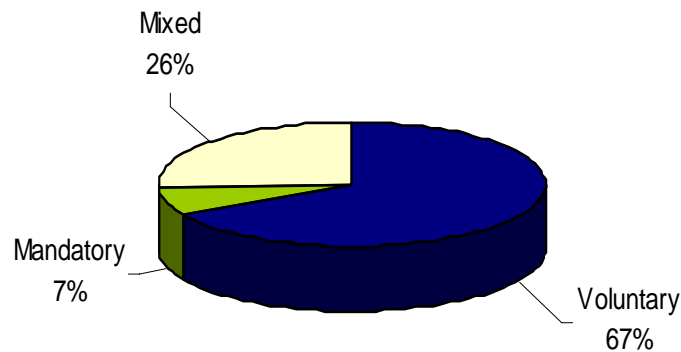
- Most are in school, but are not high achievers and engage in risky behavior
- They are daily smokers, with symptoms of addiction
- Most are seeking treatment voluntarily
- Compared to free-range smokers, more treatment seekers report that they want to quit in the near term

Phase II compared to Phase I

	Phase I Programs	Phase II Applicants
School Setting	90%	82%
Paid Staff	Mean = 1.07	Mean = 2.32
Program Development:		
• Externally	63%	66%
• Internal	13%	9%
Formats: (non-independent)		
• Group	95%	96%
• Individual Counseling	61%	28%
• Phone	16%	10%
• Internet	7%	1%
• Self-help	48%	29%
Parental Consent Required	22%	19%
Treatment Strategies:		
• Keep diaries	78%	79%
• Practice coping	99%	99%
• Sign contracts with rewards	48%	48%
• Change diet	68%	72%
• Speak to younger children about not smoking	39%	29%
• Invite family participation	42%	40%
• Address depression	56%	63%

Program Information: Phase II

Recruitment Type



Recruitment and Awareness

Flyers	77%
Notices in school/community newspaper	66
✓ Ads on TV/radio	13
✓ Adult encouragement/networking	90
✓ Peer outreach/networking	81
✓ Referrals from other participants	87
✓ Referrals from adults	90
Other	28

- **Advertising works:** Participation is higher in programs where community awareness is higher and with more recruitment strategies

Where we are going

- Participant data: currently in the field
 - baseline,
 - end-of-program, and
 - 6-month follow-up
 - (12-month follow-up will begin in September)
- Provider data
- Beginning to collect organizational data
- Community data will be collected in summer/fall 2005
- Repeat Phase I in 2006