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Understanding How to Best Serve Your Youth Population



If you have decided to implement a tobacco-use cessation intervention for youth, you should understand the challenges you are likely to face. Some of these challenges are common to a range of youth-focused activities. Others will be unique to your particular goals and capabilities and to the specific youth population you serve. Other intervention providers have encountered many of these challenges before you and found various ways to address them.

Because all youth are not the same, you should closely examine the specific population you plan to serve when selecting your intervention. Individual characteristics of youth can influence their participation in a cessation intervention and their subsequent success in quitting.

Examples include the following:

- Age and developmental stage.
- Socioeconomic status and education level.
- Ethnicity and cultural background.
- Sex.
- Patterns of tobacco use.
- Risk-taking behavior and psychological conditions.
- Physical conditions affected by tobacco use.
- Acceptability of tobacco use and commitment to cessation.

This chapter will help you

- Prepare for the challenges you may face when working with youth on the potentially sensitive issue of tobacco use.
 - Better understand differences among the youth you hope to serve.
 - Understand young people's concerns about quitting tobacco or using a cessation intervention, and be better prepared to respond to these concerns.
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- Tobacco use by peers and family.
- Peer and family support for cessation.
- Time availability.
- Knowledge, attitudes, and beliefs about tobacco.
- Self-esteem and self-image.
- Sense of control.
- Behavioral skills.

This chapter discusses some of these characteristics in greater detail and presents ideas on how to adapt interventions to deal with various concerns and differences among the youth you serve.

Differences Among Youth That May Influence Your Intervention

Researchers have not established which characteristics are most important when tailoring a tobacco-use cessation intervention for youth. More research is needed to determine how different characteristics affect outcomes. However, it is safe to say that your intervention should be as appealing and appropriate to your target population as possible. If you vary your basic intervention for specific subpopulations, track these variations closely and take them into account in your evaluation (see Chapter 5). The information you gather can help others who intend to design or implement cessation interventions for specific groups of young people.

AGE, SEX, EDUCATION, AND CULTURAL BACKGROUND

Youth of different ages and levels of development, different levels of education and literacy, and different cultural backgrounds will likely respond differently to your intervention. These factors influence decisions about and patterns of tobacco use, so they are likely to play a role in cessation as well.

If the intervention you select is not appropriate for the specific age group or level of development of your target population, it is more likely to fail. You also must consider whether your population is predominantly male or female. Prevalence of cigarette use is roughly equivalent among male and female youth, but young men are more likely to use other tobacco products.¹ In the United States, 21.8% of high school males and 21.9% of high school females were current smokers in 2003.² In Canada, the prevalence of current cigarette smoking was higher among females (23%) than males (21%) in 2002.³

When broken down by race/ethnicity, current smoking rates in the United States for 2003 were highest among white high school students—24.9% for whites compared with 18.4% for Hispanics and 15.1% for blacks.²

Other data show that youth who perform poorly academically (defined as having low grades, failing to graduate, being frequently truant, and lacking aspirations) are more likely to use tobacco.^{4,5} Consider this factor when selecting a setting for your intervention. Although school-based interventions may have other benefits, they might not reach the youth in your community who are at higher risk for continued tobacco use.

Your intervention should be appropriate for the literacy levels of your target population. Otherwise, it is more likely to fail than an intervention designed for and evaluated with a population similar to yours. An intervention also is more likely to fail if it alienates youth by being insensitive to their cultural background.

PSYCHOLOGICAL CONDITIONS

Psychological or behavioral problems (ranging from simple stress to depression or attention deficit disorder) complicate tobacco cessation for youth. A positive correlation has been shown between depression and smoking in youth.⁶ Some studies suggest that tobacco use may cause depression, whereas others suggest that young people who are experiencing depression may self-medicate with tobacco to relieve symptoms. Other personality and psychological factors, such as a lack of impulse control or social anxiety, also may influence tobacco use. However, more research is needed to determine how and to what degree these factors affect tobacco use and cessation attempts.

Given the potential for the presence of psychological disorders among youth who use tobacco, programs with sufficient resources should screen for these disorders and refer youth for appropriate treatment. Some youth will not be able to stop using tobacco unless they have received or are receiving treatment for the underlying problems that motivated its use in the first place.

PHYSICAL CONDITIONS AFFECTED BY TOBACCO USE

Youth who have preexisting health conditions that are exacerbated by tobacco use are not necessarily less likely to use tobacco. One recent study found that youth with asthma are nearly 1.5 times more likely to smoke than those who do not have asthma, even though smoking can compound shortness of breath and other health problems associated with this disease.⁷

Tobacco use also is prevalent among pregnant adolescents, in spite of the damage it is known to cause to unborn children. In 2001, 6.0% of mothers younger than age 15 and 17.5% of those aged 15–19 years smoked during their pregnancies.⁸ Creating guilt, however, is unlikely to motivate young pregnant women to quit using tobacco. Instead, intervention providers should seek to help young women understand that quitting empowers them to create healthier lives for themselves and their children.

Knowledge about the long-term health consequences of tobacco use has not been shown to influence whether youth begin to use tobacco.⁹ However, knowledge about short-term consequences can influence such behavior. Thus, getting young tobacco users to think about how tobacco affects their current health and well-being will likely be more effective. For example, focus on how tobacco use affects physical appearance and presentation (e.g., yellow teeth, bad breath).⁹

PATTERNS OF USE

Unlike adults, many young tobacco users have inconsistent patterns of use. They may limit use to certain times of the week or year, certain social or emotional situations, or particular locations. Because of this, youth may not feel they are “addicted” and may resist identifying themselves as “smokers” or “regular” tobacco users.

Therefore, your cessation intervention should include all youth who want to stop using tobacco regardless of their level of use. When working with youth, stress that no matter how much or how little tobacco they use, they may be addicted, and that anyone who uses tobacco may need help quitting.

COMMITMENT TO CESSATION

Young people’s commitment to cessation will typically fluctuate more than that of adults, just as their patterns of tobacco use do. Young people may express a desire to “stop” using tobacco but not see a need to “quit,” which denotes a commitment to long-term or permanent cessation. Stopping tobacco use may seem less daunting to some, and intervention providers should be willing to work with youth whose goal may only be temporary cessation (temporary cessation can become long-term cessation). Regardless of how they define cessation, young people should be educated about the nature of their dependence on tobacco and the challenges they will face when trying to quit or stop as well as the benefits.

When working with youth who are not fully committed to quitting, intervention providers should focus on motivating them to become more interested in stopping their tobacco use. It is possible to understand and alter a person’s motivation to change behaviors even at an early stage before the negative consequences of that behavior are fully realized.¹⁰

A well-designed intervention can move a significant percentage of tobacco users from apathy or skepticism to an interest in cessation. Therefore, if resources permit, programs can include “unmotivated” youth in their interventions.

PEER AND FAMILY TOBACCO USE AND SUPPORT FOR CESSATION

Tobacco use is a behavior typically influenced by peer and family attitudes and behaviors. Youth who have friends or family members who use tobacco are likely to have greater access and exposure to tobacco products and are more likely to smoke themselves.⁹ One large study found that youth who are exposed to both a family member and a best friend who smoke have a 90% greater chance of smoking than youth who are not in the same situation.¹¹ If young tobacco users have friends or family who support cessation or reject tobacco use, they may be more motivated to engage in cessation activities.

Interventions also can include a mechanism to help youth identify a supportive friend or family member who can support them through the quitting process. This person should be someone they feel comfortable talking with about their tobacco use, as well as someone who does not use tobacco. Encourage youth to discuss their desire to quit and their possible need for support (such as information on how to recognize and avoid triggers or someone to offer encouragement).

Although little research has been conducted on family-based tobacco-use cessation interventions for youth, several studies have shown family interventions to be effective for substance abuse treatment with adolescents.¹²

TIME AVAILABILITY

Youth often have significant time constraints because of commitments such as school, schoolwork, extracurricular activities, jobs, and other obligations or priorities. They also are less likely than adults to have their own cars or to have money to pay for other modes of transportation. Because of their age, they may have less control over where or when they can attend intervention activities.

Therefore, your intervention should be flexible in terms of when youth can participate and how they can obtain services and materials. If your intervention is not easy to access, consider providing options for transportation.

Many programs use school-based interventions to improve accessibility for youth. However, such interventions may not reach youth who do not attend school regularly, and some youth will have concerns about privacy because schools are public settings. Also, interventions may be difficult to schedule around existing classes and extracurricular activities at some schools.

KNOWLEDGE, ATTITUDES, AND BELIEFS ABOUT TOBACCO

Youth who smoke are likely to have several misconceptions about tobacco use that should be addressed. For example, they tend to overestimate the prevalence of tobacco use among their peers^{13,14} and underestimate the addictive potential of nicotine.⁹ If youth believe that others, particularly peers and family members,

approve of tobacco use, they are more likely to use it themselves.⁹ Young smokers are more likely than nonsmokers to have positive attitudes and beliefs about tobacco use (e.g., it makes them look more mature or reduces stress).¹⁵

Youth also are susceptible to tobacco advertising, and those who are exposed to frequent advertisements for tobacco are more likely to smoke than those who are not.¹⁶ Research has shown that U.S. youth who smoke buy the most heavily advertised brands of cigarettes.⁹ In Canada, tobacco advertising, including the distribution of promotional items, is banned.

BEHAVIORAL SKILLS

Some young people may use tobacco because they lack the skills to deal with problems in a more positive manner. For example, they may use tobacco in an attempt to reach a particular goal, such as acceptance by peers or a temporary reduction in stress.⁹ However, youth can be taught skills to help them resist peer pressure to smoke. Enhancing young people's self-esteem, self-mastery, and decision-making skills can enable them to more easily adopt and maintain healthy behaviors such as not smoking.⁹

Teaching the behavioral and coping skills necessary to resist social influence to smoke is an important part of the cognitive-behavioral model recommended in this publication. See Chapter 3 for more information on the types of skills that young tobacco users might need.

Youth Needs and Preferences

The more you understand about the needs and preferences of the particular youth you serve, the better prepared you will be to address their concerns about quitting tobacco and participating in a cessation intervention. Common issues that should be considered include young people's need to experiment, their fears about the consequences of quitting (e.g., increased stress, weight gain, rejection by peers), their need to control their own lives, and their need for privacy.

NEED TO EXPERIMENT

Most youth who begin using tobacco do not plan to continue doing so for the rest of their lives. They are simply experimenting with something to see whether they will like it or what possible benefits they would gain from it. In some cases, they will start using tobacco to show others that they are mature or because they have other (often mistaken) beliefs about what it can do for them.

Adolescence is a time when people typically experiment with new things, take new risks, and test boundaries. You should recognize that this behavior is normal. At the same time, you can teach youth that such behavior does not have to be expressed in a self-destructive manner such as tobacco use. You can talk with them about other ways to express their individuality and maturity.

DEALING WITH ANXIETY AND STRESS

Some youth may have concerns about how difficult it will be for them to quit. They may feel that their lives are stressful already, that using tobacco helps relieve this stress, and that quitting would increase it. In such cases, you can talk with youth about the stimulant properties of nicotine, which can actually increase stress with prolonged use. This discussion may help them to understand that tobacco will provide only short-term relief from anxiety and stress and will actually increase long-term stress. For youth who are experiencing more extreme forms of anxiety, intervention providers should refer them for appropriate counseling.

FEAR OF GAINING WEIGHT

A common concern expressed by youth, particularly young women, is that they will gain weight if they quit using tobacco. If they express this concern, be prepared to talk with them about ways to achieve and maintain a healthy body weight. Among adults, smokers generally weigh less than nonsmokers and gain weight after they quit smoking.¹⁷ However, changes in body weight that occur after smoking cessation are generally small, and the health benefits of smoking cessation greatly outweigh any risks associated with weight gain.^{17,18} No studies have examined whether weight changes occur among adolescents who quit smoking.

FEAR OF BEING REJECTED BY PEERS

Youth who use tobacco tend to overestimate the use of tobacco by their peers.^{13,14} Therefore, they may feel that “everyone else” is using tobacco and that if they do not, they will not fit in. Talk with them about the actual prevalence of tobacco use among their peers, which will help them realize that most adolescents do not smoke. They can be reassured that “real” friends should not reject them if they quit using tobacco and that they may become more attractive to peers who do not smoke. You can involve peer counselors or, if participants agree, specific friends to help reassure youth that quitting will not alienate them from their peers.

NEED TO CONTROL THEIR LIVES

Many teenagers feel that they lack control over their lives. Tobacco use appears to be a way to assert control. Although they cannot choose where they live, for example, they can choose to smoke. Although this may appear to be a barrier, it can actually be used to encourage cessation.

For example, you can discuss with youth how the tobacco industry tries to influence their decisions and how tobacco use is really a form of compliance with industry marketing. By contrast, quitting can be framed as something a person can control, which may create a sense of self-efficacy.

You also can engage youth in a discussion about how highly addictive nicotine is and how addiction represents a lack of control. Although many youth may not be addicted now, discuss with them how continued use will likely cause nicotine addiction to develop. Even if they can decide now when they do or do not want a cigarette, they might not always have that power.

Some youth may be suspicious if they perceive that intervention providers are trying to control their decisions. For example, focus groups conducted among smokers aged 14–18 revealed that participants were generally unfamiliar with the idea of seeking or accepting professional help for quitting.¹⁹ Some found the idea unimaginable, and many were skeptical about the effectiveness of cessation interventions. However, people who commonly work with youth have found that such attitudes can be overcome if the providers take time to let youth know who they are and why they are providing the intervention before asking the youth to commit to participating.

NEED FOR PRIVACY

Youth often conceal their tobacco use from family members or authority figures. Engaging them in interventions to help them quit sometimes requires assurance that their privacy will be maintained.

However, many schools and organizations also require parental consent for a young person's participation in activities that deal with sensitive topics such as tobacco use. Before you begin your intervention, make sure you understand the consent laws for minors in your state or province. If parents do not know that their children smoke, asking for parental consent to enroll those children in a cessation intervention will be awkward. The importance of obtaining parental consent must be weighed against the potential benefit of engaging youth in these activities.

Intervention providers have found different ways to deal with this problem. Some present tobacco-use cessation as just one possible element in a comprehensive health intervention offered to all youth. For some school-based interventions, providers ask that all parents give permission for students to participate in cessation services regardless of whether they use tobacco.

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Examples A and B show how one state health department and one rural county school system chose and implemented a youth tobacco-use cessation intervention.

EXAMPLE A-4

How One State Developed a Tobacco Quitline for Youth

As part of its Tobacco Prevention and Control Program (TPCP), a health department in a western state decided to develop a statewide telephone quitline for youth. One benefit of this type of intervention was that it could be tailored to callers' readiness to quit. Motivation was assessed for each caller to ensure that subsequent services were appropriate for that person's level of motivation and interest in quitting.

Youth could call and receive general information about tobacco use or receive a referral to a local class on tobacco-use cessation. If they were ready to quit but not interested in follow-up services, they could participate in a single, less-intensive intervention. If they were ready to quit and wanted intensive follow-up by telephone, they could participate in a multiple-call intervention that included callbacks at agreed-upon times. Parents also could call for general information about tobacco use and how they could help their teenaged children quit.

The counseling protocol for this intervention was based on motivational interviewing techniques designed to help the youth feel more confident about and interested in quitting. Quitline counselors were trained in cessation techniques and motivational interviewing and taught how to build rapport with youth. They were trained to counsel youth as support people who want to help, not as interventionists. The TPCP staff overseeing the intervention also provided information about relevant cultural concerns (e.g., religious issues specific to the state), which allowed counselors to be trained to respond appropriately. In addition, quitline services were available in multiple languages.



EXAMPLE B-4**A Rural County High School's Cessation Intervention**

Responding to concerns from students, a school system in a county with a largely rural population decided to expand its tobacco-use prevention intervention to include a cessation component for high school students. The cessation work group established to oversee this project wanted to ensure that the intervention met the specific needs of the intended audience. Three areas of special concern were the literacy/education level of the youth targeted, their socioeconomic backgrounds, and the role of tobacco in the culture of the area.

In this particular county, a high percentage of youth are at risk for not finishing high school because of academic and socioeconomic problems. Many of these students also use tobacco. Intervention materials needed to be in plain, simple language, and the number of handouts needed to be kept to a minimum. The work group wanted a curriculum that allowed plenty of opportunities for activity so that participants could learn by doing.

The county also has a high unemployment rate and, consequently, a high poverty level. Unfortunately, youth (and their parents) still spend money on tobacco even when they cannot always pay for more essential items. Thus, intervention materials were designed to emphasize the economic benefits of stopping tobacco use. Intervention planners believed that youth would respond to information about the amount of money they could save and the other items they could buy instead of tobacco.

Finally, the intervention planners had to consider the area's "culture" of tobacco use. Tobacco use (especially spit tobacco) was often seen as a rite of passage. Many generations of families had used tobacco, and getting youth to quit when their parents and other family members still smoked or chewed would be difficult. Planners tried to address this problem by linking the cessation intervention with programs that promoted adult cessation and attempted to change prevailing attitudes about tobacco.

