

# *Helping* **Young Smokers** *Quit*

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Identifying Best Practices for Tobacco Cessation

## **Understanding Demand for Smoking Cessation Treatment Among Young Adults in the U.S.**

Susan J. Curry PhD, Amy K. Sporer, MS, Dianne C. Barker, MHS,  
Sherry L. Emery, PhD, George I. Balch, PhD

**University of Illinois at Chicago  
Institute for Health Research and Policy**

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## *Young adults (18-24) are a key target for smoking cessation*

- From 1983-2003 only group with *increased* smoking prevalence
- Little evidence of declining prevalence
  - Prevalence at ~24% in past 3 years
- Currently over 6.5 million young adult smokers in the U.S.
  - Over 2 million will die prematurely from smoking-related causes

# *Young adult smokers want to quit but don't use available treatment*

- 2005 National Health Interview Survey
  - Over 70% want to quit completely
  - 49% made a serious quit attempt in past year
    - 4% used any behavioral treatment (1% quitline)
    - 17% used any pharmacotherapy

# *Young adult smokers want to quit but don't use available treatment*

- National Youth Smoking Cessation Survey
  - 0.7% to 4.8% ever use of behavioral treatment (2.1% quitline)
  - 0.4% to 17.4% ever use of pharmacotherapy
- California Quit Line
  - approximately 1.25% of young adult smokers called between 2004-2006

- *Increasing young adult use of evidence-based treatments can accelerate rates of smoking cessation*
  - *available data indicate that young adult smokers have comparable success to other adult treatment users*

# INNOVATIONS IN BUILDING ConsumerDemand

FOR TOBACCO CESSATION PRODUCTS AND SERVICES

6 Core Strategies for Increasing the Use of  
Evidence-Based Tobacco Cessation Treatments

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Young adult smokers must be involved in the development of strategies to increase their use of proven cessation treatments

## Building Consumer Demand

*Six core strategies for building demand among young adult smokers for proven tobacco cessation products and services include:*

1 Viewing smokers as consumers and taking a fresh look at quitting from their perspective.

2 Redesigning evidence-based products and services to better meet consumers' needs and wants.

3 Marketing and promoting cessation products and services in ways that reach smokers—especially underserved smokers—where they are.

*proven tobacco cessation*

4 Implementing policy changes as opportunities for “breakthrough” increases in treatment use and quit rates.

5 Systematically measuring, tracking, reporting and studying quitting and treatment use—and their drivers and benefits—to identify opportunities and successes.

6 Combining and integrating as many of these strategies as possible for maximum impact.



# *National Focus Groups*

- Three samples
  - Youth who had participated in group treatment as part of Helping Young Smokers Quit national evaluation of youth cessation programs (N=12)
  - National Youth Smoking Cessation Respondents (N=15)
  - Convenience sample recruited at Craigslist.com (N=15)
- Within each sample, separate groups for college and non-college
- Aim to explore perspectives on smoking, quitting smoking, cessation tx, & general help-seeking

# *Common Themes re: Treatment*

- Reluctance to seek help
  - *“We know we can quit so we don’t need help. Like it’s cool, we can take it.”*
  - *“I don’t think that I could just quit just because I want to. But, I think it’s like embarrassment to go ask for help for something like that. Because you do see people quitting every day, just on their own free will. And so it makes me feel like I would look like a weak person.”*

# *Common Themes re: Treatment*

- Lack of awareness of options, particularly behavioral programs
  - *“I have been wanting to quit for a while now and I would seek help but I just don’t really have an outlet to seek help with.”*
- Concern about effects of pharmacotherapy
  - *“I worry about taking prescriptions. A lot of things seem to get approved by the FDA that later on they have to pull from the market. So it's kind of scary. ”*

# *Common Themes re: Treatment*

- Skeptical of some treatment sponsors
  - *“The [quit smoking website], it's in all the packs of cigarettes now. But I mean I don't think I would really trust them to help me quit.”*
  - *“They're ordered by the government to do that.”*
- Trust voluntaries, not for profit organizations (e.g., ACS, ALA)

# *Common Themes re: Treatment*

- Interested in behavioral treatment when elements are described (e.g., personal interaction, strategies and advice, delivered by former smokers)
  - *“It sounds like a perfect program.”*
  - *“It does sound like a good program of this type.”*
  - *“I would definitely do that.”*

# *Conclusions/Future Directions*

- Themes consistent with other qualitative studies
  - Bader et al, AJPB, 2007;97(3):1434-1443
- Young adults may respond to media campaigns that 'demystify' treatment
- Build on tobacco companies' well-developed conceptual models for marketing to young adults
  - Ling & Glantz, AJPB, 2002;92(6):908-916