



QUITLINE SERVICES

FOR YOUTH UNDER AGE 18





I. BACKGROUND

PROFILE OF YOUTH SMOKERS

Data from the National Youth Smoking Cessation Survey show that a majority of young smokers (77 percent) do want to quit. In fact, according to the 2007 Youth Risk Behavior Survey, 61 percent of students in grades 9-12 who ever smoked cigarettes daily have tried to quit at least once and only 12 percent have been successful.

For adolescents, quitting smoking can be difficult for a variety of reasons. For example, the environment in which an adolescent is trying to quit has a significant impact on quitting success. Cigarettes can be visible and easy to purchase at many stores. Smokers may be able to smoke in public places, suggesting that the community does not disapprove of smoking. And since adolescents who smoke typically have friends who smoke, quitting among peers who are still smoking presents a unique challenge.

QUITLINE APPEAL TO YOUTH

Tobacco quitlines appeal specifically to adolescent smokers because quitlines are:

- easy to access;
- semi-anonymous;
- can be individualized to the caller within a structured protocol; and
- can include proactive follow-up so the counselor, not the caller, takes the initiative to call back after the initial contact has been made.



MYTHS AND FACTS

• The following is based on a study of California youth

MYTH: Parental consent hinders quitline counseling services for youth.

FACT: Far from objecting to having their parents contacted, most teens (88 percent) are surprisingly willing. Furthermore, when counselors talk with a parent, the adolescent's degree of accountability to make a quit attempt increases.

MYTH: Youth prefer peer-led counseling as opposed to being counseled by adults.

FACT: No studies show peer counselors to be more effective than adult counselors at helping adolescents quit smoking. A counselor's age is less important than skill and enthusiasm. Counselors who do best with adolescent smokers are those who enjoy this clientele, develop rapport easily with young clients, implement the protocol with skill and creativity, and have a high tolerance for inconsistency in client behaviors.

MYTH: Teens are not motivated by health concerns.

FACT: A number of teen clients identify their health issues as serious concerns. These issues include respiratory problems (e.g., asthma, chronic bronchitis), vanity-related issues (e.g., bad breath, stained teeth, clothing odor), and sports performance issues (e.g., shortness of breath, lack of endurance).

II. STATUS OF QUITLINE COUNSELING FOR YOUTH IN THE U.S.

OVERVIEW

Data included in this section is from the North American Quitline Consortium (NAQC) survey and subsequent telephone follow-up with State Tobacco Control Programs.

- The North American Quitline Consortium conducted a web survey of quitlines in March, 2008. Telephone follow-up was conducted by the Youth Tobacco Cessation Collaborative to all non-responding states providing quitline services in the U.S., as well as to respondents to the web survey who indicated having counseling services available for youth in the U.S. By May of 2008, 45 of 52 quitlines had responded for an 86.5 percent response rate.
- Of the quitlines that responded:
 - Three-quarters (75.5%) have counseling services for some or all tobacco users under age 18;
 - Of the respondents that do have counseling services for some or all young tobacco users:
 - ♦ Slightly more than three-quarters (76.4%) provide specialized materials for young smokers;
 - ♦ Over one-third (38.2%) promote these services through community programs, print ads, TV ads, fax referrals, social networking and informational websites; and,
 - ♦ Around two-fifths (41.1%) linked their youth counseling services to other tobacco control initiatives in the state.

AGE RANGE AND PARENTAL CONSENT

- A majority of quitlines that provide counseling services to youth indicate that anyone younger than 18 years of age is eligible to receive such services. In those states that do require a minimum age, eligibility ranges from 11 to 16 years old.
- At the time of the survey, California, Iowa, Massachusetts, and Ohio required parental consent for youth counseling services from the state tobacco quitline. Rules regarding parental consent vary. Some states, such as Iowa, require parental consent if the caller is under the age of 18. Massachusetts requires parental consent only if the fax referral program is used. Youth in Ohio must have a consent form signed by a parent prior to speaking with a counselor. In California, parental consent is required for the first call initiated by the counselor. Teens who call the quitline repeatedly are not required to have parental consent each time they call to receive counseling services. Alabama also required parental consent at the time of the survey, but has since changed their parental consent rules. In 2008, an Attorney General's opinion determined that Alabama was no longer required to ask for parental consent for youth under the age of 19 for telephone counseling. Iowa also is currently working with their Attorney General to remove this potential barrier.

COUNSELING SERVICE DESIGN

The Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence: 2008 Update* states, "counseling has been shown to be effective in treatment of adolescent smokers. Therefore, adolescent smokers should be provided with counseling interventions to aid them in quitting smoking." Several counseling studies were reviewed for the *2008 Update* and included counseling strategies intended to enhance motivation to quit, establish rapport, set quitting goals, promote problem solving skills, and prevent relapse. The following treatment approaches appear to have the most significant effects in teens:

- self-monitoring and coping skills;
- motivational strategies (reducing ambivalence to change); and,
- addressing social influences that affect smoking behavior.

Quitlines that provide counseling services to young smokers often use a specialized protocol developed by a quitline service provider. Quitline service providers that offer specialized youth protocols include Free & Clear, National Jewish Medical & Research Center, Clinidata, and Information and Quality Healthcare.

Because motivation is key to changing smoking behavior in adolescents, it is important for a counselor to assess reasons for the adolescent's quit attempt in the initial conversation, and to discuss the pros and cons of quitting with the teen to better prepare for triggers in the quitting plan. For example, the California Smokers' Helpline incorporates certain components into their protocol:

- counselors work to help adolescents view quitting, rather than smoking, as an adult behavior;
- topics that specifically address unique adolescent issues include, "identity formation, sense of invulnerability, need for accountability, dependence on family, identification with peers, inexperience with quitting, and desire for autonomy;" and
- the order in which to discuss the topics and where to place special emphasis is at the counselor's discretion. This allows the counselor to be more receptive to the client's needs, which increases the interest of the adolescent to continue the relationship.

The NAQC survey indicate that of the quitlines providing counseling to youth, 64.2 percent connect youth immediately to a counselor while other quitlines ask a counselor to call the youth back after intake is processed.

LINKAGE TO OTHER TOBACCO CONTROL INITIATIVES

Quitlines sometimes coordinate their youth-focused programs with other tobacco-control services, such as youth advocacy programs. Of the 34 quitlines that provide youth counseling services, 14 link the services to other types of tobacco control initiatives. For example, of these 14, 10 link to community health services and providers, and 8 link to youth advocacy programs. Only a few quitlines connect to smoke-free air advocacy and to tobacco tax initiatives.

III. PROMOTION OF QUITLINE SERVICES

Promotional activities can help clarify what services are provided by a quitline and may inspire a young smoker to call the quitline and begin the process of quitting. In the 2003 National Youth Smoking Cessation survey, higher exposure to state-sponsored ads with quitline telephone and/or website prompts were associated with increased awareness of quitlines.

TYPES OF PROMOTION

States that promote their youth counseling services do so through a variety of mechanisms including ads (radio/TV, and print), website networking, fax referral, and community programs.

- According to the NAQC Survey, among the 34 quitlines that provide counseling to youth, the most popular format for promoting youth services is through print ads and through community programs. Fax referrals and TV ads are the next most popular promotional format, followed by radio ads, social networking sites and informational websites that promote their youth services.
- Information regarding state promotional activities from the NAQC Survey was updated through email and telephone contact during the spring and summer 2009. Table 1 below reflects state activities to promote quitline services to youth.

TABLE 1

STATE	PROMOTIONAL ACTIVITIES
Alabama	<ul style="list-style-type: none"> The YOU CHOOSE campaign targets high school students and pregnant teens specifically. It includes signage and posters that include the quitline number. General information regarding the Alabama tobacco control program can be found at www.adph.org/tobacco. The program also maintains a MySpace page: www.myspace.com/alquitnow
California	<ul style="list-style-type: none"> The CA Smokers' Helpline is promoted on college campuses, and is conducting outreach to 18-24 year old military service members. Visit www.californiasmokershelpline.org For information regarding the California Youth Advocacy Network, visit www.cyanonline.org
Colorado	<ul style="list-style-type: none"> Colorado created the "Own Your C" website campaign. It targets youth ages 12-18 with the message that youth define who they are through the choices they make, and encourages youth to own their choices. The site provides information on a variety of tobacco related issues, including health and cessation resources – www.ownyourc.com. Sponsored by the State Tobacco Education and Prevention Partnership of the Colorado Department of Public Health and Environment and funded with proceeds from the 2004 state tobacco excise tax, FixNixer.com is an online resource intended to support the advice and recommendation of a medical provider regarding cessation. It can help design a cessation plan for young tobacco users. Visit www.fixnixer.com
Georgia	<ul style="list-style-type: none"> Several posters, flyers and a brochure are used to promote the quitline to youth. Information regarding the tobacco use prevention program can be found at health.state.ga.us/programs/tobacco/index.asp
Michigan	<ul style="list-style-type: none"> Through a grant funded by Blue Cross Blue Shield of MI, the quitline developed quitline ads for youth and young adults, including 2 radio spots. For more information regarding the Michigan Tobacco Prevention Program visit www.michigan.gov/tobacco
Montana	<ul style="list-style-type: none"> MT conducts the "Tougher than Tobacco" campaign on college campuses. The campaign uses college athletes in posters, commercials, and quitline signage. For example, posters and signage were developed for the University of Montana and Montana State University. As part of the campaign, games announcers were given in-game reads to deliver during time-outs. Free giveaways, such as water bottles with the quitline number on them, also have been provided. More information on the Montana Tobacco Use Prevention Program can be found at tobaccofree.mt.gov
North Carolina	<ul style="list-style-type: none"> Promotional materials are developed by the Health and Wellness Trust Fund–Teen Tobacco Grantee Program and are used by local programs. QuitlineNC is funded by the North Carolina Health and Wellness Fund and the NC Department of Health and Human Services. More information is available at www.quitlinenc.com
Texas	<ul style="list-style-type: none"> The Texas Tobacco Quitline is promoted through 5 community coalitions that do local outreach to youth 18 years and younger using the Not On Tobacco (N-O-T) program developed by the American Lung Association. Additional information regarding the Texas Tobacco Prevention and Control Program can be found at www.dshs.state.tx.us/tobacco
Utah	<ul style="list-style-type: none"> UT developed radio ads for stations frequented by young adults and youth. The intent of these ads is to address misconceptions about using the quitline. The quitline is also promoted in the "Ending Nicotine Dependence" program for youth who are caught smoking in school. For youth in very rural areas where there are not enough youth to conduct an entire "Ending Nicotine Dependence" program, youth who are caught smoking in school are referred directly to the quitline. Further information regarding the Utah Tobacco Prevention and Control Program can be found at www.tobaccofreeutah.org
Wisconsin	<ul style="list-style-type: none"> A flyer and poster was developed to recruit youth for a quitline study. Additional information regarding Wisconsin tobacco prevention and control youth programs can be found at dhs.wisconsin.gov/tobacco/YouthPrograms.htm

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