

*Use of Evidence-based Cessation  
Treatments Among Young  
Adult Smokers in the U.S.*

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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 smoking...

Variable	18-24 years n=759	≥ 25 years n=5,572	Odds Ratio or Mean difference, 95% CI
Age began smoking (mean)	16.1	18.0	-1.83 -2.09 - -1.57
Amount smoked (mean number of cigarettes per day)	11.0	15.1	-4.06 -5.28 - -2.84
Serious quit attempt for at least 1 day because trying to quit	49	41	1.33 1.09-1.64
Want to completely quit	72	69	1.15 0.93-1.43
Visited a doctor or dentist in the past year	74	81	0.67 0.52-0.86
Asked about smoking by health professional (among those who visited MD in the past year)	58	67	0.67 0.54-0.82
Physician knew about smoking (among those who did not ask about smoking)	26	45	0.44 0.30-0.65
Advised to quit by health professional (among those who visited MD in the past year)	49	60	0.64 0.52-0.77

Nearly 1/2 made a serious quit attempt in the past year  
 want to quit completely

# ..... but don't use available treatment

Low rates of behavioral tx use for all ages

Treatment use among serious quit attempters			OR
Behavioral Treatment			
Telephone quit line	1	2	0.48
Stop smoking clinic, class, or group	2	2	1.04
One-on-one counseling	1	2	0.63
Any evidence-based behavioral TX (computed)	4	5	0.81
Pharmacological Treatment			
Nicotine gum	6	13*	0.43
Nicotine patch	12	20*	0.56
Other nicotine replacement products	2	6*	0.38
Zyban, Bupropion, or Wellbutrin	3	8*	0.63
Any pharmacotherapy (computed)	18	32*	0.45
Any behavioral treatment or pharmacotherapy	20	34*	0.45
Both behavioral & pharmacotherapy (computed)	2	4	0.55
Other treatment			
Support from friends	34	27*	1.41
Internet or web	4	3	1.27
Books, pamphlets	5	7	0.70
Acupuncture or	0	3	0.06

Young adults less likely to use pharmacotherapy

# *Correlates of Pharma Use*

- Receiving advice to quit from health care provider
- Heavier smoking
- Higher educational attainment

# *Compared to other smokers, young adult smokers are....*

Variable	18-24 years n=759	≥ 25 years n=5,572	Odds Ratio or Mean difference, 95% CI
Insurance coverage (% of yes)	59	76	0.46 0.38-0.55
Visited a doctor or dentist in the past 12 months	74	81	0.67 0.52-0.86
Asked about smoking by health professional (among those who visited MD in the past year)	58	67	0.67 0.54-0.82
Physician knew about smoking (among those who did not ask about smoking)	26	45	0.44 0.30-0.65
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- Less likely to have health insurance
- Less likely to visit h/c professional
- Less likely to be asked about smoking during h/c visit

- *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

*May 2007*



Published by the National Tobacco Cessation Collaborative, which is funded by:



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