

## **“Adolescent Smokers and Smoking Cessation Studies: Issues in Eligibility, Enrollment, Recruitment and Retention”**

### **Summary**

*Society for Research on Nicotine and Tobacco (SRNT) Annual Meeting, March 21, 2005*

Adolescent tobacco use remains a major public health problem. Because there are limited data to guide smoking cessation treatment for adolescents, this symposium explored the challenges of recruiting, enrolling, and retaining adolescents into smoking cessation studies.

Dr. Paul McDonald, University of Waterloo, Canada, stressed the importance of studying utilization since improving utilization is just as important as improving effectiveness. He noted that utilization is a product of reach, access and adoption and that adoption is determined by how well a communication campaign can compel the intended adopters to try an intervention. Dr. McDonald and colleagues analyzed 48 smoking cessation interventions aimed at 12-24 year olds and found that recruitment can be improved by increasing length of campaign, using adult spokespersons, offering comprehensive programs to regular smokers in the winter through schools, workplaces, and community centers before school or during lunch.

Dr. Eric Moolchan, U.S. National Institute on Drug Abuse, and colleagues found in their randomized clinical trial of nicotine replacement therapy that eligible adolescents were slightly younger, more likely to be female, more likely to be European American, and had significantly shorter quit attempts. Reasons for exclusion included insufficient tobacco use, lack of parental support, medical and psychiatric reasons, outside of age range, and recent NRT use. Dr. Moolchan concluded that treatment options need to target adolescents who are lighter smokers, and who have medical or psychiatric comorbidity. He highlighted the importance of parental support and encouraged wider use of waivers and emancipated minor status to increase adolescents' access to tobacco dependence treatment studies.

Dr. Cathy Backinger, U.S. National Cancer Institute, and colleagues analyzed 57 published adolescent smoking cessation studies for recruitment, retention at first session and retention at follow-up by the following factors: type of recruitment (active vs. passive), intervention site (school vs. medical office), sample size (under 150 vs. 150 and more), minimal level of smoking to enter study (5 or fewer cigarettes/day vs. 6 or more cigarettes/day) and length of follow-up (3 months or less vs. 4 months or more). Only smoking less than 5 or fewer cigarettes a day was found to be significant for higher levels of recruitment (85% and higher) and retention (85% and higher for retention at first session and 70% and higher for retention at follow-up).

Dr. Scott McIntosh, U. of Rochester, New York, USA, reported on two medical office-based teen smoking cessation studies, one at the University of Rochester and the other at the University of Massachusetts. Working with 8 physician offices, the U. of Massachusetts study used a combination of onsite recruitment and proactive strategies

such as letters and phone calls, and had over 99% retention at both 6 months and one year. Working with 100 physician offices, the U. of Rochester offered teens to enroll in a generic health study with follow-up telephone screening and retained 81% at 3 months and 75% at 12 months. Lessons learned included the consent form as a barrier for recruitment, the need to enhance recruitment of low SES adolescents, and quality and consistency of the relationship between the research team and medical practice site affects recruitment.

Dr. Myra Muramoto, U. of Arizona, USA, discussant of the symposium, highlighted several considerations for future adolescent smoking cessation studies. These considerations included collecting and reporting more data systematically on recruitment and retention; conducting research with and offering intervention studies or programs for adolescent smokers who smoke fewer cigarettes than in studies reported to date; lowering parental barriers to providing consent for adolescent participation in studies; more research on parent/child dynamic around the issue of smoking cessation; having broader perspectives on risk/benefit analyses with regard to youth smoking cessation including wider use of mechanisms such as waivers and emancipated minors, and developing less stringent criteria for eligibility for pharmacotherapy studies; and more research into offering cessation programs in innovative settings.

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