

Reach New Heights

Youth Smoking Cessation-- A Pilot Program in a High School Setting

Wellington-Dufferin-Guelph Public Health and the Guelph Family Health Team
Funded by Waterloo Wellington Cancer Prevention and Early Detection Network

Needs Assessment

In the fall of 2013 Wellington-Dufferin-Guelph Public Health (WDGPH) conducted focus groups at four schools in Guelph to find out what youth wanted to help them quit smoking.

- Youth smoke for a variety of reasons: coping with stress, weight control, and social connection with friends and family.
- Quitting is a low priority with many barriers: a supportive smoking environment, widespread tobacco availability, concurrent substance abuse, and unpleasant side effects.
- Personal readiness, quit options, and low-pressure may contribute to success quitting.
- Everybody is unique so it's essential to have a variety of options available to meet the needs of different people.
- An accessible location, a supportive environment, subsidized costs, incentives, and a genuinely caring leader with lived cessation experience may contribute to attracting and retaining participants

Recommendations

- ✓ Partner with existing services
- ✓ Use multiple approaches to reach needs of different people
- ✓ Include challenge your friends contests and incentives
- ✓ Offer free Nicotine Replacement Therapy (NRT)

Pilot Objectives

- To help students develop skills around quitting smoking
- To encourage students who smoke to make a quit attempt

WDGPH partnered with:

GuelphFamily Health Team

- Local Cessation Experts
- Innovative collaboration to meet needs of reaching youth smokers



College Heights Secondary School

- Teacher Champion
- School supportive and size of school meant enough students for pilot



Local Pharmacist

- Recruited
- Provided nicotine replacement therapy, counselling and education



Recruitment

Recruitment was led by the teacher champion using posters, announcements and word of mouth. WDGPH set up a pig lung demonstration at lunch. Students who completed a recruitment survey (n=27) received a \$10 gift card.

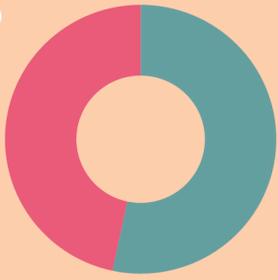
Average #cig/day 16.3
81.5% tried quitting before

66% smoked within 30 min of waking
53.8% wanted NRT

Preferred giftcards:
Subway & Tim Hortons
Grand Prize:
81.5% iPad mini

Top 2 Challenges:
challenge a friend 59.3%,
Cut smoking at school in half 48.1%

Who signed up to quit



■ Males (53%) ■ Females (47%)

Gender



■ 15 (20%) ■ 16 (20%) ■ 17 (40%) ■ 18 (20%)

Age



■ under 10 (33%) ■ 10-19 (47%) ■ 20+ (20%)

#Cigarettes/day

Pilot Outline

Kick-off Sept 30

- Kick-off event during class time with snacks provided.
- Program introduced, consent forms distributed, pre- surveys done
- Slide presentation about tobacco and quitting, including NRT
- Given individual packages with assessment materials and information
- Individual check in with FHT counsellor to discuss goals

Check In Oct 7&14

- Individual check in with FHT counsellors at lunch time
- Discuss personal goals/ strategies. Bring back personal goal setting sheets
- Free NRT and counselling about proper use from pharmacist

Celebration Oct 21

- Group celebration during class time with lunch provided
- Individual check-in with FHT counsellor & NRT from pharmacist
- Grand prize draw
- Post- survey and recorded verbal group feedback

Each week

- Challenges run by teacher between weekly sessions
- \$10 giftcard for participation



The Teacher Champion was key in keeping students engaged throughout the program. She encouraged students, organized events and ran weekly challenges. Students were paired up to challenge each other to quit or see who could cut down the most and were given gift cards for participating. The teacher offered her classroom as an alternative place to hang out instead of smoking. Students could participate in games and races and measure their lung capacity.



Social media was not included in the pilot although 58% expressed interest on the recruitment survey. Staffing, time, small sample size, and the short duration of the project were factors in not using social media platforms.

Attendance



Recruitment: 32



Week 1 Kick Off: 20



Week 2 Check In: 14



Week 3 Check In: 6

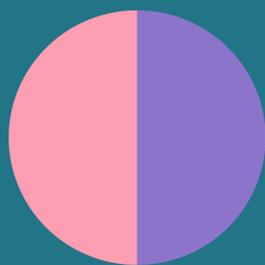


Week 4 Celebration: 14

Factors Influencing attendance: lunch vs. class time, motivation, incentives

Nicotine Replacement Therapy (NRT)

NRT is a proven best practice treatment in helping adults quit smoking. The evidence for NRT use in teens is inconclusive but leans towards no benefits due to the unique smoking patterns of youth. The needs assessment showed that 53% of students felt NRT would be beneficial in helping them quit. This was reinforced during the recruitment survey at 53.8%. NRT is available over the counter without a prescription and is considered safe for use in adolescents. Due to internal policies, WDGPH and the Guelph FHT could not provide NRT to students. We partnered with a local pharmacist to provide NRT to students, along with counselling. Students or guardians signed consent forms. Students received information on NRT during the first session, and were invited to see the pharmacist for NRT products. A total of eight students received NRT.



Male (50%) Female (50%)

Gender



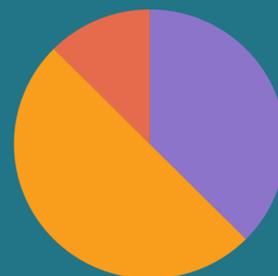
<10 15-20 20 50

Cigarettes/day



Gum Lozenge Spray Inhaler Patch

NRT Products

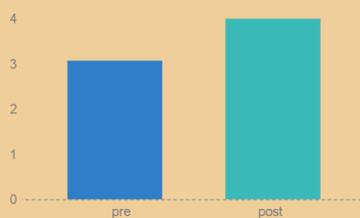


Once (38%) Twice (50%) Thrice (13%)

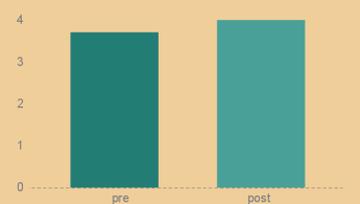
Times Seen

Evaluation

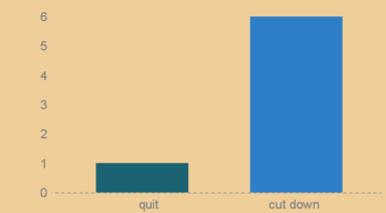
Students were given a pre- and post- survey at the first and last session. We were able to make pre- and post-comparisons for seven students (4 males, 3 females). At three months, five students completed a follow up evaluation.



Working hard to quit on scale of 1-5



Confidence on scale of 1-5



Quit vs Cut down

Three Month Follow-up

2 out of 5 reported quitting completely

All 5 students reported having cut down

Confidence increased: (average 3.8/5 pre, 4/5 post, 4.6/5 at 3 months)

100% stated that taking part in the program would help them cut down or quit in the future

One student who reported using NRT found it very useful and remained quit at 3 months

Students said:

It was awesome.

I think it helped students to, like, helped to cut back.

I wish it was longer, like 6-8 weeks.

I like...once a week because then it gives you time to like chillax and see how you're doing and try out the instruments that you're using.

I think maybe you guys should start it...when the snow hits because that's I think that's when a lot of people consider quitting. You wouldn't have gotten anybody in May.

Coming at lunch was...a little bit of dedication. Like you actually had to want to quit to want to go. So the people that were just interested in it for a gift card, their lunch was more important to them.

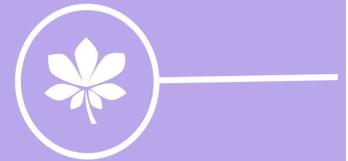
(You should) bring this to other schools.

Lessons Learned

-  Incentives are key. Some students may have come initially for a giftcard, but those who were committed returned.
-  There was some ambivalence and low commitment to quitting entirely; more interest in cutting down, supporting a harm reduction approach.
-  Attendance was lower at lunch and there was minimal follow through on weekly challenges. Do not underestimate the importance of social time!
-  Be willing to adjust literacy level and be flexible with reading material.
-  First session had too many participants and was too structured. Keep numbers at a comfortable level for students.
-  A teacher champion is key.
-  There was duplication of pharmacist and FHT counsellor role with assessment and counselling.

Recommendations

-  **Keep it simple: weekly check-ins, with food, to create a comfortable, casual atmosphere and opportunity for peer support.**
-  **Hold during class time, not over lunch, for period of 6-8 weeks.**
-  **No presentation component and no weekly "homework".**
-  **Continue to offer incentives, and perhaps a draw for a mini prize every week instead of a grand prize.**
-  **Have the same individual provide NRT and behavioural counselling.**
-  **Provide "sample kits" of NRT options instead of full packages so students can try all products with minimal waste.**



Conclusion:

The Reach New Heights pilot youth cessation project was an overall success. Since youth have unique needs, it is important to offer cessation programs with a variety of options. School and community partnerships can support youth success in quitting smoking.

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Thank
you

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