# Youth Smoking Cessation

## Needs Assessment Findings and Program Recommendations

**Alison Kernoghan**

**Dawn MacRae Stevens**

**Amy Estill**

**Dora Eaglesham**

**PublicHealth**
WELLINGTON-DUFFERIN-GUELPH
*Stay Well.*

# TABLE OF CONTENTS

# Executive Summary

## Background and Methodology

This needs assessment study aimed to answer the question "What are youth smokers looking for when it comes to helping them quit smoking?" Youth smokers (n=35) from four different schools in Guelph were recruited to participate in a demographic survey and focus groups where they had a chance to discuss their smoking behaviour and potential strategies that may help them quit smoking when they are ready. Participants ranged in age from 14 to 19 years with an average age of 16.8 years. Sixty percent (n=21) of participants were female and the majority of respondents (59%, n=20) have smoked a minimum of 100 cigarettes in their lifetime and a minimum of 10 per day in the last month.

## Key Findings

**The key findings from the focus group and survey analysis are as follows:**

- Youth smokers report obtaining their first cigarette from friends or family.
- Youth develop a relationship with smoking and come to routinely rely on it for a variety of purposes including weight control, coping with stress, and to feel socially connected to friends and family.
- Youth feel that personal readiness, quit options, and low-pressure support may contribute to successful smoking cessation.
- Everybody is unique and having a variety of options for quitting or cutting back is essential in order to meet the needs of different people.
- Youth identify smoking cessation as a low priority with many barriers including: a supportive smoking environment, widespread tobacco availability, concurrent substance use, and unpleasant side effects.
- Program design features including an accessible location, a supportive environment, subsidized costs, a genuinely caring leader with lived cessation experience, and incentives may prove successful in attracting and retaining more participants.

# Recommendations

Based on the information collected through the literature review, participant demographic surveys, and the four focus groups a number of recommendations have been developed to address youth smoking cessation in Guelph. To support youth in quitting smoking when they are ready, public health professionals should consider implementing the following program components:

1. Meet with school administrators to discuss how the school environment influences youth smoking behaviour despite the current smoke-free policy. Discussions may include topics such as the physical placement of the smoking area at the school, and the frequency and length of breaks throughout the school day.

2. Partner with existing health and social service professionals (e.g. Family Health Teams) who are working in secondary schools to develop coordinated cessation approaches that optimize available human and financial resources to address youth cessation.

3. Consider options for standardized formal youth cessation training for adult allies from in and outside of the school (e.g., teachers, child and youth workers, peers, coaches) so that youth may seek support from people that they trust.

4. Consider a program that provides multiple approaches to successfully reach the different needs of individuals. Some of the more popular approaches discussed in this needs assessment could be offered concurrently at the same site. For example, organize a "challenge your friends" contest with incentives for cessation, cutting back, and non-smoking behaviours. Another idea is to organize a harm reduction campaign to encourage cutting back on smoking during school hours.

5. Offer free or subsidized NRT to youth as one cessation strategy recognizing that multiple strategies are required to meet the needs of smokers.

6. Encourage the adoption of smoke-free homes within this population.

Further research can add to existing results and more clearly focus on defining what strategies will work for whom under which conditions.

# 1.0 Introduction

The following report details a needs assessment that was conducted by Wellington-Dufferin-Guelph Public Health in the city of Guelph. A literature review was completed, followed by the recruitment of local youth smokers to complete demographic surveys and participate in focus groups held in education settings across the city. These groups were designed to give participating youth a chance to discuss their smoking behaviour and potential strategies that may help them quit smoking when they are ready. The needs assessment aims to answer the question, "What are youth smokers looking for when it comes to helping them quit smoking?" This report provides background information on youth smoking and quitting behaviour, methodology details, key findings, and recommendations for next steps.

## 1.1 Background

The *Canadian Tobacco Use Monitoring Survey* results (CTUMS, 2012) show that of Ontario youth aged 15 to 24 years, 16% of males and 11% of females are current smokers. The *Wellington-Dufferin-Guelph Youth Survey* report current smoking rates of 7% for females and 12% for males in grade 10 (*Wellington-Dufferin-Guelph Coalition for Report Cards on the Well-Being of Children*, 2013). Young smokers want to quit. In fact, more youth smokers try to quit than adults with quit attempts at 56% for 15 to 17 year old smokers, 76% for 18 to 19 year old smokers, and 58% for 20 to 24 year old smokers, compared to 43% for 25+ year old smokers (CTUMS, 2012). Despite their efforts, youth who attempt to quit are not as successful as adults (CTUMS, 2012). Across Canada, the quit rate (ratio of the number of former smokers divided by the number of ever-smokers) for youth 15 to 24 years of age is 20% and for adults 25 years and older the quit rate is 66% (CTUMS, 2012).

There are many benefits to quitting early: living a longer life is just one of them. Quitting before the age of 35 extends a previous male smoker's life by 6.9 to 8.5 years and a previous female smoker's life by 6.1 to 7.7 years compared to a continuing smoker (Taylor, Hasselblad, Henley, Thun, & Sloan, 2002). Although many adolescents want to stop smoking and know it is beneficial for them to stop as early as possible, very few studies have been published on smoking cessation treatment for youth and young adults (Hanson, Allen, Jensen, & Hatsukami, 2003). What is known from

existing research on adults is that on average the use of tobacco cessation interventions doubles quit rates (Sussman, 2002). This needs assessment looks at many aspects of the complex issue of smoking cessation in the youth population.

# 2.0 Methodology

## 2.1 Data Collection

Ethics approval was obtained for the needs assessment through the Wellington-Dufferin-Guelph Public Health Ethics Committee prior to participant recruitment. The needs assessment research team consisted of one health promotion specialist, a public health nurse, and a Masters level practicum student.

Mixed methods were used to collect data from participants including completion of a survey and participation in focus groups. A focus group is a structured and directed small group discussion that is guided by a trained leader (Community Tool Box, 2013). These groups are carefully planned to create a non-threatening environment in which participants feel free to talk openly about their opinions, and to respond to questions posed by the leader and to the comments of other participants (Community Tool Box, 2013). Focus group questions were drafted with input from the Ontario Tobacco Research Unit (OTRU) and were designed to obtain the participants' opinions on smoking and what might help them quit when they are ready. The survey questions were designed to obtain demographic information from participants as well as details about their past quit attempts and any plans for future smoking cessation. The survey questions have been included in Appendix A and the focus group questions are provided in Appendix B.

Each focus group was led by one research team member and documented by a second member. Participants were read an information letter (Appendix C) and consent form (Appendix D) which they completed prior to beginning the group. The groups were then led through a series of 10 questions, with ample time to fully explore each topic before moving onto the next question. Midway through the focus group, participants were asked to vote in a dotmocracy to indicate their

preferences for potentially helpful ways to quit smoking. A dotmocracy is a tool for use with groups that allows participants an equal opportunity to vote on their preferences while also making it easy to recognize points of agreement (Diceman, n.d.). Each participant could vote up to three times, choosing to use none of their votes, all of their votes for one idea, or dividing their votes in any combination over the various techniques. Audio devices recorded each group session and recordings were later transcribed in detail. Participants were encouraged to contact a research team member if they were uncomfortable with any of the conversation, their contributions, or if they wanted to access the research results when they become available. Research team members met after each group to debrief and identify any modifications required for future groups.

## 2.2 Sample Selection and Recruitment

The focus groups were conducted with students at four high school programs in Guelph. Originally three groups were planned, but a fourth location was added because the research team felt that saturation had not been reached and more information could be collected with an additional group. A total of 35 students participated across the four schools. Participation was limited to interested youth smokers between 13 and 24 years of age. Advertising for the groups was done with posters, school announcements, and word-of-mouth promotion from teachers and other significant school staff.

## 2.3 Data Analysis

Qualitative data analysis was completed using NVivo. The focus group recordings were transcribed and analyzed for themes that emerged across and within groups. Debriefing sessions with the research team held after the focus groups allowed for the inclusion of additional observations and elaborated analysis. Quantitative analysis of the demographic survey data was completed using Microsoft Excel.

# 3.0 Key Findings

## 3.1 Participant Demographics

The study included a total of 35 participants. All participants attended the focus groups; however, only 34 completed demographic surveys including 21 females (62%) and 12 males (35%), as shown in Figure 1. One participant did not respond to the question about gender.

**Gender of focus group participants**
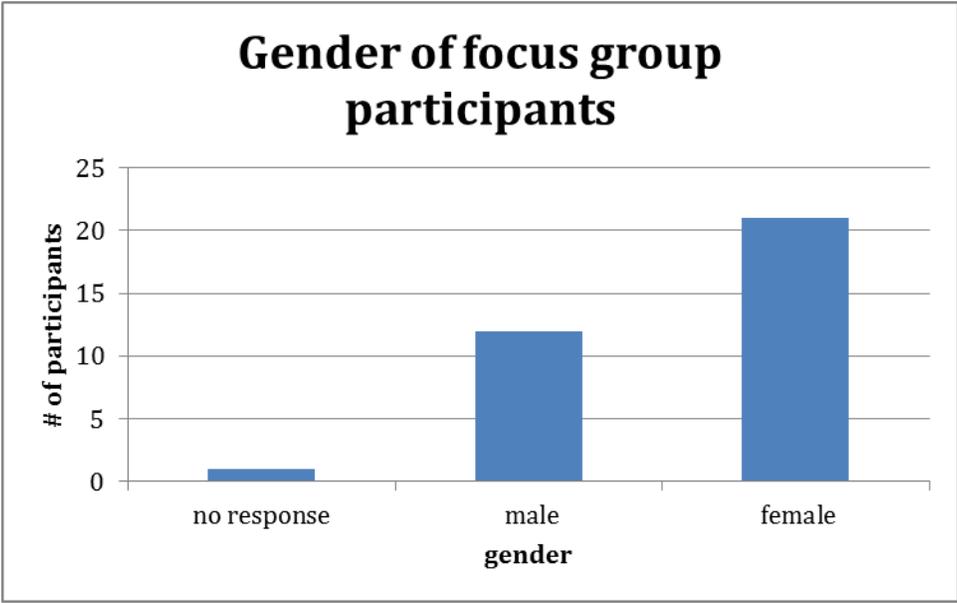
*Figure 1: Gender of focus group participants*

Figure 2 depicts the age distribution of the participants, ranging from 14 to 19 years inclusive. The mean or average age of participants was 16.8 years.

Table 1 details the combined smoking-related survey responses from all participants who completed the demographic survey. Results show that the majority (59%, n=20) of respondents have smoked a minimum of 100 cigarettes in their lifetime and a minimum of 10 per day in the last month. Also a variety of quit techniques have been tried by participants in the past. The most popular method tried in the past was quitting "cold turkey" with 62% (n=21) of participants having tried this method. A total of 35% of participants (n=12) have tried to quit using each of the following techniques: nicotine replacement therapy (NRT) and "Leave the Pack Behind" (LTPB).

**Age of focus group participants**
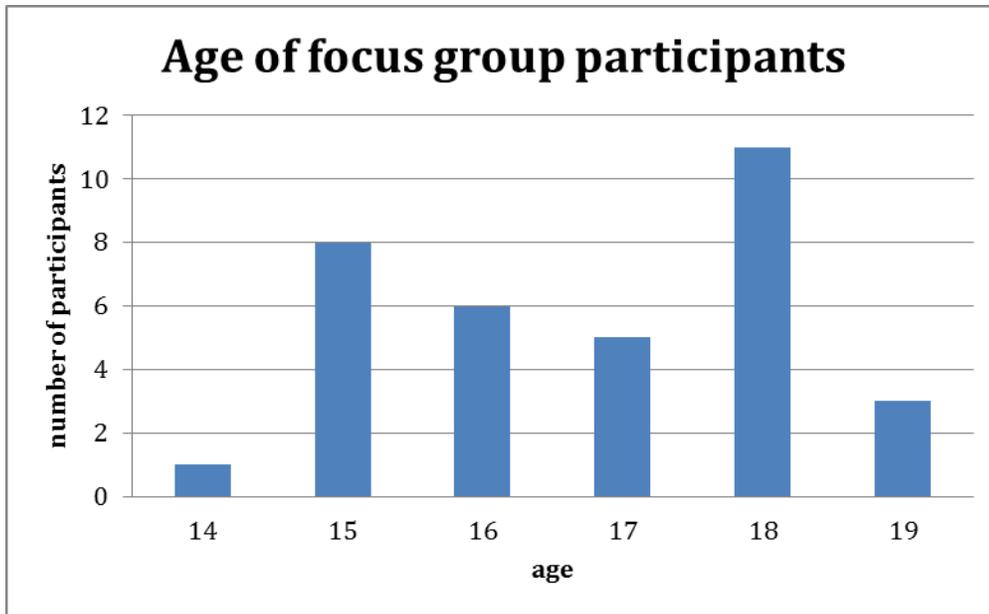
Figure 1: Age distribution of focus group participants

LTPB was not defined on the survey and because this program has been solely focused on post-secondary school age groups to date, it is anticipated that participants may have understood it to mean they quit by simply putting their pack of cigarettes down and leaving it behind. They may not have been familiar with LTPB as a program.

When asked about their plans to quit smoking, twice as many participants indicated they intend to quit compared with those who have no plan to quit, and they plan to do so in the next six months. In the future, 56% (n=18) of participants feel they might try to quit "cold turkey" or with the assistance of NRT. Interestingly, these are also the two most frequently tried cessation techniques used by participants in the past. Although these methods have not contributed to long-term quitting success thus far, they remain the most popular methods for future quit attempts among the youth surveyed. The least popular methods for smoking cessation among participating youth were Smokers' Helpline and a social media program (each with n=1), group sessions, and self-help materials (each with n=3).

| Survey question | Survey response | Responses % (#) |
|---|---|---|
| Which of the following best describes your use of cigarettes in your lifetime? | Never had a cigarette, not even a puff in my life | 3% (1) |
| | Only two to three cigarettes in my life | 6% (2) |
| | 100+ cigarettes in my life and minimum of 1/day in the last month | 32% (11) |
| | 100+ cigarettes in my life and minimum of 10/day in the last month | 59% (20) |
| Choose all the ways you have tried to quit smoking in the past | Never tried to quit | 29% (10) |
| | Self-help materials | 15% (5) |
| | Leave the Pack Behind (LTPB) | 35% (12) |
| | Individual counseling | 12% (4) |
| | Group counseling | 3% (1) |
| | Nicotine replacement therapy (NRT) | 35% (12) |
| | Prescription medications | 6% (2) |
| | Contest | 6% (2) |
| | Smokers helpline | 6% (2) |
| | Social media program | 3% (1) |
| | Quit and Get Fit | 24% (8) |
| | Cold turkey | 62% (21) |
| Are you planning to quit? | Within the next month | 3% (1) |
| | Within the next six months | 41% (14) |
| | Beyond the next six months | 24% (8) |
| | I am not planning to quit | 32% (11) |
| What methods would you be interested in using in the future? | I am not interested in quitting | 21% (7) |
| | Self-help materials | 9% (3) |
| | Individual counseling | 15% (5) |
| | Group quit coaching sessions | 9% (3) |
| | NRT | 53% (18) |
| | Prescription medication | 21% (7) |
| | Quit contest | 21% (7) |
| | Smokers helpline | 3% (1) |
| | Social media program | 3% (1) |
| | Exercise | 24% (8) |
| | Help from family members who smoke | 21% (7) |
| | Cold turkey | 53% (18) |

**Table 1: Smoking-related survey responses**

## 3.2 Perceptions from Youth on Smoking and Quitting

The following section provides a summary of the comments collected from participants throughout the focus groups. In addition, themes have been identified where appropriate. The presentation of these subsections and topics closely follows the question guide used during the focus groups.

## 3.2.1 Smoking Initiation

Nearly every participant expressed that friends or family members were integral to their smoking initiation. In some cases, curiosity led participants to take their first cigarette from the available pack of a relative. For others, the friend or family member provided them with the first cigarette or encouraged them to smoke. One participant described her initiation to smoking.

> *So for me I guess like when I started smoking me and my friend took her grandmother's carton of cigarettes and we thought we were really cool and just smoked them. And that's how I started.*

A few participants said feelings of stress or anxiety were part of their smoking initiation. After suffering an anxiety attack, one participant's brother told her she should try having a cigarette to feel better and calm down. She said that after he forced her to smoke she did feel a lot better. Some other participants began smoking in social situations.

> *I think parties, grade 9, the beginning of high school and trying to fit in and find friends were why I gradually started smoking more and more.*

Sometimes smoking began when participants started feeling awkward around friends who smoked when they were not a smoker. The first few months of grade 9 were mentioned by participants as a time when they felt pressured to smoke because their peers smoked and they were being asked to smoke too. One respondent talked about trying tobacco after first smoking marijuana for some time.

The first theme from the focus group data emerged out of these conversations around smoking initiation.

## 3.2.2 What Keeps Youth Smoking?

After initially trying smoking, youth continue this behaviour for a number of reasons including stress reduction.  Participants reported that smoking is calming and relaxing, and gives them something to do with their hands.  Furthermore, smoking has developed into a routine, especially at school where regular breaks throughout the day provide multiple opportunities to smoke. At home or work, with other activities and distractions, many participants find they smoke less than they do during the school day. The following comment from a participant illustrates the concept of social smoking cues and the supportive smoking environment mentioned in each group.

> *When there are more people around I find it like if I'm sitting at home and I'm watching t.v. I'll probably go for like three cigarettes.  Then you come to school and you have like three before class even starts.*

One male and one female participant agreed that smoking allows them to stay skinny and avoid physical workouts. In a second focus group, two female participants talked about smoking to avoid eating.  Finally, respondents cherish the important relationship they have developed with cigarettes as one individual stated and several of her peers agreed.

> *If you have been smoking for a long time and you try to quit--you've been done for like 20 minutes or so and there will be like a void in your life.  What else am I supposed to do?  It's like should I go back to it or should I have this hole?*

The focus group conversations around what keeps youth smoking resulted in the second theme.

> **Theme 2: Youth develop a relationship with smoking and come to routinely rely on it for a variety of purposes including weight control, coping with stress, and to feel socially connected to friends and family.**

### 3.2.3 Addiction

Youth verbalized that addiction to nicotine is real for young people. They described how some youth can be addicted while others don't seem to be. Some participants talked about how they initially did not feel like they needed to smoke but after doing it for some time they could not go without it. Sometimes smoking is tied to the use of marijuana or "batch." The groups identified several indicators of addiction including smoking first thing in the morning before any other activity, spending the majority of total income on cigarettes, and picking up discarded cigarette butts from the sidewalk to smoke when nothing else is available.

### 3.2.4 Perceptions of Quit Smoking Techniques

Participants were asked to vote in a dotmocracy to provide initial information about different cessation techniques that was then used to frame the discussion around what would be helpful in quitting smoking. Table 2 displays the combined dotmocracy results from the four focus groups.

|  | Quitting technique | # dots |
|---|---|---|
| What is the best way to help people your age who want to quit smoking? | Nicotine replacement therapy (NRT) | 34 |
|  | Contests | 16 |
|  | Groups | 17 |
|  | Groups that include exercise | 12 |
|  | One-to-one counselling | 4 |
|  | Hotline | 0 |
|  | Other | 22 |

Table 2: Dotmocracy results for quit smoking techniques

There were significant differences of opinion upon discussion of each of the quitting techniques displayed above. For each technique, there were participants who felt it would be helpful and those who felt it would not be helpful. Participants often said that they didn't think the technique would work, or had not worked for them in the past. However they felt the technique may be a viable

strategy for someone else, specifically when discussing counseling, groups, groups that include exercise, contests, NRT, and medications.

**Nicotine replacement therapy -** In the dotmocracy activity, NRT received the greatest number of votes (n=34). Additionally, the survey results reveal that NRT was the technique most often tried by participants in previous quit attempts (35%, n=12) and the technique they would most likely choose in future quit attempts (53%, n=18). The focus group discussions generated much conversation on this topic as some participants had tried NRT and others knew of someone close to them who had tried it. Youth who had tried NRT talked about a number of reasons why it had not worked for them including an increased desire to smoke while using the patch and a dislike for the taste of the gum. Participants also identified barriers to accessing NRT including labeling that warns against selling the products to minors and the perceived high cost of purchasing it. One participant suggested that it would be helpful to be able to access NRT at reduced prices because it is currently expensive. Another commented about the price of NRT.

*I just think that nicotine replacement is a lot of money for something that is not guaranteed to work.*

Overall, participants were divided in their opinions about different types of NRT for smoking cessation.  There was some support for NRT and participants spoke positively about the potential benefits of using it to aid in smoking cessation for other people but many did not think it would ultimately work for them.

**Contests -** In the survey, only two participants (6%) indicated they had tried a contest in the past to quit smoking and seven (21%) indicated it is a technique they may be interested trying in the future. There were 16 votes for contests in the dotmocracy but when they were discussed during the focus groups, some unique interpretations and ideas arose about what constitutes a contest. Most participants envisioned a casual contest where friends challenge one another to quit, seeing who can go the longest without a cigarette. Although participants expressed interest in the opportunity to win larger prizes such as money or cars that are routinely offered in typical 'Quit and Win' type contests, they didn't feel there was enough incentive to join a big contest because they would not

likely win. Instead participants were really only interested in contests with guaranteed prizes. Overall there seemed to be potential interest in small informal challenges or contests between friends that ensured guaranteed rewards but not in large contests with very little chance of winning.

**Groups -** There was a total of 17 votes for groups in the dotmocracy activity although only one (3%) survey participant indicated she has tried a cessation group in the past and only three (9%) were interested in trying one in the future. Some participants appreciate the social aspect of groups and expressed that going through the difficult task of quitting would be easier in a supportive group setting. It is helpful for some participants to know that others are going through the same experience.

> *I think to put me in a group setting just like this -- it's I'd rather that than one-to-one counseling because you feel like you have someone else to support you. Right, there are other people there that are going through the same thing as you. You are not just kind of by yourself.*

Most who thought groups would be helpful talked about being with people they know, while one participant said he preferred the idea of a fluid group that would change from week to week and would include strangers instead of his school peers. He indicated it is easier to talk to strangers. Groups were unpopular with one youth who said she had tried too many of them in the past. Two other participants identified a downside of groups, saying that if members have a shared goal of quitting and one person strays off course, this could negatively affect the rest of the group. Overall, participants felt groups could be a viable quit technique for some people but many features such as the location, membership and leadership are important factors for success.

**Groups with exercise -** Groups with exercise were popular among a select portion of participating youth, most of whom were female. A total of 12 participants voted for this technique in the dotmocracy and on the survey 24% (n=8) thought it might be something they would try in the future. Support for this idea usually grew out of the personal experience of participants who had smoked less during times when they worked out more.

*I think that would be helpful because when I did quit smoking all I thought about was like health and wealth and I wanted my health back so exercise is a really good way of motivating me to quit smoking.*

Conversely, groups that include exercise were unpopular among other participants who felt that exercise and smoking are not compatible. One participant felt that smoking affects exercise and exercise influences smoking.

*Smoking messes up something. I don't know, it messes up something and then you can't breathe half the time. You run to the corner and you are like 'OK I am dead,' and you have to walk back. Plus every time I go work out the thing that I want when I am done is a smoke.*

The popularity of this idea also varied from school to school.

**One-to-one counseling -** Only a few respondents thought one-to-one counseling was an effective cessation technique. A total of 12% (n=4) of participants indicated they have tried individual counseling for cessation in the past; it received four votes on the dotmocracy and 15% (n=5) reported that it is a technique they might try in the future. The few who did express interest in it valued the idea of talking with someone about their unique needs, especially someone with experience in smoking cessation.

*What I would see happen is like figuring out like what would work for me personally. You know like whether it would be nicotine replacement or exercise or something. Maybe it could help narrow it down to something that could actually work.*

One participant thought it would be most helpful to talk with a counselor she had established a relationship with already or somebody else that she knows. Those who were not in favour of one-to-one counseling didn't see the need for, or value in, counseling but thought that less formal support from someone who cares about them could be more helpful.

*Yea for me I would take someone I have a personal relationship with over someone whose job it is any day.*

One participant talked about how cessation counseling would lead to discussions about other things in her life and she didn't see how opening up more stress would help her quit as smoking is her coping device. The idea of combining counseling and NRT did not seem to produce any additional interest with one participant saying "personally, I wouldn't use either."

**Hotlines -** Hotlines were unanimously considered not helpful as youth reported it would not be helpful to talk to a random stranger about quitting smoking. One participant (3%) indicated she would try this technique in the future but there were no votes for hotlines on the dotmocracy. Two participants (6%) had tried hotlines to quit smoking in the past. Participants were even amused with the idea, pointing out that they could be smoking the entire time they are on the phone and the hotline attendant wouldn't even know. Participants felt that hotlines were not relevant.

*I think because we are in a new age too. It's just like hotlines you don't really hear them anymore.*

Several additional strategies that were identified solely by the participants were also discussed, including:

**Medications** - Most of the discussion centred on Champix with mixed feelings about its use as a stop smoking aid. The majority of group members had not tried smoking cessation medications themselves but some knew of family or friends who had tried them with mixed success. The survey results showed that 6% (n=2) of participants had tried prescription medications in the past and 21% (n=7) were interested for future cessation attempts. One individual who was not interested in using any cessation product that contains nicotine thought a prescription medication like Champix might be a good option.

**Self-help books** - A second idea came from a participant who said she quit for six months after reading Allen Carr's *Easy Way to Stop Smoking* book. She strongly recommended the book to anyone who is interested in quitting. The demographic survey asked participants about their historical use of self-help materials and if they would try them in the future to quit smoking. A total of 15%

(n=5) had used these types of materials in the past and 9% (n=3) thought they might try them in the future.

**Limited access** - Participants described situations where they have had limited access to cigarettes and how this has enabled them to cut down or quit smoking for a period of time. Some examples include quitting while incarcerated, while at a non-smoking summer camp, or while staying at a relative's smoke-free home.

**Distraction** - Participating in activities that do not allow for smoking such as various sports is another way to possibly cut down or quit smoking. One participant also talked about visiting with younger cousins as a successful way to cut back because they look up to her and she would not smoke in their presence. A male participant said he has long stretches of not smoking when he plays video games, which he identified as his primary addiction.

**E-Cigarettes** - There was some discussion of e-cigarettes at each group with various opinions related to the rising use of these products and whether or not they might be helpful as a quit aid. E-cigarettes can be used with or without nicotine cartridges. Some participants have tried e-cigarettes and some were curious about how they are used. Participants suggested that e-cigarettes may just extend smoking opportunities as they can smoke cigarettes outside and then come indoors and use e-cigarettes. The conversation extended to the use of e-cigarettes on buses and in buildings thereby making it possible for people to use e-cigarettes in more places than regular cigarettes.

> *I was smoking more when I had an electronic cigarette because I would sit in my room and like blow 'Os' and like mess around.*

Overall students appeared to be either unfamiliar with e-cigarettes or they did not feel they had value as a cessation aid. Instead those who have them or have tried them felt they smoked more with them.

**Cutting back** - There were also participants, and one particular group that felt strongly about cutting back as an effective strategy because it is easier than complete cessation.

> *It's a lot easier without going crazy. Like I haven't had a smoke all day—like at least I can have like three puffs and drag it on as long as you can.*

Participants felt all the techniques discussed, except for hotlines, had some value and might be useful in helping someone quit. A major portion of the focus group time was spent discussing these quit smoking techniques, resulting in the following two themes:

> **Theme 3: Youth feel that personal readiness, quit options, and low-pressure support may contribute to successful smoking cessation.**

> **Theme 4: Everybody is unique and having a variety of options for quitting or cutting back is essential in order to meet the needs of different people.**

## 3.2.5 Barriers to Quitting Smoking

When asked about barriers to quitting smoking, focus group participants discussed the following topics: a supportive smoking environment, widespread availability of tobacco, concurrent substance use such as tobacco and marijuana, meaningless warning labels, side effects, and a low position on the priority list.

**Smoking environment** – Most of the participants find themselves surrounded by smokers both at school and at home. A participant who once tried to quit explained how quitting is difficult in this type of environment.

> *Then I realized that I either needed a smoke or I needed to be with someone who didn't smoke cause my entire house smelled like smoke.  Like I could feel it up my nose and then I just broke and had a cigarette.*

At school, participants feel part of a group of smokers and sometimes smoke just because everyone else is doing it. Breaking the routine of smoking is one of the most difficult aspects of quitting.

> *Sometimes it's just like unconsciously you open your pack and then you're like it's already in my hand because you are just so accustomed to doing it when you step out the door.*

Focus group participants described many aspects of their school environment that are supportive of smoking including several scheduled breaks throughout the day (referred to as "smoking breaks" by the participants) where they visit the smoke pit on a regular basis; a perception that many students at their school are smokers; and a smoking area that is in close proximity to the school making it easily accessible and visible, providing visual cues and reminders. One individual said that not attending school would be the only way that she could quit as school is where she does the majority of her smoking.

**Availability of tobacco** -The widespread availability of cigarettes is another barrier to quitting. Sometimes there is a "go-to" person for cigarettes.

> *Me, I don't even get to save mine because people just come up and ask me cause they know I always have smokes, they just come up and ask me. They know I won't say no.*

Other times, it is a close family member or friend who supplies the cigarettes even without being asked.

> *I think the longest I ever quit for is like three months and then like it was because I was in the states and with my aunt so I couldn't smoke but like the second my mom came and picked me up I was like coming back home. She handed me a cigarette and I lit it.*

**Concurrent substance use** -Smokers who also use alcohol or marijuana find it harder to quit smoking as they smoke more when they use these other substances. Some even think their marijuana use has increased because they always combine it with tobacco, which they have become addicted to, resulting in more frequent smoking of both substances.

*Yea, cause weed generally isn't addictive but tobacco makes it more addictive.*

**<u>Warning labels</u>** - Graphic warning labels on cigarette packs were passionately discussed at two of the focus groups. Participants felt that reading the same warnings multiple times render them meaningless. One female said she found text warnings more effective as they force readers to imagine the consequences instead of showing them the consequences in images. There was also a sense of disbelief from some who didn't feel the warnings were always factual or likely to affect them personally.

> *Me and my friends like whenever we look at them we just make fun of them. To me because of my personality I love challenges. So it's like you give me a photo like that, I'm gonna do this for years and that won't happen to me. I challenge you, the company and everyone else to say that won't happen.*

This quotation by a male participant indicates that with this age group the warning labels may not be effective or may even be simply meaningless. They could actually be more harmful for youth who may be rebellious and see the warning as a challenge.

**<u>Side effects</u>** –Youth have experienced many negative side effects in previous quit attempts including being moody, feeling stressed and anxious, gaining weight, and feeling physically awful. These side effects make quitting uncomfortable for youth and for the people around them that they care about, and they prevent youth from wanting to quit again.

**<u>Low priority</u>** - Finally participants stated that quitting smoking is not at the top of the priority list for many youth smokers that they know. One individual said that smoking helps him stay less stressed in order to deal with more stressful priorities such as finishing school and finding affordable housing. In this way, smoking is a coping strategy.

Overall participants had many ideas about what would not be helpful in quitting smoking. This could be due to the fact that so many had failed quit attempts to this point and they could identify where they ran into trouble when they tried in the past. Also, as mentioned, the focus group participants were generally not interested in quitting at this time. Although on the survey 68%

(n=23) of the participants indicated they plan on quitting, during focus group discussions participants did not talk about an intention to quit. The surveys were filled out individually prior to the focus group discussions and it is possible that participants were responding in what they thought was a socially appropriate way. One participant summarized her thoughts about youth smoking cessation in a way which also seemed to speak to the thoughts of many of the participants.

> *I think like kids our age if they are going to quit, they are gonna quit on their own. I don't think they are going to want to get help from other people unless they understand they are smoking way too much or they get sick or something like that.*

These discussions around the barriers to quitting smoking led to the fifth theme.

> <u>Theme 5</u>: **Youth identify smoking cessation as a low priority with many barriers including: a supportive smoking environment, widespread tobacco availability, concurrent substance use, and unpleasant side effects.**

## 3.2.6 Considerations for Program Design

During the focus groups, several program design themes emerged including transportation and program location, financial considerations, facilitator/counselor characteristics, incentives, involvement of support people/family, and advertising/promotion techniques.

Participants felt transportation could be a barrier for some with one individual stating that he lives 40 minutes from the city of Guelph. There were diverging opinions about whether a program offered at the school is a positive or negative design feature. The school is easily accessible for most participants thereby reducing the transportation issue; however, others thought it might be the most difficult place to try and quit because the school setting has many visual and social smoking cues for students such as other people smoking.

> *"I couldn't do it at school because I would see all the smokers in the pit."*

The cost of smoking cessation interventions can be high and prohibitive to quitting so participants recommended low-to no-cost programs.

> *Well I think that all nicotine replacements, anything that can help you quit smoking should be cheaper than actual cigarettes cause that will encourage people to want to quit smoking like I can either spend $10 on a pack or I can spend $5 to help me try and quit. So I am helping myself quit and I am saving money.*

Successful programs require a facilitator who is genuinely interested in helping. Youth are more interested in receiving support from someone they know and who cares about them than a stranger who may only be doing their job. Not knowing the person on the other end of the phone was one of the primary reasons why participants did not think a hotline would be helpful.

Incentives are resoundingly popular and participants felt incentives would positively increase participation. One program suggestion from a participant involved a group with membership and an ongoing incentive for those who continue to attend and participate. Participants in one focus group said that incentives are necessary and they would not quit for any period of time without a guaranteed incentive. In this way, participants felt large quit contests are not interesting or worth the effort due to the small chance of winning. These respondents were focused on quitting for a specific incentive and for the minimum duration required to get the incentive but were not interested in quitting for any other reason. As such, long-term success with quitting under these conditions is not probable.

The discussion around the involvement of support people or family members was divided but generally not popular. Most participants felt quitting is something they would do on their own without the involvement of those close to them but there were a few who expressed an interest in involving close family members. Some youth indicated the stress they feel from their family is one of the primary reasons they smoke. Some also thought that the adoption of smoke-free homes by their parents could aid in cessation success.

Participants offered many ideas for the advertising and promotion of a smoking cessation program. Some ideas included signs posted in the "smoke pit" at school; advertisements on the sides of buses; social media such as Facebook, Twitter, and Instagram; and word-of-mouth recruitment.

A final theme arose related to important features for consideration in the development of a smoking cessation program for youth.

> <u>Theme 6</u>: **Program design features including an accessible location, a supportive environment, subsidized costs, a genuinely caring leader with lived cessation experience, and incentives may prove successful in attracting and retaining more participants.**

## 3.2.7 Other Topics

Three additional topics came out of analysis of the focus group documents: smoking and quitting attitudes of each school; self-efficacy and its influence on quitting; and smoker's judgment of non-smokers and perception of being judged by non-smokers.

**<u>Differences across schools</u>** - The different groups in this needs assessment appeared to have some similarities including the fact that they are all from education sites with anecdotally higher rates of youth smoking than other schools. Analysis of the focus group transcripts also revealed some differences among the schools. For example, one of the schools had several students that expressed interest in being more physically active with a focus on increasing exercise to decrease smoking. Two of the other schools were generally anti-exercise with one student even commenting that exercise is a "bad word." An even stronger finding was that there are different smoking cultures at different schools and that students are aware of those cultures.

> *At [school name] they will make fun of you for smoking.  Yea a lot of the [blank] schools will make fun of you.*

**Self-efficacy** - *Self-efficacy* is the strength of one's belief in one's own ability to complete tasks and reach goals (Bandura, 1997) and has been found to be a predictor of youth smoking cessation (Chang et al., 2006). Students in this study identified that successful cessation is only possible when the individual is ready and makes up their mind to do so, and believing that they can do so may also be an important factor in their success. Many participants expressed feelings of doubt or an outright belief that they would not be able to quit smoking.

> *For me I feel like I could, but at the same time if I really think about it, I don't think I could. I think I could go cold turkey for a few days but eventually I would break.*

Other smokers who had tried to quit in the past without success reflected on how difficult it was to quit. They also talked about how non-smokers think it is so easy to quit and do not understand how hard it really is.

**Judgment** -Several respondents voiced that they feel judged by others because of their smoking. One individual said when she walks down the street with a cigarette, she feels people are looking at her and judging her for it. Others within the group agreed with her comment. Still others talked about feeling jealous of non-smokers.

> *Every person I see that sits there like will take a puff and not even inhale it or something. I'm like you're the cool people; you're cooler than us for not smoking.*

# 4.0 Discussion

Youth quit attempts are rarely planned and this population more often chooses unassisted over assisted quit methods (CDC, 2006). There is some relevant information in the literature that applies to smoking cessation within the youth population. However, much of the cessation work has been done with adults or young adults and has not specifically focused on the needs of youth. The findings that are available for youth are inconclusive and often identify the need for further study.

Youth are a unique population with distinct needs. For example, in general youth lack experience with behaviour change and in dealing with stress. Falkin et al. (2007) spoke with youth who reported that they had to deal with friends who put them down when they quit smoking. They also had to give up things that are important to them during their quit attempts, such as friends (Falkin et al, 2007). The following section reviews some of the existing research as it applies to different quit techniques and themes that were discussed in the four focus groups of this needs assessment.

Research findings on NRT and adolescent smoking cessation are limited and there have been no trials that have demonstrated effectiveness in this population (Stanton & Grimshaw, 2013). Youth in this needs assessment expressed interest in having affordable NRT as an available option but ultimately indicated they did not think it would be a successful option for them. Those who had tried it in the past also identified reasons why it had not helped them to quit including: dislike for the taste of the gum, an increased desire to smoke while using NRT patches, feeling sick while using the patch, overuse of the patch to get a "head rush," pain from wearing the patch, and the perception that the patch "looks stupid."

Research on including a physical activity component to youth tobacco cessation efforts shows increased effectiveness especially for boys (Horn, Dino, Branstetter, Zhang, Noerachmanto, Jarrett, & Taylor, 2011), however participants in this needs assessment were divided in their opinion of participating in cessation groups that include exercise. The participants who did show interest in this idea were predominantly female; however, in this sample female youth outnumbered male youth 23:12 which could explain the overrepresentation of interest by girls. Opinions also seemed to differ by school sampled with participants at two of the schools expressing considerably more interest in this technique than those at the other two participating schools. Programming that includes exercise may prove successful if planned for an interested population and possibly in combination with other techniques to appeal to the differing opinions of group members.

Three reviews of tobacco cessation interventions targeted at youth and young adults have identified promising effects from the use of motivation enhancement, contingency-based programs, cognitive

behavioural therapy, social-influences theory, and the trans theoretical model (Sussman, 2002; Sussman & Sun, 2009; Grimwhaw & Stanton, 2010). In many of the studies these methods were one component of an intervention, rather than the only component. The results lend credibility to the use of trained professionals to provide counseling using these specified techniques to assist youth in quitting smoking. The participants in this needs assessment did not see the need for, or have interest in speaking with a professional counsellor in most cases. There were a select few who would consider this technique but were most interested in speaking with someone they are already familiar with, from a present or previous counseling experience or someone with lived cessation experience. Contingency-based programs have been used on a limited scope with adolescents trying to quit smoking. These programs have produced some positive short-term effects; however, their long-term success has not yet been established (Krishnan-Sarin, Cavallo, Cooney, Schepis, Kong, Liss, et al.2013). Locally, participating youth expressed significant interest in guaranteed incentives for quitting but admitted their cessation interest would only last as long as the incentives. These findings mirror the research showing the potential for short-term positive effects. One individual suggested a group format that provided ongoing incentives for members who continued to attend and participate.

## 4.1 Strengths and Limitations of the Needs Assessment

Limitations of the needs assessment include: the use of a convenience sample, different recruitment methods employed at different sites, a social desirability bias, and failure to reach saturation. In addition, some terms used in the demographic survey were not defined and may have been misinterpreted by participants.

Convenience sampling refers to the recruitment of subjects that can be accessed easily and conveniently (Statistics Canada, 2013). The sample population was chosen because all of the students attended schools in Guelph that had anecdotally higher rates of smoking. This allowed for easy access to a sample of smokers but because a specific survey method was not used to choose the subjects, the participants may not be representative of the larger population.

Another limitation is that recruitment methods varied by site. To ensure ample participation from each site, the researchers relied on school staff to suggest the most optimal recruitment method for their students. One school had students sign up with a teacher, one gathered participants from a class after the researchers had arrived and set up, one school used a poster and word-of-mouth promotion from a teacher, and the final school sent all of their students who smoke to the focus group during class time.

Social desirability bias is the tendency for research participants to respond in socially desirable ways even if they are in conflict with their true feelings (Wiley Online Library, 2011). This was another potential limitation because of the socially sensitive nature of discussions about the topic of smoking. Focus groups can be especially vulnerable to this bias as participants are verbally discussing the topic in a group setting, in this case with their peers under the guidance of public health staff. The youth in this needs assessment may have wanted to present themselves in a more positive light. The researchers discussed the transcript information received and agreed that respondents appeared to be very forthcoming with their feelings both positive and negative.

Saturation is reached when researchers are no longer getting new information from subsequent groups (Morgan & Krueger, 1997). Although not always possible, when saturation has occurred the topic has been covered as completely as possible. The research team for this needs assessment did not feel that saturation had been met despite adding a fourth focus group. The relatively small sample size in this needs assessment may have precluded saturation.

Finally, the demographic survey contained several quit techniques that were not defined in detail. It is possible that participants misunderstood the terms and may have responded inaccurately to some of the questions. For example, Leave the Pack Behind (LTPB) was listed and participants were to check it off if they had used this technique in the past. Until very recently, the LTPB initiative targeted only post-secondary school students. Current participants may have understood the term to mean quitting by putting down their cigarettes and leaving them behind, instead of the LTPB program.

Despite these limitations, several strengths have led to important findings that significantly contribute to understanding and assisting youth in quitting smoking. The use of a small research team ensured consistency. The same individuals were reviewing the literature, leading and recording focus groups, transcribing the data, and preparing the report and recommendations. The same questions were asked of all focus groups and efforts were made to ensure that everyone was given an opportunity to express their feelings and opinions.

Additionally the mixed method design of this needs assessment ensured that the research team collected high quality, in-depth information. The researchers brought together a literature review of previous peer-reviewed research articles, participant survey results that were analyzed quantitatively and qualitative focus group transcripts that supplemented the other data. The focus group format also resulted in the collection of rich, unsolicited information that had not been planned for. Participants had the opportunity to talk freely beyond just answering the questions that were asked. As such, transcript data included information and ideas that were important to the participating youth but that the researchers may not have initially thought of.

Finally, this needs assessment reached a segment of the population that might otherwise be difficult to access. The team heard directly from local youth who smoke about what they feel will help them quit when they are ready. The information is specific to the local population and has not previously been available.

# 5.0 Recommendations

Based on the information collected through the literature review, participant demographic surveys, and the four focus groups a number of recommendations have been developed to address youth smoking cessation in Guelph. A wide range of ideas, information, and opinions were gathered from each school and from individual students within the schools. The evidence from this needs assessment clearly shows it would not be possible to develop a single program that could work for all youth smokers or even one that would be successful across a number of schools. Further

research can add to existing results and more clearly focus on defining what strategies will work for whom under which conditions. To support youth in quitting smoking when they are ready, public health professionals should consider implementing the following program components:

1. Meet with school administrators to discuss how the school environment influences youth smoking behaviour despite the current smoke-free policy. Discussions may include topics such as the physical placement of the smoking area at the school and the frequency and length of breaks throughout the school day.

2. Partner with existing health and social service professionals (e.g. Family Health Teams) who are working in secondary schools to develop coordinated cessation approaches that optimize available human and financial resources to address youth cessation.

3. Consider options for standardized formal youth cessation training for adult allies from in and outside of the school (e.g., teachers, child and youth workers, peers, coaches) so that youth may seek support from people that they trust.

4. Consider a program that provides multiple approaches to successfully reach the different needs of individuals. Some of the more popular approaches discussed in this needs assessment could be offered concurrently at the same site. For example, organize a "challenge your friends" contest with incentives for cessation, cutting back, and non-smoking behaviours. Another idea is to organize a harm reduction campaign to encourage cutting back on smoking during school hours.

5. Offer free or subsidized NRT to youth as one cessation strategy recognizing that multiple strategies are required to meet the needs of smokers.

6. Encourage the adoption of smoke-free homes within this population.

In addition to the above suggestions, it is recommended that these methods be avoided due to lack of participant interest: hotlines and social media materials. Some of these techniques have been tried in the past and have shown success in adult populations. It may be that the techniques are not of interest to youth in general, are not of interest in their current form, or they are possibly just not of interest to the youth who participated in this study.

# References

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York, NY: W H Freeman

Canadian Tobacco Use Monitoring Survey (CTUMS), February – December 2012.  Retrieved December 16 from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2012/ann-eng.php

Centers for Disease Control and Prevention (CDC). (2006). Use of cessation methods among smokers aged 16–24 years.United States, 2003. MMWR.;55:1351–4.

Chang, F.C., Lee, C.M., Lai, H.R., Chiang, J.T., Lee, P.H., Chen, W.J. (2006). Social influences and self-efficacy as predictors of youth smoking initiation and cessation: a 3-year longitudinal study of vocational high school students in Taiwan. *Addiction.* November 101(11):1645-1655.

Community Tool Box (2013). Conducting Focus Groups. Retrieved from http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main.

Diceman, J. (n.d.) What is Dotmocracy? Dotmocracy. Retrieved December 11 from www.dotmocracy.org/what_is

Falkin, G.P., Fryer, C.S., Mahadeo, M. (2007). Smoking cessation and stress among teenagers. *Qualitative Health Research.* 17(6); 812-823.

Grimshaw, G., & Stanton, A. (2010). Tobacco cessation interventions for young people.  *Cochrane Database of Systematic Reviews* 2006, Issue 4.

Hanson K, Allen S,  Jensen S, Hatsukami D. (2003) Treatment of adolescent smokers with the nicotine patch.  *Nicotine Tobacco Research.* 5, 515-526.

Horn, K., Dino, G., Branstetter, S., Zhang, J., Noerachmanto, N., Jarrett, t., Taylor, M. (2011) Effects of physical activity on teen smoking cessation. *Pediatrics.* 128(4), e801-e811.

Krishnan-Sarin, S., Cavallo, D.A., Cooney, J.L., Schepis, T.S., Kong, G., Liss, T.B., Liss, A.K., McMahon, T.J., Nich, C., Babuscio, T., Rounsaville, B.J., Carroll, K.M. (2013). An exploratory randomized controlled trial of a novel high-school-based smoking cessation intervention for adolescent smokers using abstinence-contingent incentives and cognitive behavioral therapy. *Drug and Alcohol Dependence.* Sep 1;132(1-2):346-351.

Morgan, D.& Krueger, R. (1997). The Focus Group Kit. Retrieved from http://www.purdue.edu/incsapp/datacollection/FocusGroupGuidelines.pdf

Stanton, A., & Grimshaw, G. (2013). Tobacco cessation interventions for young people. *Cochrane Database Systematic Reviews*, Aug 23;8:CD003289.

Statistics Canada. (2013). Non-Probability Sampling. Retrieved from
http://www.statcan.gc.ca/edu/power-pouvoir/ch13/nonprob/5214898-eng.htm

Sussman, S. (2002). Effects of sixty-six adolescent tobacco use cessation trials and seventeen prospective studies of self-initiated quitting. *Tobacco Induced Diseases*. 1(1), 35-81.

Sussman, S. & Sun, P. (2009). Youth Tobacco Cessation: 2008 Update. *Tobacco Induced Diseases*. 5(3).

Taylor, D.H., Hasselblad, V, Henley, J, Thun, M.J., Sloan, F.A. (2002). Benefits of Smoking Cessation for Longevity. *American Journal of Public Health*. 92(6), 990-996.

Wellington-Dufferin-Guelph Coalition for Report Cards on the Well-Being of Children. (2013). The Well-Being of Youth Ages 14 to 18: A report card for Wellington-Dufferin-Guelph. Guelph.

Wiley Online Library. (2011). Social Desirability Bias. Retrieved from
http://onlinelibrary.wiley.com/doi/10.1002/9781444316568.wiem02057/abstract;jsessionid=9165C1EA88DC5C4AB8B0BCC5161C6850.f02t04?deniedAccessCustomisedMessage=&userIsAuthenticated=false

# Appendix A: Participant Demographic Survey

1. Are you:

   ☐ Male

   ☐ Female

   ☐ Other

2. How old are you?

   ☐ 14          ☐ 20
   ☐ 15          ☐ 21
   ☐ 16          ☐ 22
   ☐ 17          ☐ 23
   ☐ 18          ☐ 24
   ☐ 19

3. Which of the following statements best describes your use of cigarettes **IN YOUR LIFETIME**? Please check one answer

   ☐ Never had a cigarette, not even a puff in my life

   ☐ Smoked a few puffs, but never a whole cigarette

   ☐ Smoked only 1 whole cigarette

   ☐ Only 2 to 3 cigarettes in my life

   ☐ More than 3, but fewer than 100 cigarettes in my life

   ☐ 100 or more cigarettes in my life, but none in the last month

   ☐ 100 or more cigarettes in my life and some in the last month

   ☐ 100 or more cigarettes in my life and at least 1 cigarette every day during the last month

   ☐ 100 or more cigarettes in my life and at least 10 cigarettes every day during the last month

4. Please check all of the ways that you have tried to quit smoking in the past.

☐ I've never tried to quit smoking

☐ Self-help materials (e.g. books, websites, etc)

☐ Leave the Pack Behind

☐ Individual counseling

☐ Group counseling

☐ NRT (gum, patch, lozenge, inhaler)

☐ Prescription medication (Champix, Zyban)

☐ Quit contest

☐ Smokers' Helpline (telephone, online, text)

☐ Social media program

☐ Quit and Get Fit

☐ Cold turkey

5. Are you planning to quit smoking?

☐ Within the next month
☐ Within the next 6 months
☐ Beyond the next 6 months
☐ I am not planning to quit

6. Please check all of the methods that you might be interested in using to try to quit in the future:

☐ I'm not interested in quitting

☐ Self-help materials (e.g. books, websites, etc)

☐ Individual counseling

☐ Group quit coaching sessions

☐ NRT (gum, patch, lozenge, inhaler)

☐ Prescription medication (Champix, Zyban)

☐ Quit contest

☐ Smokers' Helpline (telephone, online, text)

☐ Social media program

☐ Combining exercise with a quitting program

☐ Getting help for family members who smoke too

☐ Quitting cold turkey

# Appendix B: Focus Group Questions

1. a) Can you remember back to why you first started smoking?
b) What keeps you smoking?
**Probe:** parents smoke, friends smoke, media, stress, bored, curious, easy access to cigarettes?

2. a) Do you think youth/teens who smoke are addicted?
b) How do you know if you're addicted?

3. a) Have you ever tried to quit smoking?
b) What was your experience like?
**Probe:** Did you quit cold turkey? Did you use any help/program?

4. Now, imagine that you are in charge of developing a quit smoking program for people your age in
Guelph. We have displayed a number of ideas that may help people quit smoking. I would like you to put your three dots on the best idea or ideas that are posted at the front. We want to know:
a) What is the best way to help people your age who want to quit smoking?
- One-to-one counseling **Probe:** who would deliver it? Where? When?
- Groups **Probe:** who would deliver them? Where (in-person or online)? When? What types of things would you talk about in a group?
- Groups that include exercise
- NRT **Probe:** what kind of NRT (patch, gum, inhaler, spray)? What if it was free?
- Contests **Probe**: an organized contest? What would the incentive be? How to sign up?
- Hotline
- Other **Probe:** e.g.: group incentive based contingency management?

5. How can we get people interested in participating in the program?
**Probe:** incentives (cash, gift cards, etc); free transportation; confidentiality

6. What is the best way to let people know about a quit smoking program?
**Probe:** Posters, announcements, website, texting, Facebook, social media, etc.?

7. What might make it difficult for youth to access a quit smoking program?

**8.** Should family members or support people be involved in the program and in what way? **Probe:**
Parental consent only; Parents to encourage smoke-free-homes; Parents to offer quit support

**9.** In summary, what is the most important point we discussed today to help people your age quit
smoking?

**10.** Do you have any other comments or suggestions about how to help people your age quit smoking?

# Appendix C: Information Letter

Dear Community Member,

You have been invited to take part in a focus group about smoking and quitting smoking. The goal of the focus group is to capture the opinions of youth smokers about what they might look for in a program to help them quit smoking.

**What does participation involve?**

At the beginning of the focus group you will review this letter, sign a consent form, and fill out a short survey. You will then participate in a 1-hour discussion with 5-10 other people about smoking and quitting smoking.  During the discussion you will be asked to share your experiences and opinions as well as stories about other youth smokers that you know. Notes may be taken by your workshop leaders and the group discussion will be tape recorded. Lunch will be provided during the discussion.

**Risks and benefits**

Participation in the focus group involves no physical risks. It is possible that some topics discussed during the focus group may upset you or make you feel uncomfortable.   If you would like to speak to a school social worker or guidance councillor about any issues that were brought up during the discussion, let your group leader know at the end of the focus group.

The benefits of participating in the focus group include:
- The opportunity to share your opinions about smoking and helping people quit smoking
- The opportunity to help develop a program to help youth smokers quit
- Receiving lunch and a gift card

**Your rights: Voluntary participation in a confidential and anonymous focus group**

Participation in the focus group is completely voluntary. If you decide to participate, you do not have to answer any questions you don't want to. You can leave the workshop at any time, and you will still receive lunch and a gift card

All information you give will be kept confidential. Only the group leaders will see the information you provide, and it will not be shared with anyone else. Names will not be included in the survey or in any of the notes taken. **The final report will not use names, but may include direct quotations from the group discussion.** The notes and tape recording will be destroyed according to WDGPH policies. Although all information you provide will be kept confidential, you should be aware that because of your participation in today's group people may realize that you are a smoker.

If you have any questions about the focus group, please talk to your group leader.
If you:
- Change your mind about participating and would like your information to be removed from the study,
- Are interested in receiving a copy of the final results of the study, or
- Have any questions about the ethical conduct of this study,

you may contact Amy Estill, Health Promotion Specialist, 1-800-265-7293 ext. 3714 or amy.estill@wdgpublichealth.ca .

Thank you,

Amy Estill
Chronic Disease and Injury Prevention
Wellington-Dufferin-Guelph Public Health

# Appendix D: Consent Form

**CONSENT FORM**

I have read and understood the attached information sheet about this workshop that will discuss smoking and quitting smoking.

I understand that:

1. I will be completing a short survey and participating in group activities that will give me the opportunity to share my ideas and opinions about smoking and quitting.
2. My participation in the survey and workshop activities is completely voluntary.
3. I can choose not to answer any questions on the survey.
4. I can choose to participate in any or all of the workshop activities.
5. I can choose to leave the workshop at any time without penalty.
6. Participating in the workshop or choosing not to participate will not affect the programs or services that I receive at Public Health in any way.
7. My name is being collected on this consent form, but it will not be identified in any report or presentation produced from this workshop.
8. The information collected through the survey will be combined with information from participants in other workshops and will not be linked to me in any way.
9. Notes may be taken during the workshop and the group discussions will be tape recorded.
10. Any information I share today will be kept confidential.
11. WDGPH will not take any action to reveal my smoking status with others, but by participating in this group today, others may realize that I am a smoker

With full understanding of the above, I agree to participate in this workshop.

☐ Yes          ☐ No


Your name (please print): _____


Signature: _____


Date: ____/ ____/____
       DD     MM    YYYY

**Fergus Office**
474 Wellington Road #18, Suite 100

**Guelph Offices**
20 Shelldale Crescent (Shelldale Centre)
503 Imperial Rd. N. (Water samples only)
512 Woolwich St. (Administration)

**Mount Forest Office**
311 Foster St.

**Orangeville Office**
71 Broadway

**Shelburne Office (Mel Lloyd Centre)**
167 Centre St.

**PublicHealth**
WELLINGTON-DUFFERIN-GUELPH
*Stay Well.*

**519-846-2715 or 1-800-265-7293**
**info@wdgpublichealth.ca**
**www.wdgpublichealth.ca**