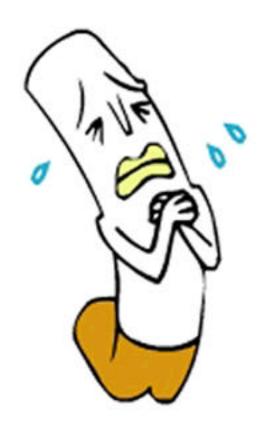
SMOKING CESSATION & YOUNG PEOPLE

EVALUATION OF I QUIT! TEEN STOP-SMOKING GUIDE



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INTRODUCTION

The booklet I Quit! was developed with young people and health professionals during 1998. It grew out of a concern widely expressed within the Smoking and Young People Network and elsewhere that there were no appropriate resources for cessation work with teenagers. Health promotion professionals from four Health and Local Authorities (Dudley, Sheffield, Stoke on Trent, Southwark) formed an advisory group with Comic Company to develop and pilot draft versions of a booklet with young people in their areas.

I Quit! in its final version was designed as a self-help guide that could also be used for group work in a variety of settings.

In the first year of publication (December 1998-9) 70,000 copies of I Quit! had been bought by more than 100 organisations throughout the UK. These included health authorities and health promotion departments, smoking cessation projects, GP surgeries, local authorities, schools and colleges, youth services, adult basic education programmes, community groups, drug education teams, information centres, HM Forces and national charities such as Barnardo's.

THE EVALUATION OF I QUIT!

An evaluation of I Quit! was started in October 1999. The aim was to find out how the booklet had been used and with what effect. Research would be carried out with 'mediators' (the health and other professionals who had bought I Quit! on behalf of young people as end users) and with young people themselves.

Research with mediators

A questionnaire was devised and sent to 96 organisations that had bought I Quit! between December 1998 and September 1999. The questionnaire aimed to establish:

- which health, education and other professionals had used I Quit!
- who they had used it with
- how they had used it
- what they thought about I Quit! and its effectiveness
- what response/feedback they had got from young people
- their views on what they would like to see on an I Quit! teen website

22 copies of the questionnaire were returned, a response rate of 23%.

All organisations that did not return the questionnaire were contacted by phone (around 70 contacts) and 30 telephone interviews were arranged. These interviews were carried out from December 1999 to March 2000. Each interview lasted between 10 minutes and half-an-hour. Interviews were based on the questionnaire but encouraged interviewees to develop aspects/issues that were particularly relevant to them.

Research with young people

Young people were consulted in two ways.

- Questionnaires were distributed by mediators to young people who had received the booklet, and discussion groups were set up.
- Secondly, questionnaires were distributed by young people themselves, and peer evaluation groups were also set up by young people to discuss the booklet and to gather views on a teen website.

Feedback has been received from approximately 50 young people who completed questionnaires and /or took part in discussion and peer-evaluation groups. This included 18 school pupils aged 16 -17 in Aberdeen, 10 young people aged 14-18 attending a youth group in Yorkshire, 11 young people aged 16-18 from a school sixth form in Oxfordshire, 4 young people on a Fresh Start course in London, and a group of 5 comprehensive school students aged 14-15 in London.

Summary information was also provided by teachers running a school smoking cessation group in Yorkshire, and from a school class in an Education Action Zone in Sheffield.

FINDINGS

QUESTIONNAIRES RETURNED BY HEALTH AND OTHER PROFESSIONALS

Which health and other professionals have used I Quit!

A wide range of professionals working with young people have used I Quit! These include:

School nurses
Practice nurses
District nurses
Health visitors
Midwives
General Practice staff
Pharmacists
Community education workers
Youth workers
Youth club leaders
Health promotion advisers
Teachers
Social workers
Advice and information workers

Who I Quit! has been used with, in what settings and in what ways

I Quit! has been used by professionals in a wide variety of settings and with young women and men from age 11 to 29. The most frequently cited age range was 14 -16. It has been used individually and in groups.

Places of use (health settings) include: stop smoking clinics and other clinics such as young persons health clinics and drop-in clinics, GP Practices, and pharmacies. Non-health settings include schools, youth clubs, colleges, places of work, community centres and youth centres, and information centres.

I Quit! has been used in many ways including:

- as give-away information to raise awareness in general public displays and roadshows, health fairs, health promotion shops and advice centres
- as a support resource in existing and new smoking cessation projects and groups, including smoking cessation groups for adults
- to educate young people on health topics in a variety of formal and informal educational settings
- as a training resource for professionals such as practice nurses and smoking cessation tutors
- as a general health resource for youth leaders, teachers, social workers and others working with young people
- by young people themselves as peer educators working in special projects
- by school nurses in one-to-one health checks
- to raise awareness in holiday projects for 12-18 year olds.

What these mediators think about I Quit! overall, and its effectiveness

Virtually all respondents thought that I Quit! looked "right for young people" and was attractive and eye-catching to them - it was bright, colourful and clear with humorous illustrations. Its content was lively and fun, with interesting information and non-judgmental, user-friendly advice. The content was "not too wordy", but was easily understood and helped young people to make choices.

There were very few negative comments (only ten or so in total, and mostly from one respondent) These comments mostly referred to cost ("too expensive"), and to the amount of information contained in the booklet ("too much information crammed into too small a space"). Though a few respondents commented that it was a little 'busy' and the text was too small in places for some readers.

However, the overall view was that it was highly suitable and relevant for young people. Views varied on the particular age groups for which it was suitable, with some respondents identifying specific age groups, and others saying it was suitable for anyone, including adults.

Overall, it certainly compared well with other resources. Comments included:

The best leaflet that I am aware of on smoking cessation and young people. (Health Promotion Adviser)

The only resource I would consider using with young people. (Youth Worker)

It is much better than any of the others. (Teacher)

There are some dreadful leaflets around, but I Quit! is an excellent resource. (Teacher, Head of PSHE)

Mediators found it quite difficult to draw conclusions about the booklet's effectiveness, partly because none had themselves carried out any evaluation, and also because of the difficulty of assessing the impact of any particular element in the wider cessation process. Comments included:

Although we have no firm evidence to indicate that it leads to cessation, it is good for raising the issue.

We can't really tell how effective it is, but it is seen as useful.

We can only judge by the fact that people (i.e. school nurses, practice nurses) like it and come back for more.

It is well liked by young people and they are keen to take one away with them. I don't know how effective it is in helping them to stop - we haven't measured that.

It's a useful component of an overall strategy when used by a support worker. It's useful to work through it page by page in a group situation.

This is good for raising awareness and helping them to understand smoking in a broader social context. Just making them think at this age counts as success. Anything that helps you do that is a valuable resource.

INTERVIEWS WITH HEALTH AND OTHER PROFESSIONALS

The interviews with health and other professionals produced more detailed information.

Several of the people interviewed had not used the resource directly with young people, as they were resources officers in large health organisations. They tended to assess the usefulness of a resource by the demand for it, and from the comments people made when they made repeat orders. Most said that neither they nor their colleagues were able to carry out more structured and scientific evaluations of resources because of lack of time and money.

Some of the health promotion advisers interviewed also had not used the booklet directly, as their role was to disseminate and organise programmes for teachers, youth workers, community nurses and others, across an area or region.

However, the feedback to them confirmed the findings from the questionnaires that the booklet was popular among professionals and liked by young people.

Comments included:

I've not used it myself as I'm the resources person. School nurses, health visitors, practice nurses have all liked it when they've seen it. They think it's good and they come back for more. Again, I've got no direct feedback on its impact, but people's reaction is good. The people they've used it with think it is great. It seems to be far better than anything else for that age group.

We have very good contact with school nurses who are running projects in schools, and they really like it. They use it in drop-in clinics and sessions that they run in places like the leisure centre.

We buy on behalf of several health promotion departments. I know it's very popular and is used in all sorts of projects in clinics and schools.

I run the resource store for the whole of X county. I buy I Quit! for the health promotion advisers who get requests from health visitors, district nurses, school nurses, social workers, teachers, youth workers and so on.

I haven't used it myself but it's being used in a stopsmoking peer project in four secondary schools. It's not been running long but we've had very positive feedback from one school, so far.

Our current priority is developing a city-wide smoking cessation specialist service for adults. We send I Quit! out to all Primary Care Groups and GP practices. Adults take it - it's a popular one!

Interviews were conducted with some individuals who had used the booklet directly with young people. It was possible to obtain quite detailed information about how the booklet had worked with specific groups, and about which sections/pages worked best.

The comments below show how experience varied. But a common thread seems to be that many young people are impatient, and having decided to give up want to do so suddenly and immediately. The idea that giving up smoking may be a process involving several stages is alien to them. Some respondents thought you could best use I Quit! a section at a time to help them think, understand, and plan. Certainly the least productive experience described here was where the booklet was given out to a group of young people to read by themselves with little adult 'structuring'.

Comments included:

We did it at the beginning of the year. It's very good. We used it at the open youth club with 35 young people. This session went particularly well. It had hard hitting facts. The section on how much money smoking cost was extremely successful. They could work out how much they had spent, and it led to lots of animated discussion. There was lots of conferring, "How much do you spend?" and so on. It quite shocked them. It worked very well indeed. (Youth worker)

I used it with a group of young women (age 15/16) who wanted to give up. They tended to flip backwards and forwards rather than take a section at a time. They were not looking for a process but a magic bullet. They were from a highly deprived community, but they were perfectly competent. It's a really good booklet but it was difficult to apply with that group. They don't understand why they're doing their e.g. smoking history. They want to stop tomorrow. (Health Promotion Adviser)

All the exercises are really worth doing, but they need to be done in a structured way. I wouldn't give them out again at the beginning. I'd use the exercises one at a time and base a whole session around each one, and give the booklet out at the end. (Health Promotion Adviser)

I've used it with 13/14 year olds who said they wanted to stop smoking. We used it over 5-6 sessions. They liked the booklet and liked doing the activities where they could fill things in. The smoking history was particularly liked. The trouble was, they were not really committed to giving up. They say they want to stop but it's too difficult for them. (Health Promotion Adviser)

We used it in the youth centre to help them identify the stages they would have to go through if they were going to give up. (Youth Centre leader)

It was used with a group of young women (14-16). It got them thinking. They could see that they all had very different smoking patterns. One was a chain smoker and quite proud of it, others only smoked in the pub (sic). (Health Promotion Adviser)

Our department was asked to come in and run a school group. They were only 13. The booklets were way over their heads. What they really wanted was a bit of attention. They were low achievers and they got two adults. We look at self-esteem, now and the smoking gets tagged on. (Health Promotion Adviser)

It's useful to work through it page by page. It gets them thinking and ready to stop. (Teacher)

We found they didn't want to carry it around with them as they didn't want their parents to know they smoked, so we reproduced the smoking diary very, very tiny. (Health Promotion Adviser)

I think it's best used one to one, then you can go through it a bit at a time and help them to make a sort of plan for giving up. But it's very difficult for them, they want to stop just like that. When it doesn't work they say it's too difficult. The stages of change model just does not seem to apply to them. (Health Promotion Adviser)

These more detailed responses also highlighted just how challenging is the task of encouraging teenagers to give up smoking. Although all respondents expressed opinions as to what might be effective cessation strategies for teenagers, perhaps the majority view could be summarised by one stark comment, "I wish I knew". This is not to say that respondents were pessimistic and negative, they were just unsure about what, if anything, worked. One or two health educators commented that perhaps the reasons that young people gave for smoking were changing. In particular, it seemed that the idea that smoking is 'cool' is disappearing, but it is being replaced by the equally strong belief that smoking is a support for 'troubled' young people. If this was an accurate reflection of changing attitudes they thought new approaches would have to be developed to deal with them.

However, there was widespread agreement about key elements of any approach. Most stressed the need for wide-ranging strategies incorporating several agencies. To have any chance of success strategies needed to

- · be flexible and varied
- be supported by trusted, non-judgmental, non-patronising adults
- encourage peer support, buddy systems, group work
- develop and support young-people-led initiatives and programmes
- make available (when wanted) accurate information on a range of issues money, health, exploitation etc.
- provide positive role models
- use fun, lively methods such as quizzes, competitions

- provide suggestions for alternative ('cool') healthier pursuits
- encourage young people to keep trying to give up

Several respondents thought that a booklet such as I Quit! was ideal to be incorporated into strategies that embodied the above principles.

What mediators would like to see on a teen cessation website

Health professionals, teachers and youth workers thought that everything that was in I Quit! the booklet should be on a website, with the addition of more interactive material (quizzes, puzzles, a chat line or problem page), and perhaps extra information about peer pressure, and information about the tobacco companies (their marketing and advertising techniques and profits, for example). Several thought that a calculator/ready reckoner should feature prominently, as this section in the booklet attracted all young people they'd used it with.

Some said they hoped that the site would be carefully monitored and updated, with scope to add local information and service details. They all thought the site should be positive in attitude. Some thought this could be achieved by incorporating real-life success stories and role-model quotes. Several said it should be "fun".

THE VIEWS OF YOUNG PEOPLE WHO REVIEWED I QUIT!

The majority of young people who reviewed I Quit! were smokers, though a handful were not. They smoked from 20 to 100 cigarettes a week, the average across the age group (from 14-18) being 40. The younger ones tended to smoke less than the older ones. A few said they smoked 10 or less a week and, of these, a couple did not consider themselves to be smokers - they ticked the non-smoker box.

Virtually all the smokers said that they would like to give up, but very few had ever, or seriously, tried to do so. The members of one discussion group (2 girls, 2 boys), all close friends, said they had given up in the past but had taken it up again. They seemed to view it as inevitable that were they to give up again, they would also take it up again. None of the interviewees were participants in cessation groups. (It would have been useful to interview such a group but it was not possible to set up for this evaluation.)

The age of the respondent made little difference except in one respect – some of the younger respondents (14, 15 year-olds) thought the booklet was childish in places. There were no discernible differences in responses to the booklet between girls and boys.

What young people thought of I Quit!

The overall response to the look and content of I Quit! was very positive. Comments ranged from "quite good" to "fantastic" and "hip". Several comments cropped up time and again. They liked it because it was:

- colourful
- well laid out
- interesting and gets straight to the point
- easy to read/understandable
- informative
- humorously illustrated
- interactive (diary and questionnaires to complete)
- not 'preachy'

Specific comments included:

It seems to be written from a smoker's or ex-smoker's point of view as it's sympathetic to the struggle of giving up.

It makes you want to read it as it's fun.

It's attractive to look at and has lots of illustrations that make it more interesting.

It's by far the best. It doesn't dictate and ramble on about the evils of smoking.

It's got a good front cover. I think it's meant to be like the government health warning. It's more scary than the rest of the booklet and really makes you think.

It's more like advice. It doesn't patronise you like some other information booklets.

The diaries and things to fill in are a very good idea.

It has lots of information and interesting facts which scare you, and it really makes you think what a waste of time.

Though none of the respondents said the booklet had led them to give up most thought that it was effective in certain ways. Several made similar comments:

- It gets its general point across
- The cost table has a big impact
- It makes you realise how much money you waste
- It makes you take a second look at yourself
- It makes you think about what smoking is doing to your body
- It gives you the idea to stop.

Specific comments about the effectiveness of I Quit! included:

It does provide motivation to quit. I'd say about 6/10 for motivation. (girl 15, smokes 10 a week)

It does actually make you think, especially by mentioning the amount of money you will save. (girl 16, 20 a week)

Its impact is good and hard hitting. It has made me reconsider stopping. It shocked me when I worked out how many I smoke and how much money I lose. (girl 17, smokes 100 a week)

There was nothing I didn't know already, but it did remind me. It didn't make me want to give up, but it did remind me of my bad health. (boy 16, 50 a week)

It's quite effective, dramatic and thought-provoking. (boy 17, 40-50 a week)

It made me think, but it didn't quite do the trick enough to make me quit. (boy 17, 80 a week)

I think it has a large impact and makes me think about stopping. I think it is very effective. (boy 18, 20 a week)

On the other hand, several respondents remained unshaken in their view that there was not a lot that could be done to discourage teenage smokers:

I don't think the booklet will help much because you dismiss leaflets from your life because you enjoy smoking.

I don't think anything is really effective unless the person is very serious about stopping smoking.

People will stop when they want to, so there is nothing you can do.

It won't help if you have no willpower.

There were very few critical or negative responses. There were only two respondents who did not like I Quit! very much. One said, "It's a bit dull." Another said, "It is too long and gets boring." (Though this same person said elsewhere that the booklet "is interesting".)

A problem for a small minority was that the booklet seemed childish, and was a "bit too young" in places, though they thought this applied to the illustrations rather than the text. A few others (in common with some of the adult reviewers) thought that the text was too small in places and could present problems for poor

readers (though not themselves). And quite a few wanted more space to write in the diary and history sections.

All respondents thought the booklet had a lot of material in it - more than most other leaflets - which was a positive feature for some and problematic for others. One boy (14) described it enthusiastically as being "full of stuff". However, some thought this was a fault, and found the booklet "too busy" (and assumed it also accounted for the small text). A few thought they knew everything in it already and were disappointed that there was no new information, or "gory pictures".

This split was reflected in their responses to whether the booklet could be improved. Those that liked its 'busyness' (the majority) did not want any changes. Those that thought there was too much information in it wanted more space, or larger text though, interestingly, none of them suggested cutting any of it out – just making it bigger. (On the other hand, several respondents praised its 'neat', small size - which they thought made it more personal/private.)

The discussion groups threw up how complex, and even contradictory, teenagers views are about smoking. Though the majority wanted to stop smoking (at some time) they were generally pessimistic about their own, and their friends, likely success in quitting. Though they wanted new and novel approaches to help them quit, their own suggestions for what would help teenagers were, in the main, pedestrian and authoritarian ("state simply and clearly the consequences of smoking"; "reduce the amount of money they get so they cannot afford it"). In fact, most of their suggestions were just those that they had already said would have no impact on them at all. A few picked up on the idea of rewarding themselves for success, and realised they'd have the money to do it with.

What young people would like to see on a teen cessation website

Perhaps surprisingly, quite a number of respondents were not very familiar with using the Internet, though it is to be expected that numbers of users will grow rapidly. This perhaps limited their ideas as to what a teenage cessation website could be like. Their views were similar to their views about the booklet. Most thought it should be colourful and attractive with plenty of activities, and several said they thought everything that was in I Quit! should also be on line. Quite a number had picked up on the interactive nature of the internet and wanted a means of swapping 'real-life' stories, advice and progress with others. Apart from this, their inclinations tended towards 'shock-horror', with requests for "frightening facts" and "gory" pictures.

CONCLUSION

- This evaluation demonstrates that I Quit! is popular/liked by young people and the adults that work with them.
- It is used by a wide-range of professionals in the health, education, welfare and youth services. It is considered to be a useful, flexible resource as it can be used by individuals and groups, and can be used in a variety of ways from information give-aways to structured sessions.
- No respondent in this survey had carried out a formal evaluation of I Quit!
- Adult users/mediators assess its effectiveness by the demand for it, and by the fact that young people find it acceptable and seem to engage with its ideas and activities.
- I Quit! was liked, almost without exception, by all the young people who were shown it as part of this evaluation. Though no-one said it had led them to give up smoking, most said it had made them *think* about stopping.
- The majority of respondents (both adult mediators and young people) think there are few anti-smoking materials available that teenagers themselves find acceptable. Health promotion advisers and other professionals are also unsure about what anti-smoking approaches work with young smokers. Teenage smokers are not confident that they can give up. In the light of this, professional respondents thought that teen cessation strategies needed to be very wide-ranging and that I Quit! was a very useful resource within such a strategy.

GEOGRAPHICAL DISTRIBUTION

Resources have been bought by organisations in:

Aberdeen Ironbridge
Armagh Jersey
Ashington Lancaster
Ayr Limerick, Ireland

Ayr **Barnet London E Barnoldswick London NW Barnsley London SE Basingstoke London SW Belfast** London W **Billingham Manchester** Birmingham **Maybole** Bishop's Castle Melrose

Bishop's Castle Melrose
Blackpool Mitcham
Bolton Motherwell
Bournemouth Mountain Ash

Bradford Newcastle
Brecon Newtown
Bristol Northampton
Cardiff Norwich
Chelmsford Nottingham
Chesterfield Oswestry
Colchester Oxford

Colchester Croydon **Peebles Dalmuir Peterlee Derby Plymouth Dublin**, Ireland **Rotherham Dundee** Rugby **Fleetwood Salford Frimley Scunthorpe** Guernsey Sheffield Guildford **Shipley**

Hengoed Solihull
Horncastle Southampton

Shrewsbury Sleaford

Halifax

Harrogate

Southend
Stockport
Stoke on Trent
Stourbridge
Sunderland
Surbiton
Swindon
Taunton
Totton
Wakefield

Wegberg, Germany West Bromwich

Widnes Wimborne Wolverhampton

Worthing