

Designing and Delivering Smoking Cessation Services for Young People:

Lessons from the pilot programme in Scotland

Introduction

What is the purpose of this briefing paper?

The purpose of this paper is to support organisations to design and deliver smoking cessation services for young people. It summarises the key lessons learned from the pilot programme based on the External Evaluation of the Health Scotland/ASH Scotland Young People & Smoking Cessation Pilot Programme conducted between 2002 and 2005¹.

Key issues in this paper address the design and delivery of smoking cessation services for young people and include engaging local partners, involving young people, smoking cessation approaches and flexible service delivery.

Why do we need to target young people?

Young people are one of the three priority groups for smoking cessation services, highlighted by the Scottish Executive (2004)². The focus on reducing smoking among young people reflects the high rates of smoking for 13- and 15-year-olds in the SALSUS (2006) report³. The report shows that smoking rates between 1994 and 2006 have decreased, however levels of smoking among young people, particularly girls, still remains high.

The pilot programme aimed to:

- identify acceptable and potentially effective approaches to help young smokers quit
- enhance the knowledge, skills and confidence of young people to support future attempts to quit smoking
- work in partnership with key stakeholders and involve young people in service design and delivery.

The pilot programme included the following eight projects:

Project name	Setting	Lead organisation	Target group
CATCH	Maternity hospital and homes	Argyll & Clyde NHS Health Promotion	Pregnant women under 25 and partners
Cloud 9	Community and school venues	West Lothian Drug & Alcohol Service	12- to 18-year-olds in West Lothian
EQiP	HM Young Offenders Institution Polmont	Scottish Prison Service	16- to 21-year-old male offenders
Fag Break	Formal and informal settings, outreach work	Elgin Health Promotions in Moray	15- to 24-year-olds
YASCAP	Angus College	Angus LHCC	15- to 24-year-old students
L2Q	School and community venues	Eastern LHCC	11- to 18-year-olds in Greater Easterhouse (Glasgow)
smokin-@-pace	Internet chat-room, school and community	Shetland NHS, Health Promotion	13- to 17-year-olds in Shetland
WI Quit	College, school and community including workplaces	Western Isles NHS, Health Promotion	13- to 18-year-olds

Young people

The projects identified young people's smoking patterns, attitudes, beliefs and levels of smoking as different from long-established adult smokers. The evaluation also demonstrated that young people did not always view smoking as a high priority compared with other issues. This further established the importance of reflecting different needs in the design and delivery of smoking cessation services to ensure their relevance to young people.

Projects found it difficult to recruit and engage with young people as their motivation to attend services and quit smoking was more ambivalent than for adults. Other challenges were experienced in terms of the diverse needs of young people, which differed in relation to aspects such as age and gender.

External evaluation findings

The overall validated quit rate fell far short of the agreed benchmark of 15% quit rate at 12 months¹. This suggested that there was little significant evidence from which to inform the concept of 'best practice' with regard to supporting young people to quit smoking. However, key lessons learned by the pilot projects in designing, developing and delivering smoking cessation support to young people should prove very useful to others.

Designing and developing smoking cessation services for young people

Projects recognised the importance of allowing sufficient lead-in time to plan, develop and establish young-people friendly smoking cessation services. Projects identified a time period of approximately six months to allow both professionals and young people to become familiar with the service and place their trust in it.

Project ethos

Despite the different settings, client groups and initial theoretical approaches, each project identified the importance of adopting a more holistic, person-centred approach to working with young people and the need to develop a degree of flexibility to service delivery within the resources and capacity available. Projects considered this vital in order to respond effectively to the often complex needs of young people.

Partnership working

Partnership working was an important theme for projects as this influenced the design and delivery of the service.

Partnership working enabled projects to:

- avoid duplication of service delivery
- maximise available resources
- increase capacity e.g. in-kind contributions, support, expertise, activities time, equipment, venues
- develop supportive tobacco policies
- manage the project, support staff and monitor progress
- engage expertise in youth work, tobacco issues and evaluation skills
- help with recruitment (e.g. staff and young people)
- access local knowledge and wider networks
- develop and establish effective referral systems into the cessation service
- develop and establish effective referral systems from the cessation service to other agencies.

Examples of local partners:
Smoking cessation co-ordinators, midwives, school nurses, youth workers, further education staff, leisure centres, local voluntary organisations, social work, housing, other substance misuse services, counselling services, GPs and other professionals.

Steering and advisory groups

Projects formed multi-agency steering or advisory groups and found them to be useful, especially when involved from the outset in aspects such as planning and development of the service proposal. Furthermore this allowed partners to show their commitment and contribution to the development and delivery of the service.

In order to set up steering groups the projects identified the key lessons as:

- clarifying the roles, contributions and parameters of the group
- fulfilling a project's aims and monitoring progress
- ensuring members understand the ethos
- ensuring those working with young people convey consistent messages.

Holistic approach

Working in a more holistic way enabled projects to address the social, emotional and developmental needs of the young people attending the service. Projects reported that adopting a holistic approach could be resource intensive, requiring additional training for staff on wider health issues for young people. Furthermore, strong referral processes were required so that wider health issues could be addressed by local agencies where appropriate, e.g. sexual health, mental health and substance misuse.

Flexibility

Projects found it important to adopt and maintain a degree of flexibility in the service delivery to ensure they could respond to the needs of young people as and when required. Projects demonstrated that adopting a flexible approach was a key element in engaging and involving young people. However, flexibility had to be set within the parameters and resources of the service.

Youth involvement

Projects used a range of tools and approaches to identify the specific needs of young people. The tools and approaches used by projects included:

- participatory appraisals
- surveys and questionnaires
- one-to-one street work
- focus groups
- needs assessments
- involvement on steering groups.

Involving young people was seen as an essential, on-going process to inform the design and delivery of the service.

The information gathered informed:

- the type of support and activities provided
- the marketing approaches adopted
- where young people should be targeted (e.g. schools, college, community groups)
- the most appropriate days, times and venues to deliver support
- who needed to be involved in delivering the service.

Raising awareness and recruitment

Most projects spent considerable time and effort in recruiting clients and underestimated the extent to which the service had to be 'sold' to young people. In order to improve recruitment, the projects found it useful to raise the profile of smoking and increase its importance as a 'priority issue' for staff, partner agencies and young people themselves. Due to the culture and acceptability of smoking, the projects found it necessary to develop a comprehensive approach to promoting their service and maximise recruitment.

Advertising – methods used by projects to advertise their service:

- local media networks
- cinema advertising
- leaflets, posters and information displays
- outreach work and face-to-face interaction
- promotion of service to stakeholders and partners
- launch and promotion of service using health events.

Key lessons

- advertising was resource intensive but essential
- it needed a variety of approaches tailored to different settings and target groups
- it needed to be carried out on a continual basis.

Recruitment – key lessons for the recruitment of young people:

- word of mouth was considered by project staff to be a very effective marketing method
- young people who used the service and had a positive experience were probably the best way of communicating the benefits of the support to peers
- service staff needed to be involved in face-to-face recruitment activities
- a range of approaches tailored to the setting and target group were needed
- partnership working, which generated referrals into and out of the service, worked well for some projects
- it was necessary to allow enough time to build relationships and trust between professionals and young people.

Delivering smoking cessation services for young people

Challenges experienced by the projects for supporting young people to quit included:

- competing commitments and interests of young people
- joint use of cannabis and tobacco by some young people
- range of health, emotional and social needs also presented
- individual's reasons for attending the service and their motivation to stop smoking
- training needs of staff and accessing training
- maintaining consistency of support, while applying a flexible approach
- ensuring confidentiality when required
- the location of service (accessibility) and time of day the support was offered.

Sustaining involvement of young people

The principles which informed the ethos of the service were seen to be essential in order to sustain the involvement of young people and provide appropriate support over the required period. It was important to ensure the adoption of an appropriate organisational approach which incorporated the values and characteristics required by service staff in order to effectively engage with young people.

Principles of effective organisational approaches:

- creating a non-threatening environment
- continued involvement with the link/referral organisation
- ethos of the service being clearly communicated and demonstrated to young people by staff
- addressing misconceptions about the project
- communicating what activities the service offered
- adopting a flexible approach
- ensuring confidentiality.

Worker characteristics which were valued by young people included:

- understanding the service ethos
- delivering a timely response
- a client-centred approach
- focus on client empowerment
- non-judgemental attitude
- good youth worker skills
- ability to engage and gain trust
- specialist knowledge on tobacco and other health issues
- clear boundaries between the worker and client
- sensitivity when dealing with vulnerable young people
- ensuring consistency in service provision.

Smoking cessation approaches

The range of smoking cessation approaches offered to young people is identified below. Programme funding enabled projects to 'go the extra mile' and offer intensive support, activities and incentives. However no single approach was seen to be most effective.

Healthy alternatives

Some projects designed their programmes to include a range of healthy alternatives to encourage engagement in a smoke-free environment and motivate young people to make positive changes. This involved working closely with local partners such as community leisure centres. Some of these alternatives included leisure activities (gym sessions, swimming and bowling), alternative therapies (massage and relaxation) and healthy eating (provision of healthy refreshments).

Group and individual support

Smoking cessation was provided by projects in either group support (weekly block programmes) and/or individual support sessions. In some projects, initial support was provided in response to needs identified during the design stage of the service, using tools such as questionnaires and focus groups. However projects were often required to make on-going changes in response to the needs of young people accessing the service at the time.

Education

Many young people attended a service because they were thinking about stopping smoking. However, their level of knowledge and understanding of smoking and their own smoking behaviour (e.g. dependence, patterns of smoking and consumption levels) was diverse. Therefore activities designed to raise the profile of smoking and increase awareness of their own smoking behaviour became necessary.

The following topics were often covered:

- risks of tobacco and the effects of smoking on their bodies
- understanding addiction and cessation
- informal education on Nicotine Replacement Therapy (NRT)
- dispelling myths and misconceptions of smoking and quitting
- alleviating concerns and allowing informed choice
- understanding their own withdrawal effects
- risks in relation to pregnancy, passive smoking, cannabis and alcohol.

Group support was perceived to work well when:

- it was tailored to the setting and needs of young people
- a range of topics and activities were delivered
- it prepared young people to stop smoking
- it was also accompanied by individual support
- the group consisted of individuals who knew each other (larger groups)
- the group consisted of friends (smaller groups)
- refreshments were provided to create an informal atmosphere.

Individual support was perceived to be of benefit for the following reasons:

- it provided more flexibility in terms of time and venue
- it engaged young people who did not want to access group support
- it provided individually tailored programmes
- it allowed a range of issues to be discussed.

Nicotine Replacement Therapy (NRT)

Nicotine Replacement Therapy (NRT) was provided as part of the intensive support and was considered in some cases to be an important factor in terms of engagement with young people. At the time of the pilot programme NRT was not licensed for use with young people, therefore ensuring their safety when incorporating NRT in the planned support was essential. Some of the projects agreed protocols and organised prescription pathways to make NRT accessible to young people. Some of the concerns and challenges the projects experienced when providing NRT included:

- NRT being viewed as a 'magic wand' by some young people
- NRT not being used in accordance with instructions
- identifying the level of addiction and motivation prior to accessing NRT.

Culture change

The projects worked directly with parents, extended family members, peers, guardians and carers, to address the culture and acceptability of smoking within young people's environments. This was to encourage a more supportive environment to assist young people to make successful quit attempts. Achievement was through local community-based initiatives and mass media campaigns such as No Smoking Day, which proved essential for raising the profile of smoking and its associated risk factors, particularly relating to second-hand smoke.

Maintaining motivation

Maintaining motivation of young people accessing support, both individually or as part of a group, was essential, especially in regard to sustaining involvement.

Projects used a wide range of approaches and activities to encourage and empower clients to stay positive and focused on their goals. It was important for young people to participate in motivational activities, which allowed them to gain insight into their own behaviour and the associated health risks along with identifying achievable short-term goals.

The following activities and approaches were used:

- motivational interviewing
- peer support
- holistic and client-centred approach
- relapse prevention
- assertiveness training
- incentives (group and individual)
- confidence and self-esteem building
- setting a quit date
- motivational text, phone calls and chat rooms
- carbon monoxide (CO) readings to reinforce progress
- smoking diaries.

Brief advice

Brief advice was often delivered along with the activities aimed at recruitment and raising awareness. It was considered important for engaging young people, increasing the profile of smoking and assisting young people to move closer to making a quit attempt. The projects provided young people with advice, leaflets and information on how to obtain NRT as well as details on how to access the smoking cessation service.

Monitoring and evaluation

Challenges for evaluation:

- measuring the potential impact of brief interventions and education
- capturing the softer indicators (as well as quit rates), e.g. confidence, self-esteem and other behaviour changes
- the number of young people accessing the service during the pilot were fewer than anticipated
- losing contact with some young people prior to follow-ups.

Auditing, monitoring and evaluating the services was crucial for capturing what the projects had achieved and for securing service funding in the long term. The external evaluation procedures used to gather outcome data allowed the projects to audit the uptake of the service and its quit rates and to identify characteristics of young people's smoking behaviour¹. Furthermore the projects were encouraged to work with the external evaluation team and their key stakeholders in order to develop their project's internal evaluations.

At the time of the pilot programme the minimum data set⁴ was being developed. Since then the minimum data set has been established as a useful tool, which can be expanded on by projects to monitor and evaluate uptake, quit rates and smoking characteristics of the target group. This can be extended to develop internal evaluations and meet service requirements.

The projects also reported on the importance and benefit of process evaluation. This allowed them to tell their stories and reflect on the developments made by their service and to capture some of the wider benefits.

The projects monitored and reflected on the following areas:

- methods used to recruit young people
- type of support and activities offered
- young people's feedback on the support and activities
- barriers and successes to service delivery
- timescales for working with young people
- partnership working and referral systems
- wider benefits to the young person, e.g. confidence, self-esteem and other behaviour changes.

Conclusion

At the time of the pilot programme there was no clear guidance on an evidence based model to inform how best to support young people to quit smoking. The availability of funding enabled projects to gauge the thoughts and views of young people and explore innovative approaches in response to their support needs. This paper highlights the key challenges and subsequent approaches adopted by the pilot projects in supporting young people to stop smoking and should prove useful to others developing similar services.

Further Information

Useful websites

ASH Scotland

Website provides information on smoking cessation work including training and projects; local alliances involved in tobacco control; and briefing and policy papers. The ASH Scotland Information Service includes a reference library, a free national enquiry service and literature searches on all aspects of tobacco control.

www.ashscotland.org.uk

ASH Scotland/Youth Development

Useful links and resources for projects to use with young people.

www.ashscotland.org.uk/ash/3405.html

Health Scotland

Website provides information and resources to support health improvement practitioners and organisations working to improve Scotland's health and reduce inequalities. Also includes links to tobacco research, learning, publications and tobacco-related websites.

www.healthscotland.com

No Smoking Day

This is an annual health awareness campaign that helps smokers that want to stop. It now takes place on the second Wednesday in March and is a firm fixture in the UK calendar.

www.nosmokingday.org.uk

Fags and Hash

Jointly produced by ASH Scotland, Health Scotland, Scottish Drugs Forum and West Lothian Drug and Alcohol Service, this booklet provides information on the affects of using cannabis and tobacco.

www.healthscotland.com/documents/298.aspx

Tobacco Information Scotland (TIS)

Funded by the British Heart Foundation and Scottish Government. Tobacco Information Scotland is a fully searchable database of smoking-related resources that are relevant to Scotland. This is an initiative from the ASH Scotland Information Service.

www.tobaccoinscotland.org.uk

Scottish Public Health Observatory (ScotPHO)

Led by Health Scotland and ISD Scotland, it ensures that the public health community has easy access to clear and relevant information and statistics to support decision-making.

www.scotpho.org.uk

healthyliving

This website is a joint collaboration between Health Scotland and the Scottish Executive to promote Scotland's healthy living programme. It provides resources, advice and support on healthy eating and physical activity. www.healthyliving.gov.uk

Walk the Talk

This site is of interest to a range of practitioners working to improve young people's health and wellbeing. It provides contacts, resources and information for all those working towards young people's health improvement. www.walk-the-talk.org.uk

Young Scot

National youth information portal site which aims to offer incentives, information and opportunities to young people aged 12- to 26-years-old to help them make informed choices, play a part in community life, and make the most of their leisure and learning. Site includes online health, personal relationships and travel information.

www.youngscot.org

Networking group

- **Scottish Tobacco Control Alliance – Youth and Tobacco Forum**
<http://www.ashscotland.org.uk/ash/4045.html>

Useful reports and updates

- **Pathways to Problems (2006)**
<http://drugs.homeoffice.gov.uk/publication-search/acmd/pathways-to-problems/>
- **Smoking Prevention Working Group: Towards a Future Without Tobacco (2006)**
www.scotland.gov.uk/Publications/2006/11/21155256/1
- **BMA (2007) Breaking the Cycle**
www.bma.org.uk/ap.nsf/Content/breakingthecycle
- **NHS Health Scotland/ ASH Scotland Guidance for Smoking Cessation Services, including 2007 Smoking Cessation update**
www.canstopsmoking.com/tobacco-control/smoking-cessation.htm
- **Scottish Parliament SPICEe Briefing Paper on Youth Participation**
www.scottish.parliament.uk/business/research/pdf_res_brief/sb02-44.pdf
- **LEAP – Monitoring and evaluation framework**
http://157.203.43.151/uploads/documents/LEAP_for_health.pdf

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