Reducing Tobacco Use in Young Adults

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Reducing Tobacco Use in Young Adults

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ANSCHTUZ MEDICAL CAMPUS
Objectives

• Understand young adults’ tobacco use patterns and the importance of timely tobacco cessation.
• Recognize external factors that contribute to young adults’ tobacco use.
• Acquire tips for talking with young adults about tobacco use.
• Learn about effective tobacco cessation treatments and interventions that work with young adults.
Why Focus on Young Adults’ Tobacco Use?
Annual Causes of Death in the United States, 2011

- **Heart Disease***
- **Cancer***
- **Chronic Respiratory Diseases***
- **Cerebrovascular Disease***
- **Accidents***

*Tobacco Related Illnesses

Number of deaths (thousands)
Quitting Smoking Leads to a Longer and Healthier Life

It is estimated that one person dies from a tobacco-related illness every 6 seconds.
Tobacco and Young Adults

- 34% of young adults currently smoke cigarettes
- Approximately 90% of daily adult smokers tried tobacco by the age of 18 years
- 96% of adult daily tobacco users began using every day before the age of 26 (USDHHS, 2012)
Patterns of Young Adult Tobacco Use

Young adults are likely to:

- Begin using tobacco “socially”
- Feel they are not susceptible to long-term consequences
- Become tobacco-dependent adults (USDHHS, 2012; Smith et al., 2012)
Factors Associated with Young Adult Use

- Male
- Caucasian (Dietz et al., 2013; USDHHS, 2012)
- Regular use of alcohol or other drugs (Solberg et al., 2007)
- Living in poverty (Green et al., 2007)
- Having friends and/or parents who use tobacco (Jiang & Ling, 2013)
- Self-identifying as LBGT (Blosnich, Jarrett & Horn, 2011)
- Not attending college (Green et al., 2007)
Quitting in Young Adulthood

• Young adults want to quit
• Young adults are less likely than older adults to:
  – Get advice and support from healthcare providers
  – Use tobacco cessation counseling or medications (CDC, 2011)
Why Do Young Adults Use Tobacco?
Contributing Factors

• Social Influences:
  – Most impactful
  – Identity development
  – Normalized by family and friends (Klein et al., 2013)
Contributing Factors

• Media Influences:
  – Internalizing positive messages about tobacco use
  – One-third of all movies targeted at young adult audiences contain images of tobacco products or use (USDHHS, 2012)
Contributing Factors

• Tobacco Marketing:
  – Tobacco companies aggressively target young adults
  – Prime targets
  – Creative marketing
    • Promotions
    • Appealing products
    • Weight-loss myth (USDHHS, 2012)
Tips for Talking with Young Adults about Tobacco Use
The Role of the Healthcare Provider

- Primary source of information
- Important to talk with every young adult about tobacco
- Understand young adult misperceptions:
  - Immortality
  - Risk of addiction
  - Long-term health consequences *(USDHHS, 2012)*
Guidelines for Talking with Young Adults

• Start the conversation
• Talk about the benefits of quitting
• Use examples from their lives
• Be a role model
• Create a “no” plan
• Make a list of pros and cons (USDHHS, 2012)
Guidelines for Talking with Young Adults

• Use the 5 A’s
  – Ask
  – Advise
  – Assist
  – Assess
  – Arrange (Fiore et al., 2009)

Tobacco dependence and use (current or former) is a chronic relapsing condition that requires repeated interventions and a systematic approach.
Guidelines for Talking with Young Adults

- Ask about their exposure to tobacco
- Support tobacco-free living
- Follow up
- Create a tobacco-free workplace
- Offer free tobacco cessation services (USDHHS, 2012)
Prevention and Treatment Strategies for Young Adults
Prevention: What Works

• Policy interventions:
  – Increasing unit price
  – Smoking bans
  – Mass media anti-smoking campaigns
  – Tax increases
  – Product labeling
  – Reduced access
  – Bans on tobacco product advertising (USDHHS, 2012)
Prevention: What Works

• Clinical Interventions:
  – Ask every young adult about tobacco use
  – Ask every time a young adult is seen
  – Set up clinical reminders
  – Educate other health care providers about the importance of talking to young adults about tobacco (USDHHS, 2012)
Treatment: What Works

• Motivational Interviewing
  – Identifying and utilizing young adult’s motivation
  – Focusing on ambivalence (Miller & Rollnick, 2012)

• Nicotine Replacement Therapy
  – 5 types of NRT
  – Encouraging young adult to speak with prescriber
  – Warm hand off (USDHHS, 2012)
Treatment: What Works

• Cognitive Behavioral Strategies
  – Instruction on coping skills
  – Self-management material
  – Social influence education
  – Managing tobacco withdrawal symptoms
  – Relapse prevention
    – (USDHHS, 20120)

• 5 A’s Strategies (Fiore et al., 2009)
Treatment: What Works

• Interventions for young adults work best when they are:
  – Technologically-based (Brown, 2013)
  – Individually tailored to the population
  – Free and/or offer financial incentives (Green et al., 2007)
  – Involve family and friends of young adult (USDHHS, 2012)
Treatment: What Works

• Interventions for young adults work best when they are:
  – Provided by former tobacco users
  – Recommended by a friend
  – Advertised in several ways  (Corona Insights, 2013)
  – Brief in terms of contact with cessation support but offer extended support via web-based interventions  (Villanti et al., 2010)
Resources

• Quitline
  – Every state has its own Quitline
  – Telephone-based cessation service
  – [www.naquitline.org](http://www.naquitline.org)

• CO Quit Mobile
  – Evidence-based tobacco cessation system for young adults
  – Uses text messaging, online expert system, and a smart phone application
  – [www.coquitmobile.org](http://www.coquitmobile.org)

• QuitSTART App
  – Free smartphone app
  – Allows users to track cravings and moods, monitor progress towards achieving smoke-free milestones, and upload personal messages.
  – [www.teen.smokefree.gov](http://www.teen.smokefree.gov)
For More Information, contact:
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Bhwellness.org
Using Mass Media to Reduce Tobacco Use in Young Adults: truth 3.0
**BACKGROUND**

- **Tobacco Countermarketing**
  - The Fairness Doctrine: 1967-1970

  - Over time, evidence base for countermarketing develops at the international, state and local levels.

  - Effective youth tobacco campaign elements included a:
    - tobacco industry deception and manipulation theme,
    - use of “edgy” youth spokespersons, and
    - high levels of exposure among the intended segment of the audience.
Results From truth Campaign: Dose-Response Approach

22% in youth smoking from ‘00 – ‘02

preventing about 300,000 adolescent smokers

*2005 American Journal of Public Health

prevented

450,000 adolescents from smoking initiation nationwide through 2004

*2009 American Journal of Preventive Medicine
Cost-effectiveness of *truth*

Over the years 2000 to 2002, expenditures totaled just over $324 million. Findings indicated campaign recovered its costs and saved between $1.9 and $5.4 billion in medical costs for society.

*American Journal of Preventive Medicine, Feb 2009*
LANDSCAPE

Enormous success as an anti-brand using facts to expose Big Tobacco’s lies

But in today’s data-rich, always connected, transparent world – the “facts” have a less revelatory impact

Complimentary Federal efforts focused on OTS youth presents an unprecedented opportunity
LANDSCAPE

*NSDUH, 2002-2012
Cognitive dissonance – social smoking is not “smoking”

Today’s youth connect with brands in the different ways

Smokers have become Big Tobacco’s best marketers

Technology and social platforms make it easy for smokers to glamorize smoking well beyond their physical social circles
TODAY, YOUNG PEOPLE SHAPE BRANDS AND ISSUES THROUGH THEIR OWN PARTICIPATION
FOR TRUTH TO BE SUCCESSFUL, IT NEEDS TO REPLACE THE FEELING OF REBELLION WITH POWER THAT COMES FROM SMOKING
RATHER THAN EXCLUSIVELY TARGETING THE 9% OF YOUNG PEOPLE WHO ARE STILL SMOKING...
LET’S RALLY A VOLUNTEER ARMY OF THE 91% WHO WILL MAKE THIS FIGHT THEIR OWN & INFLUENCE THE 9%
BE THE GENERATION THAT ENDS SMOKING.
PHASE 1: August – October: Creating the movement

PHASE 2: November – December: Showing Progress

PHASE 3: Early 2015 De-norm social smoking
UNPAID
TOBACCO
SPOKESPERSON

www.youtube.com/truthorange
START SOMETHING UNSTOPPABLE WITH YOUR FACE.

What do you, some guy named Steven from Dunwoody, Peepers The Cat have in common? You've all got lots of them something to follow.
ASSESSING THE IMPACT
2014 Campaign Objectives

Reduce Combustible Use among target audience
- Intentions to smoke combustible tobacco
- Initiation of combustible tobacco use
- Progression to established combustible tobacco use
Conceptual Model

Exposure

Awareness

Intermediate Outcomes

Longer-Term Outcomes

Mediators/Moderators
Demographics, Tobacco Policy

truth Messages:
Television
Online Digital
Mobile
Tours
Other Campaigns

Aided and Unaided Message
Recall
Brand Awareness
& Engagement

Changes in Campaign-related
Knowledge, Attitudes,
Beliefs, & Intentions

Declines in tobacco use:
• Experimentation
• Initiation
• Progression to established smoking

Earned Media Outreach

**Evaluation Plan**

- **Formative – Campaign Development**
  *Message Development and Refinement*
  *quantitative and qualitative methods*

- **Intermediate Monitoring – Campaign Implementation**
  *Ad Awareness and Receptivity*
  *cross sectional and/or continuous surveys*

- **Campaign Summative Evaluation**
  *Exposure-Outcome Studies*
  *longitudinal cohort + pre-post GRP dose-response study*
ASSESSING BEHAVIORAL OUTCOMES

truth Longitudinal cohort (TLC)

Nationally representative Sample Aged 15-21
Total Recruitment = 14,058
Cohort Data timeline

Wave 1 (Baseline) n=14,058 5-8/14

Wave 2 1-3/15

Wave 3 7-9/15

Wave 4 1-3/16

Wave 5 7-9/16

Wave 6 1-3/17

Refreshment sample (n=1,000)
truth Outcome studies

truth Longitudinal Cohort (TLC)

Exposure-Cognitions-Behavior Studies

Geo-Spatial Point-of-Sale Exposure Pilot Study

- Exposure to Industry Point-of-Sale Advertising

Digital Exposure Study

- Objective measure of exposure via ad tagging

Overall, Demographics, TC Policy, Media Use, etc.
Digital Evaluation Plans

Passive measurement via pixel tracking (on all paid online creative assets) and pixel recording (of panel) to provide an objective exposure metric

Self-reported digital exposure and behavior

Twitter Study with University of Illinois at Chicago

KABB
#FINISHIT
THANK YOU
DVALLONE@LEGACYFORHEALTH.ORG
New Resources from CDC’s Office on Smoking and Health and the Office of the Surgeon General

Robbing the Future video
http://youtu.be/5Wlob8oCuQ8

Smoking and Youth fact sheet
www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/fs_smoking_youth_508.pdf
Find more materials at the CDC/OSH site
www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm

To receive email updates about new resources, please send a message with “subscribe” in the subject line to:
INFO2014SGR50@CDC.GOV
Reducing Tobacco Use in Young Adults

Question and Answer Session:
Questions may be submitted by typing your question into the dialogue box to the right of your screen and sending it to the organizer. We’ll answer as many of your questions as time allows!
Jointly funded by CDC’s Office on Smoking & Health & Division of Cancer Prevention & Control

Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions

1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Thank you for joining us for the Reducing Tobacco Use in Young Adults Webinar!