"Ideas for Treatment Improvement"

ADDICTION Messenger

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SERIES 25

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Unifying science, education and services to transform lives

Nicotine Cessation - Part 3

Adolescent Nicotine Use and Cessation

"One thousand Americans stop smoking every day - by dying."

~ Author Unknown ~

Adolescent nicotine use produces significant health problems among young people, including an increase in the number and severity of respiratory illnesses, and decreased physical fitness and level of maximum lung function. An estimated 440,000 Americans die each year from diseases caused by nicotine use.

- Each day, nearly 6,000 children under 18 years of age start smoking. approximately 2,000 will become regular smokers, which is almost 800,000 annually.
- It is estimated that at least 4.5 million U.S. adolescents are cigarette smokers.
- Approximately 90 percent of smokers begin smoking before the age of 21.
- If current tobacco use patterns persist, an estimated 6.4 million children will die prematurely from a smoking-related disease.
- According to a 2001 national survey of high school students, the overall prevalence of current cigarette use was 28 percent.
- Nearly 20 percent of 12th graders, 12 percent of 10th graders and 5.5 percent of 8th graders smoke cigarettes daily.
- Adolescents who smoke regularly can have just as hard a time quitting as long-time adult smokers.
- Of adolescents who have smoked at least 100 cigarettes in their lifetime, most of them report that they would like to quit, but are not able to do so.
- Cigarette advertisements tend to emphasize youthful energy, sexual attraction and independence themes, which appeal to adolescents and young adults dealing with these issues.
- Nicotine use in adolescence is associated with a range of health-compromising behaviors, including being involved in fights, carrying weapons, engaging in high-risk sexual behavior and using alcohol and other drugs.

Progression of Nicotine Use

Initial experimentation with nicotine is often social for adolescents. They may be tempted by friends, by watching family members, or other role models who use nicotine. Various factors contribute to initial experimentation and the progression toward regular nicotine use.

The process by which an adolescent moves from experimenting with nicotine to becoming a regular user can include five stages that are listed in the following paragraphs. You may find this useful in determining your adolescent client's level of use.

Preparatory Stage

The stage, when a adolescent's knowledge, beliefs, and expectations about nicotine use are formed.

Initial/Trying Stage

The time period when an adolescent tries the first few cigarettes.

Experimentation Stage

The period of repeat, irregular use, but usually occurring only in specific situations.

Regular Nicotine Use

When the adolescent has developed a routine pattern of use. For adolescents, this may mean using nicotine every weekend or at certain times of the day.

Nicotine Addiction

This stage involves regular nicotine use, usually daily, where the adolescent experiences the need for nicotine.

Interventions for Adolescents & Adults

Brief Interventions

In a brief intervention, a substance abuse professional identifies nicotine using adolescent clients and advises them about the consequences of nicotine use and the steps they can take to quit. These face-to-face interventions are usually delivered to one adolescent at a time. Brief interventions involve an assessment of nicotine use, dependence, motivation to quit, advice on the benefits of quitting, and assistance with quitting. These interventions are designed to serve as a catalyst to stimulate further cessation efforts by the adolescent. For adults, having multiple clinicians provide brief advice can increase nicotine cessation rates significantly more than interventions that don't include any clinician advice.

Self-Help Non-Interactive Support

The self-help non-interactive approach includes minimal interventions that don't require responses from the adolescent and are delivered through written or audio-visual materials or on a computer (e.g., videotapes or brochures on how to quit nicotine use). Self-help materials can be prepared to meet different program or population needs. They can be delivered alone or used with more intensive interventions. Self-help non-interactive materials are not likely to be useful for adolescent nicotine cessation if they are implemented alone without being paired with other interventions (e.g., telephone counseling, clinician advice, group programs).

Self-Help Computer-Interactive Support

This intervention uses computer technology to assess an adolescent's nicotine use and motivation to quit. The intervention then uses behavior change strategies that promote nicotine cessation. Unlike self-help non-interactive interventions, which may use computers to deliver information, this intervention requires the adolescent to respond to specific prompts from the computer. The effectiveness of self-help computer-interactive support for adolescent and/or adult nicotine cessation is unknown. Another consideration for this intervention is the fact that some adolescents may use nicotine while on the computer and may associate nicotine use with computer use. Thus, using the computer could trigger nicotine use.

Telephone Counseling or Support

This approach delivers support or counseling by telephone rather than through face-to-face encounters. Telephone interventions with adolescents can offer support while reducing many barriers associated with other cessation services (e.g., the need for transportation, the problem of scheduling appointments, confidentiality versus disclosure to parents). Use of a telephone intervention (e.g., quit lines) would usually be initiated by the adolescent nicotine user, although this intervention can also include an optional, proactive callback schedule for more intensive support. Many states in our region have existing quit lines that provide counseling to adolescent nicotine users. The effectiveness of this approach for adolescent nicotine cessation is unclear, although the evidence of effectiveness for adults is strong.

One-on-One Face-to-Face Counseling

One-on-one face-to-face counseling is delivered by the substance abuse counselor to the adolescent using a variety of behavior change strategies. This is the most intensive way of intervening. Little data exists on the effectiveness of one-on-one counseling for adolescent nicotine cessation, although there is sufficient evidence that its effective with adults. Adult nicotine cessation guidelines indicate that one-on-one face-to-face counseling delivered for four or more sessions appears to be especially effective in increasing cessation rates. There is a strong relationship between successful treatment outcomes (nicotine cessation) and the amount of person-to-person contact time. Cessation rates increase when total contact time lasts at least 90 minutes.

Pharmacotherapy

Unlike the other interventions described in this issue, pharmacological interventions do not attempt to change behavior. Instead, they seek to reduce the symptoms of physical withdrawal from nicotine during the quitting process, with the goal of making behavior change easier.

These interventions include medications that contain nicotine to reduce withdrawal symptoms and those that do not contain nicotine but help reduce cravings. The U.S. Food and Drug Administration (FDA) has approved the follow-

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ing over-the-counter medications for nicotine cessation for adults: nicotine gums, nicotine patches, and nicotine lozengers. Medications available by prescription include nicotine inhalers, nicotine nasal sprays, and bupropion sustained release tablets.

Factors that should be taken into account when considering pharmacological therapies for adolescents are:

- The FDA has not approved pharmacotherapy (either over-the-counter or by prescription) for anyone younger than 18 years, and
- Although research has shown that such interventions are very effective with adults, there is no scientific evidence that they can help youth quit.

Pharmacotherapy has not been tested extensively with adolescents, but the studies that have been conducted haven't shown positive results. Before you suggests this type of intervention to your adolescent client be sure of their nicotine dependence and be confident of their intention to quit. A health care provider should also assess the appropriateness of medications for the adolescent, the likelihood of abuse, and the potential contraindications, as well as having the ability to provide a prescription.

Group Counseling

Group counseling involves the planned and structured delivery of behavior change strategies through a series of sessions delivered to a group of adolescents. Adolescent groups use mutual support as well as counseling by trained facilitators. Evidence supporting the effectiveness of group counseling for adolescent nicotine cessation is not sufficient although group counseling that uses multiple behavior change strategies with adults is effective.

Intervention to Avoid

An intervention that is thought to be ineffective or inappropriate for adolescents is an intervention that uses fear tactics alone. This approach relies almost completely on "scare tactics" (e.g., showing pictures of diseased lungs, presenting people who have been disfigured by a tobacco related disease) to change nicotine behavior by evoking fear of the possible consequences of nicotine use.

Adolescent Skills Training

Adolescents may turn to nicotine use because they lack knowledge of healthier ways to respond to problems. Skills training can be an important element in adolescent nicotine cessation interventions. The following skills may assist your adolescent client in achieving nicotine cessation:

Assertiveness training
For adolescents who have difficulty expressing their views or making their own decisions when they feel pressured (e.g., resisting offers of nicotine)

Social skills training
Use with adolescents who have difficulties in interpersonal situations. This can include effective communication skills (e.g., listening and speaking).

Anger control
For adolescents who have difficulty controlling their anger or who exhibit anger inappropriately, or whose anger lead them to nicotine use.

Social support seeking
This can teach adolescents how to seek assistance and ask others to help them.

Relaxation training
Some adolescents may have trouble relaxing and may use nicotine to relax. Physical relaxation methods such as yoga and cognitive methods such as meditation can be useful.

Problem solving
Teaching adolescents to identify and cope with high-risk situations that would tempt them to use nicotine.

Next Issue:

"Systems Improvement"

Source:

American Lung Association **Adolescent Smoking Statistics** Retrieved from the world Wide Web at http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=39868 on March 20, 2007.

Milton MH, Maule CO, Yee SL, Backinger C, Malarcher AM, & Husten CG, (2004) **Youth Tobacco Cessation: A Guide for Making Informed Decisions.** Atlanta: U.S. Department of Health and Human Services, Centers for Disease control and Prevention.

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"Substance Abuse Treatment Workforce Survey 2005"

HIGHLIGHTS

√ NFATTC workforce survey results for the Northwest and Hawai'i indicate that 40% of agency directors and 45% of clinicians report being in recovery. Both estimates could be even higher as approximately 10% of the workforce did not disclose their recovery status.

√ Analysis indicates that a significantly larger proportion of male directors and clinicians report being in recov ery. Other differences between the recovering and nonrecovering segments of the workforce are prevalent across multiple variables including age, degree status, years experience, salary, certification/licensure, likeli hood of leaving the field, and technology use.

√ Survey results indicate that while members of the workforce enter the field at all stages of life, recovery status and experience with substance use problems continue to play important roles in the decision to become a chemical dependency professional.

For more information on this topic, and others, please go to www.nfattc.org Click on HOT TOPICS to access the full report or executive summary for Alaska, Hawai'i, Idaho, Oregon and Washington.

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- **Series 2** Vol. 4, Issues 4-6 "What Works for Offenders?"
- **Series 3** Vol. 4, Issues 7-9 "Manual-Based Group Skills"
- **Series 4** Vol. 4, Issues 10-12 "Preparing Clients for Change", "What Is A Woman Sensitive Program?" and"Naltrexone Facts"
- **Series 5** Vol. 5, Issues 1-3 "Methamphetamine: Myths & Facts"
- **Series 6** Vol. 5, Issues 4-6 "Co-Occurring Disorders"
- **Series 7** Vol. 5, Issues 7-9 "Trauma Issues"
- **Series 8** Vol. 5, Issues 10-12 "Cultural Competence"
- **Series 9** Vol. 6, Issues 1-3 "Engagement &Retention"
- **Series 10** Vol. 6 Issues 4-6 "Co-Occurring Disorders"
- **Series 11** Vol. 6 Issues 7-9 "Integrated Services for Dual Disorders"
- **Series 12** Vol. 6 Issues 10-12 "Infectious Diseases"
- **Series 13** Vol. 7 Issues 1-3 "Contingency Management"
- **Series 14** Vol. 7 Issues 4-6 "Group Skills"
- **Series 15** Vol. 7 Issues 7-9 "Research and the Clinician"
- **Series 16** Vol. 7 Issues 10-12 "Recovery Support"
- **Series 17** Vol. 8 Issues 1-3 "Family Treatment"
- **Series 18** Vol. 8 Issues 4-6 "Cognitive-Behavioral Therapy"
- **Series 19** Vol. 8 Issues 7-9 "Counselor As Educator"
- **Series 20** Vol. 8 Issues 10-12 "Recovery Support"
- **Series 21** Vol. 9 Issues 1-3 "Problem Gambling"
- **Series 22** Vol. 9 Issues 4-6 "Treatment Planning"
- **Series 23** Vol. 9 Issues 1-3 "Methamphetamine"
- **Series 24** Vol. 9 Issues 4-6 "Using and Building Motivational Interviewing Skills"

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"Nicotine Cessation"

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Name______________________________

TEST Series 25

1.
The five major steps to nicotine cessation interventions (the 5 A's) include:
a. ask, advise, assess, assist, arrange.
b. assess, ask, advise, assist, arrange.
c. ask, acquire, acknowledge, assist, arrange.
d. a and c.

2.
As with treating most forms of drug dependence, treating nicotine addiction requires a comprehensive approach. A combination of therapy and medication is the optimal approach.

True or False

3.
The use of motivational interviewing with clients who are ready to quit using nicotine would include:
a. determining best strategies for initiating and main training cessation.
b. assessing client's level of dependence.
c. goal setting and offering a variety of cessation strategies
d. All of the above

4.
The "5 R's" are designed to motivate nicotine users who are currently unwilling to quit. The "5 R's' are:

1. ______________ 2. ______________
3. ______________ 4. ______________
5. ______________

5.
Motivational interviewing for client's in the pre-contemplation stage for nicotine cessation would include: raising doubts about nicotine use, increasing awareness of benefits and risks, and determining best strategies for initiating and maintaining cessation.

True or False

6.
The key elements in quitting nicotine use successfully include:
a. making a decision to quit and setting a date.
b. making a decision to quit, setting a "quit date", dealing with withdrawal, and staying quit.
c. Setting a "quit date, dealing with withdrawal, and staying quit.
d. None of the above.

7.
The "Health Belief Model" states that clients will be more likely to stop nicotine use if they believe they could get a nicotine related disease, believe that they can make an honest attempt at quitting, understand that the benefits of quitting outweigh the risks, and when they have known someone who has nicotine related health problems.

True or False

8.
The FDA (circle correct answer) has or has not approved nicotine cessation pharmacotherapy for anyone younger than 18 years old.

9.
The progression of steps which lead to an adolescent become dependent on nicotine include:

1. ______________ 2. ______________
3. ______________ 4. ______________
5. ______________

10.
Using interventions, such as showing pictures of diseased lungs to adolescents, is an effective approach to successfully engage them in nicotine cessation..

True or False

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You can register for continuing education hours for Series 1 through 25.
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NAME_______________________________________

We are interested in your reactions to the information provided in **Series 25** of the ***"Addiction Messenger"***. As part of your 2 continuing education hours we request that you write a short response, approximately100 words, regarding Series 25. The following list gives you some suggestions but should not limit your response.

What was your reaction to the concepts presented in Series 25?

How did you react to the amount of information provided?

How will you use this information?

Have you shared this information with co-workers?

What information would you have liked more detail about?