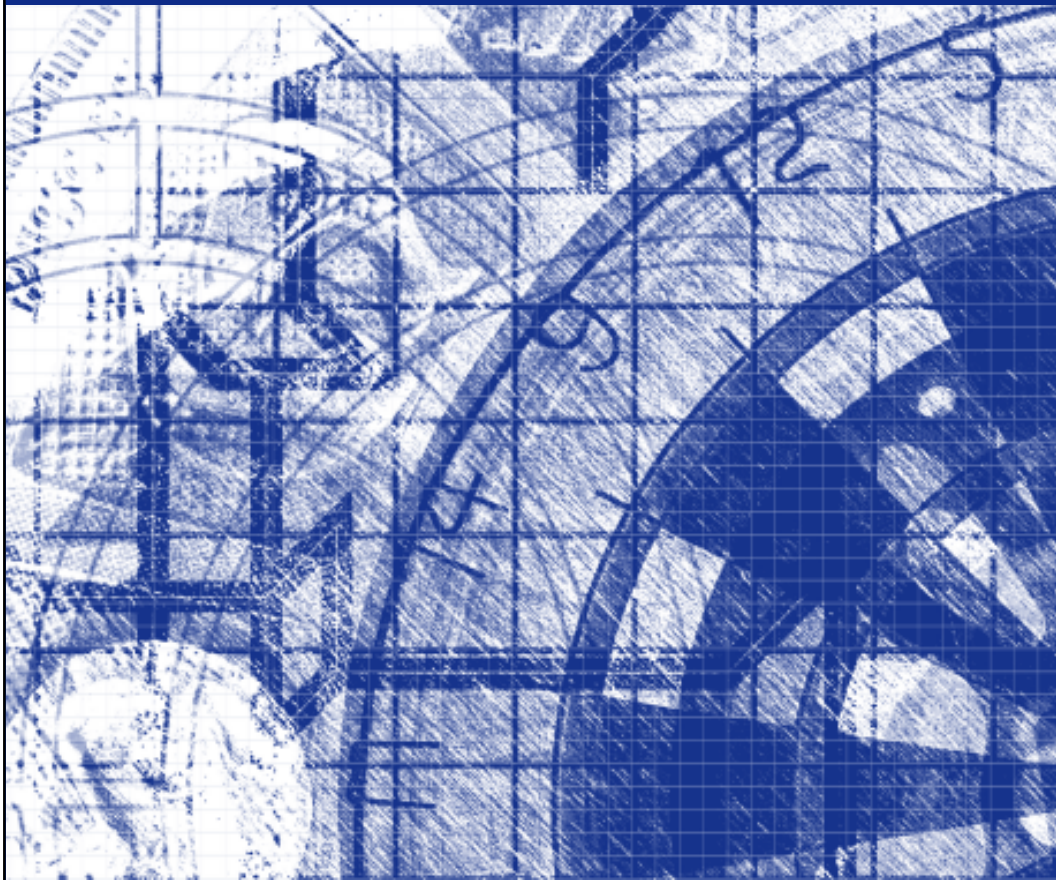


**NATIONAL BLUEPRINT FOR ACTION**

YOUTH AND YOUNG ADULT  
**Tobacco-Use Cessation**



Published by the Center for the Advancement of Health  
for the Youth Tobacco Cessation Collaborative

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## Executive Summary

### BACKGROUND

There are currently at least 4 million smokers under the age of 18 in the United States and another 3,000 who become regular tobacco users each day. The majority of adults in the United States who use tobacco products began doing so regularly prior to the age of 18. Tobacco use is now the leading cause of preventable death and disability in the United States, and if current trends continue, 5 million young people alive today will die prematurely of diseases related to tobacco use. Many young people who use tobacco products have indicated that they would like to stop, but have been unable to do so on their own. These youth want and need support to quit, yet adult cessation strategies have not been effective in helping them and, unfortunately, there is scant knowledge about what strategies and supports would work best for assisting young tobacco users in breaking their habits.

The Youth Tobacco Cessation Collaborative (YTCC) was formed in 1998 to address this knowledge gap. Collaborative members are representatives major organizations that fund research, program, and policy initiatives related to controlling youth tobacco use. The Collaborative works to establish and sustain cross-sharing among researchers and implementers,

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to sustain team-building and coordination across involved agencies and organizations, and to track progress and build toward cessation goals. The Collaborative includes:

- American Cancer Society
- American Legacy Foundation
- American Lung Association
- Canadian Tobacco Research Initiative
- Centers for Disease Control and Prevention
- National Cancer Institute
- National Cancer Institute of Canada
- National Heart, Lung and Blood Institute
- National Institute on Drug Abuse
- Robert Wood Johnson Foundation

### GOAL

The National Blueprint was developed in 1998–1999 as a consensus document to guide discussions regarding funding research and programs related to youth tobacco-use cessation, reflect common goals and objectives among national organizations that fund such efforts, help ensure that funding plans and programs across organizations build the strongest possible national efforts to support youth cessation, and coordinate funding efforts.

*The ten year goal of the National Blueprint is to ensure that every young tobacco user (aged 12–24)\* has access to appropriate and effective cessation interventions by the year 2010.\*\**

The Collaborative recognizes that organizations address the issue of youth tobacco-use cessation in various ways, with some focusing on research and others on programs and services. To reflect these differences

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\*This age range conforms with surveillance systems which collect data on ages 12–17 and 18–24.

\*\*Healthy People 2010 Objective 27–7: “Increase tobacco-use cessation attempts by adolescent smokers.”

in orientations and funding agendas, the group has outlined separate approaches to funding **research**, **implementation**, and **support and demand**. The intent is not to delineate between these domains, but rather to recognize the important roles of each and to permit more careful scrutiny of how each can and should contribute to the ten year goal of making available a range of interventions and services to support youth tobacco-use cessation.

To effectively raise the interest in and success of youth tobacco-use cessation, the investments made in research, implementation, and support and demand should target five populations:

- *Research community* (both biomedical and behavioral);
- *Decision-makers* (e.g., policy-makers, medical directors);
- *Community practitioners and gatekeepers* (e.g., pediatricians, school and work place administrators);
- *Public at-large* (e.g., families, community groups);
- *Youth* with varied habits and needs, including:
  - different stages of tobacco use (from experimentation to addiction);
  - varying patterns of regular use;
  - use of different types of tobacco products;
  - different developmental stages of adolescence;
  - cultural and demographic differences (e.g., gender, race, ethnicity, geographic location);
  - different life points or settings (e.g., school, college, workplace, incarceration, shelters);
  - co-morbidities with mental health conditions (e.g., ADHD, depression);
  - use of multiple substances.

In addition, interested stakeholders and, in particular, members of the Youth Tobacco Cessation Collaborative, should be responsible for advocating to their *peers in the field of tobacco control* the need for youth cessation research, strategies, and services.

## SHORT-TERM GOALS

The goals for **research** are:

- Increase understanding of youth tobacco experimentation, use, addiction, and cessation.
- Increase national and state-based surveillance of youth tobacco-use cessation behavior and use of treatments and services.
- Develop and test effective tobacco-use treatment programs, services, and interventions for youth.
- Develop a basic infrastructure for youth tobacco-use cessation research and its translation into practice, including a set of tools (common taxonomy, standards of effectiveness, and practice guidelines). Collaborate to develop a prioritized research agenda.

The goals for **implementation** are:

- Increase access to effective science-based tobacco-use cessation interventions and services appropriate for youth.
- Increase the capacity and capability to deliver effective youth tobacco-use cessation interventions and services.

The goals for **support and demand** are:

- Advocate for policies and environments that support youth tobacco-use cessation.
- Increase support for youth tobacco-use cessation among providers, decision-makers, and community gatekeepers.
- Increase public and peer support for youth tobacco-use cessation, and generate interest and participation in cessation attempts among young tobacco users.



## Introduction

Tobacco use is the leading cause of preventable death in the United States today.<sup>1</sup> It is a significant risk factor for many cancers, lung diseases, and cardiovascular disorders, and a contributing factor to a range of other chronic, debilitating diseases such as diabetes. It is estimated that 5 million young people alive today will die prematurely of tobacco-related diseases if current trends continue.<sup>2</sup>

Typically, use of tobacco products begins in early adolescence, most often by the age of 16. Eighty-two percent of American adults who have ever been daily smokers tried their first cigarette before the age of 18.<sup>3</sup> In spite of policies prohibiting the sale of tobacco products to people under the age of 18, 72 percent of eighth graders and 88 percent of 10th graders indicate that they can get cigarettes “fairly easily” or “very easily” when they want them.<sup>4</sup>

*It is currently estimated that in the United States more than 3,000 children and adolescents become regular users of tobacco each day,<sup>5</sup> and that more than 4 million adolescents are now smoking cigarettes.<sup>6</sup>*



Young people who have smoked as few as 100 cigarettes in their lifetime frequently report that they would like to quit, but are unable to do so.<sup>7</sup> The Surgeon General reported in 1994 that 44 percent of high school seniors between 1976 and 1986 who were daily smokers believed that they would no longer be smoking five years later; however, follow-up studies indicated that between five and six years later, 73 percent remained daily smokers.<sup>8</sup> Data from 1997 surveys indicate that less than 14 percent of youth who had ever been daily smokers had abstained from using tobacco in the previous 30 days; when the time period examined is one year, only three percent of high school seniors who had ever been regular smokers reported not using tobacco at all.<sup>9</sup>

It is clear that tobacco use is a significant problem among young people — one which is carried into adulthood and ultimately contributes to disability and premature death. It is also evident that many young tobacco users would like support to discontinue their habits. However, there are few mechanisms or programs available to youth who want to quit. While it is known that increasing the excise tax on tobacco products reduces tobacco use among youth,<sup>10</sup> there is very little research evidence demonstrating the effectiveness of cessation interventions — whether behavioral or pharmacological (e.g., nicotine replacement therapy) in nature — with this population.<sup>11</sup>

Therefore, the need is clear and urgent: to research, develop, and support policies and cessation interventions and services to help young tobacco users break their habits *before* they become long-term adult users.



## Overview

This Blueprint was developed by the Youth Tobacco Cessation Collaborative, which represents a variety of public, private, and voluntary organizations that fund research and program activities related to youth tobacco use and cessation. (A list of participants is included as Appendix A.) The Blueprint was produced through a series of full-group discussions and smaller working group activities conducted from mid-1998 through the fall of 1999. The Collaborative deliberations were based on the outcomes of a youth tobacco-use cessation conference sponsored by the U.S. Centers for Disease Control and Prevention in the fall of 1997.

The intent of this document is to:

- *Guide discussions* within and among organizations addressing or planning to address funding research and/or programs related to youth tobacco-use cessation;
- *Reflect common goals and objectives* that have resulted from intensive discussions among its authors;
- *Help ensure that funding plans and programs* across varied organizations *contribute to the strongest possible national efforts* to support youth tobacco-use cessation;

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- *Help funding organizations to coordinate their efforts* to achieve the overall goal of ensuring access to effective tobacco-use cessation interventions for every young tobacco user.

Overall, the Collaborative has identified serious gaps across the domains of **research**, **implementation**, and **support and demand** in: knowledge of most aspects of youth tobacco-use cessation; assessments of needs and opportunities; and standards, definitions, and performance criteria.

Each of the organizations concerned with increasing youth tobacco-use cessation has a different approach, and subsequently different priorities within the domains of research, implementation, and support and demand. In recognition of this, the Collaborative has outlined separate goals and strategies for each domain. The intent was not to delineate between them, but to acknowledge the important roles of each and permit more careful scrutiny of the contributions to be made to the ten year goal of developing a range of strategies to support and promote youth tobacco-use cessation. It is extremely important when considering the short-term goals and objectives to keep in mind the overlap that exists between the three domains, as it is ultimately necessary to coordinate the separate approaches in order to ensure that the sum of all actions contributes to moving the field forward toward the ten year goal. The Collaborative has developed a vision which describes the integration of these components into a comprehensive approach to supporting youth tobacco-use cessation (see Appendix B).

In reviewing **research**, the Collaborative has identified a need for the development of a basic infrastructure or framework to support youth tobacco-use cessation research and its translation into practice (including a common taxonomy, standards of effectiveness, and practice guidelines). There is also a need to develop a prioritized research agenda. This agenda includes surveillance and basic research to increase our understanding of youth use, addiction, and experimentation, as well as applied research that will lead to the development and evaluation of a range of cessation interventions.

For **implementation**, needs include providing young tobacco users with access to more and better tobacco-use treatment programs and services, and building and supporting a stronger infrastructure for the delivery of these programs. Needs related to implementation also extend beyond treatment programs and services to include broader societal interventions and the integration of tobacco-use cessation services into related ongoing youth programs (e.g., comprehensive substance-abuse prevention programs).

To increase **support and demand** for youth tobacco-use cessation, there is a need for advocacy to initiate and maintain policies and environments that support quitting. There is also a need to increase support and involvement among health-care providers, decision-makers, and community gatekeepers, and to generate interest in tobacco-use cessation services among both youth and the general public.

### SUPPORTING COLLABORATION

A key consideration in striving to reach the ten year goal of making tobacco-use cessation interventions available to youth is the role of interactions and shared influences among funders and other tobacco control leaders. The varied approaches, actions, and views of these stakeholders form a complicated mosaic, creating a vital need to support continued conversation and coordination amongst them. Examples of support for collaboration discussed within this group include:

- Establishing and sustaining cross-sharing between researchers and implementers;
- Sustaining team building and coordination across involved agencies and organizations;
- Tracking progress and building toward the short-term goals in an organized way.

Enhancing interaction in these ways requires (1) defining the hallmarks of effective networks and then building the required infrastructures and processes; (2) pinpointing ways in which youth tobacco control funders can best contribute (e.g., develop summaries of current knowledge or fund the work of others to do so); and (3) optimally sharing plans and progress across agencies.



Development of the capacity for collaboration among this Collaborative and others will ultimately necessitate the development of sharable, searchable, and up-to-date databases that summarize:

- recent and ongoing research;
- current research funding and funding mechanisms;
- available cessation and treatment programs and services;
- current policy and environmental initiatives;
- ongoing knowledge synthesis, planning efforts, and related functions of stakeholders.

The creation of one or more databases — and their linkages to each other — would enable the Collaborative to monitor levels of activity and document progress toward achieving the goals and objectives articulated in this Blueprint.



## Ten Year Goal and Contextual Factors

*Ensure that every young tobacco user (aged 12–24)\*  
has access to appropriate and effective cessation  
interventions by the year 2010.\*\**

The Collaborative recognizes that there is a need to explore and address the cessation needs and interests among different segments of the population of young tobacco users, defined by factors such as:

- Different stages of tobacco use (from experimentation to addiction);
- Varying patterns of regular use (across times of day, days of the week, and seasons of the year);
- Use of different types of tobacco products;
- Different developmental stages of adolescence;
- Cultural and demographic differences (e.g., gender, race and ethnicity, social groups, and geographic location);

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\*This age range conforms with surveillance systems which collect data on ages 12–17 and 18–24.

\*\*Healthy People 2010 Objective 27–7: “Increase tobacco-use cessation attempts by adolescent smokers.”

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- Differences in life points or settings (e.g., school, college, workplace, incarceration, shelters);
- Co-morbidities with mental health conditions (e.g., attention deficit disorder, depression);
- Use of multiple substances.

In addition, it must be recognized that youth considering quitting do so within the context of other competing needs (e.g., family or living situation) and societal influences (e.g., accessibility to tobacco products). At this time there is scant knowledge relating either personal characteristics or social context to young people's preferences for or success with different tobacco-use cessation programs, services, and approaches. For example, prevention research has clearly demonstrated that societal interventions may be equally or more effective than individual-level interventions in deterring tobacco use, and that individual-level interventions can be more effective when combined with societal interventions. However, knowledge regarding the effectiveness of either individual or societal level *cessation* interventions represents a significant gap. The Collaborative affirms the need to examine a broad range of possible interventions including individual, interpersonal, and organizational approaches. The Collaborative also encourages the involvement of youth in efforts to reach the objectives articulated here.

In order to reach the ten year goal, a range of needs must be addressed in funding and conducting research, in developing and supporting proven interventions, in implementing and maintaining policy changes, in increasing public awareness of and support for youth tobacco-use cessation, and in raising young tobacco-users' interests in cessation. Short-term goals and suggested approaches are outlined below.\*

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\*These goals and approaches are suggestions for actions that will lead toward the ten year goal; they are not intended to be all-inclusive.



## Research: Goals and Objectives

### SHORT-TERM RESEARCH GOALS

- Increase understanding of youth tobacco experimentation, use, addiction, and cessation.
- Increase national and state-based surveillance of youth tobacco-use cessation behavior and use of treatments and services.
- Develop and test tobacco-use treatment programs, services, and interventions for youth.
- Develop a basic infrastructure for youth tobacco-use cessation research and its translation into practice, including a set of tools (common taxonomy, standards of effectiveness, and practice guidelines). Collaborate to develop a prioritized research agenda.

### OVERVIEW

The short-term research goals are designed to address specific priority research needs, to facilitate collaborative research planning, and to begin to outline targeted research projects and programs. The Collaborative acknowledges the necessity not only for conducting basic scientific



research related to youth tobacco use and quitting behaviors, but for conducting applied research that addresses the needs articulated in the Implementation and Demand goals that follow.

The research objectives aim to achieve consensus on research priorities and to build the capacity of agencies to work together on a research agenda. (To initiate actions toward addressing these aims, a series of workshops has been recommended; a draft list and timeline appears as Appendix C). These cornerstones can then become the foundation for achieving the long-term goal of creating an ongoing, orchestrated program of research supported by multiple funding agencies.

In order to support scientific research in youth tobacco-use cessation and develop a coordinated research agenda on the national level, it will be necessary to:

- Establish communication networks and databases for information exchange to complement each other's work and maximize efficiency;
- Establish common definitions and standards for research and intervention;
- Identify key gaps in the scientific knowledge;
- Develop a coordinated research plan to address priority research questions, considering the applied research needs of implementation and demand, and specifying measurable five year research objectives;
- Advocate for funding of youth tobacco-use cessation research.

### **ADDRESSING THE SHORT-TERM GOALS: TWO YEAR RESEARCH OBJECTIVES**

#### *Biobehavioral Models and Addiction*

- Develop and validate measures of tobacco use and nicotine dependence among youth.

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- Evaluate the efficacy of pharmacological and behavioral interventions for youth.
- Develop and evaluate a model of predictors for youth cessation.

### *Surveillance*

- Conduct periodic national and state surveys of youth tobacco use and cessation behaviors.
- Assess the needs and preferences of youth for cessation interventions, including distinct needs resulting from cultural diversity.

### *Intervention Research*

- Design and evaluate procedures for recruiting and retaining youth into cessation programs.
- Determine the affects of required parental or other consent on program enrollment, retention, and success.
- Develop standard program evaluation methods; evaluate the efficacy of various types of services, supports, and other interventions.
- Conduct an analysis and evaluation of current best practices in cessation interventions.
- Develop consensus on the criteria for best practices in new interventions.
- Develop and evaluate new methods to deliver cessation support, tailored to the needs of different segments of the population of youth.

### *Infrastructure*

- Define and prioritize research questions around methods for moving youth cessation research findings and information into widespread application; look at existing models of replication research.
- Promote funding for youth cessation intervention replication research, and support and coordinate replication research as a priority in this field.
- Develop and validate standard cessation outcome measures as they apply to youth.

## ADDRESSING THE SHORT-TERM GOALS: FIVE YEAR RESEARCH OBJECTIVES

### *Biobehavioral Models and Addiction*

- Continue to evaluate the efficacy of new behavioral and pharmacological interventions for youth as they emerge.
- Develop and refine models of predictors for youth cessation and measures of outcomes over time.
- Continue to develop and modify measures of youth tobacco use, addiction, and cessation outcomes.

### *Surveillance*

- Conduct periodic state and national surveys of youth tobacco use and cessation.
- Monitor changes in state and national policies that might affect youth tobacco use and quitting behaviors.
- Continue to assess young tobacco users' preferences for cessation support; monitor and evaluate changes in preferences.

### *Intervention Research*

- Continue to develop and modify procedures for recruiting and retaining youth into cessation programs.
- Utilize consensus on best practices to develop and evaluate new methods to deliver cessation support, tailored to the needs of different segments of the population of youth.
- Conduct analyses of the affects of policy changes at the community, state, and national levels on youth quitting behaviors.
- Conduct replication studies of new interventions as they emerge.

### *Infrastructure*

- Disseminate standard measures of use, addiction, and cessation outcomes as they are developed for youth.
- Advocate for funding to support research on strategies for translating and disseminating information and findings in youth cessation.

- Advocate for creative funding mechanisms that support research dissemination and translation, as well as replication research. Facilitate translation of research findings into new programs and services.

### **ADDRESSING THE LONG-TERM GOAL: TEN YEAR RESEARCH OBJECTIVES**

- Reassess the status of scientific understanding of youth tobacco use, addiction, and cessation, and revise the research agenda accordingly. Ensure that support for research in these areas continues to be a priority.
- Ensure continued surveillance of youth tobacco use and cessation behaviors through the support of networks, collaborations, and infrastructures.
- Ensure widespread use of common measures of addiction and cessation, and common definitions and standards for research.
- Create and sustain mechanisms that support the transfer of effective cessation methods and programs to widespread practice.



# Implementation: Goals and Objectives

## SHORT-TERM IMPLEMENTATION GOALS

- Increase access to effective science-based tobacco-use cessation interventions and services appropriate for youth.
- Increase the capacity and capability to deliver effective youth tobacco-use cessation interventions and services.

## OVERVIEW

The purpose of the short-term implementation goals is to increase the availability and delivery of effective science-based tobacco-use cessation interventions and services. The implementation objectives articulated here are intended to support the development of systematic approaches to providing the best available programs, services, and broader interventions. Addressing the need for delivery of programs and services must begin now, even as standard guidelines and definitions of program effectiveness are being developed.

## ADDRESSING THE SHORT-TERM GOALS: TWO YEAR IMPLEMENTATION OBJECTIVES

### *Increasing Access to Effective Interventions*

- Assemble and promote a menu of available, effective cessation tools, services, and interventions appropriate for a variety of settings; analyze this menu to identify gaps, and advocate for intervention and replication research to fill the gaps.
- Advocate for funding for evaluation of existing cessation interventions.
- Develop and promote the use of quality control strategies in the delivery of cessation interventions. Investigate the value and process for establishing accreditation programs.
- Advocate for including tobacco-use cessation interventions as a component of comprehensive community-based programs (e.g., comprehensive substance abuse programs).
- Promote the use of school health programs that include tobacco-use cessation. Build upon mandated services to young tobacco users in various settings, including schools.

### *Building Infrastructure*

- Advocate for the financial support of youth cessation programs and services as part of the funding that states receive through the Master Settlement Agreement.
- Develop interim criteria for assessing effectiveness of existing cessation interventions until guidelines become available. Develop a strategic approach for the creation of formal guidelines on youth cessation.
- Establish criteria for moving an intervention from a research status into broad dissemination. Establish and continue to support mechanisms and partnerships to infuse new interventions into the marketplace as they become available.
- Begin to identify and disseminate best practices in youth cessation through literature reviews, meta-analyses, and program reviews;

- identify information regarding *ineffective* cessation strategies. Disseminate findings.
- Identify promising delivery settings, including: schools, colleges, after-school and community-based settings, work places, telephone counseling hotlines, and health care providers. Identify and address barriers to delivery (e.g., systems-level changes needed such as reimbursement to health care providers for the delivery of cessation treatment, and support for school-based services).
  - Establish a network (incorporating existing mechanisms where possible) to provide technical assistance, training, incentives (if needed), and access to effective, appropriate cessation programs in order to ensure availability in a variety of settings.

### **ADDRESSING THE SHORT-TERM GOALS: FIVE YEAR IMPLEMENTATION OBJECTIVES**

#### *Increasing Access to Effective Cessation Interventions*

- Continue to monitor and evaluate diffusion efforts to determine what interventions are being offered, where, and to whom. Make tracking information available to those seeking information about cessation interventions, and update the menu of available interventions.
- Facilitate youth access to effective cessation interventions through partnerships with youth leaders, health care providers, schools, and other gatekeepers.
- Establish formal clinical practice guidelines for youth tobacco-use cessation.
- Develop guidance for schools regarding what they should provide to support cessation. Increase the number of schools and organizations providing or offering access to effective cessation services.
- Fund the adaptation of interventions in new populations or settings to ensure that there are effective cessation interventions available for diverse types of youth and types of tobacco used.

*Building Infrastructure*

- Establish standard definitions of program effectiveness and guidelines for best practices which, among other things, address cultural and developmental appropriateness.
- Establish and continue to support a pool of program evaluation data across funders and other agencies and organizations.
- Continue to support technical assistance, training, incentives (if needed), and access to effective, appropriate cessation interventions, to ensure availability in a variety of settings.

**ADDRESSING THE LONG-TERM GOAL:  
TEN YEAR IMPLEMENTATION OBJECTIVES**

- Ensure the integration of youth cessation guidelines into existing guidelines that address adolescent health.
- Continue to facilitate youth access to effective cessation interventions through partnerships with youth leaders, health care providers, schools, and other gatekeepers.
- Continue to monitor emerging interventions, and revise the menu of what is recommended when warranted.
- Continue to monitor and evaluate diffusion efforts to determine what interventions and services are being offered and where, as well as who is utilizing them.





# Support and Demand: Goals and Objectives

## SHORT-TERM SUPPORT AND DEMAND GOALS

- Advocate for policies and environments that support youth tobacco-use cessation.
- Increase support for youth tobacco-use cessation among providers, decision-makers, and community gatekeepers.
- Increase public and peer support for youth tobacco-use cessation, and generate interest and participation in cessation attempts among young tobacco users.

## OVERVIEW

**I**ncreasing the demand for youth tobacco-use cessation interventions and services includes both increasing support for this issue among key stakeholders and the general public, and increasing interest in quitting

(i.e., demand for services) among young tobacco users. This may require market research to identify the best strategies for increasing support and demand within the following sectors:

*Decision-makers*

It is important to build support for a range of environmental, policy, and programmatic interventions to raise youth interest in and motivation toward quitting, and to increase social support for cessation. Leaders outside of tobacco control can help to implement policies that make broader interventions widely available to youth. Examples of decision-makers and the actions they can take include:

- *Legislators*: effect increases in tobacco taxes;
- *Health care industry decision-makers*: implement supportive policies, such as inclusion of youth cessation services in performance measures (e.g., NCQA's HEDIS report cards);
- *Health plan decision-makers*: provide coverage for tobacco-use treatment;
- *Workplace decision-makers*: institute policies, programs, and incentives to support cessation and smoke-free environments.

*Community Providers and Gatekeepers*

At the community level, health care practitioners and gatekeepers must support cessation interventions as a core component, along with prevention, of an integrated model designed to protect youth from the consequences of tobacco use. They must also recognize their roles in making programs, services, and interventions available to the youth with whom they are in contact. Examples of practitioners and gatekeepers and the ways in which they can contribute to protecting youth include:

- *Providers of mandatory cessation programs*: extend services to those students who may want to attend programs voluntarily;

- *Pediatric service providers*: urge cessation and refer tobacco users to effective treatment programs and services;
- *School systems and school-based health centers*: support the establishment of tobacco-use cessation programs for students and staff;
- *College administrators*: support tobacco-free campus policies as well as provide or refer to effective programs and services;
- *Youth groups, youth service agencies, and related community groups*: advocate for and/or provide support for cessation programs, services, and policies.

### *Youth*

There is a need to increase interest in quitting among youth. This will require applied research to identify what motivational approaches will work among different types of tobacco users and under different circumstances. There also is a need to identify whether and how peers can support cessation among young tobacco users.

### *The Public*

Finally, there is a need to raise the public's awareness of young tobacco users' interests in quitting, and their relative lack of success in doing so. Public support and demand are needed to increase and sustain attention to this issue among funders, policy-makers, and other stakeholders. Messages need to be designed for the public to increase support for cessation attempts by young tobacco users. The potential role(s) of family members and peers in encouraging youth to quit will need to be identified through applied research.

### *The Research Community*

It is important that researchers be made aware of the needs and opportunities for basic and applied research in youth tobacco-use cessation, and that they be encouraged to engage in cessation-related research.

## ADDRESSING THE SHORT-TERM GOALS: TWO YEAR SUPPORT AND DEMAND OBJECTIVES

### *Encouraging Policies*

- Conduct applied research to identify policies that affect tobacco use and cessation (e.g., taxation, school policies).
- Advocate for making tobacco-use cessation programs available as alternatives to suspension or other punitive measures for youth caught using tobacco products.

### *Motivating Involvement and Support*

- Conduct needs assessments for youth tobacco-use cessation interventions and services among decision-makers, health care providers, community gatekeepers, and youth, paying particular attention to differences among youth by age, sex, race/ethnicity, geographic location, social group, type of tobacco use, and so on.
- Raise awareness of the importance of youth tobacco-use cessation, focusing on the identification of salient messages targeted separately for youth, the general public, healthcare providers, community gatekeepers, and decision-makers.
- Identify community and professional organizations in contact with youth and establish partnerships.

### *Increasing Public Interest and Support*

- Conduct research to identify natural transitions in adolescence (e.g., from school to work force) and other opportunities (e.g., during sports physicals) where youth might be more likely to consider quitting.
- Conduct applied research to identify parental, familial, and peer roles in motivating youth quit attempts.
- Market effective cessation programs and services through the establishment and support of mechanisms directed at youth in a variety of settings, and also through mechanisms directed at stakeholders and partners.
- Begin to synthesize and disseminate findings from market research (surveys) to guide demand strategy development.

## ADDRESSING THE SHORT-TERM GOALS: FIVE YEAR SUPPORT AND DEMAND OBJECTIVES

### *Encouraging Policies*

- Develop a plan for implementing policies (including reimbursement for treatment or other policies that reduce cost barriers) that positively affect youth tobacco-use cessation.

### *Motivating Involvement and Support*

- Facilitate the development of grassroots advocacy around the issue by creating resources (e.g., a community assessment tool), by supporting a center for information dissemination, and by creating opportunities for networking.
- Encourage community and professional organizations to invest in raising awareness among their peers.

### *Increasing Public Interest and Support*

- Develop, market, and track the effects of messages through mass media and other channels to raise awareness in the following areas:
  - The importance of youth tobacco-use cessation (the problem of youth nicotine addiction and the benefits of cessation);
  - The full spectrum of available interventions;
  - The effects of policies on youth cessation attempts and successes.

## ADDRESSING THE LONG-TERM GOAL: TEN YEAR SUPPORT AND DEMAND OBJECTIVES

- Implement and continue to support sustained policies that positively affect youth cessation.
- Create infrastructures to conduct ongoing market research and marketing to support youth tobacco-use cessation among each of the key audiences (decision-makers, providers and gatekeepers, researchers, youth, and the public).

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- Support the placement of advocates for youth tobacco-use cessation in key roles, such as in youth, provider, and community organizations.
- Continue to provide relevant, current messages and up-to-date information to each of the key audiences (youth, the public, providers and gatekeepers, researchers, and decision-makers).



## Conclusion

Many young tobacco users in the United States have expressed the desire to quit, but with a quitting success rate of, at best, 14%, there is a clear and urgent need to provide more and better support to young people for cessation. In recognition of this need, the Youth Tobacco Cessation Collaborative was formed to address the common goal of ensuring access for every young tobacco user to appropriate and effective cessation interventions within the next ten years.

Meeting this need will require the engagement of stakeholders in all arenas (tobacco control, basic and biobehavioral research, policy- and decision-making, health care practice, community leadership, youth, and the public. It will also require integrated, sustained efforts in: research on biobehavioral processes and effective interventions; implementation of programs, services, and interventions; and public support and demand for increased access to youth tobacco-use cessation programs and services. Collaboration across organizations, sectors, and domains will be essential to reach the goal within the next ten years.

The Collaborative has prepared this Blueprint to facilitate planning, discussion, and priority-setting around the needs for youth tobacco-use

cessation. The scope of the goals and objectives articulated herein are comprehensive, in that they reflect the combined interests of the Collaborative and the researchers and stakeholders who reviewed it, but they are not exhaustive. It is the Collaborative's hope that this document will raise awareness of the urgency and complexity of this issue. For those not yet invested in youth cessation, this Blueprint may provide a guide for developing priorities and goals; for those already engaged in the issue, this may offer an opportunity to reflect on previous work, direct future work, and assess how best to interact with colleagues in the field.



We encourage you to contribute to the collaborative process, and to overall progress toward meeting the goals for youth cessation, by sharing your work with the Collaborative and with your colleagues in other disciplines or domains.





## Notes

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<sup>5</sup>U.S. Department of Health and Human Services. (1996). *Clinical Practice Guideline Number 18: Smoking Cessation*. AHCPR Publication No. 96-0692.

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<sup>7</sup>U.S. Department of Health and Human Services. (1994). *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Centers for Disease Control and Prevention, Office on Smoking and Health.

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<sup>9</sup>Johnson LD, et al. (1999). *National Survey Results on Drug Use from the Monitoring the Future Study, 1975–1998*. Washington, DC: U.S. Department of Health and Human Services, National Institute of Drug Abuse. NIH Publication No. 99–4660.

<sup>10</sup>Heyman RB. (2000). Turning the tide: Tobacco and the 21st century. *Adolescent Medicine: State of the Art Reviews*, 11(1):69–78.

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NATIONAL BLUEPRINT FOR ACTION

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# Appendix B: Relationships Between Research, Implementation, and Demand



## Appendix C:

### Draft Recommendations for Research Workshops

As an early step to both build capacity and define research priorities more thoroughly, four consensus workshops are recommended:

- *Measuring and Treating Youth Addiction.* The priorities of defining, measuring, and treating youth tobacco addiction already are well recognized. More than one major planning initiative is addressing these priorities. The Collaborative sees the need to develop measures of behavior change and patterns of tobacco use, as well as of broader (societal) influences. This workshop would address approaches to scanning existing measurement data, strategies for conducting longitudinal research, and the development of a measurement “tool kit” for cessation research program development and evaluation.
- *Best Practice Review and Program Evaluation.* The Canadian Tobacco Research Initiative has funded a project to define criteria by which best practice programs and policies can be identified. An equally important issue is to define when programs should *not* be recommended. The CDC has also produced a report outlining best practices for comprehensive tobacco control. This workshop would build on the strategies and findings of the CTRI and CDC to initiate the development of a set of decision-making tools for providers, gatekeepers, policy-makers, and other stakeholders. This workshop also would address the questions of when research findings or pilot-tested interventions are ready to move into practice.
- *Foundations for Youth Cessation/Treatment Interventions.* The research objectives identify factors to be addressed by any effective intervention or treatment, including youth needs and program preferences, methods for recruitment and retention, and measurement of individual differences and outcomes. It was clear at the 1997

CDC Workshop that there are major knowledge gaps in this regard. There is a need to “get back to the basics” in order to understand what is going on with kids and where tobacco fits in their lives. The proposed workshop should both assess current knowledge and gaps with respect to these “basics,” and outline planning models to guide new intervention development. Our models need to balance and integrate interventions from the individual through the social, cultural, and systems levels.

- *Future Directions in Cessation Research.* This workshop would address a number of issues that are crucial, but many researchers feel less immediately pressing, to reaching the long-term objectives. These issues include: anticipating, rather than reacting to, new trends, such as generational swings, industry movements, and changing socio-economic factors; attracting and training new researchers and practitioners in youth cessation; establishing structures and mechanisms for funding and conducting translational research; incorporating interdisciplinary approaches into basic and applied research; and involving youth in research and program development.

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