

Building Consumer Demand for Cessation Treatments Among Teens and Young Adults

:: THE NEED FOR BUILDING DEMAND FOR PROVEN CESSATION METHODS

An estimated 21.4% of young adults (aged 18-24) and 19.5% of high school students currently smoke.^{1,2} The decline in smoking rates among these populations has slowed in recent years. In addition, the 2009 Youth Risk Behavior Survey found that there was a 33% increase in smokeless tobacco use among high school students between 2003 and 2009.² Several factors, including tobacco marketing, deep discounting by the tobacco companies, new nicotine products, and cuts to tobacco prevention and cessation programs, have contributed to teen and young adult tobacco use.

The stability in smoking rates is likely also related to a lack of access and use of proven treatments when younger tobacco users try to quit. Most tobacco users who try to quit do not use the proven treatments that could double or triple their chances of succeeding.³

In today's consumer culture, tobacco users have many choices, both proven and unproven. With the amount of choice that tobacco users and quitters have, proven treatments must not only be effective, but also engaging and able to produce a positive consumer experience. This is especially true for today's consumer savvy adolescents and young adults.

:: SIX CORE STRATEGIES FOR BUILDING DEMAND

The National Tobacco Cessation Collaborative (NTCC) conducted a Consumer Demand Initiative that identified innovative strategies for substantially increasing the demand for, and use of, evidence-based tobacco-cessation products and services. These strategies, and their potential application to youth tobacco cessation, include:

1. Viewing tobacco users as consumers and taking a fresh look at quitting from their perspective.

Tobacco users who are trying to quit do not see themselves as "patients" who are receiving treatment; they see themselves as in control of the process and making their own choices. The first step in building consumer demand for

proven cessation treatment products and services involves viewing tobacco users as consumers, and ensuring our products meet their needs and wants.

For teens and young adults, this may mean conducting specialized research to understand how they see quitting and quitting methods.

2. Redesigning evidence-based products and services to better meet consumers' needs and wants.

While many effective cessation products and services exist, consumers do not always have positive experiences with them. Using consumer-centered design principles was seen as a promising strategy for making effective treatments more appealing.

For teens and young adults, this may mean redesigning counseling programs so that they are offered when teens and young adults can take them and tailored for their specific smoking patterns (fewer cigarettes, intermittent smoking, or social smoking).

3. Marketing and promoting cessation products and services in ways that reach tobacco users—especially underserved tobacco users—where they are.

Compared to cigarettes, cessation products/services are not widely promoted. Many tobacco users are not aware of what is available and what is covered through their health plans.^{4,5} Cessation media campaigns and direct-to-consumer marketing of quitting services and products can boost quit attempts, treatment use, and population quit rates.⁶

For teens and young adults, this may mean promoting cessation through the media they use, primarily the internet and mobile technologies. Almost all (93%) teens aged 12-17 and young adults aged 18-29 go online.⁷ Nearly three quarters (73%) of online teens and an equal number (72%) of young adults use social network sites.⁷ Teens and young adults now go online via cell phones, game consoles, and portable gaming devices in addition to their home desktop or laptop computer.⁷ Three-quarters (75%) of teens and 93% of adults ages 18-29 now have a cell phone.⁷ Tobacco companies frequently use social media to promote smoking.

4. Seizing policy changes as opportunities for breakthrough increases in treatment use and quit rates.

There is growing evidence that excise taxes and smoke-free policies increase quit attempts, quitting, and treatment use. Pairing these public health policy changes with efforts to improve treatment access holds great promise for major breakthroughs in treatment use and quit rates.^{8,9} Youth have been shown to be more sensitive to price increases than adults.

For teens and young adults, this may mean conducting additional promotional activities immediately before and after a policy change occurs.

5. Systematically measuring, tracking, reporting, and studying quitting and treatment use—and their drivers and benefits—to identify opportunities and successes.

In the U.S., trends in youth and adult tobacco use are regularly monitored via a series of annual cross-sectional surveys. However, few surveys systematically track quit attempts, successes, and treatment use.

This makes it difficult to track trends in quitting or to identify the factors that influence treatment use and success. Conducting longitudinal studies of teens' and young adults' smoking and quitting behaviors would greatly inform our approaches.

6. Combining and integrating as many of these strategies as possible for maximum impact.

The best way to build consumer demand for tobacco-cessation products and services is to combine and integrate as many of these strategies as possible.

Teens and young adults are unique in their cessation needs. Although more research is needed to identify what treatments and services are most effective for teens and young adults, emerging research suggests that counseling can be effective. The *2008 Update to the PHS Clinical Practice Guideline on Treating Tobacco Use and Dependence* for the first time recommended that adolescent tobacco users be provided with counseling interventions to assist them in quitting smoking. Counseling has been shown to be effective, approximately doubling long-term abstinence rates when compared to the usual care or no treatment.³

Many quitlines now offer services and materials specifically for teens and young adults. Two-thirds (66%) of quitlines in the U.S. provide specialized protocols for youth aged 12-17 and 36% offer protocols for young adults aged 18-24.¹⁰ Three-quarters (75%) also offer specialized tobacco cessation materials tailored for youth.¹⁰

Online quitting methods may be effective at reaching youth and youth adults, but more research is needed.

RESOURCES

Consumer Demand Design Principles: 8 IDEO Design Principles for Redesigning Tobacco Cessation Products and Services (http://www.tobacco-cessation.org/PDFs/IDEO_ConsumerDemand_F9.pdf)

6 Core Strategies for Increasing the Use of Evidence-Based Tobacco Cessation Treatments Report (http://www.tobacco-cessation.org/PDFs/ConsumerDemandReport09_071.pdf)

IDEO Designing for Innovation Toolkit (http://www.tobacco-cessation.org/PDFs/AED_IDEO_Booklet_FINAL.pdf)

American Journal of Preventive Medicine March 2010 Supplement, "Increasing Tobacco Cessation in America: A Consumer Demand Perspective," (http://www.ajpm-online.net/issues/contents?issue_key=S0749-3797%2810%29X0003-4)

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