



# EVALUATION NEWS

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## WHAT KEY INFORMANTS SAY ABOUT CESSATION SERVICES FOR YOUNG MEN



The Ontario Tobacco Research Unit (OTRU) is currently examining how well Ontario's smoking cessation services are serving the needs of young male smokers aged 19-29. Preliminary findings are presented in a series of newsletters. Newsletter 1 in this series focused on the reach of existing services. In this newsletter we summarize preliminary information provided through key informant interviews.

Alone, these results are not conclusive and caution should be exercised in their interpretation. The results reflect the opinions of our key informants but not necessarily the views of OTRU or of OTRU researchers. Study conclusions will be based on further analysis of key informant interviews, analysis of the Ontario Tobacco Survey and results of a survey of young male smokers. Look for these findings in future issues.

### THE INTERVIEW

A semi-structured interview asked key smoking cessation professionals about their experience with the Ontario smoking cessation system and the services available for young males aged 19-29 years. In particular, they were asked about the strengths, weaknesses and overall effectiveness of existing products, services and campaigns. Additional questions addressed perceptions about what cessation services would best serve the needs of young adult males.

Each interview lasted approximately thirty minutes and was tape recorded and transcribed verbatim. Once transcribed, the research team coded all interviews using QSR N6 software.

### PARTICIPANTS

Key informants were staff providing direct frontline support and programming for smokers or those responsible for planning, communication, and coordination of tobacco control in Ontario. We interviewed a total of 17 key informants. Most key informants were female (77%), between the ages of 40 and 50 years. Almost half, 44%, of the key informants had worked on tobacco related issues for more than 8 years.

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## GAPS IN ONTARIO'S SMOKING CESSATION SYSTEM FOR YOUNG MALE SMOKERS

### 1. Lack of an Integrated Smoking Cessation System

According to one third of the key informants interviewed, many of the problems of the current smoking cessation strategy stem from a lack of a smoking cessation system. Throughout the interviews, key informants mention that "We need a comprehensive strategy."

*"I would like to see a strategy. In particular I think a lot of the other places that we've gone with tobacco control we've been very strategic in going in there. I think the cessation piece is very disjointed, and I don't know that there is one central hub, or agency, or overarching committee."*

### 2. Lack of Tailored Programs

All key informants believed that the current system lacks tailored services for young adults in general and young male smokers in particular:

*"A lack of tailoring...I know is one of the gaps because we often get calls from across the province saying, you know how can you guys support us to do this (help young adults quit) because we don't have this in our communities."*

*"In terms of young adults in general there's a huge gap and I think one of the issues is because of...sort of how do we engage this population? Because they're invincible and you know they're at that age where nothing's going to happen to me and I'm in the prime of my life."*

### 3. Lack of Programs at Venues Frequented by Young Male Smokers

Key informants identified inadequacies in the availability of programs, or program information, in places frequented by young males. While, "Almost half of young adult Ontarians are in some type of school," where information and programs are readily available, many key informants wondered how much cessation information was reaching the other half of this cohort, which they suspected included more smokers. If programs and information are available in schools, some key informants suggested that it is logical to offer programs in worksites as well. "You need to look at where young males are spending time;" this includes work, bars and sporting events.

*"The work place is another area where certainly this age group; this is where they are...evidence based services in those settings, and or in some other setting that they're comfortable with."*

*"Certain places, where the young males are going to go, 18-25, they're going to be at the bar, or they're going to be at different places like that... You gotta kind of hit them where they go."*

### 4. Lack of Free/Subsidized Nicotine Replacement Therapy (NRT)

Almost all key informants, 94%, believed that Ontario's smoking cessation system should offer free or subsidized NRT. They agreed that the STOP Study (a research study evaluating the effectiveness of providing free NRT to Ontario smokers) is an effective first step, but believed that a sustainable program is now needed.

*"It is hugely unfortunate that ... something that's been identified by the Chief Medical Officer of Health on two separate reports as the most significant public health concern to address we still have 1 in 5 people smoking, I don't understand what the debate is, why just not NRT but universal provision of all of them. Not subsidized, it should be universal...imagine if we, you were on your own to get immunized for a rubella mumps and measles, there would be chaos in society, right? ...I think the cost benefit speaks for itself."*

Key informants believed that offering free/subsidized NRT was particularly important for young males since they are a group that tends to be price sensitive and:

*"...have this mental framework in which they see free NRTs as almost being both an entitlement as well as magic. It's an entitlement because I know I'm spending so much on cigarette taxes you guys owe me! ....The other side though is um, the magic bullet."*

Further, some key informants believed that by offering free NRT one could attract young male smokers to effective services they would not use ordinarily, as well as serve an important symbolic purpose.

*"I'm not trying to promote medication but giving something, if they know they're going to get something ...: like free NRT, um, then there might be more males, [calling telephone helplines]"*

### 5. Lack of Awareness of Existing Campaigns

A majority of key informants (65%) believed that the Driven to Quit Challenge is an attractive media campaign for young male smokers; however, they were concerned that not enough young males learn about the Quit Contest.

*"The messages aren't getting out in the venues where young adults are. I think that they could though, I think that they could appeal, I think they could be effective and I think that you know marketing could get it out there, you know, it's just a matter of somebody taking a step back and saying how do we reach young adults?"*

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## 6. Lack of Trained Health Care Professionals

Many key informants agreed that many young males do not go to see health care professionals because they are,

*“Young, healthy, untouchable, strong- no pain, um typically single, ...very tough to get them there.”*

as well as because of a lack of family doctors:

*“We also need to look at the availability of family physicians which has been reduced in the recent past and therefore some individuals don't have family physicians.”*

However, most (76%) believed that it was essential to train health professionals in providing smoking cessation for young adults since this could be an important strategy:

*“And of course doctors and allied professionals need to be taught to intervene in an age appropriate way...I mean I think a lot of young males do smoke in a pattern that resembles older adults but I think a lot of them are social smokers also and that needs to be taken into account.”*

## 7. Lack of Best Practices

A common theme throughout the interviews was the lack of best practices concerning cessation services for young males. Key informants acknowledged that best practices exist for cessation, but they also stated that they cannot rely on previous studies because young males are a distinct group and need to have tailored best practices.

*“Well I think we have to make a concerted effort to look at what the needs are of that population...to see what the best practice could be. So we haven't identified what to do yet.”*

*“I would encourage us not to go to the World Health Organization or to CDC best practice because I don't think there is any best practices when it comes to working with young people and young males and smoking. I think this is one that we need to chart as new water.”*



## CLOSING THE GAPS

All key informants believed that the basic smoking cessation infrastructure exists and provides fertile ground upon which to build a strong cessation system. Throughout their interviews participants suggested ways to close the gaps that they had identified:

### 1. Tailored Programs

Most key informants believed that tailoring the smoking cessation programs would not require a complete makeover of the system:

*“There's the general cessation principles and then the, the best practices in smoking cessation. They don't change for a different smokers, or different demographic but they do have to be somewhat tailored.”*

Sixty-five per cent of key informants believed that many of the existing programs and services currently tailored for older adults could be modified to make them attractive to young adults and young males in particular. For example, when talking about the telephone helpline, key informants suggested:

*“It would have to change its name. I don't think young men want to call a help line. I think that promotion of it would have to be tailored just like the service itself would have to be tailored.”*

*“I think that younger populations are more inclined to use Internet or text versus voice calling in for telephone counseling.”*

With regards to self help materials, key informants suggested expanding their reach by placing them in different venues (e.g. facebook) as well as condensing the information.

*“I would say the self help materials need to be sort of hugely condensed and, attached to something.”*

*“I think it's a strategy. I think it's a strategy because I have a daughter in that age range, she's only just 19 but she has spent a lot of time speaking with her friends on facebook. So if there's a message in there... You know it's up and coming and it's technology and kids are really into this technology thing, those who have access to it.”*

Further, key informants agreed that there were already some programs tailored to young adults, which provided a good start.

*“Leave the Pack Behind is a good start because you know about almost half of young adult Ontarians are in some type of school, so I mean that's a good start to reach half the population. But um, but I think more needs to be done.”*



## CLOSING THE GAPS CON'T

### 2. Having Smoking Cessation Services and Products Where Young Males Are

Once again key informants believed that offering products and services where young males usually are would be relatively easy to do; particularly since the infrastructure was already there, and many things had been tried out in the recent past. For example, all key informants thought that worksite programs would be an effective service for smoking cessation.

*"The work place is another area where certainly this age group; this is where they are... [this could] make it easy for them to access... evidence based services in those settings, and or in some other setting that they're comfortable with."*

### 3. Training Health Care Professionals

Several key informants believed that the infrastructure to teach health care professionals is already in place through the Centre for Addiction and Mental Health's TEACH program and The Clinical Tobacco Intervention (CTI). Moreover, with the introduction of the TEACH program, they believed that there is a momentum in training that can be capitalized upon.

*"I think TEACH has been able to train pretty significant series of cohorts of ...practitioners in more intensive interventions. I think it's had a ripple effect in raising awareness among the organizations, and communities where those people have been trained just around even offering brief interventions."*

### 4. Introducing New Policies

Key informants found that the implementation of Smoke-Free Ontario had motivated many young male smokers to quit.

*"We got a lot of feedback from [smokers]... when the bars and restaurants went smoke free and even though they were angry about the policy they came and said well now I have to quit smoking because it's just being, it's too impossible to smoke anywhere in Toronto."*

At the same time, there was also a fear of adding new policies that restrict where people could smoke before adding services.

*"You can't continue to have, impose these restrictions on people when there's no support to help them to quit because ultimately they are addicted."*

Fifty-three percent of key informants were concerned with the enforcement of the legal smoking age and the growing contraband problem. Without probing, just under half (41.2%) of key informants suggested that smoking cessation among young adult males could be helped with a stronger anti-contraband policy:

*"I think the one [policy] that I would like to see would be about doing something about contraband. The easy access to cheap cigarettes is a real detriment for that population [young males] I think. I think it's only a disservice to that population, and encourages higher rates of smoking."*

*"They are a cash strapped group, I mean the other thing about contraband is indirectly it's really a slap at government policy, right? Because it says you know what I beat government, I found a cheap source of cigarettes and I love it, you know? And um and you know it's well documented that cheap supply of tobacco whether legitimate, legal or not um doesn't help the quitting smoking process."*

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The Ontario Tobacco Research Unit (OTRU) is an Ontario-based research network that is recognized as a Canadian leader in tobacco control research, monitoring and evaluation, teaching and training and as a respected source of science based information on tobacco control.