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pharmacotherapy has presented an obstacle for many programs, some have been able to fund NRT for clients.

For smokers, seeing others smoke is a primary trigger for relapse. This can occur at 12-step meetings, outside activities, work, visits home or when they are part of a larger facility where another program allows tobacco use. One facility uses this as an opportunity to practice newly-learned coping skills and counselors assist clients in developing and utilizing these skills to avoid relapse to tobacco use. These skills can then be easily translated to skills for coping with triggers to use alcohol and other drugs. Suggesting that clients go and stay inside the building at non-smoking meetings (to avoid the smokers outside the door), finding a non-smoking sponsor and going to tobacco-free activities are other solutions. Talking about triggers and reaching out for support are other ways to practice staying clean, sober and tobacco-free.

We have listed some of the challenges involved in becoming tobacco-free. Recognizing that each facility and treatment modality has its own set of issues. We believe chemical dependency programs can make this transition and begin to address tobacco dependence with the same commitment as they have other drugs of addiction. Our staff is available as a resource for this work and we also encourage programs to communicate with one another and share their experience, strength and hope.

Let your colleagues know what works and let us know as well, so we can pass on your experiences creating a tobacco-free environment. ☺

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Helping Young People Stop Smoking

Ninety percent of adults state they had their first cigarette before the age of 18, and, while quitting smoking is generally thought of as an adult decision, many young people report that they regret ever starting to smoke and would take part in treatment programs if they were available. The challenge, therefore, is to offer help that is effective and age-appropriate.

One approach to treating young smokers is to utilize adult techniques and adapt them for this age group. The Clinical Practice Guideline for Treating Tobacco Use and Dependence developed by the Public Health Service of the U.S. Department of Health and Human Services recommends, for example, that "counseling and behavioral interventions shown to be effective with adults should be considered for use with children and adolescents. The content of these interventions should be modified to be developmentally appropriate."

Successful quit-smoking interventions for youth should, for example, focus on the immediate consequences of smoking, including bad breath and stained teeth. In general, there is a perceived lack of negative consequences of smoking among youth, who also tend to underestimate the addictive nature of nicotine. Programs should offer education on coping skills, alternate activities, healthy lifestyles, and role modeling to assist with potential peer pressure from friends who smoke. In addition, follow up or booster sessions should be offered for continued support.

It is recommended to use youth-oriented programs when available. Programs such as the NOT (Not on Tobacco) program from the American Lung Association, have been used in Florida where a decrease in youth smoking has been noted. NOT uses a gender-sensitive, group intervention model. The program teaches a total health approach to quitting smoking. The NOT program is specifically designed for young people motivated to quit smoking. Other programs such as TAP (Tobacco Awareness Program), END (Ending Nicotine Dependence) and TEG (Tobacco Education Group) are also multiple group session quit-smoking programs. TAP addresses young people at the preparation, action and maintenance stages of change and TEG is an alternative-to-suspension program with a focus on smokers who are at the precontemplative or contemplative stages of change.

Studies suggest that young people may have a more difficult time quitting smoking than adults. This can be attributed to lack of social support and a lack of access to nicotine replacement therapy, which is not commonly prescribed for children and adolescents. "Since there is no evidence that bupropion SR or nicotine replacement is harmful for children and adolescents", according to the Clinical Practice Guideline, "clinicians may consider their use when tobacco dependence is obvious."

The recently established NJQuitline and, in particular, NJQuitnet may appeal to young people, as they have increasing access to the internet at home, as well as at school and the local library. These resources provide quit-smoking information in a non-threatening and anonymous manner.

Please contact the Tobacco Dependence Program for more information regarding quit-smoking programs and resources for young people. ☺

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NJ REBEL

(Reaching Everyone by Exposing Lies)

www.njrebel.com

REBEL is a grassroots movement developed by teens throughout New Jersey with the goal of preventing and reducing tobacco use by their peers.