

Helping Young People Win Independence from Nicotine: Project WIN

by Mia Hanos Zimmermann, MPH

Project WIN (Winning Independence from Nicotine) is a program designed for high school students who express a strong desire to stop using tobacco. The program consists of eight sessions and is intended to prepare young people to quit smoking while simultaneously supporting each other through their quit attempts. In 2003, WIN was piloted in several high schools throughout the state of New Jersey. WIN was then re-vamped to incorporate feedback from staff and students who participated in the pilot groups.

The group format of WIN is as follows:

1. Ready—The Intro and Informational Session,
2. Get Set—The Preparation Session,
3. GO! The Target Quit Date,
4. Getting Quit—The First Few Days,
5. Staying the Course,
6. Staying Quit,
7. Almost There,
8. CONGRATULATIONS!

This program is adapted from a successful adult quit smoking group intervention that is used at Quitcenters in New Jersey. However, this youth model has several key differences from the adult groups. The rationale for adapting the group came from existing smoking cessation research, which recommends modifying adult cessation models in order to help young people quit, as well as from incorporated feedback from the students and staff involved in the pilot groups last spring. The main differences in the student group model include:

- Eight group sessions as opposed to six, including an extra group session before and shortly after the target quit date.
- Groups are of shorter duration to accommodate the school class schedule.
- Medication is not an integral part of the group. If students present as clearly addicted to nicotine, they are referred to a local Quitcenter or their family doctor.
- Students can bring a non-smoking support buddy to the group.

A “how-to” manual has been created for professionals interested in implementing Project WIN with young people. This manual provides background information about young people and tobacco, the rationale for treating young people and explains the steps involved in running the program. This manual will be available in the spring of 2004 from the Tobacco Dependence Program’s website. For more information about WIN or to obtain a copy of WIN, please visit our website at www.tobaccoprogram.org or contact us at 732-235-8212.

A Different Kind of Group

by Donna Richardson, LCSW, CADC

Lakeiska is an outspoken 18-year-old with intense eyes and a smile that could sell expensive tooth polish on television. She came to the Job Corps to finish high school and to learn skills that will help her to get a good job. She hopes to become an Emergency Medical Technician. She talks of how stressful it is to be living in her Edison dorm where she has to stay on top of her course work, her chores, and the rules. She misses home and if she messes up, there won't be weekend visits. She'll have to stay on campus where she tends to smoke more. She started smoking cigarettes soon after she arrived because that's what everyone else was doing between classes. She thinks about quitting smoking because the grandmother who was raising her died from lung cancer, and because she wants to set a good example for her sister.

Tommy is 20 and has 20 tattoos. He started smoking when he was eight, the year his mother died of a heroin overdose. He likes to eat but will often smoke instead because it's easier. He makes lots of jokes about drinking and sex. His drug screen was positive on Monday, so he'll be at Job Corps this weekend. He wants to quit smoking because his 18-month-old son has asthma. He came to Job Corps because he loves working on cars which he can do in Edison, and because he needed to make something out of his life.



treatment plan were accomplished. Within weeks, the TDC's six session structured Stop Smoking Group was transported to the Edison Job Corps campus. Michael Steinberg, MD, was present for Sessions 1 and 2 (*Preparation for Quitting* and *Quit Day: First Full Day Tobacco-Free*) to discuss medication options and provide prescriptions or nicotine replacement therapy treatments. Challenges arose when new and unassessed trainees streamed in for the third session of group. Despite the confusion generated by new interest,

admission wasn't denied to the normally closed group structure. A back-up clinician team to divert unassessed trainees was set up in an adjoining room to handle the overflow. By the fifth and final sixth sessions (*It Should be Getting Easier* and *Celebration Group*), we saw significant harm reduction, but quit rates were no cause for celebration. The scattered attendance and the late group start for some attendees likely contributed to the low quit rates. Through this group, we have realized again the difficulty of quitting in an environment where smoking is prevalent among trainees, staff and faculty on the Job Corps campus.

Yet, this group was not considered a failure. To the contrary, the incredible interest in quitting smoking among this underserved and neglected population has been both encouraging and rewarding. In general, our 40 years of fighting tobacco has still left pockets of people smoking at higher proportions than others. We realize the importance of continuing to try to address tobacco in this population of diverse young people who are working hard to turn around the social, economic, and educational deficits they have been handed, and we are currently running our second cessation group on the campus. Although this group has been a particularly challenging one, I love this project and I know that John Slade, the Tobacco Dependence Program's original founder and visionary, would have loved this project too.

These are just two profiles of the many young smokers who attend the Job Corp Academy in Edison, NJ. In the fall of 2003, Dr. Vic Carlson, a clinical psychologist, contacted the Tobacco Dependence Clinic (TDC) to inquire about services available for the large proportion of 530 Job Corp trainees who are smokers. Initially, a small number of trainees were interviewed individually in one hour assessments where the goals of initiating a treatment relationship, increasing patient motivation and establishing a tailored