



Prevention Research Centers

Not On Tobacco (NOT)—Smoking Cessation Program for 14–19 Year Olds Selected as a Model Program

West Virginia University
Centers for Public Health Research and Training

Background

Most of the 45 million adult smokers in the United States began smoking during adolescence, and without intervention, most current teenage smokers can be expected to continue smoking into adulthood. Despite public health efforts to prevent tobacco use among youths, nearly one-fourth (23 percent) of teens report smoking cigarettes, and over two-thirds say they would like to quit. For some time, however, little attention was given to developing programs to help teenagers quit smoking.

Not On Tobacco (NOT)

- Significantly decreased smoking and increased smoking cessation among teenagers
- Packaged and successfully disseminated to schools and community organizations
- Proven sustainable and useful in a variety of settings
- Recognized by the National Registry of Effective Programs

Context

Since 1995, one key focus of the West Virginia University Centers for Public Health Research and Training (a CDC-supported Prevention Research Center [PRC]) has been conducting research on teens who smoke. The PRC formed a partnership with the West Virginia state health and education departments, the Coalition for a Tobacco-Free West Virginia, and the American Lung Association (ALA) to develop a plan to reduce teen smoking. Together the group developed an initial version of Not On Tobacco (NOT), an innovative quit-smoking program specific to teenagers.

Methods And Results

NOT consists of ten 50-minute, gender-specific group sessions usually held in schools during school hours and led by trained facilitators (although NOT has also been used in community settings). The sessions are developmentally appropriate, expressed in teen-friendly language, and conducted in small groups (no more than 10-12 teenagers). Topics include motivation, stress management, the effects of smoking, preparing to quit, relapse prevention, dealing with peer pressure, media awareness, support networks, and healthy lifestyles. Four optional booster sessions are offered after the program's conclusion.

NOT was rigorously evaluated in six studies conducted in West Virginia, Florida, and North Carolina between 1997 and 2002. A recent review of these studies compared data from the 44 schools that had enrolled regular smokers into the NOT program with data from 44 matched schools that had offered a standard brief intervention instead (i.e., 15 minutes of advice to quit). Among the 1,131 youths who participated, findings showed the NOT program to be more effective than the brief intervention; the quit rate was 15 percent for NOT enrollees and 8 percent for those who received the brief intervention ($p < .01$). Multivariate analysis showed a nearly twofold greater quit rate among NOT participants (OR=1.89, $p = .003$).

Furthermore, even among participating teens who continued to smoke, NOT participants smoked significantly fewer cigarettes per day than their peers. In studies that included measurement of addiction, NOT appeared to be effective among highly addicted smokers as well as among teenagers in a broad range of stages of change. Less rigorous evaluations of field-based NOT programs that included 4,568 youths similarly showed substantial success; the overall reported quit rate was 26 percent. Follow-up surveys have shown that participants enjoy the sessions (96 percent) and find them relevant and helpful for quitting smoking (>80 percent) and for other reasons (75 percent). Facilitators reported that the training is helpful and that the program is compatible with their schools' policies and is highly worthwhile.

Consequences

Given the NOT program's proven effectiveness and feasibility, the ALA has adopted it as a national best practice model and is disseminating it widely. Train-the-trainer protocols, training manuals, materials for students, and guides for initiating programs in high schools have been developed. In a mutually beneficial relationship, the

ALA produces, packages, trains, disseminates, and tracks participation in NOT, while the PRC provides scientific oversight, technical assistance, data management, and evaluation, and takes the lead on reports and publications.

Impact And Potential Impact

Since 1999, more than 100,000 teens in 48 states have participated in the NOT program. Given the effectiveness demonstrated from 1999 through 2003, we can assume that about one of every six participants quit smoking as a result. Translation of materials into Spanish is increasing the program's reach, as will a culturally appropriate version for American Indian youth that is under way.

After rigorous review by an independent panel of scientists, NOT has been recognized as an effective program by the National Registry of Effective Programs (NREP). The program is included in the NREP's repository of science-based programs, is listed on the Substance Abuse and Mental Health Services Administration's Model Programs Web site, and is now a Model Program, which could increase support for its dissemination nationwide. This recognition should help make NOT even more widely available to help teenagers in need.

References

Dino G, Horn K, Goldcamp J, Fernandes A, Kalsekar I, Massey C. A 2-year efficacy study of Not On Tobacco in Florida: an overview of program successes in changing teen smoking behavior. *Preventive Medicine* 2001;33:600-5.

Dino GA, Horn KA, Goldcamp J, Kemp-Rye L, Westrate S, Monaco K. Teen smoking cessation: making it work through school and community partnerships. *Journal of Public Health Management and Practice* 2001;7:71-80.

Horn K, Dino G, Kalsekar I, Mody R. The impact of Not On Tobacco on teen smoking cessation: End-of-program evaluation results, 1998 to 2003. *Journal of Adolescent Research* 2005;20:640-61.

Horn K, Dino G, Gao X, Momani A. Feasibility evaluation of Not On Tobacco: the American Lung Association's new stop smoking programme for adolescents. *Health Education* 1999;5:192-206.

Horn KA, Dino GA, Kalsekar ID, Fernandes AW. Appalachian teen smokers: not on tobacco 15 months later. *American Journal of Public Health* 2004;94:181-4.

Horn K, Fernandes A, Dino G, Massey CJ, Kalsekar I. Adolescent nicotine dependence and smoking cessation outcomes. *Addictive Behaviors* 2003;28:769-76.

For more information, please contact
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Mail Stop K-45, 4770 Buford Highway NE, Atlanta GA 30341-3717
(770) 488-5395
cdcinfo@cdc.gov
<http://www.cdc.gov/prc>

