

Innovation in services to help patients stop smoking

Special Commendation Young Adult Smoking Cessation Project, Northern Ireland

Who we are

Dr Lee Casey – Oak leaf Medical Practice; Theresa Timlin and Mary Campbell – Smoking Cessation Specialist Nurses, Western Health and Social Services Trust-Project facilitators. Other members of the team include representatives from local businesses and the statutory sector.

This was an innovative specialist smoking cessation project targeting young adults aged between 12-18 years of age, from diverse cultural and socio-economic background was based in the Nerve Centre in L'derry in N Ireland. It was a joint initiative with Oakleaf Medical Practice and Western Health Social Care Trust (Northern Sector). The project was funded by Western Health & Social Services Board (WHSSB) with the support of the Nerve Centre, Platinum gym, Guava Juice Bar, Brunswick Bowling Alley and NWIFHE. Its primary focus was on smoking cessation with a broader aim of empowering the participants to make healthy lifestyle choices. This was facilitated through a seven-week programme, which was underpinned by a behavioural change model and social learning theory. The first week was an introductory information giving session, the second week was quit week and included developing coping strategies/ refusal skills followed by five weeks of group support and discussions on various health topics. During the programme participants were sent motivational texts and reminders about the group meeting. Participants were encouraged to attend free weekly gym sessions for the duration of the programme. Follow up relapse prevention was offered at the end of the programme. General Practitioner Dr Lee Casey, Specialist Smoking Cessation Nurses Mary Campbell and Theresa Timlin facilitated the project.

The rationale came from the targets set out by Tobacco Action Plan (2003) by targeting children and young people who smoke. It is a major cause for concern that 35% of 11-16 year olds surveyed in Northern Ireland report having smoked, with most smoking for the first time at aged 12 years (NIRSA 2002). Priorities for Action sets the key target for 2008 that smoking prevalence within the board area should be reduced by 7% to 24%. (HPA, DHSSPS 2007). The local population come from the third most deprived district council areas in Northern Ireland (NISRA 2005). The biggest killer in this area is the smoking related disease including diseases of the circulatory system and cancers. The catchment population has the highest mortality rate in the WHSSB area for all cancers combined at 215 per 100,000 populations compared to a regional mortality rate of 187 per 100,000. Our innovative initiative clearly reflects both local need and regional priorities. The project is the first of its kind in the WHSSB area. One of the salient aims of Investing For Health Strategy is improving the health of all our people and reducing health inequalities.

The aim of the project was to improve the health and well being of young adults aged 12-18 years of age with the main focus on smoking cessation.

The objectives were;

- To increase awareness and utilization of smoking cessation strategies and cessation aids.
- To assist the young adults in developing coping strategies to remain abstinence from smoking.
- To raise awareness among the young adults on health and well being topics to include the effects of alcohol, healthy eating and benefits of exercise.
- To monitor and evaluate the effectiveness of the programme.

Outcomes

The results we have achieved were very encouraging, with 50-73% quit rate at four weeks and compare very favourably with some of the most prestigious smoking cessation clinics such as the Maudsley Clinic, London. The project proved very popular with 90% of participants stating they enjoyed the programme and would recommend it to a friend.

The project was based on well researched evidence. Dr Lee Casey, Project Leader undertook as part of an MSc, an extensive review of literature pertaining to smoking cessation in young adults. This review strongly suggests using social learning theory, and a behavioural model approach. It also suggests the provision of a multimodal intervention programme in order to achieve a positive outcome. (Sowden & Stead, 2003; Thomas & Perera, 2006; Casey 2007). Therefore, we offered a seven-week programme incorporating smoking cessation sessions with other lifestyle topics. We used a variety of techniques including role modelling, role play and positive re-enforcement. In particular we used role modelling such as recruiting previous successful quitters to come and talk to the group about the strategies, which they found useful. We also made innovative use of role play to allow the young people to experience the impact of peer pressure and to develop coping skills.

Summative evaluation methods included self-completion questionnaires. These provided both objective quantitative data as well as qualitative responses from the participants. The feedback was very positive. Two programmes were facilitated in 2007, in the latter one, the format of the programme was altered to incorporate more emphasis on role modelling- inclusion of successful quitters from the first group, use of role play, smaller group discussions and more emphasis on social learning theory.

The quit rate of 50-73% at four weeks is comparable with some of the most prestigious smoking cessation clinics such as the Maudsley Smoking Clinic London. Indeed, the quit rates for young adults are normally much lower because they are a difficult target group. Therefore, our project results are excellent. The facilitators have been approached by management of a local children's home (where a high percentage of their residents are smokers) - they would like to participate in our next programme. We have also been invited to facilitate a preventative smoking cessation programme at a local girls secondary college therefore demonstrating that the programme is transferable to other settings. We will liaise with teaching staff in an attempt for the students to apply knowledge and information gained from our programme into other curricula areas such as Home Economics, Science and Information Technology such as You tubes projects which would further inform other young adults.

The format of the sessions was based on social learning theory and behavioural model approach. The facilitators used a range of strategies, which included powerpoint presentations, quizzes, debates, role play and discussions to effectively empower the young adults to make informed choices on lifestyle topics. Quit rates achieved clearly demonstrated the effectiveness of the resources utilised. This shows that the project was cost effective, targeted local and regional need. and used a multiprofessional, partnership approach.

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Table 3

	Set Quit Date	4wks Review	3mth Review	7mth Review
GROUP 1 (Jan 07)	26	13 (50%)	4 (15%)	4 (15%)
GROUP 2 (Apr 07)	11	8 (73%)	8 (73%)	–