



Behavioral Health &  
Wellness Program

University of Colorado Anschutz Medical Campus  
School of Medicine

# DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers

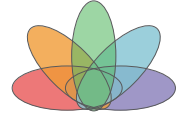
SUPPLEMENT

Priority Populations: **Youth**



## Behavioral Health & Wellness Program

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The DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers was developed by the  
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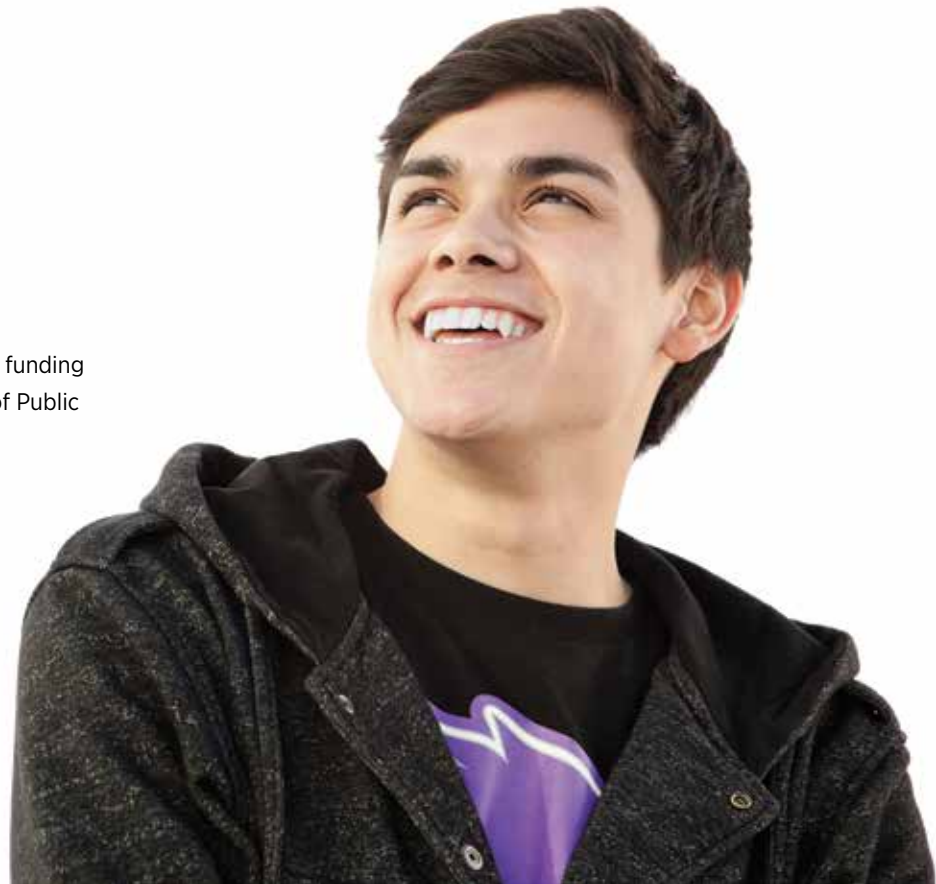
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## Why Focus on Youth?

Most people who are dependent on tobacco start using early in life. Around 88% of first-time tobacco use occurs before the age of 18. Almost everyone who is addicted to tobacco starts using daily before the age of 26.<sup>1</sup> It is important for healthcare providers, parents, and educators to talk to every young person—not just youth who currently use tobacco—about tobacco use.

While cigarette-smoking rates among youth have declined over the past few years, this trend has slowed. At the same time, adolescents are increasing their use of other tobacco (or nicotine) products, including cigars, smokeless tobacco, and e-cigarettes.<sup>2</sup>

Although many youth believe that tobacco use during adolescence will not affect their health as an adult, this is incorrect. Youth tobacco use is not only associated with many health problems in adulthood but also problems that start in adolescence, including decreased lung development and function, increased risk of asthma, and cardiovascular problems. Smoking may also contribute to future marijuana and illicit drug use.<sup>3</sup>

But there is good news. Seventy-two percent of tobacco users under the age of 18 say that they want to quit.<sup>4</sup> This offers healthcare providers, parents, and educators a real opportunity to prevent or stop early tobacco use. By taking an active interest, trusted adults can support and encourage adolescents to choose healthy behaviors and to live tobacco-free.

## About This Toolkit

This supplemental toolkit provides guidance for healthcare providers, educators, and parents who want to support tobacco cessation and prevention for youth. Youth have unique characteristics and needs to take into consideration when addressing tobacco use and cessation.

This supplement provides information about this population and how to partner with youth to support healthy behaviors. It is designed to be used in conjunction with the [DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers](#), which contains evidence-based information about assessment, skills building, and interventions to provide support and resources to youth around tobacco cessation.

**DEFINITION:** For the purposes of this toolkit, “youth” and “adolescent” are used interchangeably. Together, they are defined as individuals between the ages of 11 and 18. For more information about young adults, ages 18-25, and tobacco, download our [DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers, Supplement, Priority Populations: Young Adults](#).

# Tobacco Use and Youth

With almost all tobacco use beginning before age 18 and daily use starting before age 26, awareness of the factors that put certain adolescents at greater risk can help with early identification and interventions. Some factors that increase a youth's risk include:

## Being an Older Adolescent

While 7.8% of all youth aged 12-17 use tobacco products, almost twice as many high school seniors (14%) report tobacco use. Similarly, while only around 18% of middle school students report ever using tobacco, almost half of all high school students (46%) admit to doing so.<sup>5,6,7,8</sup>

## American Indian/Alaska Native Ethnicity

American Indian/Alaska Native youth report the highest rates of tobacco use at 15.2% as compared to the overall U.S. youth tobacco use rate of 7.8%. The second highest rates are found in U.S. youth who identify as Cuban or White at 10.3%. From there, rates are lower for youth who identify as Puerto Rican (8.6%), Hawaiian or other Pacific Islander (8.6%), Mexican (7.7%), Central or South American (6.6%), or Black (4.9%). Asian American youth have the lowest rates of use.<sup>9</sup>

## Sexual Orientation

Nationally, studies find that lesbian, gay and bisexual (LGB) youth are more than twice as likely to smoke as their heterosexual peers.<sup>10</sup>

Since national surveys of tobacco use often do not collect information on rates of use by LGB youth, data on this population can be difficult to find. However, the 2013 Healthy Kids Colorado Survey asked for the first time that youth identify their sexual orientation. This survey found that 30.8% of LGB youth reported smoking as compared to 9.1% of heterosexual youth.<sup>11</sup>

Adolescents who are more likely to start using tobacco report that they:<sup>12</sup>

- Feel less connected to school;
- Use alcohol or marijuana;
- Think that smoking is relaxing;
- Receive spending money each week.

## The Replacements

Tobacco companies actively target youth to use tobacco. Each day more than 3,200 youth smoke their first cigarette. These youth “replace” the thousands of tobacco users who die every day in the U.S. These new users are referred to by tobacco companies as “replacement smokers.”<sup>13</sup>

## Low-Income Families

Adolescents from families who live at or below the poverty level are more likely to use tobacco.<sup>14</sup>

## Low Academic Achievement

Young people who use tobacco are more likely to also have low grade point averages. This is true for all grade levels. Students who report using tobacco are most likely to have a “D” average.<sup>15</sup> Young people who begin to use tobacco earlier than their peers are also more likely to struggle academically.<sup>16</sup>

## Behavioral Health Conditions

Youth with behavioral health conditions start using tobacco earlier than their peers and use tobacco more often than peers.<sup>17</sup>



### State Snapshot: Colorado Youth and Tobacco Use

Colorado has been the test market for several new tobacco and nicotine products, including dissolvable tobacco and VUSE electronic cigarettes – two products health officials have criticized for appealing to youth.

In Colorado, a total of 10.7% of high school students reported smoking one or more cigarettes in the past 30 days.<sup>30</sup> Of middle school students surveyed, 2.2% reported smoking at least one cigarette in the last 30 days and 9.6% reported ever smoking cigarettes.<sup>31</sup> In 2013, 15.1% of high school students reported ever using e-cigarettes.<sup>32</sup>

## Special Populations: Youth with Behavioral Health Conditions

Adolescents with behavioral health conditions are more likely to use tobacco, begin using earlier than their peers, and continue to use tobacco into adulthood. The behavioral health conditions with a high association with tobacco use are:

- Attention-Deficit/Hyperactivity Disorder<sup>18,19</sup>
- Agoraphobia<sup>20</sup>
- Bipolar Disorder<sup>21</sup>
- Disruptive Behavior Disorders (Conduct/Oppositional Defiant Disorders)<sup>22,23</sup>
- Generalized Anxiety Disorder<sup>24</sup>
- Major Depressive Disorder<sup>25</sup>
- Panic Disorder<sup>26</sup>
- Social Phobia<sup>27</sup>
- Substance Use/Abuse Disorders<sup>28,29</sup>





## Children & Tobacco

While most youth do not start to use tobacco before the age of 11, children aged 11 and under are directly affected by tobacco use.

**Second-hand Smoke:** Children who live in environments with second-hand smoke get sick more often than their peers, cough and wheeze more, have more ear infections, have more frequent and severe asthma attacks, and die more frequently of sudden infant death syndrome.<sup>33</sup>

**Tobacco Messaging:** Children are susceptible to messages from family, friends, and the media about tobacco use. While most children do not actively use tobacco, many who grow up in households where tobacco use is allowed assume that it is the norm. Thus, they are more likely to experiment with tobacco and become addicted. Children are also vulnerable to tobacco advertising. Many tobacco ads communicate the message that people who use tobacco are glamorous, rebellious, and fun. They also use child-friendly marketing tactics, such as cartoon mascots. These tactics are effective in getting the child's attention and interest, increasing their risk for future tobacco use.<sup>34</sup>

## Socializing with Friends Who Use Tobacco

When an adolescent's group of friends smoke, even socially, the adolescent is more likely to start and keep smoking.<sup>35,36</sup> Youth who do not have friends that use tobacco are less likely to initiate tobacco use.<sup>37</sup> Most underage individuals obtain access to tobacco products by asking other people to buy them (27.3%) or by "bumming" them (27.7%).<sup>38</sup>

## Identifying as "Social" Smokers

Many adolescents start using tobacco by smoking socially, or non-daily use. "Social" smokers generally classify themselves as non-smokers since they do not use tobacco every day. Often, they are not aware of their growing tolerance and addiction to tobacco. Social smoking is a slippery slope to tobacco dependence.<sup>39</sup>



# Consequences of Youth Tobacco Use

A common misperception is that tobacco use does not cause problems in youth. With fewer negative consequences to point to, many adolescents often brush off any encouragement to quit. However, there are many health effects that do in fact occur in youth. These may surprise and interest them, especially ones that appeal to their vanity.<sup>40,41</sup>

## Changes in Appearance

- Stained teeth
- Premature wrinkles
- Increased and longer lasting pimples
- Extra facial hair among girls

## Short-Term Health Effects

- Difficult to breathe
- Limited athletic ability
- Increase in illnesses—colds, flu, or other diseases
- More difficult to recover from illness
- Increased need for medications
- Insomnia

## Long-Term Health Problems

- Stalled lung development and decreased lung function
- Elevated risk of heart disease
- Increase in production of phlegm
- Chronic cough
- Activation of asthma
- Breathing problems, like bronchitis
- Accelerated development of chronic disease across the lifespan

Adolescents who use tobacco at higher rates experience:<sup>42,43</sup>

- Lack of emotional control
- Impulsivity
- Difficulty with concentration or attention
- Hopelessness
- Aggression





## Contributing Factors

With the explosion of technological advancements in recent years, today's youth have unprecedented access to information. Whether the information is received through social media, the Internet, or television and movies, adolescents are inundated with material to process and integrate. Balancing this information with unique social, emotional, and environmental factors as well as tobacco industry messaging, the tobacco use prevention and cessation message can become diluted.

### Social Factors

Youth is a time of exploration. It is a time to “try on” different identities in a social context. This time is full of excitement and discovery as well as vulnerability. Adolescents are particularly susceptible to social cues and the attitudes of their peers. In fact, research has shown that when an adolescent has friends who smoke, even one close friend, they are more likely to smoke.<sup>44</sup> Even when they only *think* their friends are smoking, adolescents are more likely to smoke.<sup>45</sup>

This association extends to online friendships as well. Online friends' images of themselves smoking on social media sites are influential. In a world where 80% of adolescents access social media sites daily, the behaviors of friends near and far can greatly affect attitudes and behaviors.<sup>46</sup>

### Emotional Factors

Adolescence is an emotional time. Most youth are greatly influenced by their emotions. Some youth may use tobacco as a quick and easy way to cope. However, research indicates that this strategy doesn't benefit their subjective experience of emotions. Youth (without a behavioral health condition) who use tobacco report feeling more depression, stress, and anxiety than those who do not.<sup>47,48,49</sup> They also report experiencing more negative feelings including loneliness, alienation, boredom, depression, and anger.

Social factors are the number one predictor of youth tobacco use.

### E-Cigarettes & Youth

Electronic cigarettes are an attractive alternative to smoking for many young people. Youth view the vaping culture as separate from smoking and find the wide variety of products and flavors highly appealing. This can lead to a misperception that e-cigarettes are potential cessation aids or a healthier option to traditional tobacco use. The 2014 National Youth Tobacco Survey found that of the more than 4.6 million youth that reported using tobacco, 2.4 million students reported using e-cigarettes, making e-cigarettes the most commonly used “tobacco” product among students.<sup>50</sup> Although the verdict is still out on the safety of these products, most youth believe that e-cigarettes are safe.<sup>51,52</sup> Therefore, it is important to help youth understand the risks of e-cigarette use.

## Environmental Factors

Young people are also easily swayed by messages and cues they receive from their environment. Some environments contribute more to youth tobacco use than others. Examples include:

- A higher concentration of stores that carry and sell tobacco products within a one-mile radius of a child's home is associated with a higher a frequency of smoking;<sup>53</sup>
- Tobacco use by parents and siblings increases the likelihood of tobacco use.<sup>54</sup> Second-hand smoke exposure in the home also increases the risk of smoking.<sup>55</sup>

## Tobacco Industry Targeting

Tobacco companies spend approximately 10 billion dollars a year—around 25 million dollars each day—on advertising. Youth are a primary target for tobacco industry marketing. Since the tobacco industry is aware that most long-term tobacco use begins before the age of 18, they generate marketing materials that are relevant, interesting, and compelling to an adolescent audience. Advertisements focus on young, attractive people being adventurous and having fun.<sup>56</sup>

Tobacco companies also aggressively market to adolescent audiences by placing their products in movies and TV shows. There is a causal link between smoking on TV and in the movies and the rates of youth tobacco use.<sup>57</sup>

Tobacco marketing to youth works. There is evidence that tobacco marketing causes youth to try tobacco.<sup>58</sup>



### State Snapshot:

Colorado and  
Tobacco Spending

Tobacco companies spend an estimated **\$123.1 million** each year on advertising in Colorado alone.<sup>59</sup> The state of Colorado spends **\$23.1 million** on tobacco prevention programs—that's a **5 to 1** ratio.<sup>60</sup>



## Assessment and Prevention

In adolescence, social pressures and peer influence are pronounced. However, adult relationships are still important. Any caring interaction with an adult can support prevention and cessation. As long as the adult is willing to listen with an open mind, exhibit patience, and offer support and encouragement, adolescents can and do benefit from the interaction.

Preventive interventions for youth consist of school-, home-, or community-based treatments. School-based treatments and tobacco-free policies, while helpful, are not effective when used alone.<sup>61</sup> When these interventions are supported in other areas, the effect is compounded. Therefore, interventions provided by healthcare providers, educators, and parents are all essential.

### The Role of the Healthcare Provider

Healthcare providers are trusted and respected sources of information for youth and are often the first people to talk with adolescents about tobacco use. However, less than 60% of adolescents are given any guidance around smoking, and only 1% of adolescent clinical visits include advice about smoking cessation. In fact, 44% of pediatricians do not feel competent to help adolescents quit using tobacco and only 31% ever ask adolescents about tobacco use overall.<sup>62,63</sup> When healthcare providers do ask about tobacco use, they are more likely to ask older adolescents and offer cessation support than to talk with younger adolescents and offer preventive care.<sup>64</sup>



#### TIPS: For Healthcare Providers

##### *Talking With Youth about Tobacco Use*

1. Ask parents for permission to talk with their adolescent alone AND to keep tobacco-related information confidential. You are more likely to get honest answers.
2. Talk with every adolescent about tobacco use, even if they deny any use. Prevention is important.
3. Express empathy and avoid judgment in your conversation.
4. Inquire specifically about “social” tobacco use. Some adolescents may deny use completely when they are “social” users.
5. Provide support to youth who have never used tobacco. Talk with them about ways to say, “No.” Explore different situations and strategies.
6. Ask about second-hand smoke. Explore their exposure at home and other settings.
7. Ask if their close friends use tobacco. If the answer is, “Yes,” this particular youth is at greater risk for tobacco use.
8. Share information about the consequences of tobacco use. Be sure to discuss those that matter most to them. Many young people may be more interested in consequences that may affect their social status, such as yellow teeth, bad breath, pimples, and body odor.
9. Offer local and national resources. Encourage the youth to choose what interests them.

## Tips for Talking with Youth About Tobacco Use – The 5A's

The best way to ensure providers discuss tobacco use prevention and cessation with youth is to use the 5A's model. Although the 5A's has not been specifically adapted for use with youth, it is a model that is familiar to many providers and can help start the conversation.

- Start by ASKing whether they have ever tried cigarettes or other tobacco products
- ADVISE youth to avoid or stop using tobacco
- ASSIST by providing information to prevent or stop tobacco use
- ASSESS their exposure to tobacco and second-hand smoke
- ARRANGE follow-up with the youth and parents as needed

Please refer to the [DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers](#) for a detailed description and examples of the 5A's model.



## The Role of the Educator

Tobacco prevention and cessation services are often offered as part of general school-based curriculum and can be effective. Educators can contribute to the effectiveness of these programs by engaging in open dialogue and skills building with students. However, many educators do not feel confident about their knowledge and ability to offer tobacco education and services to students.<sup>65</sup> To address these concerns, schools are encouraged to offer tobacco use and cessation training to all teachers and staff.<sup>66</sup> Successful interventions include:

- Broad, grade-sensitive curriculum;
- Strategies that facilitate attachment to school;
- Discussions about multi-substance use;
- Exploring tobacco-related beliefs;
- Addressing the cost of tobacco;
- Outreach to students with family members who use tobacco;<sup>67</sup>
- Community components;
- Peer leaders;
- Training on ways to say, “No.”<sup>68</sup>



### TIPS: For Educators

#### *Talking With Youth about Tobacco Use*

1. Talk with the student away from friends and other distractions.
2. Ask permission to talk about tobacco. Typical questions include:
  - Do you use tobacco (or nicotine)?
  - Do your family or friends use tobacco (or nicotine)?
  - Do you use tobacco socially?
  - What’s your opinion about tobacco (or nicotine) use?
  - What are your hopes for your future?
3. Celebrate with students who live tobacco-free.
4. Ask students who use tobacco if they want to stop. If they do want to stop, assist with setting a quit plan.
5. Talk with students about ways to say, “No.” Discuss strategies and role play potential situations.

## The Role of the Parent

Parents and guardians have significant influence on the tobacco use of their children. Adolescent children of parents who smoke cigarettes are more than twice as likely to smoke than children with parents who do not smoke.<sup>69</sup> Regardless of parental tobacco use, children who talk with their parents about tobacco use and know their parents' expectations are less likely to use.<sup>70,71</sup>

Youth benefit most from adult interactions when the adult **LISTENS** with an **OPEN MIND**, exhibits **PATIENCE**, and offers **SUPPORT** and **ENCOURAGEMENT**.



### TIPS: For Parents

#### *Talking With Youth about Tobacco Use*

1. Ask your child to set aside some time to talk about tobacco use.
2. Set the expectation—Express your desire for them to abstain from tobacco use.
3. Talk with, not at your child. Have a conversation. Avoid lectures.
4. Share information about the consequences of tobacco use. Inform your child about the addictive nature of tobacco (and nicotine). Talk about the slippery slope from “social” use to regular use.
5. Share your tobacco use experience and that of other family and friends. Let them know how you feel about tobacco use and the effect it has had on your life.
6. Set a good example—If you use tobacco, consider stopping and avoid any tobacco use around your child.
7. Revisit this conversation often. Encourage your child to talk with you at any time.
8. Advocate for activities that do not support tobacco use.
9. Provide ongoing support and encouragement.



# Tobacco Cessation Treatment

The most effective tobacco cessation interventions for adolescents are specifically developed to address their unique needs. Just as there are many ways to prevent tobacco use, there are also several approaches to support youth to quit.

## Effective Tobacco Treatments for Youth

Key qualities of an ideal tobacco treatment plan for adolescents include:

- **Prevention** — Preventing youth from starting to use tobacco is key. Support from healthcare providers, educators, and parents to facilitate positive decision-making, effective coping strategies, and tobacco education are all effective strategies. Engaging youth in extracurricular activities that do not support tobacco use can support prevention as well as tobacco cessation.
- **Peer-Led Programs** — Since social influences factor strongly into adolescent tobacco use, treatment interventions that are peer-led can be highly effective.<sup>72</sup> The peer can be a valuable source of information and a positive role model, particularly if the peer is a former tobacco user.
- **Skills Building** — Build direct refusal skills, such as assertively saying, “No,” rather than indirect refusal skills, such as changing the subject. Direct refusal skills are more effective for youth.<sup>73</sup> Developing positive coping skills and practicing boundary setting supports a youth’s ability to handle stressful situations, mediate the effect of negative moods, and facilitate prosocial relationships.
- **Early Intervention** — Developmentally appropriate tobacco cessation counseling in individual and group formats are effective interventions for youth. In particular, it is helpful to intervene at an early stage, before the youth is highly addicted. Interventions are most effective when they are of sufficient length — 5 or more sessions.<sup>74</sup> Make pharmacotherapy available, as nicotine replacement therapy (NRT) has been found to be safe for adolescent use. While this recommendation is off-label, there is evidence that many adolescents are interested in using NRT and that it can be effective in helping them to quit.<sup>75,76</sup>
- **Motivational Assessment** — Explore the youth’s readiness to stop their tobacco use as well as their environment. Identify their unique reasons for using tobacco. Examine the perceived benefits of continuing their use and reasons to stop. Youth are more receptive when they are respectfully asked to share their thoughts and feelings about tobacco. This approach works better than a lecture on negative health effects.<sup>77</sup> Be aware of and be sensitive to different family and community beliefs and practices around tobacco use.<sup>78</sup> Factor this information into your motivational intervention.

## Non-Effective Interventions

Strategies and interventions to avoid with youth include programs that:<sup>79</sup>

- Offer limited support;
- Rely on self-management—Although effective with adults, youth have less control over their environments than adults, which can make self-management difficult;
- Ask youth to “step down” their use every day—Since most youth do not use tobacco every day, this type of intervention often does not match their experience;
- Endorse e-cigarettes or other non-FDA-approved devices as cessation aids.

## Youth & Technology

Adolescents respond to interventions using technology. But to date, interventions using phone calls are still more effective with youth than online or text messaging programs. Nevertheless, these methods may increase in effectiveness with longer and more targeted programming.<sup>80</sup>



**TIP:** Offer separate treatment programs for self-referred and mandated youth. Since youth are very susceptible to social pressure, the attitudes and ideas of mandated youth may disrupt the progress of self-referred youth.<sup>81</sup>

## Policy Interventions

From a policy perspective, there are many interventions that have an effect on youths' decision to use tobacco.<sup>82</sup>

- **Price of (and/or taxes on) tobacco products**  
When prices are higher than a youth's financial resources, they may not be able to afford tobacco products and may be forced to quit.
- **Laws that limit tobacco advertisements**  
Youth are very susceptible to marketing techniques used by tobacco companies. Controlling where and how these advertisements can be displayed helps to limit exposure.
- **Tobacco-free media campaigns**  
Just as tobacco marketing causes youth to start using tobacco, tobacco-free media campaigns can reach the same audience and affect a youth's decisions around tobacco use.
- **Comprehensive state tobacco programs**  
Instituting comprehensive state programs, including community interventions, counter-marketing, program policy and regulation, surveillance, and evaluation can provide prevention and cessation resources to youth.

## Maintaining a Tobacco-Free Life

Many adolescents have made the choice to live a tobacco-free life. This decision should be recognized and celebrated. However, just because an adolescent said, “No,” in one situation does not mean that they can or are prepared to continue to say, “No,” in other situations. In order to support youth to live a tobacco-free life into adulthood, there are many supportive strategies to use.

**INTERACT** Continue the conversation. As youth gain more knowledge and life experience, there may be new questions and situations to discuss. It is helpful for adults to act as an open and non-judgmental sounding board to help process their experiences.

**ENVISION** Develop a tobacco-free identity. Support adolescents to develop a strong sense of self that does not involve tobacco use. Explore their values and life goals, highlighting the discrepancy between tobacco use and the life that they want to live.

**FEEL** Practice emotional awareness. As an adolescent develops their ability to be aware of their emotional experience when it occurs, they can take the steps to engage in healthy self-care behaviors and to avoid using tobacco as a coping strategy.

**SPEAK** Engage in assertive communication. Strong communication skills can support an adolescent to set healthy boundaries. This can increase their ability to resist social or peer pressure to use tobacco.

**DO** Expand tobacco-free activities. When adolescents have safe and healthy tobacco-free environments in which to “hang out” with their friends, they are less likely to engage in tobacco use. Additionally, as youth engage in tobacco-free activities, there will be less time for and interest in tobacco use.

**CONNECT** Create a tobacco-free support network. It is well known that social factors strongly influence youth tobacco use. Whether it is support and encouragement from parents, healthcare providers, and educators or their friends and online relationships, adolescents are more likely to remain tobacco-free if their social network supports it.

By taking an active interest, trusted adults can support and encourage youth to choose healthy behaviors and to live tobacco-free.

## Resources

There are many resources and programming targeted at youth who use or are at risk to use tobacco. The following chart outlines some key programs for this population.

### National Resources for Youth

Program	Description and Resources
<b>Websites</b>	
<b>Smokefree Teen</b>	Offers adolescent-friendly articles about tobacco products and health consequences, quizzes to help teenagers gauge their understanding and knowledge about tobacco, and links to quit smoking apps, Quitline information, live time chat with professionals at the National Cancer Institute, and other quit advice. <a href="http://teen.smokefree.gov">http://teen.smokefree.gov</a>
<b>Foundation for a Smokefree America</b>	Provides videos, motivational talks, quitting tips, and resources about tobacco for youth. <a href="http://www.notobacco.org">www.notobacco.org</a>
<b>truth</b>	An adolescent-geared call to action to eliminate youth tobacco use, this program inspires tobacco-free activism by exposing tobacco companies' strategies and encouraging youth participation in events and activities. <a href="http://www.thetruth.com">www.thetruth.com</a>
<b>Kick Butts Day</b>	Encourages teen activism by participation in a nation-wide event called "Kick Butts Day" each spring. Youth are encouraged to get others involved to spread information and support to tobacco-using teens. <a href="http://www.kickbuttsday.org">www.kickbuttsday.org</a>
<b>Text-Messaging Apps</b>	
<b>SmokefreeTXT</b>	A mobile text-messaging service, this program was created to provide 24/7 encouragement, advice, and tips to help smokers quit smoking and stay quit. <a href="http://smokefree.gov/smokefreetxt/">http://smokefree.gov/smokefreetxt/</a>
<b>Cessation Phone Counseling Service</b>	
<b>Quitline</b>	The Quitline service helps individuals aged 15 and up quit using tobacco. They use supportive phone-based coaching and guidance to help youth quit. 1-800-QUIT-NOW

## National Resources for Healthcare Providers, Educators & Parents

Program	Description and Resources
<b>Tobacco Cessation Programs</b>	
<b>Not on Tobacco</b>	An evidence-based smoking cessation program for 14-19 year-olds, it is used in schools and in the community. <a href="http://www.cdc.gov/prc/prevention-strategies/not-on-tobacco-smoking-cessation.htm">http://www.cdc.gov/prc/prevention-strategies/not-on-tobacco-smoking-cessation.htm</a>
<b>Second Chance</b>	An online, free, self-directed tobacco cessation program for teenagers who have violated tobacco-free school policies and have been suspended or referred. <a href="http://secondchancetobacco.org/demo/">http://secondchancetobacco.org/demo/</a>
<b>DIMENSIONS: Tobacco Free Program</b>	A comprehensive, structured and manualized wellness program focused on tobacco cessation. This model can be utilized by healthcare providers, behavioral health providers, and/or trained peers working in collaboration. <a href="http://www.bhwellness.org/programs/tobaccofree/">www.bhwellness.org/programs/tobaccofree/</a>
<b>Websites and Fact Sheets</b>	
<b>American Lung Association</b>	This website hosts helpful advice for talking with kids about tobacco use as well as state-specific information about tobacco control laws and state spending on prevention. <a href="http://www.lung.org/stop-smoking/about-smoking/preventing-smoking/">http://www.lung.org/stop-smoking/about-smoking/preventing-smoking/</a>
<b>Help Students Stay Tobacco Free</b>	A fact sheet outlining strategies and policies schools can use to help students achieve and maintain tobacco cessation. <a href="http://www.tobaccofreekids.org/research/factsheets/pdf/0153.pdf">http://www.tobaccofreekids.org/research/factsheets/pdf/0153.pdf</a>
<b>Smoking and Youth Fact Sheet</b>	Centers for Disease Control-sponsored website and fact sheet for adults who want to learn more about youth smoking and tobacco use. <a href="http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/fs_smoking_youth_508.pdf">http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/fs_smoking_youth_508.pdf</a>
<b>Guidelines</b>	
<b>Youth Tobacco Cessation: A Guide to Making Informed Decisions</b>	A document that guides organizations and healthcare workers in determining which type of tobacco cessation intervention to use with specific populations of youth. <a href="http://www.cdc.gov/tobacco/quit_smoking/cessation/youth_tobacco_cessation/index.htm">http://www.cdc.gov/tobacco/quit_smoking/cessation/youth_tobacco_cessation/index.htm</a>

## Colorado-Specific Resources for Youth

Program	Description and Resources
<b>Tobacco Cessation Programs</b>	
<b>CO Quit Mobile</b>	While originally geared towards young adults who wish to quit smoking, this Colorado-based app is open to youth of all ages. It uses supportive messages and coaching, even suggesting specific techniques based on different situations. <a href="http://www.coquitmobile.org">www.coquitmobile.org</a>
<b>Websites</b>	
<b>TobaccoIsNasty.com</b>	Funded by the Colorado Department of Public Health and Environment, this website offers youth-friendly articles about tobacco products and health consequences and advice for what youth can do to avoid or quit tobacco. <a href="http://www.tobaccoisnasty.com">www.tobaccoisnasty.com</a>

## Colorado-Specific Resources for Healthcare Providers, Educators & Parents

Program	Description and Resources
<b>Text-Messaging Apps</b>	
<b>TobaccoFreeCO</b>	Colorado-based website offering support and information to adults who are trying to quit using tobacco. It includes a special section outlining advice for parents helping their children to avoid or quit tobacco. <a href="http://www.tobaccofreeco.com/get-involved/protect-youth">http://www.tobaccofreeco.com/get-involved/protect-youth</a>
<b>Websites</b>	
<b>Colorado Department of Public Health and Environment</b>	The official web portal of CDPHE hosts a list of recommendations and available resources for preventing youth tobacco use. <a href="https://www.colorado.gov/pacific/cdphe/youth-tobacco-prevention">https://www.colorado.gov/pacific/cdphe/youth-tobacco-prevention</a>
<b>Rocky Mountain Center for Health Promotion and Education</b>	Colorado-based organization RMC Health promotes the health of children and youth across the U.S. The website lists a variety of resources, including local and national trainings, to assist in developing youth cessation programs. <a href="http://trc.rmc.org/topics/tobacco-ecigarettes/overview">http://trc.rmc.org/topics/tobacco-ecigarettes/overview</a>



## End Notes

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The Behavioral Health and Wellness Program's DIMENSIONS: Tobacco Free Program is designed to train peers and providers to assist people to live a tobacco-free life. The DIMENSIONS: Tobacco Free Program Advanced Techniques training supports tobacco cessation through motivational engagement strategies, group process, community referrals, and educational activities. Contact the Behavioral Health and Wellness Program at [bh.wellness@ucdenver.edu](mailto:bh.wellness@ucdenver.edu) for more information.



Behavioral Health &  
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