

Learning to Reach Teens & Learning from Reaching Teens



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Covenant House Pennsylvania

Provides housing services and pathways out of homelessness for young adults (18-21) experiencing homelessness, housing instability, or trafficking. Their crisis shelter offers low-barrier, safe short-term housing in addition to food, social work, educational and vocational training, and medical services through a CHOP-affiliated on-site clinic. Covenant House Pennsylvania also provides transitional housing, rapid rehousing, and is actively engaged in street outreach.

Our Project

We ran a focus group to identify barriers and facilitators to smoking cessation.

Demographics:

5 current smokers, 1 former smoker
2 male-identifying, 4 female identifying



A Focus Group on Smoking Cessation: "I always smoke. I can't not smoke."



Stress Relief

The use of cigarettes as a stress reliever and means to stay calm.

"I started smoking when I was 15 because my family abused me, and it was a way for me to get away from that and have my own calming time."

Ease of Access

The relative ease of accessing tobacco while still underage.

"I never had to use no ID. It's the adults fault too. It's a lot of stores never carded me... If they carded people like they were supposed to, half the people wouldn't be able to get the shit."

Risk Acceptance

The long term dangers of smoking are recognized but accepted as part of inevitable death.

*"Everything was written before we got here, so I'm gonna live my life."
"We're all gonna die one day, so I'm going to die living best my life."*

Cognitive Dissonance

The simultaneous belief that they could stop smoking at any time while recognizing the failure of previous quit attempts.

*"I'm not addicted to blacks, I could stop today with no reaction today."
"I told myself by the time I hit 17, I will stop smoking... It did not happen."*

Reflection

- These young adults are in crisis and have experienced significant trauma.
- They have a limited amount of time, energy, and resources to focus on their health.
- We must work with them to identify key health priorities among their other priorities of food, shelter, personal safety, and financial security.
- Based on these findings, in conjunction with anecdotal evidence from clinical encounters, smoking cessation is not recognized as a key health priority worthy of the time and energy that would be required for success by many in this patient population.
- We recognize that smoking is a serious detriment to health, and do provide cessation resources in our clinic, however, ignoring the life circumstances of these youth to push our "anti-smoking agenda" could harm the trust and therapeutic relationships necessary for fruitful doctor-patient relationships.