# Not On Tobacco (N-O-T)

Not On Tobacco (N-O-T) is a school-based smoking cessation program designed for youth ages 14 to 19 who are daily smokers. N-O-T is based on social cognitive theory and incorporates training in self-management and stimulus control; social skills and social influence; stress management; relapse prevention; and techniques to manage nicotine withdrawal, weight, and family and peer pressure. The program consists of 50-minute group sessions conducted weekly for 10 consecutive weeks, plus four optional booster sessions. The sessions are delivered in gender-specific groups of 10-12 teens by same-gender facilitators. N-O-T can be implemented by schools or other community organizations using teachers, school nurses, counselors, and other staff and volunteers who are trained to facilitate group sessions.

## Descriptive Information

| Areas of Interest          | Substance abuse prevention  
<table>
<thead>
<tr>
<th></th>
<th>Substance abuse treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td><strong>Review Date: February 2008</strong></td>
</tr>
</tbody>
</table>
|                            | 1: Smoking cessation  
|                            | 2: Smoking reduction  
|                            | 3: Cost-effectiveness  |
| Outcome Categories         | Cost  
|                           | Tobacco  |
| Ages                       | 13-17 (Adolescent)  |
| Genders                    | Male  
|                           | Female  |
| Races/Ethnicities          | American Indian or Alaska Native  
|                           | Asian  
|                           | Black or African American  
|                           | Hispanic or Latino  
|                           | Native Hawaiian or other Pacific Islander  
|                           | White  
|                           | Race/ethnicity unspecified  |
| Settings                   | School  |
| Geographic Locations       | Urban  
|                           | Suburban  
|                           | Rural and/or frontier  |
| Implementation History     | According to the American Lung Association, more than 150,000 teens have participated in N-O-T. Between 2002 and 2004, three independent evaluations of the program were conducted in high schools in Illinois, Virginia, and Wisconsin.  |
| NIH Funding/CER Studies    | Partially/fully funded by National Institutes of Health: No  
|                           | Evaluated in comparative effectiveness research studies: Yes  |
| Adaptations                | Not On Tobacco has been adapted for Native American youth.  |
| Adverse Effects            | No adverse effects, concerns, or unintended consequences were identified by the developer.  |
| IOM Prevention Categories  | Indicated  |
Quality of Research
Review Date: February 2008

Documents Reviewed
The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Study 2


Supplementary Materials

Outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Smoking cessation</th>
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</thead>
<tbody>
<tr>
<td><strong>Description of Measures</strong></td>
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<tr>
<td><strong>Key Findings</strong></td>
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</table>
(planning to quit in the next 30 days). Among BI participants, preparers were more likely to quit smoking than precontemplators \((p < .05)\), a finding associated with a large effect size \((\text{odds ratio} = 25.51)\). In contrast, among N-O-T participants, there were no differences in cessation between precontemplators, contemplators, or preparers, indicating that the intervention was equally effective for smokers regardless of their stage of readiness.

### Studies Measuring Outcome

<table>
<thead>
<tr>
<th>Study Measuring Outcome</th>
<th>Study Designs</th>
<th>Quality of Research Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2: Smoking reduction</td>
<td>Quasi-experimental</td>
<td>3.6 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

### Description of Measures

Smoking reduction was measured using the Smoking History Form, a self-report instrument that assessed the number of cigarettes smoked on weekdays and weekends.

### Key Findings

A study in Florida compared teen smokers who received either N-O-T or a brief intervention (BI) on smoking cessation that included self-help brochures and a 10- to 15-minute presentation of scripted advice. Among students who continued to smoke after the intervention, N-O-T participants had larger reductions in reported weekday smoking than BI participants \((53.2\% \text{ vs. } 34.7\%, p < .05)\). This difference was statistically significant among males \((65.9\% \text{ vs. } 31.1\%, p < .05)\), but not among females. Among students who continued to smoke, N-O-T participants also had larger reductions in reported weekend smoking than BI participants \((74\% \text{ vs. } 41.2\%, p < .05)\). This difference was statistically significant among both males \((80\% \text{ vs. } 34.6\%, p < .05)\) and females \((73.2\% \text{ vs. } 36.6\%, p < .05)\).

### Outcome 3: Cost-effectiveness

The cost-effectiveness analysis was conducted using estimated life expectancies and school cost data. Due to the lack of data on the life expectancies of smokers and nonsmokers below the age of 25, Markov transition models were used to estimate participants’ future smoking status at the age of 25 based on baseline and 7-month postbaseline data collected in a previous efficacy study. Costs in the analysis included those for relevant training and implementation and were measured in terms of dollars in the year 2000.

### Key Findings

A study in Florida compared teen smokers who received either N-O-T or a brief intervention (BI) on smoking cessation that included self-help brochures and a 10- to 15-minute presentation of scripted advice. Compared with students who received BI, students who received N-O-T were predicted to have an increased life expectancy of 7.46 years. Best-case and worst-case scenarios found that this increased life expectancy ranged from 6.76 to 9.5 years. The average financial cost for each additional year of life expectancy for those completing N-O-T was $442.65. This estimate ranged from $273.60 to $1,028.90 per life-year saved.

### Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>13-17 (Adolescent)</td>
<td>56% Female</td>
<td>93.4% White</td>
</tr>
</tbody>
</table>
Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Smoking cessation</td>
<td>4.0</td>
<td>4.0</td>
<td>3.5</td>
<td>3.5</td>
<td>3.3</td>
<td>3.5</td>
<td>3.6</td>
</tr>
<tr>
<td>2: Smoking reduction</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.3</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>3: Cost-effectiveness</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.3</td>
<td>3.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Study Strengths

The researchers used reliable and valid measures; used well-developed procedures for training, implementation, and evaluation; tested for differential attrition consistently; and used generally appropriate analyses, including intent-to-treat and compliant sample analyses. The length of follow-up in the Appalachian study was unusually long and still found significant effects. Overall, the methodological quality was high in these studies.

Study Weaknesses

Because neither study used a randomized design, potential confounds (e.g., preexisting group differences in nicotine dependence, motivation to quit smoking) may have biased results. Analyses did not account for potential intraclass correlation within schools or within groups but were otherwise appropriate.

Readiness for Dissemination

Review Date: February 2008

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.


Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.
**Dissemination Strengths**
Program materials recognize the importance of engaging school administrators and teachers to facilitate organizational implementation. Master trainers are available to train program implementers through the American Lung Association. Some tools are available to support quality assurance.

**Dissemination Weaknesses**
Very little information is provided on ensuring organizational preparedness. It is unclear how facilitators are selected or trained. No formal support is available to program implementers. Quality assurance materials do not include guidance for assessing program delivery, training effectiveness, or facilitator competence.

**Costs**
The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation materials</td>
<td>Contact the developer</td>
<td>Yes</td>
</tr>
<tr>
<td>Training</td>
<td>About $300 per participant</td>
<td>Contact the developer</td>
</tr>
<tr>
<td>Technical assistance/consultation and quality assurance information</td>
<td>Contact the developer</td>
<td>Contact the developer</td>
</tr>
</tbody>
</table>

**Additional Information**
Training costs vary by State and region. Cost information can be obtained by contacting the American Lung Association (1-800-LUNG-USA).

**Replications**
Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.


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Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):
- http://www.notontobacco.com

This PDF was generated from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=49 on 8/31/2014