

ASHES, Vol. 21(8) - Perspectives on a smoking cessation tool for former foster youth

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Youth in foster care have [higher smoking rates](#) compared to youth who have not been in foster care. Due to factors such as adverse childhood experiences and limited access to resources, youth in foster care are also [more likely to experience](#) tobacco-related harm. Furthermore, little is known about effective smoking cessation interventions targeted towards this population. This week, ASHES reviews a [study by Jordan Braciszewski and colleagues](#) that examined foster youths' perceptions of a technology-based smoking cessation intervention.

What was the research question?

What are major facilitators and barriers to smoking cessation of a technology-based intervention targeted towards youth exiting foster care?

What did the researchers do?

The researchers recruited 18 youth exiting foster care in New England who completed a 6-month pilot trial of a technology-based smoking cessation intervention. All participants were 18-20 years old, had exited foster care within the past 2 years, owned a cell phone, and used text messaging daily. The intervention involved daily text messages with tailored content about smoking based on each participant's readiness to change, and weekly feedback on smoking behavior and reminders about cessation goals. After the trial, participants completed an interview about what they thought of the intervention and suggestions for improvement. The researchers used [thematic analysis](#) to identify common facilitators and barriers to change.

What did they find?

Participants were generally satisfied with the intervention. They believed the text messaging functions were simple to use and that the content was easy to understand (see Figure). They also thought that regularly reflecting on their smoking behavior and receiving personalized feedback was particularly helpful. On the other hand, participants noted that the intervention did not address mental health challenges even though they were a big reason why many of them

smoked. Participants also mentioned that the intervention did not provide enough suggestions for ways to replace smoking behavior (e.g., nicotine replacement products, hobbies, activities in the local community), which is something many of them wanted to learn more about.

Facilitators and barriers to change of a technology-based smoking cessation intervention	
FACILITATORS	BARRIERS
The content was easy to understand “They didn’t have like big words that I either couldn’t understand or like I had to stop and think about.”	The content did not address mental health “I think [addressing mental health] would be a lot better because it can help people really connect the dots and help them understand maybe why they smoke or what their triggers are.”
The feedback felt like a support system they otherwise didn’t have “It was like having another best friend everyday, so that was kind of helpful having whatever it was, feedback every day about a subject in my daily life...whether it was a computer or not, just having something there I think helped personally for me.”	The intervention did not include enough suggestions for replacing smoking behavior “I want to say like probably offer more—because I feel like honestly to quit smoking cigarettes, you’ve really got to find a new hobby...it should probably try to offer new hobbies to people.”

Figure. Facilitators and barriers to change of the technology-based smoking cessation intervention, with relevant quotes from participants. Click image to enlarge.

Why do these findings matter?

Youth who have recently exited foster care were supportive of a technology-based smoking cessation intervention. While they believed that the intervention was an effective resource and easy to use, they also suggested adding mental health information and more methods for replacing smoking behavior. This is similar to existing digital interventions such as [quitSTART](#), which is a smartphone app that provides tips and information for smokers who want to quit. These suggestions from foster youth are important for improving the development of an effective smoking cessation intervention targeted towards this population, as they are susceptible to tobacco-related harm.

Every study has limitations. What are the limitations in this study?

Participants came from one foster care agency in New England, so their experiences and perspectives on smoking cessation may [differ](#) from foster youth in different geographic areas. All participants had been involved in the pilot trial of the technology-based intervention, so they may have been [biased](#) towards a digital approach – however, technology-based interventions may not be accessible for all foster youth.

For more information:

[SmokeFreeTeen](#) and [SmokeFree](#) offer tools and tips for quitting and maintaining abstinence from smoking tobacco. The Centers for Disease Control and Prevention also provides [research and tips](#) about cigarettes and how to quit. For additional self-help tools, please visit the BASIS [Addiction Resources](#) page.

— Annette Siu

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