Adolescents and Tobacco Prevention and Cessation

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Learning Objectives

- Review evidence on adolescents and tobacco use
- Understand that addiction is rapid for many people, and that there is no "experimental" use or "safe" exposure
- Discuss prevention and cessation strategies that are effective with youth
- Understand the role of the media in promoting tobacco to young people

Tobacco

- Declining rates in the U.S. (now leveling off) while rates are rising in much of the world
- Challenge of complacency
- Continued marketing/targeting of youth by industry
- Community and clinical interventions needed

Current Tobacco Use

- Almost one billion men smoke cigarettes
  - 35% developed countries
  - 50% developing countries
- 250 million women smoke cigarettes
  - 22% developed countries
  - 9% developing countries
- Every day, 80-100,000 young people around the world become addicted to tobacco
- One in three will die from a tobacco related disease

Source: http://tobaccofreecenter.org/global_tobacco_epidemic/key_facts

Youth Tobacco Prevalence

- India
  - 4.2% currently smoke
    - Boys 5.9%
    - Girls 1.8%
  - 11.9% use other tobacco products
    - Boys 14.3%
    - Girls 8.5%
- U.S.
  - 13% currently smoke
    - Boys 12.1%
    - Girls 13.9%
  - 10.6% use other tobacco products
    - Boys 14.0%
    - Girls 7.4%

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### Why Do Youth Use Tobacco?

**Social influences**
- Friends
- Parents
  - Access to cigarettes
  - Attitude toward smoking
- Media

**Personality**
- Sensation seeking
- Rebelliousness
- Poor school performance

**Attitudinal factors**
- Intentions regarding future smoking
- Susceptibility
- Positive utilities—what might be gained by smoking
- Availability of cigarettes


### Tobacco Marketing

- Annual spending to promote tobacco use equals more than half of the NIH budget
- Advertising
  - Targeted to youth
- Non-advertising commercial speech
  - Product placement
  - Clothing, gear
  - Sponsorships, broadcast media
  - Candy look-alike products

*Source: http://www.youthtobaccocessation.org/blueprint/index.html*

### Secondhand Tobacco Smoke

- **India**
  - 26.6% exposed to secondhand smoke (SHS) at home
  - 40.3% exposed to SHS in public places

- **U.S.**
  - 41.1% exposed to SHS at home
  - 54.9% exposed to SHS in public places

*Source: Global Youth Tobacco Surveillance, 2000-2007; cdc.gov/preview/mmwrhtml/ss5701a1.htm*

### Initiation and Addiction

- Exposure to tobacco promotion contributes to initiation of tobacco use
- Dose-response relationship
  - Greater exposure results in greater risk
- Nicotine addiction
  - Characterized by tolerance, craving, withdrawal symptoms, and loss of control
  - 1st symptoms of dependence can appear with days or weeks of intermittent tobacco use


### Changing Evidence about Nicotine Dependence

- Signs of nicotine dependence often starts within two months after onset of smoking
- The median frequency of use at the onset of symptoms was two cigarettes, one-day-per-week
- 2/3 of teens report loss of autonomy over tobacco prior to the onset of daily smoking

### Unsafe Alternatives

- Cigars: 14% past month use in the U.S.
- Hookahs: water pipes involving the burning of tobacco mixed with sweetened flavors
- Bidis: unfiltered flavored cigarettes
  - Higher levels of nicotine
  - Marketed as “herbal”; usually less expensive
- Kreteks: Clove cigarettes containing 60-70% tobacco
- Smokeless tobacco: chewing tobacco, snuff, dip
  - These are all tobacco products containing nicotine and carry similar risks to regular cigarettes

### Evidence Based Best Practices

- Increase price/taxation of tobacco
- Smoking bans and restrictions
- Counseling: reframe expectations of success
  - 5As (Ask, Advise, Assess, Assist, and Arrange)
  - No smoking rules: smoke free homes and cars
- Availability of treatment for addiction
  - Reduced cost for pharmacotherapy treatment
  - Provider reminder systems
  - Telephone/web counseling and support
- Mass media counter-marketing campaigns

Source: http://www.thecommunityguide.org/tobacco/

### Summary

- Tobacco control for children and youth should be a public health priority
- This should include the following:
  - Both tobacco use and second hand smoke reduction
  - Age of sale restrictions
  - Advertising limitations and public smoke exposure reduction
  - Support for cessation and quitting services