
NICOTINE AND TOBACCO USE PREVENTION AMONG YOUTH AND FAMILIES

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OBJECTIVE: *To review the importance of and evidence-based strategies to prevent tobacco use and promote tobacco cessation in the pediatric setting.*

DATA SOURCES: *Literature review of evidence-based resources on tobacco use and prevention/cessation interventions in the pediatric/adolescent population.*

CONCLUSION: *Knowledge of the impact of tobacco use on cancer risk, second- and third-hand smoke carcinogenesis, and newer methods of tobacco delivery is necessary to select appropriate and effective prevention and cessation strategies.*

IMPLICATIONS FOR NURSING PRACTICE: *Systematic evaluation of both parents and children for tobacco use can identify patients that will benefit from tobacco cessation interventions. Patients and families need education and support so they can make good decisions and adhere to recommendations for prevention and cessation of tobacco use.*

KEY WORDS: *tobacco, tobacco cessation, tobacco delivery systems, second-hand smoke, third-hand smoke.*

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It is a well-established fact that cigarette smoking is the leading cause of preventable and premature death in the United States. Since the first Surgeon General's report published in 1964, twenty million Americans died prematurely due to active smoking and exposure to second-hand smoke. Despite declines in the prevalence of current smoking, the annual burden of smoking-attributable mortality in the United States is currently estimated at about 480,000, with millions more living with debilitating smoking-related diseases. Active smoking affects nearly every organ in the body and is causally linked to 13 malignant neoplasms.¹ Despite this immense toll on health, however, addressing tobacco cessation and prevention within the pediatric health care setting remains low.² There are a host of new threats to public health available on the marketplace. These are alternative products such as electronic cigarettes, flavored cigars, and water pipe tobacco.³ Health care providers can contribute to preventing harm caused by tobacco use among children by advising children and adolescents to avoid cigarettes and other tobacco products. Parents and caregivers accompany their children on health check-ups. Among those who are smokers, health care providers can make it a priority to assist with offering evidence-based cessation treatments.⁴ This article will provide insight into the scope of the problem of cigarette smoking, including attention to second- and third-hand smoke. An introduction to the new and emerging tobacco products will also be presented. Evidence-based strategies will be summarized to indicate how providers can integrate tobacco prevention and cessation into their routine practice.

CIGARETTE SMOKING AMONG ADULTS

Cigarettes remain the most frequently consumed tobacco product among adults in the United States. A decrease in current smoking among adults (at least one cigarette in the past 30 days) has occurred since 2005 when it was 20.9%. In 2014, 16.8% of persons aged 18 years or older smoked cigarettes. This figure extrapolates to approximately 40 million adults in the US who currently smoke cigarettes.⁵ Among daily smokers, a trend for smoking fewer cigarettes has been noted. Although harm reduction through using lower numbers of cigarettes smoked is beneficial, complete abstinence remains the ultimate goal and

solution of this public health problem. Some groups have higher use than others. For example, prevalence of cigarette smoking remains high among adults on Medicaid and the uninsured (29.1% and 27.9%, respectively) compared with those adults with health insurance (12.9%).⁵ In 2010, more than half (58.2%) of current smokers reported that they tried to quit smoking for at least 1 day.⁶ Another report indicated that in 2013, almost two thirds of adult smokers attempted to quit or did quit in the past year.⁷ Results of a health surveillance report indicated that adult smokers who were 25 to 44 years of age were likely to have made a quit attempt in the past year at 68.7%. Because many parents seeking health care for their children at the clinic may be in this age group with the motivation and willingness to quit among smokers, providers should take advantage of these opportunities during clinical encounters. Each patient using tobacco and/or nicotine products should receive screening and brief interventions for quitting.⁴

MIDDLE AND HIGH SCHOOL STUDENT TOBACCO USE

Tobacco use among children and adolescents can persist into adulthood, increasing the risks of adverse health outcomes and life-long addiction to nicotine. The results of the National Tobacco Use Survey in 2014 indicated about 4.6 million middle and high school students were current users of any tobacco product.⁸ Almost half, an estimated 2.2 million, were using two or more types of tobacco products. The most frequently used products were cigarettes, electronic cigarettes, cigars, and smokeless tobacco. As expected, high school students used these tobacco products more often, and in more combinations, than middle school students. Younger individuals may escalate tobacco use as they get older. The use of multiple tobacco products is associated with higher nicotine dependence. Up to 14% of the students who were surveyed reported symptoms of nicotine dependence. These symptoms increase the progression of tobacco use from intermittent to daily.⁹ It is imperative to prevent all children and adolescents from initiating the use of any tobacco product. Proven approaches for tobacco control among the young include increasing costs of tobacco products, adopting laws for smoke-free environments, and educational campaigns. These data emphasize the need for providers

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