

Tobacco Use Disorders



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KEYWORDS

- Smoking • Tobacco products • Tobacco use disorder • Adolescent • Young adult
- Smoking cessation

KEY POINTS

- Tobacco use is prevalent among adolescents, and alternative tobacco product (ie, electronic cigarettes and hookah) use rates are increasing.
- Adolescents with psychiatric and/or substance use disorders are at particularly high risk of experiencing tobacco dependence and having difficulty with quitting.
- Several practice guidelines recommend that clinicians ask adolescents about tobacco use and provide a strong messages regarding the importance of abstinence from all tobacco products.
- Clinical management of tobacco use consists of behavioral and pharmacologic interventions, which can be used in combination.

INTRODUCTION/BACKGROUND

Tobacco use is a pervasive public health problem and the leading cause of preventable morbidity and mortality in the United States.¹ The treatment of adolescent cigarette smoking and tobacco use disorders, in particular, continues to be a substantial public health priority. Adolescence is a critical period for neurodevelopment, and nicotine exposure during adolescence causes addiction, sustained tobacco use into adulthood, and may have lasting adverse consequences for brain development.^{1–3} Almost all (88%) adult smokers start before the age of 18, and adolescents have difficulty quitting successfully.¹ Although rates of cigarette use have decreased in the past decade, according to the Center for Disease Control's 2014 National Youth Tobacco Survey, 9.2% of high school students and 2.5% of middle school students reported current (past month) cigarette use (**Fig. 1**).⁴ Additionally, as rates of cigarette smoking are decreasing, rates of alternative tobacco product (including electronic cigarettes [e-cigarettes] and hookah) and dual (using cigarettes with another product) or polytobacco use (using any 3 or more products) remain prevalent.^{5,6} Many adolescents are also exposed to second

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Abbreviations	
AAP	American Academy of Pediatrics
DSM	Diagnostic and Statistical Manual of Mental Disorders
NRT	Nicotine replacement therapy
SLT	Smokeless tobacco

hand tobacco smoke.⁷ Adolescents with psychiatric and/or substance use disorders are at particularly high risk for becoming tobacco dependent and are even less likely to quit than other youth.

The 2012 US Surgeon General’s Report “Preventing Tobacco Use among Youth and Young Adults” describes tobacco use as a “multi-determined behavior,” with many biological, psychosocial, and environmental factors influencing its progression.¹ (Box 1). Successful prevention programs have aimed to ameliorate the impact of these factors by promoting self-efficacy and refusal skills and decreasing access to tobacco products; however, tobacco use continues to substantially impact the health and well-being of youth.^{8,9} If smoking continues at the current rate among youth in this country, 5.6 million of today’s Americans younger than 18 (1 out of 13 youth) will die early from a smoking-related illness.¹⁰ This article reviews the epidemiology of tobacco use (including cigarette, alternative tobacco product, and dual/poly-tobacco use patterns) among adolescents and review the highlights of the clinical presentation, diagnosis, and management of tobacco use disorders in youth.

EPIDEMIOLOGY

Cigarette Use

Every day, approximately 3200 youths younger than 18 years old initiate cigarette smoking, and 700 youths begin daily smoking.¹ There has been a decrease in cigarette

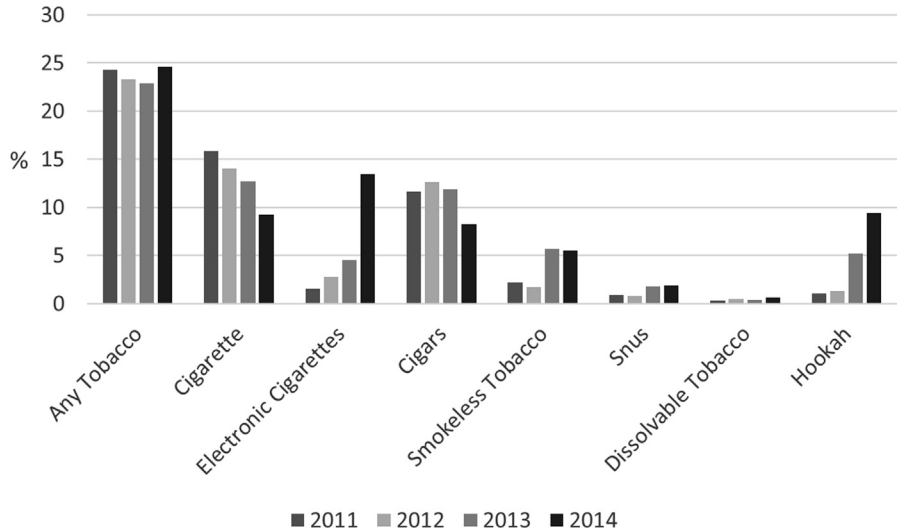


Fig. 1. Estimated percentage of high school students who used tobacco in the preceding 30 days, by tobacco product—National Youth Tobacco Survey, United States, 2011 to 2014. (Adapted from Arrazola RA, Singh T, Corey CG, et al. Tobacco use among middle and high school students - United States, 2011–2014. *MMWR Morb Mortal Wkly Rep* 2015;64(14):383.)

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