

Youth Tobacco Use and Cessation

Background

Although youth are known to be particularly vulnerable to tobacco addiction, there is surprisingly little known about youth tobacco cessation. A better understanding of the challenges and opportunities associated with youth tobacco cessation will help to direct future research, stimulate more effective policies, and lead to the development of more effective treatment tools to meet the needs of young smokers and help them quit.

Youth smoking prevalence (in the United States)

- Approximately 2.7 million youth under the age of 18 were smokers in 2005.¹
- Each day, approximately 4,000 young people between the ages of 12 and 17 years initiate cigarette smoking, and an estimated 1,140 young people become daily cigarette smokers.¹
- 23% of high school students are current cigarette smokers.²
- 70% of adolescent smokers wish they had never started smoking in the first place.³

Quit attempts and methods

- More than 54% of current high school cigarette smokers in the United States tried to quit smoking within the preceding year.⁴
- Rates for failed quit attempts among younger smokers are higher than those for adults (43%),⁵ with approximately 58% of high-school smokers having tried to quit at least once, for one day or longer, in the preceding year.⁶

- Of the six cessation methods recommended by the Public Health Service (PHS) Clinical Practice Guidelines, only one – talking with a nurse, doctor, dentist, or other health professional – has been tried by at least 20% of teens aged 16-24 years who have ever tried to quit.⁷
- A little more than one-sixth of adolescents have tried nicotine gum (17.4%) and/or the nicotine patch (16.2%). Other recommended methods, including using bupropion, calling a quitline, attending a program or class, and talking with a counselor, were used by less than 7% of this group.⁷
- In contrast, smokers aged 16–24 years who had ever tried to quit smoking were more likely to use unassisted quit attempts such as decreasing the number of cigarettes smoked (88.3%), not buying cigarettes (56%), exercising more (51%), trying to quit with a friend (47.5%), and switching to "light" cigarettes (36.1%).⁷

Effective treatment and interventions

Young people vastly underestimate the addictiveness of nicotine. Among daily adolescent smokers who think that they will not smoke in five years, nearly 75% are still smoking five- to six years later.⁸ Even though more research is needed in this area, the following information reflects what is currently known about, and recommended for, youth tobacco use treatment and interventions.

- A 2003 evidence panel review of cessation interventions for adolescents found that cognitive-behavioral interventions are promising approaches for helping young smokers quit.⁹

The PHS Clinical Practice Guidelines recommend the following clinician actions for treating youth tobacco dependence¹⁰:

- Screen young patients and their parents for tobacco use and provide a strong message regarding the importance of totally abstaining from tobacco use.
- Consider counseling and behavioral interventions shown to be effective with adults, and modify these to be developmentally appropriate.

- Consider prescriptions for FDA-approved medications, such as bupropion, or NRT when there is evidence of nicotine dependence and a desire to quit tobacco use.
- Offer cessation advice and interventions to parents to help them be a positive role model and to limit youth exposure to secondhand smoke.

The Guidelines also suggest that children and adolescents may benefit from community- and school-based intervention activities. Clinicians should reinforce messages delivered by these interventions.¹⁰

The CDC's *Youth Tobacco Cessation: A Guide for Making Informed Decisions*¹¹ summarizes what is known about tobacco interventions for youth, and how these interventions fit within an overall comprehensive tobacco control program that includes increasing excise taxes, promoting smokefree air policies, conducting media campaigns with other community-based interventions, providing insurance coverage for proven treatments, and establishing telephone hotlines.

¹ Substance Abuse and Mental Health Services Administration. Results from the 2005 National Survey on Drug Use and Health: National Findings. Rockville, MD, 2006. (Substance Abuse and Mental Health Services Administration. (2005). Results From the 2005 National Survey on Drug Use and Health. (PDF-1.41MB) (Office of Applied Studies, NSDUH Series H-27, DHHS Publication No. SMA 05-4061). Rockville, MD. Retrieved March 2007 from <http://oas.samhsa.gov/nsduh/2k5nsduh/2k5results.pdf>

² Cigarette Use Among High School Students—United States, 1991–2005. MMWR. 2006; 55(26);724–726. Retrieved March 2007 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5526a2.htm>

³ Centers for Disease Control and Prevention. Fastats. Fastats: CDC Publication 1999; www.cdc.gov/nchswww/fastats/smoking.htm

⁴ Youth Risk Behavior Surveillance System. Youth Online: Comprehensive Results, 2005. Centers for Disease Control and Prevention. Retrieved March 2007 from <http://apps.nccd.cdc.gov/yrbs/QuestYearTable.asp?cat=2&Quest=Q35&Loc=XX&Year=2005&compval=&Graphval=yes&path=byHT&loc2=&colval=2005&rowval1=Sex&rowval2=None&ByVar=CI&Submit2=>

⁵ Tobacco use among adults—United States, 2005. MMWR 2006;55:1145–8. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5542a1.htm> Accessed: March 2007

⁶ 2004 National Youth Tobacco Survey. Atlanta, GA: Centers for Disease Control and Prevention; 2004. Retrieved March 2007 from www.cdc.gov/tobacco/NYTS/nyts2004.htm.

⁷ Use of Cessation Methods Among Smokers Aged 16–24 Years --- United States, 2003 MMWR 2006; 55(50);1351-1354. Retrieved March 2007 from http://www.cdc.gov/tobacco/data_statistics/MMWR/2006/mm5550_highlights.htm

⁸ US Department of Health and Human Services. Preventing tobacco use among young people. A report of the Surgeon General. Atlanta (GA): US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Office on Smoking and Health. 1994

⁹ MacDonald P, Colwell B, Backinger C, et al. Best Practices for Youth Tobacco Cessation: Evidence of Review Panel. Am J Health Behav 2003 27(Suppl 2):S144-S158.

¹⁰ Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.

¹¹ Milton, MH, Maule CO, Yess SI, et al. Youth tobacco cessation: a guide for making informed decisions. Atlanta, GA: US Department of Health and Human Services, CDC; 2004. Available at: www.youthtobacco cessation.org.