

AHA Comments on Draft USPSTF Recommendation: Interventions to Prevent Tobacco Use in Children and Adolescents

Draft Recommendation: The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.

Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions? Please provide additional evidence or viewpoints that you think should have been considered.

AHA supports the Task Force's conclusion. Primary care clinicians should be encouraged to engage in conversations with their patients about tobacco and the harms associated with its use. It is important that these interactions begin at an early age. More than 3,500 children each day try a cigarette for the first time.¹ Of these, 1,100 will become new, regular daily smokers² with almost one-fifth of all teens reporting current tobacco use at the time they graduate or leave high school.³ Unfortunately, many of these young smokers continue to use tobacco over their lifetimes. Studies have shown that 80% of all adult smokers began before reaching the age of 18 and 90% began before leaving their teens.⁴ Therefore, reaching school-aged children and adolescents *before* they initiate tobacco use will be a key strategy in decreasing the overall prevalence of tobacco use.

AHA further supports the Task Force's recommendation because many of the new tobacco products entering the market, such as smokeless orbs and strips, appeal to adolescents. According to the Centers for Disease Control and Prevention, almost 9% of high school students and 3% of middle school students used smokeless tobacco in 2009.⁵ Because these non-traditional tobacco products do not look like tobacco, are easier to use while avoiding detection, and have been the subject of claims that they are "less risky" than cigarettes, it is particularly important that clinicians talk to their young patients about smokeless tobacco use and the risks associated with them.

What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

Primary care clinicians are the intended audience of the draft recommendation; however, primary care clinicians may not have experience providing preventive tobacco education and counseling, particularly to school-aged children and adolescents. To help clinicians provide this service, the USPSTF should provide guidance in the following areas:

¹ Substance Abuse and Mental Health Services Administration. Office of Applied Studies (2008). Results from the 2007 National Survey on Drug Use and Health: National Findings. Rockville, MD.

² Substance Abuse and Mental Health Services Administration. Office of Applied Studies (2008). Results from the 2007 National Survey on Drug Use and Health: National Findings. Rockville, MD.

³ University of Michigan. 2012 Monitoring the Future survey.

⁴ Surgeon General. Preventing Tobacco Use Among Young People, 1994.

⁵ Centers for Disease Control and Prevention. Youth and Tobacco Use fact sheet.

- How to ask school-aged children and adolescents about tobacco use. For example, does it make a difference if the clinician asks about current tobacco use or tobacco experimentation while the parent or guardian is present?
- What type of education or counseling to provide. Although the Task Force’s Summary of Recommendation and Evidence briefly describes a few of the interventions found in the literature review (mailing printed materials to the patient’s home, providing printed materials and a video with viewing guide, in-office counseling sessions, etc.), not every clinician is prepared to deliver these services. To help primary care clinicians who wish to provide these services, the Task Force should offer additional guidance and resources about the types of interventions that have been shown to be effective.
- How to assess tobacco use and provide or refer to cessation counseling. While the draft recommendation statement focuses on preventing tobacco initiation, clinicians will undoubtedly discover that some of their patients are *already* using tobacco. Even though the USPSTF found limited evidence on the effectiveness of tobacco cessation counseling delivered in primary care settings to school-aged children or adolescents and chose not to include cessation counseling in the recommendation statement, clinicians will still have to address tobacco cessation with a portion of their patients. Additional guidance in this area is needed.

In addition, because “A” and “B” level recommendations must be covered by insurers, this recommendation will be widely adopted by health plans and integrated into clinician practice. To ensure that there is some consistency in the delivery of this benefit and that delivery of the benefit is measurable, the USPSTF should, as noted above, provide additional guidance on how the service should be provided.

Do you have other comments on this draft Recommendation Statement?

As noted above, AHA agrees with the draft conclusion and we strongly encourage all health care professionals to talk to their patients about tobacco and discourage its use.

However, we also agree with the statements in the Evidence Review that address the need for additional, high quality research that focuses on the evidence gaps. Additional evidence is needed to improve our clinical guidance in this area. Thus, we encourage the Task Force to continue to focus on the research needs highlighted in the Evidence Review such as identifying the most effective interventions to prevent tobacco initiation, the most effective cessation programs for this age group, and the effect of these interventions on adult smoking rates and health outcomes. In addition, the Task Force should also look for research on the impact of menthol and smokeless tobacco on youth initiation rates, any difficulties clinicians experience in approaching school-aged children and adolescents on this topic, and whether there is a need to provide professional education in this area.