

PHS GUIDELINE RECOMMENDATIONS:

How to help adolescents quit smoking

The 2008 Update to the PHS Clinical Practice Guideline on Treating Tobacco Use and Dependence recommends for the first time that adolescent smokers be provided with counseling interventions to aid them in quitting smoking.

Although the use of counseling approximately doubled quit rates in the seven studies on youth cessation reviewed by the Guideline Panel, the Panel noted that absolute abstinence rates of those who received counseling remained quite low (11.6% quit rate at 6 months) attesting to the continued need for research to identify the most effective counseling strategies for adolescents.

:: MORE INFORMATION ON THE 2008 UPDATE TO THE PHS GUIDELINE

Although there are limited studies on how to help adolescents quit smoking, the existing evidence supports the following recommendations.

Recommendation: Counseling Adolescent Smokers
Counseling interventions should be provided to adolescent smokers to aid them in quitting smoking.

- Counseling for adolescent smokers has been shown to be effective, approximately doubling long-term abstinence rates when compared to usual care (e.g., brief advice, self-help pamphlets, referral) or no treatment.
- The counseling studies reviewed for the Guideline varied in content and included strategies designed to:
 - enhance adolescent's motivation to quit,
 - establish rapport with the adolescents,
 - set goals for quitting,
 - promote problem solving and skill training, and
 - prevent relapse.
- A recent meta-analysis of smoking cessation for teens found significant effects for studies that included the following treatment approaches:

- cognitive-behavioral strategies (self-monitoring and coping skills),
- motivational strategies (techniques to clarify desire for change and reduce ambivalence toward change), and
- social influence strategies (addressing social influences that serve to promote or maintain smoking).
- Special considerations for adolescents: Interventions should be developmentally appropriate across the adolescent age span (e.g., appropriate for a 12-year-old vs. an 18-year-old).

Recommendation: Intervening During the Adolescent's Health Care Provider Visit

Health care providers should ask pediatric and adolescent patients about their tobacco use and clearly communicate the importance of abstaining from using tobacco.

- Asking adolescents about tobacco use and advising them to quit are the first steps toward the use of effective treatments to quit.
 - In a sample of 11th graders, more than 79 percent reported they would acknowledge their smoking if asked.
- Clinicians need to routinely assess adolescent tobacco use, offer counseling, and follow up with these patients.
- For patients not ready to make a quit attempt, clinicians may adapt the motivational interventions provided in the Guideline for use with adolescents.
- Special considerations for adolescents: It is important for clinicians to intervene with adolescents in a manner that respects confidentiality and privacy (e.g., interviewing adolescents without parents present).

Recommendation: Counseling Parents During the Pediatric Visit

Health care providers should ask parents about their tobacco use, and offer cessation advice and assistance. Providing advice and assistance to parents who use tobacco has been shown to increase abstinence, protecting children from secondhand smoke.

- Recent research suggests that tobacco use interventions provided to parents can:
 - increase parents' interest in stopping smoking,
 - increase parents' quit attempts, and
 - increase parents' quit rates.

Not Recommended At This Time: Tobacco Use Medication for Adolescents

- Although nicotine replacement has been shown to be safe for adolescents to use, it is not currently recommended as a component of pediatric tobacco use interventions.
- Although NRT and bupropion SR have been proven useful in increasing cessation success in adults, they are not currently recommended as a component of pediatric tobacco use interventions.

:: FUTURE RESEARCH

The Guideline suggests the following topics require additional research: effectiveness of using the 5 A's in pediatric settings to treat both adolescents and parents; safety and effectiveness of medications in adolescents; effectiveness of counseling interventions designed to motivate youth to quit; effectiveness of child-focused versus family-focused or peer-focused interventions as well as interventions accessed via the Internet, quitlines, and school-based programs; and strategies for increasing the efficacy, appeal, and reach of counseling treatments for adolescents.

:: TAKING ACTION

- When working with health care systems (managed care organizations, etc.) to increase their use of effective cessation treatments recommended in the 2008 PHS Clinical Practice Guideline on Treating Tobacco Use and Dependence, **be sure to encourage them to provide cessation counseling for both parents and adolescents.**
- **Tobacco control policies and community-based interventions (e.g., increasing excise taxes, mass media campaigns, smoke-free policies, etc.) that increase cessation among adults also likely encourage youth to quit smoking.** These interventions, in addition to those that prevent initiation, need to be fully implemented to lower the prevalence of smoking in the U.S.
- The CDC report *Youth Tobacco Cessation: A Guide for Making Informed Decisions* gives practical guidelines for programs to determine whether they should implement a youth cessation intervention as part of a comprehensive tobacco control program.
- **Additional information is available from the Youth Tobacco Cessation Collaborative** (<http://www.youthtobacco cessation.org>).

Reference: Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.