

This fact sheet explains the Task Force's draft recommendation on interventions to prevent tobacco use in children and teens. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from December 11, 2012 to January 7, 2013. The Task Force welcomes your comments.

Interventions to Prevent Tobacco Use in Children and Adolescents

The U.S. Preventive Services Task Force (Task Force) has issued a **draft** recommendation statement on *Interventions to Prevent Tobacco Use in Children and Adolescents*.

This draft recommendation statement applies to children and teens ages 10 to 17.

The Task Force reviewed recent research studies on educational and counseling approaches (interventions) to prevent tobacco use in children and teens. The draft recommendation statement summarizes what the Task Force learned about the potential benefits and harms of these approaches: Clinicians should educate and counsel their young patients to prevent them from starting to smoke.

What is tobacco use?

Tobacco use includes smoking cigarettes, cigars, pipes, and waterpipes (i.e. hookahs) and the use of smokeless tobacco products such as chewing and dipping tobacco. Most of the evidence about preventing youth from using tobacco has focused on smoking cigarettes.

Facts About Tobacco and Tobacco Use

Tobacco use is the main cause of preventable illness and death in the United States. Every year, it causes about 443,000 deaths, including nearly 161,000 deaths from cancer, 128,000 deaths from heart disease, and 103,000 deaths from lung disease. Cigarette smoking is the most common form of tobacco use in the United States. BeTobaccoFree.hhs.gov has information about other ways tobacco is used in the United States.

Nearly all tobacco use begins during youth and young adulthood. Every day, more than 3,800 teens ages 12 to 17 smoke their first cigarette. And, every day, 1,000 teens younger than 18 become daily smokers. The path from the first cigarette to being addicted to cigarettes and smoking goes through five stages:

- Never smoked before but may be willing to give it a try.
- Trying the first cigarette.
- Trying cigarettes multiple times (may start showing signs of addiction to nicotine, a chemical in tobacco).
- Smoking on a regular basis (probably addicted).
- Being addicted to nicotine. Nicotine changes the way the brain works, causing a person to crave more and more of it. The addiction to nicotine is what makes it so hard to quit smoking.

Becoming addicted to smoking can take up to 2 years, but for some children and teens, the process happens faster.

Children and teens are more likely to start smoking if their parents smoke. Other things also can increase the chances that a child or teen may start smoking. These include being able to get cigarettes easily, a belief that all the other kids are smoking, seeing ads and other promotions for cigarettes, and low levels of parental supervision.

Education and Counseling to Prevent Tobacco Use

Education and counseling to prevent smoking can be done in a variety of ways:

- Face-to-face talks with a health care professional, either individually with a child or teen or in family or group sessions
- Talks over the phone
- Written materials, such as activity guides, newsletters, tip sheets, workbooks, and preprinted prescription forms with anti-tobacco messages
- Educational videos

Potential Benefits and Harms

Not smoking is one of the most important things a child or teen can do to live a long and healthy life. The best way to prevent children and teens from using tobacco is to keep them from starting in the first place. The Task Force found that the main potential benefit of education and counseling is that these approaches reduce the chances that children and teens will start smoking.

The Task Force found no evidence of harms from education and counseling to prevent smoking.

The Draft Recommendation Statement on Interventions to Prevent Tobacco Use: What Does it Mean?

Here is the Task Force's draft recommendation on interventions to prevent tobacco use. The draft recommendation has a letter grade. The grade is based on the quality and strength of the evidence about the potential benefits and harms of the interventions. It is also based on the size of the potential benefits and harms. The Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends (Grade B) an intervention, it is because the intervention has more potential benefit than potential harm. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence report](#) provides more detail about the studies the Task Force reviewed.

1 The Task Force recommends that *clinicians* provide interventions, including education or brief counseling, to prevent *initiation of tobacco use* among *school-aged children and adolescents*. **Grade B**

Notes

- 1** *clinicians*
Health care professionals, including doctors, nurse practitioners, physician assistants, and nurses.
- initiation of tobacco use*
Starting smoking.
- school-aged children...*
Youth ages 10 to 17.

 [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received **between December 11, 2012 and January 7, 2013.**



All comments will be considered for use in writing final recommendations.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades





Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Additional Resources for Clinicians





[Office on Smoking and Health](#) (Centers for Disease Control and Prevention)
[BeTobaccoFree.gov](#) (U.S. Department of Health and Human Services)

Click Here to Learn More About Preventing Tobacco Use and Quitting Smoking

Don't Start Smoking

-  **Don't Start**
(BeTobaccoFree.gov, U.S. Department of Health and Human Services)
-  **What You(th) Should Know About Tobacco**
(Centers for Disease Control and Prevention)
-  **Talk with Your Teen**
(Office of Adolescent Health, U.S. Department of Health and Human Services)
-  **Talk to Your Kids About Tobacco, Alcohol, and Drugs**
(healthfinder.gov)

Quit Smoking

-  **Quit Smoking**
(healthfinder.gov)
-  **SmokeFree Teen**
(teen.smokefree.gov)
-  **Quit Smoking Today!**
(smokefree.gov)
-  **How to Quit**
(Centers for Disease Control and Prevention)