WELCOME

Best Practices in Adolescent Tobacco Prevention and Cessation Webinar

Wednesday, July 27, 2011

Jessica H. 2nd Place Winner, FAMRI/ AAP/Richmond Center Art Contest 2010
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Disclosure:
In the past 12 months, I have had no relevant financial relationships with the manufacturers of any commercial product or providers of commercial services discussed in this CME activity. I do not intend to discuss an unapproved or investigative use of a commercial product or device. I DO intend to mention commercial products in my presentation.

*Illustrated Surgeon General’s Report on Smoking*
- Alfred Gescheidt, 1964
Polling Question:
Let’s see who is on the call today:

- Tobacco treatment specialist
- Pediatric clinicians
- Tobacco Researcher
- Other anti-tobacco advocate
Goals and Objectives

• Identify emerging products and how adolescents are affected
• Identify best practices for addressing tobacco prevention and treatment with adolescents in the clinical setting
Tobacco Is a Risk Factor for 6 of the World’s 8 Leading Causes of Death

Hatched areas indicate proportions of deaths related to tobacco use.
Tobacco is a Pediatric Disease

“A person who hasn’t started smoking by age 19 is unlikely to ever become a smoker. Nicotine addiction begins when most tobacco users are teenagers, so let’s call this what it really is: a pediatric disease.”

David A. Kessler, MD
Commissioner of FDA
1995
Youth/Adolescent Tobacco Users Are...

• Those who begin as teens are more likely to become dependent, use for more years, and use more heavily

• More likely to be psychologically distressed, abuse other substances

• Less likely to be attached to parents, do well in school, participate in extracurricular activities, know the adverse effects of smoking

• Less likely to choose effective methods for quitting

American Academy of Pediatrics, 2001
That First Puff...

• The nicotine in 1-2 puffs occupies 50% of nicotinic receptors in the brain

• A single dose changes neurotransmitter activity for a prolonged period of time:
  – Noradrenaline synthesis in the hippocampus
  – Neuronal potentiation can last > month
    • Meaning that neurons discharge action potentials at lower threshold
Changing Evidence About Nicotine Dependence

• Signs of nicotine dependence often start within two months after onset of smoking

• Nicotine addiction
  – Characterized by tolerance, craving, withdrawal symptoms, & loss of control
  – 1\textsuperscript{st} symptoms of dependence can appear with days or weeks of \textit{intermittent} tobacco use

• The median frequency of use at the onset of symptoms was \textit{2} cigarettes, one day per week

• 2/3 of teens report loss of autonomy over tobacco \textit{prior to} the onset of daily smoking
## Youth Who Start Smoking, Continue Smoking

<table>
<thead>
<tr>
<th>Senior-year smoking status (use in past 30 days)</th>
<th>Quit</th>
<th>Less Use</th>
<th>Same Level</th>
<th>More Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td>85.6</td>
<td>14.4</td>
</tr>
<tr>
<td>&lt; 1 cigarette/day</td>
<td>57.8</td>
<td>14.4</td>
<td>27.8</td>
<td></td>
</tr>
<tr>
<td>1-5 cigarettes/day</td>
<td>29.6</td>
<td>8.8</td>
<td>44.4</td>
<td></td>
</tr>
<tr>
<td>About 1/2 pack/day</td>
<td>18.8</td>
<td>13.6</td>
<td>46.0</td>
<td></td>
</tr>
<tr>
<td>≥ 1 pack a day</td>
<td>13.2</td>
<td>17.7</td>
<td>29.0</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Monitoring the Future Project, United States, 1976 - 1986 senior classes*
Cigarette Use, past 30 days

Source: Monitoring the Future, 2010
Emerging Products

• Snus
• Dissolvables
• Little Cigars and Cigarillos
• Hookah
• New / E Cigarettes
• Roll Your Own
Smokeless

- Smokeless Tobacco
  - YRBS: use among HS boys increased between 2007 and 2009 – now at 15%
  - In some states markedly higher: Kentucky and Wyoming the rate is 24.7
  - Monitoring the Future: 33% increase between 2008 and 2009, to 15.8% among 12 grade boys and 11.1% among 10th grade boys
Smokeless Use, past 30 days

- However, smokeless is almost entirely a male behavior: 6.3%, 13.0% and 15.7% in grades 8, 10, and 12 for males vs 1.9%, 2.0% and 1.7% among females
New Dips

Perfect for the fine cut connoisseur, this style is fresh, moist, bold and rich.

The world's first wintergreen wide cut is long lasting, easy packing and full of bold flavor.

Visit www.cameldip.com to sign up for special offers and more on new Camel Dip.

*Website restricted to legal age tobacco consumers

WARNING: This product may cause mouth cancer

Manufactured by American Snuff Co. Memphis, TN 38101
Snus

Snus. A spitless tobacco packaged in small teabag-like pouches. Modeled after a Swedish product

- Marlboro snus – tested starting 2007 in plastic packs, now in smaller foil packs
- Camel snus – Ads now appear nationally in magazines

Images: Philip Morris, tobaccoproducts.org, socialbranding.org
Snus
Snus

ARE YOU SNUS’N?
TWO BOLD NEW STYLES TO TRY.
You wanted more styles? We listened...Introducing
two bold new additions to the Camel SNUS family—
a refreshingly flavorful twist on tobacco.

WARNING: This product is not
a safe alternative to cigarettes.
Snus: Cobranding
Snus: Cobranding
Little Cigars

First asked in 2010 past YEAR use, 12th graders: 23%
Males: 30%
Females: 16%
In-Store Placement: Eye Level is Buy Level
Hookah

First asked in 2010 past YEAR use,
12th graders: 17%
Males: 19%
Females: 15%
Dissolvable Tobacco

WARNING: Smokeless tobacco is addictive.

WARNING: This product is not a safe alternative to cigarettes.

WARNING: This product can cause gum disease and tooth loss.
Dissolvable Tobacco

Product information:

**Camel Orbs**
- Two styles: Fresh and Mellow
- 15 Orbs per package
- Last about 10 – 15 minutes
- 1 milligram nicotine per Orb

**Camel Sticks**
- One style: Mellow
- 10 Sticks per package
- Last about 20 – 30 minutes
- 3.1 milligrams of nicotine per Stick

**Camel Strips**
- One style: Fresh
- 20 Strips per package
- Last about 2 – 3 minutes
- .6 milligram of nicotine per strip

- Comparably, nicotine content in NRT lozenges is 2mg or 4mg
- Cigarette nicotine varies by smoking technique and brand ~ 1.9mg
Dissolvable Tobacco
Dissolvables look a lot like candy
e-Cigarettes
(aka Electronic Nicotine Delivery Systems)

**Smoke without fire**
Suck on an e-cigarette and it produces a cloud of nicotine-carrying vapour with none of the toxic by-products of burning tobacco

- LED lights up when the smoker draws on the cigarette
- Sensor detects when smoker takes a drag
- Heater vaporises nicotine
- Battery controls heater and light
- Cartridge holds nicotine dissolved in propylene glycol
Java Jolt.

Grab a Java Jolt for that unmistakable coffee-bean taste, with a pure flavor that even the most discerning coffee connoisseur could indulge in.

- Cartridges come in packs of 5. Each pack is equal to 75 cigarettes.
- A Carton is 5 packs or 25 cartridges. Each carton is equal to 375 cigarettes.

Vivid Vanilla.

With a hint of sweetness, you’ll fall in love with Vivid Vanilla. You’ll enjoy every puff as you are surprised by its delicious aroma and bouquet, the ultimate aftertaste.

- Cartridges come in packs of 5. Each pack is equal to 75 cigarettes.
- A Carton is 5 packs or 25 cartridges. Each carton is equal to 375 cigarettes.
New Cigarettes


Camel Crush: introduced fall 2008, filter contains capsule to be crushed by squeezing, releasing menthol flavor

Marlboro Blend No. 54: introduced summer 2009, Mentholated
ADOLESCENT TOBACCO PREVENTION AND TREATMENT
Evidence based best practices

• Increase price/taxation of tobacco
• Smoking bans and restrictions
• Availability of treatment for addiction
  – Reduced cost for pharmacotherapy treatment
  – Provider reminder systems
  – Telephone/web counseling and support
• Mass media counter-marketing campaigns
• Counseling
  – 5A’s - Ask, Advise, Assess, Assist and Arrange
  – No Smoking Rules - smokefree homes and cars
What Can Pediatricians and Other Child Health Advocates Do?

• Advocate for smoke free areas
• Advocate for tobacco control
• Ask all parents about smoking, at all visits, all ages
• Educate parents about SHS
• Offer treatment or referral for parents (quitline or local system)
Counseling Parents

Advise parents to

• Express disapproval of tobacco use
• Discourage friends who are smokers
• Make tobacco products inaccessible
• Limit access to pro-tobacco media
• Keep the home smoke free – even if parents smoke
Home Smoking Bans Are More Effective with Teens than Smoking Bans in Public Places

Odds Ratios for Association of Smoking Restrictions with 30-Day Smoking Prevalence, High School Students

<table>
<thead>
<tr>
<th>Smoking Restriction</th>
<th>OR</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Home Ban</td>
<td>0.79</td>
<td>0.67 - 0.91</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Some Home Restrictions</td>
<td>0.85</td>
<td>0.74 - 0.95</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>School Ban</td>
<td>0.99</td>
<td>0.85 - 1.13</td>
<td>.86</td>
</tr>
<tr>
<td>Enforced School Ban</td>
<td>0.86</td>
<td>0.77 - 0.94</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Other Public Restrictions</td>
<td>0.91</td>
<td>0.83 - 0.99</td>
<td>.03</td>
</tr>
</tbody>
</table>

Source: Wakefield et al, 2000
Adolescent and Adult Smokers

• Know they are addicted and want to quit
• Many have tried to quit without success
• With advice, most parents say they would be able to set strict smoking policies
• Younger smokers less likely to think there are resources to help
For Parents: 5 A’s Counseling

- **Ask**
  - If parent smokes
  - About Secondhand smoke

- **Advise**
  - Every smoker to quit
  - **Strict** no smoking rules in all places where children spend time

- **Assess**
  - Readiness to quit

- **Assist**
  - In quitting and finding services

- **Arrange**
  - For cessation services and follow up
Adolescents

• Goal:
  – Prevent onset and promote cessation among users

• Anticipate that at-risk youth:
  – Overestimate prevalence
  – May have poor coping resources
  – Subject to peer influence
  – May co-use smokeless tobacco
  – Likely have poorer school performance
Interventions and quitting?

• Cessation among adolescent smokers is half of the adult rate (approx. 4%/yr)

• Smokers aged 16 – 24 yrs rely more on unassisted methods rather than on effective methods recommended by PHS guidelines

• 2 year success with adolescents referred to an intensive expert counseling ‘system’ after brief primary care advice (OR=2.43)
Children and Adolescents

**Recommendation:** Clinicians should ask pediatric and adolescent patients about tobacco use and provide a strong message regarding the importance of totally abstaining from tobacco use. (Strength of Evidence = C).

**Recommendation:** Counseling has been shown to be effective in treatment of adolescent smokers. Therefore, adolescent smokers should be provided with counseling interventions to aid them in quitting smoking. (Strength of Evidence = B)

**Recommendation:** Second-hand smoke is harmful to children. Cessation counseling delivered in pediatric settings has been shown to be effective in increasing abstinence among parents who smoke. Therefore, in order to protect children from second-hand smoke, clinicians should ask parents about tobacco use and offer them cessation advice and assistance. (Strength of Evidence = B).
Public Health Service Guideline

• Anticipate

• Ask - if smokes

• Assess - readiness to quit

• Advise - to quit

• Assist - in quitting & finding services

• Arrange - for cessation services
Adolescent intervention

• Ask ALL Adolescents
  – About friend’s use
  – About patterns of use
  – About school programs
  – Reassure about confidentiality

• Assess - motivation & readiness

• Advise to Quit
  – Focus on short term reasons
    • Athletic capacity
    • Cost, smell, etc.
  – Reinforce non-use
Adolescent intervention

• Assist
  – Set quit dates
  – Provide self-help materials
  – Encourage problem-solving, refusal skills
  – Encourage activities incompatible with tobacco
  – Consider pharmacology*
    – Not recommended by PHS Guideline

• Arrange:
  – 1-2 week follow-up after quit attempts
Polling Question:
Have you ever prescribed NRT for adolescents who were trying to quit smoking?

• Yes
• No
• What's NRT
Why Not Medications in Adolescents?

- Studies have showed very mixed results
- Issues with adolescent adherence
- Issues with adolescent intensity of tobacco use
- What is an adolescent, anyways?
Specific Populations and Other Topics - Adolescents

Meta-analysis (2008): Effectiveness of and estimated abstinence rates for counseling interventions with adolescent smokers (n = 7 studies)

<table>
<thead>
<tr>
<th>Adolescent smokers</th>
<th>Number of arms</th>
<th>Estimated odds ratio (95% C.I.)</th>
<th>Estimated abstinence rate (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual care</td>
<td>7</td>
<td>1.0</td>
<td>6.7</td>
</tr>
<tr>
<td>Counseling</td>
<td>7</td>
<td>1.8 (1.1, 3.0)</td>
<td>11.6 (7.5, 17.5)</td>
</tr>
</tbody>
</table>
Opportunities to Intervene at any Stage

Experimentation

Nicotine dependence, as indicated by craving, starts BEFORE daily or regular use!

Regular Use

Interventions may be delivered at any stage

DiFranza, 2007
For the Patient Willing To Quit

• **Set** a quit date. Ideally, the quit date should be within 2 weeks.

• **Tell** family, friends, and coworkers about quitting and request understanding and support.

• **Anticipate** challenges to the upcoming quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms.

• **Remove** tobacco products from your environment. Prior to quitting, avoid smoking in places where you spend a lot of time (e.g., work, home, car). Make your home smoke-free.
For the Patient Willing to Quit

| Provide practical counseling (problem-solving/skills training). | **Abstinence.** Striving for total abstinence is essential. Not even a single puff after the quit date. **Past quit experience.** Identify what helped and what hurt in previous quit attempts. Build on past success. **Anticipate triggers or challenges in upcoming attempt.** Discuss challenges/triggers and how patient will successfully overcome them (e.g., avoid triggers, alter routines). **Alcohol.** Since alcohol is associated with relapse, the patient should consider limiting/abstaining from alcohol while quitting. (Note that reducing alcohol intake could precipitate withdrawal in alcohol dependent persons.) **Other smokers in the household.** Quitting is more difficult when there is another smoker in the household. Patients should encourage housemates to quit with them or not smoke in their presence. |
## Treatment Recommendations – Counseling

<table>
<thead>
<tr>
<th>Practical counseling (problem solving/ skills training) treatment component</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Recognize danger situations** – Identify events, internal states, or activities that increase the risk of smoking or relapse. | • Negative affect and stress.  
• Being around other tobacco users.  
• Drinking alcohol.  
• Experiencing urges.  
• Smoking cues and availability of cigarettes |
| **Develop coping skills** – Identify and practice coping or problem-solving skills. Typically, these skills are intended to cope with danger situations. | • Learning to anticipate and avoid temptation and trigger situations.  
• Learning cognitive strategies that will reduce negative moods.  
• Accomplishing lifestyle changes that reduce stress, improve quality of life, and reduce exposure to smoking cues.  
• Learning cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention; changing routines). |
| **Provide basic information** – provide basic information about smoking and successful | • The fact that any smoking (even a single puff) increases the likelihood of a full relapse.  
• Withdrawal symptoms typically peak within 1-2 |
Adolescent oriented office materials

• Self-help handouts
  • Targeted to adolescents and to stages of change/motivation

• Trigger questionnaires

• Internet resources
Teen On-Line Prevention Programs

• Many programs have been created for youth prevention and cessation

• There is little evidence that websites are effective, due to difficulties in measurement

• However, they are readily accessible and many have excellent information
MyLastDip.com is:
- Free and available 24 hours a day
- Made specifically for teen and young adult chewers
- Developed by experts in smokeless tobacco cessation
- Based on proven and effective methods that have been tested by thousands of smokeless tobacco users

Visit MyLastDip.com Today!
Part of a research study conducted by the Oregon Research Institute and funded by the National Cancer Institute
Step 2: Where do you stand right now?

- Yeah, I smoke, so what?
- I want to quit, what are the effects?
- I've never smoked before!
- I'm trying to quit and feeling tempted!
- I'm trying to quit and I'm stressed out!
Check the facts: Men who smoke are 22 times more likely to die from lung cancer than non-smokers.
According to the Chicago Times in 1983,
one tobacco executive said,
“Anything can be considered harmful.
Applesauce is harmful if you get too much of it.”

DEATH BY APPLESAUCE?
SOUNDS DELICIOUS!

GET HOPPIN’
Be Yourself.
Live Smoke-Free.

The No Smoking Room is a safe place to help you live smoke-free. This site was created for girls, by girls, just like you. So, go ahead and explore. After all, it's your room!

Poll

What is your favorite sport? (poll by Ariella, age 8)
- soccer
- tennis
- horseback riding
- swimming

Vote  View Results
TRU stands for Tobacco Reality Unfiltered. It's the movement among NC teens to stay smoke-free and get others to do the same. The more teens that get involved, the louder our voice will be. It's easy to join. Just sign the TRU pledge saying you'll stay tobacco free. Then, spread the word and tell your friends to join too. We want to be 5,000 strong! Join now.
Best available evidence - Responses to Patient Who Smokes

• Unacceptable: “I don’t have time.”

• Acceptable: Ask, Advise, Refer
  – Make tobacco prevention a priority
  – Establish systems in office and hospital
  – Become a cessation expert
  – Refer to a quitline
Conclusions

• Youth tobacco prevention is critically important!

• Youth who initiate smoking are at high risk of continued smoking due to addiction

• Multifaceted approaches for tobacco prevention are necessary

• Adolescent cessation at present remains based in counseling
Jessica Lin - 1st Place winner Grades 9-12, 2009 AAP Richmond Center Art Contest
Jessica Liu - 1st Place winner Grades 6-8, 2009 AAP Richmond Center Art Contest
Rosie Henson
Senior Policy Advisor to the
Assistant Secretary for Health
U.S. Department of Health and Human Services
“Our work to protect our children and improve the public’s health is not complete. Today, tobacco is the leading preventable cause of death not just in America, but also in the World.”

President Barack Obama
June 22, 2009
The Tobacco Problem is Not Solved

• 46.6 million U.S. adults smoke
• Tobacco causes >440,000 deaths per year
• For each death, 20 more people suffer tobacco related illnesses
• Annual costs: $96 billion in medical expenses plus $97 billion in lost productivity.

Globally, tobacco use kills 5 million people each year. If trends continue, tobacco will kill 1 billion people in the 21st century.
The tobacco industry outspends tobacco prevention efforts 20 to 1

Sources: Campaign for Tobacco Free Kids; Federal Trade Commission; CDC Office on Smoking and Health.
Vision: A society free of tobacco related death and disease

Charges:
1. Develop and implement a Department-wide strategic action plan framed around four Healthy People 2020 tobacco control goals:

2. Support the FDA’s newly acquired role to regulate the manufacture, marketing, and distribution of tobacco products

Four Pillars of the HHS Tobacco Control Strategic Action Plan

Lead by Example: Implement model tobacco control policies within the Department

Engage the Public: Change social norms with national media and communications

Improve the Public’s Health: Accelerate State and community tobacco control efforts

Advance Knowledge: Expand the science base and monitor progress
Improve the Public’s Health:  Accelerate
State and community tobacco control efforts
Comprehensive Tobacco Prevention and Control Programs

- We know what works:
  - Sustained funding of comprehensive programs
  - Excise tax increases
  - 100% smoke-free policies
  - Aggressive media campaigns
  - Cessation access
  - Comprehensive advertising restrictions
Polling Question:

Are you currently working with the tobacco control program director in your state or local health department?

- Yes
- No
Framework Convention on Tobacco Control (FCTC)

• First treaty negotiated under WHO; world’s first global public health treaty

• Seeks to protect present and future generations from the health, social, environmental, and economic consequences of tobacco
  – Requires ratified countries to adopt a comprehensive range of measures

• 174 nations have ratified

With passage of the Tobacco Control Act, the U.S. is now able to meet or exceed all of the provisions in the FCTC.
**mpower**

- **Monitor** tobacco use and prevention policies
- **Protect** people from tobacco smoke
- **Offer** help to quit tobacco use
- **Warn** about the dangers of tobacco
- **Enforce** bans on tobacco advertising, promotion and sponsorship
- **Raise** taxes on tobacco
Communities Putting Prevention to Work (CPPW) Core Principles

- **Use PSE approach**
  - Policy, Systems, & Environmental Change strategies

- **Maximize Impact**
  - Potent and innovative interventions

- **Advance Health Equity**
  - Ensure jurisdiction-wide interventions impact ALL members of the community
### CPPW Tobacco Prevention and Control Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage of CPPW Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke-free Environments</td>
<td>100%</td>
</tr>
<tr>
<td>Hard hitting counter-advertising</td>
<td>86%</td>
</tr>
<tr>
<td>Pricing strategies</td>
<td>67%</td>
</tr>
<tr>
<td>Zoning restrictions (e.g., Outlet density)</td>
<td>52%</td>
</tr>
<tr>
<td>Restrict sales</td>
<td>43%</td>
</tr>
</tbody>
</table>
CPPW Smoke-free Housing

- Santa Clara County, CA –
  - prohibits smoking in duplexes; condos, townhouse, apartment complexes

- Boston, MA –
  - Transitioning all 64 developments; soon protecting 27,000 residents

- Southern Nevada –
  - Surveyed 50,000 public-housing residents – 78% want 100% Smoke-free homes
The Family Smoking Prevention and Tobacco Control Act of 2009

- Tobacco Control Act gives FDA the authority to regulate the manufacture, distribution, and marketing of tobacco products.

- Directs FDA to use a public health/population health standard when regulating tobacco products.

- Three public health goals:
  - Prevent youth tobacco use
  - Help those who use tobacco and want to quit
  - Educate the general public about harmful and potentially harmful ingredients and consequences of tobacco use.
Tobacco Control Act: Key Provisions

• Bans on flavored cigarettes & on misleading terms (light, low, mild)

• Final Rule Restricting Access and Marketing of Cigarettes and Smokeless Tobacco Products to Youth (‘96 Rule) & State contracts to enforce

• Action on menthol

• Requires, larger, graphic warning labels

• National education campaign on regulation

• Establish product standards
New Graphic Warning Labels

- WARNING: Tobacco smoke causes fatal lung disease in nonsmokers.
- WARNING: Tobacco smoke can harm your children.
- WARNING: Cigarettes are addictive.
- WARNING: Cigarettes cause fatal lung disease.
- WARNING: Smoking during pregnancy can harm your baby.
- WARNING: Quitting smoking now greatly reduces serious risks to your health.
- WARNING: Cigarettes cause strokes and heart disease.
- WARNING: Cigarettes cause cancer.
National Cessation Strategy: Key Components

• Expanded Medicare Coverage
• Expanded Medicaid Coverage
  – Full cessation coverage for Pregnant women
  – Federal Matching funds for state Quitlines
• Support National Network of Tobacco Use Cessation Quitlines
• Require New Graphic Warning Labels on Cigarette Packs
  – 1-800-QUITNOW
• Hard Hitting Media Campaign
• New and innovative approaches – Text 2 Quit
Polling question:

Are you aware of the Medicare and Medicaid coverage benefits?

• Yes
• No
Aggressive media campaigns work

Media campaigns work to:

- Reduce youth initiation
- Encourage cessation
- Increase negative attitudes toward tobacco use
- Increase support for policy change
CDC Tobacco Education Campaign

8 HOURS after you quit smoking, your blood oxygen level returns to normal.

3 MOUTHS after you quit smoking, your lung function improves up to 30%.

But right now, you’re one cigarette closer to CANCER.

But right now, you’re one day closer to EMPHYSEMA.
Polling question:

Have you seen tobacco prevention and control media advertisements in your community?

• Yes
• No
Lead by Example:
Implement model tobacco control policies within the Department
HHS as a Tobacco Control Leader

- All HHS health care service providers will adopt best practices for tobacco use screening and cessation
- Implement the HHS Tobacco-Free Campus Policy and promote expanded cessation benefits for federal employees
- Working in partnership with DOD, HUD, VA, and OPM to incorporate tobacco prevention and control policies into their activities
Polling question:

Does your workplace have a tobacco-free campus policy?

• Yes

• No
Advance Knowledge:

*Expand the science base and monitor progress*
Tobacco Science

- Bright (30-40%)
- Burley (20-30%)
- Stems (2-10%)
- Oriental (10-15%)
- Recon (5-15%)
HHS Research Priorities

- Implement a Department-wide research plan to support FDA’s regulatory authority
  - Collaborating with NIH, CDC and other centers in FDA
- Longitudinal cohort study with NIDA to understand the path tobacco use
Actions

• Health Care Providers:
  – Encourage parents to reduce children’s exposure to secondhand smoke
  – Help parents who smoke to find help to quit

• All:
  – Become a advocate in your community by supporting and promoting tobacco control policy issues
  – Contribute to public dockets, particularly FDA
Questions & Answers

Best Practices in Adolescent Tobacco Prevention and Cessation Webinar
Contact Information

Richmond Center of Excellence website: http://www.aap.org/richmondcenter/

Richmond Center of Excellence email: richmondcenter@aap.org