Main Questions

- How many pediatricians currently advise, counsel, or assist youth and parents to stop smoking?
- What are the reasons why pediatricians do not counsel young patients about quitting?
- What intervention services have been found to be most effective in reducing youth tobacco use during the past 10 years?
- What are the best ways for pediatric providers to help youth quit?

Overview

More than 3.6 million US youth currently smoke and 90% of adult smokers start smoking before they are 18 years old. Youth tobacco use can cause early disease development, disability and death. Pediatricians have an important role in providing consultation on tobacco use and dependence to the youth they care for and their parents who use tobacco in order to address this major pediatric health concern.

Research Brief

Pediatric Counseling to Eliminate Youth Tobacco Smoking Using State-of-the-Art Office-Based Interventions

Spotlight on Results

- Most pediatricians (81%) advised their young patients who smoke to quit.
- Approximately half (48%) of pediatricians helped youth assess their reasons for and against continuing to smoke.
- The Public Health Service Clinical Practice Guideline states counseling is effective in treating adolescent smokers and recommends pediatricians counsel their patients using the 5As model of care.
- Parents should be routinely screened for tobacco use and parents using tobacco should be offered assistance in quitting.

Call for Action

Pediatricians should talk with patients and parents about tobacco smoking, and offer quitting strategies and materials. Pediatricians can play a vital role in reducing and preventing youth nicotine use and addiction.

Contact

Lori Pbert, PhD | Division of Preventive and Behavioral Medicine Department of Medicine | University of Massachusetts Medical School Worcester, Massachusetts | 55 Lake Ave N, Worcester, MA 0165
Lori.Pbert@umassmed.edu

Source


Research Brief Prepared by Julie Goldman

The UMass Worcester Prevention Research Center is a member of the Prevention Research Centers Program, supported by the Centers for Disease Control and Prevention cooperative agreement number 5-U48-OP005031. This work was also supported in part by grants from the Flight Attendant Medical Research Institute (FAMRI) and from Legacy.