



Prevention and Treatment of Tobacco Smoking in School-aged Children and Youth



Clinicians must help each patient or family make a decision that fits with their values and preferences by asking if the child, youth, or parent is interested in having a brief conversation about tobacco smoking.

We recommend asking children and youth and/or their parents about tobacco use by the child or youth

PREVENTION

For children/youth **who do not currently smoke**, whether they have never smoked or are former smokers:

- Offer brief information and advice at appropriate primary care visits* to prevent tobacco smoking.

Weak recommendation

CESSATION

For children/youth **who have smoked tobacco** within the past 30 days:

- Offer brief information and advice at appropriate primary care visits* about smoking cessation.

Weak recommendation

1. To whom do these recommendations apply?

- Children and youth aged 5 to 18 years and/or their parents.
- Those who do not have cognitive deficits, mental or physical health issues, or a history of alcohol or drug abuse.

2. What does the CTFPHC mean by “offering brief information and advice”?

- Have a conversation that typically would take < 5 minutes.
- May include verbal communication and advice on patient attitudes and beliefs about smoking, risks of smoking, and/or strategies for dealing with peer influence.
- May also include materials, such as brochures, newsletters, or interactive computer programs, which can be shared with the patient and/or their parent.

3. Why are the recommendations weak?

- There is low certainty that offering brief information and advice during primary care visits would result in long-term benefits, such as smoking abstinence/cessation or better health.
- Most children, youth, and their parents would want the child or youth to receive information and advice, but some would not.

4. Why has the CTFPHC made this recommendation for primary care?

- Evidence suggests that providing brief information and advice may help prevent and treat smoking in children and youth aged 5 to 18 years.
- There are minimal harms associated with the intervention.
- National tobacco-related organizations find that providing the intervention at primary care visits is important and acceptable.

5. How should I implement these recommendations?

- Use existing procedures and/or guidance to assess smoking risk and/or status of a child or youth.
- If you determine that there may be a need for a prevention or cessation intervention, ask if the child/youth and/or parent is interested in having a brief conversation about tobacco smoking.

6. To what extent should clinicians involve parents when providing advice and information about tobacco smoking?

- For a middle-older-aged adolescent, clinicians should direct dialogue primarily to the youth. For a pre teen or early adolescent, clinicians should consider level of maturity, but the dialogue should be with the youth and parent together, (e.g., the clinician might start with the youth and then check in with the parent).

*Appropriate primary care visits include scheduled health supervision visits; visits for immunizations or medication renewal, episodic care or acute illness; and other visits where the primary care practitioner deems it appropriate. Primary care visits are completed in primary health care settings, including those outside of a physician's office (e.g., public health nurses carrying out a well-child visit in a community setting).

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