

## **Recommendations on behavioural interventions for the prevention and treatment of cigarette smoking among school-aged children and youth– Clinician Summary**

### **POPULATION**

The recommendation for prevention interventions applies to children and youth 5 to 18 years of age who do not currently smoke tobacco, whether they have never smoked or are former smokers, and who do not have cognitive deficits, mental or physical health issues, or a history of alcohol or drug abuse.

The recommendation for treatment interventions applies to children and youth 5 to 18 years of age who have smoked tobacco within the past 30 days and who do not have cognitive deficits, mental or physical health issues, or a history of alcohol or drug abuse.

### **BURDEN OF ILLNESS**

Half of regular smokers will die prematurely, most often of cardiovascular and respiratory disease caused by smoking. Tobacco smoking is a precursor in more than 85% of incident cases of lung cancer in Canada and is linked to cancers of the respiratory system, upper digestive tract, bladder, stomach, kidney, pancreas and cervix, as well as leukemia.

A person who starts smoking as a child or youth is less likely to quit later in life than someone who starts later. Factors such as age, sex, the influence of friends and family, and the broader social environment of school and community are linked to a youth's decision to start smoking. Almost 90% of adult smokers first smoked tobacco by age 18.

### **RECOMMENDATIONS**

#### **Prevention**

- We recommend asking children and youth (age 5–18 yr) or their parents about tobacco use by the child or youth and offering brief\* information and advice, as appropriate during primary care visits\*\*, to prevent tobacco smoking among children and youth (weak recommendation, low-quality evidence).

#### **Treatment**

- We recommend asking children and youth (age 5–18 yr) or their parents about tobacco use by the child or youth and offering brief\* information and advice, as appropriate during primary care visits \*\*, to treat tobacco smoking among children and youth (weak recommendation, low quality evidence).

\*Contact time with primary care clinician of up to 5 minutes. Advice may include verbal communication about patient attitudes and beliefs, risks of smoking, and/or strategies for dealing with the influence of peers. Sharing of printed or electronic material (brochures, newsletters and interactive computer programs) could also be considered.

\*\*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).

#### **BASIS OF RECOMMENDATIONS**

- The recommendations in favour of low-intensity behavioural interventions for the prevention and treatment of smoking among children and youth (age 5–18 yr) are warranted given the potentially moderate reduction in smoking initiation, the modest increase in the likelihood that youth will stop smoking, the similar size effect of low- and high-intensity interventions, the high likelihood that harms of preventive and treatment interventions are minimal, and that stakeholders find interventions important and acceptable.