

Prevention of Tobacco Use in the Pediatric Population

Tobacco use, both smoke and smokeless, and second-hand smoke are associated with serious health hazards for young people. There are now thousands of scientific studies linking tobacco exposure and smoking to a pervasive range of health problems. Tobacco use remains the leading preventable cause of death in the United States, causing more than 440,000 deaths each year and resulting in an annual cost of more than \$75 billion in direct medical costs. Nationally, smoking results in more than 5.6 million years of potential life lost each year (CDC, 2003).

Substantial progress is being made toward achieving the national health objective for 2010 of reducing cigarette smoking rates among high school students (CDC, 2002). Yet, smoking in 18–24-year-olds, especially on college campuses, has increased (Rigotti, Lee, & Wechsler, 2002). Risk factors from smoking, as well as reasons for initiating and continuing smoking, vary by age, gender and ethnicity. Most children, adolescents, and college students are unaware of the addictive nature of tobacco products.

Adverse health effects have been linked to involuntary exposure of children to tobacco smoke including causation and exacerbation of asthma, upper respiratory irritation, decrease in lung function, middle ear disease, Sudden Infant Death Syndrome, and lung cancer (Brown, 2001; Cook and Strachan, 1999; Dybing & Sanner, 1999; Li et al., 1999; Mannino et al, 2001). Additionally, cotinine, a by-product of nicotine, has been found at harmful levels in infants and children who live with smokers (Blackburn et al, 2003). Developing fetuses and newborns have special risks, including pregnancy complications, premature birth, low-birth weight infants, stillbirth, and increased infant mortality (Gaffney, 2001).

Pediatric primary health care providers play an active role in anti-tobacco activities. Interventions include prevention and treatment of childhood and adolescent tobacco use, protection

of patients from harmful effects of environmental tobacco smoke, and encouragement of smoking cessation among children, adolescents, and parents (Stein et al, 2000; Bricker et al, 2003). Reducing youth smoking requires community based comprehensive, effective, and sustainable tobacco-control programs to reduce the appeal of tobacco products, including the following interventions: youth-oriented mass media campaigns, increased tobacco excise taxes, smoke-free policies for schools and other community venues, greater regulation of tobacco products, reductions in youth access to tobacco products, and school-based health programs to reduce tobacco use and addiction (CDC, 2002).

NAPNAP endeavors to:

- Support legislation and/or regulatory efforts that curb advertisement of tobacco products targeted at young children, adolescents, and young adults.
- Support coalitions and groups supporting NAPNAP’s position such as ENACT (Effective National Action to Control Tobacco) and the Campaign for Tobacco-Free Kids.
- Encourage nurse practitioner educational programs to include tobacco prevention and tobacco cessation strategies in the curriculum.
- Work within campus communities to provide input into policies aimed to achieve tobacco/smoke-free environments.
- Encourage PNPs to provide anticipatory guidance for parents and pre-adolescents on the addictive nature of tobacco, the risks of addiction with “social smoking” and the health hazards of tobacco products.
- Encourage PNPs to ask about tobacco use behavior, advise the child/adolescent regarding the importance of quitting, assist the user in en-

rolling in a cessation program, and arrange follow-up.

- Encourage health care providers to counsel parents and caregivers about the risks to the child related to parental smoking. Education needs to include the facts about the risks to the child from second hand smoke and exposure to nicotine from clothing, hair and furniture.
- Encourage PNPs to continually update their skills in tobacco prevention and smoke cessation strategies, realizing that prevention is a more successful strategy than smoke cessation; however, both strategies should be utilized (CDC, 1999).

NAPNAP, as the professional organization that advocates for children, sees the onset of tobacco use as a pediatric issue that will continue to impact the health and welfare of children and families. NAPNAP takes a strong stance against tobacco use and exposure in children and supports efforts aimed at tobacco prevention in children.

The National Association of Pediatric Nurse Practitioners would like to acknowledge the contribution of the following individuals to the 2004 revision of this statement: Julie Novak, DNSc, RN, MA, CPNP, Coordinator; Dolores C. Jones, EdD, RN, CPNP, CAE; Sue Hume MS, RN, CS; Margo N. Swanson Bushmiaer, MNsc, CSN, RNP; Yvonne Yousey MSN, CPNP

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Reprint requests: NAPNAP National Office, 20 Brace Rd, Suite 200, Cherry Hill, NJ 08034-2633.
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Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on 01/22/04
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 Designation: Regular (5 year review)