AMERICAN LUNG ASSOCIATION.

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July 22, 2019

Douglas K. Owens, M.D., M.S.
Chairperson
U.S. Preventive Services Task Force
5600 Fishers Lance
Mail Stop 06E53A
Rockville, MD 20857

Re: Draft Recommendation Statement – Prevention and Cessation of Tobacco and Nicotine Use in Children and Adolescents: Primary Care Interventions

Dear Dr. Owens:

The American Lung Association appreciates the opportunity to provide comments on the Draft Recommendation Statement – *Prevention and Cessation of Tobacco and Nicotine Use in Children and Adolescents: Primary Care Interventions*.

The American Lung Association is the oldest, voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Tobacco use is the leading cause of preventable death and disease in the United State, responsible for the deaths of 480,000 Americans annually. An additional 16 million Americans live with a disease cause by tobacco.

All too often tobacco use starts in adolescents. Data show the median age for cigarette initiation is just over 12 ½ years old.[1] Unfortunately, research[2] also shows that the earlier an individual starts smoking, the harder it is to quit. To reduce youth tobacco use, the public health and healthcare communities need to focus both on preventing new kids and teenagers from starting to use tobacco products. Additionally, more research is critical to find more treatments that can help this vulnerable population quit tobacco. In the meantime, parents, teachers and clinicians need treatments for kids that are currently addicted to nicotine.

<u>Youth Prevention Recommendation</u>
The best way to prevent tobacco addiction in both youth and adults is to prevent youth and young adults from ever starting its use in the first place. To that end, the American Lung Association has long advocated for policies to reduce youth tobacco use, including prohibiting the sale of all flavored tobacco products, increasing the age of sale of tobacco and for strong state

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tobacco prevention programs. The Lung Association is committed to preventing kids from starting to use tobacco.

The Lung Association recognizes the importance healthcare providers play in delivering that same tobacco prevention message in the clinical setting to prevent kids from using tobacco products. Research suggests that it can take as few as 100 cigarettes for an adolescent to become addicted to nicotine. A consistent prevention message from clinicians as well as others is critical to deter kids from starting to use tobacco products. The Lung Association agrees with the Task Force in the "B" grade for primary care clinicians to provide interventions to prevent the initiation of tobacco use among school-age children and adolescents. These preventive interventions for all tobacco products, including electronic nicotine delivery systems (ENDS), should be provided in the clinical setting.

Youth Cessation Recommendation

According to the most recent national data, 27.1 percent of high school students use a tobacco product and 7.2 percent of middle schoolers use a tobacco product. This equates to over four million high school and 840,000 middle school students using a tobacco product.[3] Many of these youth are currently addicted to nicotine and need help quitting.

Youth tobacco use has dramatically increased in recent years due in part to the increase in youth use of e-cigarettes, which the U.S. Surgeon General has declared an epidemic.[4] Regardless of which tobacco product kids and teens are using, they need help quitting now.

Currently, pharmacotherapy is not effective in helping this population quit tobacco products. Of the seven Food and Drug Administration (FDA) – approved cessation medications, only Varenicline is approved for a population under 18, and then only a very limited population of individuals aged 17. The other six pharmacotherapies have not been found safe and effective in helping individuals under 18 quit. These treatments have appropriately earned an "I" from the Task Force. More research is needed to find pharmacotherapies that are safe and effective to help people under 18 overcome their nicotine addiction.

The United States Preventive Services Task Force (USPSTF) bases its recommendations on high quality, peer-reviewed research. This rigor is important to ensure recommendations are based on evidence and appropriately graded. However, the American Lung Association believes it would be prudent to include smaller, real world studies in its evaluation of the efficacy of cessation counseling in youth. Given the special considerations needed for pediatric clinical studies, real world evidence can provide clinicians the direction they need to treat their patients, including advising them to quit using tobacco products.

The Lung Association recommends the USPSTF review the attached articles (see Appendix A). These smaller studies that look at real world impact of cessation counseling in youth show increased abstinence from tobacco products compared to no intervention. More research would

help refine the results, including which counseling strategies are most effective in helping some kids quit tobacco.

The Lung Association further recommends USPSTF separate the recommendations for youth cessation pharmacotherapy and youth cessation counseling. There is different evidence of efficacy of both types of treatments and should be graded as such. While cessation counseling is not a silver bullet, it has shown effectiveness in helping youth quit using tobacco products. Additionally, these programs have not found any adverse effects on youth. The Lung Association believes tobacco cessation counseling should receive a "B" grade rather than the "I" based upon additional evidence.

Definitions

Lastly, the Lung Association encourages the USPSTF to redefine school-aged children and adolescents to be consistent with other USPSTF recommendations and FDA pharmacotherapy approvals. Currently, the Task Force defines school-aged children and adolescents as individuals aged 18 and younger. This definition contradicts the current USPSTF adult cessation recommendation, *Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions*. The adult recommendation is for adults, aged 18 and older. As currently drafted, 18-year-olds have two conflicting recommendations. Based on the evidence and the FDA approvals, the Lung Association encourages USPSTF to redefine school-aged children and adolescents to be those under 18.

Conclusion

Tobacco use among youth is currently at epidemic levels. More research is needed to fully understand what treatments are effective in helping youth quit. In the meantime, clinicians and public health officials need to know what treatments are effective for this population. The American Lung Association appreciates the opportunity to provide comments on this draft recommendation.

Sincerely,

Deborah P. Brown
Chief Mission Officer

[1] Sharapova S, Reyes-Guzman C, Singh T, et al. Age of tobacco use initiation and association with current use and nicotine dependence among US middle and high school students, 2014–2016. Tobacco Control Published Online First: 29 November 2018. doi: 10.1136/tobaccocontrol-2018-054593

[2] Chen, X., Damaj, M.I., Kendler, K.S., & Myers, J. 2013. "Early Smoking Onset and Risk for Subsequent Nicotine Dependence: a Monozygotic Co-Twin Control Study." *The American Journal of Psychiatry*, 170(4): 408-13.

[3] Gentzke AS, Creamer M, Cullen KA, et al. Vital Signs: Tobacco Product Use Among Middle and High School Students — United States, 2011–2018. MMWR Morb Mortal Wkly Rep 2019;68:157–164. DOI: http://dx.doi.org/10.15585/mmwr.mm6806e1

[4] US Department of Health and Human Services. Surgeon General's advisory on e-cigarette use among youth. Washington, DC: US Department of Health and Human Services, Office of the Surgeon General; 2018. https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf

Appendix A

Curtis J, Zhang C, McGuigan B, Pavel-Wood E, Morell R, Ward PB, Watkins A and Lappin J (2018) y-QUIT: Smoking Prevalence, Engagement, and Effectiveness of an Individualized Smoking Cessation Intervention in Youth With Severe Mental Illness. Front. Psychiatry 9:683. doi: 10.3389/fpsyt.2018.00683

Harvey, J., & Chadi, N. (2016). Strategies to promote smoking cessation among adolescents. Paediatrics & child health, 21(4), 201–208. doi:10.1093/pch/21.4.201

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Morean, M. E., Kong, G., Camenga, D. R., Cavallo, D. A., Carroll, K. M., Pittman, B., & Krishnan-Sarin, S. (2015). Contingency management improves smoking cessation treatment outcomes among highly impulsive adolescent smokers relative to cognitive behavioral therapy. *Addictive behaviors*, *42*, 86–90. doi:10.1016/j.addbeh.2014.11.009

Mermelstein R. Teen smoking cessation. Tobacco Control 2003;12:i25-i34. Accessed at: https://tobaccocontrol.bmj.com/content/12/suppl_1/i25

Stanton A, Grimshaw G. Tobacco cessation interventions for young people. Aug 23, 2013. Accessed at: https://www.ncbi.nlm.nih.gov/pubmed/23975659