Proposal to address Teenage Smoking Social Environment

ASSESSMENT

Definition of the Public Health Problem/Issue

(Why is it an issue/problem?)

Teenagers are often referred to as the future of our tomorrow." Here is a thought to consider about our future. From a 2009 survey conducted by the CDC, 1 out of every 5 high school students smoke cigarettes. Teenage smoking is a public health problem because there will be no future if this is kept up. Teenage smoking is a dangerous problem that has to be stopped. Teenagers that smoke are at risk for developing an array of health disorders such as poor lung growth and function, respiratory illness, gum disease, hearing loss, blood vessel disease, cancers, and diabetes. In addition to potential health problems, they are also likely to develop many types of addictive habits and harmful behaviors such as an addiction to nicotine, aggressiveness, depression, and suicide. The combined health issues and harmful behaviors are killing off 20% of our high school students. If this problem is not stopped, our country's teenagers, who could growing up to be doctors, teachers, and lawyers, all fall under the mighty hand of smoking. One last food for thought, "Each day, nearly 4,000 kids under the age of 18 try their first cigarette and another 1,000 become regular, daily smokers. About one third of these kids will die prematurely from a smoking-related disease."

Tackling the problem of Teenage smoking are many programs, agencies, and laws, which seek to remove the grip smoking can have on many adolescents. One of which is the Office Of Smoking and Health (OSH). The OSH is a subdivision of the Center for Disease Control (CDC) and is the lead federal agency for comprehensive tobacco prevention and control. As the lead federal agency for comprehensive tobacco prevention and control, they develop, conduct, and support strategic efforts to protect the public's health from the harmful effects of tobacco use. On OSH's website, their first goal listed under their "Vision, Mission, and Goals" section is to, "Prevent initiation of tobacco use among youth and young adults."

OSH has a staff of about 145 people and an annual budget of approximately $100 million. To achieve this mission, they fund health departments in all 50 states, the District of Columbia, and seven U.S. territories for comprehensive tobacco prevention and control. Funded programs focus on tobacco use prevention, cessation, smoke-free environments, and tobacco-related disparities. To achieve impact, OSH works collaboratively with state and national partners and networks in providing strategic leadership, a solid science base, and technical assistance to advance evidence-based interventions at the state and local levels. They do not stop there, to address the worldwide epidemic of disease and death caused by tobacco, OSH works with international partners to expand the global science base through surveillance and research; build capacity for data collection, analysis and reporting; and assist with linking surveillance data to tobacco control efforts.

Most young people who smoke regularly are already addicted to nicotine. In fact, they have the same kind of addiction as adult smokers. One research group studied regular smokers during high school and after graduation. While they were in high school, only 5% thought they would still be smoking in 5 years. But 7 to 9 years later, 63% were still smoking. Here is the problem: The American Lung Association analyzed a CDC survey from 2008. Looking at adults who were regular smokers, they found 85% started smoking regularly at age 21 or younger. And 68% started at age 18 or younger. Here are some more numbers about teenage and high school smokers:

- Nationwide, about 26% of high school students reported using some type of tobacco (cigarette, cigar, pipe, bidi, kretek, or smokeless tobacco) on at least 1 of the 30 days before the survey.
- On average, about 1 out of 5 students (20%) smoked cigarettes. Girls were almost as likely to smoke as boys. White students (23%) were more likely to smoke than black (10%), or Hispanic/Latino (18%) students.
- About 14% of high school students had smoked cigars in the last 30 days. Male students (19%) were more likely to smoke cigars than female students (9%).
- About 9% of high school students reported using spit or other smokeless tobacco at least once in the 30 days before the survey. About 15% of all the boys and more than 2% of all the girls surveyed had used some form of smokeless tobacco.
- In a 2007 survey, 61% of all the high school students who reported that they smoked or had smoked in the past had tried to quit at least once during the year before, but only 12% were successful.
- Other tobacco use among high school students included pipes (about 2%), bidis (about 2%), and kreteks (about 1%).

Description of Successful Programs/ Interventions

(What makes them successful?)

There is a program that the Community Guide has been working on. It is called, "Restricting Minor's Access to Tabacco Products: Community Mobilization with Additional Interventions" These are community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products and mobilizing community support for additional efforts to reduce that access. Their programs task force rated the program a success. They summarized their success as such, "The Community Preventive Services Task Force recommends community mobilization combined with additional interventions —such as stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement—on the basis of sufficient evidence of effectiveness in reducing youth tobacco use and access to tobacco products from commercial sources." The Task force found that nine studies qualified for the review. Here are the results:

- Self-reported tobacco use among youths over follow-up periods of 24-48 months: median decrease of 5.8 percentage points (4 studies)

- Retail tobacco sales to youth: median decrease of 33.5 percentage points (9 studies)
- The evaluated interventions either encouraged or were coordinated with additional interventions, such as:
    - Stronger restrictions on retailer sales of tobacco products
    - Restrictions directed at youth purchase, possession, or use
    - Active enforcement of tobacco sales laws
    - Retailer education interventions (with or without reinforcement).
- Educational components included:
    - community-wide assessments of compliance by tobacco retailers—with dissemination of the results through mass media events and news coverage
    - Presentations to civic groups and local governments.
- Community and school meetings and activities, as well as direct contact with local governments through testimony, petitions, letters, and phone calls, also occurred.
- Interventions were conducted in a variety of settings and populations, including urban, suburban, and rural communities in the United States and Australia. In the United States, interventions were implemented in communities that included predominantly African-American, Hispanic or white populations.

Identified barriers to program success

(What caused some programs to fail, or deter their success?)

There is another program the Community Guide had been working on that was not successful like the previous program described. This program was called, "Retailer Education Without Reinforcement." The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of retailer education without reinforcement when implemented alone in reducing minors' access to tobacco because of the small number of qualifying studies, and lack of measurement of youth tobacco use or purchase behaviors. Out of the systemic review, only three studies qualified for the review. The three reviewed studies evaluated mailed educational messages or a combination of mailed messages and face-to-face encounters. None of the studies provided measurements of youth tobacco use or purchase behaviors. These findings were based on a systematic review of all available studies, conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice and policy related to tobacco use. An economic review of this intervention was not conducted because the Task Force found insufficient evidence to determine its effectiveness.

Barriers that may not be mentioned that may have caused some programs to not work are failure to comply with the task forces objective, improper documentation of

findings since there was so little participation, and an insufficient way to collect data. Without reinforcement is a terrible way to go about this study. Retailers do not have to worry about actually following through with the designed program and in return, no accurate data can be collected.

PROGRAM PROPOSAL

Specific Problem to be Addressed

How does smoking affect our teenagers? What is smoking doing to the population of the future? It appears that choosing to smoke is a decision; a behavioral decision. Addressing smoking on a social environmental level would to address how smoking affects a population. The problem that I would like to address is retailer responsibility for letting minors purchase tobacco products and teenager education of second hand smoking.

Target Population

The target population for my proposed interventions will reach many people: parents, teenagers, retailers (Mainly Retailers), and store owners. Parents are part of the target population because they are the parents of teenagers. Parents have direct and day to day influence on their kids. On top of that, teenagers look up to their parents and parents know that. If a parent sees their child struggling with something because of their behavior, it will cause them to stop and in return help their child. Teenagers are part of the target population because they are the center of the specific problem. One hopes for a future to be bright and full life. If teenagers are our future we want to make it so they have a chance to live a bright and full life without the possibility of preventing this. Retailers and store owners are part of the target population because they need to cooperate and allow camera's in their store to check consumer activities in their store. This may not be an agreeable idea however, it will help keep stores and teenagers out of trouble with the law.

Proposed Interventions

Intervention #1 (educational, policy or environmental)

My first intervention would be a policy of the state to randomly check cameras in stores that sell tobacco to ensure cigarettes are not being sold to minors. Where do people go to buy cigarettes? The store is. Therefore, this should be the first barrier in preventing minors from buying cigarettes. Retailers already have scheduled audits performed by the state, or in some case the federal government, to ensure a business is running correctly. However, most of these audits do not happen often enough and many stores illegally sell cigarettes to minors. My proposed intervention is to make retailers set up camera's in their shop that must be reviewed by the state on a weekly basis to ensure minors are not

purchasing tobacco. Cameras will be placed near items that require an age limit and at the register so that a good visual of the buyers face and I.D. can be taken. Although this may be expensive, it is money worth investing in to save our future. It would be better to pay for these security measures than the amount of money spent on the harmful effects smoking can cause.

Intervention #2 (educational, policy or environmental)

Second hand smoking interventions should without a doubt be a community effort. With extra-curricular activities as the vehicle, parents and coaches of after school programs should collaborate and drive home the importance of teenager awareness of second hand smoking. The intervention that I would suggest is for coaches to teach and educate their teenagers on the effects of second hand smoking. At the teenager age, extra-curricular activities are very important in their lives. From basketball to violin lessons, teaching is at its height when combined with something fun. After coaches/instructors teach the teenagers, they should require the teenagers to bring a one page, easy to do homework assignment that must be signed by their parents. Parental signature for completed work will show that their kids are educated on the topic. This hopefully could spark constructive household conversations on smoking further educating the kids. When students come into school the next day, their work must be turned in to whoever leads their extra-curricular program. Failure to complete work should result in some sort of punishment to further drive the importance of doing the right thing.

Healthy People Objective(s)

Reduce cigarette smoking by Adults (Objective 27–1a)
Baseline: 24% (1998)
2010 Objective: 12% adults

Reduce use of tobacco products Adolescents by adolescents (in the past month)(27–2a)
Baseline: 40% (1999)
2010 Objective: 21%

Increase (delay) the average age of first tobacco use by adolescents (aged 12–17 years) (27– 4a)
Baseline: 12 years old (1997)
2010 Objective: 14 years old

Among adolescents in grades 9–12, increase the percentage of ever-daily smokers who try to quit (27–7)
Baseline: 76% (1999)
2010 Objective: 84%

Reduce the number of states that have laws preempting stronger tobacco control (in the areas of clean indoor air, minors' access laws, or marketing) (27–19)

Baseline: 30 states (1988)
2010 Objective: 0 states

Increase the proportion of smoke-free and tobacco-free middle, junior high, and senior high schools (27–11)
Baseline: 37% (1994)
2010 Objective: 100%

Among children aged _6 years, reduce the proportion of children who live in homes in which someone smokes inside the house 4 days per week (27–9)
Baseline: 27% (1994)
2010 Objective: 10%

Data Collection Plan

To fully know the extent to which a program is working, one must collect data. Data collected must also be contrasted and compared to ensure success or failure. The first interventions described earlier will be calculated by state officials reviewing recorded videos of stores along with store staffs and owners. This way, not only will a store owner take responsibility of violating the law, but so will the workers. This data collection method could possibly be quite expensive and time consuming. The state will have to add newly appointed jobs to carry out this function.

The second intervention that was described in the previous section will have its data collected by gathering statistics on reduction of smoking in schools (particularly high schools/grades 9-12). This is a fairly cost-friendly way to reduce smoking and increase the age of smoking. Not only that, but cause parents to decide to quit smoking as well. As peers look up to their athletes and upper classmates, then smoking could be termed as "not cool." Adding to this idea, kids will look up to their parents who will also give up smoking or the kids will realize that their parents do not smoke either.

The Center for Disease Control has conducted many surveys over the years in relation to the progress of eliminating smoking. The CDC has studied many populations, genders, and races and compiled data concerning their results. The CDC's goal is to reduce smoking across the board. Realizing that not everyone will be smoke free in their life, the CDC has also aimed to increase the age of a new smoking to help reduce the addiction and damage to the human body. Here is a site of their findings and statistics from previous years, as well as some of the goals they wish to accomplish: http://wonder.cdc.gov/scripts/broker.exe

SUMMARY

Major Assessment Findings

By setting up cameras and having state officials review them with a retailer's staff, minor access to cigarettes have dropped tremendously. Retailer education has also improved which was not an intended aim of the intervention but definitely a great side

effect. It must be noted that teenagers heard word in the community not to go to the store with the cameras. Some other stores around the neighborhood, who were not part of the study, received random audits and some got in trouble for selling to minors. Their fines turned out to be slightly more than the cost of setting up camera's and state officials to come and review the recordings.

As for teaching and educating students in their extra-curricular activities, it was found that those students had a less likely chance to be influenced by peers and smoke cigarettes. Also, upon interviewing the coaches and after school instructors, there was a high success rate in the amount of homework sheets handed in by the students. Many parents even called and liked what the program was doing. There were some parents who ignored the object of what the intervention was doing and saw it as offensive to the household. It should be noted that not all students participate in extra-curricular activities. These students were somewhat effected by the students that were in after school sports or programs.

Two Proposed Interventions

The two proposed interventions are all about to simply stop adolescents from smoking cigarettes. First by preventing them from buying cigarettes in a indirect manner (coming down on retailers), and second by educating their mind on the dangers of smoking and having parental discipline to back this up. If the decision and the act of buying cigarettes are caught early on, then teenage smoking will decline across the globe.

An unfortunate side effect of these proposed interventions are cooperation and financial cost. It is hoped that many non-profit organizations and the state can help make the first intervention less costly. The cost of the intervention is the only thing standing in the way from making it a policy. As statistical data is collected over the years, hopefully the state and federal government will see how well the interventions are working and make necessary permanent changes to retailers and schools to help make teenage smoking cessation a real possibility as well as help fund these necessary programs.

Sources

http://www.cancer.org/cancer/cancercauses/tobaccocancer/childandteentobaccouse/child-and-teen-tobacco-use-toc
American Cancer Society. *Child and Teen Tobacco Use*. Nov. 2012

http://www.cdc.gov/tobacco/osh/mission_vision/index.htm
Center For Disease Control and Prevention. Smoke and Tobacco Use. Sept. 2010