

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on primary care interventions for prevention and cessation of tobacco use in children and teens. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from June 25, 2019, to July 22, 2019. The Task Force welcomes your comments.

Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Teens

The Task Force issued a **draft recommendation statement** on *Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents*. Based on its review of the evidence, the Task Force recommends that clinicians provide interventions,

including education or brief counseling, to all school-aged children and teens to prevent tobacco use. There isn't enough evidence on how clinicians can best help youth who already use tobacco to quit.

What is tobacco use? | Tobacco use commonly includes smoking cigarettes and vaping e-cigarettes.

Facts About Tobacco Use

Tobacco use is the leading cause of preventable death in the United States. Nearly 90 percent of smokers try their first cigarette before they are 18 years old. As a result, it is critical to prevent youth from starting to use tobacco. It is also important to help youth who already use tobacco to quit.

Tobacco use most commonly includes smoking cigarettes and vaping e-cigarettes. While smoking has gone down among youth, vaping has greatly increased. Vaping is now more common among youth than cigarette smoking. More than 1 million high school students used cigarettes in 2018, but more than 3 million used e-cigarettes in that same year.

Potential Benefits and Harms of Primary Care Interventions for Prevention of Tobacco Use in Children and Teens

The Task Force reviewed the evidence on benefits and harms of interventions to prevent tobacco use in children and teens. The Task Force found that there are many effective interventions that doctors can use to keep children and teens from starting to use tobacco, including counseling and education that can be delivered in person, by phone, through a computer, or in print materials. Counseling is when a clinician and patient have a discussion; education is when a clinician provides a patient with information. These interventions can be aimed at youth, parents, or both. The evidence does not show that one type or combination of interventions works better than any other. The Task Force found no major harms of interventions to prevent smoking reported in studies.

Potential Benefits and Harms of Primary Care Interventions for Cessation of Tobacco Use in Children and Teens

The Task Force also looked at the evidence on interventions to help children and teens who are already using tobacco to quit. It reviewed studies on both counseling/education and medications. The Task Force found that studies do not point to effective ways for clinicians to help youth quit using tobacco. The Task Force is calling for more research on this.

The Draft Recommendations on Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Teens: What Do They Mean?

Here are the Task Force's draft recommendations on primary care interventions for prevention and cessation of tobacco use in children and teens. They are based on the quality and strength of the evidence about the potential benefits and harms of interventions for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **B Grade**, it recommends an intervention because it has more potential benefits than harms. An **I Statement** means that there is not enough evidence to recommend for or against an intervention.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

1 The USPSTF recommends that *primary care clinicians* provide interventions, including education or brief counseling, to prevent *initiation of tobacco use* among *school-aged children and adolescents*. (**B Grade**)

2 The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of *primary care feasible interventions* for the *cessation of tobacco use* among school-aged children and adolescents. (**I Statement**)

Notes

1 *primary care clinician*
A doctor or nurse you go to for common health needs.

initiation of
Starting to use.

tobacco use
Using tobacco products including smoking cigarettes and vaping e-cigarettes.

school-aged children and adolescents
Elementary-, middle-, and high school-aged children.

2 *current evidence is insufficient*
The Task Force did not find enough information to make a recommendation for or against interventions to help youth quit smoking.

primary care feasible interventions
Interventions that can be implemented by primary care clinicians.

cessation of tobacco use
Quit using tobacco products.


What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Preventing Tobacco Use

-  **Youth Tobacco Prevention**
(Centers for Disease Control and Prevention)
-  **You(th) and Tobacco**
(Centers for Disease Control and Prevention)
-  **Talking With Teens About Tobacco**
(Office of Adolescent Health, U.S. Department of Health and Human Services)
-  **Talk to Your Kids About Tobacco, Alcohol, and Drugs**
(healthfinder.gov)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between June 25, 2019 and July 22, 2019.



All comments will be considered for use in writing final recommendations.