



January 7, 2013

Dr. Robert Cosby
c/o USPSTF
540 Gaither Road
Rockville, MD 20850

Dear Dr. Cosby and the U.S. Preventive Services Task Force:

The American Lung Association appreciates the opportunity to comment on the U.S. Preventive Services Task Force's (USPSTF) Draft Recommendation Statement "Interventions to Prevent Tobacco Use in Children and Adolescents." Tobacco use is the leading cause of preventable death in this country¹ and 90 percent of adult smokers begin by the age of 18.² Addressing tobacco initiation in adolescence is key to combatting the deadly toll tobacco takes on the American people.

Tobacco use is the leading preventable cause of death in the United States, killing more than 400,000 Americans and costing the nation \$96 billion in health care expenses and \$97 billion in lost productivity each year. Tobacco use is a pediatric disease, as almost 90 percent of smokers start before their 18th birthday, a one-third of whom will ultimately succumb to a tobacco-caused disease. Greater interventions from clinicians and similar strategies aimed at youth prevention and cessation are necessary.

The American Lung Association supports an A or B grade from the USPSTF's to "clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents." While additional research is needed, it is critical that adolescents receive consistent messages from multiple sources about the dangers of tobacco use. The primary care setting is an excellent opportunity to deliver a prevention message and, for youth that have already begun experimenting with tobacco use, a referral to evidence-based adolescent smoking cessation services such as the American Lung Association's *Not-On-Tobacco*[®] (N-O-T) program.

The Lung Association recognizes that high-quality research trials need to be conducted to provide strong evidence of the effectiveness of primary care tobacco prevention interventions. Because of the time limitations inherent in the primary care setting, the Lung Association suggests that research be conducted examining the effectiveness of linking brief counseling by a health care provider with community-based tobacco prevention and cessation programs. In addition, standardized measures of

¹ http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Tobacco_AAG_2011_508.pdf

² U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 2012.

how current, former and never-smokers are classified will help to ensure data is comparable across trials and enhance researchers' ability to determine which approaches are most effective. The Lung Association also hopes that future research trials will pay close attention to the new and novel tobacco products now entering the market and tempting young people to begin a lifetime of addiction.

The American Lung Association also requests that tobacco prevention interventions be examined separately from tobacco cessation interventions. Evidence has shown that adolescents can become addicted after having consumed as few as 100 cigarettes.³ The messages required to help an adolescent overcome his or her addiction are considerably different from those intended to help someone avoid that addiction in the first place. Overcoming a nicotine addiction is difficult even for an adolescent smoker and more intensive interventions are likely necessary for the purposes of cessation than for prevention.

The American Lung Association wishes to thank the USPSTF for its attention to this important issue and looks forward to working with its partners at the local, state and national levels to reduce adolescent tobacco use in the United States. With the new requirements of A or B grades as part of the Affordable Care Act, a "A" or "B" from the USPSTF will help to ensure tobacco prevention interventions reach more adolescents, fewer young people begin a lifetime of addiction and more Americans live longer, healthier lives.

Sincerely,



Norman Edelman, MD
Chief Medical Officer
American Lung Association Nat'l Headquarters



Bill Blatt, MPH
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American Lung Association Nat'l Headquarters

³American Legacy Foundation. 2000. National Youth Tobacco Survey. 2001.