Quitting Sooner: A New Climate for Tobacco Cessation

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Helping teenagers quit smoking has not exactly been a public health priority. Rebellious teenagers are sometimes (unfairly) regarded as temporary lost causes, and when it comes to addressing tobacco and youth, prevention is clearly more logical and cost-effective. Nevertheless, roughly one quarter of Canadian teenagers are hooked on cigarettes, so health professionals and health departments have an obligation to invest in cessation for youth. When people start smoking, they are usually too young to make informed decisions; thus they deserve every opportunity to quit before the addiction grabs them for life. Since quitting takes practice, why not convince people to start quitting sooner?

We need to find more creative ways of drawing people to the quitting challenge because efforts have been disappointing to date. But the tobacco climate has changed in North America. Smoke-free by-laws, legal cases against the tobacco industry, and school-property bans on smoking have created a fertile environment for more rigorous cessation initiatives. It is folly to make any assumptions regarding youth smoking. Florida’s youth-directed “truth” campaign, a bold experiment, changed society’s outlook on a “normalized” drug in just a few years.1 Brash pilot strategies will help the next community taking on the challenge.

Unfortunately, there has been insufficient Canadian research on cessation alternatives that are acceptable to youth. That is why Kelli-an G. Lawrance’s article in this issue of the *Canadian Journal of Public Health*, “Adolescent Smokers’ Preferred Smoking Cessation Methods,”2 is particularly timely and important. Rather than presume what teens need, this Brock University study simply asks them what they want.

Lawrance concludes that what youth smokers want (other than those who want nothing at all) are quit-contracts with friends, interventions for groups of friends, and self-help interventions offered as part of a school-wide contest with prizes. Very few teen smokers say they support group programs, nicotine replacement therapies and web-based programs. They prefer December or January as the months to quit, and although an explanation for this was not pursued, presumably it is because teens often have no choice but to smoke outside. Such a finding supports the case for more Canadian research, as data from warm-weather California are not always relevant. The idea of quit-contracts with friends should be explored further, as they turn the notion of peer pressure on its head. Quitting contests have been embraced by adults and shown to be successful. (Who does not like prizes?) Whether youth can sustain their abstinence after the prize is won is another matter altogether.

In Ottawa, Public Health has been focusing on tobacco protection, implementing 100% smoke-free workplaces and public places such as restaurants, bars and bowling alleys. Protection is the third prong of tobacco control that also includes cessation and prevention. It is becoming increasingly clear that success in one approach helps the others operate better. A new Finnish study found that smoking bans in workplaces significantly reduce the number of adult smokers, and those who continue to smoke consume fewer cigarettes.3 A recent independently conducted opinion poll found that 69% of ex-smokers in Ottawa supported the new smoke-free regulations in public places, compared to 27% of current smokers, meaning cessation efforts help protection campaigns.4 Because youth regard smoking as a legitimate adult activity to which they can aspire, legislating smoke-free adult spaces such as bars no doubt gives a boost to prevention efforts. The recent drop in the rate of new youth smokers in the United States (down by one third in two years)5 has been attributed to higher cigarette prices and a cultural shift brought on by hard-hitting anti-smoking ad campaigns and smoke-free restaurants. Canada, too, has seen a decrease in smoking among 15 to 19-year-olds from 28% in 1999 to 25% in 2000.6

The costs of smoking are really too great to ignore. As Murray Finkelstein’s article in this issue7 examines, smoking (and obesity) cost taxpayers vast amounts of money for physicians’ services, altogether about $275 million a year in Ontario.

In truth, the human costs of tobacco are far more sinister than any financial considerations. A lag time of 30 years between smoking initiation and onset of symptoms means that people who start smoking in their teens risk dying of lung cancer far too young, before their own children have graduated from high school.

That we even need to discuss tobacco cessation for adolescents indicates real problems that should be addressed quickly. The goal is to make cessation exciting and convenient for teens. Smoking, on the other hand, should be a hassle, and as unacceptable as sticking a heroin needle into one’s arm. The ease with which teens
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L’aide aux fumeurs adolescents n’est pas exactement une priorité de santé publique. Dans la lutte contre le tabagisme chez les jeunes, on considère parfois (à tort) que les adolescents rebelle comme des causes per- dues, du moins jusqu’à l’âge adulte, même si la prévention représente clairement la méthode la plus logique et la plus rentable. On oublie cependant qu’à peu près le quart des adolescents canadiens ont une addiction. Les professionnels et les services de santé ont l’obligation d’investir des ressources pour amener ces jeunes à renoncer au tabac. Lorsqu’on se met à fumer, on est d’habitude trop jeune pour le faire en toute connaissance de cause; il faut donc offrir aux jeunes toutes les occasions possibles d’arrêter avant qu’ils ne deviennent dépendants pour le reste de leur vie. Pour arrêter de fumer, il faut s’y prendre à plusieurs re- prises. Pourquoi donc ne pas convaincre les jeunes de commencer dès maintenant?

Nous devons trouver des façons imaginatives de persuader les gens de relever le défi et de cesser de fumer, car nos efforts jusqu’à maintenant ont été décevants. Mais la tolérance envers la cigarette commence à s’effriter en Amérique du Nord. Les réglemen- tations anti-tabac municipaux, les poursuites contre l’industrie et l’interdiction de fumer dans les écoles ouvrent la voie à des initiatives de renoncement au tabac encore plus strictes. Il est indispensable de prendre quoi que ce soit pour acquis lorsqu’il s’agit des jeunes fumeurs. En Floride, une campagne axée sur les jeunes – une tentative audaceuse de leur dire « la vérité » – a changé en quelques années les perspectives à l’égard d’une drogue autrefois socialement acceptée.1 Il nous faut des stratégies pilotes qui ont de la « poigne ». Tant pis si elles échouent; au moins, nous aurons appris des choses qui aideront la prochaine collectivité à relever le défi.

Malheureusement, on n’a pas fait assez d’études au Canada sur les méthodes de renoncement au tabac, qui auraient été prises grâce auprès des jeunes. C’est pourquoi l’article de Kelli-an G. Lawrance dans le présent numéro de la Revue canadienne de santé publique, « Adolescent Smokers’ Preferred Smoking Cessation Methods, » est très important et à propos. Cette étude de l’Université Brock demande simplement aux jeunes de s’occuper de leur santé et de décider à leur place.

Mme Lawrance conclut qu’à part ceux qui ne veulent rien du tout, les jeunes fumeurs préfèrent les pactes de renoncement entre amis, les interventions auprès de groupes d’amis et les mesures d’auto- assistance qui s’inscrivent dans un concours scolaire avec récompenses à la clé. Rares sont les fumeurs adolescents qui se disent en faveur des groupes de soutien, des traitements de remplacement de la nicotine et des programmes sur Internet. Par ailleurs, c’est en décembre ou en jan- vier qu’ils préfèrent cesser de fumer. On n’a pas cherché à expliquer pourquoi, mais il est permis de supposer que c’est parce que les adolescents n’ont souvent pas l’autorité de de décider de décoller.

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1. see www.thetruth.com

REFERENCES