

Addiction Exchange

News from the worlds of clinical practice and research

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. This issue of *Addiction Exchange* is the second of two examining **Tobacco Dependence and Cessation in Children and Adolescents**, written by guest author **Thomas Eissenberg, Ph.D.**, Assistant Professor, Department of Psychology and Institute for Drug and Alcohol Studies at Virginia Commonwealth University. The first issue described evidence that children who use tobacco can become dependent on it. This issue discusses what we know about treating children and adolescents who use tobacco.

In 1998 approximately 35% of US high school students had smoked cigarettes in the last 30 days. Many of these children would like to quit: CDC survey data suggest that one-half of all smokers have tried quitting by the time they are 17. About 10% are able to quit on their own while nearly 40% are interested in treatment to help them quit. In adults, the most effective treatments for tobacco dependence combine psychosocial treatment with pharmacotherapy such as the nicotine patch or gum (which are available "over the counter"). Psychosocial treatment helps patients deal with a variety of issues such as tobacco use "triggers" and cravings. Pharmacotherapies like the various nicotine replacement products suppress withdrawal symptoms such as irritability and restlessness. While these approaches are known to be effective for adults, there are very few studies investigating their efficacy for adolescents.

Recent literature reviews reveal that a variety of approaches have been used to treat tobacco use (mainly cigarette smoking) in adolescents. For example, one purely psychosocial intervention included 91 16-18 year olds who smoked, on average, 12 cigarettes per day. These patients participated in a 6-session, manual-based treatment program that compared the one-month smoking cessation rates of peer-led (n = 30), adult-led (n = 31), and no treatment control (n = 32) groups (Prince, 1995). Among other content areas, the treatment program provided smokers with the negative consequences of smoking, tips for quitting, and coping techniques. At follow-up, 18.1% of the patients reported that they had quit smoking, with significant reductions in smoking seen in the adult- and peer-led groups, as compared to the no-treatment control group. In contrast to this psychosocial approach, another study examined the effect of pharmacotherapy with minimal behavioral intervention (Hurt et al., 2000). In that study, 101 13-17 year olds who smoked, on average, 20 cigarettes per day were treated with a typical 6-week nicotine patch regimen along with a brief individualized statement about smoking cessation and self-help material from the package insert; patients could also receive a 10-15 minute counseling session upon request. Results showed a 5% objectively-verified abstinence rate at 6 month follow-up. Importantly, there were no unanticipated adverse events associated with patch treatment. Other studies have used different approaches, including contingency-based treatment, cognitive-behavioral coping strategies, and a social influences model. Overall, reviews of all reported tobacco use treatments for adolescents suggest some success, with cessation rates at the end of the treatment period averaging about 21% and cessation rates at 3-6 month follow-up averaging about 13%.

These and other studies of adolescent tobacco use treatments highlight five important points for addiction specialists interested in helping adolescents and children quit using tobacco:

- 1) There is a growing awareness of the importance of providing treatment for adolescent tobacco users.
- 2) There are many potentially helpful treatment approaches from which to choose.
- 3) Psychosocial programs alone may have some efficacy.
- 4) Used on the advice of a physician, nicotine replacement medication may be safe for adolescent tobacco users while their efficacy for this population remains unproven.
- 5) Extrapolating from adults, combining psychosocial and pharmacologic treatments may optimize efficacy.

Many adolescents and children who use tobacco want and need treatment to help them quit. The absence of any single accepted treatment approach suggests that the most effective strategy is still awaiting development. Development of that strategy likely depends upon the effective collaboration of clinicians, scientists, educators, and administrators in the area of addictions.

Sources

Moolchan E.T., Ernst, M. and Henningfield, J.E. (2000). A review of tobacco smoking in adolescents: treatment implications. *Journal of the Academy of Child and Adolescent Psychiatry*. 39, 682-693.

Sussman, S., Lichtman K., Ritt, A., and Pallonen U.E. (1999). Effects of thirty-four adolescent tobacco use cessation and prevention trials on regular users of tobacco products. *Substance Use and Misuse*. 34, 1469-1503.

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