Reduce Youth Smoking By Treating It Like Other Addictions

By Gil Ross — November 6, 2015

Jessica L. Muilenburg, Ph.D., an Associate Professor in the Department of Health Promotion and Behavior, University of Georgia, in Athens GA, investigated how well adolescent and youth counselors were doing at helping teens and young adults deal with addiction to tobacco. Her results were cause for serious concern.

Rather than treating youth smoking the same way counselors would alcoholism or drug addiction, it was more like the equivalent of preaching abstinence instead of making protected sex possible.

The study, "Substance Use Disorder Counselors' Reports of Tobacco Cessation Services Availability, Implementation, and Tobacco-related Knowledge," was published in the Journal of Adolescent Health. Dr. Muilenburg and her team polled sixty-three substance use disorder counselors working at twenty-two adolescent-only treatment programs nationwide. They sought information on what methods were used to help younger smoking patients (as well as the fewer hooked on smokeless tobacco) get off of their abused "drug" (in this case, the culprit substance was nicotine, although the real locus of smoking's deadly hold is much more complex).

They found that a few counselors in these adolescent-only substance abuse treatment centers actually implemented some sort of tobacco cessation treatments. And though a majority of these counselors had the knowledge to implement tobacco cessation treatments, and the ability to prescribe medications (so they could make possible anything from nicotine e-cigarettes to nicotine patches to nicotine gums to reduce craving) they don't typically do so for their adolescent patients. They just talked about smoking less.

The findings are disappointing, to say the least, as the long-term addiction to smoking begins in adolescence about 90 percent of the time so it is vital that youth be given every opportunity to quit early. The toll on life and health from smoking far exceeds that of other substances, like alcohol and drugs, yet those are treated more seriously than smoking, with almost any effort encouraged to reduce addiction.

Aside from evidence-based pharmacotherapies, which are used much too infrequently, the counselors even under-utilize behavioral methods. From the authors' conclusion: "more behavioral treatments should be made available in substance use disorder treatment programs considering
that they are the main treatment recommendation for adolescents."

It is easy to guess why tobacco-control and cessation counseling gets short shrift from professional counselors: higher-profile substances of abuse, such as opiates, hallucinogens, amphetamine-related "energy" boosters, and narcotics get far less personal blame than smoking does. Alcohol counseling also is a clear priority, given its omnipresence in this age group and the consequences for the imbibers and for other bystanders such as drunk driving, "date-rape", and even health risks of sexually transmitted diseases from consensual behavior that happen under the influence of alcohol.

There is no reason why youth addiction counselors cannot be up to speed on tobacco cessation counseling, given the extent and severity of the problem for the smoker and the health care system. And while the current bevy of cessation methods are not highly effective long-term, it is possible that better cessation aids are going to be more widely available soon such as better harm reduction products and pharmaceuticals.