

July 19, 2017

David C. Grossman, M.D., M.P.H.
Chair
U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Re: Draft Research Plan for Tobacco and Nicotine Use Prevention in Children and Adolescents: Primary Care Interventions

Dear Chairperson Grossman and U.S. Preventive Services Task Force Members:

On behalf of the National Association of County and City Health Officials (NACCHO), I am writing to provide comments on the “Draft Research Plan for Tobacco and Nicotine Use Prevention in Children and Adolescents: Primary Care Interventions”. NACCHO is the leader, partner, catalyst and voice of nearly 3,000 local health departments across the country who work to develop policies and create environments that make it easier for people to be healthy and safe. One of the most significant hazards to health and wellness is tobacco use – the leading preventable cause of death, disability and disease in the United States.¹ NACCHO supports national, state, and local public health approaches that enhance local health department capacity to prevent tobacco use initiation, promote tobacco cessation, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related disparities.

NACCHO supports the implementation of the draft research plan as an important step in protecting the health of Americans, specifically children and adolescents, from the acute and chronic dangers of tobacco use. Each day, more than 3,200 young people under 18 years of age smoke their first cigarette, and more than 1,000 become daily cigarette smokers.² This is alarming because 90% of adult smokers smoked their first cigarette by age 18 and two-thirds of youth smokers become regular, daily smokers before they reach the age of 19 largely due to the addictive properties of tobacco.³

As children and adolescents become habitual smokers and continue use through adulthood there are negative implications on the future health and productivity of regular smokers and those around them alike. An estimated 88 million nonsmoking Americans, including 54% of children aged 3 to 11 years, are exposed to secondhand smoke and annually and nearly half a million people die prematurely from smoking or exposure to secondhand smoke. Another 16 million suffer from serious illness caused by smoking.^{4,5} In addition to traditional tobacco products, non-cigarette tobacco products are also growing in popularity, most notably electronic nicotine delivery systems (ENDS) and other emerging products. According to a 2013 study by the Centers for Disease Control and Prevention (CDC), the number of high-school and middle-school aged youth who had experimented with e-cigarettes had doubled from 4.7% and 1.4 %, respectively, in 2011, to 10% and 2.7% in 2013.⁶

Tobacco use is not without economic cost, as well. Smoking related death, disease and disability costs the United States more than 300 billion dollars each year from direct medical care and lost productivity-



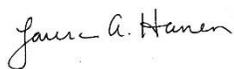
most notably among those affected by second smoke exposure.² NACCHO encourages research that identifies emerging issues and promising policies/programs that can reduce youth access and utilization of tobacco products. The USPSTF Draft Research Plan is a laudable effort to address key research questions about the relationship between primary care interventions and tobacco prevention and cessation for children and adolescents, health outcomes in adulthood, and any additional effects that may be associated with these primary care interventions.

NACCHO provides the following comments and recommendations in response to the proposed Draft Research Plan.

- NACCHO recommends removing the phrase “nicotine use” from “tobacco or nicotine use”, because the phrase “nicotine use” could also refer to or include Food and Drug Administration (FDA)-approved nicotine replacement therapies (NRTs) for children and adolescents. It does not appear as though the USPSTF is intending to review whether to counsel against nicotine use through NRTs. An option for the USPSTF would be to use definitions that exist under federal law for tobacco products and those products approved by the FDA as a drug, device, or combination product.
- The Proposed Analytic Framework diagram is unclear and perplexing. A table format may be a better format to explain this information, or readers may be better served if this path diagram is simply eliminated.
- NACCHO recommends some revisions to the order and wording to the Proposed Key Questions to Be Systematically Reviewed. There should be 4 key questions that address whether primary care interventions for youth:
 - Prevent tobacco use in youth
 - Promote youth tobacco cessation
 - Improve health outcomes (i.e. respiratory, dental, and oral health)
 - Reduce adult tobacco use
- NACCHO recommends that the first Proposed Contextual Question about the relationship between ENDS and conventional tobacco products be broadened to address all poly use of tobacco products.
- NACCHO recommends that the USPSTF review the existing research on the safety and effectiveness of the use of FDA-approved smoking cessation medications by adolescents as part of the research plan. In addition, we recommend that USPSTF include a review of the adverse effects of pharmacotherapy for adolescents in its review of adverse effects.
- The list of settings in the research plan should explicitly state that research conducted in community-, phone-, computer-, and other technology-based settings be included, as interventions in these settings are primary-care relevant or can be referred from primary care.

Thank you for your attention to these recommendations. Please contact Eli Briggs, Senior Government Affairs Director with any questions or comments at ebiggs@naccho.org or 202/507-4194.

Sincerely,



Laura A. Hanen, MPP

Interim Executive Director & Chief of Government Affairs

¹ U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking – 50 years of progress: 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.

²Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved July 18, 2017, from <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/>

³ United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2014. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. <https://doi.org/10.3886/ICPSR36361.v1> http://profiles.nlm.nih.gov/NN/B/C/F/T/_/nnbcft.pdf (pg 49)

⁴U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: 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, 2014. https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm

⁵Centers for Disease Control and Prevention. (2008). *Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000-2004*. Morbidity and Mortality Weekly Report, 57(45); 1226– 1228. 6. Department

⁶ Centers for Disease Control and Prevention. (2013). *Notes from the Field: Electronic Cigarette Use Among Middle and High School Students – United States, 2011-2012*.