Student National Medical Association
Statement on Smoking Prevention

Health Policy and Legislative Affairs Committee
Statement on Smoking Prevention

Second Revision

Originally authored in 1997 by:
Dr. Nia Banks, Former Smoking Prevention Coordinator

Revised and prepared for the 51st SNMA House of Delegates
April 1-5, 2015
New Orleans, LA

By:
Debra Dixon, HPLA Committee Co-Chairperson
Jessica Isom, HPLA Committee Co-Chairperson
Lauren D. Ausama, HPLA Position Statement Subcommittee

First Revision by:
Walter Wilson, Jr., Corrie Burke
Jason Sherer, Joseph Stringfellow, Quentin Youmans
Background

Tobacco use has a checkered history in the United States. Historically a staple of the burgeoning agrarian south, smoked tobacco has since ballooned into a massive industry. We have also become painfully aware of the dangers of exposure to cigarette smoke. From 2000 to 2004, the Center for Disease Control and Prevention (CDC) recorded an average cause-specific mortality of more than 430,000 deaths per year. During this same period smoking was correlated with approximately five million years of potential life lost (YPLL). Tobacco is also associated with cancer of the larynx, pharynx, oral cavity, esophagus, uterine cervix, pancreas, bladder, and kidney. Smoking is a major cause of coronary heart disease (CHD), causing 24% of CHD deaths. The Surgeon General has also documented that smoking increases the risk of cerebrovascular disease, chronic obstructive pulmonary disease (including emphysema), and intrauterine growth retardation. Indeed, smoking is the most preventable cause of death in our society.

Cigarette smoking in adolescence appears to arrest lung development and limit the level of maximum lung function that can be achieved. Young smokers are less likely to be physically fit than nonsmokers and more often complain of coughing spells, shortness of breath, wheezing, and phlegm production. Smoking among children and adolescents is also associated with increased levels of low-density lipoprotein, increased levels of very-low-density lipoprotein, increased triglycerides, and decreased levels of high-density lipoprotein, which are all risk factors for cardiovascular disease. Carbon monoxide (a component of tobacco smoke) has a high affinity for hemoglobin, higher than that of oxygen, and binds hemoglobin to form carboxyhemoglobin, thereby reducing the oxygen carrying capacity of the blood. Carbon monoxide also increases vascular permeability which causes edema and allows cholesterol to deposit more easily, contributing to the development of atherosclerosis. Nicotine, in addition to being addictive, acts on the adrenal glands to increase the release of catecholamines, which increases heart rate and blood pressure. These effects in combination with accelerated atherosclerosis contributes to the development of heart disease and myocardial infarctions. Smokeless tobacco, in particular, is associated with halitosis, periodontal degeneration, soft tissue lesions, and oral cancer.
Scope of the Problem

The majority of adults do not smoke. Smoking prevalence among adults decreased by three million people between 2005 and 2010. Unfortunately, the current rate of decline falls short of the goal set by the Healthy People 2020 initiative.\(^1\) Furthermore, declines in prevalence of smoking can be overshadowed by extensive smoking advertisement and the frequency of cigarette smoking on television shows and movies. It’s been demonstrated that among children, the higher the overestimation of true smoking prevalence the higher the probability that the child will become a regular smoker.\(^5\) Of current smokers, 9 out of 10 report that they would like to quit smoking.\(^3\) Three fourths of teenagers who smoke have made at least one serious attempt to quit but were unsuccessful. Teenagers and adults experience similar withdrawal symptoms when they do abstain from cigarette smoking.\(^5\)

While the general trend since 1974 has been a decrease in the number of people who smoke and an increase in the number of people who quit smoking, smoking rates increased for the first time between 1990 and 1991. The increased rate was due to an increase in smoking among Blacks and women. Since 2005, however, the trend has since turned downward.\(^1\) Among high school students, there was a spike in reported cigarette use between 1993 and 1997. As of 2009, reported cigarette use has decreased from a peak of 36% in 1997 to a nadir of 18.1% in 2011. This is only 2 percentage points above the Healthy People 2020 goal of 16% prevalence in high school students.\(^6\) These data corroborate the efficacy of interventions aimed at adolescents.

Adolescent smoking should be viewed as a part of a syndrome. Adolescents who smoke are more likely to later use alcohol and illicit drugs. They are more likely to get into fights, carry weapons, attempt suicide, and engage in high-risk sexual behaviors.\(^4\) Twenty five percent of teenage girls who smoke report using marijuana compared to 3% of teenage girls who do not smoke. A third of smoking teenage girls admit drinking to get drunk versus 4% of nonsmokers. Nearly 31% of smoking girls report being sexually active compared with 8% of nonsmokers. Teenage girl smokers also achieve lower letter grades in school.\(^3\)

There are many factors that can pressure someone to become a smoker:\(^5,7,8\) (a)children observe that their parents do not become acutely ill and die from smoking cigarettes, (b)
children learn ways to argue against or reject anti-smoking messages, (c) children learn from their parents that smoking is an adult privilege.

1. Film and Television - People watch their heroes and role-models smoke without suffering health consequences. Smoking is associated with glamour and maturity.

2. Sales Promotion - Smokers are portrayed as sexually attractive, popular, outgoing, healthy, wealthy, and independent.

3. Peer Pressure - The pressure to maintain cohesiveness and uniformity within a peer group can pressure a person to smoke. The peer group may use smoking as a way to imitate adults, take risks, or declare their independence. A nonsmoker may succumb to peer pressure in order to retain the support of the group.

4. Economics - People of lower socioeconomic groups (including children from single parent homes) have a higher rate of smoking.

On the other hand, factors that can influence someone not to smoke include:

1. Culture/ Social convention - Smoking may not be acceptable in a child’s culture, sub-culture, or peer group.

2. Religion - Several religions prohibit tobacco use, including Islam, Latter Day Saints, Seventh Day Adventists, and Hinduism.

Statement of Position and Recommendations

The Student National Medical Association (SNMA), founded in 1964 for the benefit of underrepresented minority medical students and underserved patient communities affirms the reality that tobacco-related pathology remains the most preventable disease in the United States. It is the opinion of the authors of this document that substantial improvement has been made, but there remains work to be done. As student doctors, smoking cessation will likely be a legitimate concern for many of our patients. Understanding the public as well as individual health implications of tobacco use will provide an important framework for discussion, advocacy, and compassionate care. The SNMA expresses its support of the Tobacco Use Objectives included in the Department of Health and Human Services’ Healthy People 2020 Campaign.
1. Reduce tobacco use in adults and adolescents.
2. Reduce the initiation of tobacco use among children, adolescents, and young adults.
3. Increase smoking cessation success in adult smokers
4. Increase tobacco screening and cessation counseling in health care settings.
5. Reduce the exposure to secondhand smoke by nonsmokers
6. Establish laws in the states, District of Columbia, territories, and tribes that prohibit smoking in public places and worksites.
7. Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events
8. Eliminate state laws that preempt stronger local tobacco control laws.
9. Increase the Federal and State tax on tobacco products.
10. Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion
11. Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors
References


