

Tobacco Use and Secondhand Smoke Exposure of Children and Youth with Serious Chronic Illness: Establishing an Agenda for Research and Action

Michele Bloch,¹ MD, PhD, Lynne Haverkos,² MD, MPH, and Jared B. Jobe,³ PhD

¹*Tobacco Control Research Branch, National Cancer Institute,* ²*Child Development and Behavior Branch, Center for Research for Mothers and Children, National Institute of Child Health and Human Development, and* ³*Clinical Applications and Prevention Branch, Division of Prevention and Population Sciences, National Heart, Lung, and Blood Institute, Bethesda, MD*

The United States is home to 73 million children under the age of 18 years (Federal Interagency Forum on Child and Family Statistics, 2006). In 2005, 9.3% of 8th graders, 14.9% of 10th graders, and 23.2% of 12th graders had smoked in the past month. (Johnston, O’Malley, Bachman, & Schulenberg, 2006). Between 28% and 42% of children live with one or more adults who smoke [Centers for Disease Control and Prevention (CDC), 2000; Schuster, Franke, & Pham, 2002]. These adults serve as important role models for children’s tobacco use, and are often unwittingly the source of children’s cigarettes. These adults are also a key source of children’s exposure to secondhand smoke.

Most of the nation’s children and adolescents enjoy good health—but not all. It is estimated that ~6.5 million US children (9%) have asthma, and ~176,500 people aged ≤ 20 years have diabetes (CDC, 2006). Approximately 9,500 new cases of pediatric cancer occurred in 2006; the combined 5-year survival rate for all childhood cancer is now 79% [National Cancer Institute (NCI), 2000]. Other serious chronic illnesses that occur among children and adolescents include cystic fibrosis, sickle cell disease, and juvenile rheumatoid arthritis. Tobacco use and secondhand smoke exposure are hazardous for all children. However, those with serious chronic illness face graver immediate and long-term risks, because of their medical condition, or because of the medications needed to treat that condition. Although the data are incomplete, they indicate that tobacco use and secondhand smoke exposure are far more common among medically compromised children than we have previously realized (Tyc, 2006; Tyc, Hovell, & Winickoff, 2006). Changing behavior in children with

chronic medical illnesses is challenging because of their existing treatment demands and the psychological effects of living with a chronic disease.

In October 2005, Dr Vida Tyc and colleagues at St Jude’s Children’s Research Hospital and other institutions from around the country organized the first conference to address these important issues. The 3-day working scientific conference, “Tobacco Control Strategies for Medically At-Risk Youth,” was organized to “critically evaluate the medical, psychosocial, behavioral, and public health aspects of tobacco control initiatives for youngsters with chronic medical conditions and establish an agenda for future pediatric tobacco control research.” Reflecting the importance of this topic, three Institutes of the National Institutes of Health collaborated to provide funding for this conference.

The four papers found in this miniseries are a direct result of that conference. Together, they cover the range of areas in which further research is needed and emphasize where existing knowledge warrants adoption of proven strategies. It is clear that efforts to translate research into practice will require the involvement of parents, health care providers, health care institutions, schools, communities, and the children and young people themselves.

Tobacco use and secondhand smoke exposure must be viewed in the broader context of the nation’s tobacco control and prevention efforts and the tobacco industry’s long-standing efforts to promote tobacco use. Federal District Judge Gladys Kessler presided over the US Department of Justice’s lawsuit against the leading US cigarette manufacturers, convicting them of racketeering in August 2006. In her final ruling, Judge Kessler pointed specifically to the industry’s efforts to promote smoking

All correspondence concerning this article should be addressed to Michele Bloch, MD, PhD, Tobacco Control Research Branch, National Cancer Institute, Executive Plaza North, Room 4036, 6130 Executive Boulevard, MSC 7337, Bethesda, MD 20892-7337. E-mail: blochm@mail.nih.gov

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among youth: "...they marketed and advertised their products to children under the age of eighteen and to young people between the ages of eighteen and twenty-one in order to ensure an adequate supply of 'replacement smokers,' as older ones fall by the wayside through death, illness, or cessation of smoking" (*United States of America v. Philip Morris USA, INC*, 2006).

Enormous energy and resources have been expended to help children with serious chronic illness to lead as healthy and fulfilling lives as possible. Parents and health care providers must appreciate fully the health risks of exposing medically vulnerable children to tobacco use and secondhand smoke. The articles in this series are an important step towards raising awareness and encouraging urgently needed attention to these completely preventable health hazards.

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