

Practice Perspectives

The National Association of Social Workers

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Tobacco Use Starts Early: Let's Talk About It

Many tobacco users indicate they started smoking at a very young age. According to the [American Academy of Pediatrics](#), 80 to 90 percent of adult smokers began smoking during adolescence and two-thirds became regular, daily smokers before they reached 19 years of age. In 2021, 85.8 percent of high school students and 79.2 percent of middle school students reported using a flavored e-cigarette, according to the [Centers for Disease Control and Prevention \(CDC\)](#). [E-cigarettes](#) and flavored tobacco are common among youth and young adults. In addition to e-cigarettes and flavored tobacco, hookah smoking is another form of tobacco use, putting youth who use multiple tobacco products at higher risk for nicotine dependence and use into adulthood.

Youth are exposed to smoking in many ways; risk factors include peer pressure, stress, anxiety, and having at least one smoking parent in the home. Teenagers exposed to smoking in the home are twice as likely to

smoke compared with those who do not have someone in the home who smokes.

Discussions around tobacco use and quitting may not be happening regularly within the healthcare system; [four out of every nine adult](#) cigarette smokers who saw a health professional during the past year did not receive advice to quit, according to the CDC. The [2014 Surgeon General Report](#) indicates youth are susceptible to nicotine dependence because their brains are still developing and this can harm the [developing brain](#), including the parts of the brain that control attention, learning, mood, and impulse control. Because of this, social workers and other health care professionals should have discussions with youth and young adults about tobacco and nicotine use and the overall impact and effects it can have on their development, mood, and overall health. While exposure to tobacco and nicotine use can happen for social reasons, youth and young adults may also start using due to feelings of stress, anxiety, and depression. Because of potential masking of pre-existing symptoms and stressors, it is important for social workers to explore reasons for use to rule out use due to self-medicating, which would require additional supports to address both mental health and tobacco use. [Truth Initiative](#) collected data in June 2021,

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and the results suggest youth are not aware vaping can exacerbate mental health concerns, and in turn are using e-cigarettes to manage their anxiety and stress. Tobacco use can alter a person's mood and quitting can lead to better moods, less anxiety and depression.

Smoking cessation is the process of quitting smoking. The process of quitting can be difficult due the unpleasant withdrawal symptoms, include feelings of anxiety, irritability, restlessness, tremors, racing heart, sweating, dizziness, cravings, and depression, to name a few. Because of these unpleasant symptoms people often resume smoking and engage in multiple attempts before they can quit successfully.

When social workers are working with individuals who smoke, it is important to meet them where they are in the process of wanting to diminish and stop use. Provide education around the harm and effects of smoking: for example, it impairs lung growth, which leads to decreasing lung function; other consequences are less physical endurance, shortness of breath, stained teeth, and cancers of the oral cavity. For girls, in addition to the aforementioned harm and effects, tobacco use can also increase the risk of infertility, preterm delivery, stillbirth, and low birth weight.

Social workers assist with providing prevention methods, which include early screenings to discuss risks with families and children that may prove to be helpful with helping to decrease early onset of use. During regular clinical engagement social workers should assess for tobacco use inclusive of tobacco and nicotine products by utilizing available screening tools for e-cigarettes, hookah, and vaping. Social workers should explore reasons for use and provide education regarding the short- and long-term effects of use, as well as the benefits of what quitting can mean for their health overall. Quitting is a process that may require repeated attempts and access to multiple behavioral supports, which may include a harm reduction approach.

Social workers provide individuals who are trying to decrease or quit smoking with emotional supports by discussing why one may choose to quit smoking. Psychoeducation is offered by providing information on how smoking can affect one's overall health, and this can help individuals

make decisions about tobacco use and smoking. Social workers provide trainings such as motivational interviewing to help assist with discussions around tobacco use and determine motivations for change. Last, social workers help make referrals for treatment. Often social workers refer individuals who may be trying to quit to 1-800-Quit-Now, which is a national phone line that connects callers to state "quitlines." Quitlines offer support to individuals who may be looking to quit smoking by providing counseling groups, free medication, and local support programs.

There is no safe method, level, frequency, or duration of tobacco use or exposure, and smokeless tobacco is not a safe alternative. Prevention is important. NASW has compiled the following list of resources to help social workers incorporate discussions around tobacco use and quitting in their work.

References

American Academy of Pediatrics. (2021, June 25). *Behavioral cessations supports for youth and young adults*.

www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/behavioral-cessation-supports-for-youth/

American Academy of Pediatrics. (2022, March 8). *Tobacco use: Considerations for clinicians*. www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/tobacco-use-considerations-for-clinicians/

American Academy of Pediatrics. (n.d.-a). *The Four-Item E-cigarette Dependence Scale for Assessing Adolescent E-cigarette Nicotine Dependence*. Retrieved on May 27, 2022, from https://downloads.aap.org/AAP/PDF/EDS_Adolescent_Version_4_items.pdf?ga=2.239731971.1047793503.1653653648-570095589.1643302705

American Academy of Pediatrics. (n.d.-b). *The Hooked on Nicotine Checklist*. Retrieved on May 27, 2022, from https://downloads.aap.org/AAP/PDF/HONC_for_Vaping.pdf?ga=2.148464951.1047793503.1653653648-570095589.1643302705

Cancer Institute NSW. *For Social Workers: The Importance of Discussing Smoking Cessation and NSW Quitline Referral*. (14 June 2018). www.youtube.com/watch?v=ldWiKVByaSM&t=4s [accessed 2022 July 12]

Morean, M. E., Camenga, D. R., Bold, K. W., Kong, G., Jackson, A., Simon, P., Cavallo, D. A., & Krishnan-Sarin, S. (2020). *Querying About the Use of Specific E-Cigarette Devices May Enhance Accurate Measurement of E-Cigarette Prevalence Rates Among High School Students*.

Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco, 22(5), 833–837. <https://doi.org/10.1093/ntr/nty240>

National Association of Social Workers. NASW Social Work Talks Podcast. *EP76: Smoking Cessation*. (5 October 21). www.socialworkers.org/News/Social-Work-Talks-Podcast/EP76-Smoking-Cessation

National Cancer Institute. Division of Cancer Control & Population Sciences. (June 2020) *Modified Version of the Fagerstrom Tolerance Questionnaire (mFTQ)*. https://cancercontrol.cancer.gov/sites/default/files/2020-06/mftq_questionnaire.pdf [accessed 2022 May 27]

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (3 December 2021). *Tobacco Use and Quitting Among Individuals with Behavioral Health Conditions*. Centers for Disease Control and Prevention. www.cdc.gov/tobacco/disparities/mental-illness-substance-use/index.htm

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (2021b, December 22). *1-800-QUIT-NOW: 15 Years of Helping People Quit*. www.cdc.gov/tobacco/features/quitlines/index.html

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (21 March 2022a). *Smoking Cessation: Fast Facts*. Centers for Disease Control and Prevention. www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/smoking-cessation-fast-facts/index.html

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (10 March 2022b). *Youth and Tobacco Use*. Centers for Disease Control and Prevention. www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

Sims, T. H. the Committee on Substance Abuse; *Tobacco as a Substance of Abuse*. *Pediatrics* November 2009; 124 (5): e1045–e1053. 10.1542/peds.2009-2121. <https://doi.org/10.1542/peds.2009-2121>

Dorn, Carrie. National Association of Social Workers. (1 December 2021). *NASW Practice Alert. Smoking: Now is the Time to Quit*, www.socialworkers.org/Practice/Health/Health-Tools/Smoking-Now-Is-the-Time-To-Quit

Truth Initiative. September 2021. *Colliding Crises: Youth Mental Health and Nicotine Use*. <https://truthinitiative.org/sites/default/files/media/files/2021/10/Mental%20Health%20and%20Nicotine%20Report%2010.7.2021.pdf>

U.S. Department of Health and Human Services. *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, 2014. Printed with corrections, January 2014. www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf

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