California's Smoking Signals

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On June 9, 2016, California increased the legal smoking age from 18 to 21; restricting the use of e-cigarettes and vaping devices in public places, and expanding the non-smoking areas at public schools. This move sends a loud and clear "smoking signal" to tobacco companies that the war on cigarettes and other nicotine containing addictive products still thrives in this state. The aim of these laws is to curtail the number of underage teens and children from ever starting this addictive habit, and to further restrict the use of these products in public places.

Known as Tobacco 21, these laws make California the second state, after Hawaii, to raise the smoking age from 18 to 21. These laws are being backed by the American Cancer Society, the American Heart Association, and the California Medical Association, among others, and represent a huge victory in public health and cancer prevention.

According to recent data released in 2015 by the California Department of Public Health, smoking rates in the State of California are consistently lower than that for the nation as a whole. California monitors smoking rates among high school age children utilizing the California Student Tobacco Survey.[1]

Between 2002 and 2010, smoking rates among California teens wavered between 13 percent and 16 percent with a significant decline in 2012 to 10.5 percent. This decrease is attributed to the FDA's ban on the marketing of flavored cigarettes, as well as the passage of the federal Family Smoking Prevention and Control Act in 2009. The report found that smoking prevalence goes up as children get older, with 12th graders having higher smoking rates than 10th or 8th graders.[1]

As many as 90 percent of tobacco users start before the age of 21 and nearly 80 percent try their first tobacco product before age 18, according to a national study reported by the *LA Times* in May 2016.[2]

In early 2015, the Institute of Medicine presented data on studies that demonstrate that raising the smoking age from 18 to 21 would decrease smoking prevalence by 12 percent, and that raising the smoking age to 25 would represent a 16 percent decrease in prevalence.[3]

These laws are being adopted at a pivotal time for those of us involved in thoracic oncology. Just 18 months ago, the Centers for Medicare & Medicaid Services approved low-dose CT screening for heavy lifetime smokers to detect early lung cancers. These screenings are also a great opportunity for healthcare providers to discuss smoking cessation or abstinence from tobacco products.

Here in our cancer center and affiliated facilities, smoking cessation sessions are tailored to the patient's needs. We offer group sessions that meet for one hour, for five consecutive weeks. Most patients find this support-group-like meeting very helpful; they feel more encouraged and reassured that they are not alone in their fight to "kick the habit."

Some patients, due to work schedules or other constraints, feel that one-on-one sessions or telephone sessions provide enough support and guidance.

Typically smoking cessation therapies have one of two approaches: to treat tobacco dependence as an addiction, where pharmacological therapy is at the center of therapy; or approach dependency as a habit, where behavior modification is at the center of therapy and pharmacological agents are used as adjuncts to treatment. Anecdotally, this mode of therapy has higher success rates.

One can only hope that more states—and perhaps other countries where smoking is more prevalent than the U.S.—will soon adopt similar laws to protect their young, vulnerable children against deceiving advertisement. OI

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References

1. California Department of Public Health. California Tobacco Facts and Figures 2015. Available online at: cdn.shopify.com/s/files/1/0121/4032/files/2015_California_Facts_and_Figures.pdf. Last accessed: July 29, 2016.

2. McGreevey, P. California's smoking age raised from 18 to 21 under bills signed by Gov. Brown. *LA Times*. Available online at: latimes.com/politics/la-pol-sac-jerry-brown-smoking-bills-20160504-story.html. Last accessed: July 29, 2016.

3. Bonnie R, et al. IOM report: Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Available online at: nap.edu/catalog/18997/public-health-implications-of-raising-the-minimum-age-of-legal-access-to-tobacco-products. Last accessed: July 29, 2016.