



Tobacco Use is one of twenty Maternal and Child Health (MCH) **National Performance Measures (NPMs)** for the Title V MCH Services Block Grant to States Program. This NPM is focused on reducing the percent of adolescents, grades 9 through 12, who currently use tobacco products.

The [What Works Evidence Accelerators](#) provide background information and a summary of effective strategies to advance each of the NPM topic areas. The strategies support a reduction in adolescent tobacco use through educational programming, tobacco cessation programming, and policies that limit access to tobacco products.

Overview. A primary goal of [Healthy People 2030](#) is reducing current tobacco use and preventing increased tobacco use among adolescents with an emphasis on the negative long-term health impacts of tobacco use, both on the user and those around them.¹ Tobacco use includes cigarettes, cigars, smokeless tobacco (e.g., chewing tobacco), electronic vapor products (EVPs) or vapes (e.g., e-cigarettes), hookahs, pipe tobacco, heated tobacco products, and nicotine pouches.^{2,3} Use of tobacco products in any form by youth is unsafe.³ Since 2014, e-cigarettes have been the most commonly used tobacco product among youth.³ E-cigarettes can contain harmful substances, including nicotine.¹ Flavorings in tobacco products can make them more appealing to youth.³

Since tobacco use is primarily started and established during adolescence, preventing tobacco product use among youth is essential to decreasing overall tobacco use in adulthood.^{3,4} Smoking can cause immediate and long-term health problems in adolescents, including nicotine addiction, tobacco dependence, oral health problems, poor physical fitness, lung damage, early heart disease and cardiovascular issues, and many types of cancer.^{4,5,6} Tobacco use during adolescence is also associated with high-risk behaviors, such as substance use,⁷ depression and other mental health conditions,⁸ and lower educational attainment.⁹ Combating early tobacco initiation and use is paramount to preventing an estimated 5.6 million premature adolescent deaths that are projected from smoking-related disease.^{10,11} National, state/jurisdiction, and local programs have been shown to reduce and prevent youth tobacco use when implemented together.^{3,4}

Data. This NPM can be measured through data collected from the [Youth Risk Behavior Surveillance](#)

For [Tobacco Use](#) there are 22 evidence-based strategies from [MCHbest](#) and 1 field-based practice from [Innovation Hub](#) (see page 3)

[System \(YRBSS\)](#) and the [National Youth Tobacco Survey \(NYTS\)](#). According to data from the NYTS, current use of any tobacco product by high school students declined from 16.5% in 2022 to 12.6% in 2023.^{12,13} From 2022 to 2023, current e-cigarette use among high school students also declined from 14.1% to 10.0%.^{12,13}

Social Determinants of Health (SDOH).

Initiation of tobacco use during adolescence is due to a wide variety of [SDOH](#). Factors associated with youth tobacco product use include social and physical environment, lower socioeconomic status, accessibility, availability, and price of tobacco products, and seeing tobacco advertising or marketing in stores, on television, on the Internet, in movies, or in publications.³

Elevated availability of tobacco products in the built environment, such as the number of businesses selling tobacco products surrounding schools or parks, or on bus or walking routes, is associated with adolescent tobacco initiation.¹⁴ It is important to change the environmental context and ensure equal distribution of resources and services to eliminate tobacco-related disparities for youth.¹⁵

Strategies to help mitigate these factors and decrease adolescent tobacco use and initiation include:

- Limiting or banning tobacco companies from advertising in businesses around schools or areas frequented by youth.
- Expanding availability of tobacco-use cessation resources in primary care services.
- Developing and utilizing tobacco education and prevention programs in which schools, parents, teachers, and the community are involved.^{4,14,16}

Health Equity. [Health equity](#) is the fair and just opportunity for all people to be as healthy as possible, including the opportunity to be free from tobacco.¹⁴ This opportunity is not afforded to all people due to factors such as their race and ethnicity or where they live.¹⁴ Tobacco companies target specific historically marginalized groups, including racial and ethnic minority groups, such as Black/African American, Hispanic, American Indian and Alaska Native (AI/AN) populations, along with the LGBTQIA+ populations, and people in low-income communities. These companies utilize tactics such as academic scholarships, giveaways, and product placement in media or social media to appeal to younger potential clientele.¹⁴

Tobacco use disproportionately affects youth from communities that have historically experienced high levels of discrimination and stigma.¹⁷ Data from the 2022 NYTS showed that current use of any tobacco product was higher among certain population groups, including non-Hispanic AI/AN students; those who identified as LGBTQIA+ or as transgender; those who reported severe psychological distress; those with low family affluence; and those with low academic achievement.¹² Tobacco prevention and control strategies need to address the historical racism and anti-LGBTQIA+ practices embedded in targeted marketing of tobacco products, and prioritize groups that have received the least benefit from the progress in tobacco control to date.¹⁸

Youth with Special Health Care Needs and Youth with Disabilities. Youth who experience chronic or acute respiratory illnesses are more likely than their peers to be negatively impacted by the environmental impact of tobacco use.^{10,19} Although the specific impact of exhaled vapor from smokeless tobacco products and e-cigarettes is not yet clear, increased respiratory inflammation and increased risk of cardiovascular disease are well documented.^{20,21} Evidence also shows increases in coughing and wheezing, and overall asthma exacerbation in adolescents with asthma.^{20,21} Further, e-cigarette use more than 5 times per month is associated with bronchitis and shortness of breath, which can compound with other chronic health conditions.²²

Research has found that adolescents with disabilities have demonstrated higher instances of e-cigarette and tobacco use in relation to their peers without disabilities.^{23,24,25} In addition to screening for tobacco use and offering treatment options that appeal to adolescents, such as web-based smoking cessation programs, there is a need for education, prevention, and health promotion activities for adolescents who are considered more at risk for tobacco use.^{23,24,25,26}

Key Resources. Decades of research show that the most effective youth tobacco use prevention strategies are comprehensive and include interventions at multiple levels.^{3,4,10,27} Effective public health approaches need to be extended to include e-cigarettes and other emerging tobacco products to combat the youth tobacco epidemic.^{17,27} The literature also discusses the importance of addressing the SDOH leading to adolescent tobacco initiation, such as decreasing the physical ability to purchase tobacco products or advocating for price-increasing policies to discourage adolescent tobacco purchasing.^{14,15}

Search the [Established Evidence database](#) for peer-reviewed research articles related to strategies for reducing adolescent tobacco use.

Find [field-based resources](#) focused on reducing tobacco use relevant to Title V programs in the [MCH Digital Library](#).

Partnership and the Role of Title V. Title V agencies can use these approaches to help facilitate change in adolescent tobacco use:

Tobacco Education Programs. Title V can support youth tobacco prevention or cessation resources by:

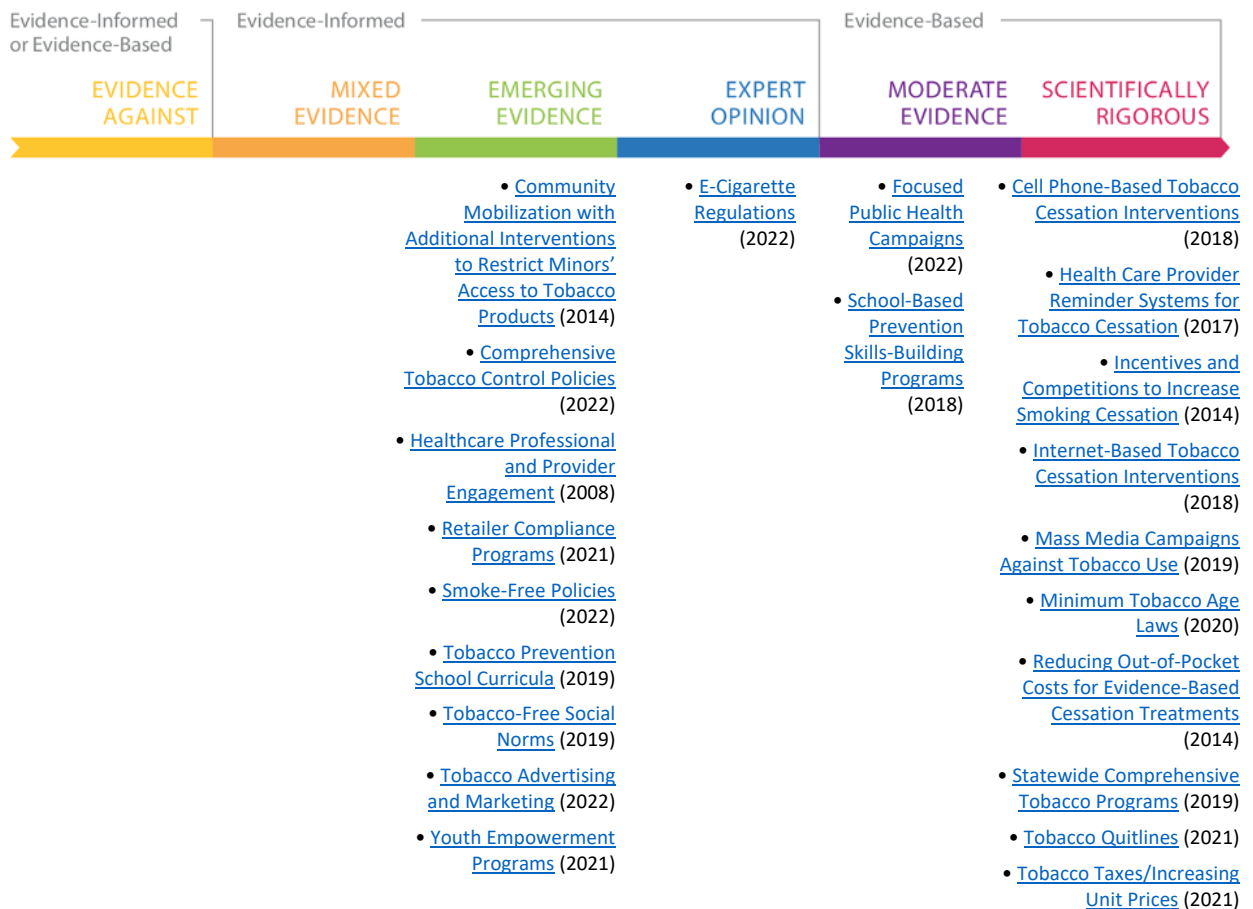
- Engaging with community partners to develop creative, engaging, and interactive educational programs for youth utilizing digital platforms.
- Partnering with providers to expand access to tobacco cessation and prevention programs.

Limiting Access and Proximity. Title V can help limit access to and availability of tobacco products by:

- Advocating for tobacco price increases and more limited tobacco-sale licensing laws.
- Supporting universal clear-air policies and zoning laws to limit tobacco sales near schools.^{10,16,28}

Tobacco Use Strategies. This page summarizes the latest strategies and practices that have emerged as potential approaches for decreasing the percent of adolescents, grades 9 through 12 who reported any use of tobacco products (including electronic vapor products, cigarettes, cigars or smokeless tobacco in the past 30 days. It provides a framework to identify, understand, and implement “what works” in creating new Evidence-based/informed Strategy Measures (ESMs). Use the links below to access strategy and practice details, approaches, supporting evidence, outcomes, and examples of how Title V agencies are either using these strategies directly or adopting components of the intervention that address this NPM.

Evidence-Based/Informed Strategies. 22 strategies have emerged from studies in the scientific literature as being effective in advancing the NPM. They can be adopted or adapted to meet your program needs. More information on these strategies can be found in the MCH Evidence Center’s [MCHbest](#) database.



Field-Based Practices. 1 practice from a state-/community-based program is found in the Association of Maternal and Child Health Program’s (AMCHP’s) [Innovation Hub: Tobacco Free Program](#) (National, 2020). However, several national programs have emerged as promising approaches for advancing the NPM for specific communities or populations.

- [FDA’s Youth Tobacco Prevention Plan](#) (2020). Resources to stop youth use of tobacco, especially e-cigarettes.
- [CDC’s Youth Smoking and Tobacco Use Resources](#) (2024). Resources to help youth reject or quit vaping and all other tobacco use.
- [American Lung Association’s Helping Teens Quit Program](#) (2024). Prevention and cessation resources.
- [AAP’s Youth Tobacco Cessation Resources](#). Resources for pediatricians and other healthcare professionals who care for youth in helping their patients quit successfully.

Key Findings. The following are key findings emerging from the literature:

1. Anti-tobacco policies, including smoke-free school policies and under-21 tobacco purchasing bans, have been shown to decrease access to and use of tobacco for adolescents.^{29,30}
2. Smoke-free policies that target the use of smoke-emanating tobacco products in public spaces can decrease the likelihood of tobacco use by adolescents and shift norms against tobacco products in public spaces.^{31,32}
3. A variety of approaches, including school-based prevention programs, clinic-based motivational interviewing programming, and peer-to-peer education programs are integral to effective tobacco prevention strategies.^{33,34}
4. Increased tobacco taxation and working with tobacco retailers to ensure legal compliance can be effective in decreasing adolescent perceived and actual access to tobacco products.^{35,36}
5. Increasing the variety of formats of educational and prevention programming to include multi-media modules, and mobile/board games provide new ways to engage with youth.^{37,38}
6. Multimodal media campaigns such as [The Real Cost](#) have been associated with lower intention to smoke, and lower likelihood of smoking participation or initiation.^{39,40}

Discussion: Research, Practice, Partnership.

Research. Multiple strategies emerge as potential approaches to advance this NPM, but they have not been studied with enough rigor to be included in the evidence-based continuum. Additional research is needed to verify outcomes, but initial studies have shown the promise of these strategies in MCH settings:

- Addressing the SDOH that contribute to tobacco use among adolescents, including socio-economic disparities, exposure to tobacco use, and targeted marketing to specific populations.⁴¹
- Monitoring tobacco use trends among adolescents to inform the development of targeted interventions.⁴²
- Enacting graphic warning label requirements on tobacco products to deter adolescents from initiating or continuing tobacco use.^{43,44}

- Encouraging healthcare professionals to regularly screen adolescents for tobacco use to better provide brief counseling interventions, and referrals to appropriate resources.⁴⁵

Practice. The following tools can be used to translate evidence to action to advance this NPM:

- [quitSTART App](#) (SmokeFreeTeen). App for adolescent tobacco users seeking to quit by creating a structured plan, and providing tailored information.
- [Tobacco Prevention Toolkit](#) (Stanford Medicine REACH Lab). These courses support educators and parents in teaching about tobacco prevention.

Partnership. The following organizations focus efforts on decreasing adolescent tobacco use:

- [Become an Ex](#). Mayo Clinic-supported set of anti-tobacco and smoking cessation advice, guides, and tools for all ages.
- [Truth Initiative](#). Provides educational resources, disseminates anti-tobacco research, and runs anti-tobacco media campaigns.



Frameworks and Tools for “What Works.”

Use this accelerator to strengthen current or new programs that align with multiple MCH frameworks across domains and settings. Access toolkits related to these frameworks for additional resources:

- [MCH Evidence Framework](#)
- [Blueprint for Change for CYSHCN](#)
- [Maternal Health Toolkit](#)
- [Life Course and Social Determinants Brief](#)

Need More Help? [Contact us for training and technical assistance](#) customized to your needs.

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