

# NRT

## Prescription to Youth: Challenges & Opportunities

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I have no financial conflicts to disclose.

# *Challenges*

Unique physiologic  
& developmental  
impact

Youth-centered  
marketing

Barriers to health  
care delivery

Research and  
policy limitations

# *Opportunities*

Reliance on  
parents & other  
trusted adults

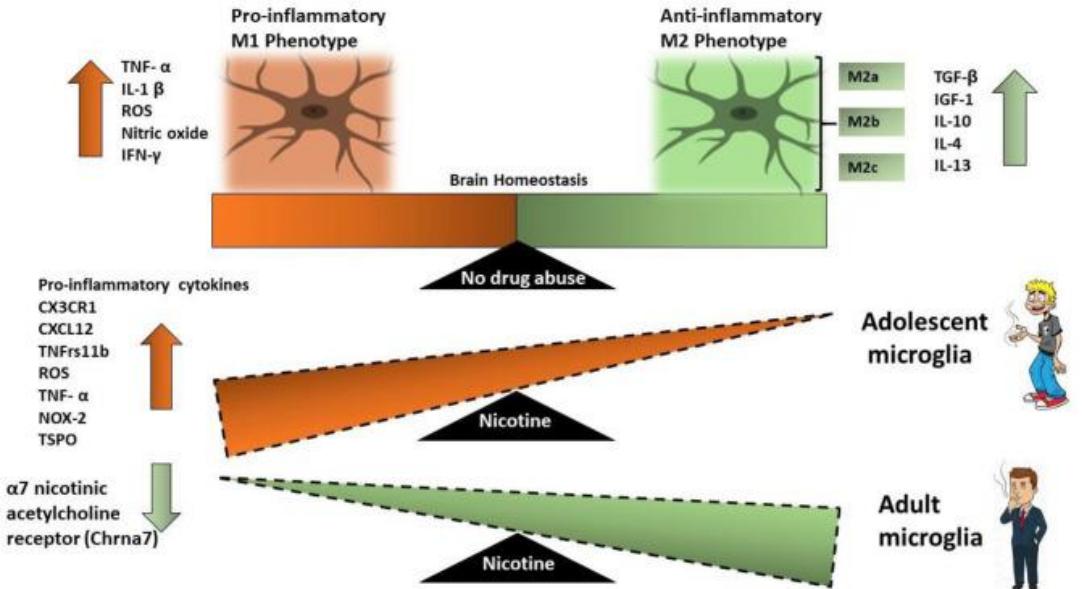
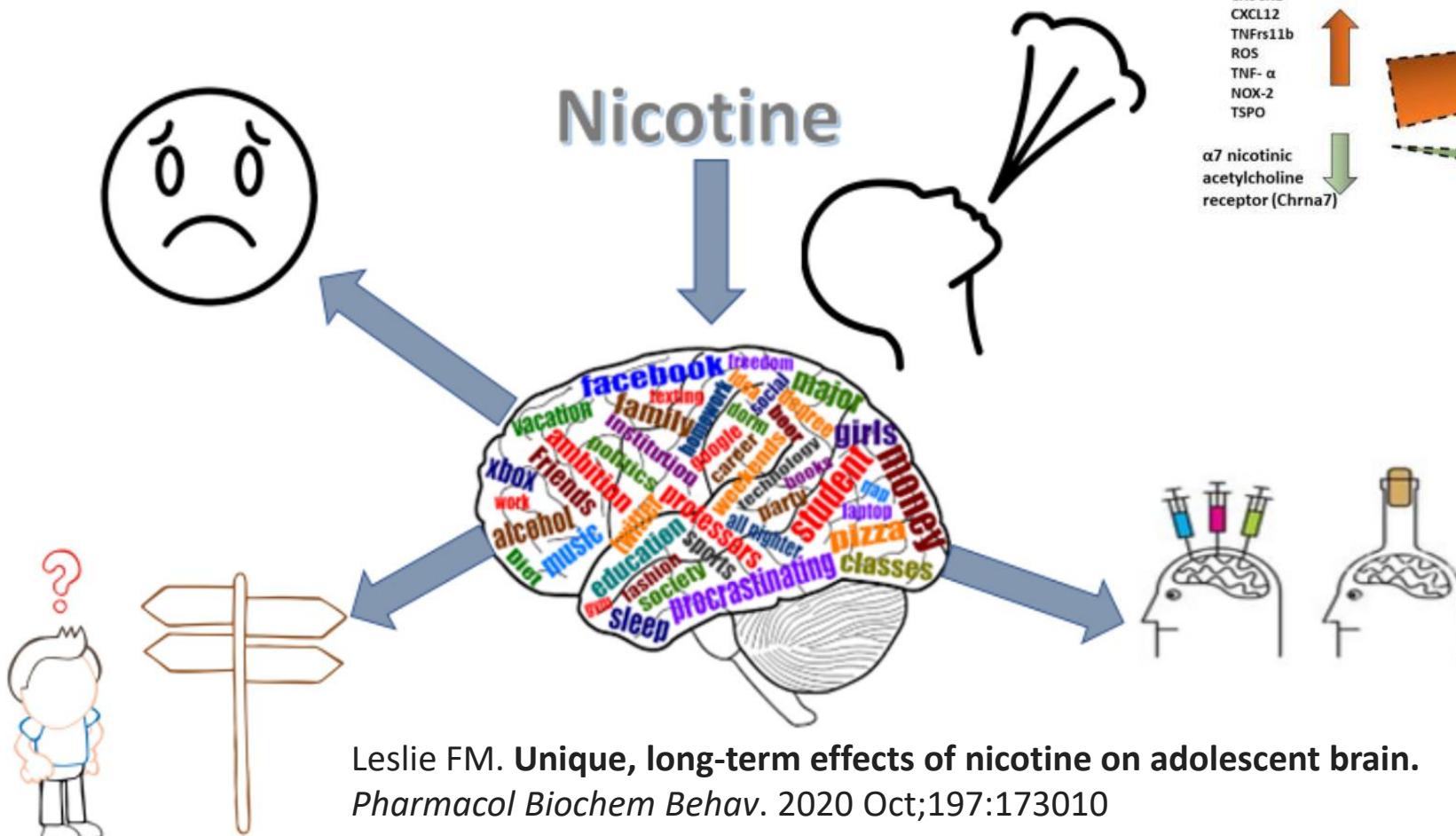
Preventive Health  
Care

High value on peer  
influence

Unique ecosystems  
of support



# The rapidly developing adolescent brain is uniquely vulnerable to nicotine.



Mahajan SD et al. Multifactorial Etiology of Adolescent Nicotine Addiction: A Review of the Neurobiology of Nicotine Addiction and Its Implications for Smoking Cessation Pharmacotherapy.  
*Front Public Health.* 2021 Jul 5;9:664748.



## Youth-centered marketing of tobacco products by industry resonates through culture.

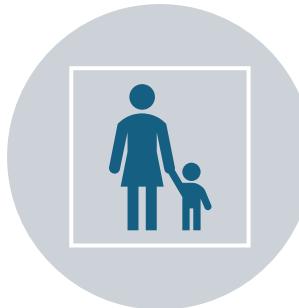
“The **fragile, developing self-image** of the young person needs all the support and enhancement it can get....This self image enhancement effect has **traditionally been a strong promotional theme** for cigarette brands and should continue to be emphasized.”

1973 RJ Reynold report, “Some Thoughts About New Brands of Cigarettes For the Youth Market”

# Barriers to Health Care Services for Youth



Health literacy and self-agency are still developing



Youth rely on others to access health services and support ongoing health management



Youth may lack resources to pay for and participate in health care



Concerns about breach of confidentiality or consequences may limit health care seeking

*Youth often do not or cannot access health services they need even when legally entitled to them.*

# Limitations of health research and policy for youth



Approved treatments for adults are often used off-label for youth



Policies and regulations designed for children and adults may not extrapolate well to teenagers and young adults



Laws around minor consent for health care can be conflicting, confusing and difficult to implement in practice

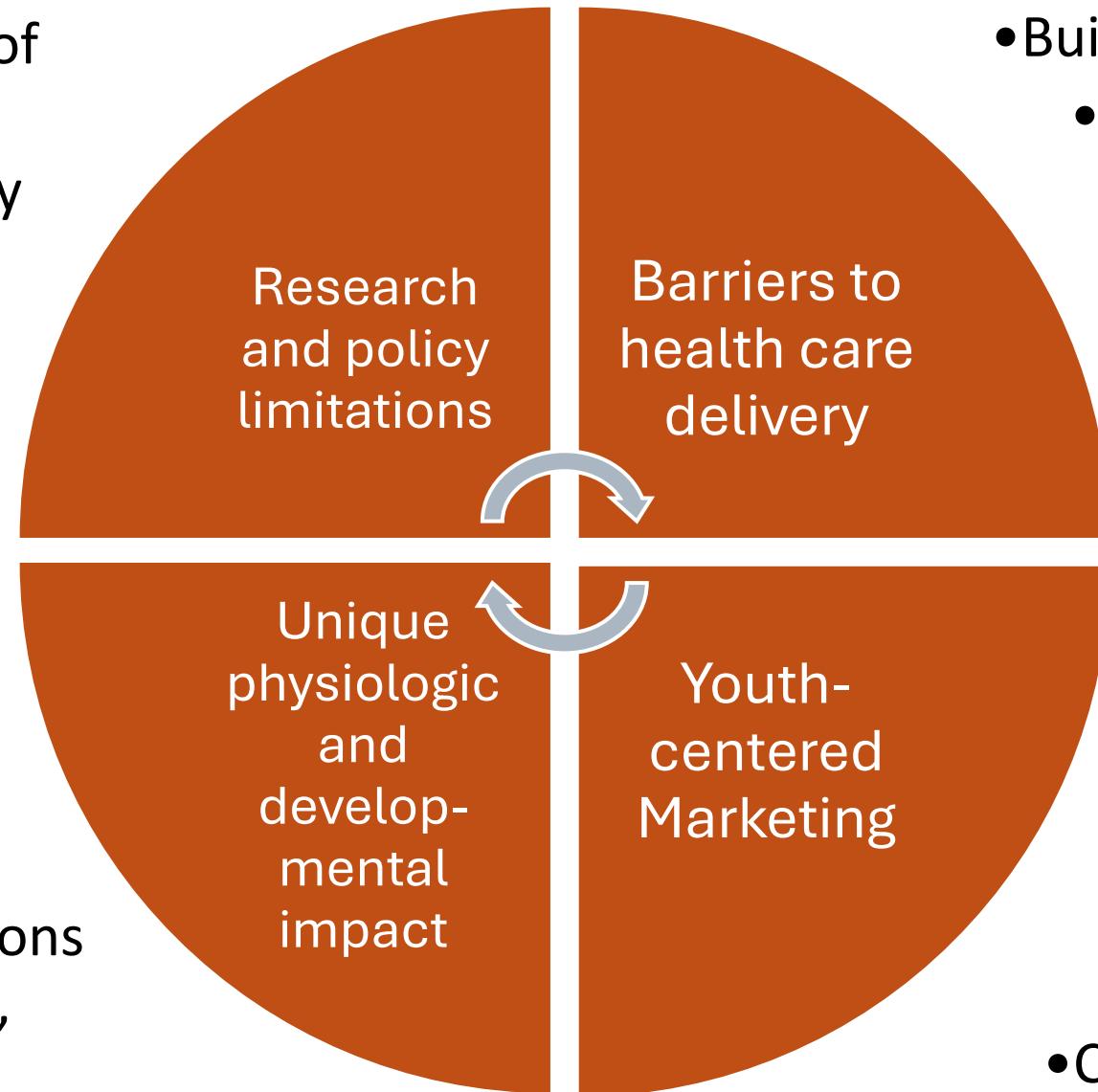


Youth-specific implementation science is limited

*Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for medical treatment for or advice about “drug abuse” or “alcoholism.”*

# How do we turn challenge into opportunity?

- Know the limitations of the research
- Include youth in policy implementation



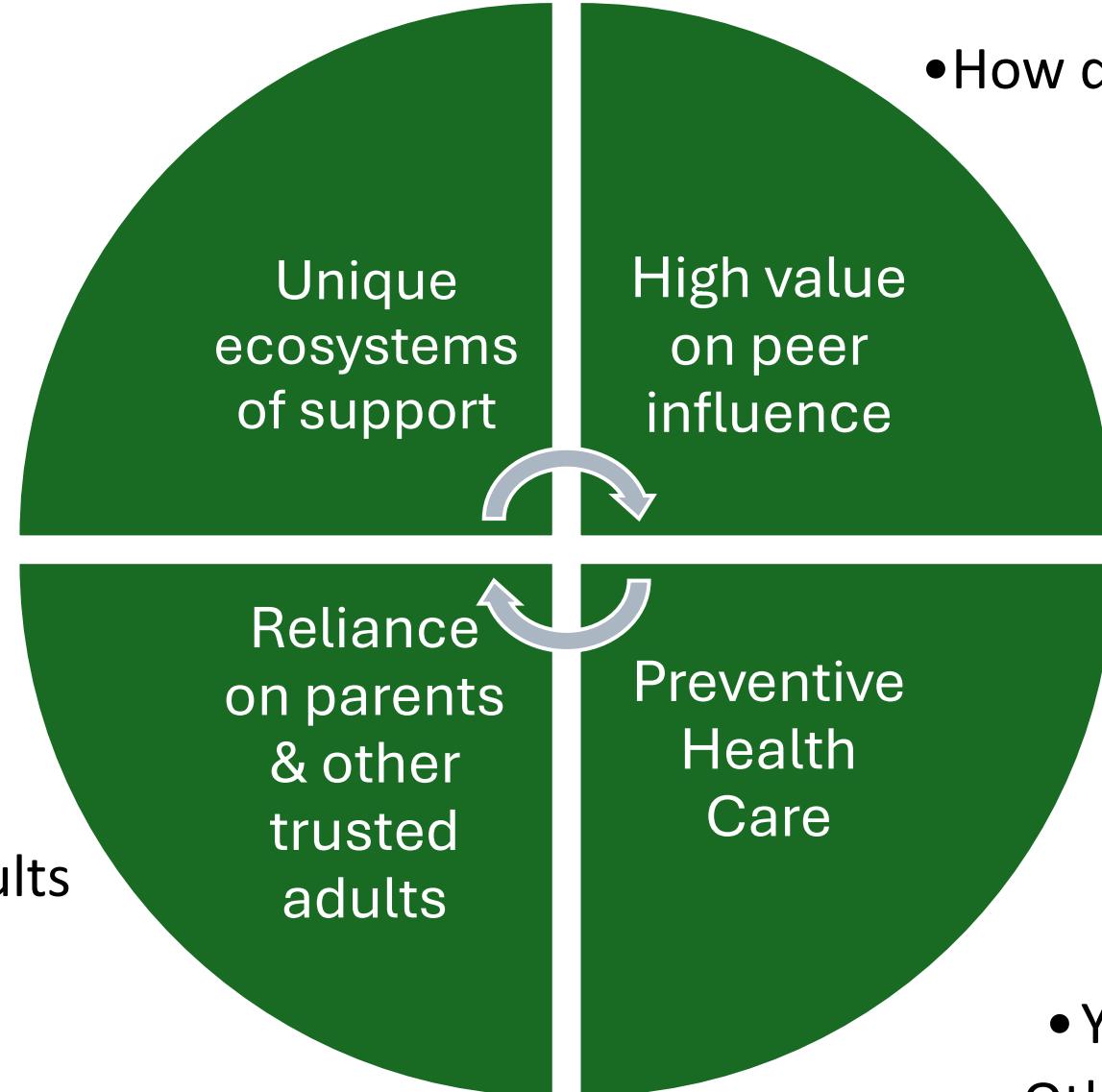
- Educate youth and families about risk
  - Age-limited restrictions – enforce, empower, educate

- Build health literacy
  - Optimize access (eg, onsite or virtual health care delivery)
  - Manage treatment costs
- Leverage youth-forward strategies for prevention and health service delivery
- Cultivate media literacy

# How do we turn opportunity into opportunity?

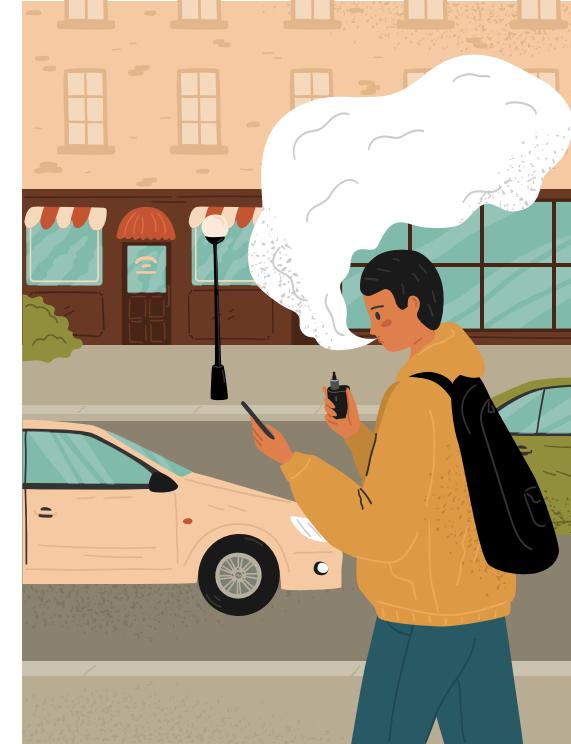
- Family
- Schools
- Community
- Public health

- Include, teach and support parents
- Find the trusted adults
- Build routes to confidential care



- How do we leverage peers?
  - Normalizing abstinence, cessation and treatment
- Technical Assistance with prevention, screening and treatment
  - Young adult care model
  - Other health care spaces?

# Tobacco cessation support for youth is a public health imperative that demands collaborative and community-based strategies.



*What is unique about your space? How does that inform your role in implementing NRT for youth?*

**Thank you for  
caring for youth.**

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