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Problem Definition With the majority of adults who smoke becoming addicted to cigarettes under the age of 18, the high rate of new teen smokers each year remains a significant challenge for tobacco control (CDC, 2012). Magnitude of the Problem Every day, more than 3, 000 children in the United States under the age of 18 become addicted to cigarettes (ALA, 2012). This means that for every three high school seniors graduating this year, one will die prematurely from smoking-related disease, with 14 years of their life taken away from them (NCES, 2012). Experts consider cigarette smoking as the chief preventable cause of premature death in the US, yet tobacco is still responsible for 1 in 5 deaths in both men and women every year (Koh, 2012). These statistics do not even illustrate the thousands of people alive today suffering from lung, mouth and throat cancer, reduced fertility, higher risk of blindness, gangrene and amputated limbs. There is considerable evidence indicating that health problems related to smoking are determined by duration and intensity of use (CDC, 2005). Some of these problems include, early cardiovascular disease, smaller lungs that don’t function properly, asthma, and DNA damage leading to cancer almost anywhere in the body (CDC, 2005). Given that 90% of all adult smokers start smoking under the age of 18, the long-term use of cigarettes can lead to a significant increase in the risk of these outcomes (Koh, 2012). With 800, 000? new teenage smokers each year, we are adding millions of avoidable deaths to the statistics (CDC, 2012). The US Surgeon General has labeled smoking as the most important preventable cause of death in our society. Something must be done to prevent these unnecessary and untimely deaths among our youth. Theoretical Framework The theory of social justice has been described as having a “ twin aim. " The first states that a “ just" society is concerned with securing a sufficient level of wellbeing for everyone. One of the key elements of wellbeing under this definition is health. The government and other regulatory systems have control over the social and economic institutions that affect the major determinants of health. Therefore, under the theory of social justice, the government should create a foundation for a society that promotes a sufficient level of health (Faden, 2008). The second aim of social justice seeks to create policies that ameliorate the forces creating systematic disadvantage (Faden, 2008). These forces are a combination of disparate social and economic conditions that are both difficult to avoid and escape from. It is an obligation of the justice system to minimally prevent these circumstances from getting worse while striving to mitigate them in the future. The overall goal of the social justice system should be to prevent these circumstances from ever existing at all (Faden, 2008). Applying the theory of social justice to tobacco use shows us that in a just society, government has an obligation to increase the wellbeing of those individuals who’s health is impacted by cigarettes, especially those that are the least well off. Young adults are the most susceptible group to starting tobacco use and to becoming addicted to nicotine (CDC, 2012). Society has failed to protect this subgroup by allowing smoking to be portrayed as a social norm. In fact, the tobacco industry pays $10 billion a year for marketing of their products, displaying normalize tobacco use in magazines, on the Internet, and at retail stores frequented by youth. A just society would seek to prevent this behavior in order to reduce avoidable smoking related deaths and promote a sufficient level of health for all people. If nothing is done, trends indicate that the deaths due to smoking will only increase (CDC, 2012). Conceptual Model This conceptual model shows the distal and proximate determinates of premature death due to smoking-related illness. Starting with political factors, we see that levels of state regulation of tobacco use through taxes and prohibition of smoking in public areas can impact an individual’s access to smoking exposure and, therefore, influence individual smoking behavior (Koh, 2012). Currently, half of all states allow smoking in public places (Koh, 2012). In addition, with millions of Americans having no health insurance coverage due to government regulations of healthcare access, it is difficult for these people to receive the proper healthcare they need including health education and smoking cessation programs (Koh, 2012). The next determinant, social/family characteristics, includes SES, family characteristics, education, and the community. The CDC has shown that individuals with an education less than a high school level have the highest percentage of smokers as compared to those with high school or college level (CDC, 1998). In addition, we see the highest smoking prevalence among individuals of low SES and Medicaid populations (CDC, 1998). Finally, communities that allow the sale of cigarettes near schools have higher rates of youth tobacco use than do communities that have tobacco-free zones around schools (CDC, 2012). Thirdly, environmental determinants work not only in conjunction with these two factors but also directly influence the given outcome. Together, family behavior and local regulations on smoking in public influence exposure to second-hand smoke in the environment (CDC, 2005). Additionally, an increase in second-hand smoke exposure, regardless of first-hand use, can directly lead to an increase in premature death and other adverse health outcomes (CDC, 2012). Each of these three distal determinants work in conjunction to directly determine an individual’s behavior related to tobacco use as well as the social normalization of smoking which, in turn, effects individual behavior. We draw a connection between these three determinants due to the fact that families who choose to smoke at home increase second hand smoke exposure, influencing the environment. While, politically, families unable to afford health insurance have reduced access to necessary healthcare services which can lead to to an increase in negative health outcomes (CDC, 2012). Together, these determinants influence both intensity and duration of tobacco use, leading to increased risk for premature death. These distal determinants impact the normalization of smoking through media, which, in turn, impacts individual behavior. The tobacco industry spends roughly $10 billion a year to market its products (CDC, 2012). In fact, half of all movies for children contain scenes of tobacco use, while images and messages that normalize tobacco use are seen in magazines, on the Internet, and at retail stores frequented by youth (Koh, 2012). Teens are sensitive to what they see and hear in the world around them. Exposure to these images and normalizing influences impact individual behavior around smoking especially for youth. Government regulation of smoking images in the media, parental influence and the environment of the community determine the level of smoking normalization young adults are exposed to. Biological factors of race, age, and gender proximally impact individual smoking behavior. Statistics show that 31% of men smoke versus only 22. 7% of women (CDC, 1998). Additionally, African Americans have the highest prevalence of smokers at 38% as compared to all other ethnic groups. Youth, overall, are more sensitive to the addictive effects of nicotine, meaning that 80% of all teens that try smoking will continue to smoke into their adulthood (Koh, 2012). These statistics show that biological factors directly influence individual behavior. However, the distal determinants also work through biological factors to influence individual behavior. Race has been linked to average SES, determinants of community and family characteristics, prevalence of second hand smoke in the environment, and disparities in healthcare access (CDC, 2012). From a genetic perspective, several studies have documented a strong hereditary component to tobacco use (Maserejian, 2004). Therefore, we also place genetic factors proximal to the given outcome. Easy access to cigarettes, family members that smoke themselves, and limited access to healthcare resources strongly impact an individual’s behavior. These forces determine when/if an individual begins to smoke and whether a smoker will chose to utilize a cessation program to quite. The varying duration and intensity of tobacco use will then effect an individual’s risk of premature death due to smoking. Points of Intervention My conceptual model has indicated one main area of intervention influencing the political impact on social normalization of smoking as well as individual behavior. Studies have shown that education is not enough to significantly decrease tobacco use (Koh, 2012). We still see high percentages of youth starting to smoke each year despite an increase in health education throughout communities (Koh, 2012). Conversely, with in increase in state-level tobacco regulation, we have seen a slight decrease in overall smoking rates over the past 10 years. In fact, through these political tools, twenty states have seen declines in smoking rates of 20% or more (Koh, 2012). We must, therefore continue to enforce these regulations in order to give our young people another perspective on tobacco, to create an environment that makes it harder for youth to smoke and to make cessation services accessible and affordable (Koh, 2012). We have seen the positive effects of increased state regulation in states like California, where strict tobacco control strategies have lead to a reduction in smoking rates from 22. 7% to 13. 8% (HHS, 2010). These regulations include increasing smoke-free policies in public areas like all workplaces, restaurants, and bars; increasing the price of tobacco products; reducing exposure to targeted advertising, promotions, and sponsorship; and increasing the availability, accessibility, and effectiveness of tailored cessation services for populations affected by tobacco-related disparities (CDC, 1998). 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