**Population-Based Intervention Models for Tobacco Use**

Cigarette smoking is an issue of concern to the society. It is considered a public health phenomenon since it affects millions of people in the United States. Cigarette smoking is considered a behavioral risk factor since it increases the susceptibility of an individual to chronic illnesses such as lung cancer among others. As such, a need exists to improve the responsiveness of healthcare systems to such issues. One such way is through population-based intervention models. These models are geared towards the reduction of the prevalence of a particular condition within the population. Such interventions usually adopt a three-tier process where the level of intervention rises from individual status to a national one. This approach can be applied to cigarette smoking to reduce smoking within a population.

**Risk Factor Description**

Tobacco is a major issue affecting the United States today. Data from the Center for Disease Control (CDC) (2018) suggests that approximately 15%-20% of American adults smoke cigarettes. Additionally, approximately 35% of adolescents smoke cigarettes. Further statistics show that approximately 27% of children under the age of six are exposed to second-hand smoke (Healthypeople.gov, 2010). Tobacco use is a precursor to various fatal but preventable diseases. Considered a lifestyle vice, smoking contributes to numerous chronic conditions affecting over 18 million people in the United States. These conditions range from cancer and hypertension to reduced sexual performance in men. As such, tobacco use is a risk factor affecting a large portion of the population today.

**Population-based interventions**

The population-based intervention model focuses on the different levels of society to achieve a reduction in a risk factor’s prevalence (Alpert, Connolly & Biener, 2012). In the case of smoking, various interventions can be applied to achieve reduction objectives.

**Downstream**

At the downstream level, counselling is perhaps the most promising intervention for tobacco use and promoting smoking cessation. Counselling serves a psychological aspect of the public-health intervention initiative through cognitive-behavioral therapy (CBT) (Fraser et al., 2014). The presence of capable and qualified counsellors can help people struggling to quit smoking to stop through the provision of a safe atmosphere for behavioral therapy. The delivery of such counselling would occur at an individual level.

**Midstream**

This level involves organizational or community-based interventions that focus on a small group of people. The goal here is to motivate group change in a manner that promotes smoking cessation and reduces the proportion of the community that indulges in the behavior. Community and school-based education are necessary to promote smoking cessation and prevent the increase in smoking (Hancock & Cooper, 2011). Such education can occur through public meetings with professionals such as nurses and physicians who offer information concerning the impacts of tobacco use.

**Upstream**

At the national and federal levels, initiating massive medical campaigns against smoking is an effective approach towards reducing the rate of smoking in the United States. The medical campaign can originate from state health institutions or even national agencies such as the department for health and human services. The goal of such a campaign is to create widespread awareness of the negative implications of smoking (Fraser et al., 2014). As such, they can use a number of channels such as television, radio, newspaper, and social media. In fact, a social media campaign would work effectively at reaching adolescents and young adults.

**Conclusion**

Population-0based intervention models are valuable in addressing the prevalence of particular risk factors within a society. Such a model is valuable to the public health efforts of reducing smoking among adolescents and adults. CBT is most effective at an individual level while community and school-based education are essential interventions at the midstream level. However, national or upstream interventions such as national and state media campaigns have the potential to realize widespread awareness of the effects of tobacco usage. Overall, a comprehensive population-based approach can have positive implications for reducing the prevalence of risk factors such as tobacco usage.

**References**

Alpert, H. R., Connolly, G. N., & Biener, L. (2012). A prospective cohort study challenging the effectiveness of population-based medical intervention for smoking cessation. *Tobacco control*, tobacco control-2011.

Center for Disease Control. (2018). CDC - Fact Sheet - Adult Cigarette Smoking in the United States - Smoking & Tobacco Use. Retrieved from https://www.cdc.gov/tobacco/data\_statistics/fact\_sheets/adult\_data/cig\_smoking/index.htm

Fraser, D., Kobinsky, K., Smith, S. S., Kramer, J., Theobald, W. E., & Baker, T. B. (2014). Five population-based interventions for smoking cessation: a MOST trial. *Translational behavioral medicine*, *4*(4), 382-390.

Hancock, C., & Cooper, K. (2011). A global initiative to tackle chronic disease by changing lifestyles. *Primary Health Care, 21*(4), 24–26.

Healthypeople.gov. (2010). Foundation Health Measures | Healthy People 2020. Retrieved from http://healthypeople.gov/2020/about/tracking.aspx