But, I Only Smoke Outside...........

From Parents of Tots to Teens: How to Talk about Smoking

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Disclosures

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...dedicated to eliminating children's exposure to tobacco and secondhand smoke
Objectives

In this presentation, we will cover:

• Impact of a pediatric clinician on tobacco use in families
• The 2 As and an R intervention and how to focus the As on those who are not ready to quit
• How to tailor NRT for the reduction of tobacco use
• Recommendations for gradual cessation

Actual Causes of Death in the United States, 2000
Smoking is an infectious disease.

You get it from tobacco companies.
Children and SHS

- Children have little or no control over their exposure.
- Children do not generally understand the health risks posed by SHS.
- Children are regularly exposed in a variety of contexts: home, daycare, family car.

Tobacco and Children

- 21% of U.S. adults smoke.
- Over 30% of U.S. children live with one or more smokers.

2006 Surgeon General’s Report on Secondhand Smoke

- No risk-free level of exposure
- SHS causes
  - lung cancer
  - heart disease
- acute respiratory effects
- SHS can cause SIDS and other health consequences in infants/children.
Secondhand Tobacco Smoke

- A serious health risk for children
- Children exposed to SHS have greater risk/rates of:
  - Decreased lung function
  - Asthma
  - SIDS
  - Upper and lower respiratory track infections: pneumonia and bronchitis
  - Ear infections

Secondhand Smoke and Families

- Children who grow up with parents who smoke are more likely to smoke.
- ~$4.6 billion annual costs associated with SHS.
- Pack-a-day parents spend $1,500/yr - $2,500/yr. ($4-7)

SHS Exposure – Long-Term Effects

- Increased risk of childhood cancers and adult leukemia and lymphoma
- Increased risk of lipid and cholesterol disorders
- Increased risk of metabolic syndrome (associated with diabetes and cardiovascular disease)
- Increased risk of neurocognitive problems
  - ↑ incidence of learning disabilities, ADD/ADHD, behavioral difficulties
Pediatrician Intervention is Important

- Many parents see their child’s health care provider more often than their own
- Pediatricians see roughly 25% of the population of smokers through child visits
- Counseling interventions in the pediatric office setting have been successful:
  - Decreased number of cigarettes smoked and home nicotine levels
  - Increases in parent-reported smoke-free homes and parent-reported quit rates

Pediatric Interventions

- Most (>90%) clinicians report asking about tobacco.
- Many report assessing motivation to quit and discussing health risks.
- Few provide handouts, set quit dates, or plan smoking-related follow-up.
- < 25% of adolescents report having received counseling.

Research in Child Healthcare Settings

- Majority of parents would accept medication to help them quit—only 7% get it
- Majority of parents want to be enrolled in a telephone quitline—only 1% get enrolled
- Majority of parents would be more satisfied with visit if child’s doctor addressed their smoking
They Want to Quit

• 70% of tobacco users report wanting to quit
• Most have made at least one quit attempt
• Cite physician/clinician/health expert advice as important
  — The expert can be a physician, clinician, health care worker - any member of your practice!

But... few adults are “Ready to Quit” in the next 30 days

• You can help these parents as well!
  — Promoting awareness of the risks of smoking to the parent and the child, and the importance of quitting for complete protection creates tension...
  — You can recommend the off-label use of NRT to defer smoking or help them reduce smoking...

Principles of Tobacco Dependence Treatment

• Nicotine is addictive
• Tobacco dependence is a chronic condition
• Effective treatments exist
• Every person who uses tobacco should be offered treatment
Focus Group Findings

• Social desirability bias
  • “modification” of smoking status to avoid lectures
  • Would not divulge “slips” from cessation
  • Have under-reported smoking
  • Smoking by one household member often a source of tension – not always brought up in pediatric office “the doctor can’t help that”
  • Smoking outside is not reported as smoke-exposed child

• Families who were initially identified as non-smoking on entry to a practice were not asked again about smoking status (in spite of a parent relapsing)

• Moms are more often the “gatekeepers” for maintaining a smoke free home
  • At times not willing to risk the relationship
  • Want to maintain peace, rationalize risk to child

Focus Group Findings

• Concepts of Control and Choice
  • “When you see someone smoking in front of their baby it so offensive but they’re within their own boundaries”

• Easier message to respond to “protect kids” vs. “quit now”
  • “I’d do anything to protect them... but... (I) don’t want to be under the scrutiny of others or be told what to do”

We are simply not doing a very good job.

• We don’t ask often enough

• We don’t help well enough

• Sometimes what we do is ineffectual
  • “I don’t think the pediatric doctors are really trained for this, their goal is no smoking, and I understand that and wish I could make it happen.”
  • “I wouldn’t talk to my pediatrician. I would talk to my doctor not my daughter’s doctor. I guess it’s a comfort thing. I feel more comfortable talking to my doctor, not my daughter’s doctor. And I think visits to my daughter’s doctor should focus on my daughter.”
We are simply not doing a very good job.

- It’s more than what we say. It is also how we say it!
  - “I think a lot of it is a little if you’re in there your child is very sick, you are already going to be spooked, and if someone comes at you with an accusatory tone you’re going to be defensive.”
  - “They’ll say does anyone smoke and they’ll come at me full force. And I’m not even the one who smokes. And I try to tell them that he goes outside. But they just throw it at me. He’s not smoking in the house.”
  - “I don’t want to be harassed about it every time.”
  - “I think putting me down about it doesn’t help. If they talk down to me, making me feel small, it makes it so I don’t want to quit. It does make me feel bad.”

So What To Do?

- Ask the RIGHT questions.
- SUPPORT parents in what they are already doing to protect their kids, and HELP them move them toward greater protection.
  - Start from where THEY are, and not from where you want them to be.
  - We have more to offer than just telling them to quit.
  - Help parents get the information to the smokers.

The 5 As

Ask about tobacco use and SHS exposure

Advise to quit

Assess readiness to quit

Assist in quit attempt

Arrange follow-up
Ask families about tobacco use and rules about smoking in the home and car.

Every year, ask families:

"Does any member of the household use tobacco?"

Step One: Ask

If the parent you’re speaking with uses tobacco, ask if they are:

• Interested in quitting?
• Would they like a medication to help them quit?
• Want to be enrolled in the free quitline?
Step One: Ask

If the parent you’re speaking with uses tobacco but says NO, ask if they are:

• Interested in help to maintain a completely smoke free home and car?
• Would they like medication to help them avoid smoking or to reduce smoking?

Step Two: Advise

• Quitting smoking is the best thing you can do to help protect your health and the health of your child.
• I can help you.
• Have you thought about quitting (Assess)?
  • No- exposure reduction
  • Yes- exposure reduction and Assist/Arrange

Nicotine Replacement for Cessation

• OTC: Gum, Patch, Lozenge
• RX: Inhaler, Nasal spray
• Should be combined
  – patch for maintenance, gum or lozenge for strong urges
• Minimize nicotine exposure during pregnancy
Not Interested in Quitting?

- Interested in reducing smoking or replacing cigarettes?
  - Prescribe or recommend NRT medication for cutting down

Nicotine Replacement for Reducing/Deferring Smoking

- Off-label in US
  - Labeled for reduction to quit in UK, Canada, 26 countries worldwide...
- Excellent evidence on safety
- Does not undermine future quits
  - 16 of 19 studies reduce-to-quit INCREASED future cessation
- Can replace cigarettes 1:1 with lozenge, gum, inhaler dosing

Current Recommendations for Gradual Cessation

- None of the currently accepted guidelines recommend gradual
- Meta-analyses either ignore gradual or find gradual ineffective (this is changing!)
What are the other options?

- Gradual Cessation: Smokers currently interested in quitting: Reduce as a way to stop
- Harm Reduction: Smokers not currently interested in stopping: Goal is improved health/Protection of non-smokers from SHS
- Reduce-to-Stop: Smokers not currently interested in quitting: goal is cessation, eventually

Clinical Rationale

- Successive approximation to goal
- Provide for gradual mastery of non-smoking skills
- Reduce dependence before quitting
- Disrupt condition of smoking behavior & situations

Why might this work for the smoker?

- It is different than an abrupt stop
- I can call any change a success
- I can tell others I am working on quitting
- No commitment to quit date - less “failure”
- If I fail to quit, at least I will be smoking less
The Instructions

• Parents pick THEIR OWN goal:
  – Deferring smoking
  – Cutting down
  – Reduce-to-quit
  – Quit
• Two week supply of NRT
  – Gum, lozenges, patches
• Instructions for use based on goals

Selected Results

• Of 55 initially enrolled, 37 followed up at 4 weeks
  – 86% of the sample tried the NRT
    • 49% intended to use it to quit,
    • 31% to cut down, and
    • 9% to avoid smoking in places they shouldn’t
  – 56% of subjects reported NRT was “extremely helpful” as a substitute for smoking
    • Only 17% said that NRT was extremely helpful in their attempt to quit/cut down!

Selected Results

• At enrollment, 89% of subjects were daily smokers.
  – 4 week follow-up, 64% were daily smokers, and 3 (8%) reported not smoking at all (Quitters!).
• Self reported mean number of cigarettes smoked went from 17.9 to 7 cigarettes at the 4 week point.
Selected Results

- 66% of households that previously reported in-home smoking now report no smoking in the home (p=0.013)
  - Complete no smoking in home “rules” went from 61% to 75%. (p=0.001)
  - Complete no smoking in car “rules” went from 29 to 41%. (p N5)

REMINDER-
Step Two: Advise

Encourage ALL families with smokers to maintain a
100% Smoke-Free Home and Car

Be Specific...

- Having a Smoke Free Home means no smoking ANYWHERE inside the home or car!
- It DOES NOT mean smoking:
  - Near a window or exhaust fan
  - In the car with the windows open
  - In the basement
  - Inside only when the weather’s bad
  - Cigars, pipes, or hookahs
  - On the other side of the room
Need more information?
The AAP Richmond Center

www.aap.org/richmondcenter

Audience-Specific Resources
State-Specific Resources
Cessation Information
Funding Opportunities
Reimbursement Information
Tobacco Control E-mail List
Pediatric Tobacco Control Guide