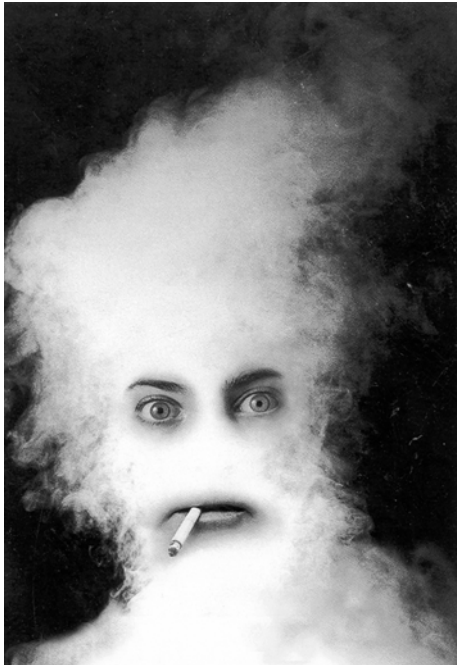
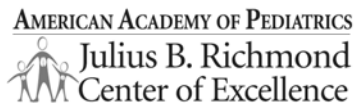


How Child Health Providers can Help Family Members Quit Tobacco Use

Jonathan Winickoff, MD MPH FAAP
The AAP Julius B. Richmond Center of Excellence
MGH Center for Child and Adolescent Health Policy
www.ceasetobacco.org
June 30, 2010



Disclosures

Dr. Winickoff has **never** had any financial interest or other relationship with the manufacturer(s) of the product(s) or provider(s) of the service(s) that will be discussed in this presentation.

The CEASE project is funded by NIH and the Flight Attendant Medical Research Institute.

This session will discuss off-label use of nicotine replacement therapies for reducing cigarette use and deferring smoking.

Cover
Illustrated Surgeon General's Report on Smoking
Alfred Gescheidt, 1964

Learning Objectives

- Discuss burden of tobacco use on the family
- Describe how child health practices can effectively treat all members of the household that use tobacco
- At the end of this session, the participant will understand:
 - The new third-hand smoke concept and implications for practice
 - Incorporating the third-hand smoke concept into a motivational messaging approach with families
 - Implementing the basic 3-step CEASE strategy in your busy office practice to eliminate tobacco use in the families you serve

THE ROANOKE TIMES
Monday, September 20, 2004



STEPHANIE KLEIN-DAVIS | The Roanoke Times

Mellisa Williamson, 35, a Bullitt Avenue resident, worries about the effect on her unborn child from the sound of jackhammers.

First Hand Smoke

The smoke inhaled into the lungs while smoking

Recognized as harmful in 1950

(Doll and Hill), Surgeon General Report of 1964

5

Second-hand Smoke

The smoke exhaled from smoking, or from the burning tip of a cigarette

First mentioned in SG report 1972, recognized as harmful to children in 1974 (Harlap), first full report in 1986

6

What is Third-hand Smoke?

- Third-hand smoke is the left-over contamination in a room/car/clothing that persists after the cigarette is extinguished
 - The condensate on the glass from a smoking chamber was used in one of the first studies linking smoking and cancer (Wynder, 1953)
 - Homes and cars in which people have smoked may smell of cigarettes for long periods

7

We asked people about the concept...

- Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement:
- “Breathing air in a room today where people smoked yesterday can harm the health of infants and children”

8

What did we find?

- Of parents surveyed:
 - 93% agreed SHS harms kids
 - 61% agreed that breathing the air where someone smoked yesterday causes harm...
 - 63% of non-smokers and 44% of smokers
 - 22% didn't know
 - 17% disagreed
- Agreeing with this statement independently predicted strict home smoking bans

9

The Media has Popularized the Third-Hand Smoke Concept



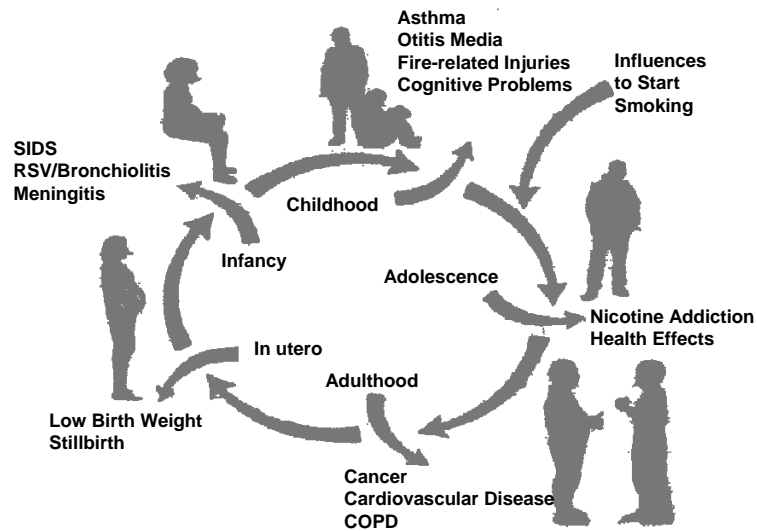
10

Why Are We So Concerned?

- Surgeon General's report 2006:
 - “no known safe level” of exposure
- Over 250 toxic constituents of tobacco smoke

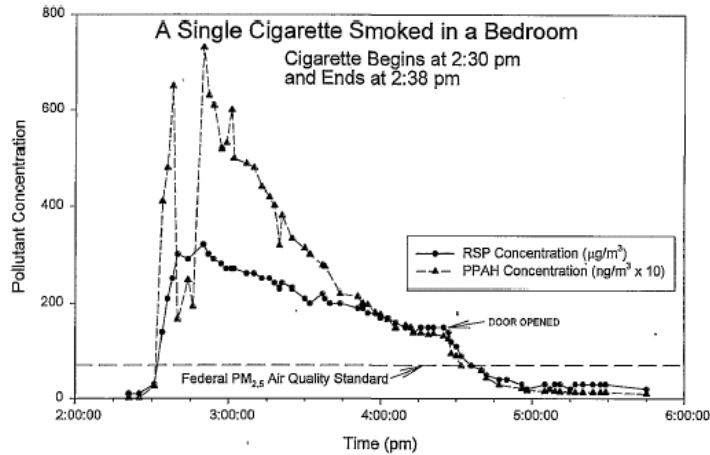
11

The Life Cycle Effects of Smoking



Arch Pediatr Adolesc Med. 1997

Effect of Cigarette Smoke on Indoor Air Quality



...it takes TWO hours for the air quality to return to normal for levels of CO, fine particles and particulate aromatic hydrocarbons..

Ott et al. 2003. J. Air & Waste Manage. Assoc.

Effect of a cigar smoked in another room on air quality

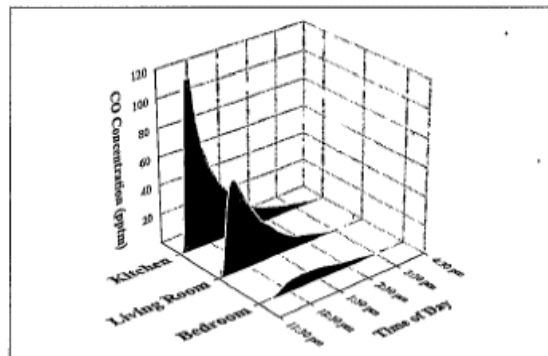


Figure 10. The CO time series in three rooms of the house after a cigar was smoked in the kitchen. The kitchen door was open 3 in. and the bedroom window and door were closed.

Ott et al. 2003. J. Air & Waste Manage. Assoc.

The Cessation Imperative

The only way to protect non-smoking family members *completely* is for all family smokers to *quit completely*

15

Cessation is the Goal

- Eliminate the #1 cause of preventable morbidity and mortality
- Eliminate tobacco smoke exposure of all household members
- Decrease economic impact
 - Average cost per pack across US >\$7.25
- Decrease teen smoking rates

16

Tobacco Users Want to Quit

- 70% of tobacco users report wanting to quit
- 44% have made at least one quit attempt in the past year
- Users say expert advice is important to their decision to quit
 - The expert can be a physician, clinician, health care worker - any member of your practice!

17

Research in Child Healthcare Settings

- Majority of parents would accept medications to help them quit—only 7% get it (Winickoff et al 2005)
- Majority of parents want to be enrolled in a telephone quitline—only 1% get enrolled (Winickoff et al 2005)
- Majority of parents would be more satisfied with visit if child's doctor addressed their smoking (Cluss 2002; Frankowski 1993; Groner 1998; Klein 1995)

18

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 U.S. smokers through child visits
- 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

Principles of Tobacco Dependence Treatment

- Tobacco dependence is a chronic, relapsing condition
 - Nicotine is addictive
 - Effective treatments exist
 - Every person who uses tobacco should be offered treatment

Three Easy Steps

- Step 1: Ask
- Step 2: Assist
- Step 3: Refer

21

Step One: Ask

Ask families about tobacco use and rules about smoking in the home and car

Every year, ask families:

“Does your child live with anyone who uses tobacco?”

22

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?**

23

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?**

24

Step Two: Assist

- Use the responses on Step One to guide how you assist with addressing tobacco use.
 - Interested in Quitting?
 - Set a quit date in the next 30 days
 - Prescribe or recommend medication for assisting quit
 - Enroll in Quitline
 - Document services delivered to enhance complexity of visit to level 4

25

Nicotine Replacement for Cessation

- OTC: Gum, Patch, Lozenge
- RX: Inhaler, Nasal spray
- Can (should?) be combined
 - patch for maintenance, gum or lozenge for strong urges (combination use is off-label)
- Minimize nicotine exposure during pregnancy

26

Not Interested in Quitting?

- Interested in reducing smoking or replacing cigarettes?
 - Prescribe or recommend NRT medication for cutting down
- Document services delivered to enhance complexity of visit to level 4

27

A New Health Message: Tobacco Smoke Contamination, or Third-Hand Smoke...

Sometimes it's easy to see what can hurt your kids...



But sometimes it's not.



Tobacco smoke stays around in your clothes, house and car long after you put out the cigarette.

Quit smoking today.



Keep your home and car smoke-free at all times.

Talk to your child's doctor or nurse for help.

Call the quitline or visit www.ceasetobacco.org for more help.

CEASE
1-800-QUIT-NOW
1-800-784-8669
www.ceasetobacco.org



28

Nicotine Replacement for Reducing/Deferring Smoking

- Off-label in US
 - Labeled for reduction to quit in UK, Canada, 26 countries world wide...
- 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

29

Before the Quit Date: Bupropion (Zyban®/Wellbutrin®)


- Start 2 weeks BEFORE quit date
- 150 mg QAM for 3 days, then increase dose to 150 mg BID
 - Doses should be at least 8 hours apart
 - Use for 7-12 weeks after quit date; longer use possible
- Don't use with seizure disorder
- May be combined with NRT

30

The New Drug: Varenicline (Chantix®)

- Start 1 week BEFORE quit date
- 0.5 mg QD for 3 days, then 0.5 mg BID for 4 days, then 1 mg BID for 12 weeks or longer
 - After a meal with a full glass of water
 - Use for 12 weeks after quit date; longer use possible
- Nausea, sleep problems common SE
- Concurrent use with NRT may increase nausea
- Black Box warning for neuropsychiatric sx
- 22% of subjects quit smoking to 52 week follow up

31



Talk to your child's doctor today about medicines to help you quit smoking

Medicine	Dosage	Initial	MAX	Treatment Duration
NICOTINE PATCHES/TRANSDERMALS				
PATCHES (OTC)				
Nicotine Patch	21 mg (patch 21-day)	1 patch/24-hours	Same as above	Treatment Duration: 8 wks
Nicotine Patch	14 mg (patch 14-day)	1 patch/24-hours	Same as above	Treatment Duration: 8 wks
Nicotine Patch	7 mg (patch 7-day)	1 patch/24-hours	Same as above	Treatment Duration: 8 wks
GUM (OTC)				
Nicotine Gum	2 mg (OTC)	1 piece every 1-2 hrs	24 pieces/day	Treatment Duration: 8-12 wks
Nicotine Gum	4 mg (Rx)	1 piece every 1-2 hrs	24 pieces/day	Treatment Duration: 8-12 wks
INHALER				
Nicorette Inhaler	10 mg inhaler	1-2 inhalers	3 inhalers or 40 inhaler puffs	Treatment Duration: 3-6 mos
Nicorette Inhaler	10 mg inhaler	6-16 inhaler puffs/day	16 inhaler puffs/day	Treatment Duration: 3-6 mos
LOZENGES (OTC)				
Nicorette Lozenge	2 mg	1 lozenge 1-2 hrs (wks 1-4)	1 lozenge 4 hrs (wks 5-8)	Treatment Duration: 12 wks
Nicorette Lozenge	2 mg	1 lozenge 1-2 hrs (wks 1-4)	1 lozenge 4 hrs (wks 5-8)	Treatment Duration: 12 wks
NONNICOTINE MEDICATION				
BUPROPION HCL XR				
Zyban	150 mg tablet	150 mg/day (days 1-3)	300 mg/day (day 4)	Treatment Duration: 7-12 wks
Zyban	150 mg tablet	150 mg/day	300 mg/day	Treatment Duration: 7-12 wks
VARENICLINE				
Chantix	0.5 mg tablet	Starts pack (days 1-3)	1 mg twice a day (days 4-12)	Treatment Duration: 12 wks

Inclusion of this child drug does not imply that it meets the criteria for the provision. Consult with the "partner" link. Reference the complete information and contraindications. This data does not indicate or constitute insurance coverage for any of these medications. For insurance/benefit coverage, contact insurance directly.

WWW.CEASETOBACCO.ORG ceasetobacco@partners.org

32

Step Three: Refer

Refer families who use tobacco to
outside help

- Use your state's "fax to quit" quitline enrollment form
- Arrange follow-up with tobacco users
- Record in the child's medical record

33

NYS Smokers' Quitline!

The Quitline is a free and confidential program providing evidence-based stop smoking services to NYS residents who want to stop smoking or using other forms of tobacco.

1-866-NY-QUITS (1-866-697-8487)
nysmokefree.com

34

NY Quitline Services

- Coaching and Educational Materials in English and Spanish
- Multi-lingual Services
- Online Smokefree Community
- Nicotine Replacement Starter Kit
- Provider Referral Program
- Services for Non-Tobacco Users

Arrange Follow Up

- Plan to follow up on any behavioral commitments made
 - Just asking at the next visit makes a big impression
- Schedule follow-up in person or by telephone soon after the quit date, for those who have committed to quit

An Easy (and proven) Way to
Put it all Together....

The CEASE Program

Clinical Effort Against
Secondhand Smoke Exposure


37



CEASE Training Manual

A quick reference for your office


CEASE training materials



CEASE Training Manual
A reference for your office

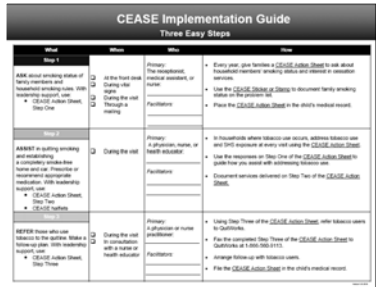
Help all families quit smoking this year in three easy steps.

www.ceasetobacco.org



CEASE Training Manual Appendix
In-depth information for your office

www.ceasetobacco.org

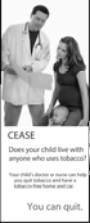


CEASE Implementation Guide
Three Easy Steps

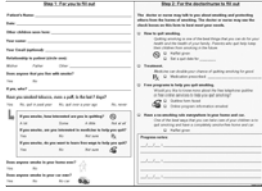
What	When	Who	How
STEP 1 Ask about smoking status of all the front desk staff, receptionists, and healthcare workers. Use the CEASE Action Sheet.	On the front desk During the CEASE training	Primary: The receptionist, medical assistant, or nurse Facilitator	<ul style="list-style-type: none"> Every year, give families a CEASE Action Sheet to ask about household members smoking status and request a cessation referral. Use the CEASE Action Sheet to document family smoking status on the previous visit. Place the CEASE Action Sheet in the client's medical record.
STEP 2 Assist in getting smoking and cessation information, a complete tobacco use history and use, presence of treatment appropriate medication, with individualized counseling. Use the CEASE Action Sheet.	During the visit	Primary: A physician, nurse, or health educator Facilitator	<ul style="list-style-type: none"> In households where tobacco use occurs, address tobacco use and CDT exposure at every visit using the CEASE Action Sheet. Use the information on the CEASE Action Sheet to guide how you assist with a smoking history visit. Document services delivered on Step Two of the CEASE Action Sheet.
STEP 3 Refer those who use tobacco to the office. Make a referral for cessation with a nurse or health educator. Use the CEASE Action Sheet.	During the visit in consultation with a nurse or health educator	Primary: A physician or nurse, health educator Facilitator	<ul style="list-style-type: none"> Using Step Three of the CEASE Action Sheet, refer tobacco users to quitlines. File the completed Step Three of the CEASE Action Sheet to Quitlines at 1-800-855-1234. Arrange follow-up with tobacco users. File the CEASE Action Sheet in the client's medical record.

CEASE intervention materials


(www.ceasetobacco.org)




CEASE brochure




CEASE Action Sheet
Front




CEASE Action Sheet
Back



Home halflet



Pre-printed prescription for NRT patch



Pre-printed prescription for NRT gum

CEASE Posters

*Sometimes it's easy to see
what can hurt your kids.*



*But sometimes it's not.
The toxins from cigarette
smoke can hurt your children
long after the cigarette is out.*



*Your child's doctor can
help you quit smoking
and have a completely
smoke-free home and car.*



43

But How?

- Clinical Staff: Can ASK, ASSIST, and REFER
- Administrative Staff: Can keep materials stocked and administer screening questionnaires
- Management: Need to support the “cause”

44

The Assets

- You and your staff and colleagues can be effective!
- Patients and their families expect to hear about tobacco
- The changing culture is making it harder to use tobacco

45

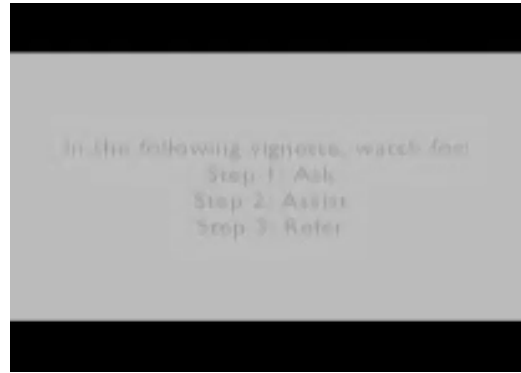
Link to Video

- Demonstration
- 5 available pediatric tobacco control scenarios
- Full training video is available on the website

www.ceasetobacco.org

46

Six Month Follow Up Exam



47



48



CEASE

Clinical Effort Against Secondhand Smoke Exposure

Help every family quit smoking this year in three easy steps.

Quick Links

- [Donate](#)
- [Contact Us](#)
- [News](#)
- [Site Map](#)

Welcome

Tobacco use is a serious health issue for all family members. Child healthcare clinicians are in a unique and important position to address smoking because of the regular, multiple contacts with families and the harmful health consequences to their patients. The CEASE Module was developed to help child healthcare clinicians tailor their office setting to address family tobacco use in a routine and effective manner.

CEASE was developed after extensive research in the adult and child healthcare settings, based on the current best practices for the adult setting. The CEASE Module is currently being scientifically evaluated by a team of tobacco control experts, pediatricians, public health professionals, and dissemination specialists.

For more information on how CEASE can help you address family smoking, visit:
[Getting Started with CEASE.](#)

[Video Introduction](#)

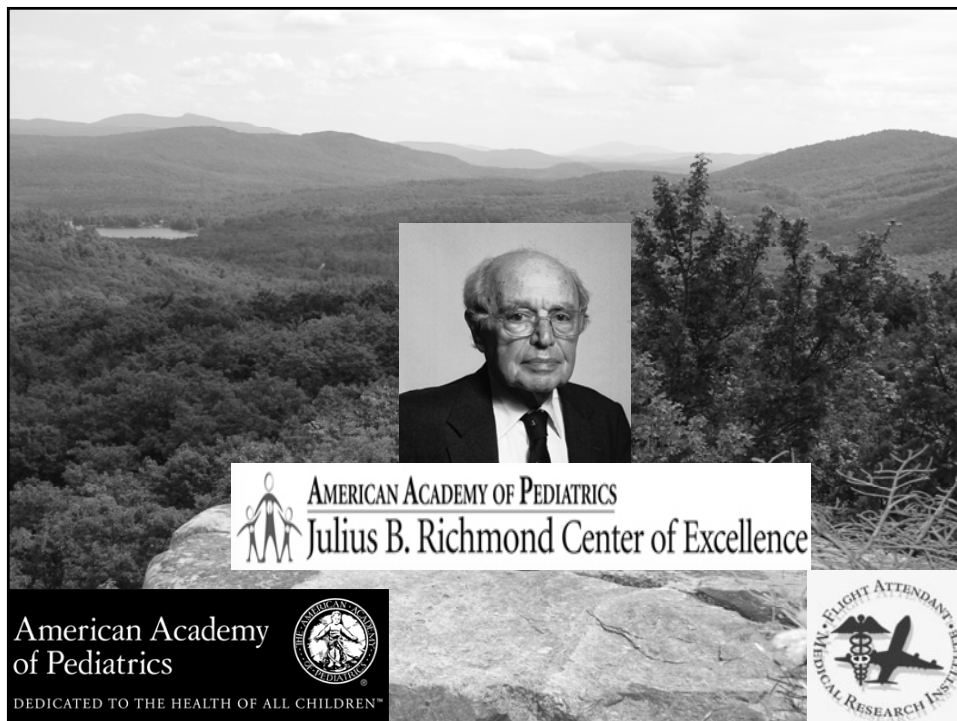
Summary

- Pediatric outpatient settings should be used to deliver tobacco dependence treatments to mothers and fathers
- Families should be the number one priority population for tobacco control efforts

Team Effort

- **MGH:** Joan Friebely, Susan Regan, Bethany Hipple, Niki Hall, Nancy Rigotti, Yiuchiao Chang
- **PROS:** Stacia Finch, Eric Slora, Victoria Weiley, Mort Wasserman, Hiedi Woo, PROS Coordinators, PROS Steering
- **AAP/Tobacco Consortium/Richmond Center:** Jonathan Klein, Debbie Ossip-Klein
- **National Advisory:** Sue Curry, Michael Fiore, Don Berwick, Mel Hovell

51



References

1. Winickoff JP, Friebely J, Tanski SE, Sherrod C, Matt GE, Hovell MF, McMillen RC. Beliefs about the health effects of "Thirdhand" smoke and home smoking bans. *Pediatrics*. 2009;123:e74-e79. PMID 19117850
2. Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry S, et al. *Treating tobacco use and dependence 2008 Update. Clinical practice guideline*. Rockville, MD. U.S. Department of Health and Human Services. Public Health Service.
3. Frankowski BL, Weaver SO, Seeker-Walker RH. Advising parents to stop smoking: pediatricians' and parents' attitudes. *Pediatrics* 1993;91(2):296-300
4. Hammond D, Reid JL, Driezen P, Cummings KM, Borland R, Fong GT, McNeill A. Smokers' use of nicotined replacement therapy for reasons other than stopping smoking: findings from the ITC Four Country Survey. *Addiction* 2008; 103: 1696-1703.
5. Roseby R, Waters E, Polnay A, Campbell R, Webster P, Spencer N. Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke. *Cochrane Database of Systematic Reviews* 2002, Issue 3. Art. No.: CD001746.DOI: 10.1002/14651858.CD001746.
6. U.S. Department of Health and Human Services. *Children and Secondhand Smoke Exposure. Excerpts from The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2007.
7. West R, & Sohal T. "Catastrophic" pathways to smoking cessation: Findings from national survey. *British Medical Journal* 2006; 332, 458 - 460.
8. Winickoff JP, Tanski SE, McMillen RC, et al. Child health care clinicians' use of medications to help parents quit smoking: a national parent survey *Pediatrics* 2005; 115(4): 1013-1017.