Quitting Tobacco: Let’s Keep Talking to Parents

About 18% of the US adult population smoke cigarettes, a major decline from 1960s rates. Yet astoundingly, more than half of US children have evidence of tobacco smoke exposure. Children’s exposure to second-hand smoke (SHS) comes mainly from the home. Pediatricians see these children every day and are well aware of health consequences. However, clinicians may wonder whether it is useful to spend limited office time discussing quitting with parents. The study by Winickoff et al in this issue of Pediatrics reaffirms that counseling parents about quitting tobacco can yield results.

An earlier publication about the Clinical and Community Effort Against Secondhand Smoke Exposure (CEASE) Program showed that CEASE was successfully implemented in pediatric office practices. Intervention practices were given CEASE training and materials, thus changing office systems to provide evidence-based assistance to parents who smoke. In interviews after visits, parents in intervention practices were 12 times more likely to report that pediatricians provided meaningful tobacco control assistance, compared with reports from control practices. “Meaningful assistance” was defined as counseling (eg, discussing stop-smoking strategies) beyond simple advice, prescription of Food and Drug Administration–approved medication, or referral to Quitlines. The current work showed sustained gains: 12 months after training ended, significantly more parents from intervention practices reported that their child’s pediatrician provided meaningful assistance, compared with parents from control practices.

Swabs were sent to parents who reported quitting and who agreed to test their salivary cotinine. The randomized controlled trial did not find a significant difference in cotinine-confirmed quit rates between intervention and control practices. Parental quit rates in both were similar and surprisingly low (~4% in each group). However, if all participants in intervention and control groups are combined (disregarding whether they received CEASE intervention or not), smokers who reported any assistance had confirmed quit rates almost twice as high as those of smokers who did not receive assistance. This finding emphasizes the importance of pediatricians’ advice. Greater amounts of help resulted in higher chances of quitting.

Control group pediatricians were aware of their involvement in a tobacco control study, perhaps resulting in more focus on tobacco. Alternatively, they may previously have become educated about the deleterious effects of tobacco and SHS and about how to promote cessation. Information from the American Academy of Pediatrics, Surgeons General, the Centers for Disease Control and Prevention, residency programs, and other sources may have led to offering productive advice.

Evidence about the effectiveness of clinician-delivered smoking cessation interventions demonstrates that counseling and pharmacotherapy are effective for adults coming to their own physicians. The US Preventive Services Task Force recommends that clinicians ask all

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ABBREVIATIONS

CEASE—Clinical and Community Effort Against Secondhand Smoke Exposure
SHS—secondhand smoke

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adults about tobacco use and provide cessation interventions for tobacco users. This recommendation received an “A” rating, meaning that there is “high certainty that the net benefit is substantial.” Even brief advice, <3 minutes, is beneficial, resulting in behavior change in some people.

The US Public Health Service stated “Cessation counseling delivered in pediatric settings has been shown to be effective in increasing cessation among parents who smoke. Therefore, to protect children from secondhand smoke, clinicians should ask parents about tobacco use and offer them cessation advice and assistance.” A 2013 Cochrane review of advice (without pharmacotherapy) stated “Simple advice has a small effect on cessation rates. Assuming an unassisted quit rate of 2 to 3%, a brief advice intervention can increase quitting by a further 1 to 3%.7

This CEASE intervention did not succeed in producing more confirmed quitters in intervention practices, perhaps because more parents in intervention practices were lost to follow-up or because the sample size was too small to detect a difference. For busy clinicians, though, the study’s main take-home point is that giving advice can have positive effects, consistent with previous findings and recommendations.5–7

Tobacco is still the leading preventable cause of morbidity and mortality in the United States, resulting in 480,000 deaths per year.8 Prenatal and SHS exposure take huge tolls on children, including asthma exacerbations and deaths from sudden infant death syndrome. It is therefore critically important for pediatricians to continue talking to parents who smoke and advising them to quit. Even if the effect is small, if clinicians across the country consistently give advice about quitting, there can be a large effect on the population as a whole. Opportunities begin in the newborn nursery and NICU and continue in outpatient and inpatient settings. Pediatricians also have important roles in preventing youth from trying a first cigarette. Given tobacco’s great toll, we always should ask and advise about tobacco. Every smoker who does not receive advice represents a missed opportunity.7 Tobacco awareness and action should become more firmly and routinely fixed in our minds as we provide care to children and families and as we teach residents and other trainees. Pediatricians’ sustained attention to tobacco in daily practice is a key component of ending the tobacco epidemic.

REFERENCES

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