# *Thirdhand Smoke: Clinical and Policy Approaches*

**Thursday, September 27, 2012 - 1:00 pm ET**

## Welcome Pioneers for Smoking Cessation

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Smoking Cessation Leadership Center

CADCA® *Building drug-free communities.*

# During the Webinar

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- **All phone lines will be muted during the presentation**
- **Do NOT put phone on hold**
- **Turn OFF your webcam by clicking on the camera icon** 
- **Webinar is being recorded**
- **Questions are encouraged throughout via the chat box**

# Webinar Objectives:

- Provide a brief overview of secondhand and thirdhand smoke
- Learn ways to promote a smoke-free home and work environment
- Discuss strategies providers can use to address exposure to both secondhand and thirdhand smoke among patients

# Moderator

- **Catherine Saucedo**
  - *Moderator*
  - **Deputy Director**

    **Smoking Cessation Leadership Center, University of California, San Francisco**

    **csaucedo@medicine.ucsf.edu**

# Agenda

- **Welcome and Greetings**
  - Catherine Saucedo, Deputy Director, SCLC, ***moderator***
  - Alicia Smith, xxx, CADCA
  - Steve Schroeder, Director, SCLC
- Presentation from Jonathan Winickoff, MD, MPH
  - *Associate Professor of Pediatrics, Harvard Medical School*
- Questions & Answers
- Technical Assistance and Closing Remarks

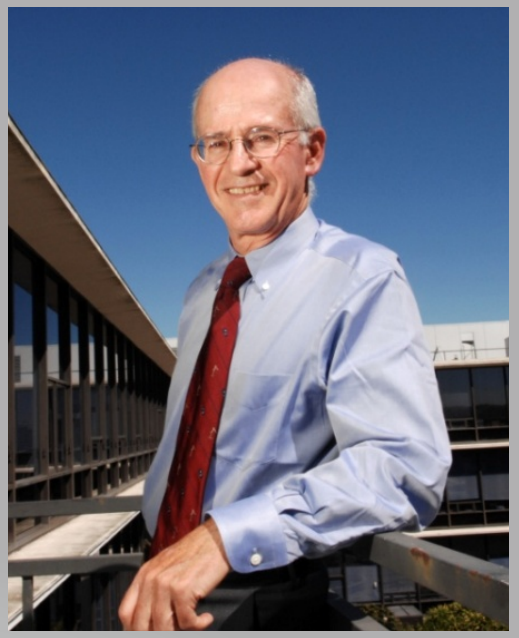
*Disclosure: Faculty speaker, moderator, and planning committee members have disclosed no financial interest/ arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.*

# Greetings from CADCA


- **Alicia D. Smith, MPH**
  - **Project Manager,**
    **Tobacco Programs, CADCA**
    **asmith@cadca.org**

# Welcome

- **Steven A. Schroeder, MD**
  - Director, Smoking Cessation Leadership Center
  - Distinguished Professor of Health and Health Care, Department of Medicine, UCSF



# Today's Presenter

- **Jonathan P. Winickoff, MD, MPH**
  - Associate Professor of Pediatrics, Harvard Medical School
  - MGH Center for Child and Adolescent Health Policy

MassGeneral Hospital for Children

American Academy of Pediatrics

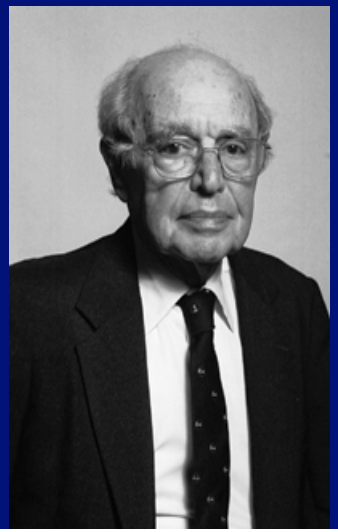
DEDICATED TO THE HEALTH OF ALL CHILDREN™

# Thirdhand Smoke: Clinical and Policy Approaches

**Jonathan P. Winickoff, MD, MPH**
**Associate Professor in Pediatrics**
**Harvard Medical School**
**September 27, 2012**

American Academy of Pediatrics
Julius B. Richmond Center of Excellence

AMERICAN ACADEMY OF PEDIATRICS
Julius B. Richmond Center of Excellence



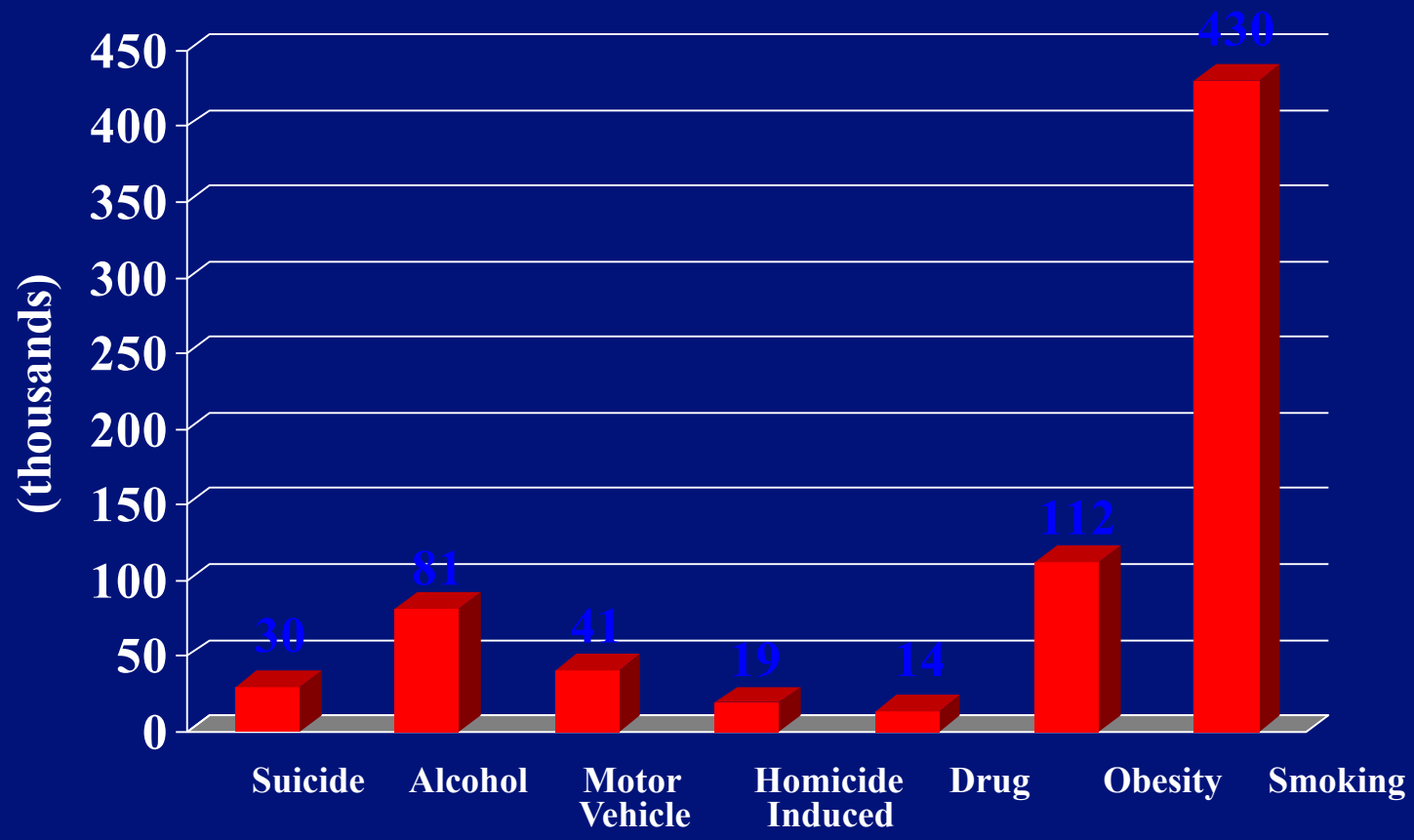
***…dedicated to eliminating children's exposure to secondhand smoke and tobacco***

***And***

***…ensuring that all clinicians ask the right questions about tobacco and secondhand smoke exposure***


Scientific Knowledge
Social Strategies
Political Will

# Comparative Causes of Annual Preventable Deaths in the United States




Sources: (AIDS) HIV/AIDS Surveillance Report 1998; (Alcohol) McGinnis MJ, Foege WH. Review: Actual Causes of Death in the United States. JAMA 1993; 270:2207-12; (Motor vehicle) National Highway Transportation Safety Administration, 1998; (Homicide, Suicide) NCHS, vital statistics, 1997; (Drug Induced) NCHS, vital statistics, 1996; (Smoking) SAMMEC, 1995

# Tobacco Smoke Ingredients

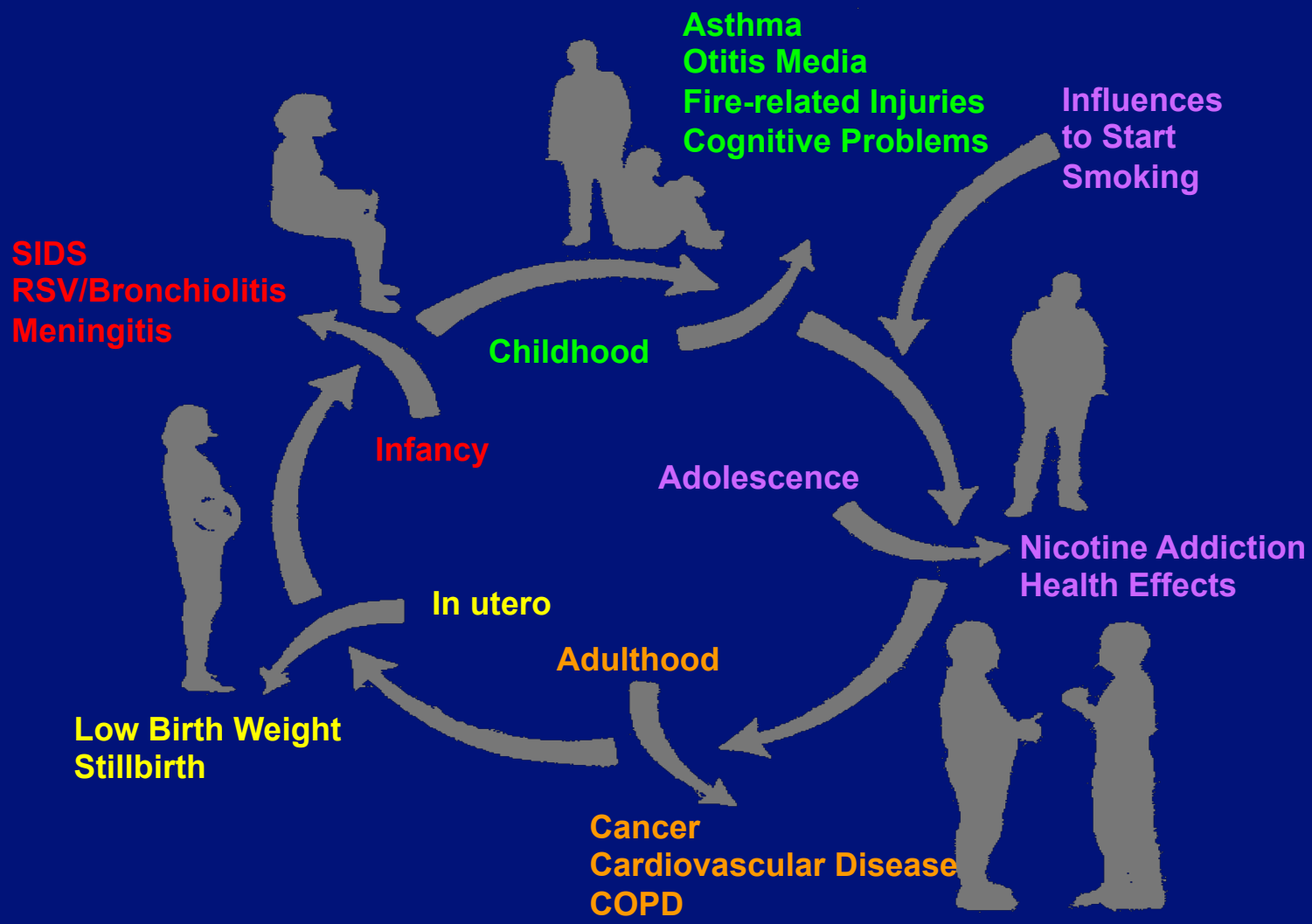
There is **NO**
risk-free level of exposure to
tobacco smoke.

US Department of Health and Human Services (2008)

# Children and Tobacco Smoke

- Asthma, RSV pneumonia, SIDS, Otitis media, Metabolic Syndrome, Dental caries
- School absenteeism
- Sleep problems
- Hospitalizations
- Developmental delay

# The Life Cycle Effects of Smoking






*Arch Pediatr Adolesc Med.* 1997

# Even at Low Levels of Exposure? Yes

**Yolton et al; using NHANES,**

- Demonstrated a significant inverse relationship between a biomarker of tobacco smoke (cotinine) and block design, reading, and math scores

**Wilson, et al; also using NHANES,**

- Relationship between cotinine levels and serum levels of antioxidants, vitamin C, and carotenoids

# 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**

# Third-Hand Smoke: The 3 R's

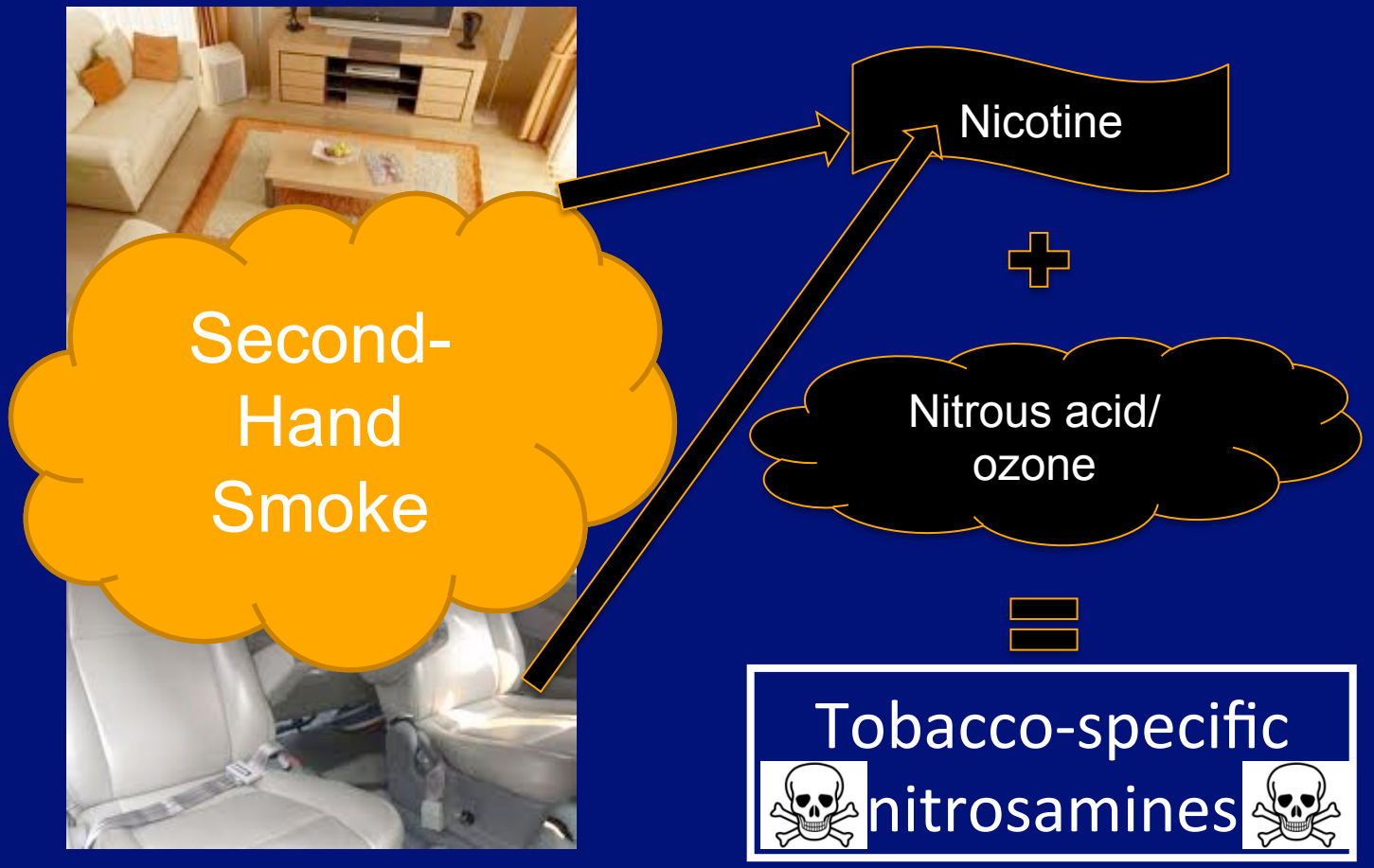
Remain on surfaces, in dust

Re-emitted into gas phase

React with oxidants to yield secondary pollutants

Burton (2011)

# Third-Hand Smoke




Burton (2011), Dreyfuss (2010), Tuma (2010)

# Thirdhand Smoke

# The Media has Popularized the Third-Hand Smoke Concept

# Environments with Potential THS Exposure

- Homes of smokers
- Apartments & homes previously occupied by smokers
- Multi-unit housing where smoking is permitted
- Automobiles of smokers (used cars)
- Hotel rooms

# Evidence of THS Exposure Indoors

- **House dust & surfaces contain:**
  - **nicotine**
  - **3-ethenylpyridine (3-EP)**
  - **polycyclic aromatic hydrocarbons**
  - **NNK**
  - **nicotelline**

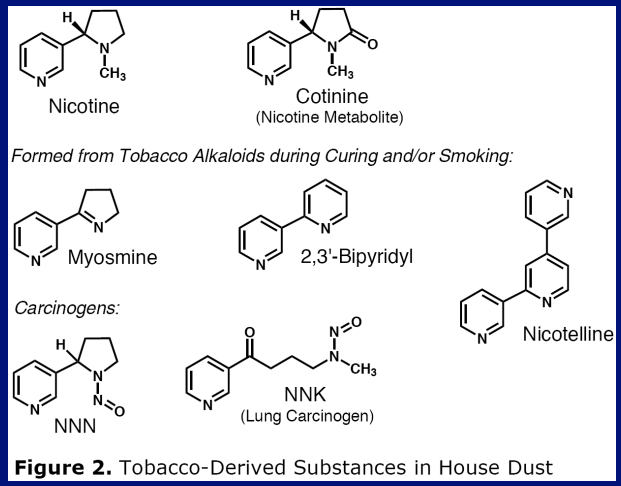


**Figure 2.** Tobacco-Derived Substances in House Dust

- **Depending on the compound, rates of these compounds may be 50 times higher in homes where people smoke**

# Possible Routes of Exposure—Dermal uptake

- Effective exposure depends on area of skin in contact with contaminated surfaces/body volume
- Sources: surfaces, dust, clothes, bedding--Thirdhand smoke dominates
- Children>adults
- Proof of concept
  1. Nicotine toxicity in child harvesters of tobacco
  2. Wynder, painting tobacco condensate on mice

# Dermal Absorption of TSNAs

- Manuela Martins-Green (UC Riverside) and Peyton Jacob III
- Dermal application of NNK in mice
- NNAL and iso-NNAL measured in urine with positive exposure time–urine concentration relationship

# Pathophysiological Implications

- Low level cumulative exposure over long periods of time
- Potential exposure to irritants, oxidants, pro-inflammatory chemicals, carcinogens, vascular toxins

# Possible Routes of Exposure—Ingestion

- Effective Exposure depends on quantity of contaminated dust ingested/body weight
- Sources: dust, toys, food, mouthing behaviors-- thirdhand smoke dominates
- Children>adults…might be 20 times greater
- Proof of concept
  1. Children in homes where smoking has occurred in the past have detectable cotinine levels
  2. Level of contamination in dust of bedroom correlates with cotinine levels

# Possible Routes of Exposure—Inhalation

- Effective exposure depends on respiratory exchange rate and body weight
- Source: air--Secondhand smoke usually dominates but THS may dominate when spaces are heavily contaminated and active smoking occurs when child not present
- Children>adults
- Proof of concept: passive air monitoring

# Biomarker Ratios as a Better Tool to Indentify THS Exposure

NNK/nicotine – environmental assessment

Urine NNAL/cotinine – human exposure

- Rationale
  - As smoke ages nicotine levels decline and TSNA levels rise
  - Metabolism converts nicotine to cotinine and NNK to NNAL

# The NNAL/Cotinine Ratio in Active and Passive Smokers and in Kids

Urine NNAL/Cotinine Ratio X $10^{-4}$

| Active Smokers | Passive Smokers | Tots[1] |
|---|---|---|
| 1.2 | 6.6 | 74 |

This suggests that measuring cotinine only would underestimate NNK exposure,[2] and is consistent with our hypothesis that the ratio is higher in people exposed to THS as compared to SHS (Hand to mouth behavior in toddlers)


1. Healthy Tots Project – San Diego State University, Mel Hovell and Joy Zakarian
2. Benowitz N, Goniewicz ML, Eisner MD, Lazcano-Ponce E, Zielinska-Danch W, Koszowski B, Sobczak A, Havel C, Jacob P 3rd. Urine cotinine underestimates exposure to the tobacco-derived lung carcinogen 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone in passive compared with active smokers. Cancer Epidemiol Biomarkers Prev. 2010:2795-800.

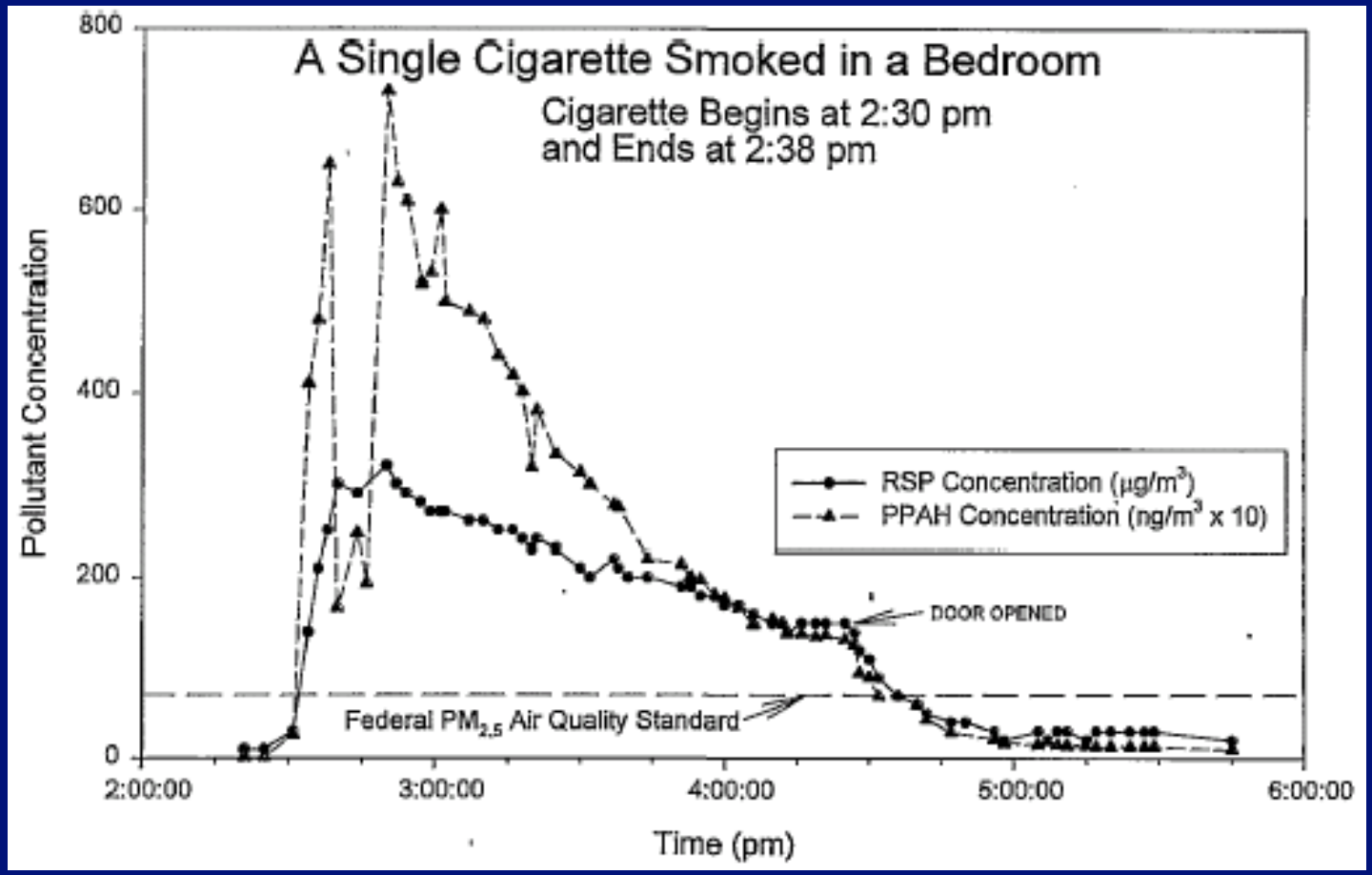
# Thirdhand Smoke Accumulates

- THS accumulates in the homes of people who smoke
- Matt et. al. showed that even after a home remain vacant for 2 months and a prepared for the new residents, THS contamination remains on surfaces and in house dust.
- Non-smokers living in former smokers homes are exposed to tobacco smoke toxins.

# Reason for Concern

- Exposure through shared ventilation, along air ducts, leaky walls.
- The numbers add up quickly, if just 5 people in a building smoke ½ pack of cigarettes in their apartment each day—5 X 10 X 365; the load to the building is over 18,000 cigarettes each year.

# Effect of a Single Cigarette on Indoor Air Quality




…it takes TWO hours for the air quality to return to minimum federal safety standard for fine particles and particulate aromatic hydrocarbons..



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

# Can smoking in one unit contaminate another unit?

- Kraev et al. (2009) demonstrated, using "Hammond" filters, that air in 89% of non-smoking units was contaminated with nicotine.
- When another resident smelled cigarette smoke the levels in that apartment were higher.
- But people didn't need to smell cigarette smoke to be contaminated.

# Does this Exposure Get into Children?

- Whatever the combination of involuntary (SHS+THS) exposure…

  Do children who live in multiunit housing have higher cotinine levels than children who live in detached housing

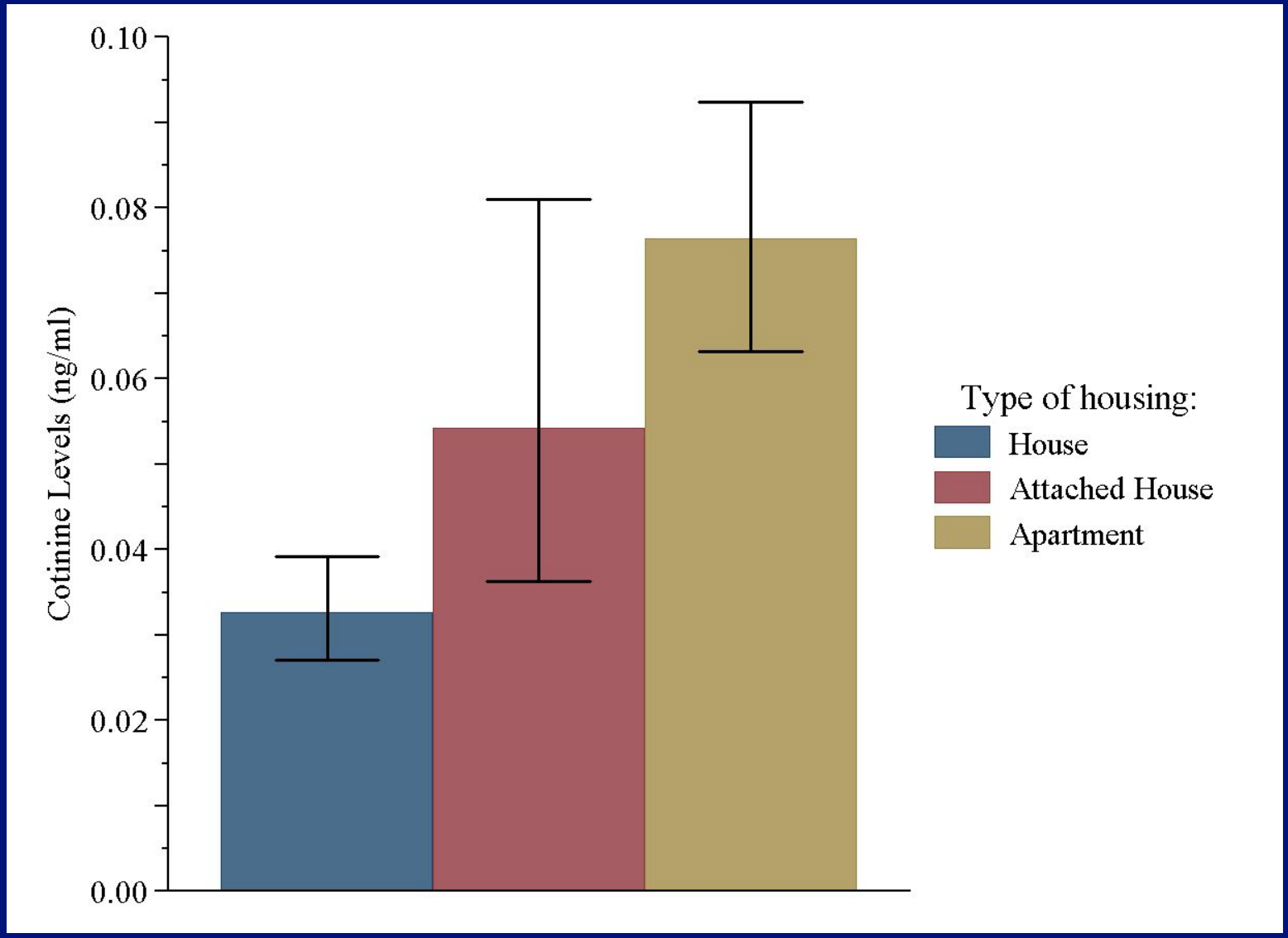
# Cotinine levels in children

- 2001-2006 National Health and Nutrition Examination Survey (NHANES)

- Hypothesized and found that **among 4,782 children ages 6 to 18 years,** in households that do not allow smoking in their own home, children who live in apartments have a 140% higher cotinine level than children living in detached homes,

- This relationship persists when controlling for poverty and race/ethnicity

# Cotinine levels in children by housing type



# Legal and ethical framework

- 7% of housing authorities smokefree and increasing.
- Due to legal and regulatory precedent, the health consequences of tobacco smoke, and the inability of non-smokers to escape exposure… a recent NEJM paper argues that principles of social justice can only be met by smokefree housing policies. (Winickoff et al NEJM 2010)
- Policies could proceed as leases are renewed, and safe forms of nicotine replacement therapy could be offered to support addicted individuals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# Completely Smokefree

- Although no safe level of tobacco smoke exposure, quantifying the relative exposure due to SHS and THS is difficult
- Especially across different age ranges in the human life cycle
- However, the state of the science supports completely smokefree environments for all children—even at times when children are not present

# Use social strategies

- Social strategies can be very effective when you put a human face on the problem of parental smoking.
- Public support – for protecting those at risk
- The press and the media can help

# Newsweek Magazine Article

[redacted]

Ban Smoking in Public Housing
Jonathan D. Winickoff
[redacted]
From the magazine issue dated Jul 13, 2009

Ten years ago, I was the doctor for an 18-year-old with cystic fibrosis whose cough was always worse. The patient told me how she coughed, wheezed, and choked when she was about 1 because close with her, it seemed she was always in the hospital, and I couldn't help but think it was because she wanted to escape exposure [redacted]. Three years later, at 21, she died—more than 14 years before a person with cystic fibrosis could be expected to live a [redacted]

She was not the only young person I saw to feel the effects of secondhand smoke. More can be done to address this suffering. President Obama's Family Smoking Prevention and Tobacco Control Act is a step toward accomplishing the goal: it gives the FDA authority to regulate tobacco, especially as it pertains to [redacted]. But the steps don't move far enough for children from low-income households, where rates of exposure to secondhand smoke are especially high—not surprising, given that poor adults smoke at higher rates. Children in densely populated public housing suffer the worst.

That's ironic, since the smoke-filled environments are subsidized by the same government that spends billions of dollars on secondhand-smoke-related disease. Public-housing programs receive federal taxpayer funding from the U.S. Department of Housing and Urban Development. HUD does not prohibit local public-housing authorities from making their buildings smoke-free, but it does not require it to be. It should.

Across America, landlords of privately owned multiple-housing units are implementing popular smoke-free policies, using private funding. Public-housing authorities should demand the same. A smoke-free designation means higher property values, and lower fire risk, insurance, and cleanup costs. But most important, it means a healthier life for children.

Some people argue that smoke-free regulations weaken our longstanding cultural values surrounding privacy and protecting the sanctity of our homes. These values are important. But when considering them against the health of a child who has severe asthma and is suffering from tobacco exposure in her own building, the choice is clear to me.

*Winickoff is a pediatrician at Mass General Hospital for Children and Chair of the American Academy of Pediatrics Tobacco Consortium.*
URL: http://www.newsweek.com/id/204224

# The Cessation Imperative

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

# 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 > $5.75
- Decrease teen smoking rates

# 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!

# 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)

# Pediatric Visit Creates a Teachable Moment for Smoking Cessation

- Many parents see their child's health care provider more often than their own
- 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 quit rates (Rosen et al Pediatrics 2012)

# 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**

# Step One: Ask

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/patient 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 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— code 989.84

# 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.

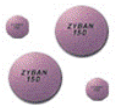
*CEASE*

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

Patch

Nasal Spray

Varenicline


Buproprion


Gum

Inhaler

Lozenge

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

| | | |
|---|---|---|
| **NICOTINE REPLACEMENT OPTIONS** | | |
| **PATCHES (OTC)** | | |
| Nicotine Patch<br>21 mg (pack +/day) 14 mg (10-15 cig/day) 7 mg (<10 cig/day) | Initial: 1 patch/16-24hrs<br>MAX: Same as above | Treatment Duration:<br>8 wks |
| **GUM (OTC)** | | |
| Nicotine Gum<br>4 mg (≥20 cig/day) 2 mg (<20 cig/day) | Initial: 1 piece every 1-2 hrs<br>MAX: 24 pieces/24hrs | Treatment Duration:<br>8-12 wks |
| **NASAL SPRAY** | | |
| Nicotrol NS<br>10 mg/ml | Initial: 1-2doses/hr.<br>MAX: 5 doses/hr or 40 doses/day | Treatment Duration:<br>3-6 mos |
| **INHALER** | | |
| Nicotrol Inhaler<br>10 mg/cartridge | Initial: 6-16 cartridges/day<br>MAX: 16 cartridges/day | Treatment Duration:<br>3-6 mos |
| **LOZENGE (OTC)** | | |
| Commit<br>2 mg<br>4mg | 1 loz/1-2 hrs (wks 1-6)<br>1 loz/2-4 hrs (wks 7-9)<br>1 loz/4-8 hrs (wks 10-12) | Treatment Duration:<br>12 wks |
| **NON-NICOTINE MEDICATION** | | |
| **BUPROPION HCL SR** | | |
| Zyban<br>150 mg tablets | Initial: 150 mg/day (days 1-3)<br>300 mg/day (day 4+)<br>MAX: 300 mg/day | Treatment Duration:<br>7-12 wks |
| **VARENICLINE** | | |
| Chantix<br>0.5 mg tablets | Initial:<br>Starter pack (days 1-30)<br>1 mg/twice a day (days 31-84) | Treatment Duration:<br>12 wks |

Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Consult with the Physicians' Desk Reference for complete information and contraindications. This chart does not indicate or authorize insurance coverage for any of these medications. For insurance benefit coverage, contact insurance directly.

WWW.CEASETOBACCO.ORG ceasetobacco@partners.org

# Step Three: Refer

## Refer families who use tobacco to outside help

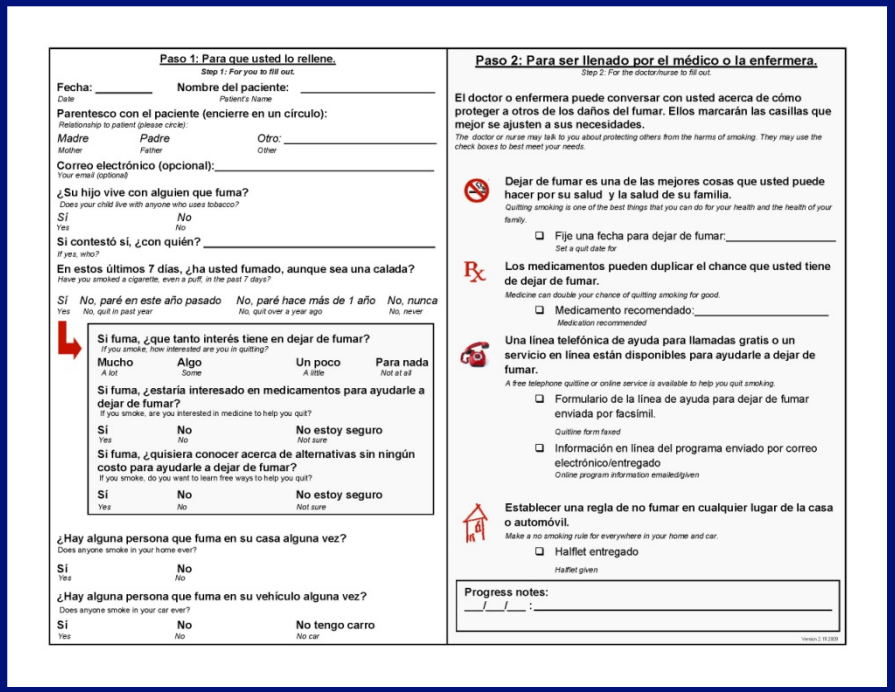
- Use your state's "fax to quit" quitline enrollment form
- Arrange follow-up with tobacco users
- Record in the child's medical record

# Quitlines

Quitlines are free and confidential programs providing evidence-based stop smoking services to U.S. residents who want to stop smoking or using other forms of tobacco.

1-800-QUIT-NOW

# State-Specific Fax-to-Quit Form for Pediatrics (CA form pictured)



**Paso 1: Para que usted lo rellene.**
*Step 1: For you to fill out.*

Fecha: _____ Nombre del paciente: _____
*Date* *Patient's Name*

**Parentesco con el paciente (encierre en un círculo):**
*Relationship to patient (please circle):*

*Madre* (Mother) *Padre* (Father) *Otro:* _____ (Other)

**Correo electrónico (opcional):** _____
*Your email (optional)*

**¿Su hijo vive con alguien que fuma?**
*Does your child live with anyone who uses tobacco?*

*Sí* (Yes) *No* (No)

**Si contestó sí, ¿con quién?** _____
*If yes, who?*

**En estos últimos 7 días, ¿ha usted fumado, aunque sea una calada?**
*Have you smoked a cigarette, even a puff, in the past 7 days?*

*Sí* (Yes) *No, paré en este año pasado* (No, quit in past year) *No, paré hace más de 1 año* (No, quit over a year ago) *No, nunca* (No, never)

**Si fuma, ¿que tanto interés tiene en dejar de fumar?**
*If you smoke, how interested are you in quitting?*

Mucho (A lot) Algo (Some) Un poco (A little) Para nada (Not at all)

**Si fuma, ¿estaría interesado en medicamentos para ayudarle a dejar de fumar?**
If you smoke, are you interested in medicine to help you quit?

Sí (Yes) No (No) No estoy seguro (Not sure)

**Si fuma, ¿quisiera conocer acerca de alternativas sin ningún costo para ayudarle a dejar de fumar?**
If you smoke, do you want to learn free ways to help you quit?

Sí (Yes) No (No) No estoy seguro (Not sure)

**¿Hay alguna persona que fuma en su casa alguna vez?**
Does anyone smoke in your home ever?

Sí (Yes) No (No)

**¿Hay alguna persona que fuma en su vehículo alguna vez?**
Does anyone smoke in your car ever?

Sí (Yes) No (No) No tengo carro (No car)

**Paso 2: Para ser llenado por el médico o la enfermera.**
*Step 2: For the doctor/nurse to fill out.*

**El doctor o enfermera puede conversar con usted acerca de cómo proteger a otros de los daños del fumar. Ellos marcarán las casillas que mejor se ajusten a sus necesidades.**
*The doctor or nurse may talk to you about protecting others from the harms of smoking. They may use the check boxes to best meet your needs.*

**Dejar de fumar es una de las mejores cosas que usted puede hacer por su salud y la salud de su familia.**
*Quitting smoking is one of the best things that you can do for your health and the health of your family.*

- ❑ Fije una fecha para dejar de fumar: _____
  *Set a quit date for*

**Los medicamentos pueden duplicar el chance que usted tiene de dejar de fumar.**
*Medicine can double your chance of quitting smoking for good.*

- ❑ Medicamento recomendado: _____
  *Medication recommended*

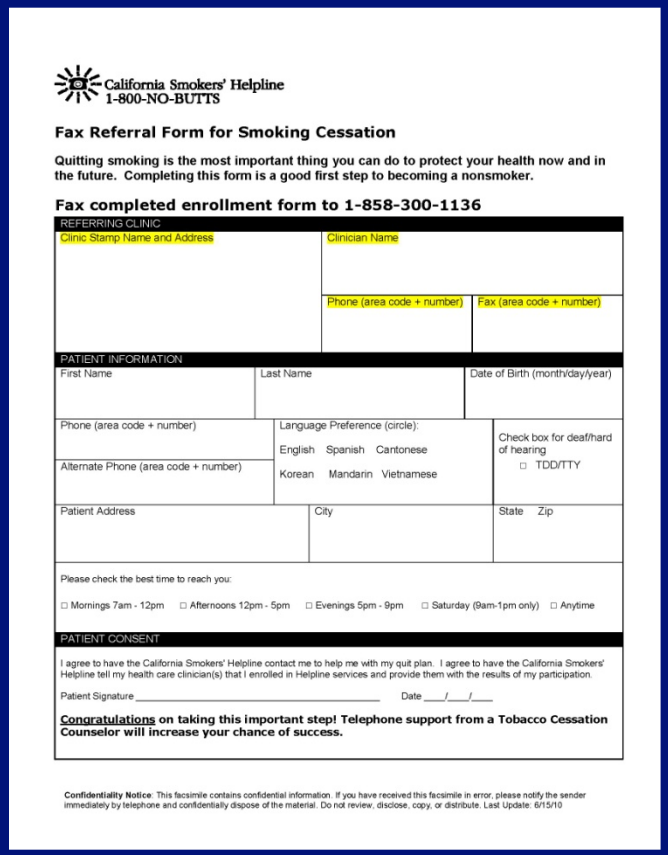
**Una línea telefónica de ayuda para llamadas gratis o un servicio en línea están disponibles para ayudarle a dejar de fumar.**
*A free telephone quitline or online service is available to help you quit smoking.*

- ❑ Formulario de la línea de ayuda para dejar de fumar enviada por facsímil.
  *Quitline form faxed*
- ❑ Información en línea del programa enviado por correo electrónico/entregado
  *Online program information emailed/given*

**Establecer una regla de no fumar en cualquier lugar de la casa o automóvil.**
*Make a no smoking rule for everywhere in your home and car.*

- ❑ Halflet entregado
  *Halflet given*

**Progress notes:**
___/___/___ : _____



California Smokers' Helpline
1-800-NO-BUTTS

**Fax Referral Form for Smoking Cessation**

**Quitting smoking is the most important thing you can do to protect your health now and in the future. Completing this form is a good first step to becoming a nonsmoker.**

**Fax completed enrollment form to 1-858-300-1136**

REFERRING CLINIC

| Clinic Stamp Name and Address | Clinician Name | |
|---|---|---|
| | Phone (area code + number) | Fax (area code + number) |

PATIENT INFORMATION

| First Name | Last Name | Date of Birth (month/day/year) |
|---|---|---|
| Phone (area code + number) | Language Preference (circle): English Spanish Cantonese Korean Mandarin Vietnamese | Check box for deaf/hard of hearing ☐ TDD/TTY |
| Alternate Phone (area code + number) | | |
| Patient Address | City | State Zip |

Please check the best time to reach you:

☐ Mornings 7am - 12pm ☐ Afternoons 12pm - 5pm ☐ Evenings 5pm - 9pm ☐ Saturday (9am-1pm only) ☐ Anytime

PATIENT CONSENT

I agree to have the California Smokers' Helpline contact me to help me with my quit plan. I agree to have the California Smokers' Helpline tell my health care clinician(s) that I enrolled in Helpline services and provide them with the results of my participation.

Patient Signature _____ Date ___/___/___

**Congratulations on taking this important step! Telephone support from a Tobacco Cessation Counselor will increase your chance of success.**

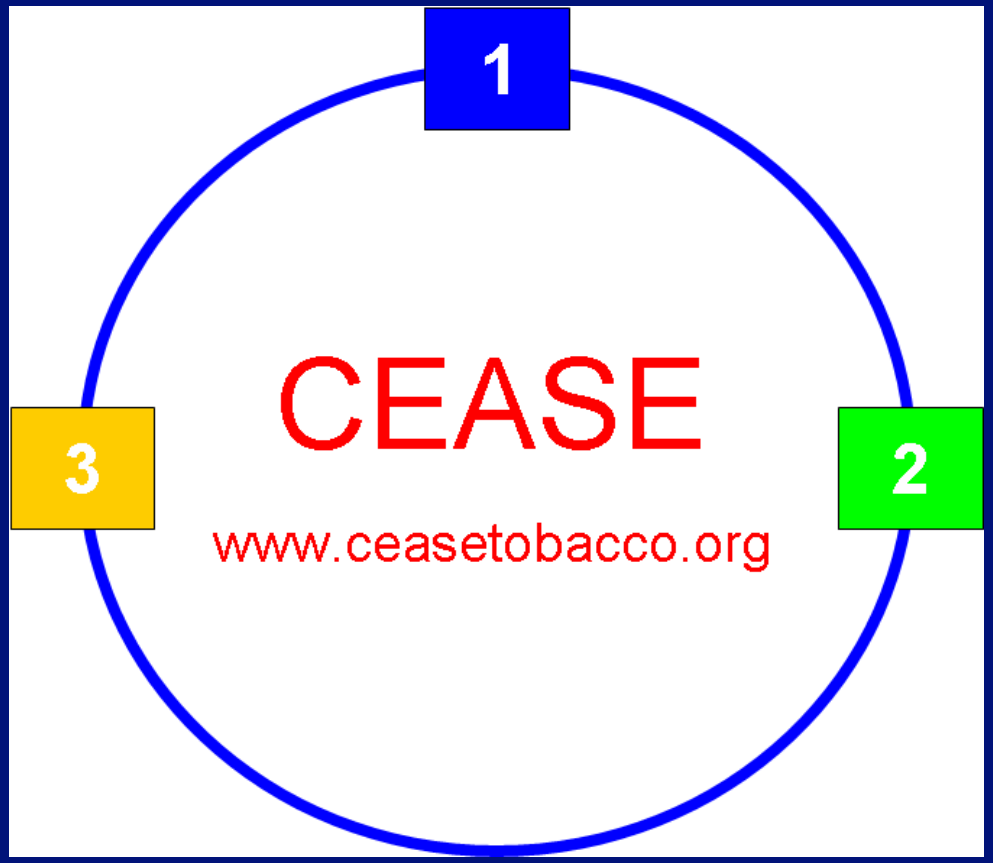
**Confidentiality Notice**: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute. Last Update: 6/15/10

# Quitline Services

- **Upon receipt of enrollment form**
  - Trained counselor conducts 10-minute telephone interview
  - Mails Quitline materials
  - Offers multiple counseling options
- **Free telephone counseling sessions**

**In pediatrics there are easy (and proven) ways to put it all together….**

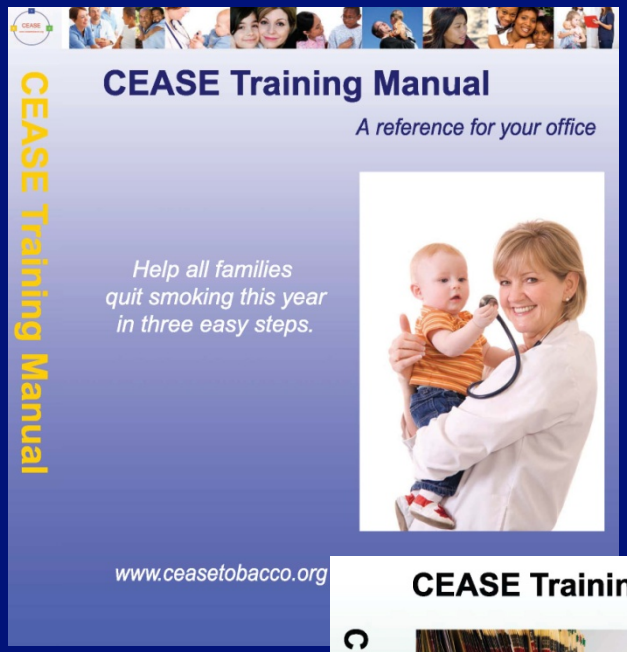
**www.ceasetobacco.org**



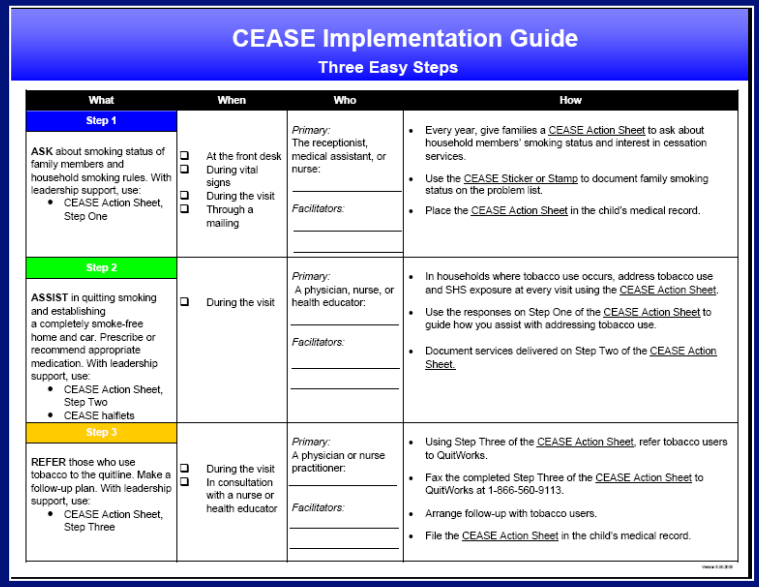

# CEASE Training Manual

## A quick reference for your office

# CEASE training materials







**CEASE Implementation Guide**

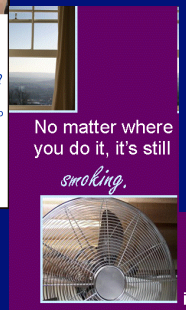
**Three Easy Steps**

| What | When | Who | How |
|---|---|---|---|
| **Step 1**<br>**ASK** about smoking status of family members and household smoking rules. With leadership support, use:<br>• CEASE Action Sheet, Step One | ❑ At the front desk<br>❑ During vital signs<br>❑ During the visit<br>❑ Through a mailing | *Primary:* The receptionist, medical assistant, or nurse:<br>*Facilitators:* | • Every year, give families a CEASE Action Sheet to ask about household members' smoking status and interest in cessation services.<br>• Use the CEASE Sticker or Stamp to document family smoking status on the problem list.<br>• Place the CEASE Action Sheet in the child's medical record. |
| **Step 2**<br>**ASSIST** in quitting smoking and establishing a completely smoke-free home and car. Prescribe or recommend appropriate medication. With leadership support, use:<br>• CEASE Action Sheet, Step Two<br>• CEASE halflets | ❑ During the visit | *Primary:* A physician, nurse, or health educator:<br>*Facilitators:* | • In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the CEASE Action Sheet.<br>• Use the responses on Step One of the CEASE Action Sheet to guide how you assist with addressing tobacco use.<br>• Document services delivered on Step Two of the CEASE Action Sheet. |
| **Step 3**<br>**REFER** those who use tobacco to the quitline. Make a follow-up plan. With leadership support, use:<br>• CEASE Action Sheet, Step Three | ❑ During the visit<br>❑ In consultation with a nurse or health educator | *Primary:* A physician or nurse practitioner:<br>*Facilitators:* | • Using Step Three of the CEASE Action Sheet, refer tobacco users to QuitWorks.<br>• Fax the completed Step Three of the CEASE Action Sheet to QuitWorks at 1-866-560-9113.<br>• Arrange follow-up with tobacco users.<br>• File the CEASE Action Sheet in the child's medical record. |

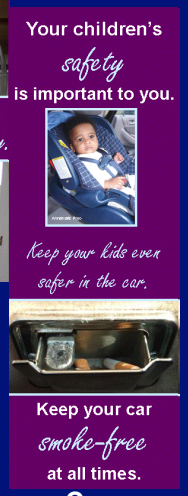
# CEASE intervention materials

(www.ceasetobacco.org)

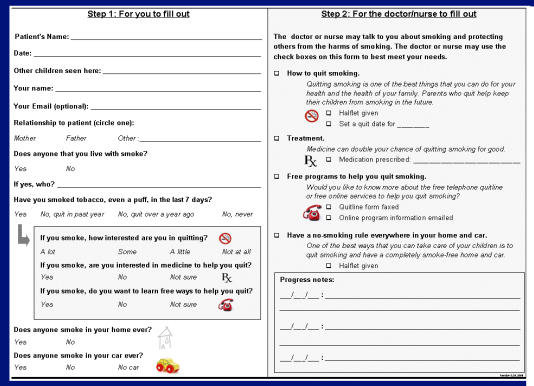

**CEASE brochure**



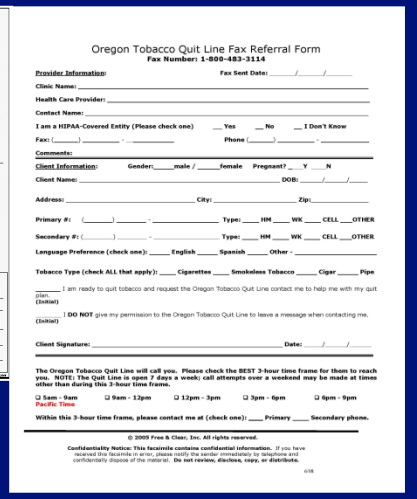

**Home halflet**



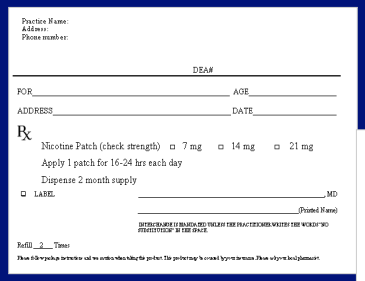

**Car halflet**



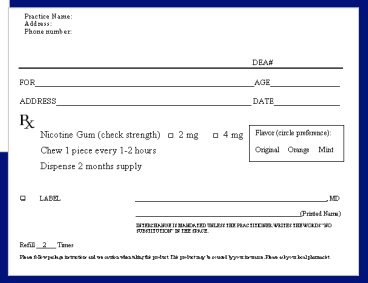

**CEASE Action Sheet Front**




**CEASE Action Sheet Back**




**Pre-printed prescription for NRT patch**




**Pre-printed prescription for NRT gum**

# CEASE direct to consumer marketing


Asthma poster

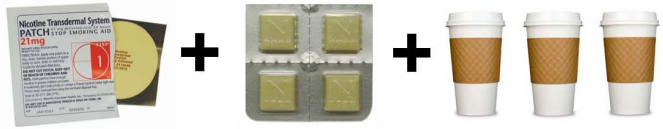

Medications poster

# Practice initiated materials

## Do the math.

**Here in Shawnee, smoking a pack of cigarettes a day can cost you $86 every 2 weeks.**

**That's:**
**4 weeks of the nicotine patch and 100 pieces of nicotine gum from the Shawnee Medical Center Clinic pharmacy, with enough change left for a few cups of coffee**




**OR**

**Groceries for a week**

**OR**

**34 gallons of gas**

It pays to quit smoking.

CEASE

**Do the math poster**

For Immediate Release—[Goal of the press release is to help practice feel appreciated and to activate parents to look for cessation assistance with they visit the practice.]

For more information, contact [AAP staff person]

[Practice Name] Joins
Nationwide Study with the American Academy of Pediatrics

*Practice Shows Dedication to Protecting the Lives of Children and their Families*

[PRACTICE LOCATION] – Month, XX, 2010 – [Practice Name] has taken a step toward improving the lives of children and families in our community. They joined a nationwide study to test the effectiveness of a program to improve pediatric office services by helping parents quit smoking and reducing children's exposure to secondhand smoke.

The program is called CEASE, which is short for Clinical Effort Against Secondhand Smoke Exposure. [Practice Name] is one of 20 pediatric offices participating in this cutting-edge study as a part of the Pediatric Research in Office Settings (PROS) network, the practice-based research network of the American Academy of Pediatrics (AAP).

As a part of the CEASE Program, parents who are interested in quitting tobacco will receive smoking cessation assistance when they take their children to [Practice Name]. Staff at the practice are knowledgeable about effective nicotine replacement medications and referring parents to free telephone services.

This study, funded by the National Institutes of Health, is led by physicians and researchers at the AAP, Harvard Medical School, Massachusetts General Hospital and the University of Rochester Medical School. A research assistant will spend a few weeks interviewing parents after their child's visit at [Practice Name].

According to [Practice Leader], [a quote if possible……]

Because of their regular, frequent contacts with families, pediatricians are uniquely positioned to help parents quit smoking, said Jonathan Winickoff, MD, MPH, FAAP, principal investigator of the study.

"We couldn't be happier that [Practice Name] has joined our study team," Winickoff said. "Tobacco use is a serious health issue for all members of a family. Not only do we hope to reduce children's exposure to second-hand and third-hand smoke, but if more parents quit smoking, fewer children will grow up to be smokers. [Practice Name] has chosen to help their patients by offering this critical support to parents and guardians."

[Information about practice].

**Press release about CEASE participation**

# Link to Video

- Demonstration
- 5 available pediatric tobacco control scenarios
- Full training video is available on the website www.ceasetobacco.org
- EQIPP module: “Eliminate tobacco use and Exposure” helps train the office in CEASE

MASSACHUSETTS GENERAL HOSPITAL

Home | About CEASE | Getting Started with CEASE | CEASE States | National CEASE | For Clinicians | For Families

# 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.

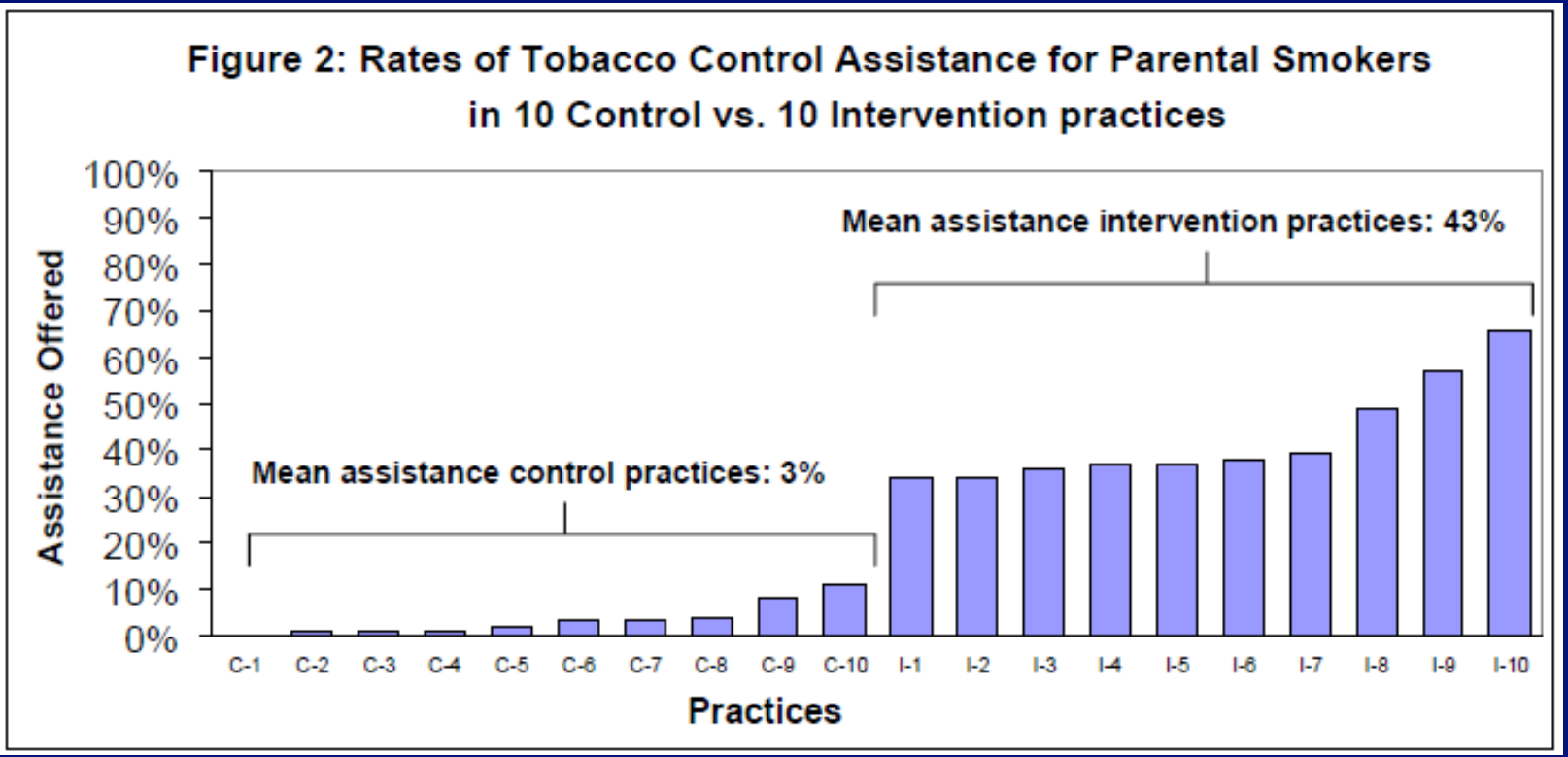
For more information on how CEASE can help you address family smoking, visit:
Getting Started with CEASE.

## Video Introduction

# 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"

# National CEASE experience

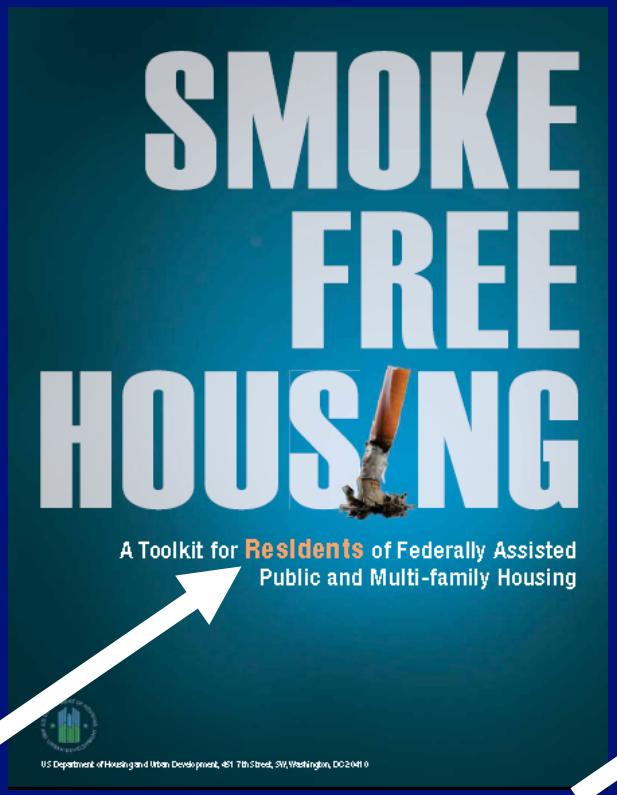


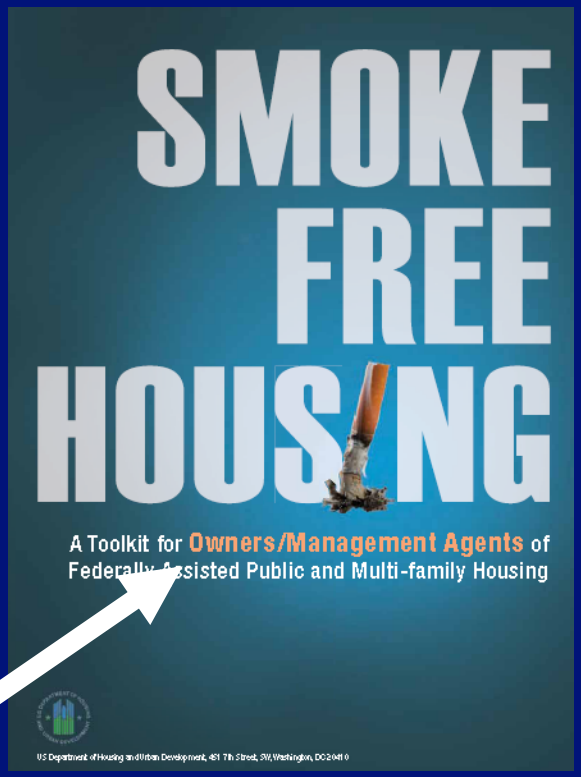
# Pediatricians as Partners

- AAP policy recommends that pediatricians help every parent quit smoking and help eliminate tobacco use and exposure of all household members; support clean-air and smoke free environment ordinances and legislation in their community and state.

- To aid in accomplishing smoke free goals you can work with pediatricians and child healthcare clinicians to:
  - Develop a state-wide strategy to ensure that every pediatrician is trained to deliver the three steps: Ask, Assist, Enroll
  - Work with AAP chapters to pass state legislation or local ordinances requiring that multi-unit housing be smoke free

# US Department of Housing and Urban Development (HUD) Smoke Free Toolkit – Coming Soon!



# AAP Resources

- Clinical and Community Effort Against Secondhand Smoke Exposure

**Ceasetobacco on Facebook**

- Maintenance of Certification-Tobacco Control Module

**http://www.pedialink.org/cme/eqipptc**

# Team Effort

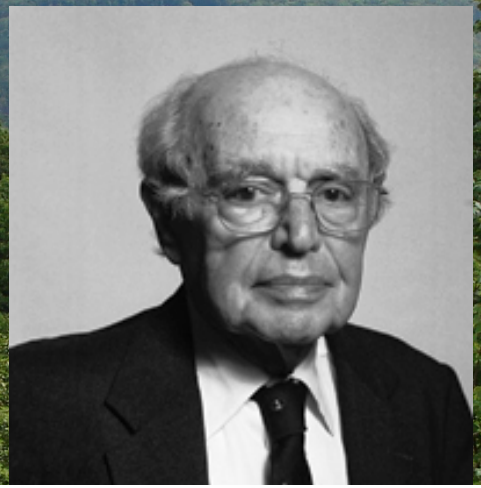
- MGH: Susan Regan, Bethany Hipple, Janelle Dempsey, Nancy Rigotti, Yiuchiao Chang, Emara Nabi, Jim Perrin, Blair Dickinson.
- PROS: Stacia Finch, Eric Slora, Victoria Weiley, Mort Wasserman, Hiedi Woo, Jeremy Drehmer, PROS Coordinators, PROS Steering
- AAP/Tobacco Consortium/Richmond Center: Jonathan Klein, Debbie Ossip-Klein; Regina Schaffer, Kiran Patel
- National Advisory: Sue Curry, Michael Fiore, Don Berwick, Mel Hovell, Karen Emmons, David Abrams.
- MA DPH: Donna Warner; Indiana DPH: Karla Sneegas

# Summary

- Outpatient settings should be used to deliver tobacco dependence treatments to all patients and household members
- Parents and families should be the number one priority population for tobacco control efforts

# Changing the World

- Start with the science
- Tell anecdotes and get media support as part of creating a social strategy
- Use child healthcare clinician partners to mobilize political will for societal change



AMERICAN ACADEMY OF PEDIATRICS

Julius B. Richmond Center of Excellence

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

FLIGHT ATTENDANT MEDICAL RESEARCH INSTITUTE


*Jessica Lin 1st Place winner, FAMRI/ AAP/Richmond Center Art Contest 2009*

# Contact Information


## Jonathan P. Winickoff MD, MPH

Director, Pediatric Tobacco Control Research
MGH Tobacco Research and Treatment Center
Harvard Medical School

American Academy of Pediatrics
Director, Translational Research
Julius B. Richmond Center of Excellence

jwinickoff@partners.org

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# Questions & Answers

- Feel free to ask questions via the **chat box**.

# Contact the SCLC

**Visit us online:**

**http://smokingcessationleadership.ucsf.edu**

**Call us toll-free:**

**1-877-509-3786**

# Closing Remarks

**Please help us by completing the post-webinar survey.**

**Thank you for your continued efforts to combat tobacco.**

**SAVE THE DATE!**

**Tuesday, October 23rd, 1 pm ET**

*"Tobacco Free State Psychiatric Hospitals: From Policy to Practice", with panelists from NRI, the research arm of the National Association of State Mental Health Program Directors (NASMHPD)*

## Dr. Winickoff's Bio:

Dr. Winickoff is a member of the Center for Child and Adolescent Health Policy, a practicing pediatrician at MGH and Associate Professor of Pediatrics at Harvard Medical School. He has training and experience in health services research, medical ethics, neurobiology, statistics, and behavioral theory. Dr. Winickoff has received numerous awards including the Secretary's Award for Distinguished Service for "protecting the health of the United States public," and the 2011 Academic Pediatric Association Health Policy Award in recognition of cumulative public policy and advocacy efforts that have improved the health and well-being of infants, children, and adolescents. He served for 7 years as the Chair of the American Academy of Pediatrics (AAP) Julius Richmond Center of Excellence Tobacco Consortium, a national group of researchers who take a family-centered approach to tobacco control issues that affect children. He has authored over 70 peer-reviewed papers, 40 addressing tobacco control in child healthcare settings. Two of these studies were the first to evaluate the delivery of smoking cessation pharmacotherapies to parents in the pediatric setting.

He has drafted key tobacco control policy for the AMA, AAP, and the APA and served as a scientific advisor for the CDC Communities Putting Prevention to Work (CPPW grants), the Massachusetts Tobacco Control Program, Indiana Tobacco Control Program, Head Start, WIC, the Food and Drug Administration, Department of Housing and Urban Development, and the U.S. Surgeon General through the Interagency Committee on Smoking and Health. The national program his team developed out of their research known as CEASE, the Clinical and Community Effort Against Secondhand Smoke Exposure, is available for free at www.ceasetobacco.org . A $4 million dollar award from NIH-NCI/NIDA/AHRQ (R01-CA127127-01) is funding a national dissemination trial of CEASE through the PROS network of the AAP. Recently, his team completed an online CME tobacco control module for Pedialink, an online learning platform of the AAP. With NIH ARRA funding, he collaborated with several AAP committees and the elearning division to build a tobacco control maintenance of certification module—Eliminating Tobacco Use and Exposure, which launched March 1, 2011.

He and his team is researching the issue of smoking in multi-unit housing. With colleagues at the AAP Richmond Center, Harvard School of Public Health, and Massachusetts General Hospital, he pursues public education, legal ethical and social justice analyses, and biochemical analysis of those living in multi-unit housing, and national attitudes of indoor smokefree policies among multi-unit housing residents.