

# Tobacco Prevention and Cessation in Pediatric Practice

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# Goals for Today

- To review current perspectives on adolescents and tobacco in pediatric practice
- To discuss emerging evidence from NCI Adolescent Cessation Trials
- To discuss interventions with patients and parents who smoke and ways to improve the delivery of systematic advice

Smoking is an  
Infectious Disease

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# CAMEL

PLEASURE

— TO —

BURN



Camel Lights

11 mg. "tar," 0.9 mg. nicotine av. per cigarette by FTC method.

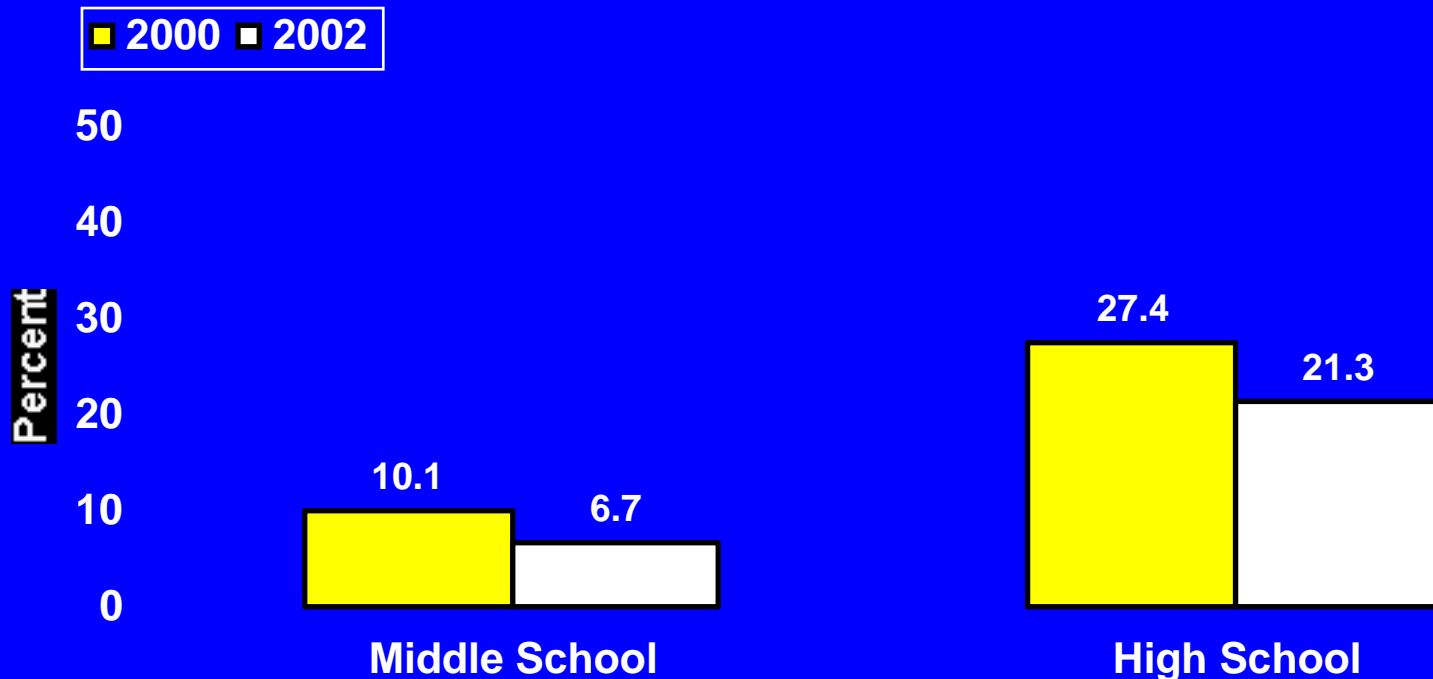
**SURGEON GENERAL'S WARNING: Cigarette  
Smoke Contains Carbon Monoxide.**

You get it from  
tobacco companies

# Youth and tobacco

- 3 million adolescents smoke
- 2600 children/day start smoking
- 1/3rd will become addicted, smoke through adulthood
- 60% of smokers started before age 14
- 28.5% report current smoking (CDC, 2001)

# Prevalence of current cigarette use. New York State, 2000 and 2002.



# Cigars

Compared to cigarettes:

- 2x tar
- 5x carbon monoxide
- 7x nicotine

33% lifetime

15% past 30 day use



# “Alternative” Cigarettes

Bidis (or Beedees)

- 3x tar and CO
- 7x nicotine
- 40% of teens have used

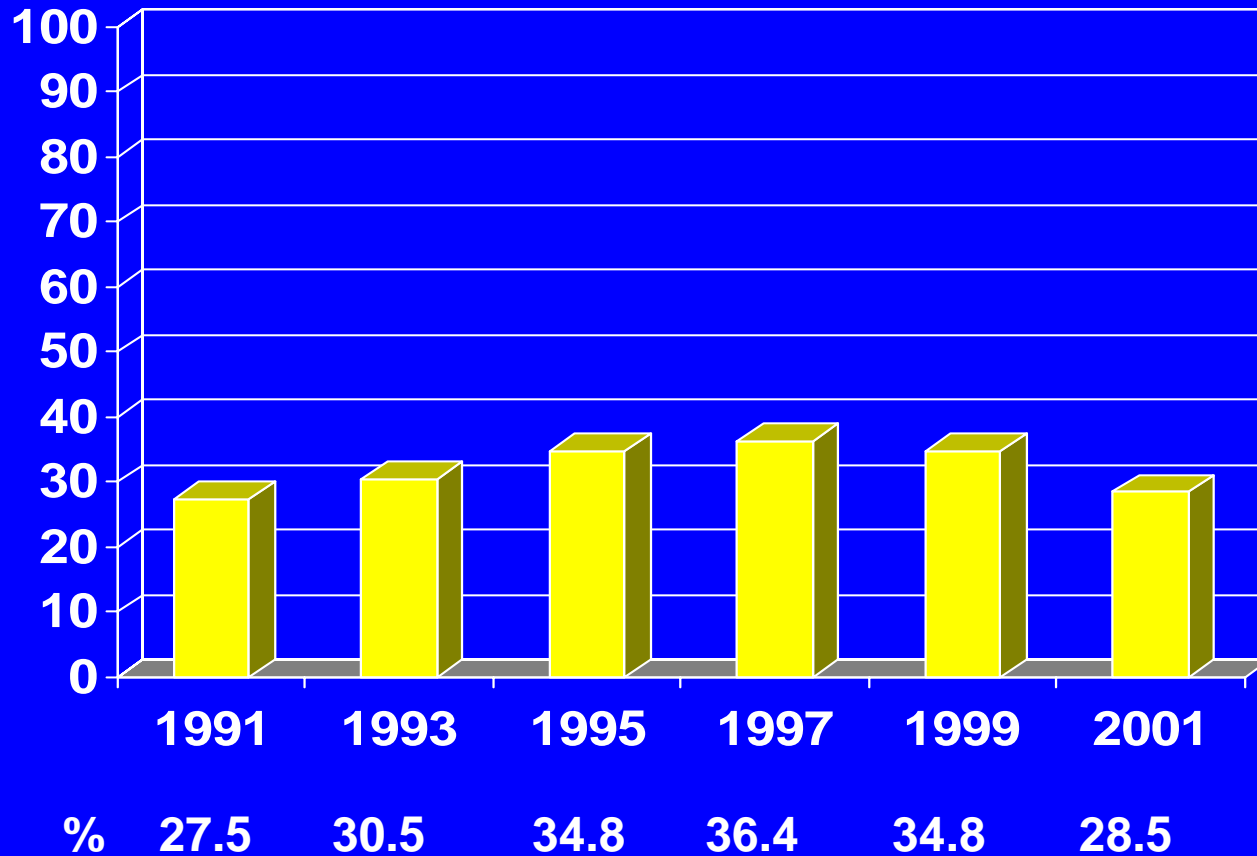
Many herbal cigarettes  
contain tobacco



# Why do Youth Use Tobacco?

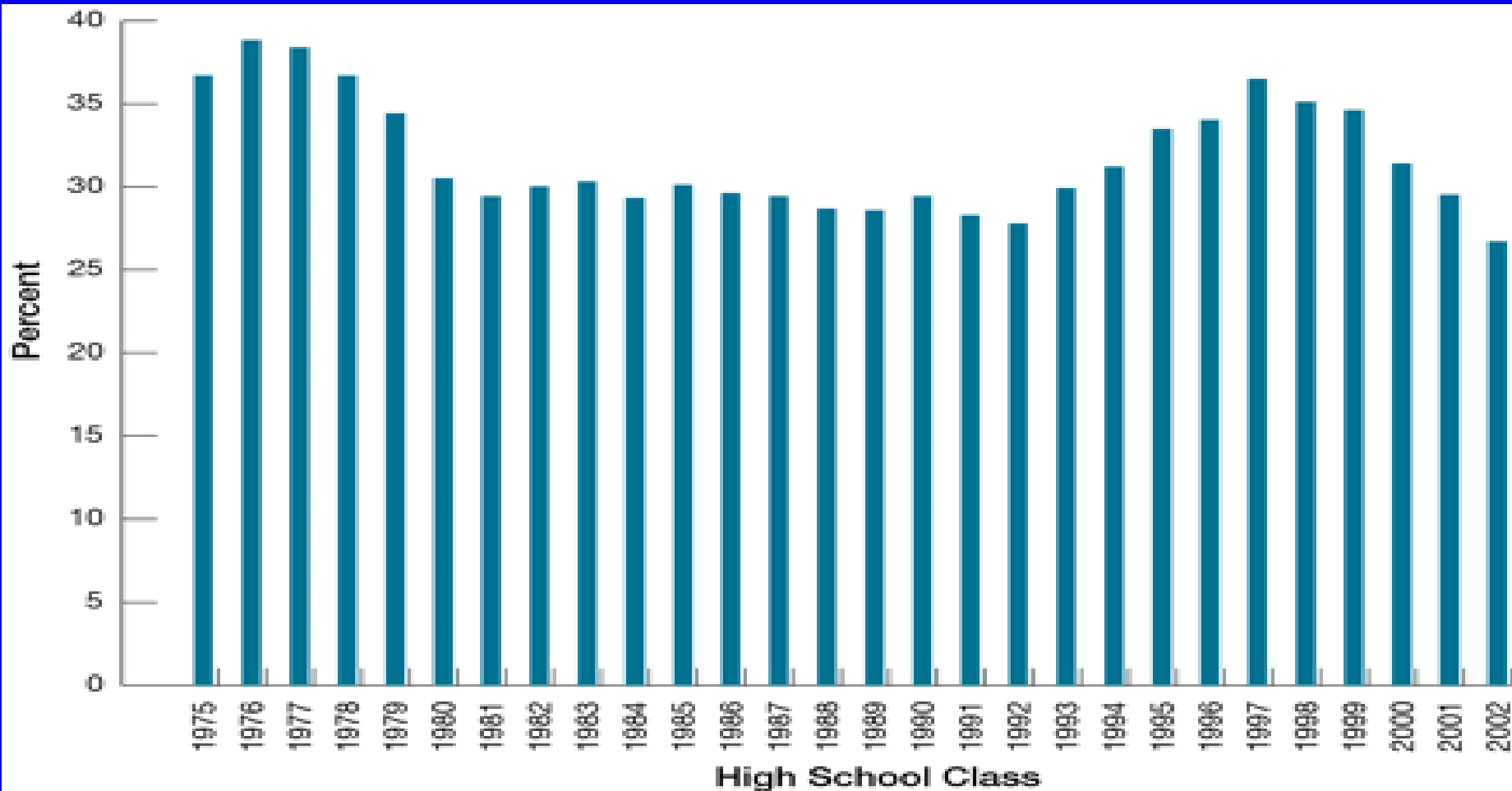
- **Social influences**
  - Friends
  - Parents
    - access to cigarettes
    - attitude toward smoking
  - Media
- **Personality**
  - Sensation seeking
  - Rebelliousness
- **Availability of cigarettes**

# Percentage of students who smoked one or more of the past 30 days



Source: YRBSS

# Past 30 Day Smoking, 1975-2002

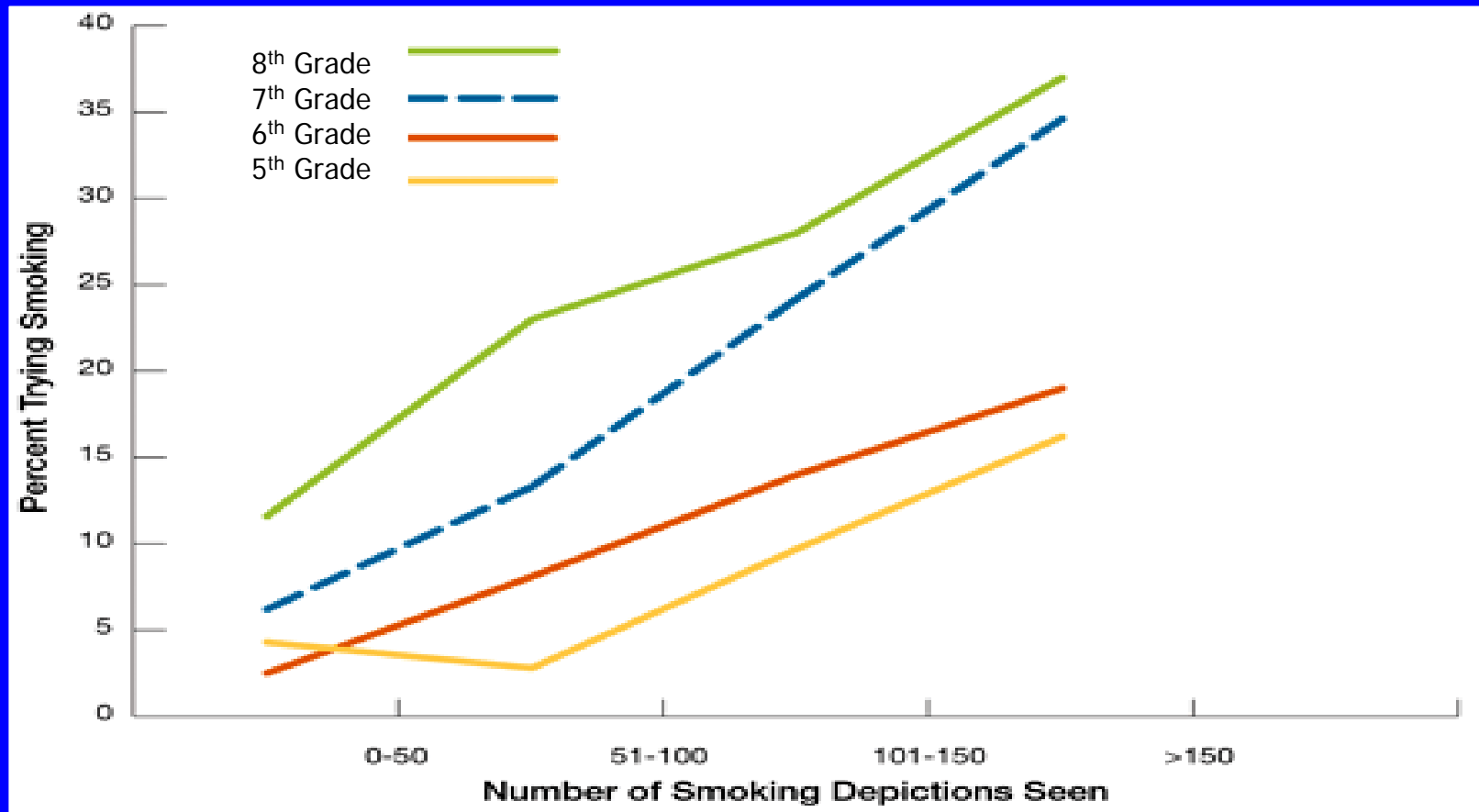


Adapted from Johnston, et al., 2001

# Tobacco Marketing

- Annual spending to promote tobacco use = more than half the NIH budget
- Advertising
  - Targeted to youth
- Non-advertising commercial speech
  - Product placement
  - Clothing, gear
  - Sponsorships, broadcast media
  - Candy look-alike products

# Exposure to Tobacco Use in Movies and Smoking Among 5th-8th grader



Adapted from Sargent, DiFranza, 2003

# Youth and Nicotine

- Adolescents more than adults:
  - become dependent
  - progress to daily smoking
  - smoke more heavily as adults
  - have difficulty with quitting prior to smoking 100 cigarettes

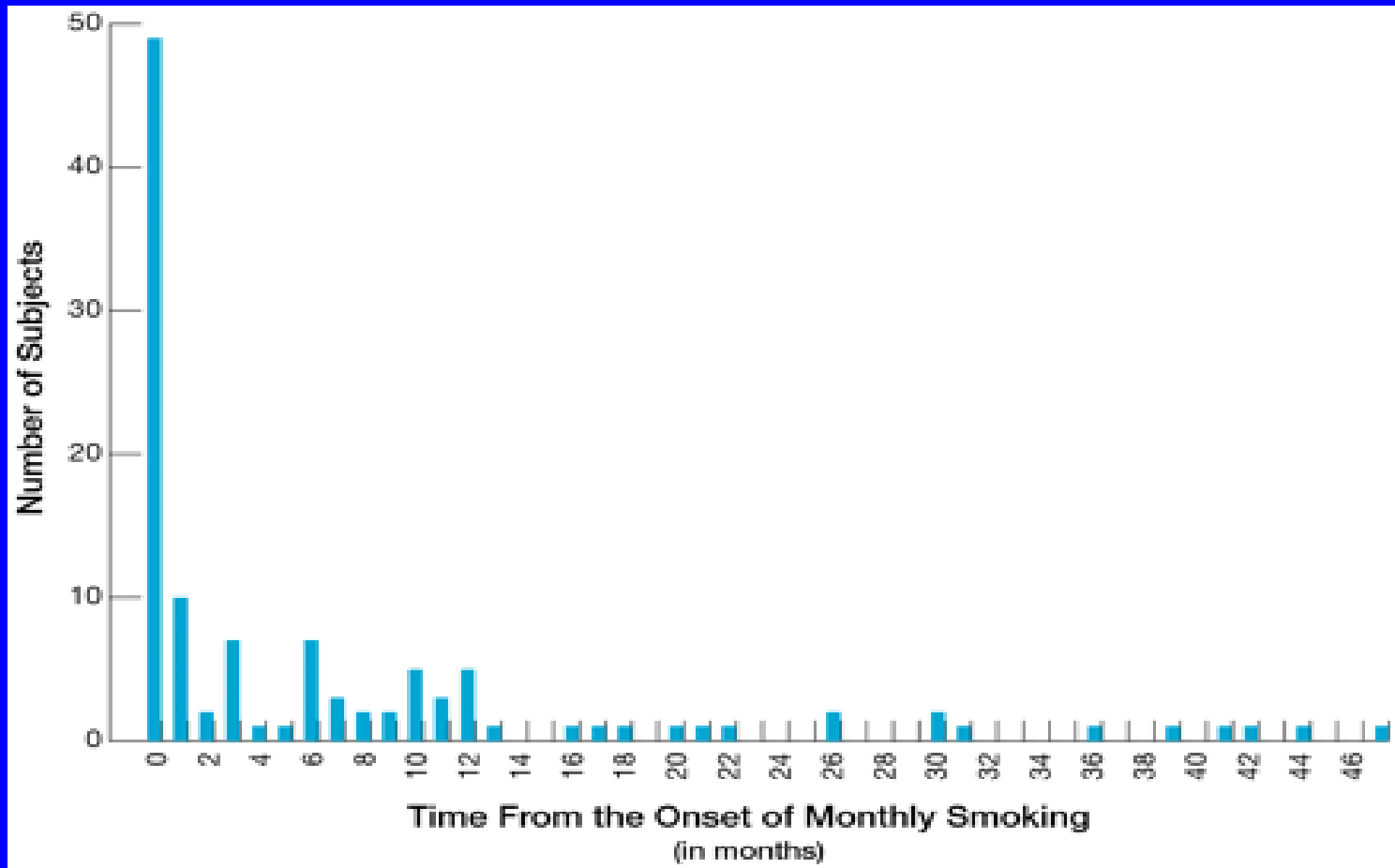
# Adolescent Smokers

- Know they are addicted
- Want to quit
- Do not think there are resources to help
- 75% have thought about quitting
- 64% have made a quit attempt
- Clinicians feel unprepared to help

# Changing Evidence About Nicotine Dependence

- Signs of nicotine dependence often start within two months after onset of smoking
- The median frequency of use at the onset of symptoms was 2 cigarettes, one day per week
- 2/3 of teens report loss of autonomy over tobacco prior to the onset of daily smoking

# Incidence of Initial Symptoms of Nicotine Dependence



Adapted from DiFranza, 2002

# Issues for primary and secondary prevention

- “Social inoculation” = effective prevention
- Prevention does not work for cessation

# Primary care interventions

- Health care provider counseling interventions are effective for adults
  - Attributable effects 7-14%
- Pediatric and adolescent guidelines recommend screening & counseling
- Several trials have established the efficacy of cessation counseling for adults
- Little data on adolescents

# 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

# Adolescents use preventive care

- 70+% report well care visits
- Nationally, almost half did not have an opportunity to talk privately with their clinician

# Lessons from NCI Studies

- Adolescents want to quit but do not think of getting assistance
- Self-help materials provide reinforcement and help smokers quit
- Adolescents use internet resources in preference to phone resources for health information
- Pharmacotherapy is safe for teens; effectiveness studies are still underway

# Clinician and Staff Training

- Intervention: On site CME
  - Effective counseling techniques
  - NCI 5 “A’s”
  - Stages of change based interventions
  - Use of in office and other adjuncts
  - Eligibility and enrollment in evaluation
- Usual Care:
  - Eligibility and enrollment in evaluation
- Follow-up contact by office services team

# Public Health Service

## 5 A's

- **Ask** - If patient smokes
- **Advise** - Every patient to quit
- **Assess** - Readiness to quit
- **Assist** - In quitting and finding services
- **Arrange** - For cessation services and follow up

# Office materials

- Goodie packs, stress ball, gum
- Chart stickers
- Self-help handouts
  - Targeted to adolescents and to stages of change/motivation
- Trigger questionnaires
- Flow sheet/prompts for effective counseling and pharmacotherapy
- Internet, phone and mail adjunct resources

# Internet resource

- [www.Qweb.com](http://www.Qweb.com) --> [GottaQuit.com](http://GottaQuit.com)
- Web site cessation and related information
- Email, “chat room” interactive cessation counseling and expert consultation
- Stage-based motivational counseling protocols

# Practices Trained in Cessation Deliver Interventions

	<u>QLater</u>	<u>QNow</u>	
Did you and your doctor discuss cigarettes/smoking?	88	92	p<.05
Did your doctor ask if you smoked?	87	93	p<.001
If smoke, did your doctor ask if you want to quit?	63	76	p<.0005
If smoke, did your doctor hand you anything to help stop?	18	47	p<.0001

# Do interventions lead to quitting?

- 13-16% of smokers - abstinent at 12 months
  - In regression models - abstinence was associated with: younger teens, those who smoked less, and those who didn't think of themselves as smokers
- Another successful cessation study with adolescents referred to an intensive expert counseling 'system' after brief primary care advice (OR=2.43) (Hollis et al.)
- Policy interventions also work

# **Best practice recommendations**

- **Policy**
- **Clinical interventions**
- **Public health adjuncts**

# Best Practices in Tobacco Control

- Increase price of tobacco
- Smoking bans and restrictions
- Availability of treatment for addiction
  - Reduce patient costs for treatment
  - Provider reminder systems
  - Telephone/web counseling and support
- Mass media campaigns

# Policy - School curriculum

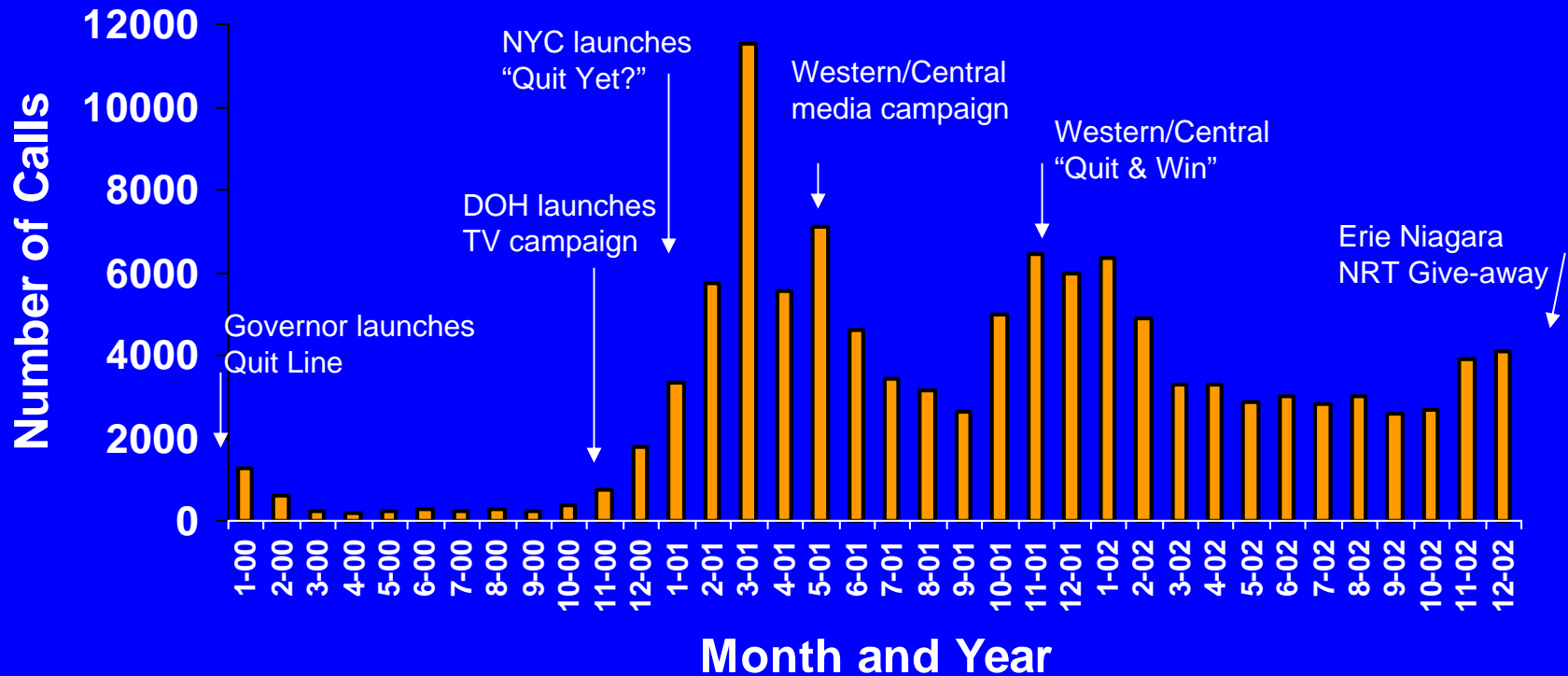
- **At least 5 session /year over 2 years**
- **Should include**
  - **Social influences**
  - **Short term health effects**
  - **Refusal skills**
- **NOT self-esteem or delay based**
- **Be aware of dilution and confusion strategies by tobacco interests**
- **School policies should reinforce goals**

# Policy - Community activism

- **Age of sale enforcement**
- **Advertising limitations**
- **Public smoke exposure reduction**
- **Awareness of impact of preemptive efforts**
- **Reducing social acceptability of smoking**



# Number of calls to NY Quit Line and media campaigns, 2000 – 2002



# Practice - Public Health Service

## 5 A's

- **Ask** - If patient smokes
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# Ask

- Ask every patient, each time
  - Can be done in the context of routine screening
    - During vital signs
    - As part of a trigger questionnaire for teens

# Advise

- Advise all patients to stop smoking
- Don't assume knowledge about health effects
- Tie motivation to personal factors, risks

# Assess

- Readiness to quit
- Motivation
  - during routine screening
- Prioritize the prevention message

# Assist

- Set a quit date for motivated smokers
  - Short time frame (2-4 weeks)
  - Not during high stress times
  - Consider using behavioral contracts
- Provide self-help materials
  - Discuss withdrawal and prior attempts
  - Use other office staff
  - Use community adjuncts
- Consider nicotine replacement or other pharmacotherapy

# Arrange

- Arrange follow-up visits
- Relapse prevention
- Not motivated?
  - handouts and follow-up only

# The 5 A's

- **Ask**
- **Advise**
- **Assess**
- **Assist**
- **Arrange**

# Issues for Pediatric Practice

- Prenatal Smoking
- Environmental Smoke/Early Childhood
  - ETS and parent interventions
- School Age Intervention
  - ETS, short term consequences, social inoculation and refusal skills
- Adolescent Intervention

# Adolescent Intervention

- **Goal:**
  - Prevent onset and promote cessation
- **Ask**
  - About friend's use
  - About patterns of use
  - About school programs
  - Reassure about confidentiality
- **Assess:**
  - Motivation and readiness

# Adolescent intervention

## •Advise

–To quit for short term reasons

- Athletic capacity

- Cost, smell, etc.

–Reinforce non-use

## •Assist

–Set quit dates

–Provide self-help materials, websites

–Encourage problem-solving, refusal skills

–Encourage activities incompatible with tobacco

–Consider pharmacotherapy

# Assessing Nicotine Dependence

- 1) Have you ever tried to quit, but couldn't?
- 2) Have you ever felt like you were addicted to tobacco?
- 3) Do you ever have strong cravings to smoke?
- 4) Is it hard to keep from smoking where you are not supposed to, like school?
- 5) Do you:
  - 1) find it hard to concentrate
  - 2) feel more irritable?
  - 3) feel nervous, restless, or anxious ... because you couldn't smoke?

# Nicotine Replacement Therapy

- Indications
  - Able to stop smoking, plus
  - Motivated to stop smoking, plus
  - Nicotine addiction
- Patch for baseline
- Gum, inhaler or nasal spray for cravings
- Not labeled for sale to <18 year olds
- Alternatives: Zyban (Wellbutrin), SSRIs

# Adolescent intervention

- **Ask, Advise, Assess, Assist and...**
- **Arrange follow-up:**
  - 1-2 week follow-up after quit attempts

# Recommendations for Practice

- Consider using trigger questionnaires
- Deliver confidential screening and counseling
- Use adjuncts - CEASE materials

GOTTA QUIT? - Microsoft Internet Explorer

THE END STARTS HERE  
GottaQuit.com

- Quitting 101
- Countdown To Quit
- Do the Math
- Smoking 101
- Real Kids. Real Life.
- Smoke Filled Fables
- Subliminal Sam
- Top 10
- Feedback

Win Free Stuff

...ing!! The GottaQuit.com We

TALK TO US.!!

music on / off

Welcome to GottaQuit.com - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address http://www.gottaquit.bypoint.com/

THE END STARTS HERE  
GottaQuit.com

You Can Quit  
We Can Help

At GottaQuit.com, we know its hard to quit smoking. We know, because we've done it, too. And we know that

Our quit coaches are ready to help. Help you through the cravings. Help

**We Can Help You Quit.**

Yeah, it's gonna be hard, but you know it's worth doing.

Speak Up!

Your 2 clicks  
Away From  
Quitting!  
Chat Live  
with a Quit Coach

► Check Out Some Cool Gear

# Implications

- If health care provider delivery of counseling can be improved and extended, we can have broad public health impact for reducing smoking among the 3 million adolescents who smoke
- A 3-5% effectiveness rate would result in 45,000-75,000 new ex-smokers each year

SURGEON GENERAL'S WARNING: Cigarette  
Smoke Contains Carbon Monoxide.

16 mg "tar," 1.1 mg nicotine av. per cigarette by FTC method.  
© Philip Morris Inc. 1999

**Come to  
where the  
flavor is.**



A photograph showing the silhouettes of two cowboys on horseback, facing away from the camera. They are in a field with wooden fences, and the background is a bright, orange sunset sky. The text "I miss my lung, Bob." is overlaid in white.

**I miss my lung, Bob.**

California Department of Health Services,  
funded by the Tobacco Tax Initiative.

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