



Clinical
Effort
Against
Secondhand Smoke
Exposure



**Secondhand Smoke and South Carolina's Children;
a New QTIP Initiative**

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Disclosure

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.

Overview

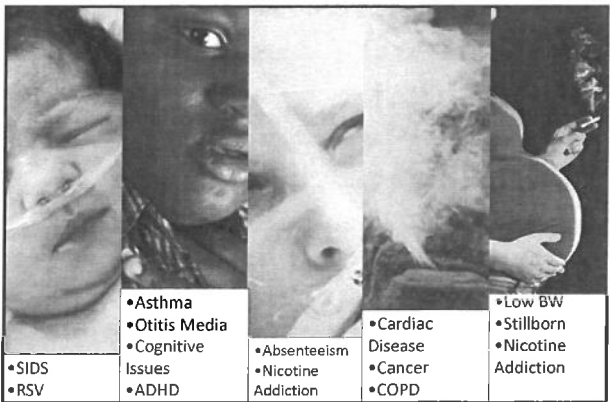
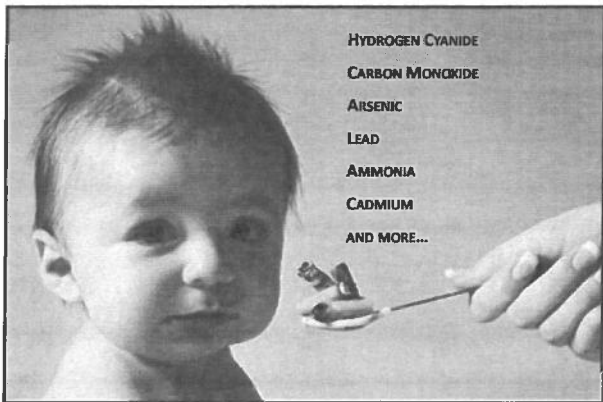
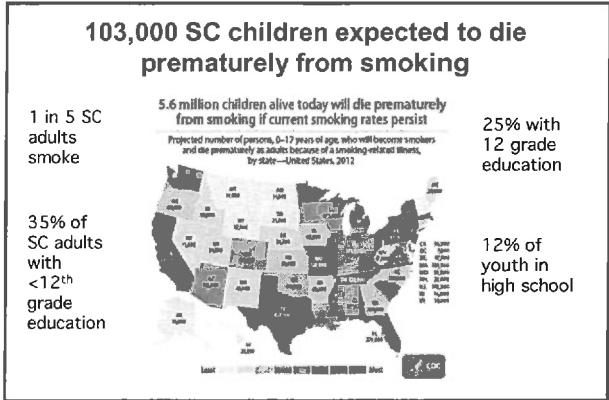
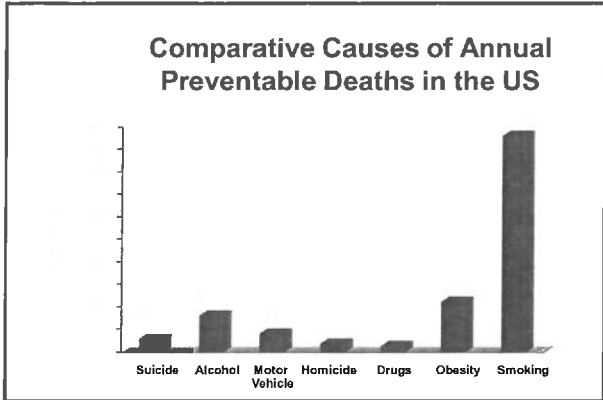


- Impact & Prevalence of Tobacco Use
- Introduction to CEASE
- Using CEASE in your practice

Marcus, 10 months old



- 2nd otitis media
- Mom 22 yrs, Dad 25 yrs
- Both smoke ½ - 1 PPD
- What is your current practice?



Effects tobacco exposure childhood

Prenatal

- Low birthweight and OFC
- Miscarriage
- Stillborn
- SIDS
- Preterm delivery
- Neurobehavioral problems

Postnatal

- SIDS
- Bronchiolitis, pneumonia, asthma, respiratory complications of anesthesia
- Decreased lung function

Postnatal

- Hearing loss
- URI, OM
- Colic
- Dental caries
- ADHD
- Mental health and cognitive problems
- Increased rates malignancies
- Increased rates invasive meningitis
- Metabolic syndrome and increased progression atherosclerosis
- Increased tobacco initiation in youth

No safe level of SHS exposure for children



Young children at increased risk

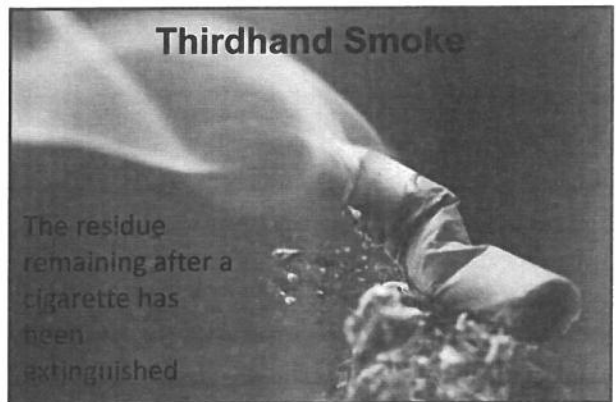
Cotinine levels highest for kids:

- Under 12
- African American
- Living below poverty level



Thirdhand Smoke

The residue remaining after a cigarette has been extinguished



The 3 R's of Third Hand Smoke


Remains
Re-emits
Reacts

Latest Research Links THS to:

- damage to human DNA
- elevated lipid levels and non alcoholic fatty liver disease in mice
- poor wound healing in mice
- hyperactivity in mice


Motivational Interviewing

- Balance of directive and client centered
- Ask permission.
- Use brief reflective statements.
- Understand, accept and affirm.
- Elicit and listen for change talk.
- Resolving the ambivalence; getting unstuck.
- Nurture hope and confidence



Motivational Interviewing

- "Were you able to cut back on tobacco any during pregnancy? How did you do it?"
- "Your surgeon said he could not operate on your wrist until you quit smoking?"
- "Quitting is the best thing you can do for Michael's health."
- "What do you like/dislike about your smoking?"



What is CEASE?

- **C** Clinical
- **E** Effort
- **A** Against
- **S** Second Hand Smoke
- **E** Exposure

Developed 2005 by Jonathan Winickoff MD,MPH to help child health practitioners address family tobacco use routinely and effectively.

CEASE: Three Easy Steps

Ask:


- Universal screening for SHS exposure
- Flag the provider!

Assist:

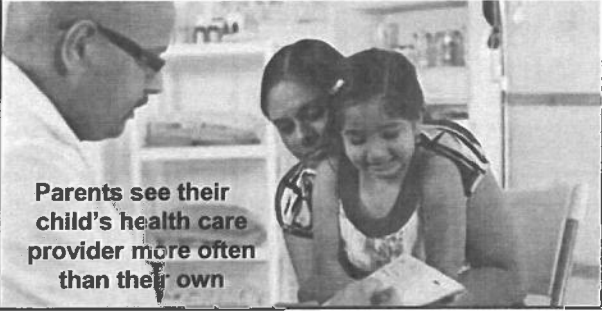
- Clinician prescribes NRT

Connect:

- Connect to the SC Smokers' Helpline




Pediatric Visit Creates a Teachable Moment for Smoking Cessation



Parents see their child's health care provider more often than their own

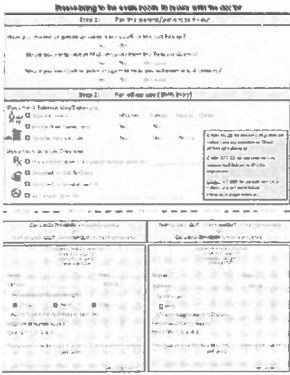
Step One: Ask



- SHS exposure as a vital sign
- Ask at EVERY visit
- Flag the provider

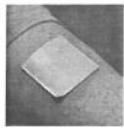
CEASE Action Sheet

- Used only if initial screening question is positive.
- Parent completes 3 questions and brings to exam room.
- Preprinted prescriptions



Step Two: Assist

- Use motivational interviewing techniques
- Offer OTC nicotine replacement therapy (NRT)
 - Dual therapy



Why Prescribe NRT?

- Insurance coverage
- Helps with dosing
- Provider mandate to the parent



Pediatric Providers Can Prescribe NRT to Parents*

- The American Academy of Pediatrics
 - advises that all clinicians be familiar with pharmaceutical options for smoking cessation and offer them to parents if needed.
- The American Medical Association
 - "supports efforts by any appropriately licensed health care professional to identify and treat tobacco dependence in any individual, in the various clinical contexts in which they are encountered"

How to Prescribe NRT

- Replace nicotine from cigarettes
 - 1 cigarette = 1 mg nicotine (or more)
- Forms of NRT
 - Patches: Baseline level of nicotine
 - 21 mg, 14mg, 7mg
 - Do not cut
 - Gum: breakthrough cravings
 - 4 mg
 - Can cut in half
- Wean down over 3-4 months



NRT: Things to Know

Ask about:

- Heart attack within the last 2 weeks
- Worsening arrhythmia/CP
- Severe skin condition (for patch)
- Pregnancy/lactation – If unable to quit, prescribe gum or lozenge for intermittent use to replace individual cigarettes (not the patch)

Signs of too much nicotine

- Nausea, diarrhea, vomiting
- Rapid heart beat
- Cold sweats
- Blurred vision
- Dizziness
- Headaches
- Drooling

Step Three: Connect



Quit for Keeps
South Carolina Tobacco Quitline
1-800-QUIT-NOW
1-800-784-8669

Step 3: Connect

Refer families who use tobacco to outside help

- Use South Carolina's Quitline enrollment form
- Arrange follow-up with tobacco users
- Record in the child's medical record

SC Quitline Services

- SC's Quitline provides a toll-free counseling service for residents 18 and older.
- Callers can receive:
 - 1:1 cessation counseling 7 days a week
 - Self help materials
 - 2-4 weeks of FREE NRT patch and gum/lozenge for uninsured, underinsured and those on public insurance.

SC Quitline: 1-800-QUIT-NOW
Spanish: 1-800-Dejelo -Ya

**Quitline
SC Fax Referral Form or Online Enrollment**

- Provides seamless integration between health care providers who identify individuals who want to quit and cessation services.
- FAX program eliminates need for clients to call. Instead a Cessation Specialist will contact the interested tobacco user to start counseling.

Combination Therapy Works!

Follow-up 6 months post smoking cessation

- <5% quit on their own
- 20% quit with counseling
- 20% quit with medication
- 30-40% quit with combination meds & counseling

- Individuals who use both counseling and NRT are 3.5 times more likely to quit.

Marcus, 10 months old



- Family screened positive for tobacco use.
- Parents motivated to quit with infant in home and accepted NRT and Quitline.
- Clinician-parent interaction changed, as parent felt the clinician go a step beyond identifying the problem to helping them to quit.

Adolescents and smoking

- Simply asking about smoking can double quit attempts in teens.
- Ask, let them know you care, and help them talk themselves into quitting.
- Pharmacotherapy
 - Not yet shown to be effective in teens due to adherence.
 - NRT not FDA approved for <18 yrs. Use clinical judgement, based on addiction to nicotine, motivation to quit and other health related factors.
- More teens now initiate with vaping than with combustible tobacco.



Real Cost Campaign, FDA

<https://smokefree.gov/apps-quitstart>

Text to quit

Create message: QUIT (7848)
Send message to: IQUIT (47848)
Teen enters age and is directed to SmokefreeTeen

Billing and Coding

- **Code Z77.22** – Exposure to secondhand smoke
- **Code F17.210** – Cigarette nicotine dependence, uncomplicated (adolescent smoker)

- Ucode from 99213 to 99214 with appropriate documentation (or 99212 to 99213)

Smartphrase Example

- “Is the Patient exposed to cigarette/tobacco/cigar/pipe/vape smoke? Yes
 - Who are the tobacco users? Mother
 - Is there a Smoke-Free Home rule? Yes
 - Is there a Smoke-Free Car rule? Yes
- Is the Parent/Guardian/Primary caretaker interested in Smoking Cessation? Yes
- Services Provided: Prescription given for NRT and Enrolled in Quitline”

Resources for training

- AAP Julius B. Richmond Center of Excellence
 - 2 day training grants (flash drive)
 - EQUIPP module (relaunch Jan., 2018)
- SC DHEC Tobacco Prevention and Control,
 - Katy Wynne, SC Quitline Director
wynnekl@dhec.sc.gov
 - SC CEASE “Be a STAR” brochures
- U Penn Tobacco Treatment Training,
 - Frank T. Leone, MD, 888-PENN-STOP

Summary



- SHS & THS have a tremendous impact on children’s health

- All providers and offices (US!) can and should help parents quit smoking by offering NRT and a connection to the SC Quitline

Thank You!



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