

How Child Health Providers can Help Family Members Quit Tobacco Use October 22, 2010

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Center of Excellence**

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Adolescent Health Policy**

www.ceasetobacco.org

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www.nobutts.org

AMERICAN ACADEMY OF PEDIATRICS



**Julius B. Richmond
Center of Excellence**



**California Smokers' Helpline
1-800-NO-BUTTS**

Thank you to our Funders



AND

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The following have nothing to disclose:

Jonathan Winickoff, MD, MPH, FAAP

Gary Tedeschi, PhD

Kirsten Hansen, MPP

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- Kirsten Hansen, MPP - Presenter
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Needs Assessment and Target Audience

- The content of this webinar was determined by rigorous assessment of educational need and includes surveys, program feedback, expert faculty assessment, literature review, medical practice and new medical knowledge.
- This webinar is designed for health care providers to address smoking cessation.

Cultural and Linguistic Competency

This activity is in compliance with California Assembly Bill 1195 which requires CME courses with patient care components to include curriculum in the subjects of cultural and linguistic competencies. Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables health care professionals or organizations to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency is defined as the ability of a physician or surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language. Cultural and Linguistic Competency was incorporated into the planning of this activity. Additional resources on cultural and linguistic competency and information about AB1195 can be found on the UCSD CME website at <http://cme.ucsd.edu>.

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



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

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

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

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”

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

The Media has Popularized the Third-Hand Smoke Concept

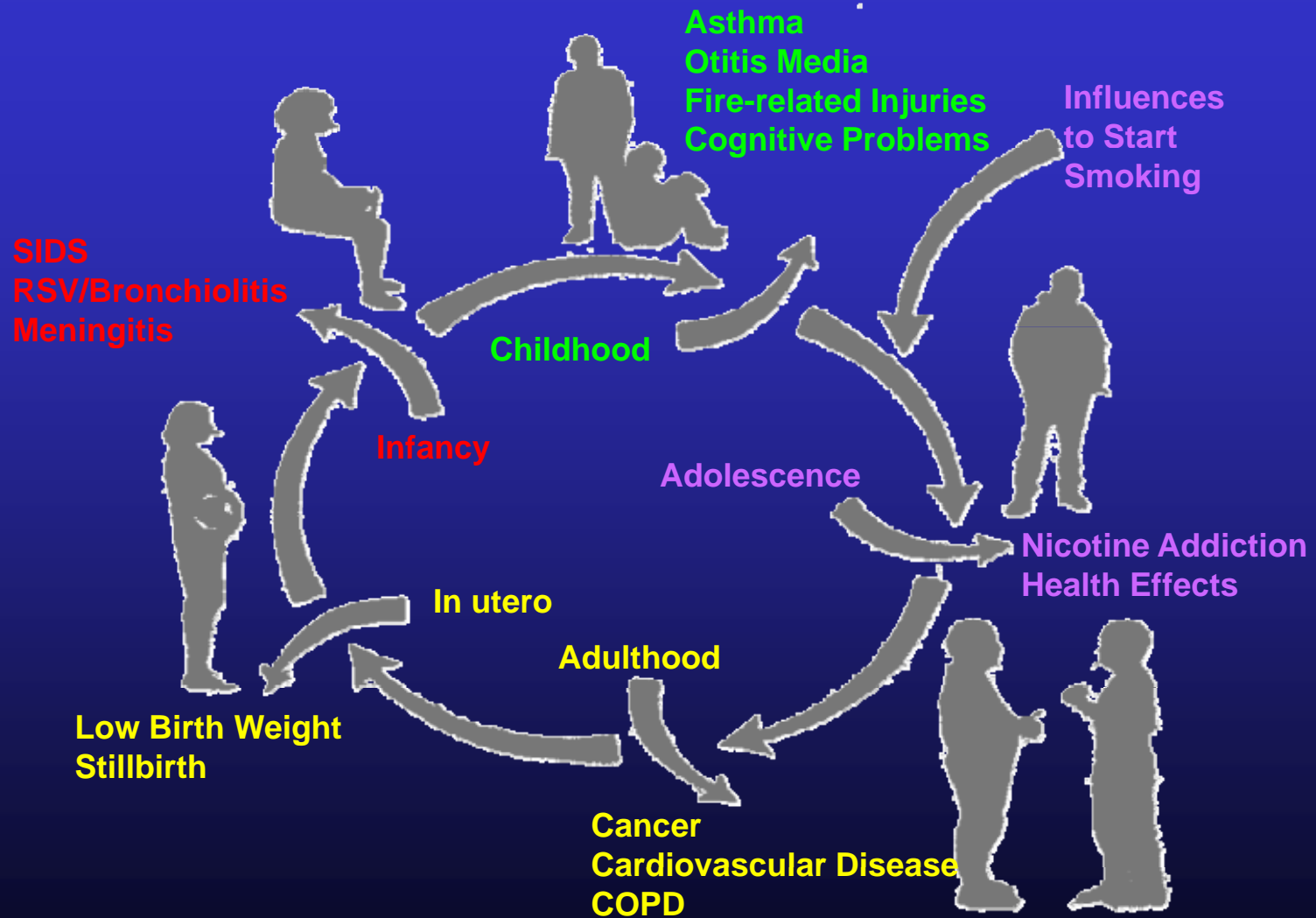


[Click here](#) to view video

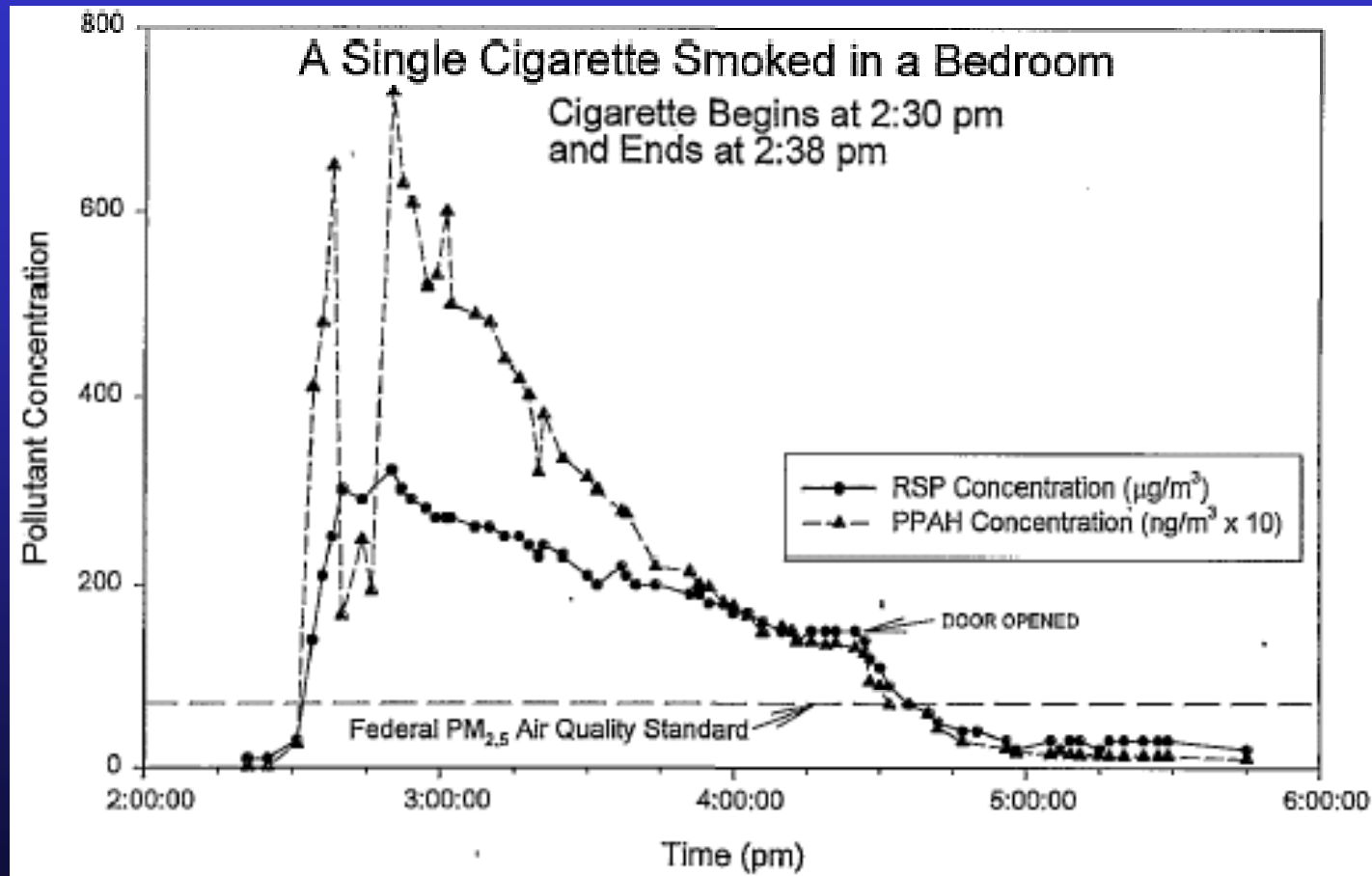
Why Are We So Concerned?

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

The Life Cycle Effects of Smoking



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..

Effect of a cigar smoked in another room on air quality

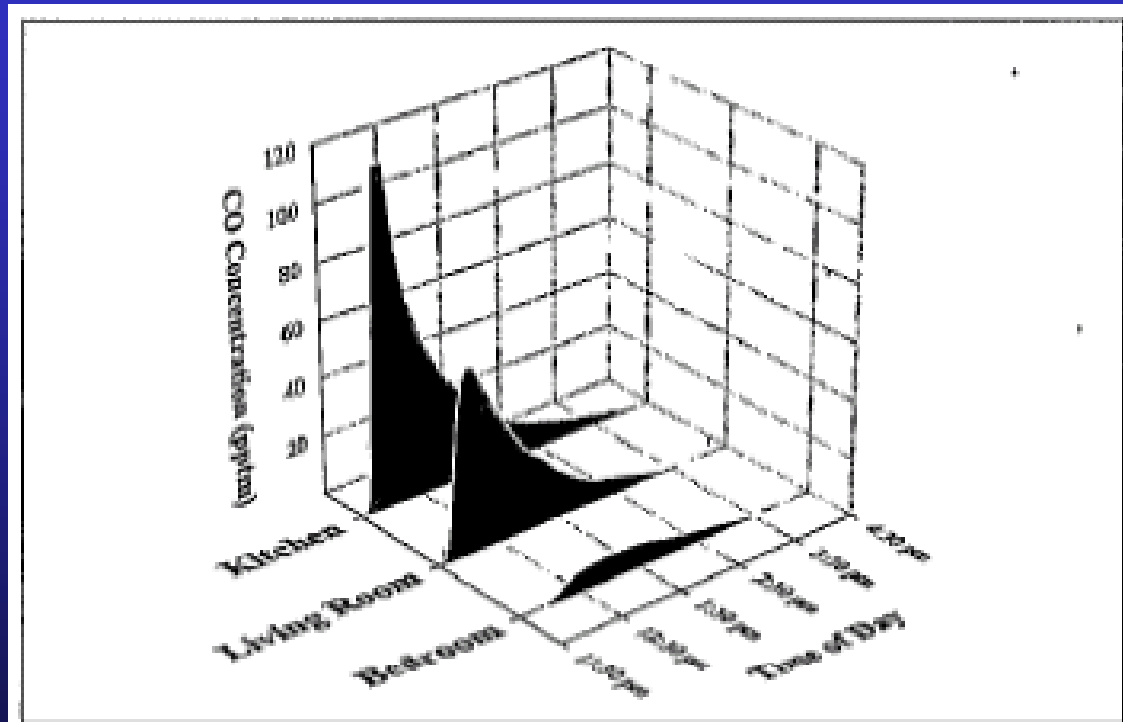


Figure 10. The CO time series in three rooms of the house after a cigar was smoked in the kitchen. The kitchen door was open 3 in. and the bedroom window and door were closed.

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 >\$7.25
- 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)

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

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?”

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?**

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?

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

Nicotine Replacement for Cessation

- OTC: Gum, Patch, Lozenge
- RX: Inhaler, Nasal spray
- Should be combined
 - patch for maintenance, gum or lozenge for strong urges
- Minimize nicotine exposure during pregnancy

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

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



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

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
- Black Box warning for neuropsychiatric sx
- Don't use with seizure disorder
- May be combined with NRT

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



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

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

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 the California Smokers' Helpline "fax to quit" enrollment form or distribute the Gold Card
- Arrange follow-up with tobacco users
- Record in the child's medical record

California Smokers' Helpline 1-800-NO-BUTTS

- **FREE** statewide tobacco cessation program
- In operation since 1992
- Scientifically proven to be effective
- Funded by tobacco taxes
 - Propositions 99 & 10
- All services available by telephone and are confidential
- Multiple languages

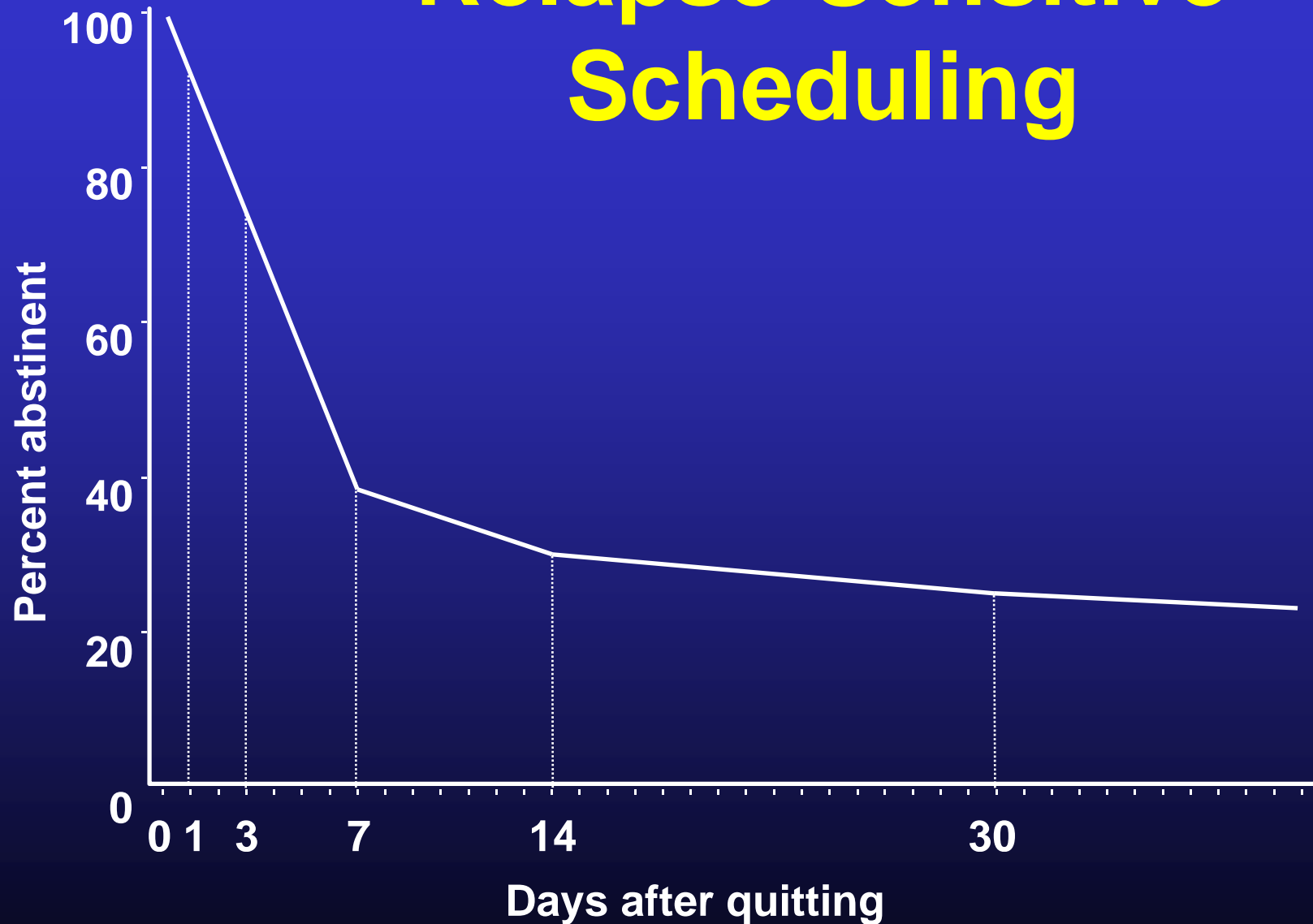
Populations Served

- Adults
 - English
 - Spanish
 - Chinese (Mandarin and Cantonese)
 - Korean
 - Vietnamese
 - Hard of hearing
- Teens
- Pregnant/nursing women
- Chew/spit tobacco users
- Non-tobacco using clients (proxy)

What Happens in Each Call?

- Initial session
 - Comprehensive, 30-40 min. call
 - Preparation to quit
 - Setting a quit date
- Follow-up sessions
 - 10-15 min. calls
 - Relapse prevention
 - Medication review

Relapse-Sensitive Scheduling

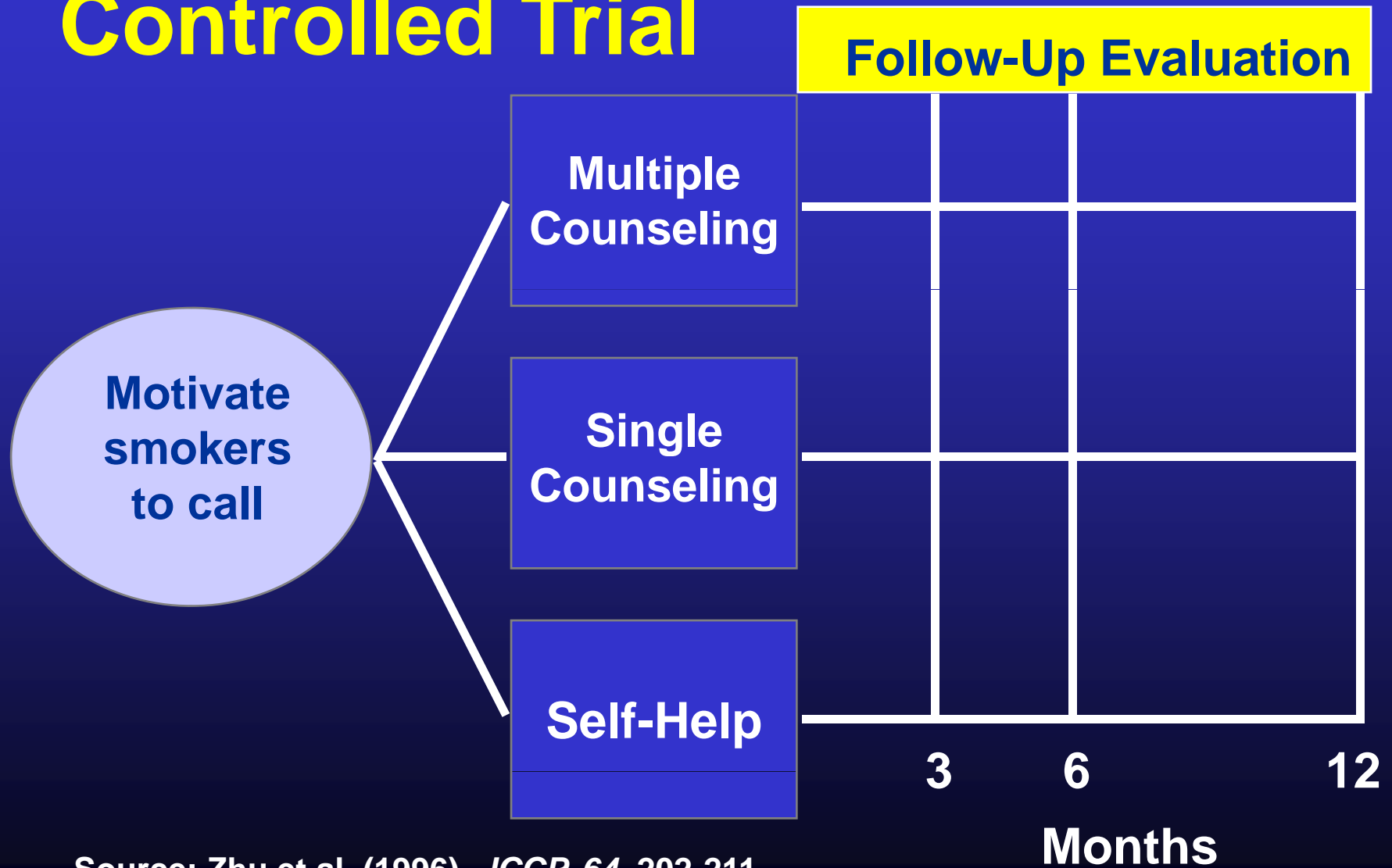


Source: Zhu & Pierce (1995), *Prof. Psych. Res. & Practice*, 26, 624-625

Helpline Intervention Summary

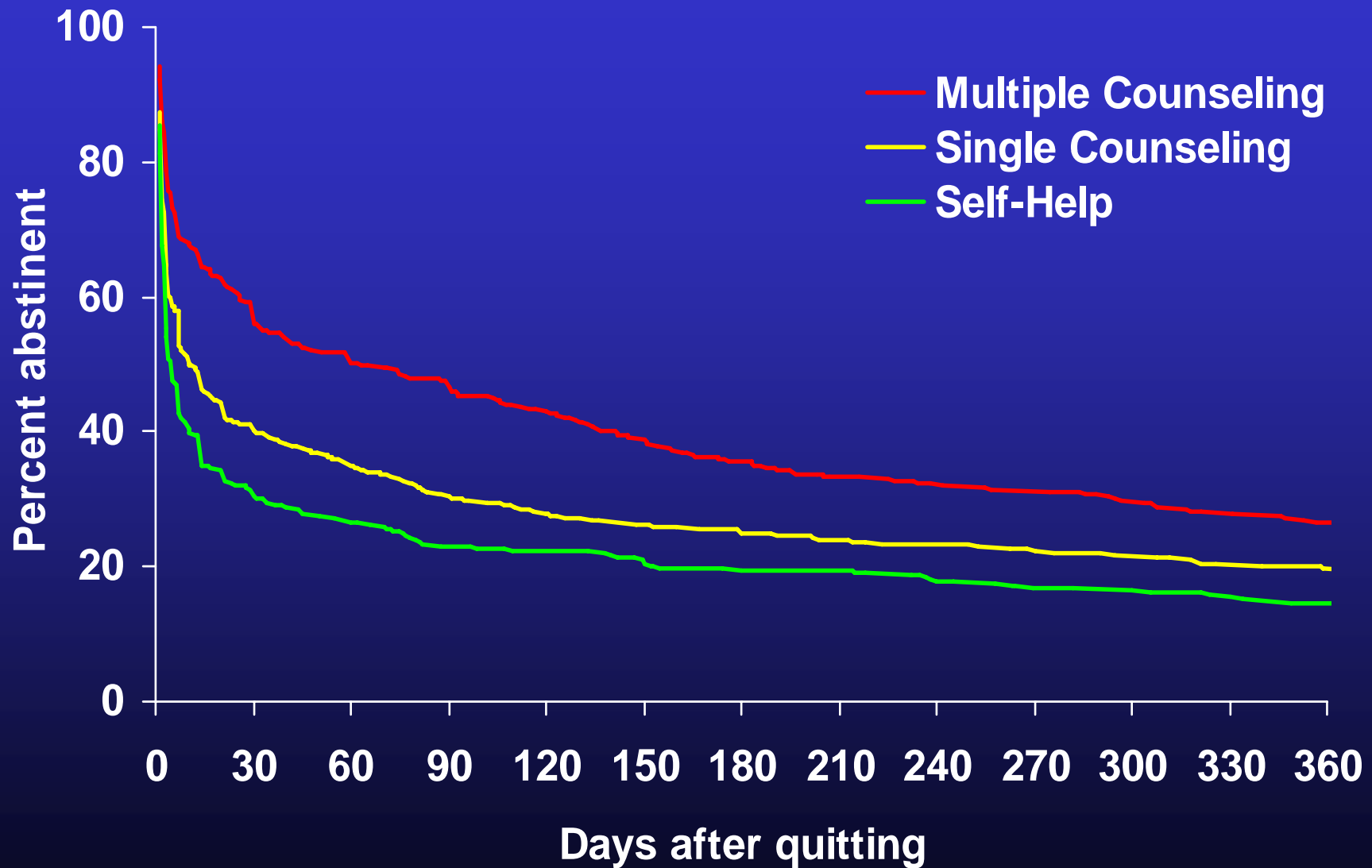
- Identify a strong reason (Motivation)
- Bolster belief in ability (Confidence)
- Develop a solid plan (Skills)
- Adopt a new view of self (Self-image)
- Keep trying (Perseverance)

A Randomized, Controlled Trial



Source: Zhu et al. (1996), *JCCP*, 64, 202-211

Abstinence by Group



Source: Zhu et al. (1996), *JCCP*, 64, 202-211

Coverage for Tobacco Dependence Treatments

- Health insurance coverage and requirements vary by plan
- Medi-Cal provides FREE pharmacotherapy with:
 - Certificate of enrollment in behavior-modification, e.g. 1-800-NO-BUTTS
 - Prescription

Free Helpline Materials



Order free materials at www.nobutts.org

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



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



CEASE Training Manual Appendix

www.ceasetobacco.org

CEASE Implementation Guide			
Three Easy Steps			
What	When	Who	How
Step 1 ASK about smoking status of family members and household smoking rules. With leadership support, use: <ul style="list-style-type: none"> • CEASE Action Sheet, Step One 	<input type="checkbox"/> At the front desk <input type="checkbox"/> During vital signs <input type="checkbox"/> During the visit <input type="checkbox"/> Through a mailing	Primary: The receptionist, medical assistant, or nurse: _____ Facilitators: _____ _____	<ul style="list-style-type: none"> • Every year, give families a <u>CEASE Action Sheet</u> to ask about household members' smoking status and interest in cessation services. • Use the <u>CEASE Sticker or Stamp</u> to document family smoking status on the problem list. • Place the <u>CEASE Action Sheet</u> in the child's medical record.
Step 2 ASSIST in quitting smoking and establishing a completely smoke-free home and car. Prescribe or recommend appropriate medication. With leadership support, use: <ul style="list-style-type: none"> • CEASE Action Sheet, Step Two • CEASE halflets 	<input type="checkbox"/> During the visit	Primary: A physician, nurse, or health educator: _____ Facilitators: _____ _____	<ul style="list-style-type: none"> • In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the <u>CEASE Action Sheet</u>. • Use the responses on Step One of the <u>CEASE Action Sheet</u> to guide how you assist with addressing tobacco use. • Document services delivered on Step Two of the <u>CEASE Action Sheet</u>.
Step 3 REFER those who use tobacco to the quitline. Make a follow-up plan. With leadership support, use: <ul style="list-style-type: none"> • CEASE Action Sheet, Step Three 	<input type="checkbox"/> During the visit <input type="checkbox"/> In consultation with a nurse or health educator	Primary: A physician or nurse practitioner: _____ Facilitators: _____ _____	<ul style="list-style-type: none"> • Using Step Three of the <u>CEASE Action Sheet</u>, refer tobacco users to QuitWorks. • Fax the completed Step Three of the <u>CEASE Action Sheet</u> to QuitWorks at 1-866-580-9113. • Arrange follow-up with tobacco users. • File the <u>CEASE Action Sheet</u> in the child's medical record.

CEASE intervention materials

(www.ceasetobacco.org)



CEASE
Does your child live with anyone who uses tobacco?
Your child's doctor or nurse can help you quit tobacco and have a tobacco-free home and car.
You can quit.



No matter where you do it, it's still smoking.



It still hurts you and your family.



Home halflet

Your children's safety is important to you.



Keep your kids even safer in the car.



Keep your car smoke-free at all times.
Car halflet

Step 1. For you to fill out

Patient's Name: _____
Date: _____
Other children seen here: _____
Your name: _____
Your Email (optional): _____
Relationship to patient (circle one)
Mother _____ Father _____ Other _____
Does anyone that you live with smoke?
Yes _____ No _____
If yes, who?
Have you smoked tobacco, even a puff, in the last 7 days?
Yes _____ No, quit in past year _____ No, quit over a year ago _____ No, never _____
If you smoke, how interested are you in quitting?
A lot _____ Some _____ Not at all _____
If you smoke, are you interested in medicine to help you quit?
Yes _____ No _____ Not sure _____
If you smoke, do you want to learn how to help you quit?
Yes _____ No _____ Not sure _____
Does anyone smoke in your home ever?
Yes _____ No _____
Does anyone smoke in your car ever?
Yes _____ No _____

Step 2. For the doctor/nurse to fill out

The doctor or nurse may talk to you about smoking and protecting others from the harms of smoking. The doctor or nurse may use the check boxes on this form to best meet your needs.

How to quit smoking.
Quitting smoking is one of the best things that you can do for your health and the health of your family. Parents who quit help keep their children from smoking in the future.
 I'll try again.
 Get a quit date for _____

Treatment.
Medicine can double your chance of quitting smoking for good.
 Medication prescribed _____
 Rx _____

Free programs to help you quit smoking.
Would you like to know more about the free telephone quitline or free online services to help you quit smoking?
 Quitline form mailed.
 Online program information emailed.

Have a no smoking rule everywhere in your home and car.
One of the best ways that you can take care of your children is to quit smoking and have a completely smoke-free home and car.
 I'll try again.

Progress notes:

CEASE Action Sheet

Front

Oregon Tobacco Quit Line Fax Referral Form
Fax Number: 1-800-882-3334

Provider Information: Fax Sent Date: _____
Clinic Name: _____
Health Care Provider: _____
Contact Name: _____
Is a HIPAA Covered Entity (Please check one) Yes _____ No _____ I Don't Know _____
Fax: _____ Phone: _____
Comments: _____
Client Information: Gender: _____ male / _____ female Pregnant? _____ Y _____ N
Client Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Primary #: _____ Type: _____ HM _____ WK _____ CELL _____ OTHER _____
Secondary #: _____ Type: _____ HM _____ WK _____ CELL _____ OTHER _____
Language Preference (check one) _____ English _____ Spanish _____ Other _____
Tobacco Type (check ALL that apply): _____ Cigarettes _____ Smokeless Tobacco _____ Cigar _____ Pipe _____
I am ready to quit tobacco and request the Oregon Tobacco Quit Line contact me to help me with my quit attempt.
I DO NOT give my permission to the Oregon Tobacco Quit Line to have a message when contacting me. (initial)
Client Signature: _____ Date: _____

The Oregon Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE:** The Quit Line is open 7 days a week, and attempts even a weekend may be made at times other than during this 3-hour time frame.
 3pm - 6pm 6pm - 9pm 9pm - 12pm 12pm - 3pm 3pm - 6pm 6pm - 9pm
Pacific Time
Within this 3-hour time frame, please contact me at (check one): _____ Primary _____ Secondary phone.
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Confidentiality Notice: This resource contains confidential information. If you have released this resource, this resource contains confidential information. If you have not released this resource, this resource contains confidential information. Do not release, distribute, copy, or distribute.

CEASE Action Sheet

Back

Patient Name: _____
Address: _____
Phone number: _____

DEAR _____

FOR _____ AGE _____
ADDRESS _____ DATE _____

Rx _____
Nicotine Patch (check strength) 7 mg 14 mg 21 mg
Apply 1 patch for 16-24 hrs each day
Dispense 2 month supply
 LABEL _____ MD _____
(Printed Name)

PROFESSIONAL INQUIRY: PLEASE PRINT THE PRACTITIONER WHERE THE WORKING PROFESSIONAL IS THE ONLY
This is a prescription and is not valid without the patient's name. Please sign and dispense.

Pre-printed prescription for NRT patch

Patient Name: _____
Address: _____
Phone number: _____

DEAR _____

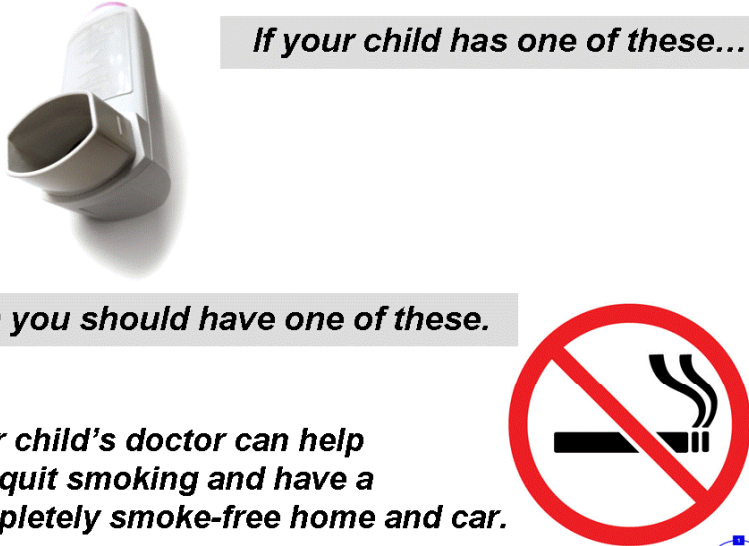
FOR _____ AGE _____
ADDRESS _____ DATE _____

Rx _____
Nicotine Gum (check strength) 2 mg 4 mg 8 mg (circle preference)
Chew 1 piece every 1-2 hours
Dispense 2 month supply
 LABEL _____ MD _____
(Printed Name)

PROFESSIONAL INQUIRY: PLEASE PRINT THE PRACTITIONER WHERE THE WORKING PROFESSIONAL IS THE ONLY
This is a prescription and is not valid without the patient's name. Please sign and dispense.

Pre-printed prescription for NRT gum


CEASE direct to consumer marketing



If your child has one of these...

then you should have one of these.

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



Asthma poster



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

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

Inclusion of this chart does not constitute an endorsement 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

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.



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

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.



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”

The Assets

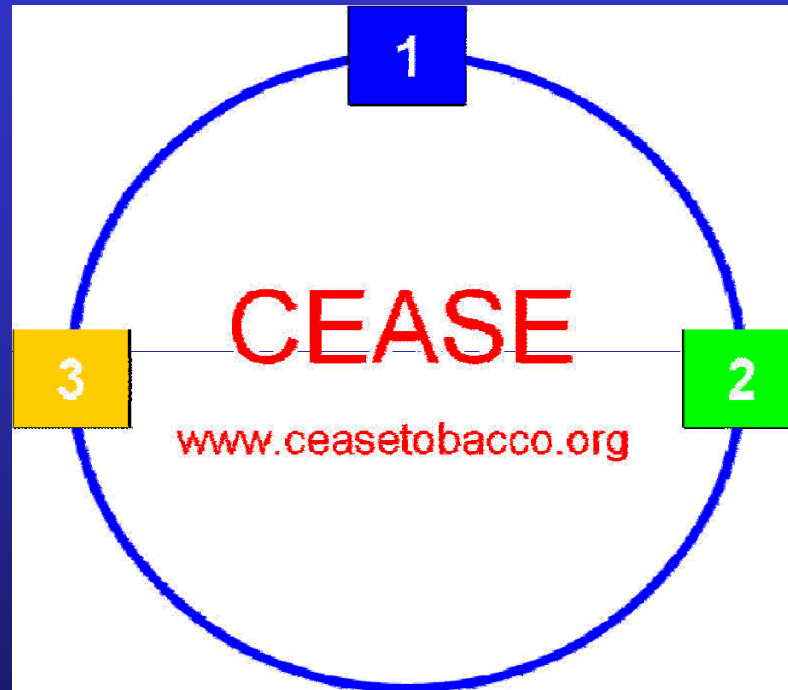
- You and your staff and colleagues can be effective!
- Patients and their families expect to hear about tobacco
- The changing culture is making it harder to use tobacco

[Click here](#) **to view Video**

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

www.ceasetobacco.org

Six Month Follow Up Exam
[Click here](#) to view video





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.](#)

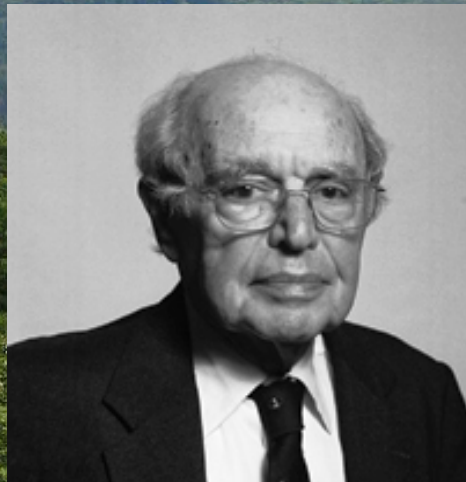
[Video Introduction](#)

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

- **AAP, California:** Myles Abbott, Seth Ammerman, Kris Calvin, Cathy McDonald,
- **California Smokers' Helpline:** Chris Anderson, Kristin Harms
- **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



AMERICAN ACADEMY OF PEDIATRICS

Julius B. Richmond Center of Excellence

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Thank You!

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- Resources:

- <http://www2.massgeneral.org/ceasetobacco/states.htm>

- www.centerforcessation.org