



CENTRE FOR
Community
Child Health

Preventing Passive Smoking Effects On Children

Practice Resource

**Section 2: What works?
(only)**

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Practice Resource: Preventing Passive Smoking Effects On Children

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Glossary

Cognitive-behavioural therapy	An arrangement in which client and professional work together to identify and understand problems by looking at the relationship between thoughts, feelings and behaviour.
Environmental tobacco smoke	Smoke from the end of a lit cigarette or breathed out by a smoker.
Nicotine fading	Changing the type of cigarette smoked to one with less nicotine.
Nicotine-replacement therapy	Using a medication that reduces cravings for cigarettes.
Passive smoking	Breathing tobacco smoke in the environment.

Refer to Appendix 5 for a glossary of terms related to research methodology terminology.

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Introduction

The strategies that follow focus particularly on the smoking behaviours of parents around children. Most smoking intervention strategies have been focused on adults with far fewer particularly focused on parent specific interventions. Some intervention strategies to reduce passive smoking in children have been trialed and include:

1. Intensive counselling
2. Non-intensive counselling
3. School-based programs

Interventions found to be effective in reducing smoking rates in adults generally are also going to be effective in reducing the effects of passive smoking on children. *Group behavioural counselling has been found to be the most successful intervention for adult smokers generally.* This is followed closely by individual behavioural counselling and nicotine-replacement therapy. For more information on these interventions see “Section 3: What the research shows”.

There is little evidence for the effectiveness of interventions specifically designed to reduce the effects of passive smoking. At this stage, *intensive counselling for parents is considered the most promising intervention.*

Understanding intervention strategies to reduce effects of passive smoking

Intensive counselling for parents

- Intensive counselling for parents involves individualised counselling sessions by a health professional with a parent.
- In the sessions information is provided about the effects of parent smoking on the health and development of the child, as well as ways to reduce passive smoking in the home.
- A key feature is that information is tailored specifically to the family’s situation.
- Sessions typically run for a number of months (3-6), and may involve home visits and regular phone calls as well as one-on-one sessions in the health setting.

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- Additional features may include: parents recording the details of their smoking behaviour in the home, support and encouragement to change smoking behaviour, setting clear objectives for changing behaviour, and a minor focus on psychological factors (for example, addressing readiness for change¹ and offering positive reinforcement).
- Growing support exists for the effectiveness of intensive counselling for reducing passive smoking. This is particularly the case where the focus is on changing attitudes and behaviours rather than increasing knowledge.

Non-intensive counselling for parents

- Non-intensive counselling for parents also provides information about the effects of smoking on the health and development of the child, as well as how smoking exposure in the home can be reduced.
- The key difference between intensive and non-intensive counselling is that only minimal information is provided (for example, a letter to parents outlining ways to reduce their child's passive smoking) as well as minimal support (for example, one follow-up phone call).
- At this stage, the effectiveness of non-intensive counselling for parents in reducing passive smoking is unknown.

School-based programs

- Most school based strategies are focused on teen smoking rather than passive smoking.
- School-based programs that deal with passive smoking are generally broad prevention-based efforts to reduce unhealthy behaviours such as smoking or substance abuse.
- A key focus is using peer influences to help participants say no.
- They also educate students about the impact of smoking on health, with particular emphasis on short-term effects.

¹ A popular approach to understanding readiness for change has been proposed by Prochaska and DiClemente (1982). These authors outline three categories of readiness to quit: pre-contemplation (not ready to quit), contemplation (thinking about quitting), and preparation (ready to quit). It is argued that counselling strategies should closely match the smoker's individual stage of readiness.

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- They may also include school-wide anti-smoking initiatives (for example displays of anti-smoking posters around the school) and support for children to encourage their parents to quit (for example by writing letters to them asking them to quit).
- Few school-based programs with a focus on reducing passive smoking exist, and their benefits are largely unknown at this stage.

What you can do

Asking parents about passive smoking

A parent's visit to a health professional for advice on a child's health problem provides an opportunity to broach the subject of passive smoking and promote behaviours that will reduce a child's exposure to environmental tobacco smoke. The following guidelines are based on The Royal Children's Hospital's clinical recommendations for asking parents about passive smoking and their child. They are based on both research and best clinical practice that were designed for the Fresh Air For kids project at the hospital. The Windows of Opportunity educational video demonstrating these types of questions in action is available from the Education Resource Centre at The Royal Children's Hospital:

www.rch.org.au/erc/video/index.cfm?doc_id=3247

Broaching the subject of smoking with parents for the first time can be difficult; however, once you become comfortable with your own language around the issue it becomes second nature.

1. Ask about their smoking:

"Does anyone at home smoke?"

You may find that simply asking this question opens the door for discussion.

2. If the parent smokes:

"I am sure you know about smoking and its effects on your child's health. Have you thought about doing anything about it?"

or

"I am sure you know about the effects of smoking on your child's health. We ask every parent if they'd like some information on quitting while they are here. If you are interested please let me know and we can provide you with useful information about quitting or refer you onto the Quitline for further assistance."

[This is non-judgmental and is likely to lead easily to further discussion.]

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3. If the parent smokes but says they only smoke outside, in a separate room, or with the window open:

“Well done. I'm really glad you recognise the potential effect of smoking on child health and you've taken the first step. Have you thought about taking the next step?”

or

“That's great- you're obviously aware that smoking can affect a child's health. If you're interested in quitting or would like some more information we can talk about it further.”

[In fact, smoking in a separate location reduces but does not eliminate measurable child smoke exposure. Keep positive about it, because at least the parent is trying!]

4. Parent says: “What has my smoking got to do with Jimmy's ___ [health problem]?”

“It is not related to your child's health problem necessarily, but the hospital (or clinic or service) believes parental smoking is an important child health issue. If you would like some help in moving towards quitting we can provide it.”

Give the parent a passive smoking and children brochure and move on.

or

“We ask every parent who enters the hospital or clinic if he or she smokes, as it is an important child health issue, and if you are interested in quitting we can provide you with further information.”

See the following website link to download a brochure on the health effects of passive smoking and advice for parents on how to reduce children's exposure to passive smoking:

smokefreezone.org.ozstaging.com/site_files/s1001/downloads/FactSheet.pdf

5. Parent says: “Are you saying my smoking caused Jimmy's ___ [health problem]?”

“No, it is not necessarily related to your child's ___ [health problem], but the hospital [or clinic or service] believes parental smoking is an important child health issue. If you would like some assistance in moving towards quitting we can help.” Give the parent a passive smoking and children brochure and move on.

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6. Parent says: “I’ve tried stopping smoking three times but I can’t give up.”

“Well done for trying! Every time you try to quit you learn something new which will make your next attempt more likely to be successful.”

[It usually takes smokers more than three attempts to quit before they are successful. Keep them positive so they are more likely to try again.]

7. Parent says: “I use smoking as a break...as a time out from the kids...”

“That’s a tough one. I understand your break time is important so the challenge is to find a way of relieving stress that isn’t as harmful.”

What information should parents have about the effects of passive smoking on children?

Passive smoking in children is a clearly established risk factor for:

- Asthma: greater frequency and severity of asthma symptoms, more severe disease and a greater number of hospitalisations and life-threatening attacks. The National Health and Medical Research Council (NH&MRC) has estimated that eight per cent of childhood asthma in Australia is attributable to passive smoking.
- Lower respiratory tract infections such as pneumonia, croup, bronchitis, and bronchiolitis.
- Middle ear disease (otitis media) potentially requiring surgery for glue ear.
- Impaired lung function.
- Sudden infant death syndrome.
- Meningococcal disease.

What are some helpful suggestions for parents for reducing passive smoking effects?

Some practical suggestions about making the home and car smoke-free include:

- Do not allow smoking in enclosed spaces, especially the car.
- Designate smoking areas outside.
- Remove ashtrays and lighters from the home.
- Place non-smoking stickers in the home and car.
- Ask visitors to smoke outside.

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The following key messages can also be reinforced with parents:

- Smoking in another room or by an open window is not enough to avoid exposure to environmental tobacco smoke (it's like urinating in a swimming pool!).
- An increasing number of smokers are making their homes and cars smoke-free in order to protect their children from the effects of environmental tobacco smoke.
- Parents who insist on a household free of smoke should be positively encouraged.

The following link provides additional advice for health professionals on communicating with parents about children's exposure to environmental tobacco smoke. It has been produced by The Car and Home: Smoke Free Zone Campaign (a partnership between NSW Health and four non-government organisations), and is an evidence-based campaign designed to reduce passive smoking in children. The link includes a nine-step checklist that takes professionals through the process of identifying, informing about and intervening in parental smoking: smokefreezone.org.ozstaging.com/index.cfm/page_id/1072

A variety of ways that health professionals can assist smokers of any age and in different situations to cut down or quit smoking have been suggested by QUIT Australia. These include:

- Giving people who are interested in quitting a Quit Book.
- Providing information about the support and products available to help in quitting smoking.
- Setting up a smoke-free display and ensuring smoking cessation resources are available in waiting rooms.
- Arranging training from QUIT Australia on using counselling to help individuals to quit.

For further information about QUIT Australia's Health Professionals Program, see the following link: www.quit.org.au/index2.html

Smoking in another room or by an open window is not enough to avoid exposure to environmental tobacco smoke.

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Information for parents

See the following link for a fact sheet that can be given to parents and carers to help explain passive smoking and provide suggestions about what they can do to minimise associated childhood illnesses:

- Smoke free zone website (Australia)
smokefreezoneorg.ozstaging.com/site_files/s1001/downloads/FactSheet.pdf

Parents can also be directed to these sites for general information about the health effects of passive smoking and about quitting smoking:

- Smoke free zone website (Australia)
smokefreezoneorg.ozstaging.com/index.cfm/page_id/1001
- Quit Australia
www.quit.org.au/index2.html (quitting smoking)
www.quit.org.au/browse.asp?ContainerID=1616
(passive smoking effects on children)

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Key Messages for Professionals

Passive smoking refers to breathing environmental tobacco smoke breathed out by a smoker or coming from the end of a burning cigarette. Exposure is most likely to occur in the home or car but can also occur in public and social meeting places. The National Drug Strategy Household Survey (2001) reported that 19.7% of households with dependent children allowed smoking in the home.

Children are at higher risk of damage from passive smoking than adults because of their smaller bodies, higher breathing rates and less well-developed respiratory and immune systems.

Passive smoking effects

- **Negative health outcomes for children.** There is considerable evidence to suggest an association between parental smoking and an increased risk of health problems in children, including Sudden Infant Death Syndrome, croup, bronchitis, pneumonia, ear infections, asthma, learning difficulties, behavioural problems, heart disease and meningococcal disease.
- **Smoking uptake later in life.** Children of smokers are four times more likely to end up as smokers themselves, due to nicotine inhalation in childhood.

Research-based strategies for reducing passive smoke for children

Overall there is a lack of research evidence about the effectiveness of interventions designed to reduce passive smoking in children. Further research is needed before strong recommendations can be made about ways to help parents reduce the rates of passive smoking in children. However, the following points are worth keeping in mind:

- Most interventions involve counselling. These have either been simple and relatively non-intense, eg, encouraging parents to quit and giving them written material, or relatively intense, eg, beginning in a clinic, involving follow-up phone calls and possibly home visits.
- Currently intensive counselling for parents is considered the most promising intervention.
- Some practical suggestions about making the home and car smoke-free include the following:
 - Do not allow smoking in enclosed spaces, eg, in the car.
 - Designate smoking areas outside.
 - Remove ashtrays and lighters from the home.
 - Place non-smoking stickers in the home and car.
 - Ask visitors to smoke outside.
- Research supports the effectiveness of a range of interventions with adult smokers. Professionals may decide to try interventions to encourage adults to quit smoking instead of focusing on reducing passive smoking.

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Key Messages for Managers

Passive smoking refers to the breathing of environmental tobacco smoke breathed out from a smoker or coming from the end of a burning cigarette. The National Drug Strategy Household Survey (2001) reported that 19.7% of households with dependent children allow smoking in the home.

Children are at higher risk of damage from passive smoking than adults because of their smaller bodies, higher breathing rates and less well-developed respiratory and immune systems. Exposure is most likely to occur in the home or car but can also occur in public and social meeting places.

Passive smoking effects

- **Negative health outcomes for children.** There is considerable evidence to suggest an association between parental smoking and an increased risk of health problems in children, including Sudden Infant Death Syndrome, croup, bronchitis, pneumonia, ear infections, asthma, learning difficulties, behavioural problems and heart disease.
- **Smoking uptake later in life.** In a one-year period, children of parents who smoke inhale the same amount of nicotine as if they had smoked 60–150 cigarettes. Children of smokers are four times more likely to end up being smokers themselves, due to nicotine inhalation in childhood.

Research-based interventions for reducing passive smoke for children

Overall there is a lack of research evidence about the effectiveness of interventions designed to reduce passive smoking in children. Further research is needed before strong recommendations can be made about ways to help parents reduce the rates of passive smoking in children. However, the following points are worth keeping in mind:

- Most smoking interventions relevant to parents have been initiated or run by health professionals in clinics or in the family home. Such interventions include intensive counselling either in small groups or individually, non-intensive counselling, nicotine-replacement therapy and the use of anti-depressants.
- Several of these approaches show evidence of reducing passive smoking in children or smoking rates in adults generally.
- The use of group behavioural counselling to reduce smoking rates in adults generally has been successful and is an approach that could be delivered to parents by an appropriately trained professional through a child and family support service.
- Non-intensive counselling for parents could be offered as well after staff receive basic training in this approach.