

## ENVIRONMENTAL TOBACCO SMOKE (ETS)

### STATEMENT OF THE PROBLEM

Exposure to Environmental Tobacco Smoke (ETS) is common in the US<sup>i</sup>. ETS is associated with increased severity of asthma related symptoms, decreased lung function, and greater use of health services among those who have asthma in all age groups<sup>ii</sup>. Negative effects may vary by age<sup>iii</sup>. Exposure to tobacco smoke while pregnant has been shown to be a risk factor for the development of asthma in both infancy and later in childhood<sup>iv</sup>.

Effects of ETS on a child's asthma are greater when the mother smokes than when others in the household smoke<sup>v</sup>. Heavy smokers may be less aware, than those who smoke less, of the effects of ETS exposure on children<sup>vi</sup>.

The primary modes of exposure to ETS for adults who have asthma may be when they are at work<sup>vii</sup> or traveling<sup>viii</sup>. ETS exposure operates as a co-factor in wheezing along with aiding in infections<sup>ix</sup>. Smoking in doorways and smoking outside to avoid exposing others may not adequately reduce exposure for children<sup>x</sup>.

Source: Expert Panel Report pages 175-176

### BACKGROUND

The Expert Panel recommends that clinicians advise both children and adults who have asthma not to smoke or be exposed to ETS (Evidence C). Query patients about their smoking status and refer adults who smoke and have young children with asthma in the household to smoking cessation programs. It is now well established that exposure to ETS increases the severity of asthma, increases the risk of asthma-related emergency department visits and hospitalizations, and decreases the quality of life in both children and adults.

### ASSESSMENT

As a routine part of the patient's asthma care, they should be counseled concerning the negative effects of smoking and ETS. Parents and caregivers of children with asthma should be encouraged to quit and to use proven cessation resources.

- Determine who smokes in the house and record on visit encounter form.
- Determine situations in which child is exposed to smoke (in home, in car, etc.) & record.
- Screening for home ETS exposure for kids

ASK:

- Does the primary caregiver smoke?
- Is there a home smoking ban?
- If primary caregiver or child smokes, determine their “stage of change” in relation to quitting & note on visit encounter form. Is the smoker:
  - **Not Considering Quitting at this time (Precontemplator):** Provide information about the health consequences of smoking.
  - **Planning to Quit in the Next Six Months ( Contemplator):** Explore the Pros and Cons for quitting and use the decisional balance to move the caregiver closer to the pros of quitting.
  - **Ready to Quit Soon, within the next 30 days:** Help caregiver to set a quit date and refer them to the Washington State Tobacco Quitline (1-800-784-8669) for additional support and in some cases, caregivers will receive free NRT.
    - Nicotine Replacement Therapy: Counseling is an important part of NRT treatment and should always be offered at the WA State Tobacco Quitline or other smoking cessation resources. Strongly consider both the replacement therapy patches, gum etc. with counseling.
    - Quit in the Past Year: Acknowledge the accomplishment and assess for any need for support.
  - **Recently Relapsed:** Acknowledge past success and that relapse is part of the quitting process. Encourage a new quit attempt and refer to the caregiver the Washington State Tobacco Quitline.
    - Note: the change (from smoker to non-smoker) is a fluid process; a person may move forward and backwards several times through these stages on the road to quitting for good.
- If others smoke, ask primary caregiver about their readiness to quit or avoid smoking in the home.
- Assess prior education received by client and client’s knowledge.

## EDUCATIONAL MESSAGES

- Smoking harms not just the smoker, but also family members, co-workers and others who breathe the smoker’s cigarette smoke, called “secondhand smoke.”
- Exposure to secondhand smoke increases the severity and frequency of asthma episodes.
- Both adults and children living with smokers are more likely to develop likely to develop pneumonia, colds, cough, flu, sore throats, and ear infections.
- When someone smokes inside the home, it takes only 15 minutes for the tobacco smoke to reach every room in the house.
- Particles of tobacco smoke “stick” to skin, hair, clothing, furniture, carpet, drapes, even after smoke seems to have cleared from the air. People are then exposed to the tobacco smoke even if they were not around while someone was smoking.

- Tobacco smoke contains nicotine as well as 4000 other chemicals. 43 of the chemicals in tobacco have been shown to cause cancer in humans.
- It is important to minimize a child's exposure to smoke, especially if they have asthma. Here are some ways to do this:
  - **Quit Smoking:** The best way to protect your child from smoke is to quit smoking yourself, and to prohibit other smokers from smoking in your home.
  - **Make Your Home a Smoke-Free Zone:** The next best thing is to only smoke outside (away from windows and doors to avoid smoke entering the home).
  - **Wear a Smoking Jacket and hat:** For those that smoke, wear a different garment, a "smoking jacket or shirt," that is only worn when outside the home smoking. The smoking jacket should be kept outside the home as well. When you are holding or cuddling a child, the child will inhale the tobacco smoke from clothing if the "smoking jacket" is not left outside.
  - **Wash your hands after smoking.** Tobacco smoke clings to the skin, hair, and clothes.
  - **Make Your Car a Smoke-Free Zone,** whether or not child is present. (Tobacco smoke "sticks" to the car's interior and remains even after smoke in the air has cleared).

## ACTIONS

CHW ACTIONS	CAREGIVER ACTIONS
<ul style="list-style-type: none"> <li>• Offer cessation advice to primary caregiver, child or anyone using tobacco in the home, at every visit. Assistance should be according to smoker's readiness to quit (stage of change).</li> <li>• Assess needs of caregiver, child and family members regarding cessation and behavior changes to reduce the child's exposure to ETS.</li> <li>• Discuss harmful effects of ETS.</li> <li>• If there are smokers in the house, focus on minimizing child's exposure to smoke through behavior changes.</li> <li>• At subsequent visits, check in with the caregiver regarding progress. Congratulate successes. Reinforce importance of minimizing child's exposure to smoke &amp; discuss barriers to progress as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• If you smoke, consider quitting. When you are ready to quit, you may contact The Washington State Department of Health's Tobacco cessation program.</li> <li>• If you are not ready to quit, smoke outside &amp; take measures to reduce your child's exposure to tobacco smoke.</li> <li>• Make your home and car Smoke-Free Zones</li> <li>• If someone else in your home smokes, encourage them to quit, and do not allow smoking inside your home or in the car.</li> </ul>

## FOLLOW-UP VISITS

- Per Visit Protocol

## SUPPLIES

- None

## EDUCATION HANDOUTS

- Pamphlet: “One of the Best Things You Can Do for Your Kids”
- Pamphlet: Quitting Smoking
- Pamphlet: Secondhand Smoke – Public Health
- Brochure: Washington State Tobacco Quitline (if applicable)

## REFERRALS

- Washington State Tobacco Quitline - 1-800-784-8669
- Let all smokers in the house know that when they are ready to quit, there is coaching support available. This program provides personalized telephone-counseling sessions within 2 weeks, a Quit Kit, and nicotine replacement patches (if appropriate). Services are offered in English, Vietnamese and Spanish.

---

<sup>i</sup> Gergen et al. 1998

<sup>ii</sup> Sippel et al. 1999

<sup>iii</sup> Mannino et al. 2001

<sup>iv</sup> Henderson et al. 1995; Martinez et al. 1995; Soyseth et al. 1995

<sup>v</sup> Agabiti et al. 1999; Austin and Russell 1997; Ehrlich et al. 2001

<sup>vi</sup> Crombie et al. 2001

<sup>vii</sup> Radon et al. 2000

<sup>viii</sup> Eisner and Blanc 2002

<sup>ix</sup> Gilliland et al. 2001

<sup>x</sup> Bahceciler et al. 1999