EAP VOICES

‚Paediatricians should do more to protect children from tobacco'

Europe needs to protect its children and adolescents against the adverse effects of smoking. In a recent publication, the European Academy of Paediatrics encourages governments in Europe to implement the measures defined in the WHO Framework Convention of Tobacco Control. Discouraging smoking starts with paediatricians who are knowledgable about the effects of tobacco use. Internationally, the Netherlands scores lowest when it comes to knowledge about smoking. Dutch paediatric pulmonologist Noor Rikkers dedicates herself to a „Smokefree Generation". This is an interview in two parts about what European paediatricians can do, inside and outside of the consulting room.

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PART 1: what paediatricians can do in the consulting room

As a Dutch paediatric pulmonologist, you discourage tobacco use daily. How can paediatricians protect children and adolescents from the negative effects of tobacco use?
First of all by improving our own knowledge. When I started working on this theme three years ago, I was shocked about the limited knowledge I had myself. In a relatively small country like The Netherlands, more than 150 children start smoking every day and a 100 will continue on a daily basis. A quarter of these children will eventually die because of it. Every year, 60 infants die because their mothers smoke in pregnancy. This not only happens in The Netherlands. Worldwide, the prevalence of adult smoking is highest in Europe and Europe is one of the regions with the highest prevalence of smoking among adolescents. Most smokers begin using tobacco products well before the age of 18 years. In addition, almost one in four adolescents aged 13-15 years of age who ever smoked cigarettes, smoked their first cigarette before the age of 10. Worryingly, tobacco use among adolescents is increasing; in countries like the Czech Republic, Latvia and Lithuania, adolescent smoking is comparable to adult smoking. In Greenland, 51% of male adolescents and 53% of female adolescents smokes on average one time per week. Worldwide, it is estimated that 40% of children under the age of 14 are exposed to second-hand smoke.

All children should grow up in a smoke-free environment

Tobacco is much more toxic than you think. It is therefore very important that children grow up in a smoke-free environment. The negative effects of first- and second-hand smoke are well-known. For example, about 28% of the 600,000 deaths worldwide per year caused by second-hand smoke occur in children, with most of those deaths resulting from lower respiratory diseases. However, hardly any studies have been done to investigate the negative effects of third-hand smoke. Paediatricians often advise parents to smoke outside, but children are very sensitive to the negative effects of tobacco, even to remnants of smoke in clothing. A study in prematurely born infants showed that tobacco metabolites can be identified in the urine after exposure. So we know third-hand smoke is absorbed. Our advise to smoke outside probably is not a good advice. This also means that health care providers who smoke probably expose children to an unintentional health risk.

An addiction, not a choice

Paediatricians should realize that smoking is a severe addiction and not a free choice, and should be treated as such. We should understand and not judge this addiction. Cigarettes are designed to addict. Cigarettes contain ingredients that prevent cough, and flavours like sugar, vanilla and caramel. Ammonia ensures that the nicotine enters the brain within 7 seconds. As a result, smoking is coupled almost immediately to its rewarding effects. It is addictive within a month. The tobacco industry spends tens of billions of dollars each year marketing tobacco in order to attract new customers to replace those that die or quit using tobacco. The tobacco industry needs children as replacement smokers. Adolescents often

underestimate the risks of tobacco and the likelihood of becoming addicted. In addition, the younger children are when they first start using tobacco, the more likely they are to become regular users and the less likely they are to quit. Tobacco is widely promoted and available and used by role models, like parents, politicians and movie stars. These factors aid the perception of the social acceptability of tobacco, in which children and adolescents view tobacco as just another consumer product, rather than a hazardous addictive product.
Paediatricians and parents often don't know these facts. Internationally, knowledge about the negative effects of tobacco use is lowest in the Netherlands. Three years ago, I felt it was time for a change.

What does the European Syllabus for Core Training in Paediatrics say?

Paediatric trainees, as paediatric experts, should know important epidemiological factors for respiratory disease, including tobacco smoke exposure

What every paediatrician should know

- Tobacco use is the single most preventable cause of death and disease.
- The tobacco industry needs children as replacement smokers. Tobacco use is not a free choice; it is an addiction, and it should be treated as such.
- Europe has some of the highest prevalence of tobacco use among adolescents (11-12%). Most smokers begin using tobacco before the age of 18. Most young people who smoke regularly continue to smoke throughout adulthood.
- Among young people, the short-term health consequences of smoking include respiratory and non respiratory effects, addiction to nicotine and associated risk of other drug use. Smoking has a negative effect on physical fitness and smoking at an early age increases the risk of lung cancer. Early signs of heart disease and stroke can be found in adolescents who smoke.
- Nearly 700 million children breathe air polluted by second-hand smoke.

How can paediatricians discourage smoking in the consulting room?

Paediatricians can and should do more to prevent exposure of children to second- and third-hand smoke and to the temptations to start smoking. Discussion of tobacco use should become a regular item during every consultation, even when the child doesn't present with respiratory problems. Paediatricians and other physicians should actively encourage parents and children to quit smoking, and guide them towards coaching services that assist in quitting. This way, we can end the exposure to tobacco and be a good role model at the same time.

The importance of non-judgement

It is very important that we don't judge the smoking. Tobacco is highly addictive. A recent Dutch study has shown that 24% of parents of asthmatic children don't manage to get the home smoke-free, just like 22% of pregnant women with lower socioeconomic status continue smoking. It is important that paediatricians don't pass judgement on smoking. This may be challenging, as many people judge smoking. But it is impossible to support parents and children towards quitting smoking without an open attitude. If you use motivational interviewing, you start the dialogue by asking if you can discuss tobacco use before you start talking about the motivations to smoke and willingness to quit. I have never had parents telling me that I couldn't discuss smoking. Apparently, people sense it when you don't judge and they expect physicians to bring smoking up for discussion. It is important to realize that mentioning smoking only once is already effective. So we should feel confident to discuss smoking; paediatricians often think they don't make a difference, but they do.

I can imagine it isn't difficult to explain the relationship between smoking and asthma to parents of asthmatic children. How do you discuss smoking if the child doesn't present with respiratory problems?

In my experience, it is not difficult to discuss smoking when a child doesn't have respiratory problems. In motivational interviewing, informing the parents and child about the relationship between smoking and symptoms is only the final step. The preceding steps are focused on the motivations to smoke and to quit. Parents always have a motivation to quit, also when the child doesn't have respiratory problems. In my experience, even if the child has asthmatic symptoms, this is often *not* the first reason for parents to quit smoking. So you can discuss smoking during any consultation – and we should, I believe; in contrast to other medical specialists, paediatricians are *the* physicians that also see the parents in their consulting room. That is what I think is the future of paediatrics, using our voice as paediatricians to protect children from health risks. By asking the 5 questions of motivational interviewing you finally come to the point where a parent let's you now if he/she is willing to quit and if you can refer to a coaching service.

Tobacco use should be discussed during every consultation

All paediatric residents and consultants should be skilled in the technique of motivational interviewing. It is a very simple technique that you can also use in other parts of your consultation, like motivating children to take their medication or change their behaviour in case of obesity. The Trimbos Institute, the Dutch knowledge centre for psychiatric disorders and addiction, is currently developing an e-learning about motivational interviewing. Maybe this e-learning can be used as a template for a European e-learning.

In The Netherlands, coaching services are accredited and well-organized. It is therefore fairly easy for Dutch paediatricians to refer to high-quality care. What should paediatricians do if they work in a country where there is no such network of accredited coaching services?

Paediatricians are not qualified to coach parents themselves and have a lack of time. In countries where there is no network of coaches to which paediatricians can refer, it would be good to bring coaches together in a network. I would start with the existing health system for addiction in that country and advocate for the training of quit-smoking-coaches. Paediatricians in that country could disseminate the message that this type of coaching is essential for succesful quit-smoking-pathways. Quit-smoking-lines or internet coaching are also effective and may be good options for resource-poor countries where quit-smoking-coaches are not available.

What every paediatrician should be able to do: the 5 steps of motivational interviewing

1. Ask permission to talk about smoking.
2. Ask why someone smokes. What are the pros?
3. Evaluate the level of motivation to quit smoking. Every level above „no motivation“ leads to the question: why should you quit smoking? This answer will give you the inner motivation to quit.
4. Discuss potential obstacles. What can be done about these?
5. Ask if you can give information about the effects of tobacco use and if you may refer to a coach.

Questions?

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