

Background

- Children exposed to secondhand smoke (SSE) are at an increased risk for SIDS, acute respiratory infections, middle ear disease, asthma, and slowed lung growth (CDC, 2023)
- Effects of SSE on surgery outcomes:
 - Increased risk of anesthetic complications (Chiswell & Ankram, 2017)
 - Increased risk for adverse airway events during procedures (Chiswell & Ankram, 2017)
 - More likely to experience respiratory adverse events during postoperative recovery (Chiswell & Ankram, 2017; Mamaril, 2020)
 - May have longer recovery times (Thikkurissy et al., 2012)
- Up to 70% of children with cleft and/or craniofacial differences have associated airway impairment (Cielo et al., 2017) and often undergo multiple surgeries (ACPA, 2023)

The RISE Project:

The Reduction of Secondhand Smoke Exposure

- The purpose of this program is to reduce SSE through a brief intervention based on CEASE
- CEASE (Clinical Effort Against Secondhand Smoke Exposure) is a widely used program to reduce SSE in pediatrics (Winickoff et al., 2012)
- CEASE three step model: Ask, Assist, Refer
- Modified CEASE intervention (Bunik et al., 2013)
 - Not prescribing medications
 - Focus on reduction rather than quitting

Program Brochure (English)



What is secondhand smoke?
Secondhand smoke is the smoke from burning tobacco products and from the smoke breathed out by a smoker.

Impacts of secondhand smoke exposure in children:
Increased risk for acute respiratory illnesses, such as pneumonia and bronchitis.
Increased risk for ear infections and operations for ear tubes.
Risk for impaired lung development; increased risk for developing asthma, and if a child does have asthma, more frequent and severe breathing problems.
Whooping, coughing, and shortness of breath are more common and more difficult to treat.
Increased risk of complication during sedation and surgery.

For more information please visit: <https://www.cdc.gov/tobacco/secondhand-smoke/index.html>

References
Centers for Disease Control and Prevention (CDC). (2022, November 29). *Secondhand smoke*. CDC. <https://www.cdc.gov/tobacco/secondhand-smoke/index.html>

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Chiswell, C. & Ankram, Y. (2017). Impact of environmental tobacco smoke exposure on anesthetic and surgical outcomes in children: a systematic review and meta-analysis. *Archives of disease in childhood*, 102(7), 123-130.

U.S. Department of Public Health Service. (2014). *The health consequences of smoking—49 years of progress: A report of the Surgeon General*. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.

“There is no safe level of exposure to secondhand smoke”
—Surgeon General, 2014

Ways to Protect from Secondhand Smoke:

1. Create smoke-free environments by pledging to make your home and car smoke-free without exceptions
2. Only smoke outside, away from windows, doors, and children
3. Before being around your children, remove clothes that you wore while smoking or exposed to smoke
4. Ask people not to smoke around you and your children
5. Avoid secondhand smoke exposure
6. Teach children to stay away from secondhand smoke
7. Talk to your doctor or other healthcare providers about the dangers of secondhand smoke
8. Reduce or quit smoking

Fact Check:

- Secondhand smoke can travel through doorways, cracks in walls, electrical lines, ventilation systems and plumbing.
- Open windows, fans, heating, air conditioning, and ventilation systems cannot eliminate exposure to secondhand smoke.
- Secondhand smoke settles on surfaces, clothes and furniture (thirdhand smoke) so smoking when no one is around can still expose children to the harmful effects of secondhand smoke.

NY State Quitline
NO COST TO YOU!
<https://www.nyquitline.com/>
Call: 1.866.697.8487
Text: (716) 309.4688
Talk to Quit Coach
Free Patches and more!

NYS STATE SMOKERS' QUITLINE

The RISE Project:
Reduction in Secondhand Smoke Exposure
Pediatric Cleft and Craniofacial Center

Intervention and Pilot Study Protocol

- Setting: Pediatric Cleft and Craniofacial Clinic annual team visit
- Interventionist: Team Psychologist or Social Worker
- Step One: Inquiry
 - Ask all caregivers about SSE
 - Complete survey on REDCap
 - Provide Brochure
- Step Two: Intervention
 - Provide psychoeducation on ways to reduce SSE
 - Complete goal sheet with action steps to reduce SSE
- Step Three: Follow – Up
 - Call family approximately one month after team visit
 - Inquire about progress towards goal
 - Complete post-intervention survey



Ongoing Pilot Study

- 37 patients currently screened during team visits (March-May; 5 team clinics)
- 92% (n=34) felt it was okay for the provider to speak to them about SSE
- 35% (n=13) of patients had current SSE
- 77% (n=10) were parents
- 85% (n=11) reported smoking outside

Conclusion

- Over 1/3 of patients endorsed SSE, suggesting this is an important setting for continued initiatives in the reduction of SSE
- The majority of patients indicated it was okay for providers to ask about SSE
- Providers reported the screening and intervention were feasible to deliver within the team visit

Future Directions

- Conduct follow-up calls to caregivers to assess response to SSE action plan
- Adapt materials to other languages (currently only have brochure in English and Spanish)
- Address firsthand smoke exposure in teens
- Identify when families are most receptive to behavior change (e.g., pregnancy, pre-surgery)
- Train other providers (e.g., RN, NP, surgeons) on the team on screening methods for SSE

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