

Ambulatory Pediatric Association Policy on Tobacco

Dana Best, MD, MPH, Deborah A. Moss, MD, MPH, Jonathan P. Winickoff, MD, MPH, and the Ambulatory Pediatric Association Standing Committee on Public Policy and Advocacy (Chair, Lisa Simpson, MB, BCh, MPH)

Introduction.

Tobacco use is the leading preventable cause of death and illness in the United States, causing more than 440,000 deaths each year.¹ It is a cycle of addiction and exposure that begins at conception and continues throughout life. Most (~80%) users of tobacco start before age 18,² prompted by exposure to parental and peer smoking, smoking in movies and other media, advertising directed to children and adolescents, and other factors.²⁻¹⁰

The members of the Ambulatory Pediatrics Association (APA) are uniquely positioned to intervene in the cycle of tobacco use in their capacity as members of the academic community, training medical students, residents, and fellows; in their clinical roles, caring for patients, particularly the underserved; as researchers, providing an evidence base for children's health, practice change, and public health; and as policy makers, guiding governments and other entities towards a tobacco-free world.

The Importance of an APA Tobacco Policy.

The pediatric effects of tobacco use can be categorized as 1) the effects of tobacco use and addiction, including the uptake and establishment of tobacco use; 2) the health consequences of prenatal and secondhand tobacco smoke (SHS) exposure; 3) morbidity and mortality from fires due to smoking materials; 4) the economic costs to families; and 5) the costs to society in terms of health and lost productivity. The connection between children and tobacco is so strong that the Commissioner of the US Food and Drug Administration (FDA) declared smoking a "pediatric disease" in 1995.¹¹

The scope of harms to children from tobacco use and exposure, the roles pediatric tobacco use and exposure play in adult tobacco use, the existence of effective interventions to reduce tobacco use, and the documented under-use of those interventions make an APA Tobacco Policy extremely important. Members of the APA form the core of pediatrics research, education, public policy, advocacy, and health care delivery for children seen in the primary care setting. As a result, APA members are uniquely positioned to improve our knowledge of the effects of tobacco use and effective tobacco control, and to close the gap between evidence-based care and current pediatric clinical practice. APA members can raise awareness of the harms from tobacco use, develop improved strategies to reduce tobacco use and SHS exposure, and implement those strategies to reduce tobacco use and the harms from tobacco use.

Organization of the Policy and Supporting Documents.

A complete tobacco policy must address professional, clinical, and personal behavior. In order to address the unique aspects of these domains, this policy document will be divided into two major sections: 1) internal APA policies, meaning policies that govern APA activities, investments, and personnel; and 2) external APA policies, which address education, service, research, and public policy and advocacy activities of the organization. The evidence supporting the tobacco policy will be detailed in a companion document "XXX". The APA Tobacco Policy is consistent with tobacco policies from other clinical professional membership organizations, including the American Academy of Pediatrics,¹²⁻¹⁴ the American Academy of Family Practice,¹⁵ and the American Medical Association.^{16,17}

Terms and Definitions.

Please note that the term “parent” is meant to include anyone acting in the role of parent, including legal guardians, foster parents, etc. The term “tobacco” includes all forms of tobacco used, including smoked and smokeless forms, with the exception of nicotine replacement products used for tobacco use cessation. The term “tobacco control” is meant to include any and all aspects of efforts to reduce or eliminate tobacco use in any form, except ceremonial uses, where legal. “Community” is used broadly, and includes local-, city-, county-, and state-level efforts.

SECTION ONE: INTERNAL APA POLICIES

Association Policies.

1. The APA prohibits smoking and the use of tobacco products on all APA premises, at all APA meetings, and at all APA-sponsored meetings.
2. The APA strongly encourages constituent groups to prohibit smoking and the use of tobacco products on their own premises and at meetings and other functions.
3. Whenever available, the APA will use smoke-free conference centers and hotels for its functions.
4. Whenever possible, the APA should place advertising material in, and develop relationships with, media that do not accept tobacco advertising. If an important health message must be placed in a publication or forum that accepts tobacco advertising, the APA may do so, only if the APA retains control over the content of the APA advertisements and the placement and content of advertising adjacent to the APA advertisement.
5. The APA is an anti-smoking, anti-tobacco organization with no direct association with organizations involved in the manufacture of tobacco products, and does not directly invest in any company that sells, manufactures, or promotes tobacco products. All holdings will be examined on a yearly basis for these attributes; if found, those holdings should be divested as soon as possible.
6. The APA will join other organizations in their efforts to reduce tobacco use and exposure, especially in children and their families.

Employee Policies.

1. Members and staff of the APA are prohibited from smoking or using tobacco products in any form (with the exception of nicotine replacement products used for tobacco use cessation) while representing the APA.
2. The APA is required to provide ongoing, proactive nonsmoking and anti-tobacco programs for APA staff and their families.¹

Member Policies.

1. The APA strongly encourages provision of ongoing, proactive nonsmoking and anti-tobacco programs and policies for the employees and employees’ families of APA members. A model program and policy can be obtained by [XXX].
2. The APA encourages its members to adopt an anti-smoking, anti-tobacco policy in their personal and professional practices as well as finances. Members should not accept compensation of any kind from tobacco companies, their agents, or distributors. They should avoid investment in tobacco stocks, and divest themselves from such investments whenever possible.
3. There is no safe way to use tobacco. Members should not use tobacco products in any form, including cigars, pipes, and smokeless tobacco, with the exception of nicotine replacement products used for tobacco use cessation.

4. The economic power of the APA membership is significant; use of this power to support restaurants, hotels, and other smoke-free venues is encouraged.

SECTION TWO: EXTERNAL APA POLICIES.

Research.

1. *New and ongoing research.* The APA encourages new and ongoing pediatric tobacco control research in health services research, underserved populations, basic science, clinical outcomes, behavioral, health education, policy analysis, and delivery of health services, and encourages transdisciplinary efforts to maximize the positive impact on children of these research endeavors.
2. *Refinement of research methodology.* The APA recommends research into solutions to the ethical, legal, and other challenges unique to research on adolescent smokers, children, and pregnant women.
3. *Research funded by the tobacco industry.* When presenting at an APA-associated meeting, all members or member-sponsors are required to disclose funding from companies selling, advertising, manufacturing, or growing tobacco. The editorial board of *Ambulatory Pediatrics* is encouraged to adopt a similar policy for publication in the journal.

Education.

1. *Medical Education.* All medical school, residency, and post-graduate training programs should establish policies on education of medical students, residents, and fellows in prevention and cessation of tobacco use, and reduction of SHS exposure. It is critical that the pediatric community actively pursue evidence-based tobacco control for children and families, including development of evidence-based curricula to educate pediatric clinicians on the health effects of SHS exposure, nicotine addiction, and tobacco use, as well as effective treatments for tobacco use and nicotine addiction. The APA strongly encourages all clinicians to participate in continuing medical education activities and programs related to the prevention and cessation of tobacco use and SHS exposure.
2. *Training of new investigators.* The APA recommends increased funding for training of new investigators in pediatric tobacco control, reflecting the high priority of research in pediatric tobacco control. An important need is translation of research from the adult setting to the pediatric setting of interventions effective in promoting smoking cessation and secondhand tobacco smoke exposure reduction.
3. *Community Education.* Evidence shows that community efforts can significantly increase smoking cessation, reduce exposure to SHS, and reduce initiation of tobacco use. The APA recommends that members become involved in their communities in education of community leaders, and adoption and implementation of evidence-based measures to reduce tobacco use and SHS exposure. City, county, and state ordinances are critical means to achieve the goals of tobacco control.
4. *School Education.* The APA supports school health programs that discourage tobacco use, support anti-tobacco advertising and teach skills to resist those influences. The APA recommends evidence-based anti-tobacco education for all students; elementary, secondary, and higher. While the evidence supporting school prevention programs has not been completely evaluated, the Centers for Disease Control and Prevention,¹⁸ the Surgeon General,¹⁹ and the Institute of Medicine²⁰ strongly recommend such programs. In addition, the APA recommends that all places of higher learning, private or public, elementary or graduate level, be smoke free indoors and out.

Public Policy and Advocacy.

- 1. Labeling.** The APA strongly supports labeling of all tobacco products warning users of health hazards. Further, the APA believes such labeling should be prominently displayed on packaging and advertisements and that wording should be clear, in the strongest possible terminology, and in the primary language of the country in which the product is sold.
- 2. Advertising.** The APA opposes all forms of tobacco advertising and tobacco-friendly media, especially advertising and media aimed at children, adolescents, and young adults. The APA recommends efforts at all levels (national, state, and community) to ban tobacco advertising in newspapers, magazines, movies, television, and websites, and at sporting, cultural, and entertainment events. The APA supports continuation of the ban on billboard advertising. The APA recommends efforts at all levels to ban accessories such as T-shirts, sports equipment, and other items that promote tobacco use. The APA recommends removal of corporate tax deductions for the advertising of tobacco products. The APA recommends that members eliminate from their reception rooms all publications carrying tobacco advertising and subscribe to publications which do not accept tobacco advertising. The APA publicly commends print and electronic media companies which have refused to accept tobacco advertising.
- 3. Public Health.** The APA joins the US Surgeon General in promoting the concept of a tobacco-free society through involvement in anti-tobacco activities and educational projects in communities, organizations and educational institutions.
- 4. Coverage and Reimbursement for Treatment of Use.** The APA supports and advocates for health plan coverage and appropriate reimbursement for services related to the treatment of tobacco use and SHS exposure of children and families, including behavioral modification treatments and FDA-approved pharmacotherapy, including non-prescription products.
- 5. Distribution and Sales.** The APA recommends that laws restricting the sale of tobacco products to individuals under the age of 18 be strictly enforced. In addition, the APA recommends legislation that would raise the legal age for the purchase of tobacco products from 18 to 21 years of age, and recommends legislation that would require all tobacco products be placed behind sales counters to reduce shoplifting. The APA opposes the sale of tobacco products via vending machines and websites and strongly supports legislation to ban such sales. The APA strongly opposes the promotional distribution of free tobacco products and supports legislation designed to prohibit such distribution. Recognizing that nicotine is an addictive drug, the APA believes that all nicotine-containing products should be under surveillance by the FDA and subject to pertinent regulations regarding food, food additives, and pharmacologically active ingredients. The APA and its members are against the sale of tobacco products on the same premises in which pharmacies, schools (including schools of higher learning), and healthcare facilities are located.
- 6. Health Care Facilities.** The APA calls on its members to act in their local areas and healthcare facilities to implement and enforce restrictions on tobacco use on the premises. These facilities and the associated grounds should be tobacco-free premises, *with no designated smoking areas*. Tobacco restrictions should clarify that smoking and the use of tobacco products be banned in all healthcare facility areas including those used by patients, their visitors, and all employee, staff, and physician work and lounge areas; and all tobacco dispensing machines and sale of tobacco products be banned from hospitals, affiliated clinics, and pharmacies. The only exception to this ban would be research centers studying tobacco use cessation. The APA supports legislation and/or rulings making hospitals and hospital grounds tobacco-free. Pediatricians are encouraged to prohibit smoking and the use of tobacco products in all areas of their practice sites including, but not limited to outside areas, waiting and reception areas, nursing stations, treatment and procedure areas, laboratories, private offices and lounges.

7. *Exposure to SHS.* The APA strongly supports the prohibition of the use of tobacco products on all forms of public transportation and in all public places and encourages efforts dedicated to enforcing such a ban. The APA considers exposure to SHS a significant health hazard and recommends that members address the issue with their patients and families. The APA recommends that all public and private employers develop smoking cessation programs for their employees, and provide employee incentives for participation in these programs; recommends that public and private funded insurance programs reimburse for smoking cessation services, and strongly recommends enforcement of existing non-smoking laws, codes and restrictions. The APA recommends that federal, state and local governments: 1) enact and enforce laws mandating the provision of smoke free environments in all public places; 2) require employers to provide smoke-free work environments for their employees, including restaurants, bars, and other public venues; 3) continued prohibition of smoking on airline flights, with expansion of the prohibition to all airlines worldwide; 4) offer incentives, such as tax exemptions, to public and private employers who offer smoking cessation programs for their employees; and 5) recommends that all public and private funded insurance programs reimburse for tobacco use cessation counseling and pharmacotherapies.
8. *Taxation and Subsidies.* The APA recommends continued increases in tobacco taxes. High taxes on tobacco products have been shown to increase cessation and decrease initiation of tobacco use. The APA encourages state and national legislators to develop tobacco control programs to be funded by dedicated taxes on cigarettes. The APA opposes federal price support of the tobacco industry in any way, including subsidies on tobacco farming.

Health Care Delivery.

1. *Treat Tobacco Use and Exposure.* In accordance with the Clinical Practice Guideline, *Treating Tobacco Use and Dependence*,²¹ the APA recommends that tobacco use and exposure status be documented as part of the medical history for every patient, *including children, adolescents, and parents*. Every person who uses tobacco should be provided with appropriate advice to quit tobacco use; every person exposed to SHS should receive advice on avoidance of exposure and ways to eliminate exposure. Tobacco use or exposure to SHS as the cause of death or as a contributor to the cause of death should be recorded on death certificates.
2. *Nicotine Replacement Therapy and Other Pharmacotherapies.* Pharmacotherapy is an effective component of tobacco cessation treatment in adults.²¹ The APA believes that members should intervene with patients and their parents who use tobacco and should provide counseling, encourage and assist in the use of nicotine replacement and other appropriate pharmacotherapies whenever appropriate, and offer information and instruction on appropriate use. Many of the nicotine replacement products are available without a prescription, making them readily available. There is a growing body of literature the effectiveness of treatment of parental nicotine addiction by pediatric clinicians demonstrating their role in this effort.^{22,23}
3. *Counseling Children and Adolescents in Smoking Cessation and Prevention of Tobacco Use.* Tobacco dependence begins almost as soon as use begins, with some users exhibiting signs of nicotine dependence with only monthly use.²⁴ As a result, prevention of tobacco initiation and use is key. Prevention is most effective when approached from many directions, including school-based programs, anti-tobacco use advertisements, and enforcement of tobacco control policies.¹⁸ Pediatric clinicians can serve as a conduit for information about the harms of tobacco use and the challenges to prevention and quitting and serve as advocates for tobacco control in their community. They can counsel children and parents about the harms of tobacco use, and ensure that the child knows how his or her parents feel about tobacco use. Both parents and children should be counseled that it is not safe to “experiment” with tobacco because of its highly addictive nature. All families should make

their homes and cars “smoke free.” Parents should continue to deliver clear messages to their children disapproving of tobacco use. In addition, clinicians should help/counsel parents, including those who smoke, on how to provide effective antismoking messages to their children and discuss the addictive nature of nicotine and how difficult it is to quit.²⁵

Conclusions.

The pediatric community has critical opportunities to reduce the health consequences of tobacco use on children and their families, to prevent future tobacco use, and to assist users in quitting.

References.

1. Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs - United States, 1995-1999. *MMWR*. 2002;51(14):300-303.
2. Centers for Disease Control and Prevention. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1994.
3. Centers for Disease Control and Prevention. Selected cigarette smoking initiation and quitting behaviors among high school students—United States, 1997. *MMWR Morb Mortal Wkly Rep*. May 22 1998;47(19):386-389.
4. Sargent JD, Beach ML, Adachi-Mejia AM, et al. Exposure to Movie Smoking: Its Relation to Smoking Initiation Among US Adolescents. *Pediatrics*. November 1, 2005 2005;116(5):1183-1191.
5. Tomeo CA, Field AE, Berkey CS, Colditz GA, Frazier AL. Weight concerns, weight control behaviors, and smoking initiation. *Pediatrics*. Oct 1999;104(4 Pt 1):918-924.
6. Rajan KB, Leroux BG, Peterson AV, Jr., et al. Nine-year prospective association between older siblings' smoking and children's daily smoking. *J Adolesc Health*. Jul 2003;33(1):25-30.
7. Komro KA, McCarty MC, Forster JL, Blaine TM, Chen V. Parental, family, and home characteristics associated with cigarette smoking among adolescents. *Am J Health Promot*. May-Jun 2003;17(5):291-299.
8. Gidwani PP, Sobol A, DeJong W, Perrin JM, Gortmaker SL. Television viewing and initiation of smoking among youth. *Pediatrics*. Sep 2002;110(3):505-508.
9. Hill KG, Hawkins JD, Catalano RF, Abbott RD, Guo J. Family influences on the risk of daily smoking initiation. *J Adolesc Health*. Sep 2005;37(3):202-210.
10. Leatherdale ST, Brown KS, Cameron R, McDonald PW. Social modeling in the school environment, student characteristics, and smoking susceptibility: a multi-level analysis. *J Adolesc Health*. Oct 2005;37(4):330-336.
11. FDA Head Calls Smoking a “Pediatric Disease”. *Columbia University Record*. March 24, 1995, 1995.
12. American Academy of Pediatrics Committee on Environmental Health. Environmental tobacco smoke: a hazard to children (RE9716). *Pediatrics*. 1997;99(4):639-642.
13. American Academy of Pediatrics Committee on Substance Abuse. Tobacco's toll: implications for the pediatrician (RE0041). *Pediatrics*. 2001;107(4):794-798.
14. American Academy of Pediatrics Committee on Substance Abuse. Tobacco, alcohol, and other drugs: the role of the pediatrician in prevention and management of substance abuse. (RE9801). *Pediatrics*. 1998;101(1):125-128.
15. <http://www.aafp.org/x7112.xml>. Accessed January 28, 2004.
16. American Medical Association Council on Scientific Affairs. Environmental tobacco smoke: health effects and prevention policies. *Arch Fam Med*. 1994;3:865-871.

17. http://www.ama-assn.org/apps/pf_new/pf_online. Accessed January 28, 2004.
18. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs - August 1999*. Atlanta, GA.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.; 1999.
19. Centers for Disease Control and Prevention. *Reducing Tobacco Use - A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health.; 2000.
20. Institute of Medicine. *Growing up tobacco free: preventing nicotine addiction in children and youths*. Washington, DC: National Academy Press; 1994.
21. Fiore MC, Bailey WC, Cohen SJ, al. e. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: US Department of Health and Human Services, Public Health Service.; 2000.
22. Curry SJ, Ludman EJ, Graham E, Stout J, Grothaus L, Lozano P. Pediatric-based smoking cessation intervention for low-income women: a randomized trial. *Arch Pediatr Adolesc Med*. Mar 2003;157(3):295-302.
23. Winickoff JP, Berkowitz AB, Brooks K, et al. State-of-the-Art Interventions for Office-Based Parental Tobacco Control. *Pediatrics*. March 1, 2005 2005;115(3):750-760.
24. DiFranza JR, Rigotti NA, McNeill AD, et al. Initial symptoms of nicotine dependence in adolescents. *Tob Control*. 2000;9(3):313-319.
25. Jackson C, Dickinson D. Enabling parents who smoke to prevent their children from initiating smoking: results from a 3-year intervention evaluation. *Arch Pediatr Adolesc Med*. Jan 2006;160(1):56-62.

(Footnotes)

¹ Such a policy will need to be developed. The authors would be happy to assist with this.