

Identifying Hospitalised Children Living with Adults who Smoke Cigarettes: Assessing Prevalence and Admission Practices

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Background

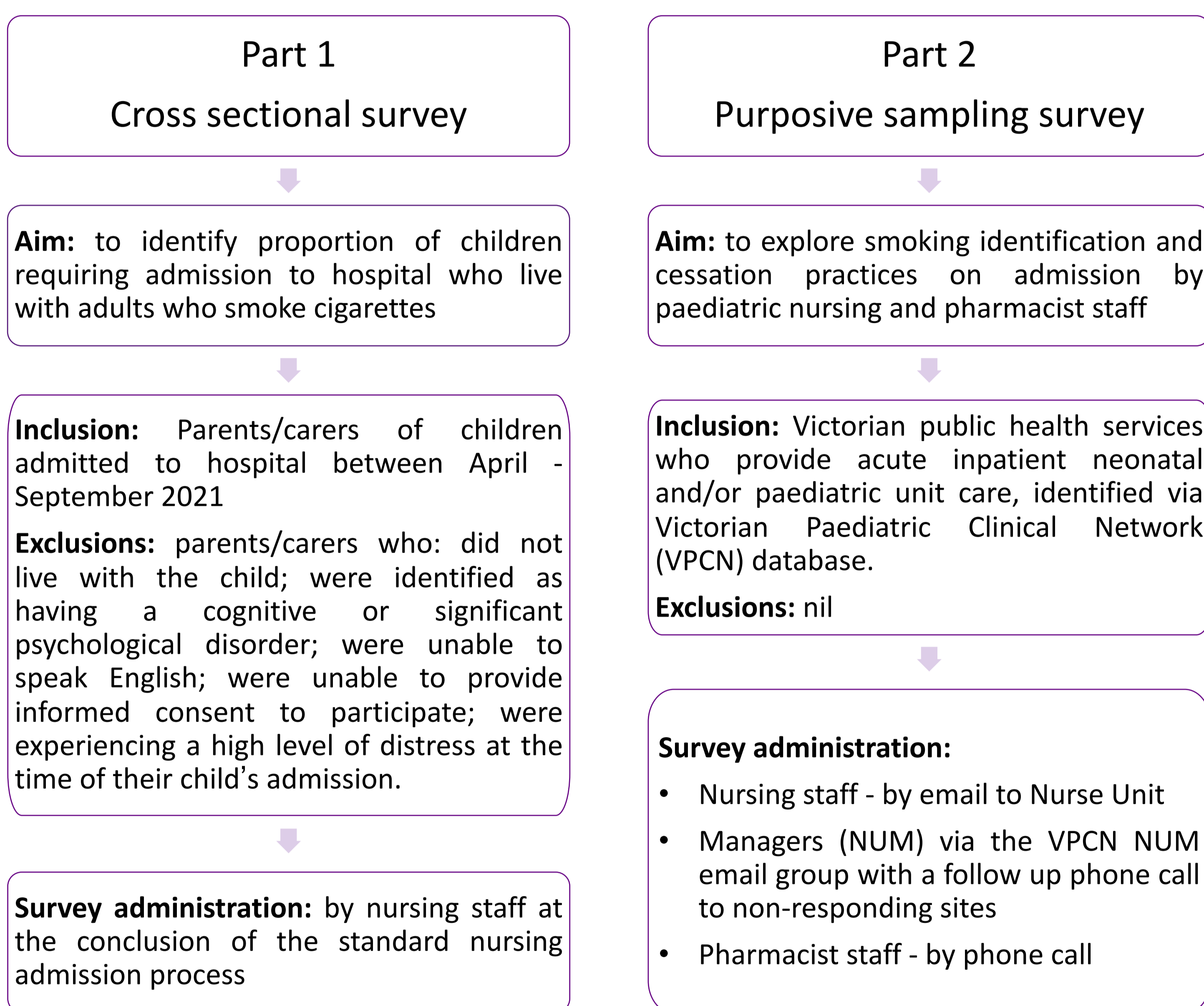
The World Health Organisation estimates that almost half of all children worldwide are exposed to second-hand smoke¹ which significantly increases their risk of disease, hospitalisation, and death.² The Grampians region has one of the highest prevalence rates of current smokers in Victoria, with the Population Health Survey (2018) reporting the proportion of smokers as 21.5%. The Royal Australian College of General Practitioners recommends that all parents/carers of hospitalised children are asked about their smoking status by health professionals as part of routine care.³ However, addressing smoking status in this group is not consistently performed by health professionals, despite studies having shown that a hospital admission for a child is a prime opportunity for health professionals to offer smoking cessation intervention to parents and/or carers who are current smokers.⁴

Aim

To explore the prevalence and identification practices of hospitalised children who are exposed to second-hand cigarette smoke in their home

Methods

This prospective observational study was conducted in two parts:



Discussion

- There is an opportunity to reduce children's exposure to second-hand smoke through recording smoking status of parents/carers when the child is admitted to hospital and through delivering smoking cessation interventions.
- Our findings show that 30% of children admitted to a regional paediatric unit live with people who smoke cigarettes. This rate is higher than the state and national averages, suggesting that parents or carers of children admitted to the health service are an important group to target for interventions that could support smoking cessation attempts. People in rural and regional areas face substantial health inequities; addressing this issue is critical for rural and regional children.
- Our findings also indicate that health professionals are not routinely identifying or addressing the issue of childhood exposure to cigarette smoke in the home during acute hospital admissions as a standard of care, highlight the need for routine delivery of smoking cessation interventions.

Limitations:

- There may be potential for bias in responses as people who declined to participate may have been smokers
- The study was conducted during the COVID-19 pandemic and investigators were mindful of not adding burden to nurse unit managers or their staff
- There was no clarity on the role of vaping in this study which may have led to confusion

References

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Results

453 parent/carer responses were obtained from 782 consecutive new admissions (**response rate: 58%**)

Table 1. Survey respondents' household smoking status (n=453)

Household smoking status	n (%)
Non-smoking	317 (70.0)
Smoking	136 (30.0)
• 1 household member who smokes	93 (20.5)
• 2 household members who smoke	34 (7.5)
• 3 household members who smoke	5 (1.1)
• 4 household members who smoke	4 (0.9)

30% of respondents indicated their child lives with at least one parent/carer who is a current cigarette smoker



27% of nursing respondents reported routinely assessing parent/carer smoking status on admission

No pharmacists reported routinely assessing parent/carer smoking status on admission

Conclusion

Admission to hospital provides a great opportunity to enhance care and long-term health outcomes for children by identifying and addressing nicotine dependence within families. Findings suggest routine recording of smoking status can be improved. Smoking cessation and brief intervention conversations with parents/carers if children admitted to hospital should be a priority for all health professionals in order to support and encourage a smoke free environment for all children.