

Parents using both e-cigarettes and traditional cigarettes may be more motivated to quit

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A study by MassGeneral Hospital for Children (MGHfC) researchers finds that parents who use both traditional cigarettes and e-cigarettes

may be more receptive to smoking cessation interventions than parents who only smoke traditional cigarettes.

"Our findings suggest that smoking [parents](#) who start using e-cigarettes may have done so out of a desire to quit smoking," says Emara Nabi-Burza, MS, of the MGHfC Division of General Academic Pediatrics and the Massachusetts General Hospital (MGH) Tobacco Research and Treatment Center (TRTC), lead author of the report published online in *Academic Pediatrics*. "However, many of them end up becoming dual users of cigarettes and e-cigarettes, maintaining their addiction to nicotine and also exposing their children to [e-cigarette](#) aerosols, which contain hazardous substances."

The study also found that parents using both cigarettes and e-cigarettes were as likely as cigarette-only smokers to allow smoking in their homes but were much more likely to allow smoking in their cars and vaping in both homes and car, suggesting they may believe that e-cigarette aerosols contain few health hazards, a belief not supported by the most recent evidence.

The current study is an outgrowth of the CEASE (Clinical Effort Against Secondhand Smoke Exposure) program, which trains pediatric office staff members to ask the parents of patients whether anyone uses tobacco products in their homes or cars and to provide assistance to help those who smoke to quit. The CEASE study was conducted at 10 pediatric practices—two each in the states of Ohio, Virginia, Tennessee, North Carolina and Indiana—and the current study was conducted at the five control practices where the CEASE training had not been initiated.

Among a group of more than 700 parents who reported currently using cigarettes, 11 percent reported also using e-cigarettes, making them dual users of both products. Of 115 parents who reported using e-cigarettes, 70 percent were still smoking traditional cigarettes. Compared with

parents who reported smoking traditional cigarettes only, dual users were more likely:

- to have a child less than 1 year old at home,
- to plan to quit smoking in the next 6 months,
- to have attempted to quit smoking in the past 3 months,
- to have used nicotine replacement or called a smoking quitline in the past two years.

While around 18 percent of cigarette-only users and 26 percent of dual users reported having been asked about their smoking status at the current office visit, discussions about FDA-approved medications to help them quit were reported by only 2 percent of the cigarette-only users and none of the dual users. The authors note that this result implies that, although some pediatric offices not in the CEASE program have systems prompting clinicians to screen for parental tobacco use, few routinely deliver the evidence-based tobacco control treatments that can help parents quit.

While e-cigarettes are marketed as helping smokers reduce or eliminate the use of [traditional cigarettes](#), they are not approved for smoking cessation by the FDA. Both the U.S. Preventive Services Task Force and a committee of the National Academies of Sciences, Engineering and Medicine have concluded that current evidence does not support the use of e-cigarettes as smoking cessation aids.

Studies have shown that significant percentages of U.S. adults either don't know whether e-cigarette aerosols are harmful to children or believe they cause some or little harm, and the National Academies report also noted that there is "conclusive evidence" that e-cigarette use increases airborne concentrations of nicotine and particulate matter in indoor environments, compared with background levels.

Jonathan Winickoff, MD, MPH, of the MGHfC Division of General Academic Pediatrics and director of Pediatric Research in the MGH TRTC, senior author of the *Academic Pediatrics* paper, says, "While e-cigarettes emit numerous toxins in addition to nicotine and still pose health risks, nicotine replacement therapy in the form of gum, lozenges or patches has proven effectiveness in supporting [smoking](#) cessation and eliminating nicotine exposure to infants and children. Pediatric offices are an ideal location for offering evidence-based treatments to patients' parents and educating them that e-cigarettes are not a safer option." Winickoff is a professor of Pediatrics at Harvard Medical School.

More information: Emara Nabi-Burza et al, Parental Dual use of E-cigarettes and Traditional Cigarettes, *Academic Pediatrics* (2019). [DOI: 10.1016/j.acap.2019.04.001](#)

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