

## Considerations for special high-risk populations

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<p><b>Parents/ caregivers of children</b></p>	<ul style="list-style-type: none"> <li>• Ask about exposure to second-hand smoke at Well Child visits, and give parents smoking cessation advice.</li> <li>• Discuss the relationship of second-hand smoke to illness at potentially related acute care visits, such as asthma, otitis media and bronchiolitis.</li> <li>• Children educated about the health effects of smoking can play an important role in convincing their parents to quit.</li> <li>• Consider the <i>Quit for our Kids</i> programme (see page 30).</li> </ul>
<p><b>Pre-adolescents and adolescents</b></p>	<ul style="list-style-type: none"> <li>• Ninety percent of smokers start before the age of 21. Smoking rates remain high among adolescents. Parental, sibling and peer smoking, as well as any experimentation, is a major risk factor.</li> <li>• No cessation programme for teen smokers has been shown to work, so prevention is the key (eg, repeated positive reinforcement of abstinence).</li> <li>• Counselling and behavioural interventions shown to be effective with adults should be considered for use with children and adolescents. The content of these interventions should be modified to be developmentally appropriate.<sup>4</sup></li> </ul>
<p><b>Pregnant and breastfeeding women</b></p>	<ul style="list-style-type: none"> <li>• Encourage pregnant women who smoke to quit, and those who have quit to remain non-smokers after delivery.</li> <li>• Although abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother, quitting at any point in pregnancy can yield benefits. Therefore, clinicians should offer effective smoking cessation interventions to pregnant women at their prenatal visit as well as throughout their course of pregnancy.<sup>4</sup></li> <li>• Give the free <b>QUITLINE number 0800 778 778</b>, contact details of free services for pregnant women, <b>Aukati Kai Paipa Smoking Cessation Services</b> and <b>NRT Exchange Card Providers</b> in their locality.</li> <li>• Self-help manuals have been shown to be helpful in this group.</li> <li>• Most pregnant women who quit smoking while pregnant begin again after delivery – intervene with new parents often. Discuss nicotine delivery through breast milk.</li> <li>• NRT should be considered when a pregnant/lactating woman is unable to quit, and when the likelihood of quitting, with its potential benefits, outweighs the risks of NRT <b>and</b> potential continued smoking. Keep in mind that the risks for the mother and fetus associated with smoking are greater than those associated with NRT use.</li> </ul>
<p><b>People with smoking-related organ damage, and those who have relapsed repeatedly</b></p>	<ul style="list-style-type: none"> <li>• Specialists can greatly assist smokers by advising them to quit and relating their smoking to disease progression. Written follow-up emphasising this message and reporting results, such as lung function tests, have been shown to be effective.</li> </ul>
<p><b>Hospitalised smokers</b></p>	<ul style="list-style-type: none"> <li>• A hospitalisation provides a powerful opportunity to quit. Hospitalised patients are forced to cut down or quit and may be more motivated to remain so after discharge.</li> <li>• Consider prescribing NRT during hospital stay.</li> </ul>

<p><b>Māori</b></p>	<ul style="list-style-type: none"> <li>• Māori are more likely to be in an environment with other smokers, which may make quitting more difficult. International evidence demonstrates that quit support initiatives have been less successful among lower socio-economic groups.</li> <li>• There are a number of kaupapa Māori cessation services that provide Māori with excellent support eg, <b>Aukati Kai Paipa</b> and <b>Noho Marae</b>.</li> <li>• Consider referral to culturally appropriate providers where possible. The <b>QUITLINE (0800 778 778)</b> provides Māori advisors. Also consider providing contact details of <b>Aukati Kai Paipa</b> and other Māori smoking cessation services and <b>NRT Exchange Card Providers</b> in their area.</li> </ul>
<p><b>People with concurrent mental health problems or other chemical dependencies</b></p>	<ul style="list-style-type: none"> <li>• There is some evidence that smokers are at increased risk of depression and anxiety symptoms (when controlling for stressors and socioeconomic characteristics).<sup>41</sup></li> <li>• Many people with mental health disorders, such as depression, anxiety and schizophrenia, and other chemical dependencies, also smoke.</li> <li>• Nicotine is not an effective treatment for depression, anxiety and schizophrenia.</li> <li>• Smokers should be asked about mental health problems and other chemical use, and referred to counsellors, mental health services or drug and alcohol services if indicated, in addition to being encouraged to quit.</li> <li>• Smokers with mental health problems should be provided with effective smoking cessation treatments.</li> <li>• Evidence indicates that smoking cessation interventions do not interfere with recovery from chemical dependency. Therefore, smokers receiving treatment for chemical dependency should be provided with effective smoking cessation treatments, including both counselling and pharmacotherapy.</li> <li>• In 2001 the Department of Human Services Victoria released the Australian Guidelines for Smoking Reduction and Cessation for People with Schizophrenia, which are available on the internet at <a href="http://www.health.vic.gov.au/mentalhealth/">http://www.health.vic.gov.au/mentalhealth/</a>.</li> </ul>
<p><b>People with heart conditions</b></p>	<ul style="list-style-type: none"> <li>• Separate analyses have now documented the lack of an association between the nicotine patch and acute cardiovascular events even in patients who continued to smoke intermittently while on the nicotine patches.</li> <li>• It is more dangerous for patients with heart disease to continue smoking than to use NRT. Given the seriousness of their medical condition, cardiac patients who cannot quit should be among the first to be considered for NRT.<sup>42</sup></li> <li>• Bupropion is a suitable treatment (if appropriate) for people with cardiovascular disease.</li> </ul>