

# Parental tobacco use

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# Impact

The use of e-cigarettes has been increasing globally among both smokers and nonsmokers. E-cigarettes have been marketed as safer alternatives to cigarettes or as smoking cessation aids. However, most e-cigarette users continue to smoke and becoming dual users of cigarettes and e-cigarettes rather than switching to e-cigarettes or quitting both products. These dual users eventually end up exposing themselves to not only the harmful substances in cigarettes but additionally to the harmful substances in e-cigarettes as well. Recent studies have shown that dual users are associated with a higher risk of respiratory disease and potentially cardiovascular symptoms than cigarette-only smokers but there is limited evidence on long-term effects of using both cigarettes and e-cigarettes on the user and people exposed to the smoke or aerosol from these products. Also, there is limited evidence regarding dual use and smoking cessation in the long-term.

The aim of this dissertation is to explore the existing evidence on dual use and smoking cessation in the long-term, dual use in parents, and delivery of evidence-based smoking cessation interventions to parents who smoke in the context of their child's healthcare setting. The five papers presented in this thesis suggest that dual users of both e-cigarettes and cigarettes may have greater rates of contemplating smoking cessation than cigarette-only smokers, and that dual-users are not significantly more likely to quit smoking after one-year or more compared to those who smoke only-cigarettes. The results from the systematic review also showed that dual-users continue to smoke or be dual-users after at least one-year follow-up. The last two chapters of the thesis outline the results from a randomized controlled trial to test the implementation of a smoking cessation intervention that delivered evidence-based cessation treatments to parents who smoke in the child health care setting. The results from these two chapters highlighted the factors that influenced the implementation of the intervention and showed that integrating screening and treatment for parental tobacco use in pediatric practices showed both immediate and long-term increases in cessation treatment delivery, and a decline in practice-level parental smoking prevalence over the two-years of intervention implementation.

The results of this thesis has some social and policy relevant implications. Global efforts to control the tobacco epidemic led to a decrease in smoking rates and de-normalize smoking making it socially less acceptable but with the increased use of e-cigarettes, there is a risk that e-cigarettes may facilitate renormalization of smoking. Also, due to the perception that using e-cigarettes or e-cigarette aerosol is safer than smoking cigarettes or exposure to cigarettes smoke, e-cigarettes have been used as a way to circumvent smoke-free policies. This highlights the need for policy makers to consider adding e-cigarettes to smoke-free policies and better regulation of the sales of e-cigarettes. Smokers who seek to quit smoking should be able to receive evidence-based smoking cessation treatments at all points of health care delivery including child healthcare practices.