Supporting Cessation in Teens who use E-cigarettes
LEARNING OBJECTIVES

At the end of this session, participants will be able to:

• Understand the state of the evidence base for youth nicotine cessation

• Identify strategies for supporting youth who are ready to quit their e-cigarette use

• Understand strategies for using pharmacotherapy with youth who are addicted to nicotine

• Explain the importance of arranging a follow-up discussion with youth who are ready to quit their e-cigarette use
A NOTE ABOUT THE EVIDENCE BASE

- There is very little data about effective interventions for youth e-cigarette cessation\(^1,2\)
- Future research is needed to determine best practices for supporting youth who are addicted to e-cigarettes\(^1,2\)
- Pediatricians need support addressing youth e-cigarette addiction immediately
- As such, this module provides advice to pediatricians based on the evidence base for adult and youth smoking cessation
Helping Adolescents Plan for a Quit Attempt
ADDRESSING ADOLESCENT E-CIGARETTE USE USING THE 5As

• The Public Health Service “5As” model provides a model for screening and counseling adolescents for e-cigarette use during clinical practice.

• The 5As has demonstrated effectiveness in addressing tobacco with adults, and has been adapted for use with teens.
The 5As Model

• Ask
• Advise
• Assess
• Assist
• Arrange Follow up

Please note: this module addresses the “Assist” and “ Arrange” concepts. The other elements of the 5As model are addressed elsewhere in this curriculum.
ASSIST: THE CONCEPT

• Pediatricians can help prepare adolescents for a successful quit attempt

• Pediatricians should assist with a **multi-layer approach**:
  1. Setting a Quit Date
  2. Planning for Success
  3. Anticipating Challenges
  4. Utilizing Behavioral/Pharmacological Support
Set a Quit Date

- Pediatricians should help youth set a quit date within 2 weeks
- Try to avoid stressful times, like final exams
DEVELOP A PLAN FOR SUCCESS

• Prepare to quit completely:
  – Stop use of all vaping and tobacco products
  – Throw away vaping devices and e-liquid

• Social support can help:
  – Identify friends and family that can help the youth stay on track
  – When appropriate, pediatricians can speak with the child and parent together

• Self care is important
  – Consider support strategies such as healthy eating, exercise, mindfulness, or meditation
ANTICIPATE CHALLENGES

• Identify Triggers
  – Certain people and/or situations may make youth want to use e-cigarettes
  – Youth should try to avoid triggers during the quit attempt

• Withdrawal Symptoms
  – Symptoms of nicotine withdrawal include anxiousness, irritability, frustration, changes in appetite, difficulty concentrating, and insomnia
  – Pediatricians can help patients anticipate these symptoms and plan to manage them
UTILIZE CESSATION SUPPORT SERVICES

There are several options for behavioral support for youth who are attempting to quit e-cigarette use:

• **Smokefree Teen**
  – Tobacco and vaping cessation support from the National Institutes of Health

• **This is Quitting**
  – Immediate text-based vaping cessation support service from Truth Initiative®
  – Text “DITCHJUUL” to 88709

• **1-800-QUIT-NOW**
  – National Tobacco Quitline

• In-person components, like behavioral counseling or cognitive behavioral therapy, complement online quit programs and can increase quit success
PHARMACOTHERAPY

• Pediatricians may consider the off-label use of pharmacotherapy for adolescents who are moderately or severely addicted to nicotine

• The decision to recommend pharmacotherapy should be based on the individual patient’s needs

• Pediatricians should review full clinical drug information in a professional prescribing reference to address individual concerns about prescribing

• More studies are needed that evaluate the benefits and harms of medications to help youth with tobacco cessation
NICOTINE REPLACEMENT THERAPY (NRT)

- NRT addresses nicotine withdrawal symptoms by providing the user with a controlled amount of nicotine, thus helping reduce the urge to smoke or vape\(^5\)
- NRT is safe and effective in helping adult tobacco users quit, and works best when paired with behavioral counseling interventions\(^5-6\)
- NRT comes in several forms, including the nicotine patch, gum, lozenge, inhaler, and nasal spray
- NRT is safer than cigarettes, e-cigarettes, and other tobacco products because it delivers nicotine to the user without exposing them to the toxic chemicals and carcinogens in tobacco and e-cigarette products

Image Source: J Gorzkowski (personal photo). Used with permission.
Can Youth Use NRT?

- FDA has not approved NRT for youth under 18 years old.
- There is no evidence that NRT is effective in helping youth quit successfully. Data are limited due to a lack of adequately-powered studies.\(^7,1\)
- There is no evidence of serious harm from using NRT in adolescents.\(^7,1\)
- Given the effectiveness of NRT for adults and the severe harms of tobacco dependence, AAP policy recommends that pediatricians consider recommending off-label NRT for youth who are moderately or severely addicted to nicotine and are motivated to quit.\(^4\)
- Youth under 18 years old need a prescription to access all forms of NRT.
NRT Treatment Plan

- Patients should be informed of the benefits and drawbacks of the five NRT medications, screened for relative contraindications, and instructed in how to use the product appropriately.
- The choice of NRT medication should be based on patient preference, availability, and experience of potential side effects.
- For best results, patients should be advised to pair a long-acting form of NRT (e.g., nicotine patch) with a shorter-acting form (e.g., gum).
- Youth patients should receive a doctor’s note along with NRT prescription to ensure use at school with no penalty.
Planning for Follow-Up
**ARRANGE: THE CONCEPT**

- Plan to follow-up on any behavioral commitments made
  - Just asking at the next visit makes a big impression
- If the patient sets a quit date
  - Schedule follow-up in person or by telephone soon (~2 weeks) after the quit date
- Look for “teachable moments” in the future
REFER

• If appropriate, refer the adolescent to community and internet cessation support services

• At follow-up, find out if the adolescent contacted the cessation support service, and whether it was helpful
What to Say

• “Quitting is hard, and sometimes people don’t succeed on their first try. I want you to know that I’m here for you, and can help you set yourself up for success.”
**KEY POINTS**

- The evidence base for adolescent nicotine cessation is limited
- More research is needed to identify effective strategies to help youth quit e-cigarette use
- Pediatricians should help patients plan for a successful quit
- Cessation support services and pharmacotherapy can be considered
- Pediatricians should follow-up with patients to find out how the quit attempt is going and provide further support
REFERENCES


4. AAP Section on Tobacco Control. Clinical Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke. Pediatrics. 2015;136:1008-1017

