

Supporting Cessation in Teens who use E-cigarettes

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



© 2019 American Academy of Pediatrics

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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



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 practice³
- 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 nicotine⁴
- 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 cessation¹



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 vape⁵
- NRT is safe and effective in helping adult tobacco users quit, and works best when paired with behavioral counseling interventions⁵⁻⁶
- 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 quit⁴
- Youth under 18 years old need a prescription to access all forms of NRT



NRT TREATMENT PLAN⁸

- 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 (eg, nicotine patch) with a shorter-acting form (eg, 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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

1. US Preventive Services Task Force. Draft Recommendation Statement: *Prevention and Cessation of Tobacco Use in Children and Adolescents: Primary Care Interventions*. USPSTF website. <https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/tobacco-and-nicotine-use-prevention-in-children-and-adolescents-primary-care-interventions>. Accessed January 24, 2020
2. Janssen BP, Walley SC, AAP Section on Tobacco Control. E-Cigarettes and Similar Devices. *Pediatrics*. 2019;143(2) e20183652
3. Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008
4. AAP Section on Tobacco Control. Clinical Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke. *Pediatrics*. 2015;136:1008-1017
5. Centers for Disease Control and Prevention. *Learn About Nicotine Replacement Therapy*. CDC website. <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/guide/explore-medications.html>. Accessed January 28, 2020
6. US Preventive Services Task Force. Final Recommendation Statement: *Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions*. USPSTF website. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>. Accessed January 28, 2020
7. US Preventive Services Task Force. Final Recommendation Statement: *Tobacco Use in Children and Adolescents: Primary Care Interventions*. USPSTF website. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-children-and-adolescents-primary-care-interventions>. Accessed January 28, 2020



REFERENCES

8. American Academy of Pediatrics. *Nicotine Replacement Therapy and Adolescent Patients: Information for Pediatricians*. AAP Julius B. Richmond Center of Excellence website. https://downloads.aap.org/RCE/NRT_and_Adolescents_Pediatrician_Guidance_factsheet.pdf. Accessed January 28, 2020

