

AAP Virtual Summit on Youth Tobacco Cessation

October 30, 2020
November 2, 2020
November 5, 2020



Meeting Report Executive Summary

PREPARED FOR

American Academy of Pediatrics

PREPARED BY

Commonality, Inc.

PREPARED ON

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American Academy of Pediatrics

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Acknowledgements

The American Academy of Pediatrics would like to thank the following individuals and organizations for their contributions to meeting planning as well as the drafting of this Executive Summary. All affiliations are current as of December 2020; the views reflected within this document do not necessarily reflect those of the individuals and/or organizations listed below.

Summit Planning Committee

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Funding Partner

Centers for Disease Control and Prevention's Office on Smoking and Health

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Important Notes & Terminology

Important Notes

- For the statistics included in the following pages, references have been listed when and where possible. Any other statements included are the opinion of participants in the Virtual Summit on Youth Tobacco Cessation and were captured for the purposes of the Executive Summary only. They should not be taken as declarative scientific findings.
- All programs and treatment protocols referred to within the report were mentioned by Virtual Summit on Youth Tobacco Cessation participants as part of meeting presentations and/or discussion proceedings and have not been selected for Executive Summary inclusion due to any other qualifying criteria.
- The Virtual Summit on Youth Tobacco Cessation was hosted to inform the development of an upcoming Considerations for Clinicians Resource, which will:
 - Be designed for multi-disciplinary clinicians who serve youth in primary, specialty, & inpatient settings
 - Be disseminated broadly to the medical and public health communities nationwide.
 - Focus on the cessation of all tobacco/nicotine products (purposefully product-agnostic)
 - Synthesize content that clinicians can use to provide cessation treatment to youth
 - Screening and counseling
 - Behavioral, pharmacological support
 - Treatment extenders
 - Common challenges & strategies to address them
 - Support two ultimate goals:
 - Clinicians increase provision of cessation support
 - Youth increase quit attempts and successful quits

Key Terminology

For the purposes of the Virtual Summit on Youth Tobacco Cessation Executive Summary:

- The term “parent” is meant to include anyone who serves in a parental role in a young person’s life, including, but not limited to, adoptive parents, biological parents, foster parents, grandparents, stepparents, and guardians.
- References to youth and/or young people are meant to include all young people whose brains are still developing, including adolescents and young adults through mid-twenties in age.
- References to “tobacco” are intended to include all commercial tobacco and nicotine products, including (but not limited to) combustible tobacco (e.g., cigarettes, cigarillos, hookah), aerosol devices (e.g., e-cigarettes and vaping devices), smokeless tobacco (e.g., chewing tobacco, snuff), and heated tobacco products (e.g., heat-not-burn). When we reference tobacco, we are referring to commercial tobacco, and not the sacred and traditional use of tobacco by some Native American communities.

EXECUTIVE SUMMARY

Overview

Pediatric tobacco use and nicotine dependence is a significant health concern. Despite declines in cigarette smoking, nearly a third of US high school students currently use tobacco, and youth utilization of e-cigarettes and vaping devices has reached epidemic levels.¹ Furthermore, youth are uniquely vulnerable to nicotine dependence, and 9 out of 10 adults who smoke cigarettes start before the age of 18.² Evidence-informed strategies to promote youth cessation are urgently needed.

The American Academy of Pediatrics (AAP), with support from the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health, has embarked on a new initiative to advance youth tobacco cessation efforts nationally. Recognizing that there is little scientific evidence available on youth tobacco cessation interventions and treatments, and that clinicians are in pressing need *today* of greater guidance on how to help youth quit, the AAP and CDC launched a series of virtual convenings (one expert summit and two partner meetings) with the purpose of developing a new, evidenced-informed clinical considerations resource (CCR).

To inform the creation of this CCR, the AAP hosted a **Virtual Summit on Youth Tobacco Cessation** (the Summit). Hosted on three days between October 30 and November 5, 2020, the Summit brought together approximately thirty clinicians and researchers ([Appendix A](#)) with subject-matter expertise in the treatment of youth tobacco use, nicotine dependence, and other substance use disorders. Its objectives were to: 1) discuss current evidence & promising practices for youth tobacco cessation treatment, 2) identify key strategies to address youth cessation in clinical practice, 3) determine tools needed to integrate youth cessation treatment into clinical care, 4) identify common challenges to providing youth cessation treatment and ways to address them, and 5) discuss tobacco use as a source of health disparities (how do we serve youth most at risk?).

To achieve the Summit's objectives, the Summit Planning Committee designed a three-day, twelve-hour virtual convening centered around the following core themes (the full agenda is available in [Appendix B](#)):

- **Day One: Understanding our Audience**, which set the stage for the Summit, as well as encouraged a deep dive into the needs of both the patients and clinicians who will be supported by the CCR
- **Day Two: Promising Practices**, which identified best practices in youth tobacco cessation treatment, as well as explored critical themes of cessation that are essential to the drafting of a comprehensive CCR
- **Day Three: Strategies to Inform Clinical Practice**, which highlighted available programs and resources, as well as examined factors key to an effective CCR launch

Summary of Proceedings and Key Learnings

Day One: Understanding Our Audience

The first day of the Summit commenced with an opening session that focused on the epidemic of youth tobacco use, the developmental vulnerabilities of youth to nicotine dependence, and the critical need to intervene early to support cessation in youth who use tobacco. The group noted that this Summit's work will

build on ongoing AAP efforts – including the [AAP 2020 Blueprint for Children](#) – to provide real-time, practical support to pediatricians who are working directly with youth to promote cessation.

In preliminary presentations and group discussions, key themes emerged, including: 1) a focus on framing nicotine and tobacco use as a clinical emergency, and a substance use issue, 2) the importance of implementing clinical interventions for tobacco cessation within the context of confidential care and trusting relationships between patients and their pediatrician or other healthcare provider, and 3) the importance of viewing tobacco use through the lens of health disparities and the structural forces that impact tobacco initiation, addiction and continued use.

Following the inaugural session, the Summit commenced an exploration into the science of youth addiction. Participants reviewed how in adolescence, the matured nucleus accumbens (brain center of rewards) acts as a “gas pedal” for pleasure-seeking behavior, but development of the prefrontal cortex (brain center of executive functions) – which would, in adults, act as a “brake pedal” for such action – is not yet complete.³ As such, it is harder for adolescents to demonstrate impulse control toward pleasurable activities like nicotine use, as the protection offered by a fully developed prefrontal cortex is not yet established. It is therefore not surprising that most substance use begins in adolescence, when youth are developmentally vulnerable to substance dependence.^{4,5}

Next, to provide insight into the young people at greatest risk for tobacco use and dependence, the Summit featured presentations from clinicians with expertise in supporting different patient populations. Important learnings shared include: 1) how evidence-based screening tools for substance use ([Appendix C](#)) can support youth who use tobacco in primary care and other settings, 2) how the challenges unique to youth treatment – including minor consent, parental involvement and confidentiality – can impact care delivery, 3) the normative perceptions that clinicians must navigate when supporting cessation amongst youth who use multiple substances, 4) the outsized impact that tobacco use has had on communities facing other health disparities, and 5) how population health-based approaches can support tobacco use prevention and cessation.

Day one of the Summit concluded with two breakout sessions dedicated to promoting better understanding of two core CCR audiences: the patients at risk for nicotine dependence and the clinicians most likely to support their cessation. In these exercises, Summit participants were broken into six small groups. Each group was assigned a specific persona – first of a youth patient or parent, and then of a clinician type – and was asked to discuss the complexities of each via a series of prompts. The teams then reconvened to discuss their insights.

Key learnings from the day’s proceedings were shared to close day one of the Summit.

Day One Key Learnings

- Youth use a wide variety of tobacco/nicotine products, and sometimes co-use those products with other substances. The **CCR should be “product-agnostic,” designed for use with any tobacco/nicotine product**, including emerging products that aren’t yet on the market.
- **The CCR should be designed for a variety of clinicians and care settings:** these stakeholders/settings should be addressed in the resource/any supplemental materials that tailor implementation strategies.
- Framing is critical: the medical community must be made to see **all adolescent/young adult tobacco use as a clinical emergency, not as a rite of passage or “normal experimentation.”**

- The CCR should stress the importance of promoting cessation with all youth who use tobacco, regardless of level of dependence or frequency of use. **Adolescents and young adults are developmentally vulnerable to addiction, and addiction happens quickly – sometimes before daily/regular use.**
- **Tobacco use is a source of health disparities with health & economic consequences across the family unit.** The CCR must be designed to support all youth, including those most vulnerable.
- Clinicians must **reflect on their own biases** and ensure that they provide culturally appropriate care.
- The CCR should encourage **screening every patient, and intervening with all youth who use tobacco.**

Day Two: Promising Practices

Day two of the Summit commenced with a panel discussion centered on the day's theme, *Promising Practices*. This robust conversation highlighted innovative cessation practices that both meet today's youth where they are and can be implemented immediately as the field awaits further research. Key panel insights include:

- **Screening for tobacco product use while accounting for the evolving product-base:** Since youth have been [shown to respond with higher rates of accuracy to specific product names](#) – not generic terms – pictures and descriptors can be valuable in ensuring that screens more accurately capture youth use⁶.
- **Elements of promising behavioral cessation interventions:** Although research with enough power to demonstrate statistical significance has not yet been completed, interventions that include a combination of different behavioral approaches have shown promise.
- **The unique challenge of e-cigarettes:** As e-cigarettes are more easily used and offer higher nicotine concentrations than combustible tobacco, youth are frequently exposed to more nicotine with e-cigarettes than has traditionally been the case with cigarettes.
- **Supporting clinicians in the CCR via a “menu of approaches”:** As different levels of dependence, different tobacco/nicotine product use and different substance co-use may require varying interventions, it may be helpful to present clinicians with a menu of approaches in the CCR, that offer varying levels of intensity.
- **Pharmacological interventions and clinician comfort with prescribing NRT:** Anecdotal evidence and AAP Policy support the use of Nicotine Replacement Therapy (NRT) for youth who are moderately or severely dependent, as long as it is accompanied with proper coaching to encourage adherence.^{7,8}
- **Impact of substance co-use on cessation:** Cessation efforts may be hindered for youth who co-use nicotine and marijuana/THC, as they may be ready to quit nicotine but not marijuana. Messaging must evolve as marijuana has been framed as “healthy”, despite its ill effects on the brain.
- **Appealing to youth via mHealth interventions:** mHealth interventions have shown much promise as they support youth via the digital media with which they are most comfortable and reduce geographical issues.
- **Disrupting the Smoking Cessation World:** Many youth cessation interventions simply tweak existing adult programs – but the field needs to think “bigger”. Ideas include leveraging social influencers/gamers to advance messaging, creating opt-out systems of referral, and launching vaping prevention campaigns.
- **Translating Summit Learnings into Practice:** To support clinicians in the field, it's critical that they: 1) are offered ways to make cessation interventions simple at the clinical interface, 2) are provided with education on the science of addiction and existing tobacco products, and 3) have access to training rooted in yet-to-be-established universal core competencies which the field must be encouraged to develop.

Next, and for the remainder of the day, participants took part in an exercise designed to workshop themes revealed by Summit proceedings to date, as well as explore nuances key to the drafting of a comprehensive CCR. Participants were separated into six teams; each team was assigned a specific theme and given prompts

to explore. The themes discussed include: 1) addressing challenges to successful implementation, 2) promising practices, 3) screening, 4) language, 5) intended audience, and 6) addressing bias and health disparities.

Day two of the Summit concluded with a sharing of key learnings from the day's proceedings, by theme.

Day Two Key Learnings

Addressing Implementation Challenges

- Time and competing priorities are a significant challenge. It must be made “easy to do the right thing.”
- Buy-in from across the health care organization is essential to support standardized screening and care.
- “One-touch” interventions are not enough for cessation. Clinicians should be treating tobacco use in practice, but also referring to treatment extenders.
- Electronic Health Records (EHRs) should be leveraged to facilitate screening and referral; all youth who use tobacco should automatically be connected with resources, and referral processes should be “opt-out”.

Promising Practices

- The evidence base for youth cessation interventions is limited, however, there are many behavioral and pharmacological resources available to help youth quit (both in clinical settings, and in treatment extender programs). Clinicians should be made aware of the programs available and, in the case of treatment extenders, know how to do a warm hand-off.
- Texting, mHealth, and mobile apps may be promising for youth, and reduce geographic limitations.
- Motivational Interviewing shows promise for tobacco cessation in clinical settings.
- Different cessation interventions will be more appropriate for certain youth than others depending on frequency of use, level of dependence on nicotine, interest in quitting, and preference of treatment modality.

Screening

- Screening is critical but must be effective. Clinicians need support in asking about specific tobacco product use, and in using terms that resonate with youth. These terms change frequently and may vary by geography.
- Self-administered paper/electronic screeners may work better than face-to-face.
- Clinicians must be provided with the knowledge/resources to handle a positive screen.

Language: How do we talk about cessation with youth?

- Adolescent confidentiality and trusting patient/provider relationships support effective clinical conversations.
- Clinicians must talk with youth without blaming, judging, or “talking-down.”
- Youth should have a voice in their own care, and youth advisors should be consulted when developing cessation interventions that will ultimately serve youth.
- Clinicians should be aware of the health effects of different tobacco products to support patient intervention.

Intended Audience: How do we support the clinician end-user of the resource?

- Any resource created for clinicians needs to be easy to use, low-burden, beneficial to patient health and easily integrated within office workflow.
- Clinical support for youth cessation will have key components that are standard across all care settings, but will need customization to work within different settings.
- The CCR should also touch on the education of medical students and trainees.

Addressing Bias & Health Disparities

- The CCR must acknowledge that everyone has biases, and that all providers should be working to actively address them in their care delivery.
- Some strategies for addressing bias in youth cessation services include screening all youth for all tobacco use, and providing the same cessation support to all youth who use tobacco, regardless of gender, race, ethnicity, insurance coverage, socioeconomic status, etc.
- The CCR should include education on disparities in tobacco use, related health issues, and treatment access.

Day Three: Strategies to Inform Clinical Practices

Day three of the Summit centered on the theme *Strategies to Inform Clinical Practice*. To introduce this topic, Summit participants heard from clinicians with expertise in both primary care- and hospital-based youth tobacco use interventions. The themes examined include the vital role that self-administered screening can play in effectively capturing youth tobacco use regardless of setting, and the key opportunities that exist (though more research is needed) to systematically screen and treat youth for tobacco use in hospital settings.

Additional presentations and discussions then explored available behavioral and community based-resources for youth cessation support ([Appendix C](#)) and strategies for identifying appropriate treatment-extender resources. Critical factors highlighted in these conversations include the value of interventions that meet young people where they are, and the importance of recognizing tobacco use as a clinical emergency.

Next, a breakout session was held dedicated to supporting constituencies likely to benefit from the CCR. In this exercise, teams were assigned a constituency and provided with a series of prompts to explore in order to identify the CCR elements needed for that constituency. Assigned constituencies include: 1) addressing youth cessation in rural communities, 2) addressing youth cessation in behavioral settings, 3) addressing youth cessation in inpatient settings, 4) addressing tobacco cessation with youth patients, 5) supporting health care providers in serving as community leaders for youth cessation, and 6) addressing youth cessation with parents.

The last major session of the Summit focused on the CCR, and specifically the factors necessary to ensure a successful CCR launch. During this time, two large group discussions were facilitated. The first discussion focused on identifying key issues yet to be comprehensively addressed during Summit proceedings; the next conversation prompted participants to brainstorm ideas for the CCR final structure and later dissemination.

To conclude the comprehensive three-day Summit, key learnings from the final day were shared:

Day Three Key Learnings

- Clinicians need an **automated pathway** that makes it easy to “do the right thing” in practice
- Major **barriers exist in getting clinicians to acknowledge tobacco and nicotine use as a clinical emergency**, and facts countering this normative attitude must be integrated in the CCR
- **Clinical settings must create the right environment** for youth to feel safe discussing tobacco use
- Clinicians should employ the **Ask-Assist-Refer model, but tailor it to be culturally appropriate for patients**
- Hospital-based settings offer a unique opportunity to commence tobacco cessation treatment, but **workflow challenges can limit implementation success**
- **Multiple evidence-informed treatment extender programs exist, and systems of referral should be established** to ease provider burdens in making connections
- **Adolescent care statutes differ by state**; clinicians must be educated on what is permitted by their state
- Clinicians can **play a key messenger role in advancing youth cessation at the local level**

Next Steps

Follow up to the Summit will take place in January 2021 via two supplementary meetings with Federal and Public Health partners ([Appendix D](#)). Additionally, the AAP plans to solicit feedback and further insight from Summit participants on the CCR prior to publication in 2021.

APPENDICES

Appendix A: Summit Roster

All affiliations noted below are current as of December 2020; the views reflected within this document do not necessarily reflect those of the individuals and/or organizations listed below. *Please note that we have only included the names of Summit participants who provided written permission to be listed in this publication.*

Meeting Participants

- Elizabeth Alderman, MD, FAAP - Professor of Pediatrics, Professor of Obstetrics & Gynecology and Women's Health, Albert Einstein College of Medicine
- Rachel Boykan, MD, FAAP - Pediatric Hospitalist, Associate Pediatric Program Director, Stony Brook Children's Hospital
- Ann Bruner, MD - Medical Director, Young Adult Residential Services, Mountain Manor Treatment Center
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- Mary Cataletto, MD, FAAP - Clinical Professor of Pediatrics, NYU-Long Island School of Medicine
- Nicholas Chadi MD, MPH, FAAP - Clinical Assistant Professor, University of Montreal
- Hector Colón-Rivera, MD, CMRO - Medical Director, Asociación Puertorriqueños en Marcha; Attending Physician, University of Pittsburgh Medical Center
- Ashley Ebersole, MD, FAAP - PGY-6 Adolescent Medicine Fellow, Nationwide Children's Hospital
- Lynn Fisher, MD, FAAFP - Family Medicine Physician, Assistant Family Medicine Clerkship Director, KU School of Medicine-Wichita
- Marc Fishman, MD, DFASAM - Addiction Psychiatrist, Medical Director of Maryland Treatment Centers, Johns Hopkins University School of Medicine
- Scott Hadland, MD, MPH, MS, FAAP - Assistant Professor of Pediatrics, Boston University School of Medicine
- Bonnie Halpern-Felsher, PhD, FSAHM - Professor of Pediatrics, Stanford University
- Kimberly Horn, EdD, MSW - Scientist and Professor, Virginia Tech University
- Brian Janssen, MD, MSHP, FAAP - Assistant Professor, University of Pennsylvania
- Steve Kelder, PhD, MPH - Associate Regional Dean, School of Public Health, University of Texas at Austin
- Jonathan Klein, MD, MPH, FAAP - Associate Vice Chancellor for Research, Savithri and Samuel Raj Professor of Pediatrics, University of Illinois at Chicago
- Suchitra Krishnan-Sarin, PhD - Professor of Psychiatry, Yale School of Medicine
- Sharon Levy MD, MPH, FAAP - Director, Adolescent Substance Use and Addiction Program, Boston Children's Hospital
- Catherine Martin, MD - Dr Laurie L Humphries Endowed Chair in Child Psychiatry, University of Kentucky
- Meghan Morean, PhD - Research Scientist, Yale University School of Medicine

- Myra Muramoto, MD, MPH, FAAP - Professor of Family and Community Medicine and Public Health, University of Arizona
- Lori Pbert, PhD - Professor of Population and Quantitative Health Sciences, University of Massachusetts Medical School
- Alexander Prokhorov, MD, PhD - Katherine Dixie Russell Distinguished Professor of Pediatrics, University of Texas MD Anderson Cancer Center
- J. Routt Reigart, MD FAAP - Professor Emeritus of Pediatrics, Medical University of South Carolina
- Susanne Tanski, MD, MPH, FAAP - Associate Professor of Pediatrics, Geisel School of Medicine at Dartmouth University
- Susan Walley, MD, FAAP - Professor, Division of Pediatric Hospital Medicine, University of Alabama at Birmingham
- Karen Wilson, MD, MPH, FAAP - Debra and Leon Black Chief of the Division of General Pediatrics, Icahn School of Medicine at Mount Sinai
- Jonathan Winickoff, MD, MPH, FAAP - Professor of Pediatrics, Harvard Medical School
- Marcia Zorrilla, DrPH, MPH, CHES - Director, Positive Youth Development, Stanford University School of Medicine

AAP

- Trisha Calabrese, MPH - Senior Director, Pediatric Population Health, AAP
- Mark Del Monte, JD - Chief Executive Officer, Executive Vice President, AAP
- Kristen Kaseeska, MPH - Program Manager, Tobacco and Adolescent Health Initiatives, AAP
- Julie Gorzkowski, MSW (Summit Program Director) - Director of Adolescent Health Promotion, AAP
- Paula Martin - Adolescent Health Promotion Specialist, AAP
- Karen Smith - Manager, Adolescent Health Services, AAP
- Colleen Spatz, MSBA - Tobacco Control Program Specialist, AAP
- Debra Waldron, MD, MPH, FAAP - Senior Vice President, Healthy Resilient Children Youth and Families, AAP

CDC

- Ann Malarcher, PhD - Senior Policy Analyst, Katmai Government Services, Office on Smoking and Health, CDC
- Brenna VanFrank, MD, MSPH - Senior Medical Officer, Office on Smoking and Health, CDC
- Joann Yoon Kang, JD (Program Officer, Office on Smoking and Health) - Policy Unit: Team Lead for Health Systems and Data Visualization, CDC

Commonality

- Jenny Bogard, MPH (Meeting Facilitator) - Founder and Managing Partner, Commonality, Inc.
- Anne Valik, MPH (Report Author) - Founder and Managing Partner, Commonality, Inc.

Appendix B: Meeting Agenda & Presenters

Day One Session Title	Presenter(s)
Welcome and General Summit Overview	Mark Del Monte, JD VADM Jerome M. Adams, MD, MPH Luka Kinard Julie Gorzkowski, MSW Jenny Bogard, MPH
Learnings from the Science of Youth Addiction	Sharon Levy, MD, MPH, FAAP
Key Clinical Practice Questions to Be Addressed in the Resource	Rachel Boykan, MD, FAAP
Patients at Greatest Risk for Tobacco Use and/or Nicotine Dependence	Scott Hadland, MD, MPH, MS, FAAP Deepa Camenga, MD, MHS, FAAP Hector Colón-Rivera, MD, CMRO Jenny Bogard, MPH
Breakout: Clinical Considerations Resource Audience	Jenny Bogard, MPH
Summary of Day and Outcomes	Julie Gorzkowski, MSW Jenny Bogard, MPH

Day Two Session Title	Presenter(s)
Welcome Back and Recap	Jenny Bogard, MPH
Panel Discussion: Promising Practices from Implementing Behavioral and Pharmacological Interventions for Tobacco Cessation Among Adolescents and Young Adults	Karen Wilson, MD, MPH, FAAP (Moderator) Susanne Tanski, MD, MPH, FAAP Lori Pbert, PhD Suchitra Krishnan-Sarin, PhD
Breakout: Identifying Themes to Include in the Resource	Jenny Bogard, MPH
Summary of Day and Outcomes	Julie Gorzkowski, MSW Jenny Bogard, MPH

Day Three Session Title	Presenter(s)
Welcome Back and Recap	Jenny Bogard, MPH
Clinical Strategies to Support Youth Cessation Treatment	Brian Jenssen, MD, MSHP, FAAP Susan Walley, MD, FAAP

Treatment Extenders/Community-based Resources for Youth Cessation	Bonnie Halpern-Felsher, PhD, FSAHM Jonathan Winickoff, MD, MPH, FAAP
Breakout: Supporting Specific Constituencies	Jenny Bogard, MPH
Launching the Clinical Considerations Resource	Jenny Bogard, MPH
Summary of Meeting and Next Steps	Julie Gorzkowski, MSW Jenny Bogard, MPH

Appendix C: Shared Resources

The following resources were shared over the course of the Summit's three days. *Please note that these resources were mentioned by Virtual Summit participants as part of meeting presentations and/or discussion proceedings. The resources have not been selected for Executive Summary inclusion due to any other qualifying criteria.*

AAP Policy and Resources

- [AAP 2020 Blueprint for Children](#)
- [AAP Advocacy Resource on Flavored E-Cigarette and Tobacco Products](#)
- [AAP Clinical Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke](#)
- [AAP E-cigarette Curriculum](#)
- [AAP Fact Sheet: Nicotine Replacement Therapy and Adolescent Patients: Information for Pediatricians](#)
- [AAP Fact Sheet: Supporting Youth who are Addicted to Nicotine: Advice for Pediatricians](#)
- [AAP Fact Sheet: Tobacco/E-Cigarette Use/Exposure Coding for Primary Care Pediatrics](#)
- [AAP Julius B. Richmond Center of Excellence](#)
- [AAP Policy Statement on E-Cigarettes and Similar Devices](#)
- [AAP Public Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke](#)

Surgeon General Publications

- [Smoking Cessation: A Report of the Surgeon General \(2020\)](#)
- [Surgeon General's Advisory on E-Cigarette Use Among Youth \(2018\)](#)
- [E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General \(2016\)](#)
- [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General \(2014\)](#)

USPSTF 2020 Final Recommendation Statement on the Prevention and Cessation of Tobacco Use in Children and Adolescents: Primary Care Interventions

- [Evidence Summary](#)
- [Recommendation](#)

Screening Tools

- [Basis-24](#)
- [Brief Screener for Tobacco, Alcohol, and other Drugs](#) (B-STAD)
- [CRAFT](#)
- [E-Cigarette Dependence Scale](#)
- [Fagerström Test of Nicotine Dependence](#)
- [HEADSS](#) (Adolescent Health Screen)
- [Hooked on Nicotine Checklist](#) (HONC)
- [National Institute on Drug Abuse Screening and Assessment Tools Chart](#)
- [Screening to Brief Intervention](#) (S2BI)

- [SSHADNESS](#) (Adolescent Health Screen)

Quitlines, Text-based, App-based and mHealth Programs

- [ASPIRE](#) by the MD Anderson Cancer Center
- [1-800-QUIT-NOW](#) (1-800-784-8669)
- [1-855-DELO-YA](#) (1-855-335-3569)
- [My Life, My Quit](#) by National Jewish Health
- [SmokeFree](#), [SmokeFreeEspanol](#), [Smokefree TXT for Teens](#) and the [QuitSTART](#) App from the NCI
- [This is Quitting](#) by Truth Initiative
- [Tobacco Free Teens](#) by MD Anderson Cancer Center

Clinical Practice-Based Interventions

- [Air it Out](#) project (for pediatric practices)

Community-Based, School-Based & Alternative to Suspension Programs

- [Calling it Quits](#) program (for school-based health clinics)
- [CATCH My Breath](#) Vaping Prevention Program
- [Healthy Futures](#) from Stanford University
- [Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health \(INDEPTH\)](#) from the American Lung Association
- [Not on Tobacco \(N-O-T\)](#) from the American Lung Association
- [Screening, Brief Intervention, and Referral to Treatment in School-Based Health Care](#) (SBIRT in SBHC)
- [Tobacco Prevention Toolkit](#) from Stanford University

Clinician Education and Training Programs

- AAP Section on Pediatric Trainees Tobacco Cessation Curriculum/CD for Residency Programs
- [AAP EQIPP: Treating Tobacco Product Use and Exposure in Families](#)
- [Clinical Effort Against Secondhand Smoke Exposure \(CEASE\)](#) program for all practice-based staff
- MD Anderson [Certified Tobacco Treatment Training Program](#)
- [Rx for Change](#)

Emerging Product Identification

- New product promotional websites such as this one by [Vaping 360](#)

Appendix D: Federal and Public Health Partners

Representatives from the following federal agencies and public health organizations have been invited to participate in a follow-up meeting for the next phase of this work. Please note: the below list of organizations is current as of December 2020 and is subject to change.

Federal Partners

- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration Center for Tobacco Products
- Food and Drug Administration Center for Drug Evaluation and Research
- Health Resources and Services Administration
- Indian Health Service
- National Cancer Institute
- National Institute on Drug Abuse
- Substance Abuse and Mental Health Services Administration

Public Health Partners

- American Academy of Family Physicians
- American Academy of Child and Adolescent Psychiatry
- American Association of Nurse Practitioners
- American Cancer Society
- American College of Preventive Medicine
- American Heart Association
- American Lung Association
- American Medical Association
- American Society for Addiction Medicine
- Association of Pediatric Program Directors
- Campaign for Tobacco-Free Kids
- National Association of School Nurses
- National Native Network
- North American Quitline Consortium
- Parents Against Vaping E-Cigarettes
- Smoking Cessation Leadership Center, University of California San Francisco
- Society for Adolescent Health and Medicine
- Truth Initiative

Appendix E: References

- ¹ Wang TW, Gentzke AS, Creamer MR, et al. Tobacco product use and associated factors among middle and high school students—United States, 2019. *MMWR Surveill Summ.* 2019;68(12):1-22.
- ² US Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014
- ³ Casey BJ, et al., *Development Reviews.* 2008; 28: 62-77.
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