

Youth Tobacco Cessation: Federally Qualified Health Center (FQHC)

Case Study 1

15 year old sports physical

American Academy of Pediatrics

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ACT (ASK-COUNSEL-TREAT) MODEL

- Pediatric tobacco use and nicotine dependence are **significant** health concerns.
- Despite declines in cigarette use, youth still use tobacco products—including **e-cigarettes**—at high rates.
- Adolescents and young adults are uniquely vulnerable to nicotine dependence, and **the majority of adults who smoke initiate use during adolescence**.
- The **ACT (Ask-Counsel-Treat) Model** was designed to provide an approach for discussing tobacco cessation that is both meaningful and brief (2-3 minutes).
- AAP developed this case study to demonstrate use of the ACT model in an inpatient setting.



ACT SUMMARY

- Pediatric health clinicians have a collective responsibility to identify youth who use tobacco and connect them with the resources they need to quit successfully.
- The ACT model is used to facilitate conversations with youth about tobacco cessation.
- The ACT model is designed to minimize time and burden on the pediatric health clinician and maximize the patient's chances of a successful quit.
- The ACT model can be used universally with all pediatric patients ages 11+.
- This resource **does not** serve as official policy of the AAP, or as a clinical guideline. Rather, this resource is designed to provide practical advice and considerations for addressing tobacco cessation in youth.
- More information on youth tobacco cessation can be found at aap.org/cessation



FQHC Case Study: Background

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Patient Information

15 y/o African-American male, seen in clinic for a routine annual visit and sports physical.

Initial Vitals: RR =14; BP=110/70 mm Hg, Temp= 98.6

Meds:

- none

ROS (pertinent positives):

- Unable to make it through football practice without becoming short of breath, and his running has slowed down
- Self admits to increased irritability and nausea.
- His parents are unaware of any tobacco product use.

Other Info:

- heterosexual; pronouns: he/him
- He lives with both parents and both are present for this appointment.
- He has one younger sibling who is also in high school.

FQHC Case Study:

Ask (Screen)

Counsel

Treat

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Ask – Counsel – Treat

SCREEN FOR TOBACCO USE WITH EVERY YOUTH AGE 11+ AT EVERY CLINICAL ENCOUNTER.

Structure the environment to support confidentiality and encourage accurate disclosure.

Ask about all tobacco products, including e-cigarette or vaping products, hookah, and smokeless tobacco

Use specific product names examples common to your community.*
ex: JUUL, Puff Bar, Suorin, Vuse

Assess secondhand exposure risk by asking about tobacco products used by friends, family, or in the home.

* Product use often varies between communities. Visit the ACT module to view illustrations of common products.

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CREATE A SPACE FOR CONFIDENTIALITY & TRUST

Clinical Environment

- Use inclusive language (ex. use patient's pronouns, non-gendered language) when having conversations
- Build trust and rapport
- Use private, 1-on-1 time to discuss sensitive topics

Caregiver/Parent

- Ask caregiver to step out of the room during confidential conversations
- Include caregiver in the non-confidential aspects of adolescent and young adult care

Policy

- Develop an office confidentiality policy for adolescent patients. Share it with families and post in a public location
- Understand your state's laws around confidentiality and age of consent

Ask – Counsel – Treat

Sample Dialogue Part 1 of 3

Clinician: Do any of your friends or family use dip or any other tobacco products?

Patient: They all use dip.

Clinician: I appreciate you being honest and sharing that with me. Do you use any tobacco or vaping products, like cigarettes, e-cigarettes, pod, vapes, or dip?

Patient: Yes, but only when stressed about games or practice.

Clinician: Thank you for sharing. Which products do you use when stressed?

Patient: Dip mostly, but I also vape.



Youth In Health: Inclusive Stock Photography Collection. Adolescent Health Initiative. Heather Nash Photography. 2021

*Popular brand names and product use may vary by community.

FQHC Case Study:

Ask (Screen)

Counsel

Treat

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Ask – **Counsel** – Treat

COUNSEL ALL PATIENTS WHO USE TOBACCO ABOUT QUITTING, REGARDLESS OF AMOUNT OR FREQUENCY OF USE.

Use motivational interviewing to determine reason for use and guide the conversation around quitting.

Choose respectful, non-judgmental words, and use a strengths-based perspective.

Assess youth's history of tobacco use, past quit attempts, and signs of dependence.

Be clear, personalized and explain the benefits of cessation.



Ask—Counsel—Treat

Sample Dialogue Part 2 of 3

Clinician: As your doctor, I care about you and I want to help you stay as healthy as possible. Tell me which sports you are playing this year.

Patient: I'm playing football and basketball this year.

Clinician: That's amazing! That also means it's a good time to think about quitting. If you stop vaping, it can help your lung capacity, which could help you run farther and faster. While you're doing that, you could also try quitting dip— this will help prevent gum disease, tooth decay, and tooth loss.

Patient: Yeah

Clinician: On a scale of 1-10, how important is it for you to quit dip and vaping?

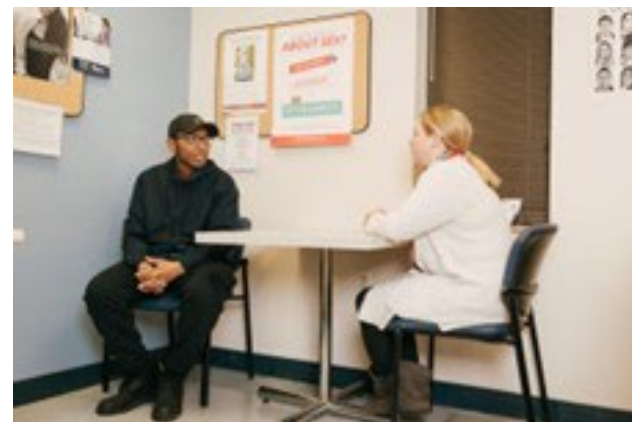
Patient: 8.

Clinician: What made you choose 8 rather than 10 or 4?

Patient: I want to be a better athlete and make varsity team, but I know I may still have stress.

Clinician: It sounds like you're using smoking/vaping to deal with stress. May I offer some suggestions about other ways to cope with stress?"

Patient: Yes, I would like that.



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FQHC Case Study:

Ask

Counsel

**Treat (Behavioral and
Medication Support)**

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LINK YOUTH TO APPROPRIATE BEHAVIORAL SUPPORTS

Use an assessment tool to measure youth's level of nicotine dependence and their willingness to quit.

Give the patient options for a quit date to foster an independent decision.

Link patient to behavioral cessation support(s) and any additional support resources.

Arrange follow-up with the youth within 2 weeks of their quit date to assess progress and provide additional encouragement.

Sample Dialogue Part 3 of 3

Clinician: I'm so glad you're interested in quitting. Would you like to quit both at the same time or one at a time?

Patient: I would like to try to quit both.

Clinician: Let's set a quit date in the next 2 weeks. What day would you like to start?

Patient: Can I start Monday?

Clinician: Monday is a great day to start. I'm very proud of you for making that decision.

Patient: Thanks.

Clinician: I would like to connect you with some resources to help make it easier to quit. Would you rather get support by text, online, or phone?

Patient: Text would be best.

Clinician: If you take out your phone I can show you the DITCHVAPE program. If you text DITCHVAPE to 88709 you will receive daily texts that will help you make a quit plan and deal with cravings and triggers that make you want to vape. I or someone from the clinic will check in with you 2 weeks from now to see how you're doing.

Patient: Okay thank you.

* Additional behavioral support options can be found at www.aap.org/help2quit



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Note: Any additional treatments for underlying conditions are not addressed within this case study.

CESSATION SUPPORT & ADDITIONAL FOLLOW UP

2 Week Follow-up

- Connect with patient's additional team members to inform them about the quit attempt.
- Encourage follow-up within 2 weeks.

Medication Support

- Consider Nicotine Replacement Therapy (NRT) for moderate to severe dependency.*
- Consult AAP recommendations for use of NRT in patients under age 18.**

Parent Knowledge & Engagement

- Encourage youth to include parents in their quit attempt if patient is willing to disclose use.
- Ensure that tobacco use is not disclosed via the patient portal or end-of-visit summary if patient is unwilling to disclose use.

* Case Study 2 explores the use of cessation medication users > 18 years old.

** AAP Recommendations for NRT Prescription can be found at aap.org/NRT

FINAL TAKEAWAYS

- The American Academy of Pediatrics (AAP) has comprehensive information to help pediatric health clinicians address tobacco use in clinical settings.
- Visit www.aap.org/tobacco for more information on youth tobacco prevention and cessation.
- Additional case studies were developed to show the variations in clinical settings, common products, screening techniques, motivational interviewing, patient response, and clinician considerations. **Please return to the home page to see additional case studies.**
- Feedback and information request can be sent to Leticia Brown MPH - AAP Program Manager Tobacco Control and Prevention (lbrown@aap.org)

