

Youth Tobacco Cessation: Federally Qualified Health Center (FQHC)

Case Study 2

18 year old annual visit prescribing Varenicline

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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

18 y/o Caucasian female in for a follow up visit

Initial Vitals: RR =16; BP=120/80 mm Hg, Temp= 98.6

Meds:

- albuterol

ROS (pertinent positives):

- Patient was admitted to hospital 4 months ago for asthma exacerbation.
- It has been 1 month since their last follow up visit.
- Review of their chronic asthma symptoms, Admits to becoming short of breath more frequently; has had more asthma attacks recently. Their family is aware of tobacco use.

Other Info:

- non-binary; pronouns: they/them
- They live with their mother.
- They have two older siblings who also live at home.

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 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

Screening

- Consider a self-administered screening questionnaire (paper or electronic)
- Create specific screener by finding out what products are most common in your community and asking about these products specifically

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 you use any tobacco or vaping products, like cigarettes, e-cigarettes, pod, vapes or dip?

Patient: Yes, I smoke menthols.

Clinician: Thank you for sharing that with me. How often are you smoking?

Patient: Ummm, probably 4-5 cigarettes a day.

Clinician: Do your friends or family use tobacco or vaping products?

Patient: My family and I like to go to hookah bars on the weekend.

Clinician: Thank you for sharing that with me. Are there any other products you've tried?

Patient: No just the menthols since they're not as bad.



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: Thank you for sharing that with me. I do want to make sure you know that menthol cigarettes are just as unhealthy as other types of cigarettes and may actually lead to greater addiction to tobacco. "Menthol is a chemical that creates a cooling effect on your throat, reducing the harshness of cigarette smoke and suppressing coughing.

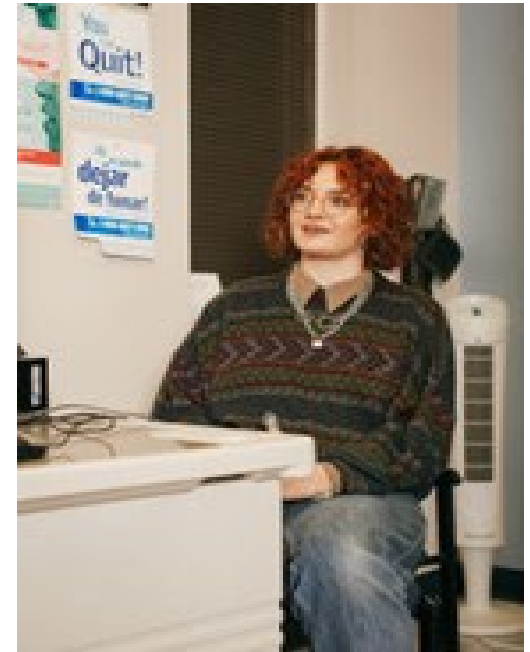
Patient: Oh wow- I didn't know that.

Clinician: You also mentioned using hookah on the weekend. Hookah use can affect your heart by increasing your heart rate and blood pressure and it can affect how well your lungs work. Hookah can also make you have more asthma symptoms such as shortness of breath or wheezing and can lead to further asthma attacks.*

Patient: I didn't know that, either.

Clinician: Quitting will protect your health, save your money, and increase your independence. Is that something you're interested in trying?

Patient: I guess so, I'm willing to try.



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*[Effects of hookah/waterpipe smoking on general health and the cardiovascular system](#)

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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.

CESSATION SUPPORT & ADDITIONAL FOLLOW UP

2 Week Follow-up

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

Cessation Medication

- Consider cessation medication for moderate to severe dependency*
- Consult AAP recommendations for use of NRT in patients under age 18.**

Behavioral Cessation Support

- Provide all youth who wish to quit with behavioral cessation support in a modality that works for them:
 - Telephone Quitline
 - Text-message support
 - Web-based interventions
 - Smartphone apps
 - In-person counseling (individual or group)

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

Sample Dialogue Part 3 of 4

Clinician: If it's ok with you, I'd like to have you complete this quick form to help us understand how dependent your body is on nicotine.

Patient: Sure.

Patient is determined to be moderately dependent

Clinician: Based on your assessment, I think using a medication combined with some quit coaching will help you the most. The medication can help with withdrawal symptoms as your body gets used to not having nicotine around. The quit coaching can help you learn how to manage cravings and triggers. Would you be interested in these treatments?

Patient: Yes

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

Patient: I would like to start this Monday

Clinician: Awesome! Let's also set up a quit coach. Would you like support through text, call or web-based program?

Patient: Call.

Clinician: Okay. If you have your phone with you save this number. 1-800-QUIT-NOW.

Patient: Thank you.

*Additional behavioral support options can be found in [“Youth Tobacco Cessation: Considerations for Clinicians”](#)



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

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CESSATION MEDICATION AND PATIENTS >18

Patient Use

- FDA-approved medication:
Nicotine Replacement Therapy (NRT)
bupropion
varenicline.
- Youth over 18 can access over-the-counter NRT with or without a prescription. A prescription is required for varenicline and bupropion.

Considerations

- AAP policy recommends physicians consider cessation medication for moderately or severely addicted dependent patients, regardless of age.
- Research indicates that patients who receive a combination of behavioral treatment and cessation medications quit at higher rates.

Safety

- Review full clinical drug information in a professional prescribing reference.
- Weigh the risks and benefits of prescribing cessation medication on an individual basis before prescribing.
- Inform patients of the benefits and side effects. Instruct patients on how to use the products.

Ask – Counsel – **Treat**

Sample Dialogue Part 4 of 4

Clinician: I'm also going to prescribe you some medication to help you quit smoking too. This medication is called varenicline.

Patient: How does it work?

Clinician: Varenicline works by blocking nicotine's effects in the brain that make you want to smoke.

Patient: Okay.

Clinician: You can fill the prescription and begin taking varenicline today. You will take 1 pill once a day for three days, then increase to 1 pill twice a day for 4 days. The dose is slowly increased to lessen the chance of side effects, which can include nausea and unusual dreams. It will help if you take the medication with food. It's okay to smoke during this time, but make sure you stop on your quit date. After your quit date, keep taking 1 pill twice a day for 12 weeks total.

Patient: Okay that makes sense.

Clinician: I'm proud of you for making the decision to try again. Quitting can be difficult, but I know you can do it. I or someone from the clinic will follow up with you in 2 weeks to see how things are going."

Patient: Thank you.



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

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)

