

Youth Tobacco Cessation: School-Based Health Center Case Study:

*14 year old with vape usage and is unsure of
quitting*

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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



School Based Health Centers Case Study: Background

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Patient Information

14 y/o Caucasian female in clinic for a routine annual visit

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

Meds:

- None

HPI(History of Present Illness):

- She lives with her father and has no siblings.
- Patient is generally well appearing with no major health concerns.

Other Info:

- Heterosexual; pronouns: she/her



School Based Health Center
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.
- Notify patient information will not be shared with school personnel.

Ask – Counsel – Treat

Sample Dialogue Part 1 of 4

Clinician: Do any of your family use tobacco or vape products?

Patient: Not that I know of.

Clinician: What about you. Do you use any tobacco or vaping products, like cigarettes, e-cigarettes, pods, vapes, or dip?

Patient: Yeah, everybody at school vapes.

Clinician: How often do you vape?

Patient: Almost everyday, it's no big deal.

Clinician: I appreciate you being honest and sharing that with me.



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

Popular brand names and product use may vary by community

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School Based Health Center 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 4

Clinician: As your doctor, I care about you and I want to help you stay as healthy as possible. Because your brain is still developing, it's not safe for you to use any tobacco or nicotine product, including e-cigarettes.

Patient: I thought e-cigarettes didn't have nicotine—just water and flavoring?

Clinician: Most e-cigarettes have nicotine. There are also other chemicals in them that can be harmful. When you vape, you're inhaling those chemicals, like heavy metals and other chemicals that can cause cancer, into your lungs."

Patient: Oh.

Clinician: Are you interested in quitting today?"

Patient: I'm not sure.



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IF THE YOUTH IS UNSURE OR NOT READY TO QUIT

Discuss the “5Rs:
(relevance, risk,
rewards, roadblock,
repetition) with
patient

Consider the 2
week quit
challenge

Offer them
encouragement
and assure them
that you’re here
to help when
they’re ready

Follow up at next visit,
offer to connect with
resources

Ask – Counsel – Treat

Sample Dialogue Part 3 of 4

Clinician: I appreciate you being honest with me. Quitting is hard, but I believe when you're ready you can do it. Can you think of any benefits to quitting?

Patient: Well, you said I'm inhaling heavy metals, so I guess stopping would help.

Clinician: Yes, that is true. The nicotine in your vape pen can also harm your brain development.

Patient: Oh.

Clinician: Can you think of any reasons it would be hard to quit?

Patient: A lot of my friends vape, so it might be weird if I stopped.



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

Ask – Counsel – Treat

Sample Dialogue Part 4 of 4

Clinician: I can understand that. Maybe, when you decide to quit, you can tell a few close friends who might be willing to help— or even quit with you.

Patient: I mean... maybe. I don't know.

Clinician: Have you ever tried to cut down or quit before?

Patient: I've cut down for a few days before.

Clinician: That's good to know. Can I talk with you more about cutting down again or stopping entirely?

Patient: No, I'm not really interested in quitting right now, maybe next time.

Clinician: Okay, I understand. We'll talk more about it at your next visit. If you decide before then that you'd like to try to quit, please reach out. I'm here when you're ready.

Patient: Okay, thank you.



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School Based Health Center Case Study Case Study:

Ask

Counsel

**Treat (Behavioral and
Medication Support)**

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WHEN YOUTH IS READY TO MAKE A QUIT ATTEMPT

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.

NRT Prescription

- Consider Nicotine Replacement Therapy (NRT) 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)

* Inpatient Case Study 2 explores the use of NRT in tobacco 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)

