

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

*17 year old annual visit, NRT prescription*

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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](http://aap.org/cessation)

# School Based Health Center Case Study: Background

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## Patient Information

17 y/o Hispanic male in for a general visit

**Initial Vitals:** RR =16; BP=110/70 mm Hg, Temp= 98.6

### Meds:

- none

### HPI

- He lives with both parents who are not present for the appointment.
- He has 2 younger siblings.
- Patient is generally well appearing with no major health concerns.

### Other Info:

- homosexual; pronouns: he/him

# School Based Health Center Case Study:

**Ask (Screen)**

**Counsel**

**Treat**

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## 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.

\* Products used may vary between communities. Visit the ACT module to view illustrations of common products.

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

**Patient:** Yeah, I smoke. I know I shouldn't, but I've tried stopping a few times and it never sticks. Plus, it helps me keep my weight down.

**Clinician:** · What happens when you try to stop?

**Patient:** Well, I have these really strong cravings to smoke, and my appetite increases. Also, I get headaches, and feel irritated all the time.

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



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# School Based Health Center Case Study: 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.

## Sample Dialogue Part 2 of 4

**Clinician:** It takes courage to share something personal. You've mentioned symptoms that happen when you haven't smoked in a while. These are symptoms of withdrawal, and they tell us that the nicotine is starting to change your brain, and you're developing an addiction.

**Patient:** Yeah I would like to stop all together, it's just hard. Plus I don't want to gain weight.

**Clinician:** I get it. Quitting can be challenging and, I hear your concern about weight gain. It sounds though like you know how important quitting is, and I'm here to help you. On a scale of 1-10, how important is it for you to quit smoking?

**Patient:** 8, I guess?

**Clinician:** I'm so glad that you're interested in trying again. Can we talk about some ideas I have about resources that can help you be successful?"

**Patient:** Sure.



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# School Based Health Center Case Study: Case Study: 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.

## BEHAVIORAL 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.

### 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)

### 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.

## Ask – Counsel – **Treat**

### Sample Dialogue Part 3 of 4

**Clinician:** I'm so glad you're interested in quitting. 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. Is that something you'd be interested in?

**Patient:** Yes

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

**Patient:** Can I start tomorrow?

**Clinician:** Tomorrow is a great day to start. First I'm going to connect you to behavioral cessation support. A coach can talk with your through text, call or web-based chat program. Do you have a preference?

**Patient:** Web-chat.

**Clinician:** My Life, My Quit™ is the free and confidential way to quit smoking or vaping. Text "Start My Quit" to 36072 or go to their website [mylifemyquit.com](http://mylifemyquit.com)

Additional behavioral supports can be found at [www.aap.org/help2quit](http://www.aap.org/help2quit)



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

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## NICOTINE REPLACEMENT THERAPY (NRT) AND ADOLESCENT PATIENTS

### Patient Use

- AAP policy recommends physicians consider NRT for youth moderately or severely addicted to nicotine, regardless of age.
- NRT is not FDA-approved for use in youth under age 18, however, providers can prescribe NRT off-label. A prescription is required. Youth over 18 can access NRT over the counter.

### Safety

- NRT is safer than tobacco products because it delivers nicotine without the toxic chemicals and carcinogens.
- There is no evidence of serious harm from using NRT in adolescents under 18.
- NRT has low potential for misuse because the nicotine is absorbed slowly.

### Treatment Options

- NRT comes in five forms, including gum, patch, lozenge, nasal spray, and inhaler.
- NRT works best when paired with behavioral counseling interventions.

\* A full fact sheet for NRT and Adolescent Patients can be found at [www.aap.org/NRT](http://www.aap.org/NRT)

## NICOTINE REPLACEMENT THERAPY (NRT) AND ADOLESCENT PATIENTS

### Treatment Considerations

- Inform patients of the benefits and drawbacks of NRT medications and instruct patients on how to use the products.
- Consider pairing a long-acting form of NRT (eg, nicotine patch) with a shorter-acting form (eg, gum or lozenge) to control break-through cravings.

### Contraindications

- Review full clinical drug information in a professional prescribing reference.
- Weigh the risks and benefits of prescribing NRT on an individual basis before prescribing.

### Dosage\*

- Measure nicotine dependence using a screening tool and dose NRT based on the patient's level of dependence.
- Work with each patient to determine a starting dosage of NRT that is most likely to help them quit successfully.

\* Dosing guideline can be found in NRT and Adolescent Patients at [www.aap.org/NRT](http://www.aap.org/NRT)

## Sample Dialogue Part 4 of 4

**Clinician:** I'm also going to prescribe nicotine patches to help you reduce the urge to smoke and to help control those withdrawal symptoms - the headaches and the irritability - that you had last time

**Patient:** How does it work?

**Clinician:** The patch will give you a controlled amount of nicotine without all the harmful chemicals in cigarettes.

**Patient:** How do I use it?

**Clinician:** You'll apply the patch to clean skin and then change it every 24 hours. In 6 weeks, we'll lower the dose in the patch. You'll wear that patch for 2 weeks, changing every 24 hours.

**Patient:** Okay, that makes sense.

**Clinician:** Its important you change your patch every 24 hours. Your skin may feel a little irritated and your might experience changes to your sleep. . If any of those side effects start to become a problem give me a call and we'll figure out another solution.

**Patient:** Okay, thank you.

**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 will follow up with you in a week to see how it's going. If you want to check in before then, you can call me.

**Patient:** I would like that. Thanks.



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# 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](http://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](mailto:lbrown@aap.org))