

Youth Tobacco Cessation: Substance Use Disorder (SUD) Treatment Center Case Study:

*16 year old in inpatient for substance use, cannabis
& tobacco use*

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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



SUD Treatment Center **Case Study: Background**

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Patient information

Chief Complaint: 16-year-old African-American female patient admitted for substance use, cannabis and tobacco co-use

HPI:

- Patient states that their cravings for cannabis are still strong, and “about 6 times a day” they would like to leave SUD treatment center and going to meet friends to smoke marijuana.
- Patient self-reported mild depression; reports previous history of suicidal ideation.

Family History: history of anxiety, and drug use in family, otherwise unremarkable

Allergies: NKDA

Social Hx: Gender Identity: non-binary; Pronouns: they/them; reports history of drug/alcohol/tobacco use as coping mechanisms for anxiety. Lives with parents.



SUD Treatment 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.

* Products used may vary 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

Case Study Sample Dialogue: Part 1 of 5

Clinician: Have you ever tried tobacco or vaping products, like cigarettes, e-cigarettes, pods, vapes or dip?

Patient: By itself? No. I smoke spliffs* with my sister and friends.

Clinician: How often do you smoke spliffs?

Patient: Everyday.

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



*Spliff is rolled cannabis cigarette.

SUD Treatment 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

Case Study Dialogue Part 2 of 5

Clinician: Can you tell me why you smoke?

Patient: It started as a way to help me deal with my stress from school but now I feel like I'm doing it just because.

Clinician: It sounds like you started smoking because of stress and maybe now you kind of do it as a habit. Does that sound right?

Patient: I think so

Clinician: As your doctor, I care about you and your health. Spliffs contain nicotine, is it OK we talk about that for a bit?

Patient: Ok

Clinician: Your brain continues to grow until your early 20s. Nicotine and tobacco can harm your brain as it is developing.

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

Clinician: Have you ever tried quitting before?

Patient: Not really.

Clinician: What are your thoughts about quitting?

Patient: I guess I don't have a choice, I'm here.



SUD Treatment Center 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 primary care provider or 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.

Case Study Dialogue: Part 3 of 5

Clinician: It sounds like you are thinking you can't smoke while you are in treatment. One way to look at it is that it's an opportunity to see how you feel while not using tobacco. There are several things we can do to help with quitting. First. Can you complete this quick form to help me understand how dependent your body is on nicotine.

Patient: Sure.

Patient is determined to be severely dependent

Clinician: Based on your assessment, you are showing symptoms of a severe tobacco use disorder. For this, we should consider a combination of both medication and behavioral support to help you quit successfully. Is that something you're interested in?

Patient: Sure.

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

Patient: Today is fine.

Clinician: Amazing, I'm very proud of you. During our sessions we will continue to talk about your feeling and any support you need. Once you leave we'll discuss additional support options through text, call or web-programs.

Patient: Okay-thank you.



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

Additional behavioral supports can be found at www.aap.org/help2quit

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 oral inhaler.
- Nasal spray and oral inhaler require prescription for all ages.
- 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

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

Ask – Counsel – Treat

Case Study Dialogue: Part 4 of 5

Clinician: I'm also going to prescribe nicotine gum as well as nicotine patch to help you reduce the urge to smoke.

Patient: How are they going to help me if they both have nicotine in it?

Clinician: They both will give you a controlled amount of nicotine to stop the cravings but won't give you the rush you get from the vape pen. The patch provides a steady level of nicotine to the body to help lessen withdrawal. The gum can be used to relieve cravings as they happen.

Patient: How do I use them both?

Clinician: Let's talk about the gum first. The proper way to use this gum is called the "chew and park" method. Place a piece of gum in your mouth and bite slowly until you taste a strong peppery taste or feel a tingling sensation. This means the nicotine is being released. Then, stop chewing and "park" the gum between your cheek and gums. When you don't feel the sensation anymore, begin to chew until you notice the peppery taste, and then park again. You will repeat this for about 30 minutes, or until the peppery taste and tingling sensation are gone.

Patient: Okay, that makes sense.

Clinician: Its important you don't forget to park the gum. If you continuously chew without parking, you may feel a stomachache, hiccups, or heartburn.

Patient: Okay thank you.



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

Ask – Counsel – Treat

Case Study Dialogue: Part 5 of 5

Clinician: Okay let's talk about the patch. Remember the purpose of the patch is to keep a steady amount of nicotine in your body to help avoid withdrawal. You'll apply a patch to clean skin and then change your patch 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 quit. Quitting can be difficult, but I know you can do it. Let's continue to talk about how you feel at your next appointment

Patient: I would like that. Thanks



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)

