

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

*14 year old in IOP for alcohol use disorder and  
vaping*

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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)



# Inpatient Case Study: Background

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## Patient Information

14 y/o Hispanic female attending IOP for alcohol use disorder

### HPI:

- Moderate alcohol use disorder with binge drinking pattern, and depression
- Past history of suicidal ideation
- Admitted to hospital previously for severe concussion incurred during severe alcohol intoxication

### PMH

- Depression with SI- followed by psychiatrist and pediatrician

### ROS (pertinent positives):

- Patient reports tobacco use as whatever is available at the time
- Parents report grades and mood change and social withdrawal
- Parents unaware of tobacco use, aware of alcohol drinking

### Other Info:

- heterosexual; pronouns: she/her



# Inpatient 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 a unit 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 3

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

**Patient:** Yes, when we are partying.

**Clinician:** Have you ever tried tobacco products, like cigarettes, blunts, or dip?

**Patient:** - Sometimes, but not really.

**Clinician:** What about e-cigarettes, vapes, or pod devices?

**Patient:** Yes, sometimes. On weekends at parties, and sometimes during the week.

**Clinician:** How many times a month do you use vapes at parties on the weekends?"

**Patient:** 3 or 4 times a month.

**Clinician:** how often during the week do you typically use?

**Patient:** About 10 or 15 times- it helps clear my mind.



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

# Inpatient 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 3

**Clinician:** Thank you for sharing that with me. 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. I want to help you stay as healthy as possible. Quitting smoking and vaping is an important way to keep you healthy. What do you think about quitting?

**Patient:** I don't know. I don't really vape that often. Mainly just when partying with friends.

**Clinician:** I think you will find that cutting out nicotine, even when just partying, will help with any alcohol cravings too. Quitting is hard, but I believe you can do it." Are you interested in quitting today?

**Patient:** Not really, but don't I have to? I'm stuck here.



# Inpatient Case Study:

**Ask**

**Counsel**

**Treat (Behavioral and  
Medication Support)**

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## LINK YOUTH TO APPROPRIATE BEHAVIORAL SUPPORTS

Motivate patients to consider a quit attempt with the "5 R's":  
Relevance, Risks, Rewards, Roadblocks, and Repetition.\*

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.

[More information on the 5R's](#)

## Ask – Counsel – **Treat**

### Sample Dialogue: Part 3 of 3

**Clinician:** Sometimes, I like to give my patients a 2-week challenge. For 2 weeks, I would ask you to completely stop your tobacco use and then we can talk about how you feel. Would you be willing to try that?

**Patient:** Sure.

**Clinician:** Awesome! Sometimes I find when my patients agree to a 2-week challenge, they can use some support. There are resources I can offer - web, telephone, text. Most of these resources are built for people who are quitting, but I think the information is helpful for anyone who uses tobacco. Would being connected to a resource like that be of interest.

**Patient:** Ummmm....I guess so.

**Clinician:** Okay, if you take out your phone, I can show you a place that I think will be helpful. Go to a web browser, and type in "teen.smokefree.gov" - there is a lot of information there about withdrawal and stress and craving that I think will be helpful."

**Patient:** Okay thank you.



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

\*Additional behavioral support options can be found at [www.aap.org/help2quit](http://www.aap.org/help2quit)

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## CESSATION 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.

### 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 NRT in tobacco users < 18 years old."

\*\*AAP Recommendations for NRT Prescription can be found at [aap.org/NRT](http://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](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))

