



AMERICAN ACADEMY OF PEDIATRICS

Julius B. Richmond Center of Excellence

**ASK-COUNSEL-TREAT” (ACT) YOUTH TOBACCO
CESSATION RESOURCE PACKET FOR SCHOOL
HEALTH PROFESSIONALS**

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Training on Tobacco Use and Cessation in Schools:

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Training on Tobacco Use and Cessation in Schools:

Key Resources & Action Plan

Key Resources:

AAP “Youth Tobacco Cessation: Considerations for Clinicians” Resource: www.aap.org/cessation AAP Behavioral Cessation Resource Guide: www.aap.org/help2quit

AAP Information Sheet: NRT and Adolescents: www.aap.org/NRT

AAP Information and Videos on Vaping: <https://www.aap.org/en/patient-care/tobacco-control-and-prevention/e-cigarettes-and-vaping/>

FDA’s Center for Tobacco Products (CTP) Vaping Prevention and Education Resource Center: https://digitalmedia.hhs.gov/tobacco/educator_hub

“Ask – Counsel – Treat” (ACT) Action Plan	
How do you currently identify youth who use tobacco/nicotine in your practice? (<i>Who is screened? What questions do you ask? Who screens?</i>)	What can you do to improve screening in your practice?
What conversations do you currently have with youth who use tobacco/nicotine? (<i>Who has them: flow staff, provider, behavioral health clinician? What motivational interviewing techniques are used?</i>)	What can you do to improve counseling in your practice?
What behavioral and/or pharmacologic support do you currently provide to youth who use tobacco/nicotine?	What can you do to provide more effective cessation support to youth who use tobacco/nicotine?

What opportunities are available to collaborate with other office systems (other health clinicians, school based health centers, school/district compliance officers, school/district administration, community organizations) to support screening and treatment for youth tobacco/nicotine use?

What are some actions you can take to improve delivery of youth cessation services after this training

Other notes:

Youth Tobacco Cessation: Considerations for Clinicians





Foreword:

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.¹ Adolescents and young adults are uniquely vulnerable to nicotine dependence, and the majority of adults who smoke initiate use during adolescence.² Effective strategies to promote youth tobacco cessation are urgently needed.

The evidence base for youth tobacco cessation is limited and research is needed to fill gaps in the literature.³ In the meantime, clinicians can leverage existing literature and promising practices to support cessation in young people.

This resource is intended to support youth cessation of all commercial tobacco products, including (but not limited to) those below:

Electronic Tobacco Products	Combustible Tobacco Products	Non-Combustible Tobacco Products
 <p>E-Cigarettes, Vaping Devices</p>	 <p>Cigarettes Cigars/Cigarillos</p>	 <p>Dissolvable Tobacco</p>
 <p>Heated Tobacco Products</p>	 <p>Hookah Pipe</p>	 <p>Nicotine Pouch</p>
<p>Graphic adapted with permission from the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health</p>	 <p>Bidis Roll-Your-Own</p>	 <p>Smokeless Tobacco</p> <p>Snus</p>

The American Academy of Pediatrics (AAP) has a [long history](#) of addressing tobacco use among youth via education, clinical policy, public policy, and advocacy. This resource is intended to support all pediatric health clinicians in helping young patients quit tobacco use. Please note that 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.

Language:

To ensure brevity in this document, we have made the following language choices throughout:

- **Tobacco:** References to “tobacco” throughout this resource are intended to include all commercial tobacco products, including – but not limited to – combustible tobacco (eg, cigarettes, cigarillos, hookah), electronic tobacco products (eg, e-cigarettes and vaping devices, heated tobacco products), and smokeless tobacco (eg, chewing tobacco, snuff). When we reference tobacco, we are referring to commercial tobacco, and not the sacred and traditional use of tobacco by some Native American communities
- **Youth:** References to “youth” are intended to include all adolescents and young adults whose brains are still developing, from approximately age 11 through the mid-20s
- **Parents:** References to “parents” are intended to include anyone who serves a parental role in a young person’s life, including (but not limited to) adoptive parents, biological parents, foster parents, grandparents, stepparents, and designated guardians/caretakers
- **Pediatric health clinicians:** References to “pediatric health clinicians” are intended to include all physicians and non-physician clinicians who provide care to youth and young adults, including (but not limited to) pediatricians, pediatric medical subspecialists, pediatric surgical subspecialists, family physicians, subspecialists, behavioral health professionals, nurses, nurse practitioners, medical assistants, dentists, and pharmacists

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Background

Youth Tobacco Use is an Urgent Clinical Concern

- Youth tobacco use is an immediate health concern
 - Tobacco use is not benign experimentation
 - Many youth who try tobacco products are beginning the trajectory of addiction
 - E-cigarette use among youth may increase the risk of future cigarette smoking⁴
 - Most adults who use tobacco initiated use during adolescence²
 - Youth are uniquely susceptible to nicotine because their brains are still developing²
 - Youth show signs of dependence quickly, sometimes before onset of regular or daily use^{5,6}
 - The popularity of pod-based e-cigarettes is particularly concerning, as they can expose youth to higher levels of nicotine than other types of tobacco products⁷
 - Tobacco use harms the health of youth and their family/friends who are exposed to secondhand smoke.
 - Tobacco use is a leading cause of chronic disease and death²
 - Exposure to secondhand smoke from tobacco use is associated with chronic disease and death⁸
 - E-cigarette aerosol can contain harmful and potentially harmful substances, including nicotine, ultrafine particles, volatile organic compounds, carcinogens, and heavy metals⁴
 - Youth use of all tobacco products, including e-cigarettes, is unsafe.^{4,9}
 - Nicotine can harm the developing brain, including the parts of the brain that control attention, learning, mood, and impulse control⁴
 - Tobacco use disorder is a DSM-5 diagnosable substance use disorder
 - There are additional health concerns with co-use of tobacco and other substances (eg, marijuana)
- Pediatric health visits provide a critical opportunity to intervene and prevent initial use and/or life-long dependence.
 - Youth are uniquely susceptible to nicotine addiction because their brains are still developing⁴
 - Early intervention is critical because nicotine addiction happens more quickly in youth than in adults⁶
- Tobacco use exacerbates health disparities¹⁰
 - The tobacco industry has a long history of targeted marketing to specific populations including (but not limited to) racial/ethnic groups, LGBTQ+ communities, and young people (eg, promoting menthol cigarettes to Black communities, making tobacco seem cool or attractive to youth, and promoting products through direct marketing and social media promotion)
 - Clinical implications for pediatric health clinicians:
 - Systematically screen all patients for tobacco use and exposure
 - Counsel about tobacco prevention and cessation with youth and their parents
 - Provide recommended tobacco prevention and cessation treatment to all pediatric patients
 - Be mindful of inherent biases and ensure equitable provision of care to all patients

Structural Forces Impact Tobacco Use:

- Targeted marketing by the tobacco industry
- Geographic distribution of tobacco retail outlets
- Industry development of novel tobacco products that appeal to youth
- Lack of enforcement of age-of-sale laws
- Disparities in health insurance, care, and cessation services
- Socioeconomic stressors

Pediatric Health Clinicians are a Trusted Resource for Youth and Families

- Pediatric health clinicians:
 - Play a pivotal role in a family's life
 - Support health across the trajectory of childhood, adolescence, and transition into adulthood
 - Are a source of expertise, support, guidance
 - Can use their vital, trusted role to educate youth about health harms, encourage quitting, and provide cessation support
 - Can show an investment in a young patient's health and future by supporting tobacco cessation

Youth Need Support in Quitting Tobacco

- Pediatric health clinicians should encourage and support cessation in all youth who use tobacco products
- Cessation treatment should be tailored to a patient's level of tobacco use, dependence, and readiness for change¹¹
- Despite a limited evidence base for youth cessation, promising practices exist to help youth quit
- Youth interact with medical professionals in many types of care settings—outpatient, inpatient and behavioral health care settings all provide important opportunities for intervention

Considerations for Clinical Care

- Cessation treatment should be provided to youth confidentially, in the context of a trusting relationship between the patient and their pediatric health clinician
 - For more information on providing confidential, adolescent-supportive care, see these AAP resources:
 - [Investing in Adolescent and Young Adult Health; Adolescent Health Consortium](#)
- Pediatric health clinicians should encourage youth to engage their parents in cessation treatment but should respect the youth's wishes if this is not desired
- As pediatric health clinicians continue to strive toward health equity, they should remain aware of any personal biases and/or structural imbalances and work to ensure that they are providing quality care that is inclusive, equitable, culturally sensitive, and age-appropriate
- Pediatric health clinicians should provide cessation support in their practice, and link to treatment extenders for cessation support outside of the clinical visit

Making it Easy to Do the Right Thing

- Barriers exist in addressing youth tobacco cessation
 - Pediatric health clinicians are expected to address many competing priorities in the context of adolescent care
 - Pediatric health clinicians work under significant time constraints including navigating changes to their health systems, patient workflows, quality metrics, and documentation processes
 - Pediatric health clinicians may be reluctant to ask questions about youth tobacco use if they are uncertain about how to manage a positive screen
 - The tobacco product landscape is constantly changing, and it can be hard to keep up with new products to screen and counsel patients accordingly
- This resource has been designed to help mitigate those barriers
 - We have created this resource to minimize the burden on clinician workload and patient flow
 - Standard universal screening questions, and electronic health record (EHR) tools can help expedite the provision of youth cessation support in clinical practice
 - Payment for services can help sustain practice change
 - For more information, see this AAP resource on [coding and payment for tobacco services](#)
- Tobacco cessation is a process, and outside supports are critical
 - Tobacco use is a chronic, relapsing condition that often requires repeated intervention and longer-term support to help patients quit
 - Behavioral and pharmacologic supports exist to help youth quit tobacco use
 - Most of the ongoing, long-term support in helping youth quit occurs outside the clinical encounter
 - Treatment extenders, such as web-based quit supports, text-message cessation programs, and telephone quitlines have the expertise and capacity to provide youth who use tobacco with ongoing support throughout their quit attempt
 - Pediatric health clinicians can connect youth with these resources, follow-up about youth's progress and provide additional support as needed
 - Pediatric health clinicians can best support youth with a simple, 3-step intervention, repeated at each visit:
 - **Ask** youth about tobacco use
 - **Counsel** youth about cessation
 - **Treat** youth by linking them to appropriate behavioral resources, prescribing pharmacologic support when indicated, and following up to provide long-term support

Call to Action

- This resource introduces the “Ask- Counsel- Treat” (ACT) model to minimize time and burden on the pediatric health clinician and maximize the patient’s chances of a successful quit
- Pediatric health clinicians have a collective responsibility to ACT to identify youth who use tobacco and connect them with the resources they need for a successful quit

A.C.T. to Address Youth Cessation:

ASK	COUNSEL	TREAT
Screen for tobacco use with all youth, during every clinical encounter.	Advise all youth who use tobacco to quit and have them set a quit date within two weeks.	Link youth to behavioral treatment extenders and prescribe pharmacologic support when indicated. After the visit, follow-up to assess progress and offer support.

ASK

Goal: Beginning at age 11, screen for tobacco use with every patient, during every clinical encounter

- Screening should ask about all tobacco products, including e-cigarette, or vaping, products.
- Universal screening helps counteract bias in care delivery by ensuring that every patient is asked about tobacco, not just those who are presumed to be at risk of use
- Workflow may differ across care settings, but screening questions should be standard across the health system

How to Implement: Ask the Right Questions

- Ask the patient about use of any tobacco products, using specific language that they will understand
 - There are many types of tobacco products, so be sure to use an inclusive question
 - Youth may report tobacco use more accurately when asked about specific product names¹²

SAMPLE SCREENING QUESTIONS

- **“Do you use any tobacco or vaping products, like cigarettes, e-cigarettes, or dip?”**
 - Note: Customize these examples to products that are common in your community (eg, consider cigarillos or hookah)
- Useful follow-up questions include:
 - **“Do your friends or family use tobacco or vaping products?”**
 - **“Have you ever tried a tobacco or vaping product? Which one(s)?”**
 - **“How many times have you used [name of product]?”**

Tips:

- Consider a self-administered screening questionnaire (paper or electronic)
 - Self-administered screeners, such as the [CRAFT 2.1+N](#) or [S2BI](#), can save time during the clinical visit, especially when completed ahead of time
 - Self-administered screening may be more effective in promoting adolescent disclosure^{13–15}
 - Use specific terms in the screener and list all types of tobacco products. Pictures or photos can help: see [Types of Tobacco Products](#) resource for more information
 - Create a more specific screener by finding out what products are most common in your community and asking about these products specifically. To do this, try asking your patients about the products they see at school
- Incorporate tobacco questions into routine screening for other health behaviors
 - To save time and increase adherence, consider incorporating into existing measures (eg, S2BI, CRAFT)
- Set yourself up for successful screening
 - Youth may not view vaping as “tobacco use”—ask a question that’s inclusive of tobacco and nicotine products.
 - Structure the environment to support confidentiality and encourage accurate disclosure
 - Discuss tobacco use during one-on-one time when parent is not in the exam room
 - “Open the door” to the conversation by asking first about use among friends, family, or peers. Then, ask the youth whether it is okay to talk about their own tobacco use
- Harness the electronic health record (EHR) system to support confidential and efficient screening:
 - Consider administering pre-visit web-based screeners to youth
 - Customize the EHR system to include standard tobacco screening questions at all health supervision visits

COUNSEL

Goal: Counsel all patients who use tobacco products about quitting, regardless of level of use or dependence

- Youth are uniquely susceptible to nicotine because their brains are still developing²
- Nicotine can harm the developing brain, including the parts of the brain that control attention, learning, mood, and impulse control⁴
- Youth show signs of dependence quickly, sometimes before onset of regular or daily use^{5,6}
- The popularity of pod-based e-cigarettes is particularly concerning, as they can expose youth to higher levels of nicotine than other types of tobacco products⁷

How to Implement:

- Advise youth to quit their tobacco use.
 - Be clear: Explain to youth that their brains are still developing, leaving them uniquely susceptible to nicotine addiction. Explain that nicotine can hurt their brain as it develops. Ensure youth understand that stopping tobacco is an important way to prevent short- and long-term health problems
 - Be personalized: Explain that quitting tobacco might benefit the youth's other interests. For example, it can improve athletic performance, or allow them to save money to spend on hobbies or other activities
 - Explain the benefits: Explain that quitting tobacco is good for health, saves money, and helps avoid things like exposure to toxic chemicals and metals, bad breath, stained teeth, or prematurely wrinkled skin. Explain that quitting gives youth more control over their lives, because they are no longer dependent on nicotine

SAMPLE COUNSELING STATEMENTS

- **"Nicotine can harm your brain development."**
- **"Vaping/Smoking exposes your family and friends to chemicals that can harm their health."**
- **"When you vape, you're inhaling chemicals and heavy metals: this can injure your lungs."**
- **"I know you run cross-country. Quitting smoking can help your lung capacity, which could help you run farther and faster."**
- **"Quitting will protect your health, save your money, and increase your independence."**
- **"You've mentioned symptoms that happen when you haven't vaped/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."**

- Have an honest, open conversation
 - Begin the conversation confidentially, without a parent present
 - Consider [motivational interviewing](#) to guide a conversation about quitting
 - Choose respectful, non-judgmental words, and use a strengths-based perspective
 - Ask why they are using tobacco: young people may use tobacco products to self-medicate for underlying conditions such as anxiety or stress. Talk with youth about healthier ways to manage these conditions
 - Assess youth's history of tobacco use, past quit attempts, and signs of dependence

SAMPLE COUNSELING STATEMENTS

- **"As your doctor, I care about you and I want to help you stay as healthy as possible. Quitting smoking/vaping is an important way to keep you healthy."**
- **"Quitting is hard, but I believe you can do it."**
- **"It sounds like you're using smoking/vaping to deal with stress. May I offer some suggestions about other ways to cope with stress?"**
- **"On a scale of 1-10, how important is it for you to quit smoking/vaping? What made you choose that number? What might it take to get you to a higher number?"**
- **"Are you interested in quitting today?"**

- If the youth is interested in quitting:
 - Help the youth set a quit date within 2 weeks. Avoid major life stressors and events, such as final exams.
 - Explain to the youth that you will connect them with a behavioral support program that will help them develop a plan for success and anticipate challenges.
 - Follow-up with the youth after their quit date to assess progress and provide additional encouragement.

SAMPLE COUNSELING STATEMENTS

- “I’m so glad that you’re interested in quitting. Let’s set a quit date in the next 2 weeks.”
- “I’ll connect you with some resources to help make it easier to quit.”

Tips:

- Encourage youth to include parents in their quit attempt
 - Talk to the youth and parent together. Help the parent understand that tobacco use is not their child’s fault: nicotine dependence is a medical condition, and you are here to help.
 - If a parent or someone else in the household uses tobacco, talk to them about quitting together, as a family.
 - If the youth does not want to engage their parents, respect their wishes. Ensure that tobacco use is not disclosed via the patient portal or end-of-visit summary.
- If the youth is uncertain about quitting, or only wants to cut down, consider discussing the “[SRs](#).”¹⁶
 - Relevance of quitting
 - Risks of not quitting
 - Rewards related to quitting
 - Roadblocks that may arise
 - Repetition: it may take several attempts to succeed.
- If the youth is not ready to quit:
 - Consider the “2-week challenge” (see call-out box)
 - Offer them encouragement and assure them that you’re here to help when they’re ready.
 - Revisit the topic at the next visit.
- For help with coding and billing, use the [AAP Tobacco and E-Cigarette Coding Fact Sheet](#).

The 2-Week Challenge: A Strategy for Youth who Aren’t Ready to Quit



If a patient isn’t ready to quit or tells you they can “quit anytime they want,” challenge them to completely stop their tobacco use for 2 weeks.

At the end of the 2 weeks, check in to hear how it went and revisit the conversation about cessation support.

TIP: If the patient isn’t ready to stop for 2 weeks, ask them to try for 1-3 days, and check in to see how it went.

TREAT

Goal: Link youth to appropriate behavioral support and prescribe pharmacologic support when indicated

- Appropriate behavioral and pharmacologic supports may increase the odds of quitting successfully
- Tobacco dependence treatment should be tailored to the youth's level of dependence¹¹
- Pediatric health clinicians should link all youth to treatment extenders to provide ongoing, targeted cessation support beyond the scope of the clinical visit
- Pediatric health clinicians should consider prescribing pharmacotherapy when clinically indicated

How to Implement:

- Assess youth's level of nicotine dependence with a screening tool
 - Youth who are more nicotine dependent may need stronger or more supports
 - Available screening tools include:
 - Hooked on Nicotine Checklist¹⁷ (tailored for [cigarettes](#) or [vaping](#); see [scoring information here](#))
 - [E-Cigarette Dependence Scale](#)¹⁸
 - [Modified Fagerstrom Tolerance Questionnaire](#)¹⁹
- Link all youth who use tobacco with **Behavioral Cessation Support**¹¹
 - Behavioral supports can help youth:
 - Develop a plan to quit successfully
 - Develop strategies to deal with cravings and triggers
 - Develop healthy coping strategies for stress and anxiety
 - Provide support throughout quit process
 - Behavioral interventions come in several modalities, including both virtual and in-person options:
 - Telephone quitline
 - Text-message support
 - Web-based interventions
 - Smartphone apps
 - In-person counseling (individual or group)
 - Access a list of available behavioral supports, with program details [here](#)
 - If feasible, connect the patient directly during the clinical visit, using their smartphone and/or an eReferral system

Elements of a Successful Quit-Plan

Quit completely: on the quit date, youth should stop use of all tobacco and vaping products and throw away all tobacco products and paraphernalia.

Triggers: identify people, places, feelings, or situations that may cause youth to want to use tobacco and develop a plan to manage these triggers.

Withdrawal symptoms: Discuss symptoms of nicotine withdrawal (eg, cravings, irritability, increase in appetite) and develop strategies to manage them.

Social support: Identify friends and family who can encourage success.

Self-care: Consider supportive behaviors such as healthy eating, exercise, mindfulness, meditation.

BEHAVIORAL SUPPORT

Click here for a list of available behavioral supports, with full program details:

[Behavioral Cessation Supports for Youth](#)

SAMPLE BEHAVIORAL SUPPORT STATEMENTS

- "Quitting is hard, so I'm going to connect you to some help."
- "Take out your phone and text 'QUIT' to 47848. A counselor will follow-up with you to make a quit plan, and help you deal with cravings and triggers."
- "I'll follow-up with you in about 2 weeks to see how you're doing."

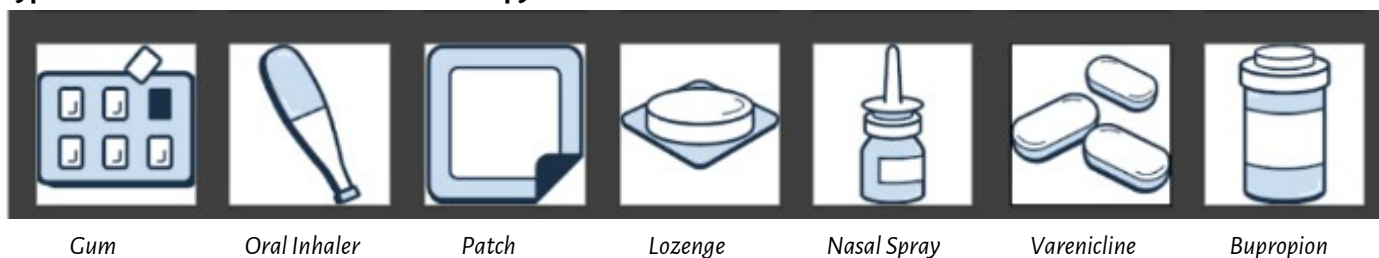
- Consider **Pharmacologic Cessation Support** for youth who are moderately to severely dependent on nicotine¹¹
 - Nicotine Replacement Therapy (NRT) can be an important adjunct for treating nicotine dependence in youth
 - NRT helps relieve withdrawal symptoms by providing a controlled amount of nicotine to the user²⁰
 - [AAP policy](#) recommends that pediatricians consider off-label NRT for youth who are moderately or severely dependent on nicotine¹¹
 - All cessation medications, including those available over the counter, require a prescription for youth under 18
 - Clinicians should assess the individual needs of each patient to determine whether cessation medication might help them quit successfully.
 - Pharmacologic support should be provided to youth in addition to behavioral support
 - Clinicians should be mindful of school medication policies when providing pharmacotherapy that will need to be taken at school (eg, lozenge and gum)

FDA-Approved Medications for Tobacco Cessation in Adults (ages 18+)

Nicotine Replacement Therapy (NRT):	Non-Nicotine Medications:
-Patch	-Varenicline
-Gum	-Bupropion
-Lozenge	
-Oral Inhaler	
-Nasal Spray	

Note: The FDA has not approved tobacco cessation pharmacotherapy for youth under age 18. Use with younger adolescents is considered off-label and requires a prescription.

Types of Tobacco Cessation Pharmacotherapy



Gum

Oral Inhaler

Patch

Lozenge

Nasal Spray

Varenicline

Bupropion

PRESCRIBING NRT TO ADOLESCENTS

For full details on prescribing NRT to youth, including contraindications and dosing guidelines, visit this AAP Resource:

[Nicotine Replacement Therapy and Adolescent Patients: Information for Pediatricians](#)

Tips:

- Tailor behavioral supports to patient needs as much as possible:
 - Spanish-language Resources: [Smokefree en Español](#)
 - American Indian Commercial Tobacco Program: [Cessation Resources for Native American Populations](#)
 - Tailor resources to the specific product used, when possible (see [website](#) for available cessation supports)
- Be mindful of personal biases and systemic barriers when connecting youth with cessation services
 - Health disparities exist in cessation services: Hispanic adults, young adults, adults with low income, and adults who are uninsured are less likely to be advised to quit by a healthcare professional.^{21–24} Black adults, Hispanic adults, Asian adults, and adults who are uninsured are less likely to be given NRT^{22,23,25–27}
- Follow-up with youth to provide additional support. Quitting is a process.
 - Successful tobacco cessation often requires repeated intervention and long-term support
 - Relapse is not a failure; it is a learning opportunity
- Use the EHR to prompt you to follow-up with the patient two weeks after their quit date.

Follow up is Essential:

- Follow up with youth after their quit date to assess progress, offer additional support, and make treatment adjustments as needed
- Following up demonstrates support for the youth as they navigate the cessation process and can provide an opportunity for additional intervention in the event of a relapse.
- How to arrange a follow-up visit:
 - Use the methodology that works best for your clinical workflow: phone, telehealth, or in-person
 - Anyone on the patient care team can handle the follow-up conversation: follow your typical office workflow
- Topics to cover during a follow-up visit:
 - Did the youth stick to their quit date?
 - Are they using the behavioral supports that you connected them with? Is it helpful?
 - If not, suggest another methodology (see [website](#) for available cessation supports)
 - Suggest adding additional supports (eg, if youth started with online support, suggest adding texting support)
 - Are they using the pharmacotherapy that you prescribed? Is it helpful?
 - Ensure that youth are using NRT correctly: for example, if you prescribed NRT gum, ensure that they're using the "chew and park" method, instead of treating it like regular chewing gum
 - For more information on using NRT correctly, visit [Nicotine Replacement Therapy and Adolescent Patients: Information for Pediatricians](#)
 - Has the youth used any tobacco product since their quit date?
 - If no: congratulate them and encourage them to keep going. Remind them that you're here to help.
 - If yes: let them know that quitting is hard and relapse is common. Ask for more details about when and why they used a tobacco product and help them plan ahead to avoid the next relapse.

SAMPLE FOLLOW-UP APPOINTMENT STATEMENTS

- "I know you decided that your quit date would be last Monday. How's it going so far?"
- "Have you been using the Smokefree Teen website? Do you think it might help to add some additional support from a text-to-quit program?"
- "How's the nicotine gum working for you? Are you using the 'chew and park' method we talked about?"
- "Quitting isn't easy, but it's possible. Let's talk about what led you to vape last week, so that we can figure out how to prevent it next time."

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Youth Tobacco Cessation: How to ACT (Ask-Counsel-Treat) in 2-3 Minutes

This tip sheet provides 3 easy steps that every pediatric health clinician should follow to address youth tobacco use at every clinical encounter. The steps are designed to allow for a meaningful intervention with minimal workflow disruption. For a full, detailed strategy for addressing youth tobacco cessation, please visit www.aap.org/youthcessation.

ASK: Screen for tobacco use with every youth age 11+ at every clinical encounter.

“Do you use any tobacco or vaping products, like cigarettes, e-cigarettes, or dip?”

TIPS:

- Use specific examples of products commonly used in your community
- Incorporate question into existing screeners
- If possible, screen confidentially, without a parent or guardian present

No

Reinforce behavior and screen again at next visit.

Yes

COUNSEL: Counsel all patients who use tobacco about quitting, regardless of amount used.

“Nicotine can harm your brain development.”

“Quitting will protect your health, save money, and increase your independence.”

“Quitting is hard, but I believe you can do it. I’m here to help.”

“Are you interested in quitting today?”

TIPS:

- Use a strengths-based perspective and non-judgmental language
- Use personal examples of the benefits of quitting (eg, better athletic performance)

No

Revisit at next visit.*

*For inpatient settings, also connect with youth’s PCP for follow-up.

Yes

TREAT: Link youth to appropriate behavioral supports; consider prescribing cessation medication when indicated.

“There are programs that can help you quit. Would you rather get support by text, online, or phone?”

“This program will help you make a quit plan and stick with it. It will also help you deal with cravings and triggers.”

“I’ll follow up with you in a few weeks to see how it’s going.”

TIPS:

Choose a program that meets youth’s needs and link them while they’re in your office. Options include:

- Text: Text “QUIT” to 47848
- Online: www.teen.smokefree.gov
- Phone: 1-800-QUIT-NOW

For a full list of programs, visit www.aap.org/youthcessation

Assess whether NRT may be appropriate for your patient:

For full details on prescribing NRT to youth, including contraindications and dosing guidelines, visit www.AAP.org/NRT

Follow up with youth after their quit date to assess progress and offer additional support. Anyone on the patient care team can handle this follow-up conversation; follow your typical office workflow.

Behavioral Cessation Supports for Youth and Young Adults

This page contains a list of behavioral supports that can help youth quit smoking, vaping, and/or using other tobacco products.

Pediatricians and other health care providers can link their patients directly to these resources using the phone numbers or “How to Connect” information below. For full details on each program, please click the appropriate link in the chart below.

Notes:

- Inclusion of a program on this list below does not necessarily imply AAP endorsement of the program
- This information will be periodically updated as new programs become available
- References to “tobacco” throughout this resource are intended to include all commercial tobacco and nicotine products, including (but not limited to) combustible tobacco, e-cigarettes, smokeless tobacco, and heated tobacco products. When we reference tobacco, we are referring to commercial tobacco, and not to the sacred and traditional use of tobacco by some Native American communities.

Telephone Quitlines for Youth and Young Adults

Program Name	Population or Language	State-Specific Information	Program Details	Available in
1-800-QUIT-NOW	English	Youth-specific services vary by state. Find tailored information for your state's quitline from the North American Quitline Consortium (NAQC)	<ul style="list-style-type: none"> • Free and confidential • Speak with trained health professionals • Tailored support to individual patient needs 	All 50 States, Washington DC, Puerto Rico, Guam. Youth-specific services vary by jurisdiction. See Column 3 for more details.
1-855-DEJALO-YA	Spanish	Youth-specific services vary by state. Find tailored information from Smokefree.gov.	<ul style="list-style-type: none"> • Free and confidential • Speak with trained health professionals • Tailored support to individual patient needs 	All 50 States, Washington DC, Puerto Rico, Guam. Youth-specific services vary by jurisdiction. See Column 3 for more details.

1-800-838-8917	Mandarin and Cantonese	Youth-specific services vary by state. Find tailored information from the Asian Smokers Quitline (ASQ) website.	<ul style="list-style-type: none"> • Free and confidential • Speak with trained health professionals • Tailored support to individual patient needs 	All 50 States, Washington DC, Puerto Rico, Guam. Youth-specific services vary by jurisdiction. See Column 3 for more details.
1-800-566-5564	Korean	Youth-specific services vary by state. Find tailored information from the Asian Smokers Quitline (ASQ) website.	<ul style="list-style-type: none"> • Free and confidential • Speak with trained health professionals • Tailored support to individual patient needs 	All 50 States, Washington DC, Puerto Rico, Guam. Youth-specific services vary by jurisdiction. See Column 3 for more details.
1-800-778-8440	Vietnamese	Youth-specific services vary by state. Find tailored information from the Asian Smokers Quitline (ASQ) website.	<ul style="list-style-type: none"> • Free and confidential • Speak with trained health professionals • Tailored support to individual patient needs 	All 50 States, Washington DC, Puerto Rico, Guam. Youth-specific services vary by jurisdiction. See Column 3 for more details.
1-855-5AI-QUIT (1-855-524-7848)	American Indian	This service is available to youth and adults in 12 states: CO, ID, IA, KS, MA, MI, NV, ND, PA, UT, VT, WY. For detailed information, visit www.AIQuitline.com	<ul style="list-style-type: none"> • Free and confidential • Speak with trained health professionals • Tailored support to individual patient needs • Phone support with optional email and text support • Sponsored by National Jewish Health 	Colorado, Idaho, Iowa, Kansas, Massachusetts, Michigan, Nevada, North Dakota, Pennsylvania, Utah, Vermont, Wyoming

Text-based Tobacco Cessation Resources for Youth and Young Adults



Program Name	Housed by	Youth/Young Adult	Ages	Program Length	Available in	How to Connect
SmokefreeTXT for Teens	National Cancer Institute	Youth who want to quit smoking	13-17	6-8 weeks, 3-5 texts per day	USA	Text "QUIT" to 47848
SmokefreeTXT	National Cancer Institute	Young adults who want to quit smoking	18+	6-8 weeks, 3-5 texts per day	USA	Text "QUIT" to 47848
DipfreeTXT	National Cancer Institute	Youth and young adults who want to quit dip or chewing tobacco	13+	6-8 weeks, 3-5 texts per day	USA	Text "SPIT" to 222888
SmokefreeTXT en Español	National Cancer Institute	Youth and young adults who want to quit smoking	13+	6-8 weeks 3-5 texts per day	USA	Text "LIBRE" to 47848
This is Quitting	Truth Initiative	Youth and young adults who want to quit vaping or e-cigarette use	13-24	4+ weeks, 1 message per day	USA	Text "DITCHJUUL" to 88709
My Life. My Quit	National Jewish Health	Youth who want to quit smoking, chewing, or vaping	under 18, minimum age varies by state	4-6 weeks, 1 message every 1-2 days	CO, HI, ID, IA, KS, KY, MA, MI, MN, MO, NV, NH, ND, OH, OK, PA, RI, UT, VT, WY	Text "Start My Quit" to 1-855-891-9989

Web-Based Resources for Youth and Young Adults

Program Name	Creator	Youth/Young Adults	Ages	Program Details	Available in	How to Connect
Smokefree Teen	National Cancer Institute	Youth who want to quit smoking, vaping, or other tobacco use	13-17	<ul style="list-style-type: none"> Tools and tips Online chat support (LiveHelp) Quit plans for smoking and vaping 	USA	https://teen.smokefree.gov/
Smokefree en Español	National Cancer Institute	Young adults who want to quit smoking	18+	<ul style="list-style-type: none"> Tools and tips Online chat support (LiveHelp) Quit plans for smoking 	USA	https://espanol.smokefree.gov/
Smokefree.gov	National Cancer Institute	Young adults who want to quit smoking	18+	<ul style="list-style-type: none"> Tools and tips Online chat support (LiveHelp) Quit plans for smoking 	USA	https://smokefree.gov/
My Life, My Quit	National Jewish Health	Youth who want to quit smoking or vaping	13-17 (up to 18 in some states)	<ul style="list-style-type: none"> Teen-focused education Five one-on-one coaching sessions, scheduled every 7-10 days Support for quitting and stress relief 	CO, HI, ID, IA, KS, KY, MA, MI, MN, MO, NV, NH, ND, OH, OK, PA, RI, UT, VT, WY	https://mylifemyquit.com
American Indian Commercial Tobacco Program	National Jewish Health	Members of American Indian communities who want to quit smoking, vaping, or using other tobacco products.	All ages	<ul style="list-style-type: none"> Free and confidential Speak with trained health professionals Tailored support to individual patient needs 	CO, ID, IA, KS, MA, MI, NV, ND, PA, UT, VT, WY	https://aiquitline.com/

				<ul style="list-style-type: none"> • Phone support with optional email and text support 		
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Smartphone App Resources for Youth and Young Adults

Program Name	Creator	Youth/Young Adults	Ages	Program Details	Available in	How to Connect
QuitSTART	National Cancer Institute	Youth and young adults who want to quit smoking	13+	<ul style="list-style-type: none"> • Personalized quit support and tips • Support to manage cravings and withdrawal • Encouragement after relapse 	USA	 

Resources for Parents to Help their Youth/Young Adults Quit

Program Name	Creator	Designed for	Program Length	Available in	How to Connect
Helping a Child Quit Vaping BecomeAnEX	Truth Initiative, Mayo Clinic	Parents who want to help their child quit vaping	21 days	USA	Text "QUIT" to (202)899-7550

Nicotine Replacement Therapy and Adolescent Patients: Information for Pediatricians

Nicotine Replacement Therapy (NRT) can be an important tool for treating nicotine dependence in youth. Many pediatricians are uncertain about how to use this medication with adolescents, especially those who are under 18 years old. This document is intended to help pediatricians make informed decisions about using NRT with patients who wish to quit smoking or vaping.

What is Nicotine Replacement Therapy (NRT)?

- NRT is a medication that addresses nicotine withdrawal symptoms by providing a controlled amount of nicotine, thus helping reduce the urge to smoke or vape.¹
- NRT is safe and effective in helping adults quit tobacco use.¹
- NRT works best when paired with behavioral counseling interventions.²
- NRT comes in five forms, including gum, patch, lozenge, nasal spray, and inhaler.
- Three forms of NRT (gum, patch, lozenge) are available over-the-counter for adults 18+.



NRT gum, patch, and lozenge

Can Adolescents Use NRT?

- At present, the US Food and Drug Administration (FDA) has not approved NRT for youth under 18 years old.
- Research on the effectiveness of NRT for helping youth quit successfully is limited due to a lack of adequately-powered studies. Overall efficacy findings have been mixed, with generally more modest outcomes than in comparable adult trials. There is no evidence of serious harm from using NRT in adolescents under 18 years old.^{3,4}
- Given the effectiveness of NRT for adults and the severe harms of tobacco dependence, AAP policy recommends that pediatricians consider off-label NRT for youth who are moderately or severely addicted to nicotine and motivated to quit.⁵
- Youth under 18 years old need a prescription from a healthcare provider to access all forms of NRT.
- Non-adherence and relapse after cessation of therapy is common, and close follow-up is recommended.

Is NRT safe?

- NRT is safer than cigarettes, e-cigarettes, and other tobacco products because it delivers nicotine without the toxic chemicals and carcinogens in tobacco and e-cigarette products.
- NRT has low potential for misuse because the nicotine is absorbed slowly.

What are the contraindications to NRT use?

- The only contraindication to NRT use is hypersensitivity to nicotine or any component of the medication. In addition, patients who are allergic to soya should not use the nicotine lozenge.⁶
- Pediatricians should be aware of disease-related cautions when prescribing NRT, including cardiovascular disease, diabetes, and hyperthyroidism. However, it is important to note that these cautions are relative, not absolute: NRT is safer than continued tobacco use.
- Pediatricians should review full clinical drug information in a professional prescribing reference to address individual concerns about prescribing. The decision to prescribe a drug is the responsibility of the medical provider, who must weigh the risks and benefits of using the drug for a specific situation.

What does an NRT treatment plan look like?

- Pediatricians and other health care providers should inform patients of the benefits and drawbacks of the five NRT medications, screen for relative contraindications, and instruct patients in how to use the product appropriately.
- The choice of NRT medication for an individual patient should be based on preference, availability, and the patient's experience of potential side effects.¹
- For best results, patients should be advised to pair a long-acting form of NRT (eg, nicotine patch) with a shorter-acting form (eg, gum, lozenge, spray, or inhaler). This combination therapy allows the patient to keep a steady level of nicotine in their bloodstream throughout the day, while also responding to cravings. In addition, patients should be advised that NRT works best when paired with behavioral counseling interventions.²
- The table below provides treatment information for nicotine gum, patch, and lozenge. All three products are available over-the-counter for adults and by prescription for youth under 18 years old. There is also a nicotine nasal spray and a nicotine inhaler, which are available by prescription only within the adult population and are used far less frequently.

Types of NRT:

<p>Nicotine Transdermal Patch (OTC for 18+ Rx for <18)</p> <p>Cost: Over-the-counter retail cost ranges from \$25-\$70 for 28 patches.</p> <p>Out-of-pocket prescription costs will vary by insurance plan.</p>	<p>Dosage:</p> <ul style="list-style-type: none"> • 21mg, 14mg, 7mg <p>Use Instructions:</p> <ul style="list-style-type: none"> • Apply patch to clean skin, change patch every 24 hours • 8-10 week treatment regimen: <ul style="list-style-type: none"> ○ Use first dose for 6 weeks, then “step down” to lower dose ○ Use lower dose for 2 weeks, then “step down” to lowest dose for 2 more weeks • See package for full details <p>Side Effects:</p> <ul style="list-style-type: none"> • Skin Irritation, sleep disturbance <p>Advantages:</p> <ul style="list-style-type: none"> • Sustained blood levels of nicotine, compliance is relatively easy
<p>Nicotine Gum (OTC for 18+ Rx for <18)</p> <p>Cost: Over-the-counter retail cost ranges from \$17-\$50 for 100 pieces of gum.</p> <p>Out-of-pocket prescription costs will vary by insurance plan.</p>	<p>Dosage:</p> <ul style="list-style-type: none"> • 4mg, 2mg <p>Use Instructions:</p> <ul style="list-style-type: none"> • “Chew and park” method: <ul style="list-style-type: none"> ○ Place the gum in your mouth and chew until you feel a tingling sensation ○ Stop chewing and “park” the gum between cheek and gums ○ After about a minute, start chewing again, until you feel a tingling sensation ○ Stop chewing and “park” the gum again ○ Repeating for about 30 minutes • 12-week treatment regimen: <ul style="list-style-type: none"> ○ Chew 1 piece every 1-2 hours for first 6 weeks ○ Chew 1 piece every 2-4 hours for 3 additional weeks ○ Chew 1 piece every 4-8 hours for 3 additional weeks • See package for full details <p>Side Effects:</p> <ul style="list-style-type: none"> • Jaw soreness, mouth irritation, indigestion, nausea, hiccups <p>Advantages:</p> <ul style="list-style-type: none"> • Flexible dosing, rapid delivery of nicotine into blood stream
<p>Nicotine Lozenge (OTC for 18+ Rx for <18)</p> <p>Cost: Over-the-counter retail cost ranges from \$15-\$50 for 100 lozenges.</p> <p>Out-of-pocket prescription costs will vary by insurance plan.</p>	<p>Dosage:</p> <ul style="list-style-type: none"> • 4mg, 2mg <p>Use Instructions:</p> <ul style="list-style-type: none"> • Dissolving method: <ul style="list-style-type: none"> ○ Place lozenge in your mouth, occasionally moving from side-to-side ○ Allow lozenge to slowly dissolve, do not chew or swallow the lozenge ○ Do not use more than 1 lozenge at a time • 12-week treatment regimen: <ul style="list-style-type: none"> ○ Use 1 lozenge every 1-2 hours for first 6 weeks ○ Use 1 lozenge every 2-4 hours for 3 additional weeks ○ Use 1 lozenge every 4-8 hours for 3 additional weeks • See package for full details <p>Side Effects:</p> <ul style="list-style-type: none"> • Oral irritation, nausea, hiccups <p>Advantages:</p> <ul style="list-style-type: none"> • Flexible dosing, rapid delivery of nicotine into blood stream, no chewing (discrete)

Dosing Guidelines:

Patients who are motivated to quit should use as much safe, FDA-approved NRT as needed to avoid smoking or vaping.

When assessing a patient's current level of nicotine use, it may be helpful to understand that using one JUUL pod per day is equivalent to one pack of cigarettes per day. However, there is variation in nicotine content across e-cigarette products, and variation in use-patterns across individuals. For example, there is a marked difference in nicotine delivery among e-cigarette products that use salt-based nicotine solutions (eg, JUUL) and other brands that use freebase nicotine. Salt-based nicotine solutions deliver dramatically higher levels of nicotine without creating harsh, unpalatable effects.⁷

Pediatricians and other healthcare providers should work with each patient to determine a starting dosage of NRT that is most likely to help them quit successfully. Dosing is based on the patient's level of nicotine dependence, which can be measured using a screening tool. Some options are the Hooked On Nicotine Checklist (tailored for [cigarettes](#) or [vaping](#)), the [F-Cigarette Dependence Scale](#), or the [Modified Fagerstrom Tolerance Questionnaire](#) (see Appendix for full measures). If a lower dose is prescribed but doesn't seem to be working, pediatricians should assess adherence and move the patient to a higher dose or consider a longer schedule for use and weaning/stepping down.

Pediatrician and patients should work together to wean NRT over time, when the patient feels that s/he is no longer at risk of returning to tobacco or nicotine use.

Form of NRT	Level of Dependence		Link to full drug information
	Moderately Addicted	Severely Addicted	
Nicotine Gum	2mg	4mg	https://medlineplus.gov/druginfo/meds/a684056.html
Nicotine Patch	Start with 14mg patch, then step down	Start with 21mg patch, then step down	https://medlineplus.gov/druginfo/meds/a601084.html
Nicotine Lozenge	2mg	4mg	https://medlineplus.gov/druginfo/meds/a606019.html

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Appendix

The Hooked on Nicotine Checklist (HONC)

The Hooked On Nicotine Checklist is scored by tallying the number of yes responses, from 0-10. Any score greater than zero indicates that the youth has lost some autonomy over their smoking/vaping. This indicates that nicotine addiction has begun.

HONC—Smoking

	YES		NO
1) Have you ever tried to quit, but couldn't?			
2) Do you smoke <u>now</u> because it is really hard to quit?			
3) Have you ever felt like you were addicted to tobacco?			
4) Do you ever have strong cravings to smoke?			
5) Have you ever felt like you really needed a cigarette?			
6) Is it hard to keep from smoking in places where you are not supposed to, like school?			

When you tried to stop smoking... (or, when you haven't used tobacco for a while...)

7) did you find it hard to concentrate because you couldn't smoke?			
8) did you feel more irritable because you couldn't smoke?			
9) did you feel a strong need or urge to smoke?			
10) did you feel nervous, restless or anxious because you couldn't smoke?			

HONC—Vaping

	YES		NO
1) Have you ever tried to stop vaping, but couldn't?			
2) Do you vape <u>now</u> because it is really hard to quit?			
3) Have you ever felt like you were addicted to vaping?			
4) Do you ever have strong cravings to vape?			
5) Have you ever felt like you really needed to vape?			
6) Is it hard to keep from vaping in places where you are not supposed to, like school?			

When you tried to stop vaping... (or, when you haven't vaped for a while...)

7) did you find it hard to concentrate because you couldn't vape?			
8) did you feel more irritable because you couldn't vape?			
9) did you feel a strong need or urge to vape?			
10) did you feel nervous, restless or anxious because you couldn't vape?			

The Four-Item E-cigarette Dependence Scale for Assessing Adolescent E-cigarette Nicotine Dependence

To score the measure, take the mean of the item scores. Higher scores indicate higher levels of dependence.

Instructions:	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Almost Always (4)
Please respond to each question marking one box per row.					
I find myself reaching for my e-cigarette without thinking about it.					
I drop everything to go out and get e-cigarettes or e-juice.					
I vape more before going into a situation where vaping is not allowed.					
When I haven't been able to vape for a few hours, the craving gets intolerable.					

Modified Version of the Fagerstrom Tolerance Questionnaire (mFTQ)

Scoring guidelines in parentheses; remove these from instrument prior to use. Total scores are obtained by summing the raw scores for each item. Scores indicate level of dependence:

0-2 = no dependence
3-5 = moderate dependence
6-9 = substantial dependence

1. How many cigarettes a day do you smoke?
 - a. Over 26 cigarettes a day (2)
 - b. About 16-25 cigarettes a day (1)
 - c. About 1-15 cigarettes a day (0)
 - d. Less than 1 a day (0)
2. Do you inhale?
 - a. Always (2)
 - b. Quite often (1)
 - c. Seldom (1)
 - d. Never (0)
3. How soon after you wake up do you smoke your first cigarette?
 - a. Within the first 30 minutes (1)
 - b. More than 30 minutes after waking but before noon (0)
 - c. In the afternoon (0)
 - d. In the evening (0)
4. Which cigarette would you hate to give up?
 - a. First cigarette in the morning (1)
 - b. Any other cigarette before noon (0)
 - c. Any other cigarette afternoon (0)
 - d. Any other cigarette in the evening (0)
5. Do you find it difficult to refrain from smoking in places where it is forbidden (church, library, movies, etc.)?
 - a. Yes, very difficult (1)
 - b. Yes, somewhat difficult (1)
 - c. No, not usually difficult (0)
 - d. No, not at all difficult (0)
6. Do you smoke if you are so ill that you are in bed most of the day?
 - a. Yes, always (1)
 - b. Yes, quite often (1)
 - c. No, not usually (0)
 - d. No, never (0)
7. Do you smoke more during the first 2 hours than during the rest of the day?
 - a. Yes (1)
 - b. No (1)