

At Long Last! New Guidelines for Treating Adolescent Tobacco and Nicotine Addiction

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Tobacco Control Resource Center
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Learning Objectives

- 1) Review a case presentation of a youth using e-cigarettes
- 2) Discuss the American Thoracic Society Clinical Practice Guidelines to address youth nicotine dependence
- 3) Review the American Academy of Pediatrics ACT model to address youth nicotine dependence



Case Presentation

- 15-year old admitted to the hospital for an asthma exacerbation
- She has had asthma for 4 years but over the past year, her asthma attacks have worsened
- This is her 3rd admission for asthma in the past year





Case Presentation: continued

- A confidential HEADSSS assessment performed
- The patient denies using alcohol and illicit drugs
- The patient does admit to vaping nicotine but denies other forms of tobacco/nicotine including combusted tobacco and oral nicotine pouches



HEADSSS assessment

HOME

EDUICATION/EMPLOYMENT

EATING

ACTIVITIES

DRUGS (includes alcohol, tobacco,
and illicit drugs)

SEXUALITY

SUICIDE/DEPRESSION

SAFETY





Additional Social History

- She vapes a flavored disposable ElfBar multiple times a day
- She wakes up in the morning and the first thing she does is vape
- She has been vaping for 12 months, first only with friends socially and now all day
- She has had to quit playing soccer due to shortness of breath

Ask which vape product your patient/student/client is using!





Audience Participation: What is your practice setting?





Audience Participation: What do you do?

- Refer to her primary care provider?



American Thoracic Society Clinical Practice Guideline 2025

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Abstract

Background: The rising popularity of electronic cigarettes (e-cigarettes), the nicotine product that is most used by adolescents since 2014, has reversed decades of progress in declining youth tobacco use. E-cigarette use in adolescents is associated with future smoking, and evidence is mounting of an increased association with nicotine dependence. Therapies used to treat nicotine dependence in adults include pharmacotherapy and behavioral interventions. Pediatric guidelines recommend routine screening for any tobacco product use beginning at age 10 years. The goal of this guideline was to develop an evidence-based clinical practice guideline for the treatment of nicotine use in adolescents.

Methods: We summarized evidence addressing five PICO (patients, intervention, comparator, and outcome) questions, which were formulated by a multidisciplinary panel of experts

and methodologists using the evidence-to-decision framework. The Grading of Recommendations, Assessment, Development, and Evaluation (or, GRADE) approach was used to evaluate the certainty in evidence and generate actionable recommendations, which were voted on by the panel.

Results: The panel members considered the strength of the evidence as well as the potential benefits of the treatment modality from a clinical standpoint. The overall quality of the evidence was weak. Recommendations for or against the treatment modality for nicotine use were developed.

Conclusions: This expert panel provides evidence-based recommendations for treating nicotine use in adolescents 10 to 18 years of age.

Keywords: tobacco; e-cigarette; cigarette; cessation; pediatric

American Academy of Pediatrics Tobacco Control and Prevention Resources

<https://www.aap.org/en/patient-care/tobacco-control-and-prevention/>



Considerations for Clinicians

Learn how to address tobacco use and cessation with youth and young adults during clinical encounters.



Behavioral Cessation

Help youth quit smoking, vaping or using other tobacco products by connecting patients with tobacco cessation programs.



Diversity, Equity, and Inclusion

Many organizations provide tailored tobacco control resources for specific communities.

American Academy of Pediatrics ASK-COUNSEL-TREAT Model

- Flowsheet
- Web application app

Tobacco Cessation App

The American Academy of Pediatrics (AAP) is excited to announce a new clinical decision resource: **Youth Tobacco Cessation App**. This app is intended to assist physicians and other clinicians in supporting youth tobacco cessation by delivering the Ask-Counsel-Treat model in a tool designed for use within a clinical encounter. Designed for multi-system use, a progressive web app can be utilized on a computer, tablet or offline mobile app.

[Access Tool](#)

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/help2quit

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.

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

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American Academy of Pediatrics **ASK**-COUNSEL-TREAT Model

- Use standardized objective language
- If in a healthcare setting, use validated screening tool
- CRAFFT 2.1+N

Circle one

1. Have you ever tried to QUIT using, but couldn't?

Yes No

2. Do you vape or use tobacco NOW because it is really hard to quit?

Yes No

3. Have you ever felt like you were ADDICTED to vaping or tobacco?

Yes No

4. Do you ever have strong CRAVINGS to vape or use tobacco?

Yes No

5. Have you ever felt like you really NEEDED to vape or use tobacco?

Yes No

6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school?

Yes No

7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...

a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?

Yes No

b. did you feel more IRRITABLE because you couldn't vape or use tobacco?

Yes No

c. did you feel a strong NEED or urge to vape or use tobacco?

Yes No

d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?

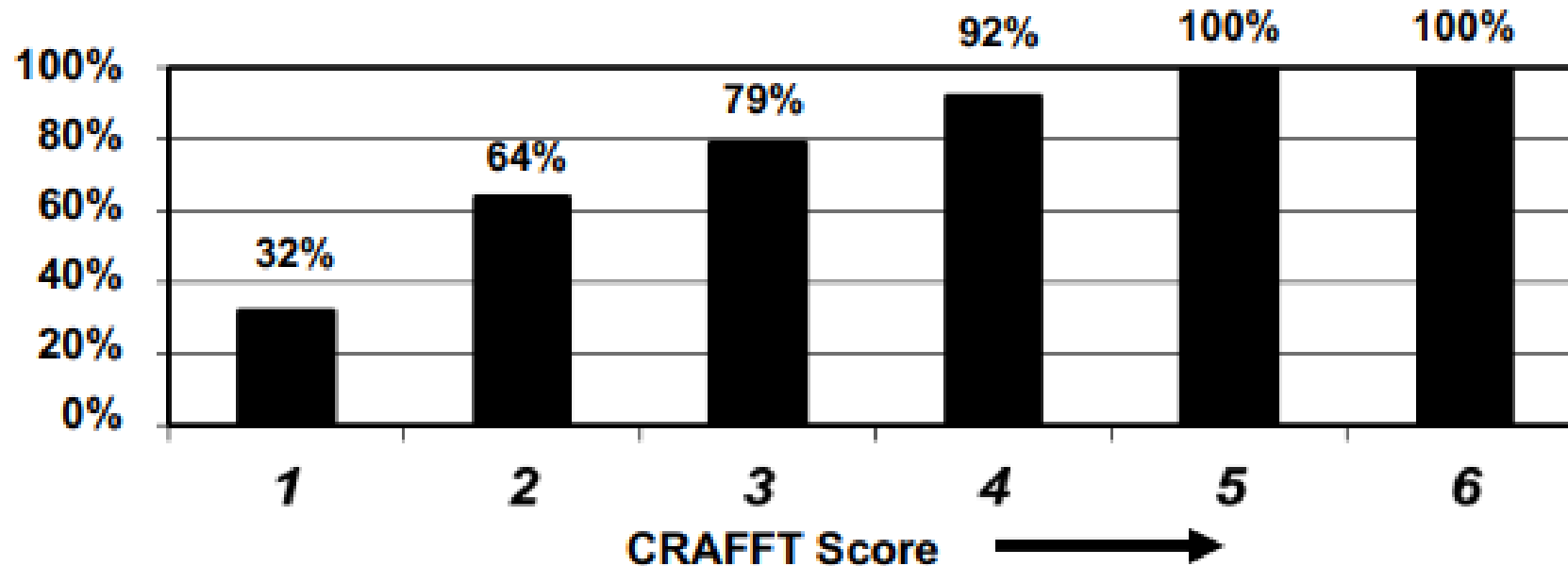
Yes No

CRAFFT Screening

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →

CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

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American Academy of Pediatrics ASK-COUNSEL-**TREAT** Model

- Determine level of tobacco dependency
 - Low
 - Moderate
 - Severe

American Academy of Pediatrics

ASK-COUNSEL-TREAT

- Depends on the level of dependency
- Link to behavioral supports
- Pharmacotherapy
 - Nicotine Replacement Therapy (FDA approved for ≥ 18 years)
 - Nicotine Patch for long-acting
 - Nicotine gum and lozenge for short-acting
- Follow up

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Keywords: tobacco; e-cigarette; cigarette; cessation; pediatric

American Thoracic Society Treatment of Nicotine Use Guidelines: Overview

- Adolescents 10 to 18 years of age
- Nicotine and tobacco agnostic (i.e. combusted tobacco, e-cigarette use, oral nicotine products)

Summary of Recommendations:

Recommendation #1

- For adolescents 10 to 18 years of age who use nicotine and/or tobacco products, we recommend a counseling-based nicotine use intervention.

Summary of Recommendations:

Recommendation #2

- For adolescents 10 to 18 years of age who use nicotine and/or tobacco products, we suggest a technology-based nicotine use intervention.

Summary of Recommendations:

Recommendation #3

- For adolescents 10 to 18 years of age who use nicotine and/or tobacco products, **no recommendation** can be made for or against nicotine replacement therapy because of the lack of consensus.

Summary of Recommendations:

Recommendation #4

- For adolescents 10 to 18 years of age who use nicotine and/or tobacco products, we suggest a trial of varenicline.

Summary of Recommendations:

Recommendation #5

- For adolescents 10 to 18 years of age who use nicotine and/or tobacco products, we suggest a trial of bupropion.

Summary of Recommendations: American Academy of Pediatrics and American Thoracic Society

- Similar Recommendations
 - Behavioral based counseling
 - Technology-based interventions
- Differs on pharmacotherapy
 - Nicotine replacement therapy is the pharmacotherapy recommended by the AAP for severe nicotine addiction.
 - A trial of varenicline or bupropion is recommended by the American Thoracic Society.



Back to our Case

- 15 year old admitted for asthma exacerbation
- She is interested in quitting





Back to our Patient Case

- Her level of dependency is severe based on the AAP Youth Cessation Application



Treat: Consider Pharmacologic Support for Severe Dependency

NRT works best when paired with behavioral cessation support.

Pharmacologic Treatment for **Severe Dependency**

For best results, pair a long-acting NRT (patch) with a shorter-acting form (e.g., gum, lozenge).

Nicotine Gum Dosage: **4mg**

Use Instructions



Nicotine Patch Dosage: **Start with 21mg patch, then step down**

Use Instructions



Previous

Next

Up Next: **Treat: Link to Behavioral Support**



AAP recommendations for severe nicotine dependence

- AAP Youth Cessation Application
- Recommends behavioral cessation support
 - Text QUIT to 47848
 - [Teen.smokefree.gov](https://teen.smokefree.gov)
- Pharmacologic Treatment:
 - Nicotine patch (long-acting)
 - Nicotine gum (short-acting)





NEW: ATS recommendations for severe nicotine dependence

- Recommends behavioral cessation support
 - Text QUIT to 47848
 - [Teen.smokefree.gov](https://teen.smokefree.gov)
- Pharmacologic Treatment:
 - Varenicline or bupropion





**Audience Participation:
Any changes to what you
would do?**





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Thank You!
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