

Exclusion criteria:

- Pts < 11 years of age (consider referral to Behavioral Health)



Bias Awareness

Ask-Counsel-Treat (ACT) Model for Youth Cessation

[Link to additional information](#)

ASK

Screening process may vary by care setting. Ideal screening is by self-reporting. Verbal screening should be done with confidentiality and consider use of confidential documentation. See [Confidentiality Tips](#)

Initial question:

"Have you ever used any nicotine products (such as tobacco or vaping products, like cigarettes, e-cigarettes, dip or pouches)?"
[Link to resources about product types](#)

Follow-up questions:

- "How many days have you used them in the last 30 days?"
- "Are you currently using them?"
- Current use defined as within last 30 days

COUNSEL

- "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 cutting back or quitting today?"
- Additional information:
 - [Considerations for Clinicians](#)
 - [Motivational interviewing](#)

TREAT

Behavioral support statement examples:

- "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."

CM Specialist Referrals:

- [Online referral link](#)
- Adolescent and Young Adult Medicine: (816) 960-4152

Pt ≥ 11 yrs of age presents for ill or well visit

ASK
Has pt ever used nicotine?

No

ASK
Is pt currently using nicotine?

No

COUNSEL

Clearly explain benefits of quitting and gauge interest in a quit attempt

COUNSEL
Is the pt willing to cut down or quit at this time?

No

Yes

What is the pt's dependency level?

Low

Moderate/Severe

TREAT

- Develop [quit plan](#)
- Referral to quit line
- Consider referral to specialist (Adolescent Medicine or Behavioral Health)

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TREAT

- Consider [pharmacotherapy](#)

- Follow up with PCP or specialists in 2 - 4 weeks.
- Adjust quit plan as needed

COUNSEL

- Provide positive reinforcement
- Counsel pt about risks of nicotine/vaping, continue to screen as needed



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COUNSEL

- Use the [5 R's](#)
- 2 week challenge to quit
- Follow-up with PCP
- Provide additional resources (including Adolescent Medicine clinic)

- Quit Lines:
 - National (English and Spanish):
 - Text the word "QUIT" to 47848
 - Call 1-800-QUIT-NOW (784-8669)
 - [Online text program](#)
 - KS/MO:
 - [Kansas Teen Quit Services](#)
 - [Missouri Teen Quit Services](#)
- [Additional national resources](#)
- [Local substance use treatment resources](#)