



Exclusion criteria:

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

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



Bias Awareness

COUNSEL

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

ASK

Has pt ever used nicotine?

Yes

ASK

Is pt currently using nicotine?

Yes

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?

Yes

COUNSEL

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

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



QR code for mobile view

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](#)