



# Youth and Young Adult Tobacco Cessation in a Clinical Setting



**December 8, 2021**  
***12:00 PM – 1:00 PM***

# Housekeeping

- This presentation is being recorded.
- All participants are muted and participation is audio only.
- Please direct your questions to the moderator in the chat box.



# Quitline Moderators and Presenters

- MODERATOR: Patricia Bax, RN, MS, NCTTP  
Marketing and Outreach Coordinator
- PRESENTER: Paula Celestino, MPH  
Director of Client Relations and Outreach
- TECHNICAL/CHAT: Tony Astran, MPA, APR, TTS  
Public Information Specialist



# Our Featured Presenters

## Rachel Boykan, MD, FAAP, Stony Brook University School of Medicine

Dr. Boykan is a pediatric hospitalist and Associate Pediatric Program Director for the Stony Brook Pediatric Residency Program. In 2012, she spearheaded a partnership between Stony Brook Children's Hospital and the Quitline's [Opt-to-Quit™ Program](#) – the first implementation of this electronic referral program at a children's hospital. Dr. Boykan also works closely with the American Academy of Pediatrics (AAP) to address smoking exposure in children and use of electronic cigarettes in teenagers. Since 2014, she has served as a member of AAP's Tobacco Consortium, and; since 2018, she has served as the Education and Membership Chair of the AAP Section on Tobacco Control. Dr. Boykan also serves as a member of the Quitline's Healthcare Professional Task Force.



# Our Featured Presenters

## **Julie Gorzkowski, MSW, LSW, American Academy of Pediatrics**

Julie Gorzkowski is the AAP's Director of Adolescent Health Promotion as well as the Center Administrator of the AAP's Julius B. Richmond Center of Excellence. Julie oversees the Academy's portfolio of research, programs, and policy initiatives related to pediatric tobacco control, including clinical and community strategies for supporting youth with nicotine dependence.



# OUR FEATURE PRESENTATION



Stony Brook Children's

# **Youth and Young Adult Tobacco Cessation in the Clinical Setting**

Rachel Boykan, MD, FAAP

Julie Gorzkowski, MSW

December 8, 2021



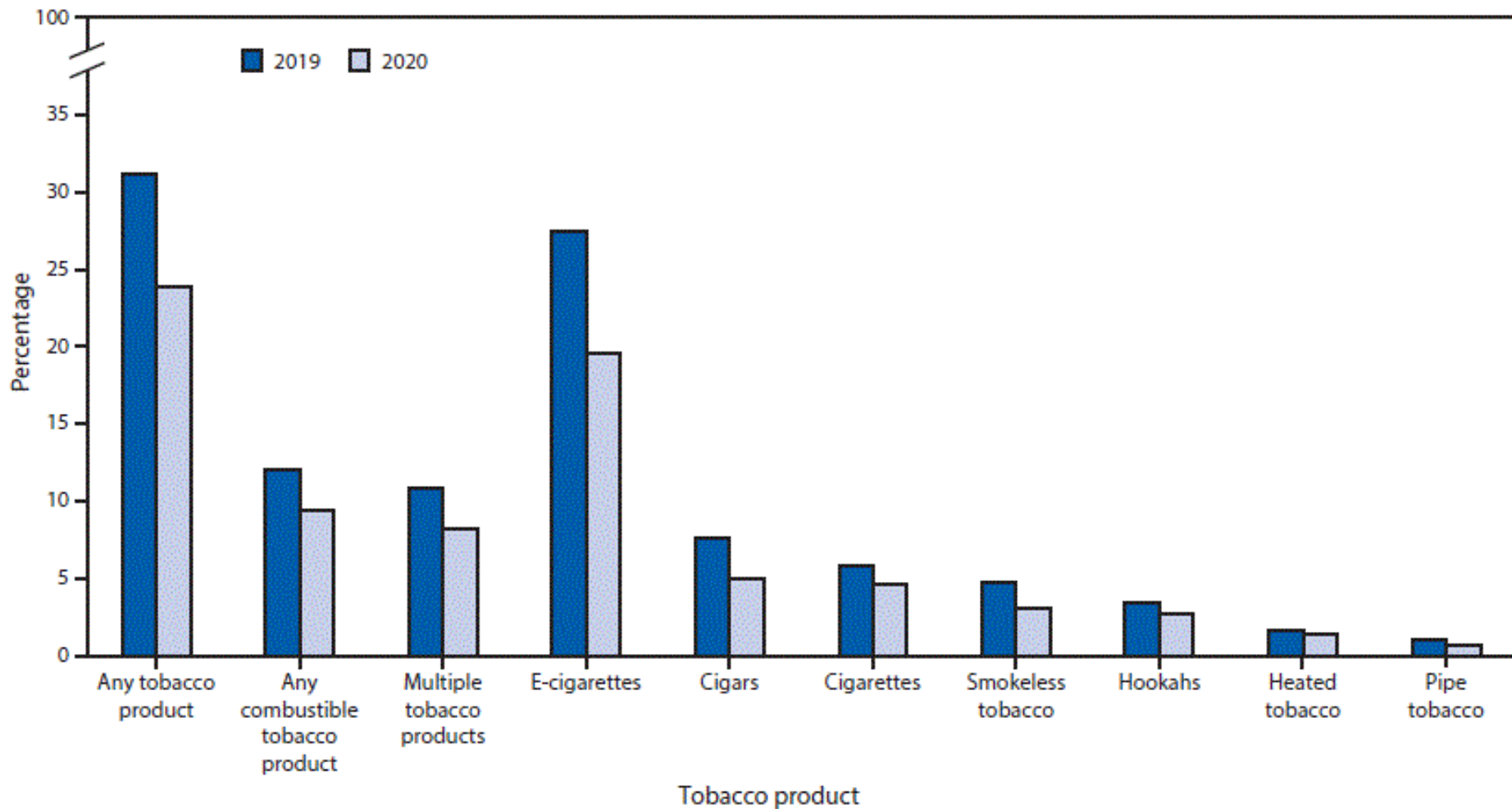
Stony Brook Children's

**No Disclosures**



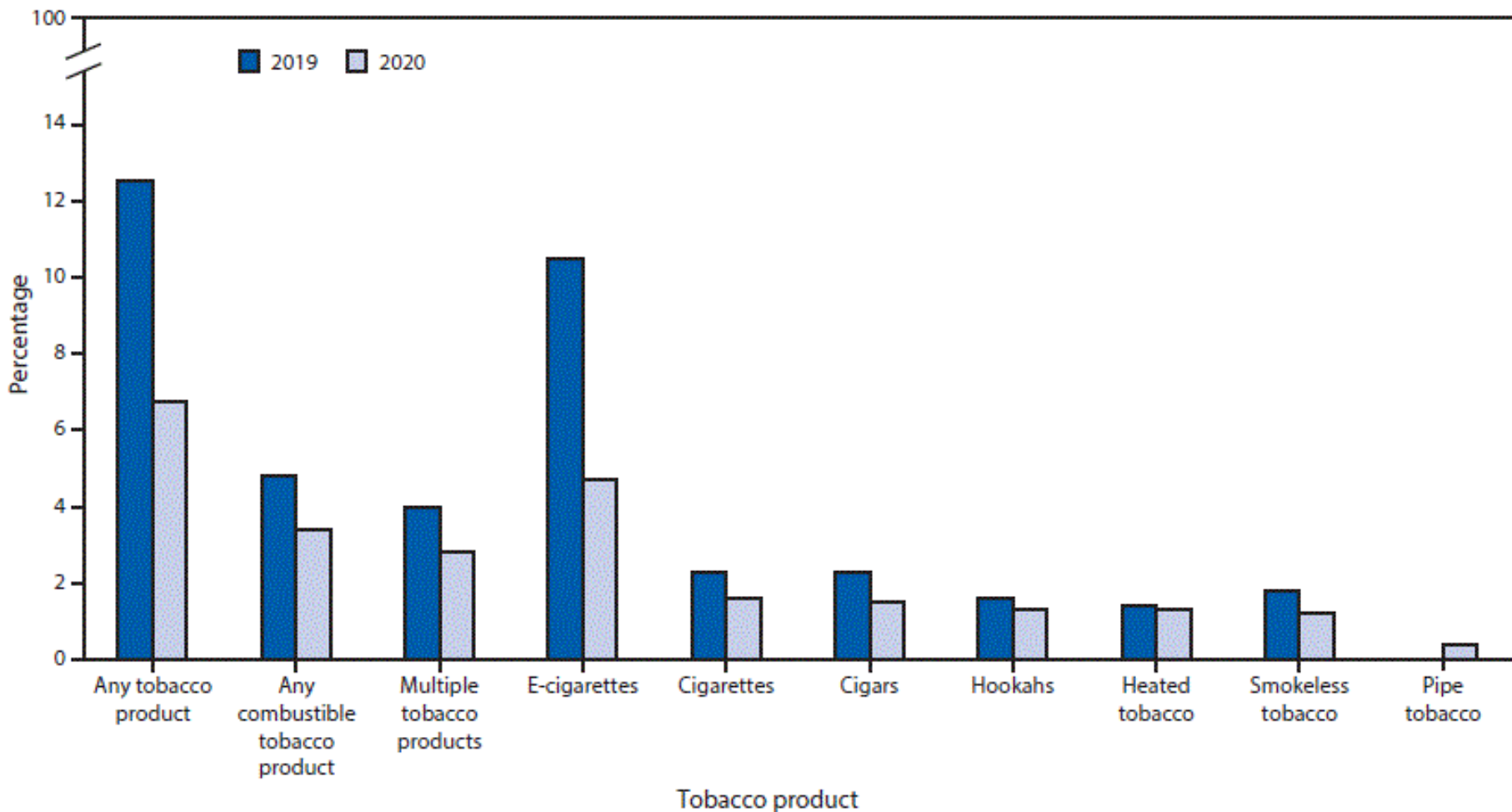


- **State** the importance of addressing youth and young adult tobacco cessation in a clinical setting.
- **Identify** at least two ways to implement strategies from the American Academy of Pediatrics' new resource – *Youth Tobacco Cessation: Considerations for Clinicians.*
- **Describe** how to refer youth and young adults to the Quitline as an enhancement of onsite interventions.





# MIDDLE SCHOOL STUDENT CURRENT TOBACCO USE NATIONAL YOUTH TOBACCO SURVEY: 2020





**TABLE. Prevalence of past 30-day e-cigarette use,\* overall and by selected characteristics and school level — National Youth Tobacco Survey, United States, 2021**

Characteristic	Overall		High school		Middle school	
	% (95% CI)	Estimated weighted no.†	% (95% CI)	Estimated weighted no.†	% (95% CI)	Estimated weighted no.†
<b>Among all students</b>						
Current use of e-cigarettes	7.6 (6.6–8.7)	2,060,000	11.3 (9.7–13.0)	1,720,000	2.8 (2.2–3.4)	320,000
<b>Among current e-cigarette users</b>						
<b>Frequency of e-cigarette use</b>						
1–19 days per month	60.6 (56.5–64.6)	1,240,000	56.4 (51.8–61.0)	970,000	82.8 (77.4–87.2)	270,000
20–30 days per month	39.4 (35.4–43.5)	810,000	43.6 (39.0–48.2)	750,000	17.2 (12.8–22.6)	50,000
<b>Daily e-cigarette use<sup>§</sup></b>	24.6 (21.8–27.8)	500,000	27.6 (24.3–31.2)	470,000	8.3 (5.6–12.0)	20,000
<b>Device type used<sup>¶</sup></b>						
Disposables	53.7 (48.7–58.6)	1,080,000	55.8 (50.8–60.7)	940,000	43.8 (34.0–54.1)	130,000
Prefilled or refillable pods or cartridges	28.7 (25.1–32.6)	570,000	28.9 (24.9–33.3)	480,000	27.8 (22.0–34.4)	80,000
Tanks or mod systems	9.0 (6.8–11.8)	180,000	7.5 (5.5–10.3)	120,000	15.6 (9.7–24.1)	40,000
Don't know	8.6 (6.7–11.0)	170,000	7.8 (5.7–10.4)	130,000	12.8 (8.0–19.9)	40,000
<b>Usual brand**</b>						
Puff Bar	26.8 (22.9–31.1)	520,000	26.1 (22.0–30.6)	430,000	30.3 (21.9–40.3)	90,000
Vuse	10.5 (6.9–15.6)	200,000	10.8 (7.1–16.2)	170,000	—††	—
SMOK (including NOVO)	8.6 (6.4–11.5)	160,000	9.6 (7.1–13.0)	150,000	—	—
JUUL	6.8 (4.9–9.3)	130,000	5.7 (3.8–8.5)	90,000	12.5 (8.3–18.4)	30,000
Suorin	2.1 (1.2–3.7)	40,000	2.3 (1.3–4.0)	30,000	—	—
No usual brand	2.4 (1.5–3.8)	40,000	2.5 (1.5–4.1)	40,000	—	—
Some other brand not listed	19.8 (15.7–24.6)	390,000	21.0 (16.5–26.3)	340,000	13.8 (8.6–21.3)	40,000
Don't know	16.1 (13.8–18.8)	310,000	15.6 (13.1–18.4)	250,000	19.3 (14.2–25.8)	60,000
<b>Flavored e-cigarette use<sup>§§</sup></b>						
Yes	84.7 (81.4–87.5)	1,680,000	85.8 (82.3–88.7)	1,420,000	79.2 (69.1–86.6)	250,000
No	8.8 (6.9–11.2)	170,000	8.4 (6.5–10.7)	130,000	11.1 (6.4–18.7)	30,000
Don't know	6.5 (5.0–8.4)	120,000	5.9 (4.3–8.0)	90,000	9.7 (6.3–14.7)	30,000
<b>Flavor type used<sup>¶¶</sup></b>						
Fruit	71.6 (67.8–75.1)	1,190,000	72.3 (68.1–76.1)	1,010,000	68.1 (58.7–76.1)	160,000
Candy, desserts, or other sweets	34.1 (30.3–38.2)	560,000	33.0 (29.2–37.1)	460,000	38.8 (30.0–48.3)	90,000
Mint	30.2 (26.9–33.7)	500,000	30.5 (27.0–34.2)	420,000	26.7 (19.5–35.4)	60,000
Menthol	28.8 (23.6–34.8)	470,000	29.8 (24.2–36.0)	410,000	23.1 (13.8–36.0)	50,000
Alcoholic drink	6.0 (4.3–8.2)	90,000	5.0 (3.4–7.5)	70,000	10.3 (5.9–17.3)	20,000
Chocolate	2.9 (1.9–4.5)	40,000	2.5 (1.4–4.4)	30,000	—	—
Clove or spice	2.1 (1.3–3.3)	30,000	—	—	—	—
Some other flavor not listed	10.4 (8.2–13.2)	170,000	9.8 (7.4–12.7)	130,000	13.8 (8.5–21.6)	30,000

Abbreviation: CI = confidence interval



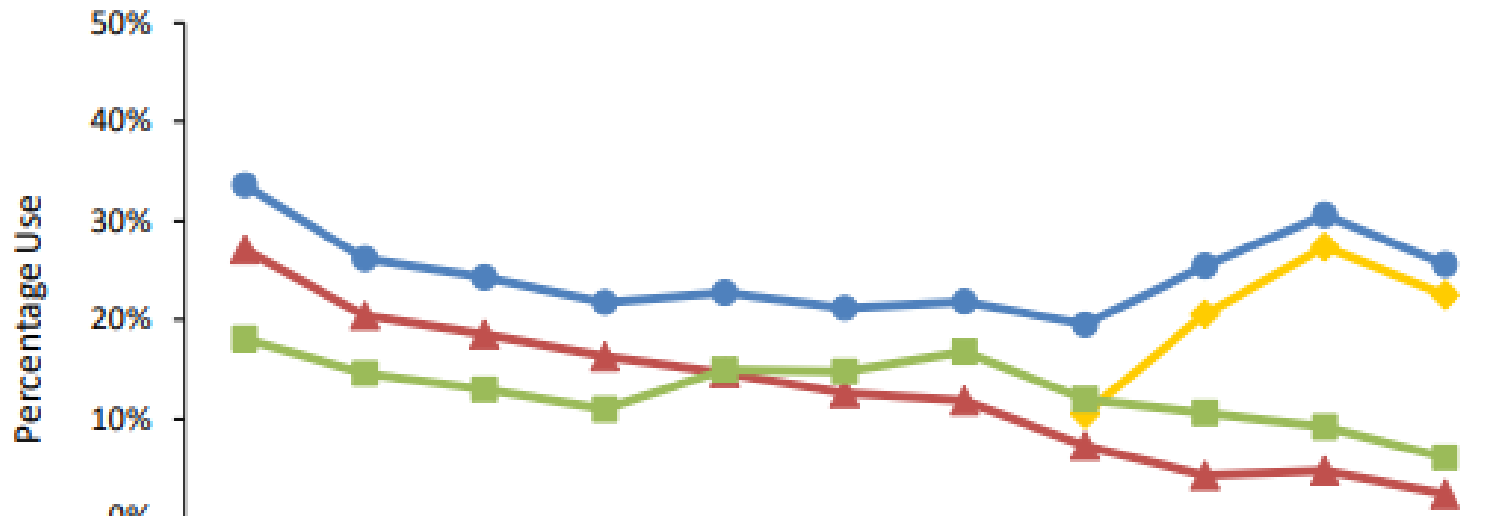
- 2020 NYTS: 40.1% of current e cigarette users reported symptoms of nicotine dependence

"E-Cigarette/Electronic Cigarette/E-Cigs/E-Liquid/Vaping/Cloud Chasing/Vapor/Vaper/Vapour" by Vaping360 is licensed under CC BY 2.0





Trends in Any Tobacco Product Use among High School Students<sup>3</sup> in NYS, NY-YTS 2000-2020



	2000	2002	2004	2006	2008	2010	2012	2014	2016	2018	2020
Any Tobacco Products	33.6%	26.2%	24.3%	21.8%	22.8%	21.2%	21.8%	19.5%	25.4%	30.6%	25.6%
Cigarettes	27.1%	20.4%	18.5%	16.3%	14.7%	12.6%	11.9%	7.3%	4.3%	4.8%	2.4%
ENDS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	10.5%	20.6%	27.4%	22.5%
Other Tobacco Products	18.1%	14.6%	13.0%	11.0%	15.0%	14.8%	16.8%	12.0%	10.6%	9.2%	6.1%



- **Pulm:** Increased work of breathing
- **GI:** Nausea, vomiting and abdominal pain
- **ID:** Increased potential for infection
- **CV:** Hypertension, maybe MI and stroke
- **Beh:** Difficulty concentrating
- **Psych:** Anxiety and depression



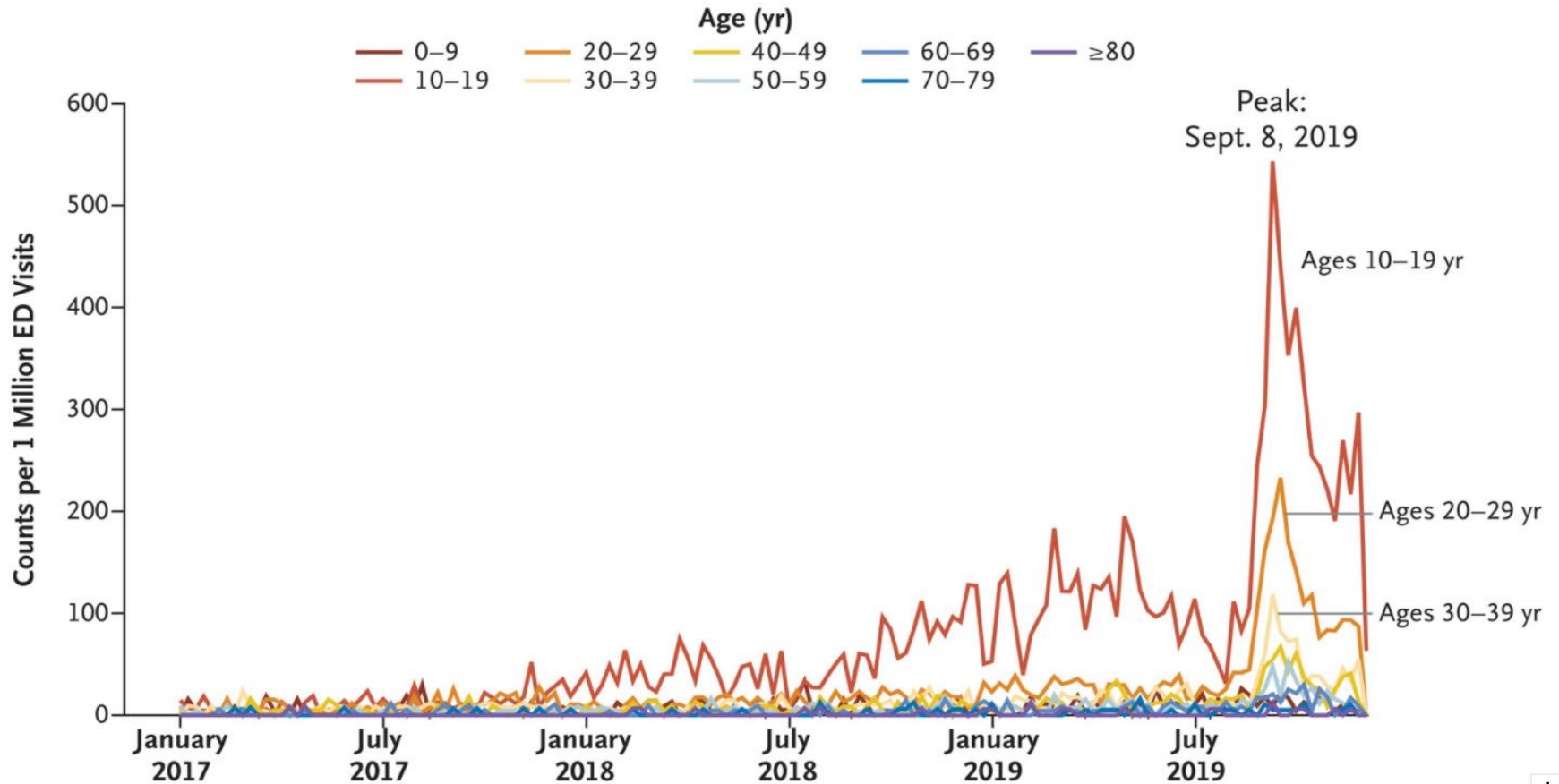


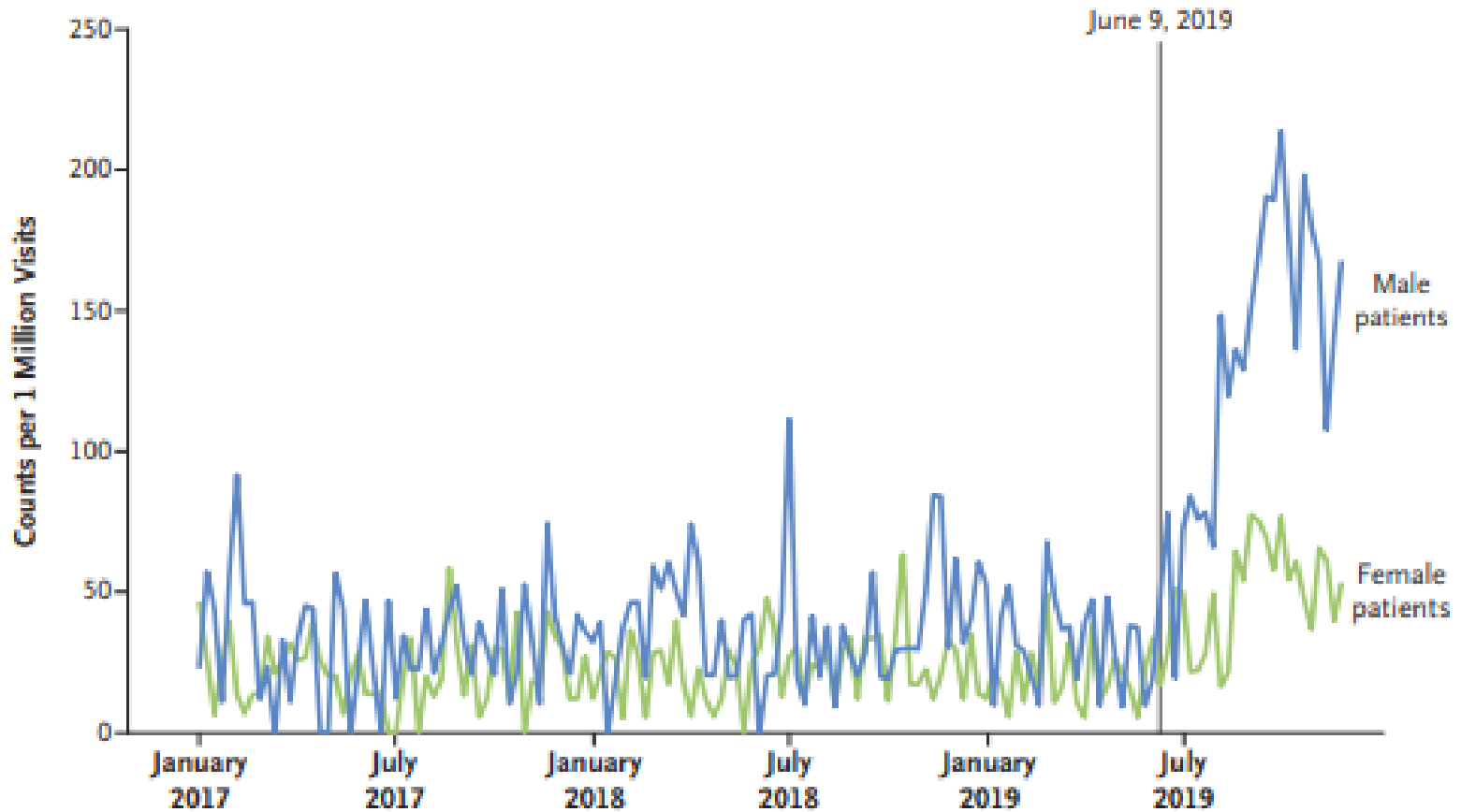


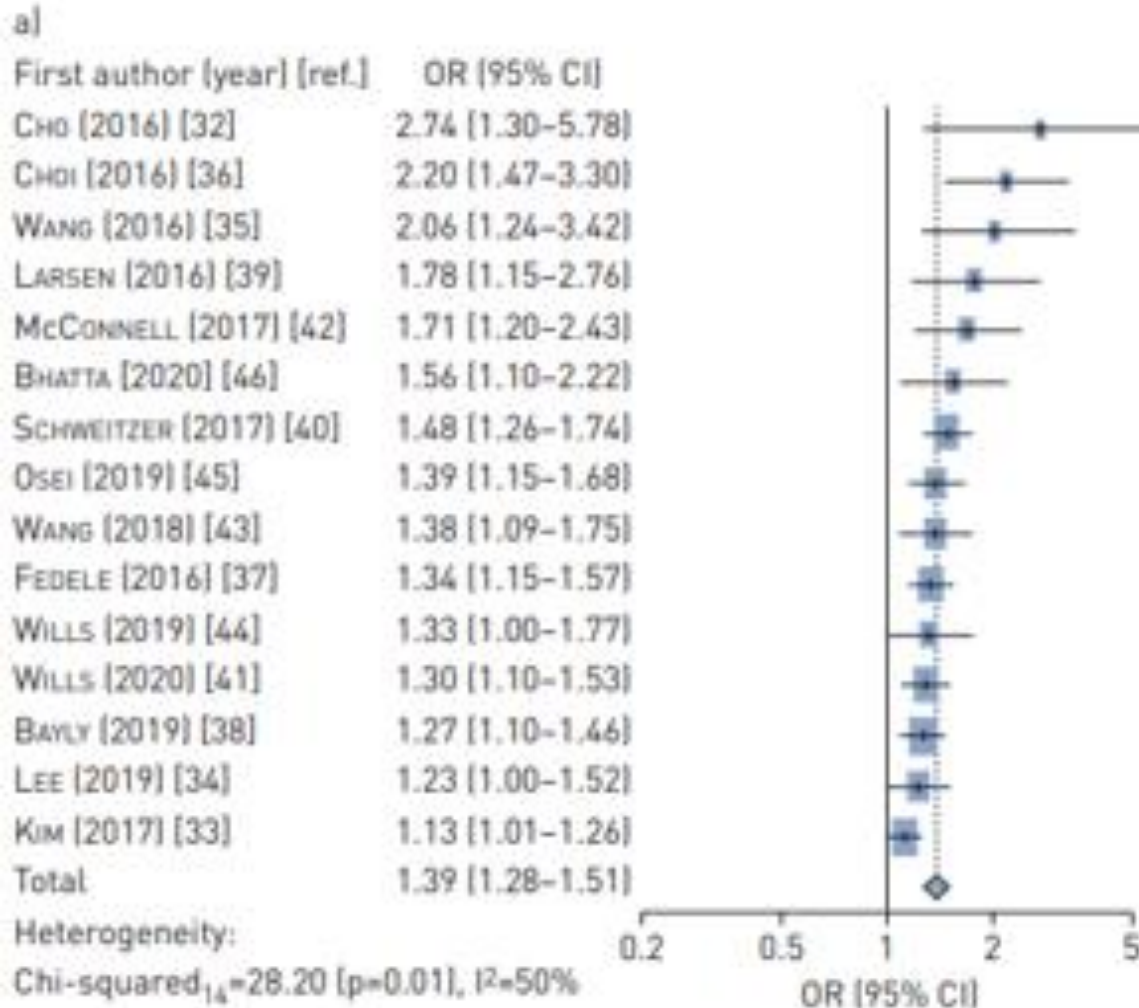


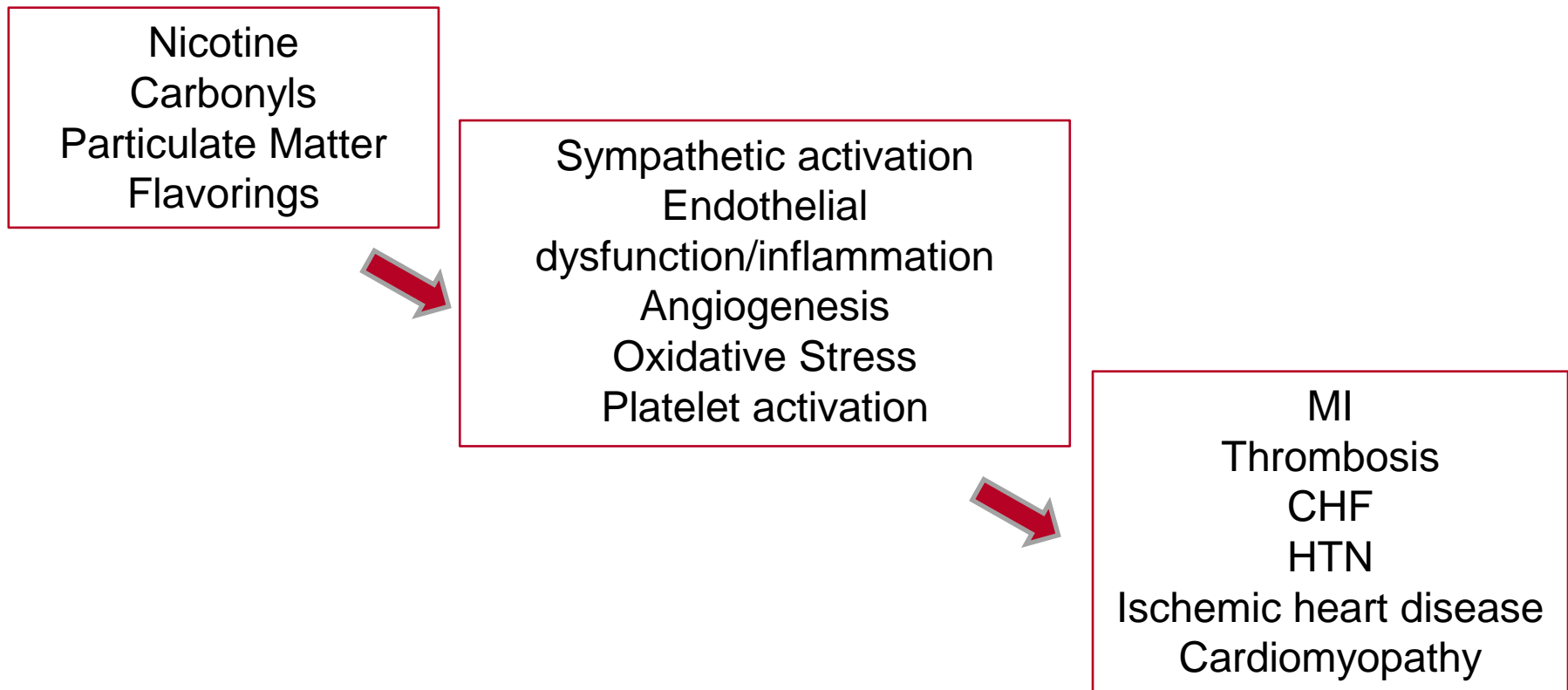
- *“Conclusion 11-4. There is moderate evidence for increased cough and wheeze in adolescents who use e-cigarettes and an association with e-cigarette use and an increase in asthma exacerbations.”*





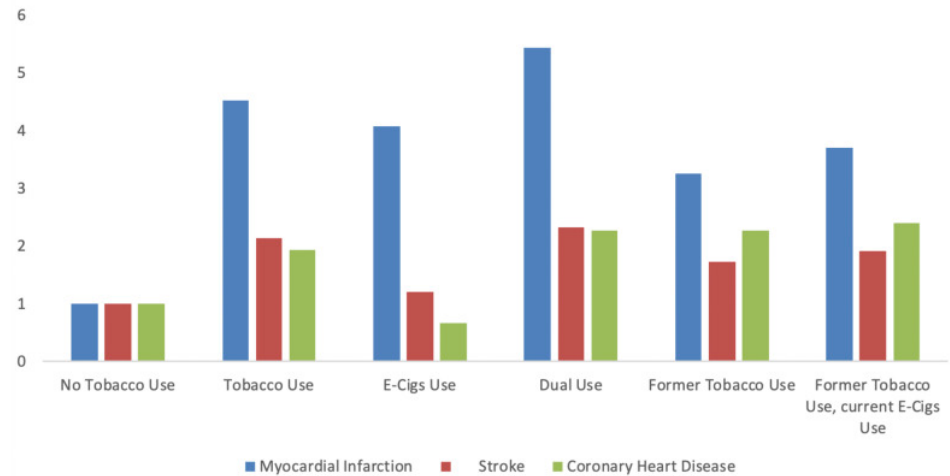








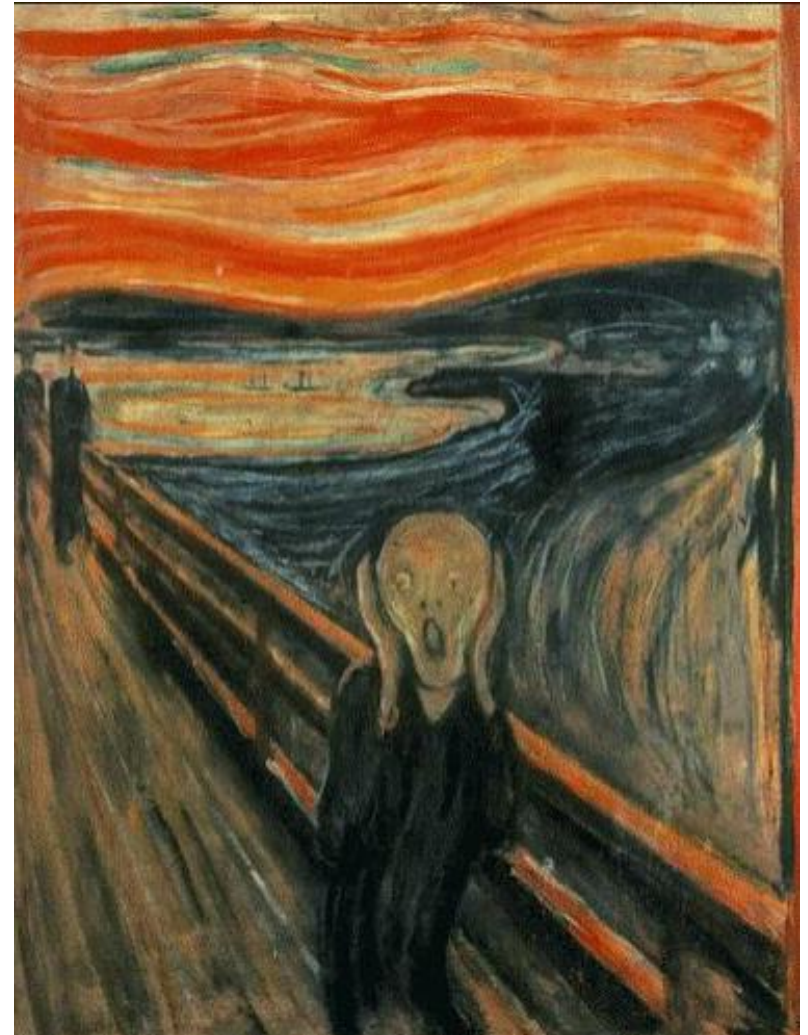
- E-cig users: 4.09 [1.29, 12.98] odds of MI, compared to non-users<sup>1</sup>
- Highest risk for MI, stroke and CAD with dual users<sup>1</sup>
- Dual users': 2.91 [1.62, 5.25] odds of stroke when compared to non-smokers and 1.83, [1.06, 3.17] odds versus current sole combustible tobacco smokers<sup>2</sup>





- ? Depressive symptoms
- Anxiety
- ADHD
- PTSD
- Gambling
- Trouble sleeping
- Trouble concentrating

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# VAPING → SMOKING



"The Subterraneans -  
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# ALMOST THREE-FOLD INCREASE IN CIGARETTE SMOKING INITIATION AMONG TEENS

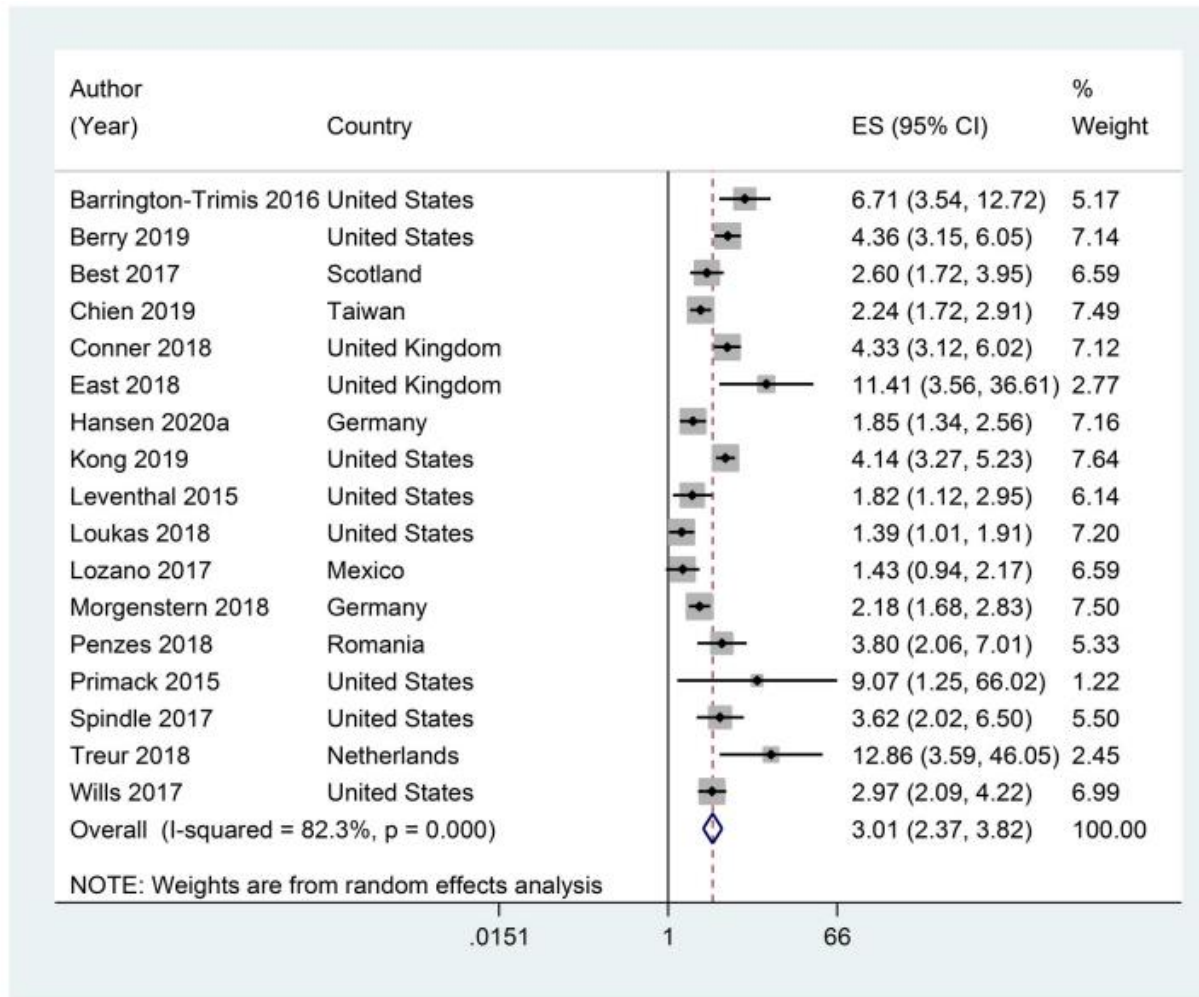


Fig 3. Forest plot of adjusted risk ratios assessing the association between ever e-cigarette use at baseline and subsequent ever cigarette use at follow-up.

<https://doi.org/10.1371/journal.pone.0256044.g003>



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WHAT CAN WE DO TO HELP YOUTH AND YOUNG  
ADULTS QUIT E CIGARETTES?





- What do youth know about e cigarettes?
- Do they want to quit?
- What do we know about what works?



- Adolescents are unaware of the nicotine content of e-cigarettes<sup>1,2</sup>
- Generally think of e-cigarettes as less harmful than cigarettes<sup>3</sup>
- Harm perception ranges from no impact to adverse health consequences<sup>3</sup>
- E-cigarette and cigarette users associated use with less harm<sup>3</sup>



- **Yes!!!**
  - 53.4% - 54.2% reported intention to quit vaping<sup>1,2</sup>
  - 32% - 67.4% reported having tried to quit<sup>1,2,3</sup>
- **Reasons for quitting<sup>4</sup>**
  - Health reasons (50.9%)
  - Money
  - Freedom from addiction
  - Social influence
  - Performance



"Vaping" by JeepersMedia is licensed under [CC BY 2.0](#)

American Journal of  
Preventive Medicine

REVIEW ARTICLE

Smoking-Cessation Interventions for U.S. Young  
Adults: Updated Systematic Review

Andrea C. Villanti, PhD, MPH,<sup>1</sup> Julia C. West, BA,<sup>1</sup> Elias M. Klemperer, PhD,<sup>1</sup>  
Amanda L. Graham, PhD,<sup>2,3</sup> Darren Mays, PhD, MPH,<sup>3</sup> Robin J. Mermelstein, PhD,<sup>4</sup>  
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Addictive Behaviors

journal homepage: [www.elsevier.com/locate/addictbeh](http://www.elsevier.com/locate/addictbeh)

A synthesis of the literature to inform vaping cessation interventions for  
young adults

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**Up next...**

# Youth Tobacco Cessation: Considerations for Clinicians

*A New Resource from the American Academy of Pediatrics*

**Julie Gorzkowski MSW**

**Director, Adolescent Health Promotion**

**Center Administrator, AAP Julius B. Richmond Center of Excellence**

**American Academy of Pediatrics**

American Academy of Pediatrics

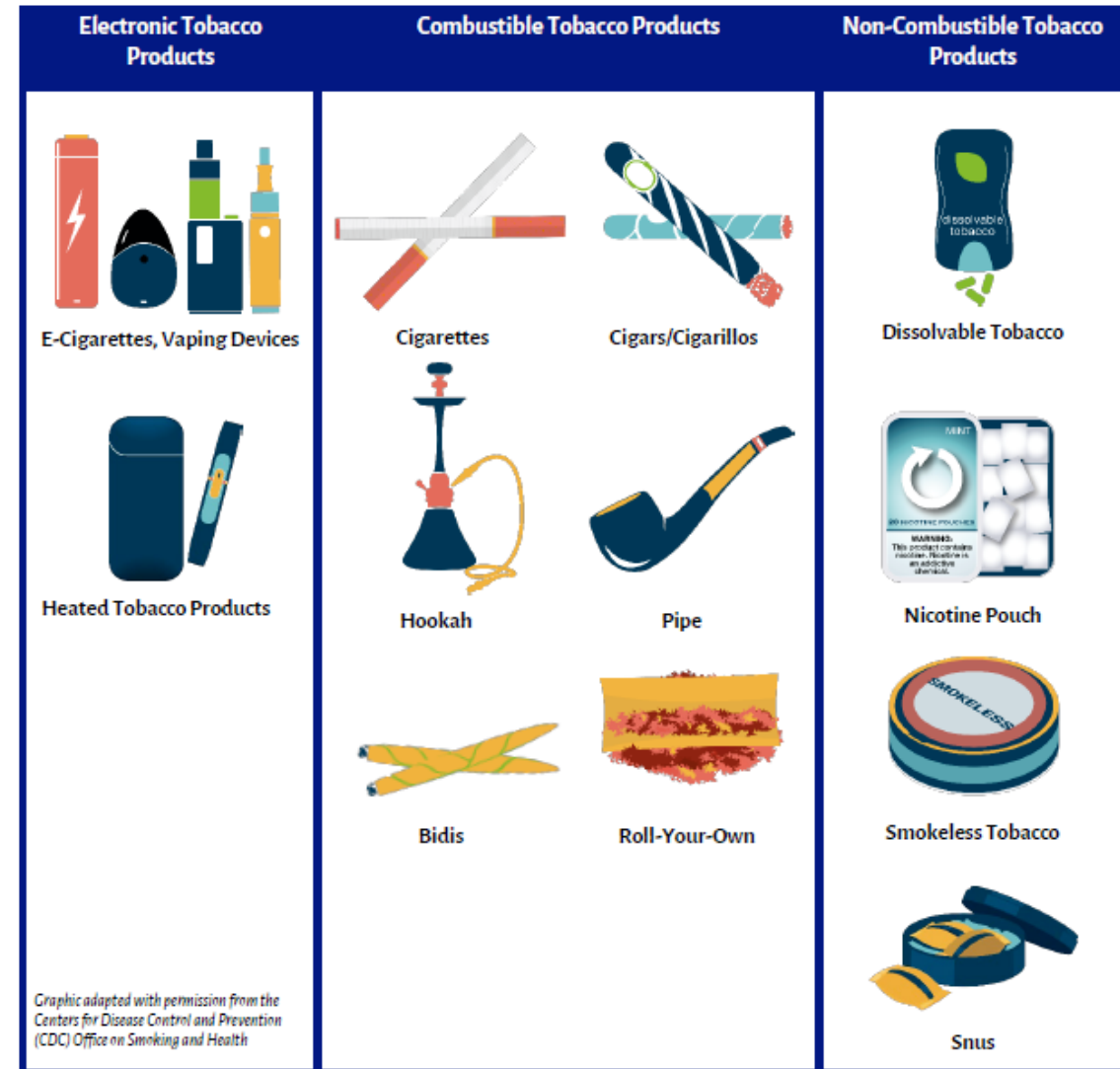
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# THE NEED FOR YOUTH CESSATION SUPPORT

- 4.47 million youth report current use of a tobacco product (NYTS 2020)
- Research is needed to fill gaps in the literature
- Clinicians need support in:
  - Identifying youth who use tobacco products
  - Counseling them about cessation
  - Linking them to supports to help them quit successfully



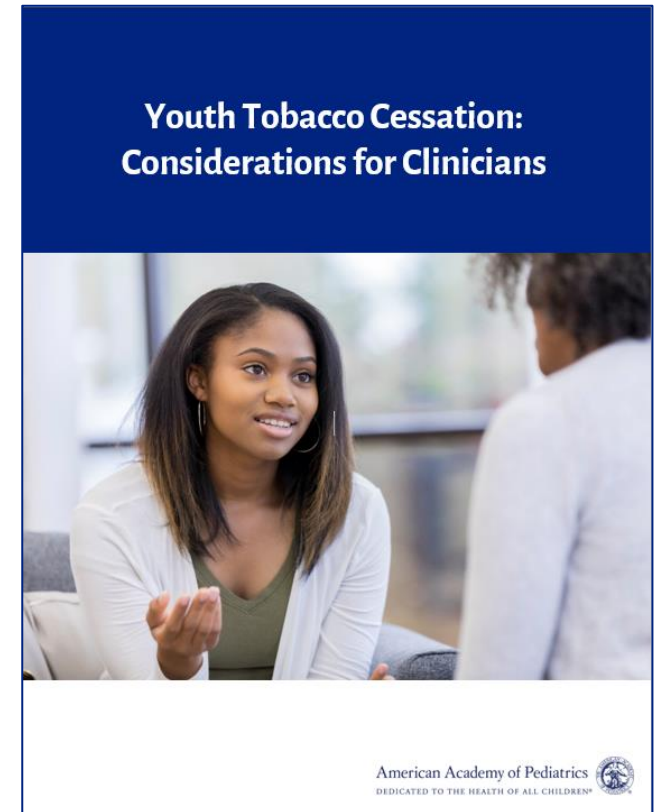
# AAP YOUTH CESSATION SUMMIT

- Funded by CDC Office on Smoking and Health
- Hosted November 2020
- Convened experts in addiction, tobacco use, substance use
- Summit participants discussed:
  - Current evidence & promising practices
  - Key strategies to address youth cessation
  - Tools needed to integrate youth cessation treatment into clinical care
  - Common challenges and ways to address them
  - Tobacco as a source of health disparities: how do we serve youth who are most at risk?
- Follow-up meetings with Federal and Public Health Partners, Key Stakeholders
- GOAL: New resource, **“Youth Tobacco Cessation: Considerations for Clinicians”**



# AAP YOUTH TOBACCO CESSATION “CONSIDERATIONS FOR CLINICIANS” RESOURCE

- Practical tool to help **clinicians** support youth who use tobacco
- Product-agnostic: cessation of all tobacco/nicotine products
- **Cessation-focused**, not prevention-focused
- Synthesize content that clinicians can use to help youth quit
- Package with supplemental tools and resources
- [www.aap.org/cessation](http://www.aap.org/cessation)



# AAP YOUTH TOBACCO CESSATION “CONSIDERATIONS FOR CLINICIANS” RESOURCE

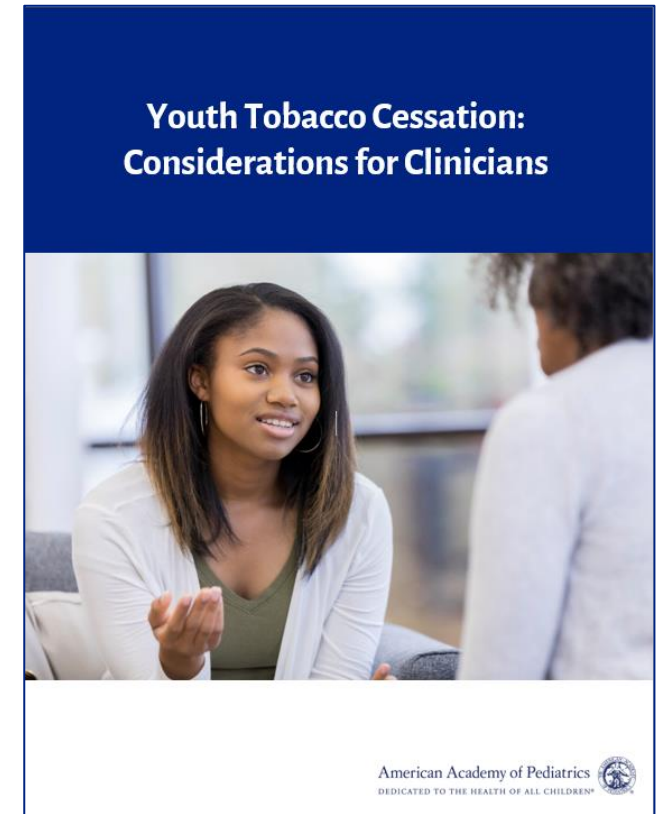
## Ask – Counsel – Treat (ACT) model:

Ask	Counsel	Treat
Screen all youth (age 11+) for tobacco use.	Advise all youth who use tobacco to quit.	Link to behavioral treatment extenders. Prescribe pharmacologic support when indicated. Follow-up to assess progress and offer support.



# AAP YOUTH TOBACCO CESSATION “CONSIDERATIONS FOR CLINICIANS” RESOURCE

- **Supports to Clinicians and Health Systems:**
  - Sample screening and counseling language
  - Assessment tools for nicotine dependence
  - Links to behavioral treatment extenders
  - Information on prescribing NRT
  - Tools for integrating cessation support into the clinical flow
- **Adjuncts:**
  - Clinical Care Graphic: How to A-C-T in 2-3 minutes!
  - Tip sheet: Leveraging your EHR for Youth Tobacco Cessation
  - Webpage: Behavioral Cessation Supports



# ASK

- **Beginning at age 11, screen for tobacco use with every youth, during each clinical encounter**
  - Universal screening helps address bias in care delivery
    - Ensures all patients are screened, not just those perceived by provider to be “high-risk”
  - Critical to ask the right questions
    - Specific language that youth will understand
    - Ask about all tobacco products. When possible, use specific tobacco product names
    - “Open the door” by asking about friends’ use first

## Supports for Clinicians:

- Sample screening questions
- Strategies to tailor EHR to include screening questions, prompts



# COUNSEL

- Counsel all youth who use tobacco about quitting, regardless of level of use/dependence
- Messages should be clear, personally-relevant, and explain the benefits of quitting
- Foster an open, honest conversation:
  - Begin the conversation confidentially, without a parent present
  - Choose respectful, non-judgmental words
- Set a quit date within 2 weeks

## Supports for Clinicians:

- Sample counseling language
- Strategies to tailor EHR to include counseling prompts



# TREAT

- **Link youth with appropriate behavioral and pharmacologic cessation support**
  - Behavioral and pharmacological supports can increase the odds of a successful quit<sup>1</sup>
  - Tobacco dependence treatment should be tailored to level of dependence
  - Follow up within 2 weeks

## Supports for Clinicians:

- Tools to assess level of Nicotine Dependence
- Webpage of behavioral support options
- Information on prescribing pharmacologic support
- Topics to cover during follow-up conversation





# TREAT

- Link youth to **behavioral support**, in a modality that is relevant to them:
  - Text, web-based, smartphone app, quitline
  - Connect the patient directly, during the clinical visit, using their smartphone or an e-referral system (if feasible)
- Tailor behavioral resources to patient whenever possible and as available
  - Spanish-language resources
  - American Indian Commercial Tobacco Program
  - Quitting smokeless tobacco
- Resource includes a webpage that lists currently available behavioral supports, with info on eligibility, restrictions, and how to access them





## Behavioral Cessation Supports for Youth and Young Adults

[Patient Care](#) / [Tobacco Control and Prevention](#) / [Youth Tobacco Cessation](#) / Behavioral Cessation Supports for Youth



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 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

<a href="#">1-800-QUIT-NOW</a>	▼
<a href="#">1-855-DÉJELO-YA (Spanish)</a>	▼
<a href="#">1-800-838-8917 (Mandarin and Cantonese)</a>	▼
<a href="#">1-800-566-5564 (Korean)</a>	▼
<a href="#">1-800-778-8440 (Vietnamese)</a>	▼
<a href="#">1-855-5AI-QUIT (1-855-524-7848)</a>	▼

### Text-Based Tobacco Cessation Resources for Youth and Young Adults

<a href="#">SmokefreeTXT for Teens</a>	▼
<a href="#">SmokefreeTXT</a>	▼
<a href="#">DipfreeTXT</a>	▼
<a href="#">SmokefreeTXT en Español</a>	▼
<a href="#">This is Quitting</a>	▼
<a href="#">My Life, My Quit</a>	▼

### Web-Based Resources for Youth and Young Adults

<a href="#">Smokefree Teen</a>	▼
<a href="#">Smokefree en Español</a>	▼

[www.aap.org/help2quit](http://www.aap.org/help2quit)



# Telephone Quitlines for Youth and Young Adults

## 1-800-QUIT-NOW ^

**Program Name:** 1-800-QUIT-NOW

**Population or Language:** English

**State-Specific Information:** Youth-specific services vary by state. [Find tailored information for your state's quitline](#) from the North American Quitline Consortium (NAQC)

### Program Details:

- Free and confidential
- Speak with trained health professionals
- Tailored support to individual patient needs

**Available In:** All 50 States, Washington DC, Puerto Rico, Guam. Youth-specific services vary by jurisdiction. See State-Specific Information above for more details.

## 1-855-DÉJELO-YA (Spanish) ∨

## 1-800-838-8917 (Mandarin and Cantonese) ∨

## 1-800-566-5564 (Korean) ∨

## 1-800-778-8440 (Vietnamese) ∨

## 1-855-5AI-QUIT (1-855-524-7848) ∨

[www.aap.org/help2quit](http://www.aap.org/help2quit)

American Academy of Pediatrics

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# TREAT

- Consider **pharmacologic support** for youth who are moderately/severely dependent
  - Nicotine Replacement Therapy (NRT) can be an important adjunct for treating dependence
  - Not FDA-approved for youth under age 18
  - AAP policy recommends that pediatricians consider off-label NRT for youth who are moderately-to-severely addicted
- NRT should be provided in addition to behavioral support
- Resource links to comprehensive AAP resource:

**Nicotine Replacement Therapy and Adolescent Patients: Information for Pediatricians**

[www.aap.org/NRT](http://www.aap.org/NRT)



# TREAT

## Nicotine Replacement Therapy and Adolescent Patients

[Home](#) / [Patient Care](#) / [Tobacco Control and Prevention](#) / [Youth Tobacco Cessation](#) / [Nicotine Replacement Therapy and Adolescent Patients](#)



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 page 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](#).
- NRT is safe and effective in helping adults quit tobacco use, [according to the CDC](#).
- NRT [works best](#) when paired with behavioral counseling interventions.
- 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+.

### 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, according to [recommendation statements](#) from the [US Preventive Services Task Force](#).
- 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.
- 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](#).
- 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](#).
- 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](#).
- The information 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.

[Download NRT Information in a factsheet](#)

[www.aap.org/NRT](http://www.aap.org/NRT)

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# SUMMARY

- **Ask-Counsel-Treat** guidance
- Clinical flowchart
  - 1-page graphic outlining how to implement A-C-T in 2-3 minutes
- Factsheet: Leveraging your EHR for Youth Tobacco Cessation
- Behavioral Supports Webpage
- NRT prescribing information

[www.aap.org/cessation](http://www.aap.org/cessation)



# YOUTH TOBACCO CESSATION: CONSIDERATIONS FOR CLINICIANS RESOURCE

**Available now!**

Free to all clinicians, health professionals, and the public

[www.aap.org/cessation](http://www.aap.org/cessation)



# BACK TO DR. BOYKAN...





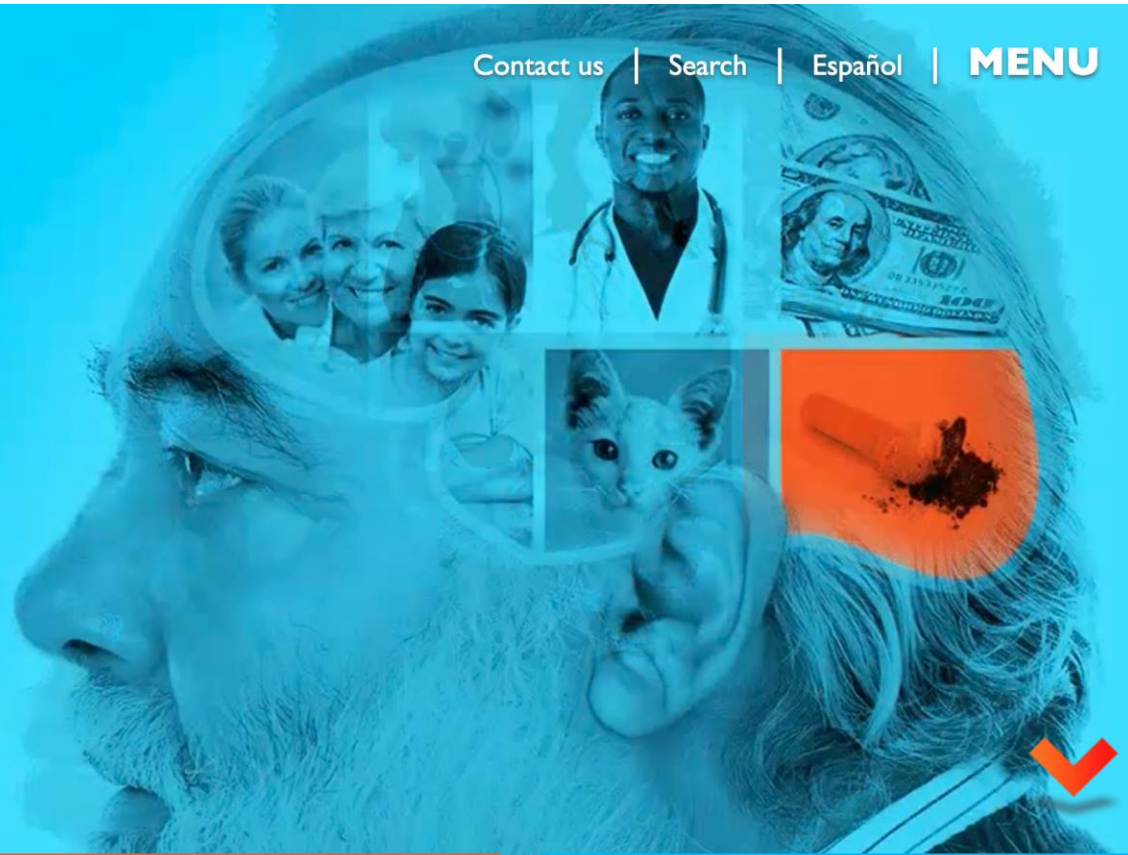


Stony Brook Children's



Contact us | Search | Español | **MENU**

SMOKING IS AN  
**ADDICTION**  
Get support. *Don't give up.*



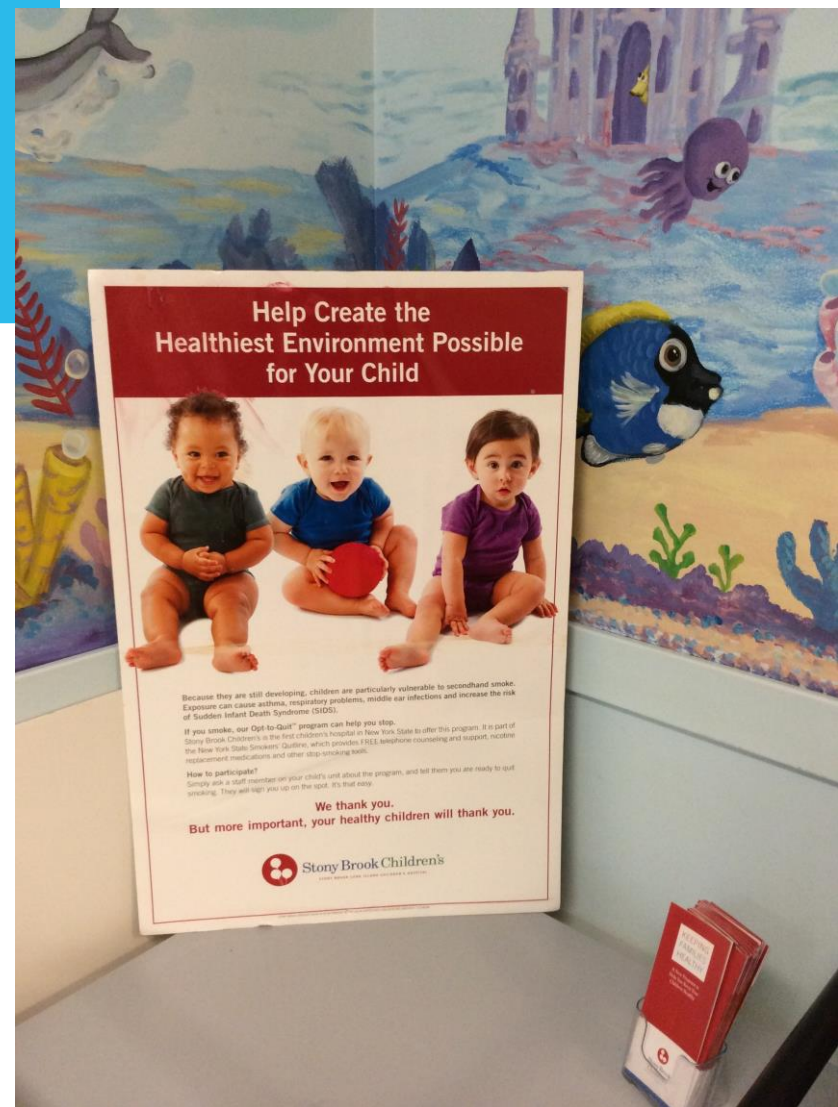
<https://www.nysmokefree.com/>



Stony Brook Children's

# Opt-to-Quit™

*Designed for healthcare delivery systems,  
to help patients be tobacco free.*





RESEARCH ARTICLE

# Implementation of an Inpatient Electronic Referral System (Opt-to-Quit) From the Electronic Health Record to the New York State Smokers' Quitline: First Steps

Rachel Boykan, MD,<sup>a</sup> Carolyn Milana, MD,<sup>a</sup> Grace Propper, MS, RN, CPNP, NNP-BC,<sup>a</sup> Patricia Bax, RN, MS,<sup>b</sup> Paula Celestino, MPH<sup>b</sup>

ABSTRACT

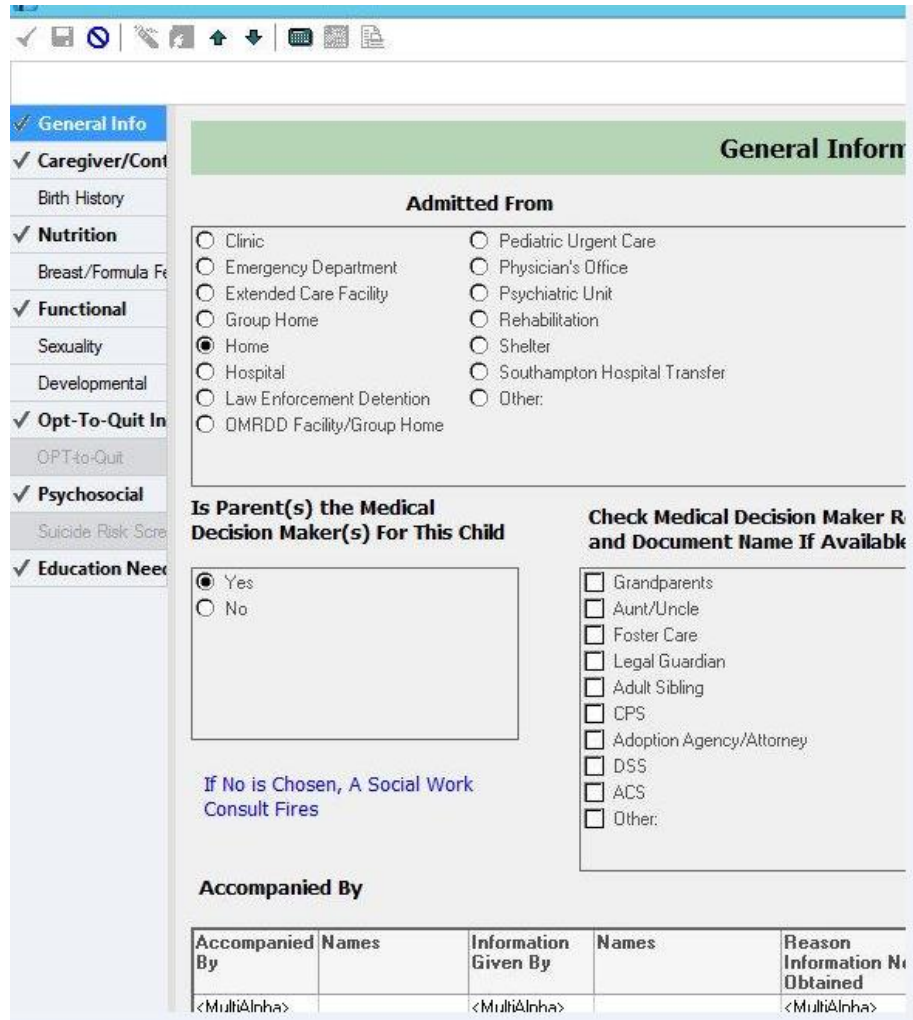
**OBJECTIVES:** (1) To implement a new policy-driven referral program, Opt-to-Quit, using electronic data transfer from the electronic health record (EHR) to the New York State Smokers' Quitline (NYSSQL) and (2) to improve referrals to the NYSSQL for smoking caregivers of children admitted to a children's hospital.

**METHODS:** Smoking caregivers of pediatric patients were referred to the NYSSQL through a standardized template built into the EHR, during the child's hospitalization or emergency department encounter. Direct data exchange was based on a point-to-point protocol, without dependence on any external centralized processing service. Input and oversight were provided by a multidisciplinary task force, which included physician and nursing leadership, information technology specialists, Health Insurance Portability and Accountability Act compliance personnel and legal counsel, and NYSSQL staff. The process was refined through several iterative plan-do-study-act cycles, using a single-armed, prospective cohort study design, including surveys of nursing staff and continued input of information technology experts on both hospital and Quitline sides.

**RESULTS:** In 2013, 193 smokers were identified in 2 pilot units; 62% ( $n = 119$ ) accepted referral to the NYSSQL. In 2014, after expansion to all inpatient units and the emergency department, 745 smokers were identified, and 36% ( $n = 266$ ) accepted referral. Over the 2 years, overall increase in referrals was 124%; as of the first quarter of 2015, referral rate was sustained at 34%.

**CONCLUSIONS:** Hospital-wide implementation of the Opt-to-Quit program through our EHR was feasible and sustainable and has significantly improved referrals to the NYSSQL.

---

**General Info**

**Caregiver/Cont**

Birth History

**Nutrition**

Breast/Formula Fe

**Functional**

Sexuality

Developmental

**Opt-To-Quit In**

OPT-to-Quit

**Psychosocial**

Suicide Risk Scree

**Education Need**

**General Inform**

**Admitted From**

Clinic  
 Emergency Department  
 Extended Care Facility  
 Group Home  
 Home  
 Hospital  
 Law Enforcement Detention  
 QMRDD Facility/Group Home  
 Pediatric Urgent Care  
 Physician's Office  
 Psychiatric Unit  
 Rehabilitation  
 Shelter  
 Southampton Hospital Transfer  
 Other:

**Is Parent(s) the Medical Decision Maker(s) For This Child**

Yes  
 No

**Check Medical Decision Maker R and Document Name If Availb**

Grandparents  
 Aunt/Uncle  
 Foster Care  
 Legal Guardian  
 Adult Sibling  
 CPS  
 Adoption Agency/Attorney  
 DSS  
 ACS  
 Other:

**Accompanied By**

Accompanied By	Names	Information Given By	Names	Reason Information No Obtained
<Multi&Inha>		<Multi&Inha>		<Multi&Inha>

*If No is Chosen, A Social Work Consult Fires*

Opt-to-Quit™ initial assessment placement in pediatric nursing history




### Opt-To-Quit™ Assessment

#### Service

Pediatric

Please note:  
Pediatric Service-Includes all Children's Hospital Services



#### Does Your Child Live With or Spend Time With Anyone Who Uses Any Kind of Tobacco Product

Yes  
 No

If no, then please sign form. Assessment is complete.

#### Is The Smoker Present

Yes  
 No

#### Parent/Caregiver/Other Who Smokes

Mother  
 Father/Caregiver 2  
 Grandparent  
 Sibling  
 Family Member  
 Family Friend  
 Other




### Opt-To-Quit™ Assessment

#### Service

Pediatric

Please note:  
Pediatric Service-Includes all Children's Hospital Services



#### Does Your Child Live With or Spend Time With Anyone Who Uses Any Kind of Tobacco Product

Yes  
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If no, then please sign form. Assessment is complete.

#### Is The Smoker Present

Yes  
 No

#### Parent/Caregiver/Other Who Smokes

Mother  
 Father/Caregiver 2  
 Grandparent  
 Sibling  
 Family Member  
 Family Friend  
 Other

\*\*\*\*The question should be asked exactly as it is written in the text box. Asking questions such as, “do you smoke?” or “You don’t smoke, do you?” or “Does anyone smoke in the home?” will not identify people who use tobacco products around children. Tobacco products include cigarettes and electronic cigarettes, which might be referred to as “smoking or vaping.”



### Opt-To-Quit™ Assessment

#### Service

Pediatric

Please note:  
Pediatric Service-Includes all Children's Hospital Services

#### Does Your Child Live With or Spend Time With Anyone Who Uses Any Kind of Tobacco Product

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### Opt-To-Quit™ Assessment

#### Service

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Yes  
 No

If no, then please sign form. Assessment is complete.

#### Is The Smoker Present

Yes  
 No

#### Parent/Caregiver/Other Who Smokes

Mother  
 Father/Caregiver 2  
 Grandparent  
 Sibling  
 Family Member  
 Family Friend  
 Other







### OPT-to-Quit™

At Stony Brook Children's we believe the best thing you can do for your child's health and your own health is to stop smoking.

As a service to you, if you agree, we will forward your contact information to the New York State Smokers' Quitline, so they can contact you to describe and offer you their free stop smoking services.

By providing this information to us, you consent and permit Stony Brook Children's and its staff to share your name, phone number and contact information with NY State Opt to Quit line who will contact you.

If at any time you wish to opt out of this service you simply have to notify the Opt-to-Quit representative.

**Referral to Opt-to-Quit Offered**

Yes

**Accepts Opt-to-Quit Referral**

Yes  No

**Date of Birth**

xxx / xxx / xxxxxx

**Parent/Caregiver Last Name**

**Parent/Caregiver First Name**

**Address**

**Preferred Phone**

Please Enter Phone Number in XXX-XXX-XXXX Format Only

**Best Time to Call**

**Alternate Phone**



### OPT-to-Quit™

At Stony Brook Children's we believe the best thing you can do for your child's health and your own health is to stop smoking.

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Yes

**Accepts Opt-to-Quit Referral**

Yes  No

**Date of Birth**

xx / xx / xxxxx

**Parent/Caregiver Last Name**

**Parent/Caregiver First Name**

**Address**

**Preferred Phone**

Please Enter Phone Number in XXX-XXX-XXXX Format Only

**Best Time to Call**

**Alternate Phone**

**E-Mail Address**

**Comments**





Stony Brook Children's

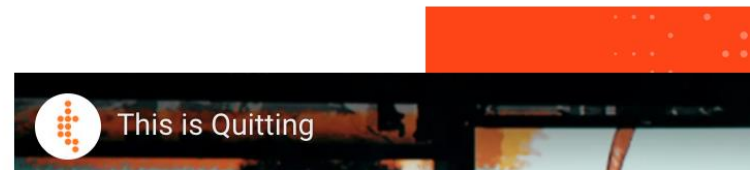
# THIS IS QUITTING

The first-of-its-kind program to help young people quit vaping, This is Quitting has helped nearly 400,000 youth and young adults on their journey to quit vaping. Learn more about how it works and the additional resources available for parents of young vapers and for adults who want to quit.

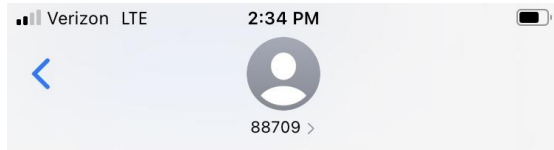
Teens and young adults can join for free by texting **DITCHVAPE** to **88709**

---

## What is This is Quitting?

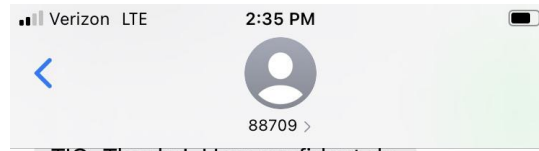
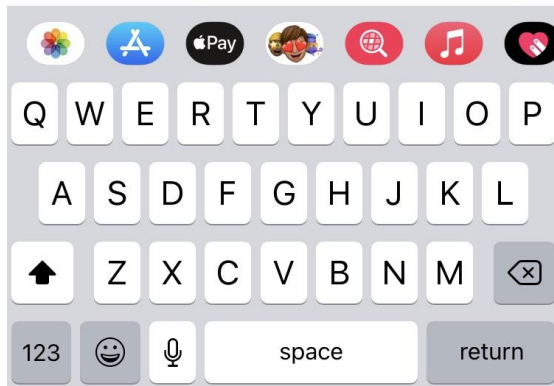


<https://truthinitiative.org/thisisquitting>



Ditchvape

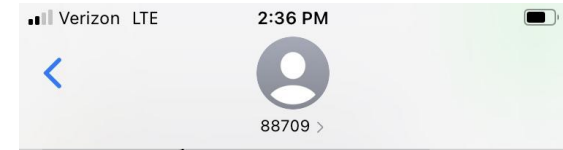
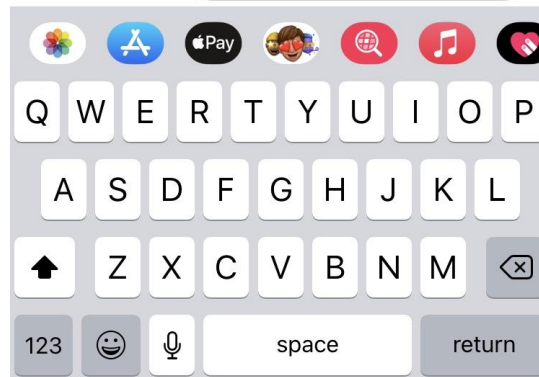
TIQ: Hi! I'm from This is Quitting (TIQ) & here to help you quit JUUL or any e-cig/vape. Reply w/ ur NAME & AGE to get started. Ex: Joey 17. Recurring msgs. StdMsgRatesApply. Reply STOP 2 Opt-Out, HELP for program info.



TIQ: Thanks! How confident do you feel about quitting? Reply TOTALLY, SOSO, or MEH.

Meh

TIQ: Thank you for sharing that with me. Next Q: Whose device do you use most often? A= my own, B= my own and someone else's, C= mostly someone else's



boost. I'll ask how quitting's going a few times later on-- your answers tell me how I'm doing helping you & 300,000+ others quitting with us. Your tip for today is to make a list on your phone of all the places that you keep your puff bar stuff so that you'll know where to clean them out when it's quitting time. More tomorrow! 🙌





> [JAMA Intern Med.](#) 2021 Jul 1;181(7):923-930. doi: 10.1001/jamainternmed.2021.1793.

# Effectiveness of a Vaping Cessation Text Message Program Among Young Adult e-Cigarette Users: A Randomized Clinical Trial

[Amanda L Graham](#)<sup>1 2 3</sup>, [Michael S Amato](#)<sup>1 2</sup>, [Sarah Cha](#)<sup>1</sup>, [Megan A Jacobs](#)<sup>1</sup>,  
[Mia M Bottcher](#)<sup>1</sup>, [George D Papandonatos](#)<sup>4</sup>

Affiliations + expand

PMID: 33999133 PMCID: [PMC8129897](#) DOI: [10.1001/jamainternmed.2021.1793](#)

[Free PMC article](#)



### Refer-to-Quit Referral Form

Patient stamp, label, OR info (name, record number, DOB, date):

Fax form to: 1-866-QUIT-FAX (1-866-784-8329)

#### Step-by-Step:

- If a tobacco user would like help from the Quitline, complete form.
- Fax completed form to 1-866-784-8329.
- A Quitline Quit Coach will contact the tobacco user and offer free cessation services. A progress report will be sent to the provider listed on this form.
- The Quitline program is a free service for all New York State residents regardless of insurance status.

Code:  
Special Programs Only

#### Tobacco Users: Complete This Section

(Please print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Male  Female Gender ( ) \_\_\_\_\_ - \_\_\_\_\_ Primary Phone (area code + number) ( ) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone (Area code + number)

E-mail Address: \_\_\_\_\_

When should we call?  Morning  Afternoon  Evening  No preference May we leave a message?  Yes  No

Language Preference:  English  Spanish  Other (specify) \_\_\_\_\_

*I (undersigned) give permission for the support staff of the New York State Smokers' Quitline to contact me, coach me in quitting smoking, and give feedback regarding my progress to the health care provider listed below and permission for that provider to forward the information to other relevant health care providers.*

Required Tobacco User's Signature (or agent if authorization was verbal) \_\_\_\_\_ Date \_\_\_\_\_

#### Health Providers/Employer/Other: Complete This Section

Referrer: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone number

Facility: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax number

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

SEND PROGRESS REPORT VIA SECURED:  Secured Site Access  E-mail (Secured Attachment)  
 Fax (Provider Secured)  DO NOT SEND PROGRESS REPORT

*If a selection is not indicated, no progress reports will be made available.*

Send feedback report to:

Same as above or \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Name Phone number

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Facility Fax number

E-mail address: \_\_\_\_\_

PEDIATRICS ONLY: Tobacco Users' relationship to child:  Mother  Father  Other (specify) \_\_\_\_\_

Child/Children's name: (to help with recordkeeping) \_\_\_\_\_



**NY** STATE  
SMOKERS'  
**QUITLINE**

**1-866-NY-QUITS**  
(1-866-697-8487) [nysmokefree.com](http://nysmokefree.com)

# Accessing Quitline Services



**Nysmokefree.com**



**1-866-NY-QUITS**

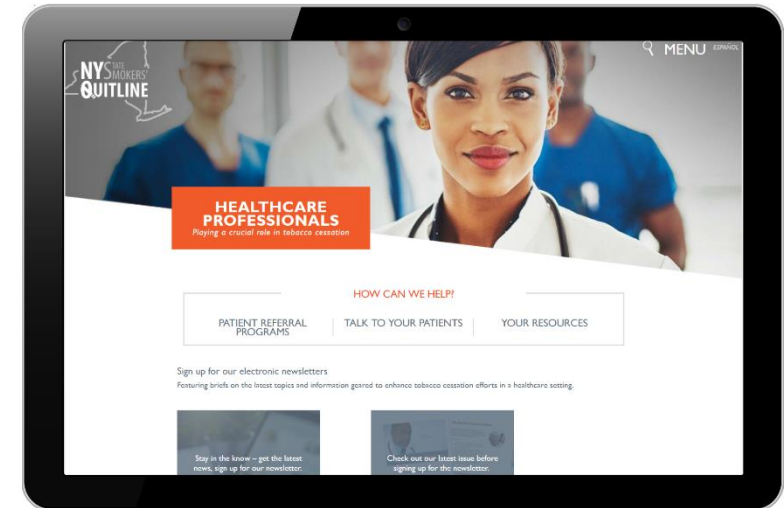


**Referred by HCP**



# NYSSQL Services for Healthcare Professionals

- *Patient Referral Program*
  - *Call within 24-72 hours of referral receipt*
  - *Materials and referral forms*
  - *Technical assistance*
- *QuitSite resources ([www.nysmokefree.com](http://www.nysmokefree.com))*
- *E-Newsletters*
  - *Quitters Always Win! - & - The Check-Up*
- *Webinars and CME trainings*
- *Connections to local NYS Health Systems Change programs*



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**PRINT MATERIALS**  
Brochures, handouts, cards, and more

### Ordering materials

To order the materials available below, please **contact the Quitline and specify the material name and type (i.e. brochure, card), language, and the amount you would like.**

Materials marked by an asterisks are limited to **healthcare offices and organizations only.**

Employer groups or friends and family looking to support someone looking to quit tobacco, please contact us.

[Contact us online](#)

[Call now](#)

Materials are free and their availability is subject to change.

### Brochures



**Thinking About Quitting**

To educate, inform, and support your patients. **Maximum free: 100.** Available in Spanish.

[Contact to order\\*](#)

[Download](#)



**Learning to Quit**

A simple guide to quit smoking. Available in Spanish.

[Download](#)



**Lung Cancer Screening**

Early detection saves lives – when and why you should consider getting screened.

[Download](#)



**Smoking Cessation and People with Disabilities**

How to kick the habit for good!

[Download](#)



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# NYSSQL Free Services for Tobacco and \*ENDS Users

## Coaching by Trained Tobacco Dependence Treatment Specialists

- Up to 3 coaching sessions
- Up to 6 coaching sessions for those reporting psychological distress, alcohol and cannabis use, disabilities and pregnancy
- Referral to additional cessation services (e.g., health plan, local or health site programs)



## Nicotine Replacement Therapy (NRT)

- Combination therapy (patch and gum or lozenge) for moderate or heavy users
- Nicotine patch or lozenge for light smokers
- Up to a 4- or 6-week supply



\*Electronic Nicotine Delivery Systems

# New York State Smokers' Quitline: Digital

SMOKING IS AN  
**ADDICTION**  
Get support. *Don't give up.*

Talk with a Quit Coach

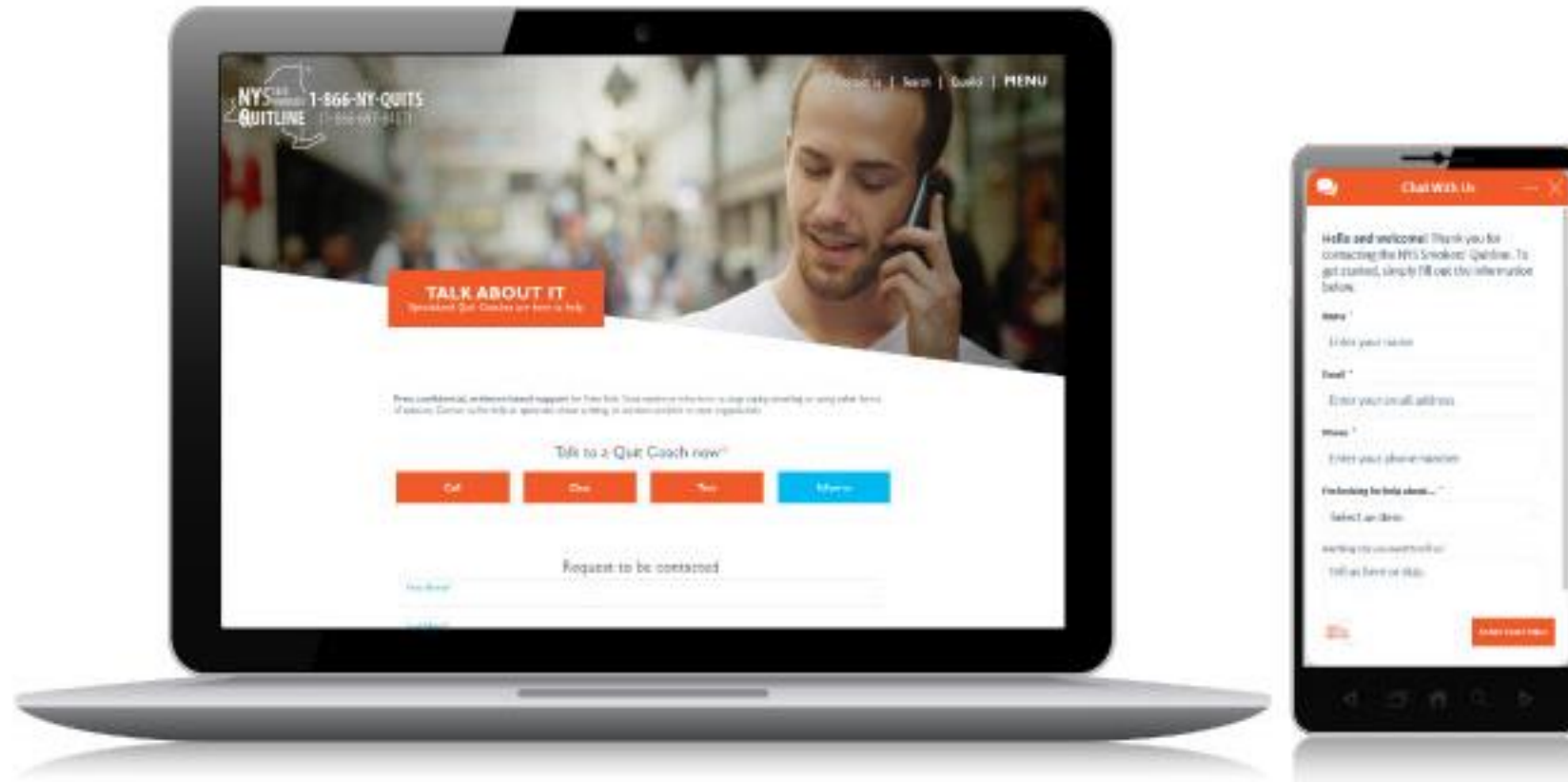
FREE patches

Lung screening

[nysmokefree.com](https://nysmokefree.com)

1-800-NYQUITS (1-866-697-8487)

# New York State Smokers' Quitline: Digital



## NYSSQL Coach Chat

# New York State Smokers' Quitline: Digital



## For help

For help with nicotine addiction talk with a New York State Smokers' Quitline Coach -

Call

Text

Chat

[Learn more](#)

If you are concerned at all with your vaping device or products or just want more information, contact [vaping.inquiries@health.ny.gov](mailto:vaping.inquiries@health.ny.gov).

Anyone experiencing symptoms who uses vape products should contact their healthcare provider immediately. Healthcare providers should report possible cases to the local poison control center (1-800-222-1222).

## Teens and young adults vaping

For help with quitting vaping, teens and young adults (ages 13-24) can text "DROPTHEVAPE" to 88709 to join This Is Quitting, a free texting support program.

[Visit truthinitiative.org/thisisquitting](http://truthinitiative.org/thisisquitting) to learn more.

## Help for parents

Parents can text "QUIT" to 202-899-7550 to receive daily advice to help youth quit.

[Visit truthinitiative.org/thisisquitting](http://truthinitiative.org/thisisquitting) to learn more.

[Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults](#)

[Learn more](#)

[How to talk with your children about e-cigarettes.](#)

[Learn more](#)

# CDC Resources

## Smoking & Tobacco Use

Home > Data and Statistics > Fast Facts and Fact Sheets



### Home

Office on Smoking and Health (OSH) +

Quit Smoking +

Basic Information +

Tobacco-Related Disparities +

Data and Statistics -

Fast Facts and Fact Sheets -

Youth and Tobacco Use

Surveys +

Data Resources

Scientific Evidence Briefs

Information by Topic

STATE System

## Youth and Tobacco Use

Youth use of tobacco products in any form is unsafe.

If cigarette smoking continues at the current rate among youth in this country, 5.6 million of today's Americans younger than 18 will die early from a smoking-related illness. That's about 1 of every 13 Americans aged 17 years or younger who are alive today.<sup>1</sup>

### Background

Preventing tobacco product use among youth is critical to ending the tobacco epidemic in the United States.

- Tobacco product use is started and established primarily during adolescence.<sup>1,2</sup>
- Nearly 9 out of 10 adults who smoke cigarettes daily first try smoking by age 18, and 99% first try smoking by age 26.<sup>2</sup>
  - Each day in the U.S., about 1,600 youth smoke their first cigarette and nearly 200 youth start smoking every day.<sup>3,4</sup>
- Flavorings in tobacco products can make them more appealing to youth.<sup>4</sup>
  - In 2020, 85% of high school students and 74% of middle school students who used tobacco products in the past 30 days reported using a flavored tobacco product during that time.<sup>5</sup>

### On This Page

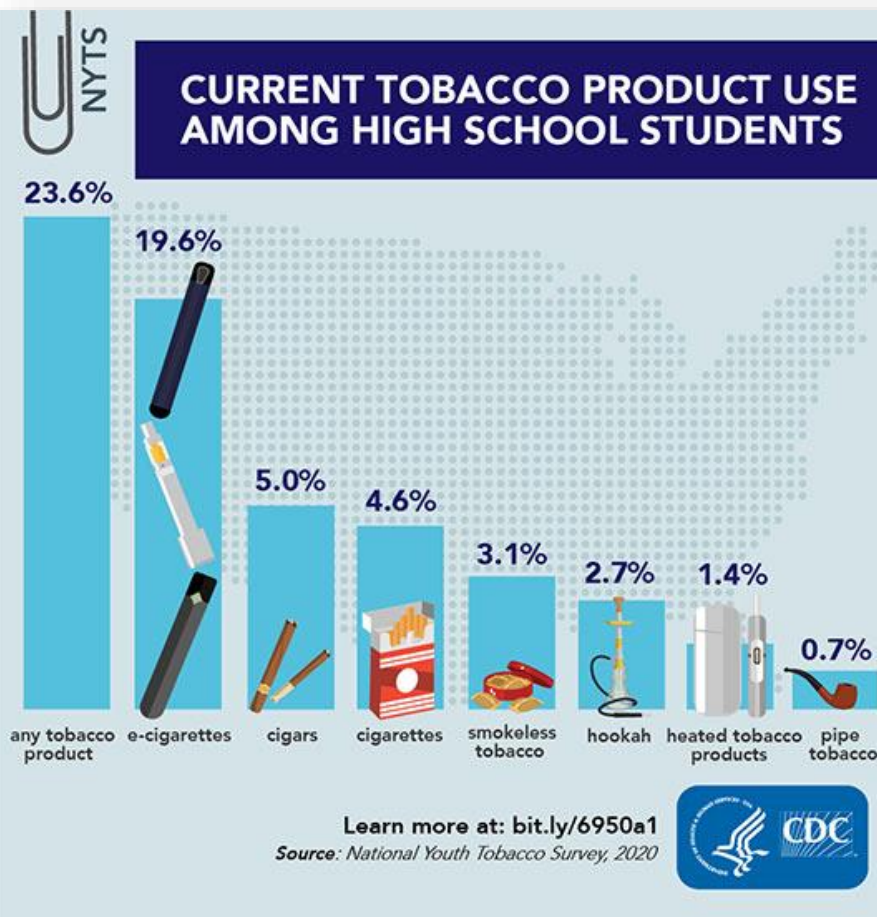
[Background](#)

[Estimates of Current Tobacco Use Among Youth](#)

[Factors Associated With Youth Tobacco Product Use](#)

[Reducing Youth Tobacco Product Use](#)

[References](#)



[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use)

# Questions?

- ✓ Please add your questions in the chat box, thank you!
- ✓ For those of you who requested a packet of patient cessation materials, these will arrive via mail in the next few weeks.





# Contact Our Outreach Team...

***Paula Celestino, MPH***

716-845-8817    [paula.celestino@roswellpark.org](mailto:paula.celestino@roswellpark.org)

***Patricia Bax, RN, MS, NCTTP***

716-845-4365    [patricia.bax@roswellpark.org](mailto:patricia.bax@roswellpark.org)

***Tony Astran, MPA, APR, TTS***

716-845-8239    [anthony.astran@roswellpark.org](mailto:anthony.astran@roswellpark.org)

A wide-angle photograph of the Roswell Park Comprehensive Cancer Center. The main building is a large, multi-story structure with a prominent curved section, finished in reddish-brown brick with horizontal bands of windows. The name "ROSWELL PARK" is visible on the upper part of the building. In the foreground, there is a well-maintained courtyard with a green lawn, several trees, and wooden benches. A paved path winds through the courtyard. The sky is blue with scattered white clouds. A teal banner is overlaid on the right side of the image, containing the text "Thank you!".

**Thank  
you!**

ROSWELL PARK COMPREHENSIVE CANCER CENTER