

Tobacco, E-Cigarettes and Alternative Products: Anticipatory Guidance, Screening and Treatment **FOR PEDIATRIC PROVIDERS**





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Educate and Counsel

Patients and Parents/Guardians

Starting at age 5, provide education and counseling — at every visit — to prevent initiation of tobacco, e-cigarettes and other alternative products. These communication strategies can be used with patients and family members during preventive counseling, screening and treatment.

Who	What to talk about	Examples of how to talk about it (Refer to the Product Guide for a comprehensive list of health risks)
Elementary and Middle School Students	Short-term or immediate health effects, including potential for addiction	<p>“Nicotine can change the chemistry of your brain. It can make it harder to pay attention and remember things in class.”</p> <p>“Smoking or using e-cigarettes can make it harder to keep up in [sport or activity].”</p> <p>“Trying vaping a few times could get your body hooked and make it harder to stop.”</p>
	Personalized health risks	<p>“Smoking can make you have asthma attacks more often.”</p>
	Marketing manipulation	<p>“Companies want to sell more vapes, so they make them in lots of fruity flavors to make vaping seem safe and cool.”</p>
High School Students	Short-term or immediate health effects, including potential for addiction	<p>“Nicotine can change the chemistry of your brain. It may worsen your memory and concentration and may decrease learning ability.”</p> <p>“There have been several cases of lung injury linked with vaping different products, including THC oil. People have been put in the hospital and some have even died from this.”</p> <p>“One hour of smoking hookah can expose you to more carbon monoxide and tar than smoking 10 cigarettes.”</p> <p>“People have gotten carbon monoxide poisoning from smoking hookah.”</p>
	Personalized health risks	<p>“Smoking can make you have asthma attacks more often.”</p> <p>“Smoking can increase your risk of eye or kidney problems if you have diabetes.”</p>

Who	What to talk about	Examples of how to talk about it (Refer to the Product Guide for a comprehensive list of health risks.)
High School Students	Financial cost and industry manipulation	"Companies use different fruit and dessert flavors to make e-cigarettes seem harmless, but they're not. They want you to keep using their products because it means more money for them."
	Potential long-term health effects	"Vaping aerosol has lots of chemicals in it, including some that can cause cancer. Each flavor and liquid can have different chemicals in it, with different risks. It took us decades to realize that smoking causes cancer. We don't know what the long-term health effects are from vaping yet. E-cigarette companies are basically experimenting on you."
	Secondhand risks to those around them	"Secondhand smoke from any tobacco product is dangerous and can even cause cancer. You don't want to expose your friends, family or younger siblings to that risk."
Parents and Guardians	Secondhand risks to those around them	<p>"Children are more likely to smoke when their parents, siblings or friends smoke."</p> <p>"Even if you're not smoking in front of your kids, smoking at home can increase their risk of asthma and respiratory and ear infections."</p> <p>"Toxic and cancer-causing chemicals have also been found in e-cigarette aerosol."</p>
	Long-term health effects	"Smoking cigarettes can cause lung disease, heart disease, stroke, diabetes, vascular disease and more than 10 types of cancer."

Screen and Treat Parents and Guardians

At all ages, screen youth for exposure to smoke and vaping aerosol. Screening can occur at the front desk with a self-reported questionnaire, while taking vital signs or during the visit. Educate parents and guardians on the importance of protecting their child's health and how they can help their child resist peer pressure and other social influences.

Secondhand tobacco smoke can increase the risk for asthma attacks, sudden infant death syndrome (SIDS), and respiratory and ear infections. Secondhand smoke or aerosol from other products, like hookah, marijuana and e-cigarettes, contains toxic and carcinogenic chemicals.

- Determine who in the practice will screen youth for exposure to smoke and vaping aerosol, when screening will occur and how your practice will document any exposure.
- Use billing code Z77.22 to document any suspected environmental exposure to tobacco smoke and P96.81 to document any suspected environmental exposure to tobacco smoke in the perinatal period. See the Billing Guide for Tobacco Screening and Counseling: For New York State for additional codes.

Develop a treatment plan for family members that includes counseling, pharmacotherapy and follow-up.

- Determine who in the practice will provide counseling, pharmacotherapy, educational materials or resources, referrals and follow-ups.
- Determine who will capture and document each component of the treatment plan in the electronic health record (EHR).



Ask

Does your child regularly spend time with anyone who smokes or vapes?

Does anyone ever smoke or vape in your home?

Yes

No

Ask

Do you ever smell smoke in your home from a neighboring apartment or outside?

Yes

Assist

- **Provide smoke-free housing resources.** You can share the Smoke-Free Housing Health Bulletin found in this action kit.
- **Write a letter to the patient's building management or landlord** recommending that the building adopt a smoke-free policy. You can use the letter template found in this action kit.

Assist

Counsel parents and guardians on the risks to children from exposure to secondhand smoke and vaping aerosol.

Include any specific risks due to existing chronic conditions, such as asthma.

Offer treatment for tobacco use

directly through your practice or via referral. Recommend cessation medications approved by the Food and Drug Administration (FDA) and counseling for those trying to quit.

For those not ready to quit, **encourage them to maintain a smoke- and vape-free home.** Provide relevant resources, such as the Smoke-Free Housing Health Bulletin found in this action kit.

Follow Up

If prescribing medication, follow up within 48 hours to ensure the prescription was filled and the patient has started the medication, and to address any problems. Follow up again in six weeks to assess progress; earlier follow-up may be needed with non-nicotine medications to assess for adverse effects. Be sure to reference the Smoking Cessation Medication Prescribing Chart as needed.

If referring a patient to an outside program, follow up and assess progress at every visit.

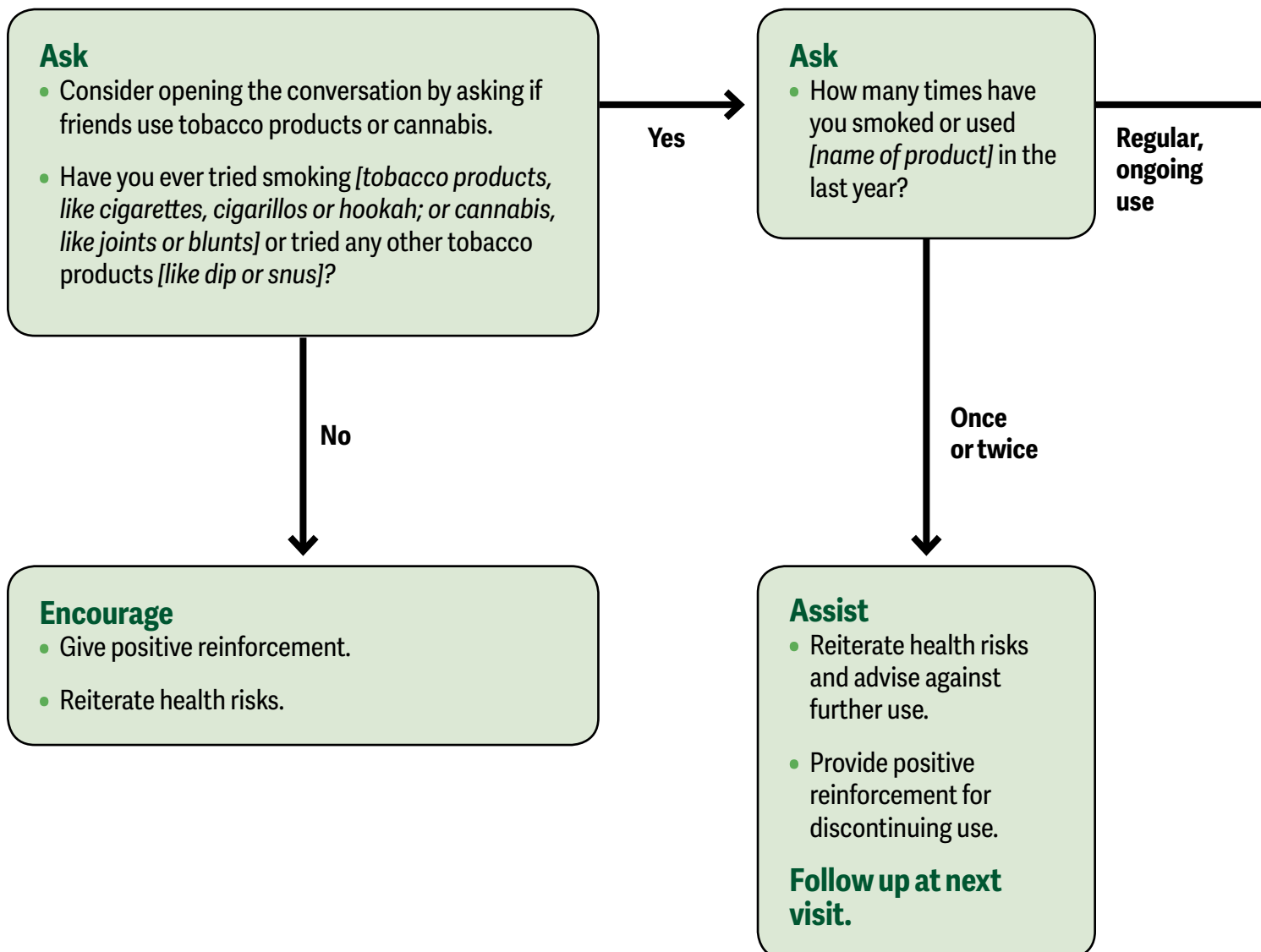
Screen and Treat Your Patients Ages 10 and Older

Beginning at age 10, screen patients for tobacco, e-cigarette and other alternative product use. Encourage disclosure by asking parents and guardians to leave the exam room, when age appropriate.

Identifying tobacco, e-cigarette and alternative product use in youth can be challenging. Start by asking broader questions. For example, asking about peer use may encourage disclosure. When age appropriate, ask parents or guardians to leave the exam room and establish confidentiality rules with the patient to help encourage disclosure.

- Determine when screening for tobacco, e-cigarette and other alternative product use will occur during the visit, and how your practice will document any findings.

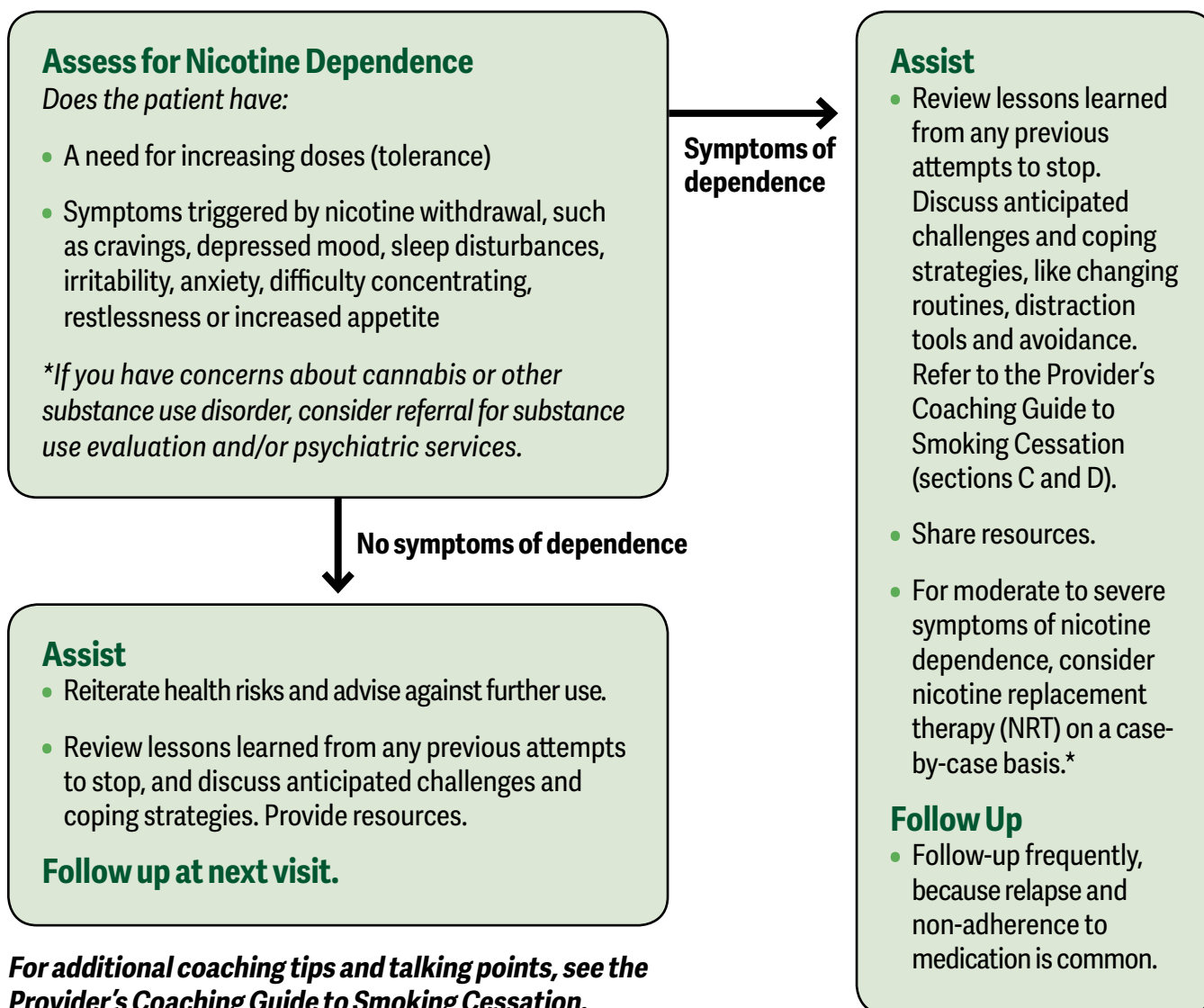
Screening and Treatment Workflow for Tobacco Use



Develop a treatment plan for children that includes counseling, pharmacotherapy (as needed) and follow-up.

- Determine who in the practice will provide counseling, pharmacotherapy (as needed), other educational materials or resources, and referrals.
- Implement systems and designate staff to address each of the above treatment components.

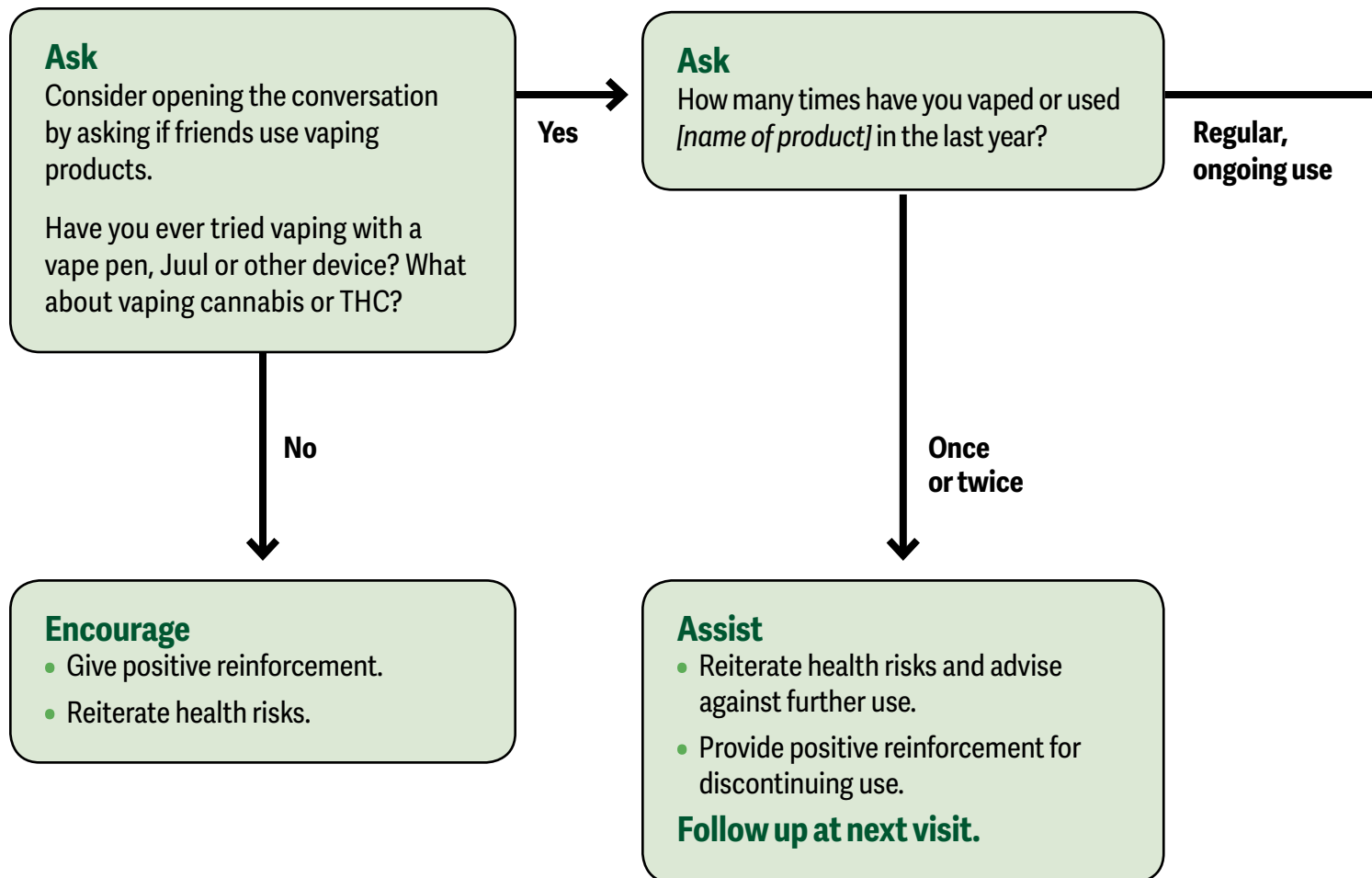
[Note: Screening and treatment algorithms can be found on this and the following page.]



For additional coaching tips and talking points, see the Provider’s Coaching Guide to Smoking Cessation.

**Although NRT medications are only FDA approved for those age 18 and older, they may be considered for use on a case-by-case basis.*

Screening and Treatment Workflow for E-Cigarette Use





Assess for Nicotine Dependence

Does the patient have:

- A need for increasing doses (tolerance)
- Symptoms triggered by nicotine withdrawal, such as cravings, depressed mood, sleep disturbances, irritability, anxiety, difficulty concentrating, restlessness or increased appetite

**If you have concerns about cannabis or other substance use disorder, consider referral for substance use evaluation and/or psychiatric services.*



Assist

- Reiterate health risks and advise against further use.
- Review lessons learned from any previous attempts to stop. Discuss anticipated challenges and coping strategies, like changing routines, distraction tools and avoidance. Refer to the Provider's Coaching Guide to Smoking Cessation (sections C and D).
- Share resources.
 - ◆ Youth and young adults can participate in This Is Quitting, a Truth Initiative texting-based e-cigarette quit program, by texting **"DROPTHEVAPE"** to **88709**. Parents can also text **"QUIT"** to **202-899-7550** to receive coaching advice to help youth quit. Visit thisisquitting.com to learn more.
 - ◆ Individuals who are currently using tobacco or e-cigarettes can also call **311** or **866-NY-QUITS** or visit nysmokefree.com for quitting support and guidance.
- For moderate to severe symptoms of nicotine dependence, consider nicotine replacement therapy (NRT) on a case-by-case basis.*

Follow Up

- Follow-up frequently because relapse and non-adherence to medication is common.

For more information and resources on youth tobacco and e-cigarettes, visit nyc.gov/health and search **youth tobacco and e-cigarette toolkit**.

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