



Clinical Champion Update

Date: 3/8/21

Subject: Smoking Cessation

Adolescent e-cig use has reached an epidemic proportion in our country. Numbers are reducing in the last couple years but remain high.

In 2020, 19.6% of high school students (3.02 million) and 4.7% of middle school students (550,000) reported current e-cigarette use. So nationally, 1 in 5 high schoolers are using nicotine products.

The number of documented teens using nicotine at VMG is quite low comparatively: 1.5% of teens. We have to presume we are not getting complete data on intake or during visit. We have begun discussing some ideas to improve, as it is essential to identify e-cig use to be able to counsel and help make behavioral change. Some things to keep in mind to help this issue w/ regard to our workflow:

- 1) Allowing adolescents a non-judgmental space to share - giving teens time without parents in the room.
- 2) Making sure we are using relatable language that is specific to e-cig use, explicitly asking about vaping and/or asking about brand names such as “JUUL/JUULing”. Pts may deny vaping but endorse “JUULing” - shows how effective the marketing has been that JUULing “is different” or “alternative” - notably JUUL occupies 40% e-cig market.
- 3) Documenting established use and communicating between team members. i.e. MA identifies use first; consider a quick warm hand off over Athena text or in HPI template.
- 4) During wellness visits no specific “button for vaping” in the risk section but taking a moment to educate patients on risk/complications, regardless of known use, and asking if patients have any questions.

Vape anatomy and utilized nicotine

3 Main Categories/Generation of vaporizers:

- First Gen: “Cigalikes” – resemble cigarettes
- Second Gen: eGos – larger models with refillable fluid tanks
- Third Gen: Mods – a modified version combining elements the of the first two gens

- Nicotine Fluid is super concentrated (Cigarette = 9mg, 1mg absorbed when smoked vs Nicotine Fluid 60ml of 25mg/ml nicotine)
- Concentrated sources pose risk for overdose - high risk with infants/children around liquid products. In some states marketing is similar to candy, similar products can be purchased online, putting our adolescents at possibly higher risk.
- Nicotine overdose:
 - Initial Symptoms: HA, lightheadedness, ataxia, N/V, abdominal pain, pallor, tachycardia, salivation, HTN.
 - However, response is biphasic and later symptoms include bradycardia, hypotension, weakness, dyspnea, seizures, coma and possibly death. Credit Brian Kloss MD - PAAV

Smoking cessation offers a great arena to practice motivational interviewing/Motivational Enhancement. Asking for patient permission prior to engaging in the conversation is essential.

Smoking cessation template in HPI is built to include a “readiness ruler” and can be used as a tool to engage and empower patients to pursue change.

Consider open-ended questions like, “I see you chose a “6” in terms of being ready to quit, why didn’t you pick a lower number?”

- This allows pts to reflect on the positive reasons and personal motivation they may have to make a change.
- And “Opens the door”, allowing us to positively reflect and reinforce their reasons for change.
- It's important to avoid asking why patients are “not a 10”, or “what would it take to be a 10?” as it implies judgement and patient inadequacy and shuts them/the conversation down.

Our goal is to engage and empower patients to recognize the need for change, that their reasons are the most important ones, and to positively reinforce them.

There are lots of additional tools available to assist our patients with smoking cessation including setting SMART goals, working with Tim Sweeny, using the Quitworks template, IBH consults and combination pharmacotherapy. Please reach out if we may be of assistance.

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