

About this Resource Guide:

This companion guide to the virtual *Enhancing Asthma Control in New Mexico: Addressing Youth Cessation* training has links to additional content throughout the slides.

The green arrows  will guide you to clickable links and images.

Printing this guide is not recommended.



*Aligning experience, resources, and our communities
to build a better New Mexico.*

**ENHANCING ASTHMA CONTROL
IN NEW MEXICO:
ADDRESSING YOUTH CESSATION**

Commercial Tobacco Products



All references to “tobacco” and “tobacco products” within this presentation refer to commercial tobacco and nicotine products and not the tobacco and/or other plant mixtures grown or harvested and used by American Indians and Indigenous People for sacred purposes.

References:

National Native Network. (2021). *Traditional vs. Commercial*. <http://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-v-commercial/> Tobacco

CDC. (2021). *American Indians/Alaska Natives and Tobacco Use*. <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>



PRESENTER INTRO

- Rebecca Padilla, National Manger, Tobacco Programs, American Lung Association
- Page Pomo, MD Farmington Community Health Center

Agenda

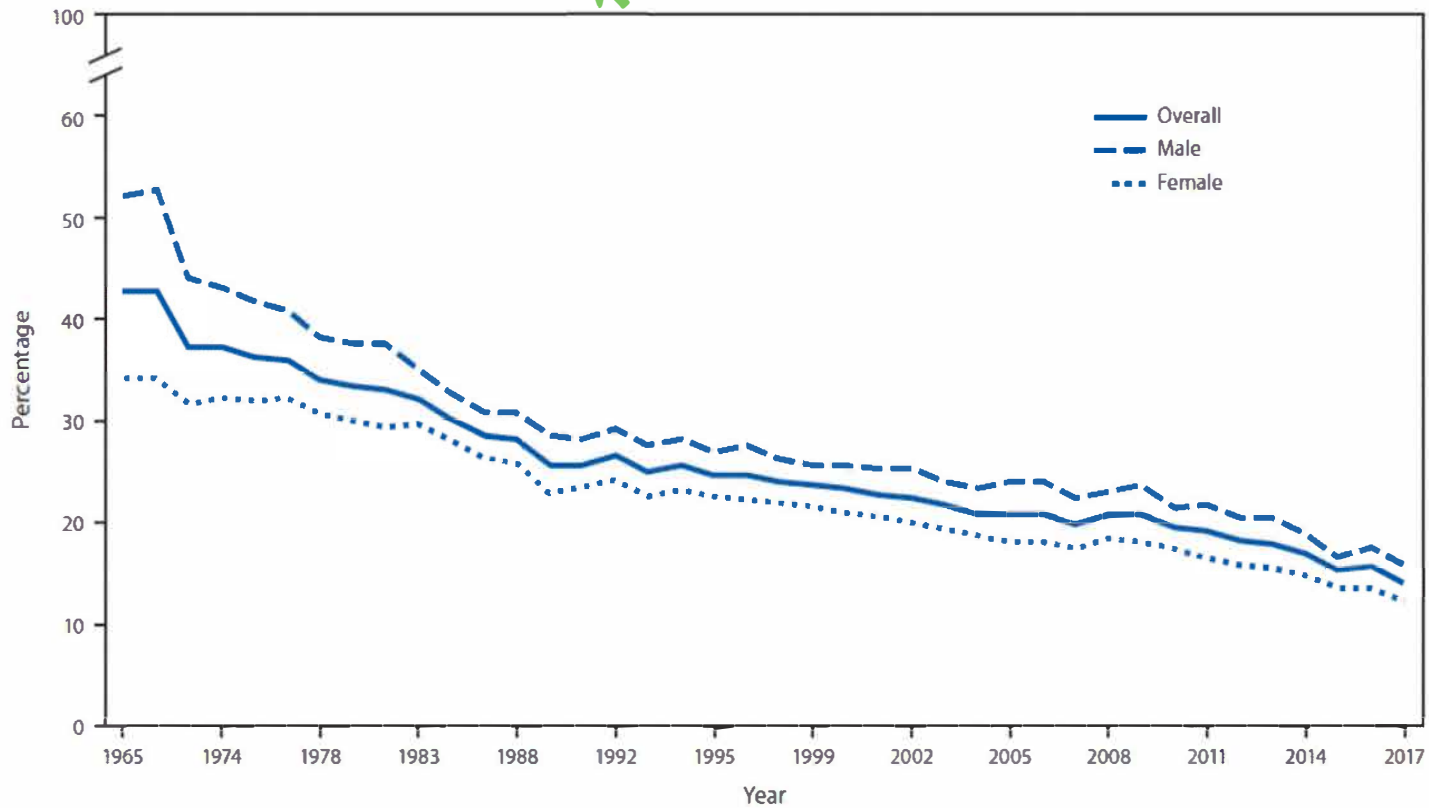
- Level Setting: Prevalence of Commercial Tobacco Use in Adolescents
 - *NM and US rates*
- EXHALE for Asthma Control
 - *CDC's technical package for QI & Asthma Control*
- Addressing nicotine and tobacco dependency in adolescents
 - *Promising practices, evidence-based interventions and clinical considerations for providers*
 - *Additional Resources for Providers*

Level Setting:



- Prevalence of Commercial Tobacco Product Use

FIGURE 1. Percentage of adults aged ≥ 18 years who were current cigarette smokers,* overall and by sex — National Health Interview Survey (NHIS), United States, 1965–2017



The Need By the Numbers

Nearly
8,000
kids start vaping
every day

1 in 4
teens use
e-cigarettes

Youth who use
e-cigarettes are:
4X more likely
to try a cigarette

3X more likely
to become
frequent smokers

5.4 million
kids use e-cigarettes

135%
increase in the use
of e-cigarettes by teens
in the last two years

*"I am officially declaring e-cigarette use among youth an epidemic in the United States...**Now is the time to take action.** We need to protect our young people from all tobacco products, including e-cigarettes."*

-U.S. Surgeon General Dr. Jerome Adams

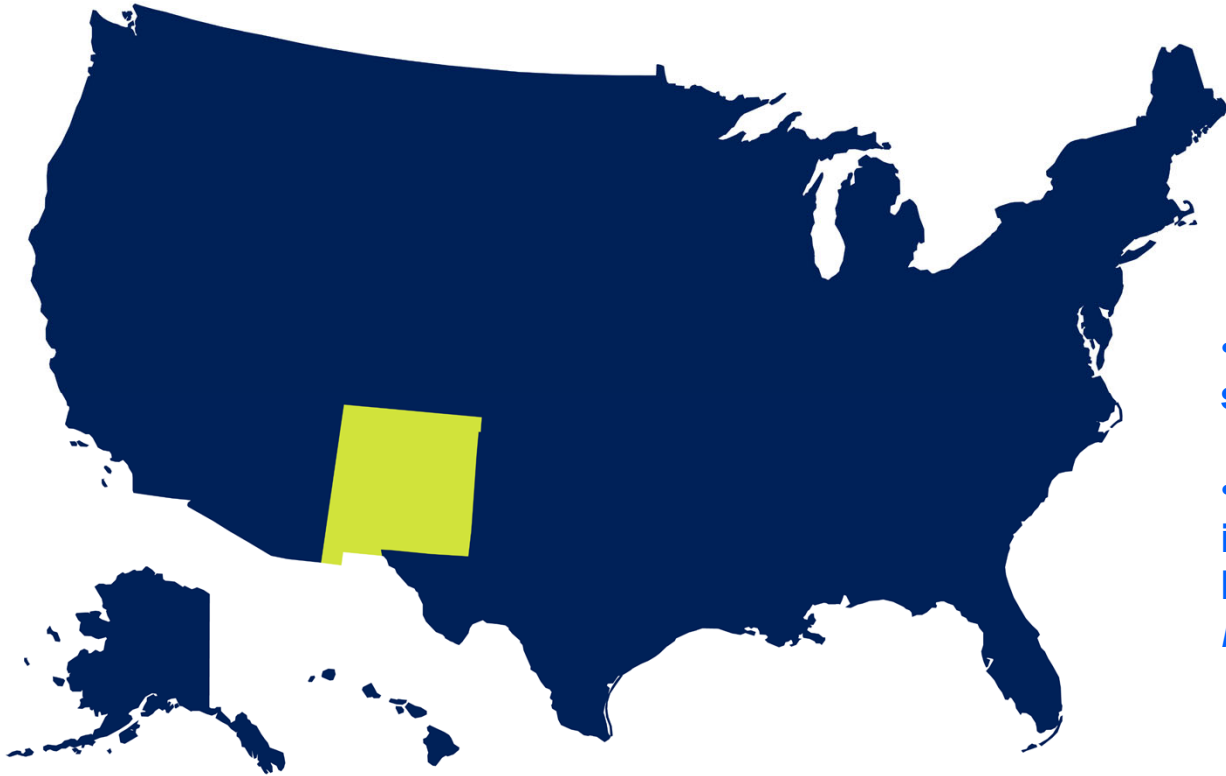


National Youth Tobacco Use

2020

Tobacco Product	Middle School Students	High School Students
Any Tobacco Product	6.7%	23.6%
Electronic Cigarettes	4.7%	19.6%
Cigarettes	1.6%	4.6%
Cigars	1.5%	5.0%
Smokeless Tobacco	1.2%	3.1%
Hookahs	1.3%	2.7%
Heated Tobacco Products	1.3%	1.4%
Pipe Tobacco	0.4%	0.7%





•In 2020, 16.1% of adults in New Mexico smoked. *Nationally, the rate was 15.5%.¹*

•In 2019, 8.9% of high school students in New Mexico smoked cigarettes on at least one day in the past 30 days. *Nationally, the rate was 6.0%.²*

1. CDC, Behavioral Risk Factor Surveillance System, 2020.

2. CDC, Youth Risk Behavioral Surveillance System, 2019.

Many Young People Use **Two or More** Tobacco Products



In 2020, Nearly 3 of every 100 middle school students (2.8%) and about 8 of every 100 high school students (8.2%) reported current use of two or more tobacco products in the past 30 days.



Youth who use multiple tobacco products are at **higher risk** for developing nicotine dependence and may be more likely to **continue using tobacco into adulthood**.



- Gentzke AS, Wang TW, Jamal A, Park-Lee E, Ren C et al. *Tobacco Product Use Among Middle and High School Students, United States, 2020*. *Morbidity and Mortality Weekly Report* 2020;69(50):1881–1888.
- Wang TW, Gentzke AS, Creamer MR, Cullen KA, Holder-Hayes E et al. *Tobacco Product Use and Associated Factors Among Middle and High School Students – United States, 2019*. *MMWR* 2019;68(12): SS 1-22 [accessed 2021 Sep 24].

Additional Recommended Resource:



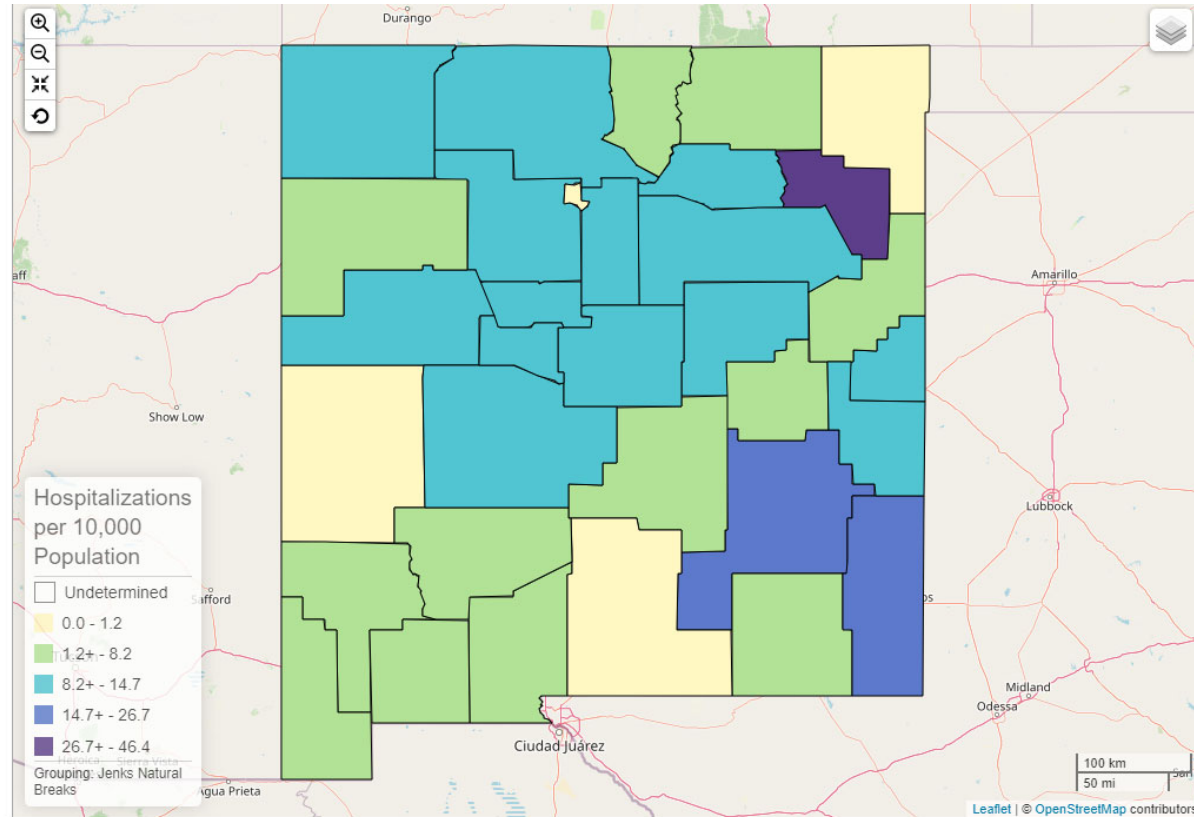
American Lung Association's Public Health Roadmap: Systems Change Strategies to Address Youth Cessation (September 2021)

Level Setting:



- Prevalence of Asthma in NM

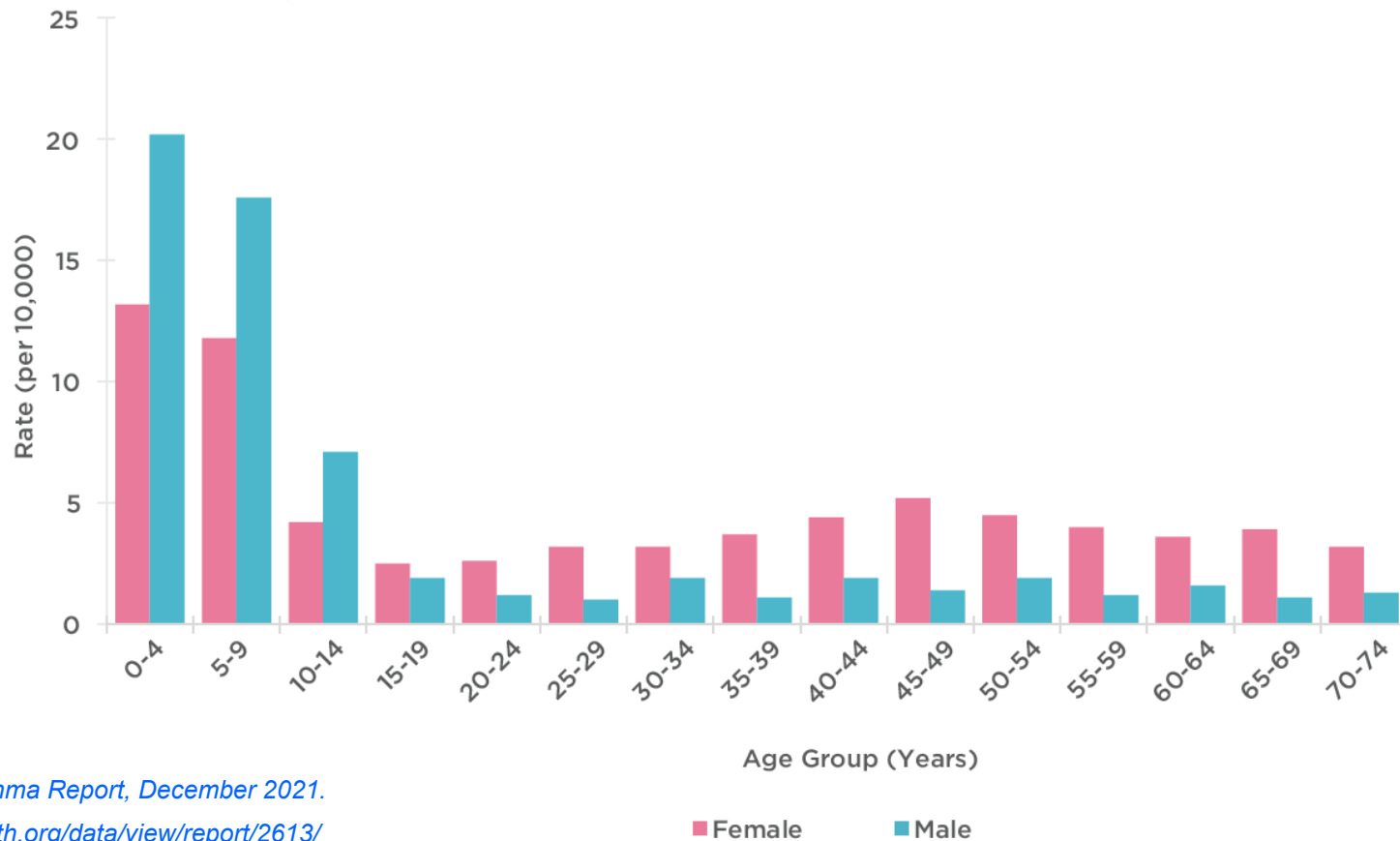
Asthma Hospital Discharges by County, Children Aged 0-17, New Mexico 2016-2020.¹



¹ New Mexico's Health Indicator Data & Statistics

<https://ibis.doh.nm.gov/indicator/view/AsthmaHospDisChild.Cnty.html>

NM ASTHMA-RELATED HOSPITALIZATIONS BY AGE AND GENDER, New Mexico 2016-2020.¹



¹ Quarterly NM Asthma Report, December 2021.
<https://www.nmhealth.org/data/view/report/2613/>

Prevent 500,000 emergency department visits and hospitalizations due to asthma by August 31, 2024

CDC CCARE Objective



[Learn More About CCARE Here: cdc.gov/asthma/ccare.htm](https://cdc.gov/asthma/ccare.htm)

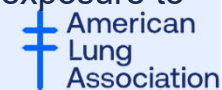
CDC EXHALE Strategies

- E** **Education** on asthma self-management (AS-ME) by preparing a workforce of health professionals to facilitate evidenced-based asthma programs
- X** **X-tinguishing** smoking and secondhand smoke through the elimination of tobacco/nicotine use and exposure
- H** **Home visits** for trigger reduction and asthma self-management education (AS-ME) by promoting evidenced based programs and strategies
- A** **Achievement** of guidelines-based medication management by strengthening systems supporting guidelines-based medical care
- L** **Linkages** and coordination of care through Clinical Quality Improvement initiatives to strengthen health systems
- E** **Environmental** policies and best practices to reduce indoor and outdoor asthma triggers where people live, work, go to school and play

CDC EXHALE Strategies

This technical package represents a group of strategies, which, based on the best available evidence, can improve asthma control and reduce health care costs and is intended as a resource to inform decision-making in communities, organizations, and state programs.

	STRATEGY	APPROACH
E	Education on asthma self-management	<ul style="list-style-type: none"> • Expanding access to and delivery of asthma self-management education (AS-ME)
X	X-tinguishing smoking and secondhand smoke	<ul style="list-style-type: none"> • Reducing tobacco smoking • Reducing exposure to secondhand smoke
H	Home visits for trigger reduction and asthma self-management education	<ul style="list-style-type: none"> • Expanding access to and delivery of home visits (as needed) for asthma trigger reduction and AS-ME
A	Achievement of guidelines-based medical management	<ul style="list-style-type: none"> • Strengthening systems supporting guidelines-based medical care, including appropriate prescribing and use of inhaled corticosteroids • Improving access and adherence to asthma medications and devices
L	Linkages and coordination of care across settings	<ul style="list-style-type: none"> • Promoting coordinated care for people with asthma
E	Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources	<ul style="list-style-type: none"> • Facilitating home energy efficiency, including home weatherization assistance programs • Facilitating smokefree policies • Facilitating clean diesel school buses • Eliminating exposure to asthma triggers in the workplace whenever possible • Reducing exposure to asthma triggers in the workplace (if eliminating exposures is not possible)



Learn More about the CDC EXHALE Technical Package Here: cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf

Correlations and Impacts:

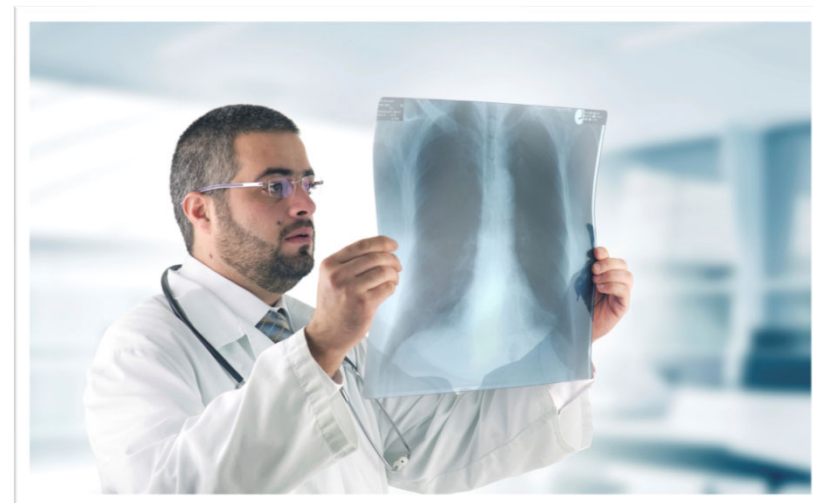


Smoking, E-cigarettes and Asthma

Impact of Use on Lung Health

Health Effects of E-Cigarettes

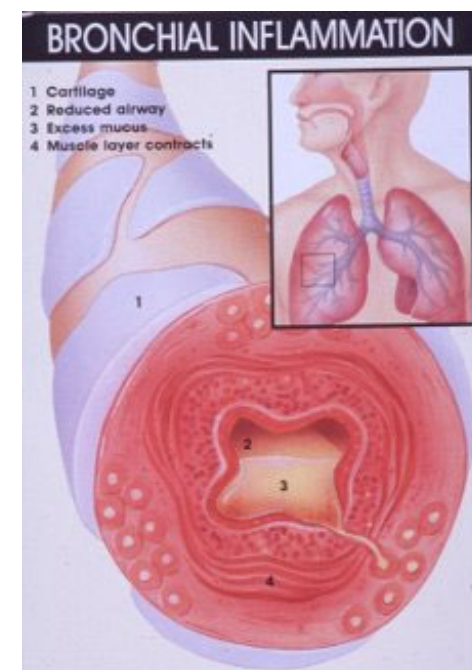
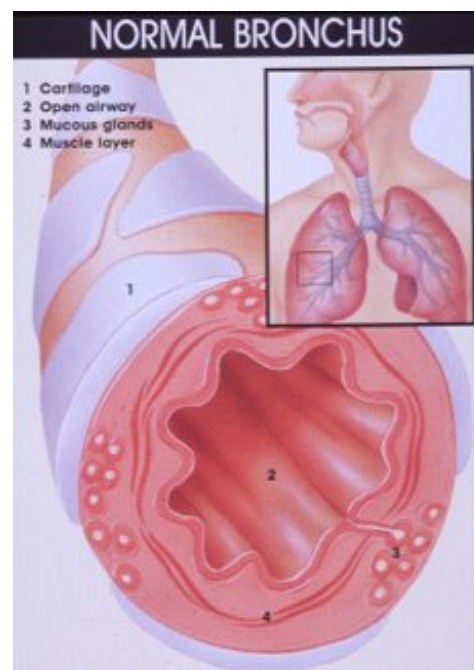
- **e-cigarettes are commercial tobacco products**
- e-cigarettes produce a number of dangerous chemicals that may can cause:
 - lung disease
 - cardiovascular (heart) disease
 - acute lung injury
 - Chronic Obstructive Pulmonary Disease
 - lung cancer
- inhalation of harmful chemicals can cause irreversible lung damage and lung disease
- use increases the risk of asthma exacerbations



Source: Clapp, P. W., Peden, D. B., & Jaspers, I. (2020). E-cigarettes, vaping-related pulmonary illnesses, and asthma: A perspective from inhalation toxicologists. *The Journal of allergy and clinical immunology*, 145(1), 97–99. <https://doi.org/10.1016/j.jaci.2019.11.001>

Vaping and Asthma

- Increase inflammation in airways which intensify asthma symptoms and trigger asthma attacks
- Increase risk of chronic lung disease, including asthma, by 30%
- Increase respiratory tract, throat and eye irritation
- Increase risk of engaging in the use of combustible tobacco products



Source: Clapp, P. W., Peden, D. B., & Jaspers, I. (2020). E-cigarettes, vaping-related pulmonary illnesses, and asthma: A perspective from inhalation toxicologists. *The Journal of allergy and clinical immunology*, 145(1), 97–99. <https://doi.org/10.1016/j.jaci.2019.11.001>



Vaping and Asthma Triggers

Reasons vaping triggers asthma symptoms:

- Inhalation of chemicals increase:
 - cough
 - mucus secretions
 - chest tightness
 - reduced lung function
- Increased risk of exposure to Pneumonia-causing bacteria
- Impair lung's ability to fight infection



Source: Clapp, P. W., Peden, D. B., & Jaspers, I. (2020). E-cigarettes, vaping-related pulmonary illnesses, and asthma: A perspective from inhalation toxicologists. *The Journal of allergy and clinical immunology*, 145(1), 97–99. <https://doi.org/10.1016/j.jaci.2019.11.001>





Considerations for Clinicians

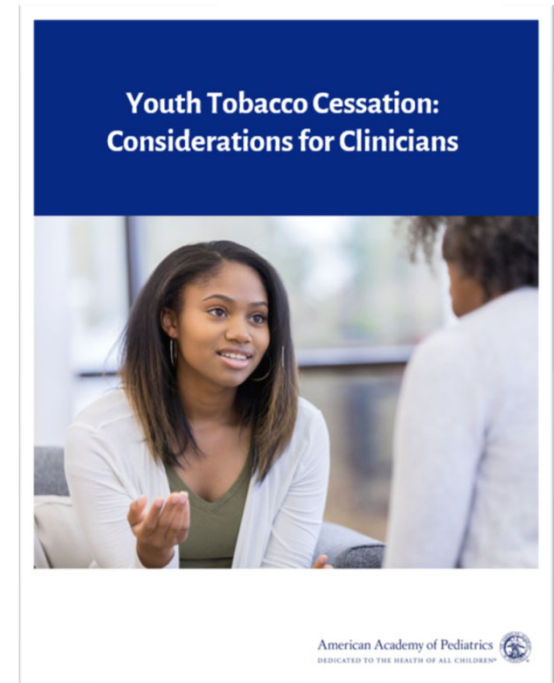
*A New Resource from the
American Academy of Pediatrics*

Page Pomo, MD
Farmington Community Health Center

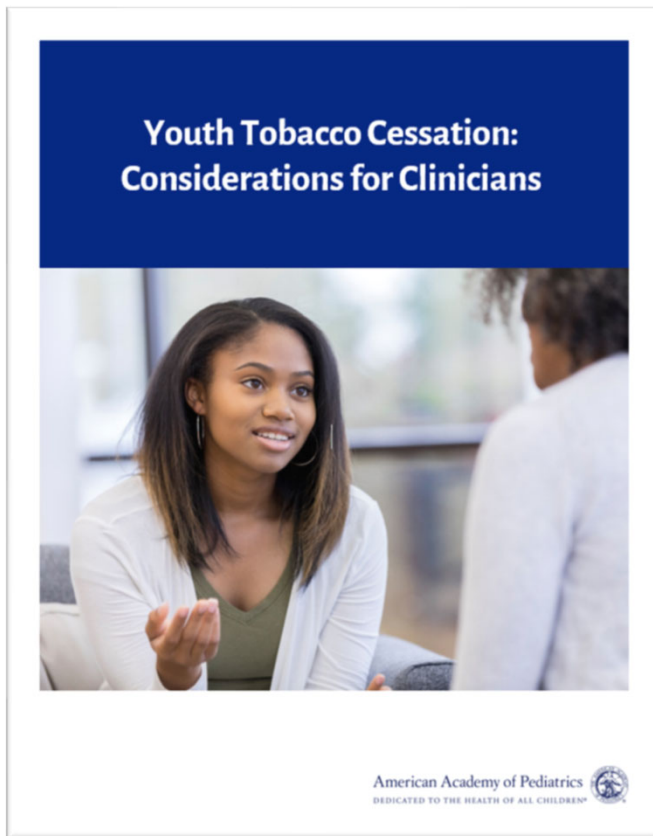


AAP Youth Tobacco Cessation “Considerations for Clinicians” Resource

- 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
 - Available at [AAP.org/cessation](https://www.aap.org/cessation)



Resources for Providers & Care Teams



- Ask-Counsel-Treat guidance
- Clinical flowchart
- Factsheet: *Leveraging your EHR for Youth Tobacco Cessation*
- Behavioral Supports Webpage
- Info on NRT for prescribers

Available at [AAP.org/cessation](https://www.aap.org/cessation)



Youth Tobacco Cessation: How to ACT (Ask-Counsel –Treat) in 2-3 minutes

Ask:

- Screen for tobacco use with all youth, during every clinical encounter.

Counsel:

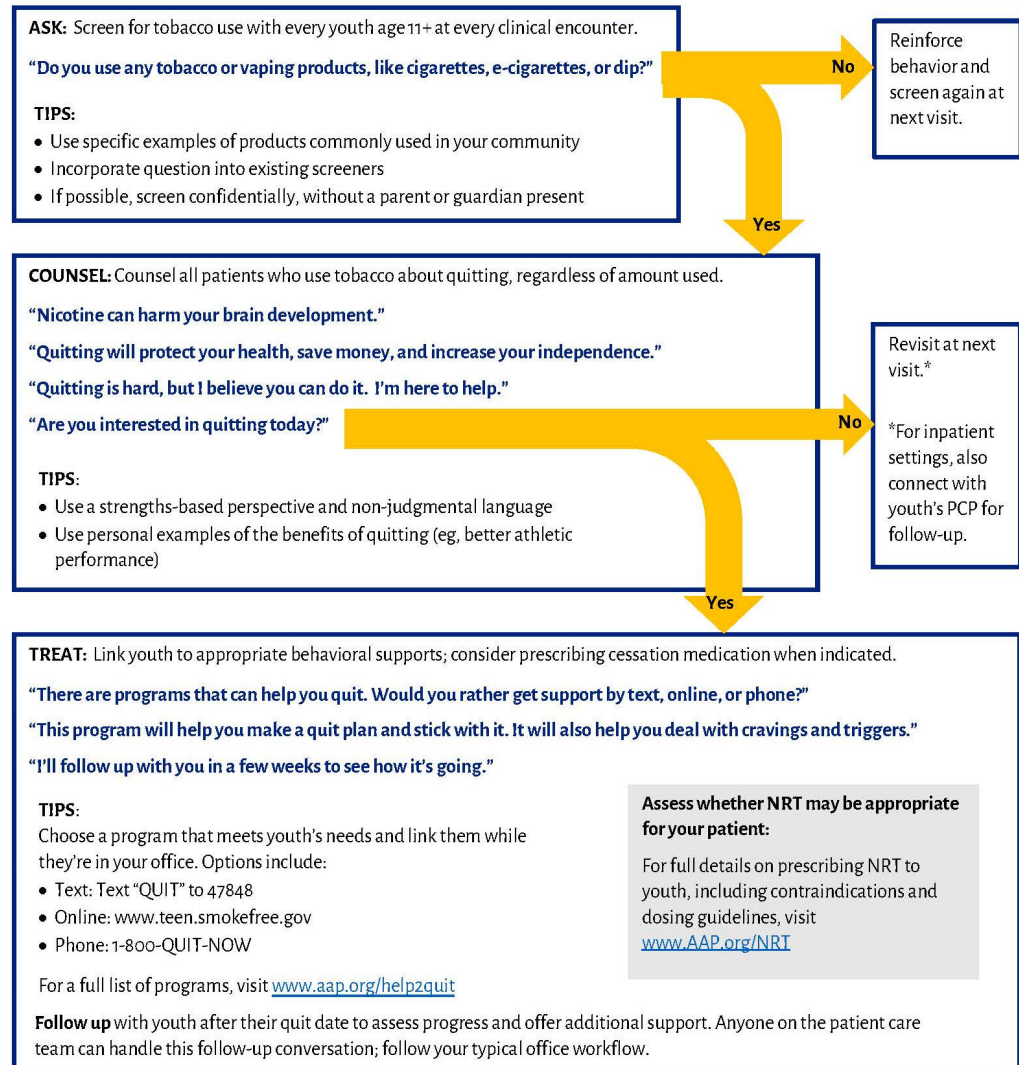
- Advise all youth who use tobacco to quit and have them set a quit date within two weeks.

Treat:

- Link youth to behavioral treatment extenders and prescribe pharmacologic support when indicated.
- After the visit, follow-up to assess progress and offer support.

Updated June 2021
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ASK

ASK: Screen for tobacco use with every youth age 11+ at every clinical encounter.

“Do you use any tobacco or vaping products, like cigarettes, e-cigarettes, or dip?”

TIPS:

- Use specific examples of products commonly used in your community
- Incorporate question into existing screeners
- If possible, screen confidentially, without a parent or guardian present

No


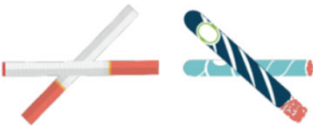







Reinforce behavior and screen again at next visit.

Yes

Youth Tobacco Cessation: Considerations for Clinicians

Types of Tobacco Products

This document serves as a visual guide to several types of commercial tobacco products, including combustible tobacco (eg, cigarettes, cigarillos, hookah), electronic tobacco products (eg, e-cigarettes and vaping devices, heated tobacco products), and smokeless tobacco (eg, chewing tobacco, snuff). This is not intended to be a comprehensive list of all tobacco products. When we reference tobacco, we are referring to commercial tobacco, and not the sacred and traditional use of tobacco by some Native American communities.

Electronic Tobacco Products	Combustible Tobacco Products	Non-Combustible Tobacco Products
 <p>E-Cigarettes, Vaping Devices</p>	 <p>Cigarettes Cigars/Cigarillos</p>	 <p>Dissolvable Tobacco</p>
 <p>Heated Tobacco Products</p>	 <p>Hookah Pipe</p>	 <p>Nicotine Pouch</p>
	 <p>Bidis Roll-Your-Own</p>	 <p>Smokeless Tobacco</p>
		 <p>Snus</p>

Graphic adapted with permission from the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health

Screening to Brief Intervention (S2BI)

This screening tool consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.

Screening Tool Cutoffs and Scoring Thresholds:

Intended use: This screening tool is meant to be used under a medical provider's supervision and is not intended to guide self-assessment or take the place of a healthcare provider's clinical judgment.

This tool may be administered by either the patient or the clinician. Please indicate the mode of administration:

I AM THE PATIENT

I AM THE CLINICIAN



NIH National Institute on Drug Abuse

USA.gov

National Institutes of Health - Turning Discovery into Health

The CRAFFT+N 2.1 Interview

To be orally administered by the clinician

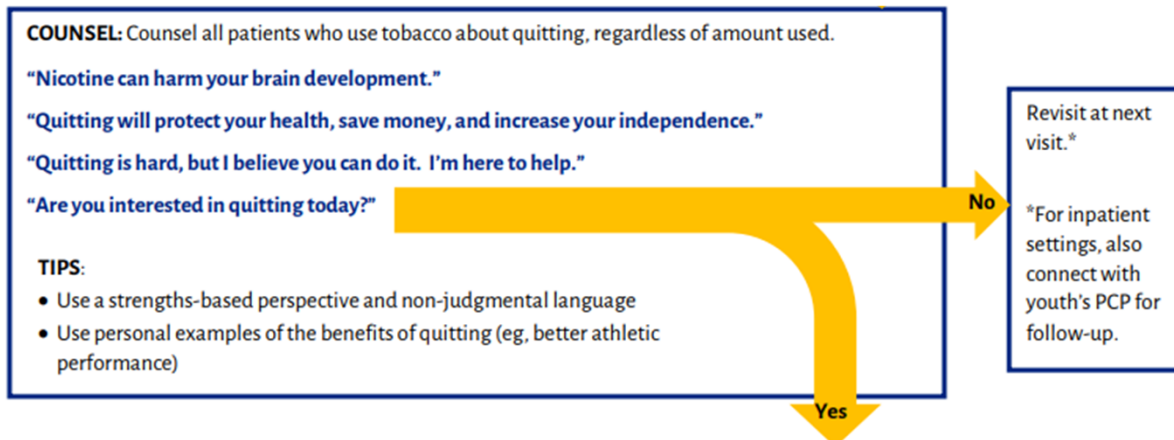
Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none. # of days
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Say "0" if none. # of days
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say "0" if none. # of days
4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? # of days

Counsel



- **Be Clear**
- **Be personalized**
- **Explain the benefits**
- **Consider motivational interviewing**
- ***Ask why!***

Ready to Quit

- **Help the youth set a quit date**
 - Ideally within **2 weeks**
- **Connect the youth with behavioral support programs**
- **Follow-up after the quit date**

Tips for success:

- **Encourage youth to include parents**
- **For youth uncertain about quitting, consider the 5Rs**
 - **Relevance of quitting**
 - **Risks of not quitting**
 - **Rewards related to quitting**
 - **Roadblocks that may arise**
 - **Repetition: it may take several attempts to succeed**

Not Ready to Quit

The 2-Week Challenge: A Strategy for Youth who Aren't Ready to Quit



If a patient isn't ready to quit or tells you they can “*quit anytime they want,*” challenge them to completely stop their tobacco use for 2 weeks.

At the end of the 2 weeks, check in to hear how it went and revisit the conversation about cessation support.

TIP: *If the patient isn't ready to stop for 2-weeks, ask them to try for a period of 1-3 days, and check in to see how it went.*

TREAT

TREAT: Link youth to appropriate behavioral supports; consider prescribing cessation medication when indicated.

“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.”

TIPS:

Choose a program that meets youth’s needs and link them while they’re in your office. Options include:

- Text: Text “QUIT” to 47848
- Online: www.teen.smokefree.gov
- Phone: 1-800-QUIT-NOW

For a full list of programs, visit www.aap.org/help2quit

Follow up with youth after their quit date to assess progress and offer additional support. Anyone on the patient care team can handle this follow-up conversation; follow your typical office workflow.

Assess whether NRT may be appropriate for your patient:

For full details on prescribing NRT to youth, including contraindications and dosing guidelines, visit www.AAP.org/NRT

Elements of a Successful Quit-Plan

Quit completely: on the quit date, youth should stop use of all tobacco and vaping products and throw away all tobacco products and paraphernalia.

Triggers: identify people, places, feelings, or situations that may cause youth to want to use tobacco and develop a plan to manage these triggers.

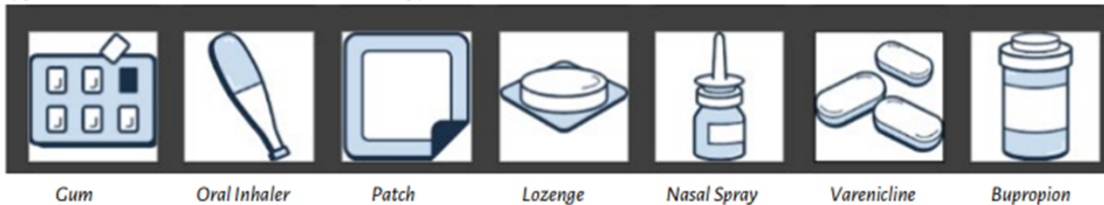
Withdrawal symptoms: Discuss symptoms of nicotine withdrawal (eg, cravings, irritability, increase in appetite) and develop strategies to manage them.

Social support: Identify friends and family who can encourage success.

Self-care: Consider supportive behaviors such as healthy eating, exercise, mindfulness, meditation.

Nicotine Replacement Therapy

Types of Tobacco Cessation Pharmacotherapy



PRESCRIBING NRT TO ADOLESCENTS

For full details on prescribing NRT to youth, including contraindications and dosing guidelines, visit this AAP Resource:

[Nicotine Replacement Therapy and Adolescent Patients: Information for Pediatricians](#)

Form of NRT	Level of Dependence		Link to full drug information
	Moderately Addicted	Severely Addicted	
Nicotine Gum	2mg	4mg	https://medlineplus.gov/druginfo/meds/a684056.html
Nicotine Patch	Start with 14mg patch, then step down	Start with 21mg patch, then step down	https://medlineplus.gov/druginfo/meds/a601084.html
Nicotine Lozenge	2mg	4mg	https://medlineplus.gov/druginfo/meds/a606019.html

Follow-up

▪ How to arrange:

- Phone, Telehealth, In-person
- Anyone on the patient care team can handle the follow-up conversation

▪ Topics to cover:

- Did the youth stick to the plan?
- Are they using the behavioral supports offered?
- Are they using the pharmacotherapy you prescribed?
- Has the youth used any tobacco products since their quit date?

SAMPLE FOLLOW-UP APPOINTMENT STATEMENTS

- **“I know you decided that your quit date would be last Monday. How’s it going so far?”**
- **“Have you been using the Smokefree Teen website? Do you think it might help to add some additional support from a text-to-quit program?”**
- **“How’s the nicotine gum working for you? Are you using the ‘chew and park’ method we talked about?”**
- **“Quitting isn’t easy, but it’s possible. Let’s talk about what led you to vape last week, so that we can figure out how to prevent it next time.”**

Resources for Providers & Care Teams in New Mexico



Visit NMAAP.org/e-cigarettes



Resources for Providers & Care Teams in New Mexico

QuitNowNM.com or 1-800-QUIT NOW 

Free help to quit all tobacco and vaping products

- 24/7 support
- Personal Quit Plan
- Self-help materials
- Unlimited sessions with a trained Quit Coach
- Gum, patches or lozenges, *while supplies last*
- Shipping mailed directly to the registered participant
- Specialized services for youth and pregnant people



Demo.NOTforMe.org



Additional Trainings:

The American Lung Association offers on-demand, online courses for healthcare professionals, school personnel and community members:

- Asthma Basics
- Tobacco Basics
- Brief Tobacco Intervention & How to Help People Quit trainings
- INDEPTH (alternative to suspension training)
- **Coming Soon:** *ACT to Address Youth Cessation (Summer/Fall 2022)*

These trainings and more available at [Lung.Training](https://www.lung.org/training)



CDC.gov/quit

Resources for YOU and the people you help:

- Resources for providers including information on FDA-approved Quit Medications
- Tailored information for Specific Groups –*including youth, pregnant people and the behavioral health community*
- Support tools for quitting
 - quitSTART app
 - Social support
 - Text-to-Quit
 - Quit Plans and more

NUPAC NM AND THE STATE QUITLINE

NUPAC NM
Nicotine Use Prevention
and Control Program

HEALTH SYSTEMS CHANGE

NM Tobacco System Change Training and Outreach Program

Technical assistance and resources for providers to systematically identify tobacco users, provide advice, and make appropriate referrals to patients.



FOR MORE INFORMATION

Please contact:

www.ConstellationNM.com 

www.NMHealthEquity.org 

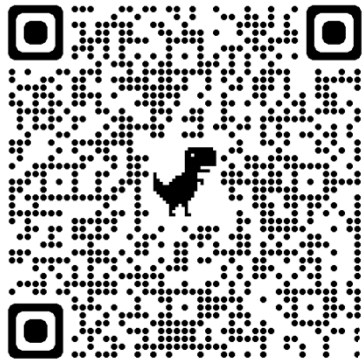
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[https://nmhealthequity.org/
tobacco-nicotine-treatment-control/](https://nmhealthequity.org/tobacco-nicotine-treatment-control/)

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