Tobacco-Free JACKSONVILLE

Florida Chapter of the American Academy of Pediatrics
INCORPORATED IN FLORIDA

Youth Vaping & Tobacco Use

Screening, Counseling, Treatment and Billing



A **Toolkit** for Primary Care Practices





Disclaimer:

This document provides current information as of August 2024. Due to the evolving impact of vaping on youth health, we recommend using this document as an informational resource rather than explicit medical advice.

Acknowledgements:

This toolkit was developed with funding from Tobacco Free Jacksonville. This document is a result of a collaboration between Tobacco Free Jacksonville and Florida Chapter of the American Academy of Pediatrics E-cigarette Task Force to provide primary care practices with resources to address youth vaping use in Florida.

Special acknowledgment to the following contributors of this toolkit:

Issa Hanna, MD, FAAP

Rana Alissa, MD, FAAP

Lisa Gwynn, DO, MBA, MSPH, FAAP

Maria Kelly, MD, FAAP

Cristina Matheus, MD, FAAP

Marcela Nur, MD, FAAP

Arielle Hough, DO

Ashley Joseph, DO

Liliet Pertierra, DO

John Tacconi, DO

Monica Tromer, DO

Janelle Torres, DO

Roen Wheeler, MD

Dustin Arceneaux

Heather Sciartelli

Melanie Range

Table of contents

Table of contents 4

Introduction

Youth Vaping in Florida 9

Florida State Statutes 13

Definition and Terms 14

Adolescent Brain and Lung Development 16

Screening & Assessment

When to Screen and Ask About Tobacco Use 20

Recommended Tools 20

Nicotine Dependence and Nicotine Addiction 23

Counseling in primary care

Evidence-Based Strategies 27

Engaging Youth in Developing a Follow-up Plan 28

Engaging Parents 29

Supporting treatment in primary care

Privacy and Confidentiality 31

Cessation Support & Tools 31

Tobacco Free Florida 31

Follow-up Care 33

Youth-Centered Cessation Resources 34

Truth Initiative: 34

National Cancer Institute's (NCI) Smoke-free Teen 34

American Lung Association NOT Program 35

Youth Tobacco Cessation Progressive Web App (PWA): 36

Youth-Centered Mental Health Resources 37

Coding and payment

Coding Tips for Diagnosing and Treating 41
Nicotine Dependence Secondary to Vaping 41

Appendix

Appendix A 44
Appendix B 46
Appendix C 47
Appendix D 48

SECTION
01

Introduction

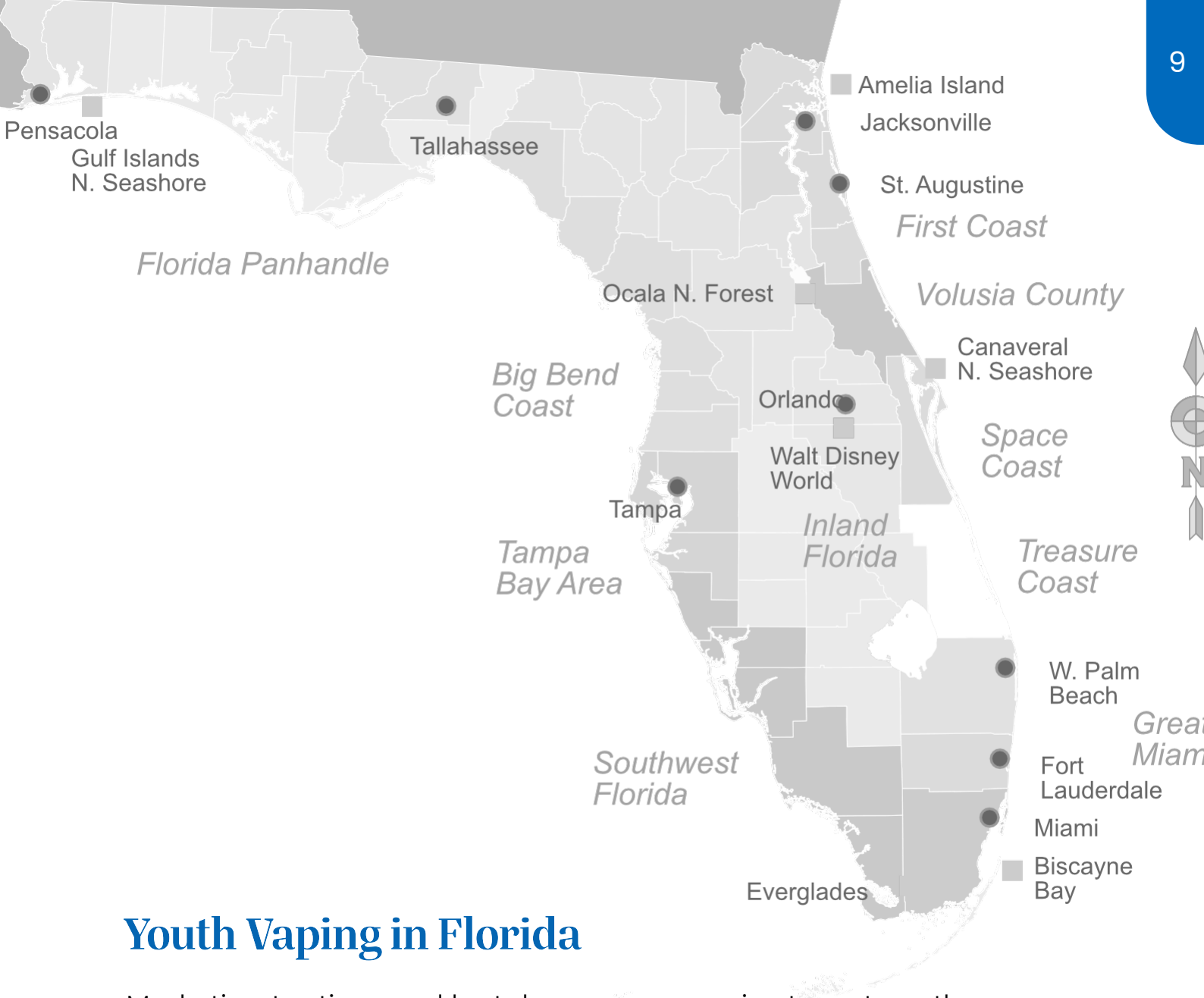
In August 2019, Centers for Disease Control and Prevention (CDC) initiated investigation of an outbreak of e-cigarette or vaping product use-associated lung injury(EVALI); all patients seen reported using e-cigarettes during the 3 months before the onset of respiratory symptoms.[1] In February 2020, the CDC recorded more than 2800 hospitalizations and 68 deaths related to EVALI; of the reported cases, at least 15% were younger than 18 years of age.[2] Both the CDC and the Food and Drug Administration (FDA) associated 85% of the cases to nicotine and vitamin E acetate consumption.[3] The use of electronic vapor products (EVPs) among Florida youth has decreased in recent years, however, there is much work to do to combat this epidemic.[4] Despite this decrease, there are still youth being seen in hospitals and healthcare facilities for lung and oral health issues associated with vaping.

In response to this, primary care physicians have a crucial responsibility to provide primary prevention vaping education to both youth and adults. To do so effectively, physicians must be well-informed on electronic vaping devices, tobacco company tactics, adolescent brain and lung development, and cessation tools. In particular, physicians should be aware of the various types of EVPs that exist, such as e-cigarettes, e-cigs, e-pipes, e-cigars, cigar-like devices, e-hookahs, mods, vapes, vape pens, tank systems, and rebuildable dripping atomizers.[5]

These devices work by heating a liquid solution into an aerosol that is then inhaled into the lungs. Unfortunately, this aerosol often contains a variety of harmful chemicals, including nicotine, propylene glycol, carcinogens such as acetaldehyde and formaldehyde, acrolein, diacetyl, diethylene glycol, heavy metals like nickel, tin, and lead, cadmium, benzene, and ultrafine particles that can be inhaled deep into the lungs.[6] These chemicals can cause a range of negative health effects, including addiction, irreversible lung damage, breathing problems, and diseases like bronchiolitis obliterans and cancer.[7]

To address this issue, physicians should also be familiar with tobacco company tactics, which often involve marketing EVPs in ways that specifically target youth. This includes the use of flavors and colorful packaging, as well as the dissemination of misleading information about the safety of these products.[8] Physicians should also stay informed about current laws and policies related to tobacco use and vaping. Additionally, physicians should understand the unique risks posed to adolescent brain and lung development, as nicotine and other harmful chemicals can have long-lasting effects on these systems. Finally, physicians should be knowledgeable about cessation tools that can help youth quit using EVPs, behavioral therapies, and support groups. By staying informed on these topics, primary care physicians can play an essential role in addressing the vaping epidemic that is impacting Florida youth and adults.

Physicians are seen as subject matter experts with a vested interest in improving health outcomes. By providing primary prevention education, advocating to decision-makers, and providing community education, physicians can raise awareness about the dangers of EVP use and help prevent negative health outcomes. Ultimately, by learning as much as possible about this topic and taking an active role in addressing the issue, primary care physicians can help to improve the health of their clients and their communities.

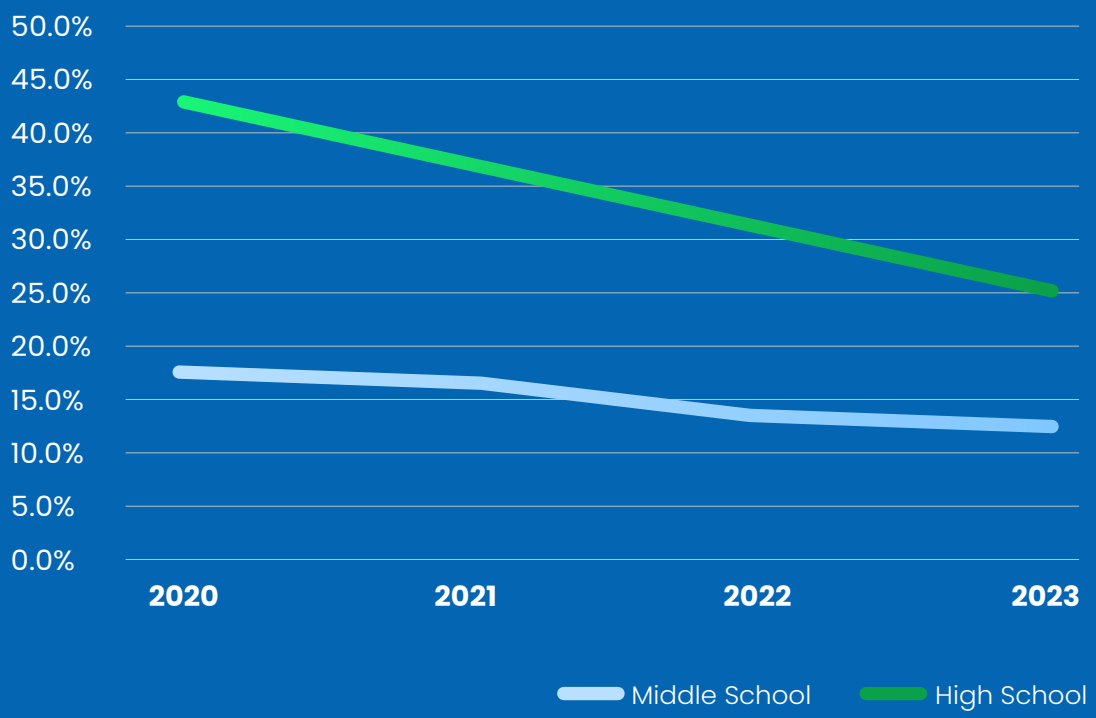


Youth Vaping in Florida

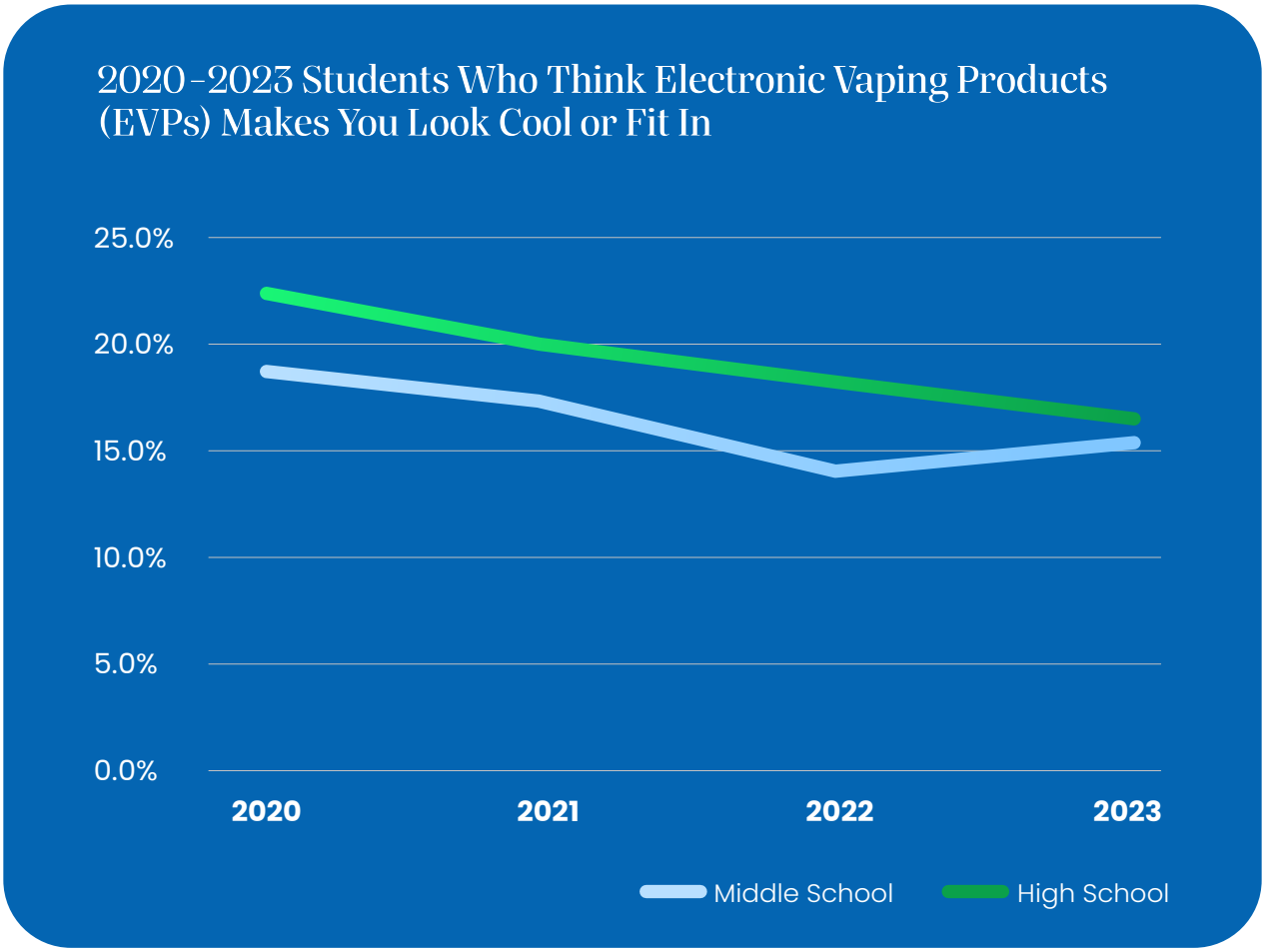
Marketing tactics used by tobacco companies target youth through social media, product design and advertising, promoting vaping as a fun and safe activity. These products feature high-tech designs that are particularly attractive to young people, and their smaller size and lower output make them easier to conceal.

Nicotine products are also available in a variety of different flavors that are marketed with packaging designs that mimic candy and sweet snacks, making them more appealing to youth.[9] Advertising for these products is vibrant and designed to be attractive to young people, often featuring cartoon characters or images of young adults enjoying vaping devices. Youth who use electronic cigarettes are three times more likely to later become daily cigarette smokers.[10]

2020-2023 Students Who Have Ever Tried Cigarettes, Cigars, Hookah, Electronics Vapor Products, Cigarettes or Cigars



In addition to targeting young people, tobacco companies have also profited off of the COVID-19 pandemic.[11] The pandemic has led to an increase in stress and mental illness among teenagers, which has contributed to the rise in youth vaping and the worsening of mental health.[12] As a part of it's goals to prevent youth from initiating any tobacco product, the Florida Department of Health has implemented multiple campaigns to educate youth and adults on the dangers of vaping.[13]



Overall, use of electronic vaping devices has been on a steady decline since 2019.[14] While there are a number of contributing factors, one cause is the continued collaborative effort to reduce youth vaping among public health and medical practitioners.[15] Fortunately, increased education and health promotion efforts have helped raise awareness among young people that vaping products are addictive. According to the Florida Youth Tobacco Survey, in 2023, only 9.8% of Florida middle school students and 11.6% of high school students did not believe that people can get addicted to vaping devices, compared to 21% of middle school students and 30% of high school students in 2017.[16]

This suggests that increased education and health promotion efforts have been successful in helping to combat the rise of youth vaping. However, continued efforts are needed to prevent further harm to young people and promote healthy behaviors. Despite the decrease in youth vaping in Florida, as well as a clearer understanding of the dangers of electronic vapor products (EVPS) that contain nicotine, there is a long way to go if we are going to make sure that the use of EVPs continues to decrease. With better resources for providers, we can use education as prevention and cessation tools to help youth make a healthy choice that can change the direction of their future.

Florida State Statutes

Tobacco use remains a significant public health issue in the United States, and Florida is no exception. The State of Florida has implemented several laws and statutes to regulate the use and sale of tobacco products, including cigarettes, cigars, and smokeless tobacco. These laws are designed to protect the public from the harmful effects of tobacco and reduce smoking rates among Floridians, particularly among youth.

One of the most significant tobacco-related laws in Florida is the minimum age to purchase tobacco products. In 2019, Florida passed legislation to raise the minimum age to purchase tobacco products from 18 to 21 years old, which was known at the time as Tobacco 21.[17] The law applies to all tobacco products, including cigarettes, cigars, and e-cigarettes.[18] Florida prohibits the sale of tobacco products to minors. Retailers must check the ID of anyone purchasing nicotine/tobacco products, train employees to check identification, and have signage that is visible at checkout that states the 21-year age limit.[19]

Florida has implemented laws, such as Tobacco 21, to regulate the sale of electronic cigarettes and vaping products, which have become increasingly popular among youth in recent years. Additionally, Florida requires retailers to obtain a license to sell tobacco products, including e-cigarettes and vaping products.[20] [21] A Retail Tobacco Products Dealer (RTPD) Permit authorizes the retail sale of tobacco products and nicotine products to consumers.[22] A Retail Nicotine Products Dealer (RNPD) Permit authorizes the retail

sale of only nicotine products to consumers.[23] This license is renewed annually and can be revoked if a retailer is found to be in violation of the law.[24] To enforce these laws, Florida conducts random inspections of tobacco and nicotine retailers and imposes penalties on those found to be in violation of the law.[25] Penalties can include fines, suspension or revocation of a retailer's license to sell tobacco products, and even criminal charges for repeat offenders.[26]

Another important tobacco-related law in Florida is prohibiting smoking in most enclosed indoor workplaces, including restaurants.[27] Stand alone bars are exempt.[28] The Florida Clean Air Act (FCAA) was enacted in 1985 to protect workers and patrons from the harmful effects of secondhand smoke.[29] In 2023, FCAA was updated allowing local governments to enact policies to restrict smoking in outdoor shared spaces they own and operate, such as public beaches and community parks.[30]

In conclusion, Florida has implemented several laws and statutes to regulate the use and sale of tobacco products, including raising the minimum age to purchase tobacco and e-cigarette products and prohibiting smoking in most enclosed indoor workplaces. These laws are designed to protect the public from the harmful effects of tobacco and reduce smoking rates among Floridians, particularly youth. By enforcing these laws and offering resources to help people quit smoking, Florida is taking important steps to improve public health and promote a healthier environment for all its residents.

Definition and Terms

Electronic vapor products (EVPs), also known as vapes or e-cigarettes, are devices that heat a liquid solution into an aerosol that can be inhaled into the lungs. Some of the devices that fall under this category include e-cigarettes, e-cigs, e-pipes, e-cigars, cigar-like devices, e-hookahs, mods, vape pens, tank systems, and rebuildable dripping atomizers.[31] The Truth Initiative created this **list**

of popular words, phrases, products, and general language used to refer to vaping/e-cigarette use.

However, these devices are not harmless as they contain various toxic and harmful chemicals. Nicotine, a highly addictive substance that negatively affects adolescent brain development, is found in these products. Other chemicals, such as propylene glycol, which is used to make things like antifreeze, paint solvent, and artificial smoke in fog machines, have also been found in EVPs.[32] Carcinogens like acetaldehyde and formaldehyde are present in e-cigarettes as well, and acrolein, a herbicide primarily used to kill weeds, can cause irreversible lung damage.[33]

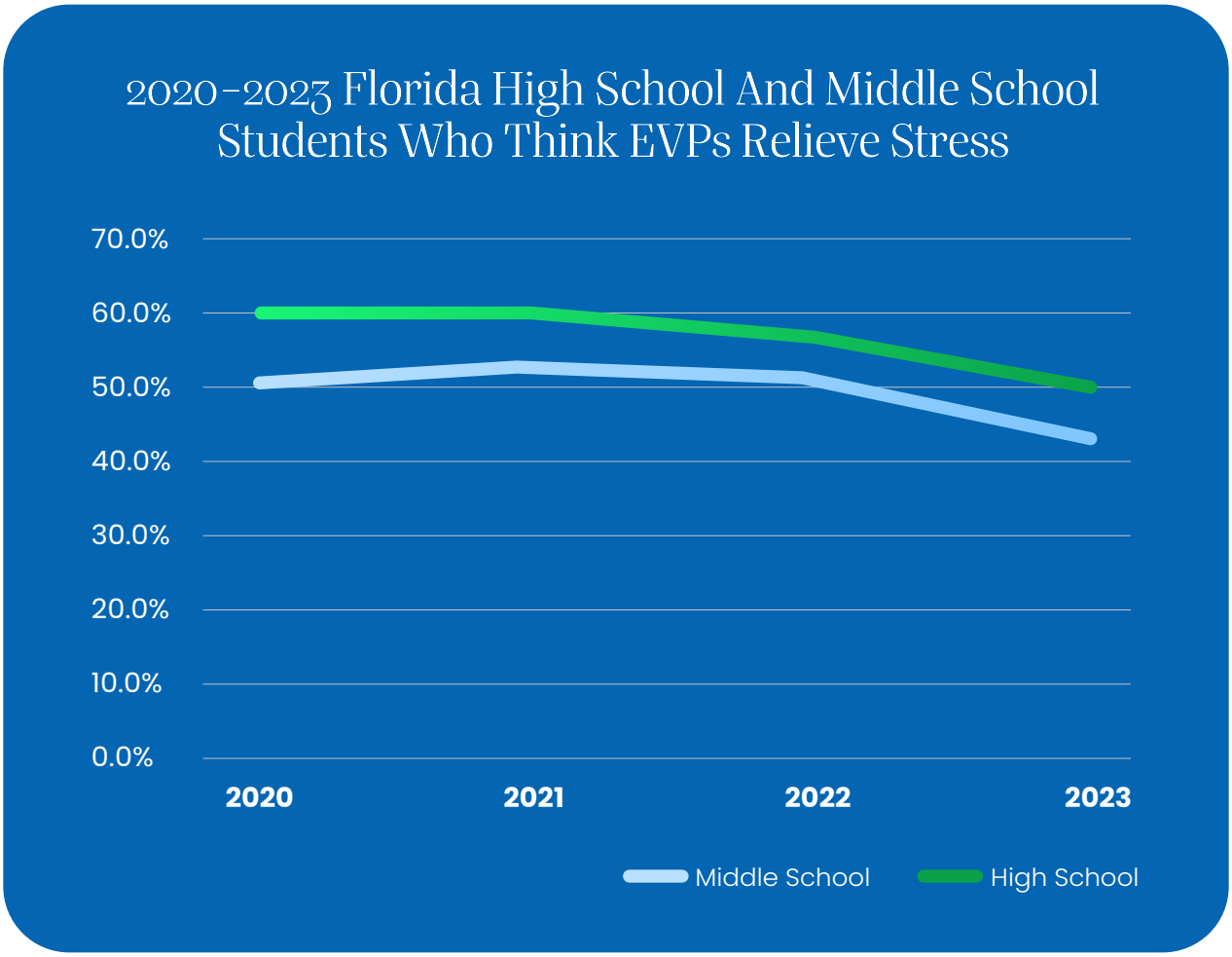
Additionally, chemicals such as diacetyl, which is linked to a lung disease called bronchiolitis obliterans, and diethylene glycol, a toxic chemical used in antifreeze that is linked to lung disease, have been found in e-cigarettes.[34] Heavy metals such as nickel, tin, and lead, as well as cadmium, a toxic metal found in traditional cigarettes that causes breathing problems and disease, are also present in EVPs.[35] Moreover, benzene, a volatile organic compound (VOC) found in car exhaust, and ultrafine particles that can be inhaled deep into the lungs are other harmful chemicals found in e-cigarettes.[36]

The presence of these toxic and harmful chemicals in electronic vapor products has led to health concerns among health professionals, researchers, and regulatory bodies. Therefore, it is essential to educate the public, particularly young people, about the risks associated with using these products and encourage them to adopt healthier lifestyle choices. It is also necessary for manufacturers to be transparent about the ingredients used in their products and to abide by regulations to ensure that these products are safe for public use.

Adolescent Brain and Lung Development

The use of nicotine during adolescence is a significant issue, despite many young people and even some adults viewing it as a less harmful activity compared to other adolescent behaviors. This is because the adolescent brain is undergoing various changes that must be considered. Adolescence is an important time for learning and development, and the brain is specifically designed to prepare individuals for the wider world outside of their immediate family.

During adolescence, young people are heavily influenced by their



peers and are motivated to explore new experiences. The adolescent brain undergoes significant changes between the ages of 12 and 25, with certain brain pathways becoming stronger while others are pruned to increase efficiency.[37] The brain is particularly responsive to dopamine, a chemical that is associated with reward

and pleasure.[38] Nicotine mimics this chemical and activates the reward circuits in the brain, creating a pleasurable feeling and reinforcing nicotine use.[39] This leads the brain to expect quick and easy rewards rather than putting in effort.

As a result, the pathways supporting quick dopamine release become stronger, reinforcing the behavior. Dependence on nicotine can lead to an increased risk of addiction to other substances, including EVPs.[40] Long-term nicotine use during adolescence can result in attention deficits, poor working memory, mood disorders, and poor impulse control.[41] Vaping, which provides a quick and potent release of dopamine, can further reinforce these behaviors and increase the risk of addiction. Educating adolescents and parents about the risks associated with nicotine use during this critical period can help prevent addiction and negative long-term effects.

Adolescent lung development is an important aspect of adolescent health, as the lungs are still developing during this period.[42] Between the ages of approximately 10 to 25, the lungs undergo significant structural and functional changes.[43] These changes affect the lungs' ability to breathe, exchange oxygen and carbon dioxide, and defend against infections. During this period, the lungs' airways grow and develop, and the number of small air sacs in the lungs increases.[44] However, exposure to harmful substances like tobacco smoke, vaping products, air pollution, and other respiratory irritants can damage the developing lungs and lead to lifelong respiratory problems.[45] Nicotine and other chemicals in vaping products and tobacco smoke can affect the lungs' growth and function, increasing the risk of respiratory infections like bronchitis and pneumonia.[46] They can also cause long-term damage to lung tissue, leading to chronic obstructive pulmonary disease (COPD) and other respiratory disorders.[47] Therefore, it is crucial to protect adolescents' lung health by avoiding exposure to harmful substances and promoting healthy lifestyle choices. This includes maintaining a healthy diet, exercising regularly, avoiding smoking

and vaping products, and reducing exposure to air pollution. Adolescents can ensure that they have healthy respiratory systems throughout their lives by taking steps to protect their lungs.

Based on the information above, the risks associated with youth using electronic vapor products (EVPs) have long term consequences for their health and their lives. Physicians and providers in Florida would be able to have an impact on youth smoking behaviors by screening and assessing tobacco use and EVP usage in their youth patient population. The following is a screening and assessment process which can help providers to ask youth the right questions, leading to an open conversation about deciding not to vape.

SECTION
02

Screening & Assessment

When to Screen and Ask About Tobacco Use

Guidelines for pediatric care recommend that pediatricians discuss tobacco use, including e-cigarettes, with youth during healthcare visits. The recommended risk assessment begins at 11 years old. It is recommended that screening take place at least annually, and for those who screen positive or who have identified other high-risk behaviors, more frequent screening is recommended.[48] Since many adolescents, especially higher-risk adolescents, do not come in for annual well visits, consider screening at any opportunity. Like other routine screenings, use language and questions that youth will understand, keeping in mind that many youths may not think that e-cigarettes are tobacco products or may refer to these products by different names (e-cigs, vapes, JUUL). In fact, most youth report that it is important to talk with their pediatrician about tobacco use; however, they are not always given the opportunity to do so.[49]

Once you have screened and determined that a youth is a current user of a nicotine product, it is important to ASSESS whether they have nicotine dependence (as defined in DSM-5)[50] and to ASSESS whether there are other contributing factors that may have led to the behavior, such as anxiety or depression, that need to be treated along with the nicotine dependence. Additionally, it is important to ensure privacy and confidentiality during the screening process, offering private, one-on-one time between the patient and the clinician to help foster trust and facilitate clinical discussions around e-cigarette use.

Recommended Tools

The U.S. Preventative Services Task Force "5As" model provides a model for screening and counseling adolescents for e-cigarette

use during clinical practice. This model has demonstrated effectiveness in addressing tobacco with adults and has been adapted for use with teens. The model includes:

- Ask
- Advise
- Assess
- Assist
- Arrange Follow-up

If you are using the Car, Relax, Alone, Friends/Family, Forget Trouble (CRAFFT) screening tool, remember that it does not ask about tobacco products. Another option is using the CRAFFT+N (or CRAFFT 2.1+N) , which does ask about nicotine/tobacco use.

Other tools that screen broadly for various substances including nicotine are Screening to Brief Intervention (S2BI) or Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD) These two screening tools consist of frequency of use questions to categorize substance use by adolescent patients into different risk categories. They include accompanying information that assists clinicians in providing patient feedback and resources for follow-up. However, they are only available electronically.

For youth who have positive answers to screening questions, consider following up with a more comprehensive tool to assess the severity of use and the presence of nicotine dependence or nicotine addiction. There is currently no tool that easily assesses the extent of nicotine dependence/addiction in youth. However, we recommend using the Hooked on Nicotine Checklist (HONC) due to its sensitivity in detecting youth with even low levels of nicotine dependence and its usefulness in demonstrating to youth their loss of autonomy due to nicotine dependence. Other tools for measuring nicotine dependence include the E-Cigarette

Dependence Scale, the Modified Version of the Fagerstrom Tolerance Questionnaire (mFTQ), and the DSM-5 criteria for tobacco use disorder.

If your practice does not currently use a universal screening tool that asks about nicotine, or if you decide to explore tobacco use for a patient during a non-well visit encounter, consider asking these questions and administer the HONC if positive.

- Have you used any tobacco products in the last month, like cigarettes, chewing tobacco, or hookah? Have you used them in the last year?
- Have you used any vaping products in the last month, like e-cigarettes or JUUL? Have you used them in the last year?

This chart provides an overview of several tools that are available free of charge that can be used to assess nicotine use and/or the

Select Tools to Assess Nicotine Use & Dependence

CRAFFT 2.1+N	Screening to Brief Intervention (S2BI)	Hooked on Nicotine Checklist (HONC)	E-Cigarette Dependence Scale for Assessing Adolescent E-cigarette Nicotine Dependence	Modified Version of the Fagerstrom Tolerance Questionnaire (mFTQ)
Self-reported, short assessment tool that screens for substance related risks in adolescents.	Online tool that asks about frequence of past year substance use, and categorize into one of three levels of substance use disorder risk.	Self-reported, short assessment tool used to determine level of addiction to e-cigarettes,	Four item, self-reported tool used to assess e-cigarette nicotine dependence.	Self-reported tool that assesses the level of nicotine dependence in adolescents.

Remember: substance use is often accompanied by anxiety or depression. Assessment of nicotine dependence/addiction should include screening for these problems. Providers can use Generalized Anxiety Disorder 7-item (GAD-7) scale GAD-7 or PHQ-9 Modified for Teens:

Nicotine Dependence and Nicotine Addiction

When working with youth, words matter and can tremendously impact how or when they access resources and support. It is worth defining the difference between nicotine dependence and nicotine addiction so youth understand the difference. However, there is some inconsistency in the terms used: DSM-5 uses the term "Tobacco Use Disorder," and the ICD-10 codes are for "Nicotine dependence." Please be sure to use the correct terms in each context.

Nicotine is a highly addictive substance. Nicotine dependence is characterized by physical tolerance to nicotine and signs of withdrawal during periods of time without use. Some symptoms of withdrawal include craving for cigarettes, depressed mood, anxiety, irritability, difficulty concentrating, difficulty sleeping, and increased appetite. Another sign of nicotine dependence is the need to smoke or vape within an hour of waking up in the morning. Nicotine dependence can appear faster (within days) with casual e-cigarette use when compared to combustible cigarettes, partly due to the higher concentrations of nicotine delivered by e-cigarettes. Nicotine addiction usually accompanies or follows dependence, and these words are sometimes used interchangeably; addiction highlights some of the maladaptive psychological behaviors, such as continued use despite negative consequences, while dependence highlights the physical effects. Whether you choose to discuss "nicotine addiction" or "nicotine dependence" may depend on your patient's unique clinical and social background. Many youths are interested in and benefit from an explanation of the way nicotine creates dependence in their brains.

Once you have made the diagnosis of nicotine dependence (see DSM-5 criteria), please be sure to add the code to the visit.

For sample language on addressing youth nicotine use, see the S2BI script. cigarette smokers indicate:

- Dependence is more severe if tobacco use begins in adolescence.
- If tobacco use begins during adolescence, the user is more likely to become dependent, use for more years, and use more heavily.
- Adolescents are uniquely vulnerable to nicotine addiction because their brains are still developing.
- Addiction/dependence is characterized by loss of autonomy: compulsive drug craving, seeking, and use that persists even in the face of negative consequences.

SECTION 03

Counseling in primary care

Primary care pediatricians are on the front lines of combatting the rising vaping epidemic. It is critical to provide clear, personalized guidance about the negative health impacts of tobacco and nicotine.

Consider messages that resonate with youth, including a negative effect on sports performance, health, or appearance. Other topics included E-cigarettes or Vaping Associated Lung Injury (EVALI), increased susceptibility to COVID-19 infection, and the financial impact of using these products.

Remember that this becomes an ongoing process: initially, you will be helping a patient who is not ready to quit start exploring why they are vaping and how it may be negatively affecting them. You may be able to encourage them to engage with one of the online quitting platforms and even make an attempt to quit. Some follow-up visits may be short, and appropriate as virtual visits. Youth with other identified problems, such as anxiety or depression, may find it more difficult to quit and may benefit from additional counseling in your office or with a mental health professional.

Please be clear and specific in your statements as healthcare providers when counseling teenagers about e-cigarette use. Examples of statements that providers can use:

“I am really concerned about you, and I strongly advise you to quit vaping.”

“Your brain is still developing, which means you can get addicted to nicotine faster than an adult would. I don’t want you to become dependent on e-cigarettes.”

Remember if you spend a significant amount of time (greater than 3 minutes) during a visit providing counseling for someone who is nicotine dependent, you may code and bill for it!

Evidence-Based Strategies

There are several ways to structure behavior change discussions with patients. Choose the one that you are most comfortable with. Consider using motivational interviewing or other evidence-based methods for assessing readiness to change and ability to develop a quitting plan.

5 A's Model of Tobacco Smoking Behavior Change Counseling

ASK	Ask About tobacco and other nicotine product use at every vist and, given the wide variety of tobacco/ nicotine product being used today. Clarify the specific types of products that are being used (e.g., smoked, smokeless, e-cigarettes, hookah,etc.).
Advise	Advise all users to cease using tobacco and nicotine products clearly and directyl; personalize the risk of tobacco and the benefits of quitting.
Assess	Assess level of dependence, willingness to make a quit attempt, and confidence in ability to quit or initiate treatment. Assess for co-morbid conditions such as anxiety and depression.
Assist	Assist in quitting by providing resources, treatment, and ongoing support, customized to level of addiction and willingness to quit. This may include counseling involving motivational enhancment therapy interventions and/or pharmacological treatment (nicotine replacement therapies). Reinforce self-efficacy by expressing confidence in the adolescent's ability to stop using tobacco products.
Arrange	Arrange short. And long-term follow-up contact and support for both those intending to attempt to quit and for those who are not yet ready to do so.

The 5 R's Motivational counseling for adolescents Not Ready to Make a Quit Attempt

Relevance	Encourage the adolescent to talk about why quitting is personally important to him or her.
Risks	Ask the adolescent to identify potential negative consequences of continued tobacco use, particularly more immediate risks that are most relevent to the individual, such as bad breath and smell, impaired sports performance, cough, dry hair and brittle nails, yellow teeth, premature aging. Increased respiratory infections, and manipulation by the tobacco industry.
Rewards	Ask the adolescent to identify potential benefits of quitting most relevant to him or her, such as saving money, improved appearance, performing better in physical activites, better smelling hair, breath, and clothing, and feeling better about herself or himself.
Roadblocks	Ask the adolescent to identify barrieers to quitting. Sych as withdrawal symptoms, being around other tobacco user, weight gain, lack of support, uncertainty regarding how to quit, and problem solve strategies to address the barriers.
Repetition	Repeat each time the adolescent visits the clinical setting the importance of stopping tobacco use, ressuring him or her that most tobacco users make repeated quit attampts before being successful. Don't quit trying to quitt!

Another evidence-based, semi-structured way to talk with youth about behavior change is the Brief Negotiated Interview. This uses Motivational Interviewing techniques to help youth think through their substance use and consider a change. It is part of S2BI.

Engaging Youth in Developing a Follow-up Plan

Once identified, youth who are dependent on nicotine will need support and resources to quit nicotine successfully. Working with youth to identify quitting goals and follow-up care will support them along their journey. Here are some tips from the American Academy of Pediatrics to help develop a plan for success and work with youth to anticipate challenges:

Set a date	Idelly, withine 2 weeks of your discussion, but be flexible to aviod any stressful times including final exams, holidays, or other significant events in a youth's life.
Quit Completely	On quit data, stop use of all tobacco and vaping products.
Triggers	Identify peoples or situations that may cause youth to want to use tobacco or vape.
Withdrawal symptoms	Discuss the symptoms of nicotine withdrawal (headaches, increased anxiety, sadness, feeling tired, difficulty concentrating, difficulty sleeping, increased appetite, increase cravings to use nicotine) and develop strategies to manage them.
Social support	Identify friends and family who can encourage success. When appropriate, speak with youth and parent(s) together about the importance of a supportive social network.
Self-care	Consider support strategies such as healthy eating, exercise, mindulness, or meditation.

Middle and high school students often look up to slightly older youth and young adults and see them as credible sources of information on vaping. A mature youth or young adult who has had personal experience with vaping and has quit (or is trying to quit) can be a powerful messenger.

Engaging Parents

Parents and caregivers remain one of the biggest influencers for youth. Encourage parents of youth to engage, early and often, in conversations with youth about the dangers of tobacco use. Providing parents with information to help increase their own knowledge and awareness of tobacco and vape-related products is key to effective discussions.

Here are some resources from the American Academy of Pediatrics for parents and caregivers. These can be reproduced as handouts or made into posters for your office. Many of the online platforms that encourage youth to quit vaping also have great information for parents (see Cessation Support & Tools).

SECTION 04

Supporting treatment in primary care

Privacy and Confidentiality

Ensuring privacy and confidentiality is an important factor to consider when working with youth. Youths are entitled to some confidentiality protections under state and federal laws.[51] In some cases, youth can consent to their own care in specific situations or for specific services. Protecting confidentiality encourages youth to seek necessary care on time and provide a complete health history when they do so. Despite work in this area, providers should be aware that challenges persist around protecting confidentiality. Namely, electronic health records may be a potential source for inadvertently disclosing information about accessing confidential services. Providers should consider this when working with youth and engage in discussions around these issues to help ensure youth access the needed services.

Cessation Support & Tools

We know quitting tobacco isn't easy, but finding help should be. We have highlighted resources below, but feel free to explore and find others. We recommend you go online and become familiar with these resources to tailor your recommendation to a particular patient's personality and needs. Please follow up with your patients after making any recommendations to see if they actually made a quit attempt and keep them motivated.

Tobacco Free Florida

Tobacco Free Florida offers free tools and services, like 24/7 access to a coach and online resources to build personalized quit plans, plus a 4-week supply of nicotine patches, gum, or lozenges. Quit services like Tobacco Free Florida can double or triple your chances for success. This resource is only for individuals who are 18+. To learn

more, visit www.TobaccoFreeFlorida.com/quityourway.

1. Phone Quit: Personal support, tools, and services via phone, plus access to an online dashboard to improve quit attempts.

- 3 one-on-one sessions with a coach via phone, text, or chat
- Unlimited inbound support via phone, text, or chat
- Automated texting support
- Online access to a dashboard
- 4-week combo of nicotine patches, gum, or lozenges
- 1-877-U-CAN-NOW (1-877-822-6669)

2. Group Quit: Register for a session with trained facilitators and others who want to quit like you.

- Led by a trained specialist.
- 2-to-4-week supply of nicotine patches, gum, or lozenges
- Convenient times and locations
- Group, suppose in person or virtual.

3. Web Quit: Live coach support via text or chat, plus access to an online dashboard.

- Live coach support via text or chat
- Automated texting support
- Online access to a dashboard
- 4-week combo or nicotine patches, gum, or lozenges.

Follow-up Care

Support youth by checking in regularly to offer support or guidance on the next steps. Consider utilizing your electronic health record portal, texting, or a simple phone call, keeping in mind privacy and confidentiality concerns. Quitting can be an incredibly difficult process and often is met with relapse. See AAP Cessation Resources for more resources.

Reassure youth that this is common and support them with additional resources or referrals to other healthcare professionals as needed.

Youth-Centered Cessation Resources

Tobacco use is a significant public health concern in Florida. According to the Florida Department of Health, smoking and tobacco use cause around 32,000 deaths in Florida each year.[52] Furthermore, tobacco use is the leading cause of preventable deaths in Florida, making it imperative to offer resources and programs to help individuals quit smoking and vaping. Below are some resources for youth cessation that can help youth who would like to stop vaping and need assistance:

Truth Initiative [53]:

The first-of-its-kind program to help young people quit vaping, This is Quitting has helped over 500,000 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 adults who want to quit. Teens and young adults can join for free by texting DITCHVAPE to 88709

https://truthinitiative.org/thisisquitting

National Cancer Institute's (NCI) Smoke-free Teen[54]

The website is appealing to youth and easy to navigate. It is an evidence-based online quit-smoking aid that has a separate section specifically aimed at vaping and includes:

- How to Quit Vaping
- Your First Day without Vaping
- Deal with Vape Cravings

- Understand your Vaping Triggers
- Vaping Addiction and Nicotine Withdrawal
- Anxiety, Stress and Vaping
- Depression and Vaping
- Practice Quit – walk youth through 1, 3, 5 days of not using
- Vaping Quit Plan – consider filling this out with the youth in your office.

For Providers: The AAP E-Cigarette Toolkit has sections with cessation resources, including talking points. [BB3]
https://teen.smokefree.gov/

American Lung Association NOT Program[55]

The American Lung Association's NOT Program (Nicotine, Outrage, and Tobacco) is an evidence-based program designed to help individuals quit smoking and vaping. The program offers a step-by-step approach to quitting tobacco that includes a 12-week online course, an online support community, and a mobile app. The program is designed to be flexible and can be tailored to meet an individual's specific needs.

The NOT Program provides participants with a range of tools and resources to help them quit smoking and vaping. The program offers educational resources that provide information on the dangers of tobacco use, as well as strategies for quitting. Additionally, the program offers support resources, such as a community of individuals who are also trying to quit and access to coaches who can provide personalized support.

Tobacco use is a significant public health concern in Florida, causing thousands of preventable deaths each year. However, there are a range of resources and programs available to help

individuals quit smoking and vaping. These resources offer a range of educational and support resources and access to coaches and communities of individuals who are also trying to quit. By taking advantage of these resources, individuals can increase their chances of successfully quitting tobacco and improving their overall health and well-being.

Youth Tobacco Cessation Progressive Web App (PWA):

This PWA is a new clinical resource that the American Academy of Pediatrics developed to assist health personnel in supporting youth tobacco cessation by delivering the Ask-Counsel-Treat model in a tool designed for use within a clinical encounter. Designed for multi-system use, the PWA can be utilized on a computer, tablet, or offline mobile app.

The PWA leads clinicians through the main A-C-T steps:

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

The PWA also provides links to product descriptions, AAP policy and clinical reports, behavioral support options, and detailed information on pharmacologic support.

Additional topics covered:

- Screening for tobacco use, including smoking and vaping.

- Behavioral cessation supports, including texting services, quitlines, and online resources.
- Flowchart for clinical interactions
- Using electronic health records to identify and address tobacco use.

This resource is free! Pediatric health clinicians and health professionals can find the PWA at [aap.org/helpkidsquit.](aap.org/helpkidsquit)

Youth-Centered Mental Health Resources

Mental health is an essential component of overall health and well-being, especially during the formative years of one's life. For young people in Florida who are facing mental health challenges, there are several statewide youth mental health services available.

These services include NAMI, the Florida Department of Health, and UF Health.

The **Florida Department of Children and Families** also offers youth mental health services through its **Child and Adolescent Mental Health program.** This program provides mental health services to children and adolescents who have Medicaid or are uninsured. Services include mental health assessments, individual and family therapy, and medication management. The program also provides crisis intervention and support to families.[56]

NAMI, the National Alliance on Mental Illness, is a non-profit organization that provides advocacy, education, and support to people with mental illness and their families.[57] In Florida, NAMI has local affiliates that offer a range of services for youth with mental health concerns. These services include support groups, educational programs, and outreach to schools and communities. NAMI also provides a helpline for individuals seeking information and support for mental health issues.

Mental Health America offers a range of services to youth in Florida to support their mental well-being.[58] These services include educational programs aimed at promoting mental health awareness and reducing stigma surrounding mental illness among young people.[59] Additionally, Mental Health America provides counseling and therapy services tailored to the unique needs of youth, offering support for issues such as anxiety, depression, and behavioral challenges. The organization also facilitates peer support groups and youth-focused community events to foster connection and provide a safe space for sharing experiences. They have a great system of online resources for peer support, mental health screenings, and referrals to specialists in your area. Moreover, Mental Health America advocates for policy changes and increased resources to improve mental health services for youth across the state of Florida. Mental Health America has 8 locations in Florida, covering the cities of Vero Beach, Panama City, Daytona Beach, Fort Walton Beach, Lauderhill, Naples, and Tampa.

Hospital networks such as **University of Florida (UF)** health system provides comprehensive mental health services for youth in Florida.[60] **UF Health's Department of Psychiatry** provides outpatient services for children and adolescents, including diagnostic evaluations, individual and family therapy, and medication management. UF Health also offers intensive outpatient programs for youth who require more intensive treatment. These programs provide group therapy, individual therapy, and medication management in a structured setting. Please, research the hospital networks in your region and note the mental health resources available for youth.

It is important to note that these services are just a few of the many resources available for youth mental health in Florida. Other organizations, such as mental health clinics, community mental health centers, and private practitioners, also provide mental health services for youth. Additionally, many schools in Florida have counselors and other mental health professionals available to

support students.

Despite the availability of these resources, there are still significant barriers to accessing mental health services for youth in Florida. One major barrier is the lack of mental health professionals, particularly in rural areas. This can make it difficult for youth in these areas to access mental health services, as they may have to travel long distances to see a provider. Additionally, the stigma surrounding mental health can prevent youth and their families from seeking help when they need it.

In conclusion, Florida offers several statewide youth mental health services, including NAMI, the Florida Department of Health, and UF Health. These services provide a range of support, from educational programs and support groups to medication management and intensive outpatient programs. However, there are still significant barriers to accessing mental health services for youth in Florida, and more work needs to be done to ensure that all youth have access to the care they need. It is important for parents, educators, and healthcare providers to work together to promote mental health awareness and help-seeking behaviors among youth in Florida.

SECTION 05

Coding and payment

Time spent discussing tobacco and nicotine addiction may be eligible for compensation. For up-to-date information on coding for all nicotine products, see the AAP Tobacco Coding Fact Sheet.

Coding Tips for Diagnosing and Treating

This is a simplified list of codes to use for diagnosing and treating nicotine dependence in adolescents and young adults secondary to vaping. For a more comprehensive list, including case examples, and coding for tobacco exposure due to parent/caregiver use, refer to the AAP: Tobacco/E-Cigarettes Use/Exposure Coding Fact Sheet for Primary Care Pediatricians

These are the suggestions. We recommend that you discuss these codes with your own coding and billing experts before using them in case they would recommend an alternate approach.

Nicotine Dependence Secondary to Vaping

ICD-10-CM Codes:

- **F17.290** - Nicotine dependence, other tobacco products, uncomplicated (this includes electronic nicotine delivery systems (ENDS), e-cigarettes, vaping)
- **F17.291** – Nicotine dependence, other tobacco products, in remission
- **F17.293** – Nicotine dependence, other tobacco products, with withdrawal
- **Z71.6** - Tobacco abuse counseling

Physician Evaluation & Management (E&M) Codes:

- **99406** Smoking and tobacco use cessation counseling, intermediate, 3-10 minutes
- **99407** Intensive, greater than 10 minutes

There are 3 types of encounters where the identification of nicotine dependence secondary to vaping, along with counseling, would commonly happen:

Health supervision visits when screening for substance use routinely happen.

- Code the health supervision visit based on age (e.g., 99394 for ages 12-17; and 99395 for age 18 and over, for an established patient). If nicotine dependence is identified, use Z00.121 (Encounter for routine health examination with abnormal findings) and the appropriate F code.

- Code an additional 99406/99407 based on the time spent if specific counseling was performed (use the appropriate F code, along with Z71.6). Make sure to include a time statement for the 99406/07 codes

Acute Visit

(such as a respiratory problem, a mental health visit for anxiety or depression, or any visit with an adolescent who hasn't been screened in the recent past) when the patient is also screened for substance/tobacco use and counseled about quitting vaping if nicotine dependent.

- Code the office visit based on time or elements for any problems managed during the visit (e.g., 99213: low to moderate severity problem, 15 min; 99214: moderate severity, 25 min; etc.), along with appropriate diagnosis code

- Code an additional 99406/99407 based on the time spent on the tobacco abuse counseling. Use the appropriate F code, along with Z71.6. Make sure to include a separate time statement for the 99406/07 codes.

Problem Office Visits

are specifically devoted to more extensive counseling or follow-up for a patient being followed for nicotine dependence.

- Code for time (99213, 99214, etc.), use the appropriate F code, along with Z71.6. Make sure to include a separate time statement.

Appendix

Appendix A

Additional Resources from the American Academy of Pediatrics:

Youth Tobacco Cessation: Considerations for Clinicians

This resource provides detailed information to support pediatricians and other healthcare providers in supporting youth tobacco cessation using the Ask-Counsel-Treat (A.C.T.) model. (This factsheet is part of the AAP Youth Tobacco Cessation: Considerations for Clinicians resource package)

Youth Tobacco Cessation Progressive Web Application (PWA).The PWA is designed to assist clinicians with addressing youth tobacco use and treatment in pediatric practice, based on the Ask Counsel-Treat model.

Supporting Youth who are Addicted to Nicotine: Advice for Pediatricians This factsheet provides information for pediatricians about how to support adolescents who are addicted to nicotine from cigarettes, vaping, or other tobacco products. The content includes tips for screening, counseling, and helping youth with a cessation attempt. This factsheet is also available in Spanish

Talking to Teens about Tobacco: Clinician Fact Sheet Created by the AAP Section on Tobacco Control, this fact sheet provides an easy reference guide to help clinicians utilize the 5As screening and counseling technique with teens.

AAP Tobacco Coding Fact Sheet This resource is a helpful tool for health care providers and staff to ensure appropriate coding for their work in tobacco counseling. Created by American Academy of Pediatrics coding experts, this fact sheet offers CPT codes for inpatient and outpatient settings, as well as ICD-10-CM codes for medical diagnoses, comorbid diseases and related supplemental codes. At the end of the coding section are short scenarios with applicable codes and diagnoses, one of which includes use of e-cigarettes.

Printable Resources for Parents

E-Cigarette fact sheet for parents This parent resource provides information to help parents recognize e-cigarettes, understand the health harms, and protect their children.

Vaping Poster for Parents This poster can be downloaded and printed to hang in your office or waiting room. Also available in Spanish.

Printable Resources for Youth

I Quit Brochure This brochure provides tips for youth who are quitting smoking, chewing tobacco, or dip. Adapted with permission from the Anne Arundel County, MD Department of Health

Vaping Poster for Youth This poster can be downloaded and printed to hang in your office or waiting room. Also available in Spanish.

Appendix B

Continuing Medical Education in Tobacco Control

AAP E-cigarette Curriculum

This curriculum describes clinical and community strategies to address youth e-cigarette prevention and cessation, based on current evidence and best practices.

EQIPP Module: Treating Tobacco Product Use and Exposure in Families

New Education in Quality Improvement for Pediatric Practice (EQIPP) Module as of May 2019! The goal of this course is to help pediatricians and other physicians who care for children be well-positioned for the important role of educating patients and families about the harms of tobacco use and tobacco smoke exposure and to assist them with tobacco-use prevention and treatment. Pediatricians who complete the module are eligible for CME and MOC credit.

Appendix C

Additional Resources

For further information, check out the additional resources:

AAP Julius B. Richmond Center of Excellence

CDC – Electronic Cigarettes

SAMHSA Evidence-Based Resource Guide Series: Reducing Vaping Among Youthand Young Adults

Stanford Tobacco Prevention Toolkit

Stanford E-Cigarette and Vape Pen Module

Appendix D

Cessation resources from Tobacco Free Florida

Tobacco Free Florida Website

Tobacco Free Florida Quit Your Way page

Tobacco Free Florida (Vaping) E-Epidemic Page

Tobacco Free Florida Health Care Provider Page

Students Working Against Tobacco (SWAT) youth vaping page

CME ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Baptist Health and the Duval County Medical Society.

Baptist Health is accredited by the Florida Medical Association to provide continuing medical education for physicians. Baptist Health designates this enduring material educational activity for a maximum of *10.0 AMA/PRA Category 1Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclaimer: Views and conclusions expressed in this program are those of the presenter(s) and not necessarily those of the employees, administration, or medical staff of Baptist Health. All material presented in this program is provided for information only and may not be construed as professional advice. Any use of Baptist Health's facilities for this presentation does not imply endorsement of any product, service, or opinion discussed.

Disclosure: All planners, activity directors, and faculty participating in continuing medical education activities sponsored by Baptist Health are required to disclose to the audience all relevant financial relationships with any ineligible company.

None of the planners, activity directors, or faculty participating in this activity have any relevant financial relationships with any ineligible companies.

BAPTIST HEALTH

CME Evaluation for Physicians and Advanced Practice Providers

Youth Vaping and Tobacco Use: Screening, Counseling, Treatment, and Billing

Activity Code: YVT26

Use the link or QR code below to complete the CME evaluation on your smartphone, PC, I-pad, or other electronic device. Be sure to enter the above activity code to receive proper credit.

CME Activity Evaluation - 2026 – Fill out form

This evaluation must be submitted within 2 weeks of course completion to receive CME credit.

Please direct all CME reporting questions to Amy Bednar at amy.bednar@bmcjax.com.

CME credits will be reported directly to CE Broker within 30 days of program completion.

FMA ACCREDITATION PROGRAM
How Physicians Earn Quality CME

cebroker

Endnotes

[1] Rao, D., Maple, K., Dettori, A., et al. (2020). Clinical Features of E-cigarette, or Vaping, Product Use-Associated Lung Injury in Teenagers. Pediatric Radiology, 50, 338–344. https://doi.org/10.1542/peds.2019-4104

[2] Tituana, N. Y., Clavijo, C. G., Espinoza, E. F., & Tituana, V. A. (2024). E-cigarette use-associated lung injury (EVALI). *Pneumologie*, 78(1), 58–69. https://doi.org/10.1055/a-2161-0105

[3] ibid

[4] Florida Department of Health. (2023). FLCharts.org: Florida Youth Tobacco Survey (FYTS). Retrieved from https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer

[5] Ossip, D. J., & Chang, Y. N. (2019). Navigating e-cigarettes and vaping: What clinicians need to know. JAAPA: official journal of the American Academy of Physician Assistants, 32(10), 22-26.

[6] National Academies of Sciences, Engineering, and Medicine. (2018). Public health consequences of e-cigarettes. Washington, DC: The National Academies Press. doi: 10.17226/24952

[7] Hariri, L. P., Flashner, B. M., Kanarek, D. J., O'Donnell, W. J., Soskis, A., Ziehr, D. R., ... Christiani, D. C. (2022). E-cigarette use, small airway fibrosis, and constrictive bronchiolitis. *NEJM Evidence*, 1(6). https://doi.org/10.1056/EVIDoa2100051

[8] US Department of Health and Human Services. (2016). E-cigarette use among youth and young adults: A report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[9] National Academies of Sciences, Engineering, and Medicine. (2018). Public health consequences of e-cigarettes. Washington, DC: The National Academies Press. doi: 10.17226/24952

[10] ibid

[11] Burki, T. K. (2021). Tobacco industry capitalises on the COVID-19 pandemic. Lancet Respiratory Medicine, 9(10), 1097–1098. https://doi.org/10.1016/S2213-2600(21)00361-1

[12] Cambron, C. (2022). E-Cigarette Use Is Associated with Increased Psychological Distress among Youth: A Pooled Cross-Sectional Analysis of State-Level Data from 2019 and 2021. International Journal of Environmental Research and Public Health, 19(18), 11726. https://doi.org/10.3390/ijerph191811726

[13] Florida Department of Health (2020). Florida Youth Prevention Program Launches Campaign to Combat Youth E-cigarette Addiction. Retrieved from https://tobaccofreeflorida.com/wp-content/uploads/2020/10/TFF-Textimonials-Campaign-Press-Release.pdf

[14] Florida Department of Health. (2023). FLCharts.org: Florida Youth Tobacco Survey (FYTS). Retrieved from https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer

[15] Chu, K.-H., Hershey, T. B., & Sidani, J. E. (2021). Collaborative Public Health Strategies to Combat e-Cigarette Regulation Loopholes. JAMA Pediatrics, 175(11), 1102–1104. https://doi.org/10.1001/jamapediatrics.2021.2432

[16] Florida Department of Health. (2023). FLCharts.org: Florida Youth Tobacco Survey (FYTS). Retrieved from https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer

[17] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.11-Possession, misrepresenting age or military service to purchase, and purchase of tobacco products by persons under 21 years of age prohibited; penalties; jurisdiction; disposition of fines.

[18] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.42-Possession, misrepresenting age or military service to purchase, and purchase of nicotine products by persons under 21 years of age prohibited; penalties; jurisdiction; disposition of fines.

[19] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products

[20] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.03- Retail tobacco products dealer permits; application; qualifications; fees; renewal; duplicates.

[21] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.32 - Retail nicotine products dealer permits; application; qualifications; fees; renewal; duplicates.

[22] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.03- Retail tobacco products dealer permits; application; qualifications; fees; renewal; duplicates.

[23] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.32 - Retail nicotine products dealer permits; application; qualifications; fees; renewal; duplicates.

[24] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.03 - Retail tobacco products dealer permits; application; qualifications; fees; renewal; duplicates.

[25] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.33 - Consent to inspection and search without a warrant

[26] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 569.06 - Retail tobacco product dealers; administrative penalties

[27] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXIX, Public Health, Chapter 386, Sanitary Nuisances; Florida Clean Air Act, Part II, Smoking and Vaping, 386.204-Prohibition

[28] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 386-2045 - Enclose Indoor spaces, specific exceptions

[29] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXXIV, Alcoholic Beverages and Tobacco, Chapter 569, Tobacco and Nicotine Products, 386-202 - Legislative Intent

[30] The 2023 Florida Statutes (including Special Session C). (2023). Florida. Title XXIX, Public Health, Chapter 386, Sanitary Nuisances; Florida Clean Air Act, Part II, Smoking and Vaping, 386.209- Regulation of smoking prempted to the state

[31] Truth Initiative. (2024). E-cigarettes, vapes, and JUULs. Retrieved from https://truthinitiative.org/research-resources/emerging-tobacco-products/e-cigarettes-facts-stats-and-regulations

[32] National Academies of Sciences, Engineering, and Medicine. (2018). Public health consequences of e-cigarettes. Washington, DC: The National Academies Press. doi: 10.17226/24952

[33] ibid

[34] ibid

[35] ibid

[36] ibid

[37] Winters, K. C., & Arria, A. (2011). Adolescent Brain Development and Drugs. Prev Res, 18(2), 21–24. Available in PMC 2012 Jul 18. https://doi.org/10.2105/PrevRes.2011.18.2.21

[38] ibid

[39] Tiwari, R. K., Sharma, V., Pandey, R. K., & Shukla, S. S. (2020). Nicotine Addiction: Neurobiology and Mechanism. Journal of Pharmacopuncture, 23(1), 1–7. https://doi.org/10.3831/KPI.2020.23.001

[40] Goriounova, N. A., & Mansvelder, H. D. (2012). Short- and Long-Term Consequences of Nicotine Exposure during Adolescence for Prefrontal Cortex Neuronal Network Function. Cold Spring Harbor Perspectives in Medicine, 2(12), a012120. https://doi.org/10.1101/cshperspect.a012120

[41] ibid

[42] Turner, S. (2018). Lung Function Tracking: Does It Wobble during Adolescence? Department of Child Health, University of Aberdeen, Aberdeen, United Kingdom. American Journal of Respiratory and Critical Care Medicine, 198(12).

[43] Sharma, G., & Goodwin, J. (2006). Effect of aging on respiratory system physiology and immunology. Clinical Interventions in Aging, 1(3), 253–260. https://doi.org/10.2147/ciia.2006.1.3.253

[44] ibid

[45] Gotts, J. E., Jordt, S.-E., McConnell, R., & Tarran, R. (2019). What are the respiratory effects of e-cigarettes? BMJ, 366, l5275. https://doi.org/10.1136/bmj.l5275

[46] Esteban-Lopez, M., Perry, M. D., Garbinski, L. D., Manevski, M., Andre, M., Ceyhan, Y., Caobi, A., Paul, P., Lau, L. S., Ramelow, J., Owens, F., Souchak, J., Ales, E., & El-Hage, N. (2022). Health effects and known pathology associated with the use of E-cigarettes. Toxicology Reports, 9, 1357–1368. https://doi.org/10.1016/j.toxrep.2022.06.006

[47] ibid

[48] Reyes, I., & Rodriguez, J. (2019). The American Academy of Pediatrics Bright Futures Guidelines: An Update for Primary Care Clinicians. Advances in Family Practice Nursing, 1, 175-181.

[49] Boakye, E., Osuji, N., Erhabor, J., Obisesan, O., Osei, A. D., El Shahawy, O., & Blaha, M. J. (2023). Healthcare Provider Screening for Tobacco Product and Electronic Cigarette Use Among Youth in the United States. Journal of Adolescent Health, 72(5), 819-822.

[50] Baker TB, Breslau N, Covey L, Shiffman S. DSM criteria for tobacco use disorder and tobacco withdrawal: a critique and proposed revisions for DSM-5. Addiction. 2012 Feb;107(2):263-75. doi: 10.1111/j.1360-0443.2011.03657.x. PMID: 21919989; PMCID: PMC3246568.

[51] Pathak PR, Chou A. Confidential Care for Adolescents in the U.S. Health Care System. J Patient Cent Res Rev. 2019 Jan 28;6(1):46-50. doi: 10.17294/2330-0698.1656. PMID: 31414023; PMCID: PMC6676754.

[52] American Lung Association. (2022). 20th Annual 'State of Tobacco Control' Report. [Report]. American Lung Association.

[53] Truth Initiative. (2024). This is Quitting. Retrieved from https://truthinitiative.org/thisisquitting

[54] Smokefree Teen. (2024). Retrieved from https://teen.smokefree.gov/

[55] American Lung Association. (2024). NOT program. https://www.lung.org/quit-smoking/helping-others-quit/not-program

[56] Florida Department of Children and Families. (2024.). Children's Mental Health Program. Retrieved from https://www.myflfamilies.com/services/samh/childrens-mental-health-program

[57] National Alliance on Mental Illness. (n.d.). About NAMI. https://www.nami.org/About-NAMI.

[58] Mental Health America. (2024). MHA Programs. Retrieved from https://arc.mhanational.org/mha-resources/programs

[59] ibid

[60] University of Florida Health. (2024). Child and Adolescent Psychiatry. Retrieved from https://ufhealth.org/specialties/child-and-adolescent-psychiatry