

Help Patients Break the E-Cigarette Habit

Patients will ask for your help with "vaping cessation"...as reports of e-cigarette harms and deaths continue to stack up.

But there's no good evidence on how to break the vaping habit.

Lean on usual smoking cessation strategies...especially to help "dual users" or to prevent e-cig users from turning to regular cigarettes.

Individualize your recommendations based on patient preference, vaping history, quit attempts, etc...and use these rules of thumb.

Advise setting a quit date...avoiding vaping triggers...and using tools, such as calling 800-QUIT-NOW or trying the quitSTART app.

These may be enough for some patients, such as "social" users.

For adults who regularly use e-cigarettes, explain that adding meds may be worth a try...since most e-cigs contain nicotine.

Consider nicotine replacement therapy (NRT) first. Suggest a patch PLUS a short-acting product (gum, etc) for breakthrough cravings.

To suggest a patch dose, check the e-cigarette's package or website to estimate nicotine content...and ask patients how much they vape.

For example, *Juul 5%* contains about 40 mg nicotine per "pod," similar to smoking a PACK of cigarettes. For an adult vaping more than half a pod/day, think of a 21 mg/day patch as a reasonable starting point.

Or consider a 14 mg/day patch for patients using less nicotine. For instance, *Blu 1.2%* contains about 18 mg nicotine per pod.

But it's not an exact science. Be ready to adjust doses as needed.

Consider *Chantix* (varenicline) next if NRT isn't enough...or bupropion, particularly for e-cigarette users with depression. If needed, explain it's okay to try combining *Chantix* or bupropion with NRT.

Lean on behavioral strategies for teens. There's little evidence smoking cessation meds help teens quit smoking...and none for vaping.

Use our new *Vaping Cessation Guide* to assess nicotine content in e-cigarettes, to manage triggers, and for other support options.

Key References:

-MMWR Morb Mortal Wkly Rep 2019;68(41):919-27

-Expert Opin Drug Deliv 2019;16(11):1193-203

-BMJ Open 2019;9(3):e026642

-J Am Coll Cardiol 2018;72(25):3332-65

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Vaping Cessation Guide

See our chart, *E-Cigarettes and Vaping FAQs*, for more about e-cigarettes and vaping including use, safety, and regulations. Evidence-based vaping cessation strategies are lacking due to limited research. However, current thinking is to follow the strategies used to help patients stop smoking traditional cigarettes. In fact, the CDC now recommends to consider using nicotine replacement therapy (NRT) as a part of vaping cessation strategies.

1. Pick a quit date

- Patients should choose a date that is not too far into the future. This limits the time patients have to change their minds about stopping.
- Encourage patients to avoid picking a date that will already be stressful (e.g., the day before a big test or presentation).

2. Use a support system

- With a support system, patients have people to lean on when things seem tough, to ask advice of, to celebrate successes with, etc.
- Use available resources (e.g., 800-QUIT-NOW [U.S.]; 877-455-2233 [Canada], quitSTART app, gosmokefree.gc.ca/quit or breakitoff.ca [Canada]). In the U.S., there are resources specifically aimed to help patients stop vaping:
 - Text “QUIT” to 202-899-7550 (target audience: **adults or parents trying to help young people quit vaping**) to sign up for text messages.
 - Text “DITCHJUUL” to 88709 (target audience: **youth and young adults trying to quit vaping**) to sign up for text messages.
 - See other available resources at BecomeAnEx (<https://www.becomeanex.org/quitting-e-cigarettes/>) and the Truth Initiative (<https://truthinitiative.org/research-resources/quitting-smoking-vaping/quitting-e-cigarettes>).
- If practical, in-person counseling and behavioral support should also be offered to patients. This may be enough for occasional or social users.

3. Address the physical addiction

- Identify and plan to cope with triggers (e.g., times of day [first thing in the morning, right after work, etc], specific activities [with coffee, happy hour], certain people)
 - Patients should completely get rid of their vaping supplies (e.g., e-cigs, vape pens, e-juice, chargers, *JUULs*)
 - Encourage patients to spend time with people who don't vape.
 - Suggest that patients change their routine to avoid habits linked to vaping (e.g., go for a walk instead of doing activities you associate with vaping [watching TV, having a drink, etc]).
 - Tell patients to pick activities to do when they have the urge vape (e.g., play a game on their phone, meditate, talk or text with a friend).
- Managing withdrawal symptoms
 - Patients should stay well hydrated and get plenty of sleep to minimize uncomfortable symptoms (e.g., headache, hunger, fatigue).
 - Medications (e.g., nicotine replacement therapy, bupropion, varenicline) may be helpful for ADULTS in the weaning process, especially for those who vape regularly or dual users (i.e., smokes tobacco cigarettes and vapes). However, there are **limited data** for using medications to help teens stop smoking and **no data** available for using meds to help teens stop vaping. In fact, one study found varenicline (*Chantix* [U.S.], *Champix* [Canada]), which may help some adults stop smoking, was NOT effective for smoking cessation in teens 16 years or younger. Antidepressants (e.g., bupropion) may also increase risk of suicide in teens.

4. Quantify nicotine intake

- Ask questions to quantify nicotine intake. “Which vaping products are you using?” “How much are you vaping?”
- Nicotine content varies among available products. The vaping method used may also affect the amount of nicotine ingested. The chart below provides examples of nicotine content in some commonly used products.

Vaping Cessation Guide

Level of Nicotine	Nicotine content (mg)	Example Products (nicotine content/pod)	Cigarette Equivalency
None	0	<i>Halo 0 mg, Jam Monster 0 mg, Naked 0 mg</i>	One <i>JUUL</i> pod 5%, contains approximately 40 mg of nicotine. This is considered to be equivalent to smoking about 20 combustible tobacco cigarettes.
Very Low/Ultra-Light	~3 to 4	<i>Halo 3 mg, Jam Monster 3 mg, Naked 3 mg</i>	
Low/Light	~6 to 8	<i>Halo 6 mg, Jam Monster 6 mg, Naked 6 mg</i>	
Medium	~11 to 12	<i>Halo 12 mg, Naked 12 mg</i>	
High	~16 to 18	<i>Blu 1.2%, Halo 18 mg</i>	
Very High//Extra Strength	~24	<i>JUUL 3%, Halo 24 mg, Jam Monster 24 mg</i>	
Ultra-High/Very Strong	≥36	<i>JUUL 5%, Blu 2.4%, Jam Monster 48 mg</i>	

5. **Can consider using medications in ADULTS** (See our chart, *Smoking Cessation Drug Therapy*, for available products/dosing, advantages/disadvantages, and counseling points). There are not data available to tell us if medications are helpful or which doses should be used for vaping cessation. The assumption is that just as with traditional smoking cessation, medications can make vaping cessation more comfortable and may also increase cessation success rates. Doses below are based on the assumption that 40 mg of nicotine using *JUUL* is equivalent to smoking about 20 combustible tobacco cigarettes. However, nicotine absorption may vary among products and among users. We know that nicotine replacement therapy is considered safe, and used first-line, even in patients with cardiovascular disease. However, more data are needed to solidify dosing recommendations for medications when using them for vaping cessation.

- **Nicotine replacement therapy (NRT):** Think of combination NRT first, as it is a first-line option for smoking cessation. It's available over-the-counter (only for adults in the U.S.). A prescription may be required for teens to purchase NRT in the U.S.
 - For adults using **more than about 20 mg of nicotine per day**, can consider starting with the 21 mg/day patch to reduce background cravings.
 - For adults using **less than 20 mg of nicotine per day**, can consider starting with the 14 mg/day patch to reduce background cravings.
 - Can consider adding short-acting NRT (e.g., gum, lozenges) to long-acting NRT to relieve breakthrough cravings.
 - Can consider using lower doses and adjusting doses based on withdrawal symptoms.
 - Follow product information for suggested tapering regimens.
- For adult patients who fail or only partially respond to NRT, other options can be considered (e.g., varenicline, bupropion) instead of, or in addition to, NRT. Note that these products should be started BEFORE the patient's quit date.
 - **Varenicline** (*Chantix* [U.S.], *Champix* [Canada]) is also considered a first-line option for smoking cessation. Discuss possible side effects with patients (e.g., constipation, nausea, vomiting, insomnia, vivid dreams, headache, and seizures).
 - Titrate doses up over several days. **Days 1 to 3:** varenicline 0.5 mg once daily; **days 4 to 7:** varenicline 0.5 mg twice a day (per Canadian labeling, patients may continue taking 0.5 mg twice daily instead of titrating up); **day 8 and forward:** varenicline 1 mg twice a day.
 - Can also consider **sustained-release bupropion** (e.g., *Zyban*), especially for patients who vape and also have depression.
 - Titrate up over a few days. **Days 1 to 3:** bupropion 150 mg once a day; **day 4 and forward:** bupropion 150 mg twice a day.

6. Prepare for set-backs

- Encourage patients to celebrate their successes and milestones throughout the vaping cessation process.
- Breaking the nicotine habit is hard. It's common to experience set-backs. If patients slip up and vape after their quit date:
 - encourage reflection about possible contributing factors and ways to avoid triggers and overcome cravings in the future.
 - restart the quitting process right away.