



“E-cigarettes and Novel Tobacco Products: Use and Cessation”

Tuesday, October 18, 2022, at 1:00 pm EDT

Speakers:

- **Pamela Ling, MD MPH**, Professor of Medicine and Director of the Center for Tobacco Control Research and Education at the University of California San Francisco
- **Michael Steinberg, MD, MPH, FACP**, Professor and Chief, Division of General Internal Medicine, Vice-Chair for Clinical Research, Rutgers Robert Wood Johnson Medical School, Medical Director; Rutgers Center for Tobacco Studies

I. Patient Care

Q: Any suggestions on what our response would be to patients who say that "vapes are not as bad as cigarettes" or "vapes are approved in the UK to help you quit"?

A: It is true that for an individual, current, adult cigarette smoker, ENDS are less harmful for that individual IF they switch completely. However, we do not know what the long-term safety of these products are, they do contain nicotine and are addictive, nicotine itself can affect brain development in young people, and we know that dual use of ENDS with combusted tobacco gives no clear health benefit. (Steinberg)

A: While vapes reduce exposure to some chemicals compared to cigarettes, we don't know the long term health effects of vaping.

I usually use interest in vapes to quit smoking to explore patients' actual prior experiences with approved Pharmacotherapy (often "I tried everything" doesn't actually include everything, such as the nicotine inhaler). If someone insists on using a vape to quit smoking I don't fight them, but closely monitor, encourage them to reduce vape use and/or switch to NRT in the longer term. (Ling)

Q: Does anyone know if there is a common tool for patients to track vape use? For smoking one would count # of cigarettes-- how do we translate this to vaping?

A: Not aware of an established tool. Most people ask about # pods used or # puffs per day... number of puff sessions per day. Again, precision is less critical than an overall estimate of how dependent and thus how strong cravings and withdrawal might be so you can dose medications appropriately. Short acting NRT will provide flexibility in its use - they can use as much as they feel they need. (Steinberg)

A: I'm not aware of a tool, but I often try to find out which device patients are using, the mg of nicotine and size. People often track how long a disposable device will last, like how many pods per day, or how long a pod lasts. A JUUL-style size pod with 200 puffs is about = 1 pack of cigarettes.

But I agree it's maybe not so important to quantify exactly as to look for behavioral indicators of dependence (e.g., craving, vaping soon after waking), and trying to match frequency of NRT with frequency of use as much as possible. (Ling)

Q. How do you recommend dosing NRT when working with ENDS? Is it different from the typical dosage guidelines for traditional cigarette use? For example - the case report where the individual used 14mg NRT patch + 4mg gum.

A: Estimate nicotine exposure - either roughly or with a validated instrument - your choice... then discuss an initial med plan. Then adjust the plan based on response. (Steinberg)

A: Similar to above, I try to estimate pods = cigarette packs of nicotine. Mike's advice to make an estimate and then adjust depending on cravings is a good one. (Ling)

II. Novel Products

Q: Question for Dr. Pam Ling: Can a product be legitimately nicotine free? Many products state such.

A: Yes, there are some nicotine free vape products – things like cannabis vapes or vitamin vapes.

There are also some vape liquids that have zero mg of nicotine, sometimes flavored liquids are sold without nicotine in places with flavor ban policies, and merchants will suggest that customers buy nicotine liquid separately and mix on their own. (Ling)

Q: I know it's impossible to know how much nicotine is absorbed vs delivered, but do you think different ENDS products have more or less absorption than others?

A: Yes, I think delivery/absorption varies, but it depends both on the product characteristics (both the liquids and device power, wicks etc.) and the way the user puffs, so it's very challenging! (Ling)

A: Certainly delivery varies based on product and frequency of use. Nicotine salt/pod devices deliver high levels vs. 1st generation cigalikes. (Steinberg)

Q: Dr. Pam Ling: What do you know about the nicotine gummies made by KRAVE?

A: I don't know about them – I went to the website and it says the product has been discontinued. CNN reported that they discontinued it after receiving a warning from the FDA that they were not authorized to make, sell or distribute such products. It does look like they were trying to capitalize on the "tobacco free nicotine" trend. Also reminds me of nicotine lollipops that appeared on the market years ago, also withdrawn after FDA crack down. (Ling)

Q: *Any more info on this? Nicotine Dose in a Single Cigarette Blocks Estrogen Production in Women's Brains, Neuroscience, October 17, 2022. [https://neurosciencenews.com/nicotine-estrogen-21663/]*

A: I have not heard of this. I guess just one more good reason to stop smoking. (Steinberg)

A: Interesting study! I don't have more info. (Ling)

Q: *Is there existing safety info of electronic "fruit and CBD" or vitamin vapes?*

A: There is very little information available, much less safety information. (Ling)