E-Cigarettes and Smoking Cessation: An Update for Clinicians, co-hosted by ATTUD

Nancy A. Rigotti, MD

June 21, 2021
Moderator

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Deputy Director

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University of California, San Francisco
A National Center of Excellence for Tobacco-Free Recovery

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- SAMHSA
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- National Center of Excellence for Tobacco-Free Recovery
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Free CME/CEUs will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)

For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.

For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.

Visit CABHWI.ucsf.edu for more information
CDC Tips Campaign 2021 – celebrating 10 years!

SCLC will partner with the CDC to promote 1 800 QUIT NOW through new ads as well as some former favorites.
I COVID QUIT!

- Launched March 31

- SCLC’s own campaign funded by Robert Wood Johnson Foundation

- Real people sharing their UNSCRIPTED experiences of improved mental health after quitting smoking—and they did it during the COVID-19 pandemic!

- FREE videos, digital images and toolkit for your use at ICOVIDQUIT.org
Today’s Presenter

Nancy A. Rigotti, MD

Professor of Medicine
Harvard Medical School Director

Tobacco Research and Treatment Center
Massachusetts General Hospital
Boston, MA
The Association for Treatment of Tobacco Use and Dependence

- Maher Karam-Hage, President of ATTUD

- ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.

- ATTUD has international reach, with members in the U.S., Canada, the UK and nearly two dozen other countries. Membership meetings are held in conjunction with other national and world conferences.

- [www.attud.org](http://www.attud.org)
E-cigarettes and Smoking Cessation: An Update for Clinicians

Nancy Rigotti, MD
Professor of Medicine, Harvard Medical School
Director, Tobacco Research and Treatment Center
Massachusetts General Hospital, Boston, MA

nrigotti@partners.org

UCSF Smoking Cessation Leadership Center Webinar - 2021
Disclosures – Nancy Rigotti, MD

Royalties
UpToDate, Inc.

Consultant, research grant
Achieve Life Sciences (investigational smoking cessation medication)

No relationship with any e-cigarette or tobacco company
OVERVIEW

- E-cigarettes: evolution of products and policy
- Public health benefits and risks of e-cigarette use
- Effectiveness for smoking cessation
- Recommendations from professional organizations
- Strategies for office practice and a call for balance
Electronic Cigarette

A nicotine delivery device that looks like a cigarette

- Battery
- Vaporizer
- Cartridge

Nicotine
+ propylene glycol or glycerin
+ flavoring

No tobacco burned → Safer than cigarettes?
Not FDA regulated → Many knowledge gaps
The devices are changing rapidly
Electronic Cigarettes
Net Public Health Impact Depends on 3 factors

Potential Benefit
- Help more smokers to quit smoking cigarettes

Potential Risks
- Attract nonsmokers → nicotine dependence → transition to smoke
- Possible health risks of vaping
  - Youth or nonsmokers: Low tolerance for any risk
  - Adult smokers: Compare risk to risk of continued smoking
Electronic Cigarette

A nicotine delivery device that looks like a cigarette

Battery | Vaporizer | Cartridge
---|---|---

Nicotine + propylene glycol or glycerin + flavoring

No tobacco burned → Safer than cigarettes?
Not FDA regulated → Many knowledge gaps
The devices are changing rapidly
E-cigarette Regulation in the U.S.

- **2007**  
  E-cigs appear as novel consumer products

- **2010**  
  FDA’s plan to regulate e-cigs as medicine blocked

- **2016**  
  FDA deeming rule e-cigs are tobacco products
  
  E-cigs must get FDA approval to be sold, but can stay on market while application process is developed and review ongoing

- **9/2020**  
  Deadline to apply for FDA approval as tobacco product

- **9/2021**  
  1st FDA decisions to approve e-cigarette products due
Electronic Cigarette

A nicotine delivery device that looks like a cigarette

No tobacco burned → Safer than cigarettes?
Not FDA regulated → Many knowledge gaps
The devices are changing rapidly
The Evolution of Electronic Cigarettes

1st Generation
- Disposable e-cigarettes
- ~2007

2nd Generation
- E-cigarettes with prefilled pods
- Rechargeable

3rd Generation
- Tanks or Mods (refillable)
- More powerful batteries

4th Generation
- Pod Mods (prefilled pods; nicotine salts)
- Sleek design
- Easy to conceal
- 2017
Nicotine delivery and users’ reactions to Juul compared with cigarettes and other e-cigarette products

Flavors of e-Cigarettes Used by Youths in the United States

Figure. Flavor Used Most Often Among US Youths, Past 30-Day JUUL e-Cigarette Users

(A) 8th-Grade students (n = 330)
(B) 10th-Grade students (n = 719)
(C) 12th-Grade students (n = 690)

- Classic tobacco
- Crème
- Cucumber
- Fruit
- Mango
- Menthol
- Mint
- Virginia tobacco
- Other

Weighted prevalence estimates of forced-choice responses to “Which JUUL flavor do you use most often?” The “other” category did not specify any flavor and could represent various flavors compatible with the JUUL device made by manufacturers other than JUUL Labs. Error bars indicate 95% CIs.
JUUL Phenomenon

- Sleek high-tech design
- Better nicotine delivery
- Flavors
- Social media marketing
THE PROMISE OF VAPING AND THE RISE OF JUUL

Teens have taken a technology that was supposed to help grownups stop smoking and invented a new kind of bad habit, molded in their own image.

Juuling: If you don’t know what it is, ask your kids

‘I Can’t Stop’: Schools Struggle With Vaping Explosion

Did Juul Lure Teenagers and Get ‘Customers for Life’?
NATIONAL YOUTH TOBACCO SURVEY*: YOUTH USE OF E-CIGARETTES CONTINUES TO CLIMB

* Preliminary data
* Reported use within 30 days preceding administration of survey.
Policy Responses to the Youth E-cig Epidemic

- Restrict sales to adults (>21 yo)
- Ban sale of flavored e-cigarette products
- Raise e-cigarette price through taxation
- Ban use where cigarette smoking is not allowed

**Actions taken**
- 2018-2019: State and local policies
- 1/1/2020: Federal action
  - Restrict sales of all tobacco products to age 21+
  - Ban sales of flavored e-cigarettes (except tobacco, menthol)
    (exempted disposable e-cigarettes)
The Evolution of Electronic Cigarettes

1st Generation
- Disposable e-cigarettes
- ~2007

2nd Generation
- E-cigarettes with prefilled pods
- Rechargeable

3rd Generation
- Tanks or Mods (refillable)
- More powerful batteries

4th Generation
- Pod Mods (prefilled pods; nicotine salts)
- Sleek design
- Easy to conceal
- 2017

Puff Bar
- Disposable
- (nicotine salts)
- Sleek design
- Easy to conceal
- 2020
Another innovation:

**Synthetic nicotine** replaces tobacco-derived nicotine

Does FDA have the authority to regulate the product?
NATIONAL YOUTH TOBACCO SURVEY*: YOUTH USE OF E-CIGARETTES CONTINUES TO CLIMB

* Preliminary data
* Reported use within 30 days preceding administration of survey.
Effectiveness of E-cigarettes for Smoking Cessation

Types of Evidence

- Clinical trials
  - Effectiveness when used in tightly controlled circumstances

- Population studies
  - Effectiveness when used in the real world
A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy


Participants
- 886 adult smokers (15 cig/d) attending British NHS Stop Smoking clinics
- No preference for NRT vs. e-cigarette to quit

Interventions
- Choice of type of NRT (combination recommended) – 3 mo. OR
- E-cigarette starter pack (refillable device + 1 bottle e-liquid)
  (All got 4 weekly counseling visits)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>E-Cigarettes (N = 438)</th>
<th>Nicotine Replacement (N = 446)</th>
<th>Primary Analysis: Relative Risk (95% CI)†</th>
<th>Sensitivity Analysis: Adjusted Relative Risk (95% CI)‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary outcome: abstinence at 52 wk — no. (%)</td>
<td>79 (18.0)</td>
<td>44 (9.9)</td>
<td>1.83 (1.30–2.58)</td>
<td>1.75 (1.24–2.46)</td>
</tr>
</tbody>
</table>

Among those who were quit at 1 year: 80% in e-cig group were still using e-cigs
9% in NRT group were still using NRT
Nicotine patches used in combination with e-cigarettes (with and without nicotine) for smoking cessation: a pragmatic, randomised trial


Participants
- 1124 adult smokers in New Zealand who wanted to quit

Interventions
- 3 groups (1:4:4): patch / patch + nicotine e-cig / patch + non-nicotine e-cig
  - All got 21 mg patch for 13 weeks *(starting 2 weeks before quit date)*
  - Nicotine e-cig had 18 mg/L nicotine
- All got behavioral support with weekly telephone calls for 6 weeks

Outcome
- Continuous abstinence for 6 months (CO verified)
Nicotine patches used in combination with e-cigarettes (with and without nicotine) for smoking cessation: a pragmatic, randomised trial  


<table>
<thead>
<tr>
<th>Continuous abstinence</th>
<th>Patches plus nicotine e-cigarette (n=500)</th>
<th>Patches plus nicotine-free e-cigarette* (n=499)</th>
<th>Relative risk (95% CI)</th>
<th>Risk difference (95% CI)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported quit rate at 1 month</td>
<td>189 (38%)</td>
<td>147 (30%)</td>
<td>1.28 (1.08 to 1.53)</td>
<td>8.34 (2.50 to 14.18)</td>
<td>0.005</td>
</tr>
<tr>
<td>Self-reported quit rate at 3 months</td>
<td>117 (23%)</td>
<td>69 (14%)</td>
<td>1.69 (1.29 to 2.22)</td>
<td>9.57 (4.78 to 14.36)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Self-reported quit rate at 6 months</td>
<td>89 (18%)</td>
<td>53 (11%)</td>
<td>1.68 (1.22 to 2.30)</td>
<td>7.18 (2.87 to 11.49)</td>
<td>0.001</td>
</tr>
<tr>
<td>CO-verified quit rate at 6 months</td>
<td>35 (7%)</td>
<td>20 (4%)</td>
<td>1.75 (1.02 to 2.98)</td>
<td>2.99 (0.17 to 5.81)</td>
<td>0.038</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuous abstinence</th>
<th>Patches plus nicotine e-cigarette (n=500)</th>
<th>Patches only* (n=125)</th>
<th>Relative risk (95% CI)</th>
<th>Risk difference (95% CI)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported quit rate at 1 month</td>
<td>189 (38%)</td>
<td>21 (17%)</td>
<td>2.25 (1.50 to 3.30)</td>
<td>21.0 (13.19 to 28.81)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Self-reported quit rate at 3 months</td>
<td>117 (23%)</td>
<td>13 (10%)</td>
<td>2.25 (1.31 to 3.86)</td>
<td>13.00 (6.49 to 19.51)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Self-reported quit rate at 6 months</td>
<td>89 (18%)</td>
<td>10 (8%)</td>
<td>2.23 (1.19 to 4.15)</td>
<td>9.80 (3.98 to 15.62)</td>
<td>0.007</td>
</tr>
<tr>
<td>CO-verified quit rate at 6 months (primary outcome)</td>
<td>35 (7%)</td>
<td>3 (2%)</td>
<td>2.92 (0.91 to 9.33)</td>
<td>4.60 (1.11 to 8.09)</td>
<td>0.05</td>
</tr>
</tbody>
</table>
Objective: Evaluate the safety and effect of using EC to help people who smoke achieve long-term smoking abstinence

Now a “living review”
Review update published April 2021
Latest searches 1 Feb 2021

Acknowledgment: Slides from Jamie Hartmann-Boyce
Primary comparisons

- Nicotine e-cigarette vs. NRT
- Nicotine e-cigarette vs. behavioral support only / no-support
- Nicotine e-cigarette vs. non-nicotine e-cigarette

Primary outcomes

- Smoking cessation at 6+ months
- Adverse events at 1+ weeks
- Serious adverse events at 1+ weeks
Nicotine e-cigarette versus NRT: Quitting at 6+ months

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>EC Events</th>
<th>Total</th>
<th>NRT Events</th>
<th>Total</th>
<th>Weight</th>
<th>Risk Ratio M-H, Fixed, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullen 2013</td>
<td>21</td>
<td>289</td>
<td>17</td>
<td>295</td>
<td>27.2%</td>
<td>1.26 [0.68, 2.34]</td>
</tr>
<tr>
<td>Hajek 2019</td>
<td>79</td>
<td>438</td>
<td>44</td>
<td>446</td>
<td>70.6%</td>
<td>1.83 [1.30, 2.58]</td>
</tr>
<tr>
<td>Lee 2018</td>
<td>5</td>
<td>20</td>
<td>1</td>
<td>10</td>
<td>2.2%</td>
<td>2.50 [0.34, 18.63]</td>
</tr>
<tr>
<td></td>
<td>105</td>
<td>747</td>
<td>62</td>
<td>751</td>
<td>100.0%</td>
<td>1.69 [1.25, 2.27]</td>
</tr>
</tbody>
</table>

Total events: 105 EC, 62 NRT

Heterogeneity: Chi² = 1.21, df = 2 (P = 0.55); I² = 0%
Test for overall effect: Z = 3.46 (P = 0.0005)

GRADE certainty of evidence: MODERATE
Nicotine e-cigarette vs. non-nicotine e-cigarette: Quitting at 6+ months

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Nicotine EC Events</th>
<th>Total</th>
<th>Non-nicotine EC Events</th>
<th>Total</th>
<th>Risk Ratio M-H, Fixed, 95% CI</th>
<th>Risk Ratio M-H, Fixed, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullen 2013</td>
<td>21</td>
<td>289</td>
<td>3</td>
<td>73</td>
<td>1.77 [0.54, 5.77]</td>
<td></td>
</tr>
<tr>
<td>Caponnetto 2013a</td>
<td>22</td>
<td>200</td>
<td>4</td>
<td>100</td>
<td>2.75 [0.97, 7.76]</td>
<td></td>
</tr>
<tr>
<td>Eisenberg 2020</td>
<td>5</td>
<td>128</td>
<td>3</td>
<td>127</td>
<td>1.65 [0.40, 6.77]</td>
<td></td>
</tr>
<tr>
<td>Lucchiar 2020</td>
<td>13</td>
<td>70</td>
<td>11</td>
<td>70</td>
<td>1.18 [0.57, 2.46]</td>
<td></td>
</tr>
<tr>
<td><strong>Total (95% CI)</strong></td>
<td><strong>687</strong></td>
<td><strong>370</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>1.70 [1.03, 2.81]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total events:</td>
<td>61</td>
<td></td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Heterogeneity: Chi² = 1.78, df = 3 (P = 0.62); I² = 0%
Test for overall effect: Z = 2.09 (P = 0.04)
Test for subgroup differences: Not applicable

GRADE certainty of evidence: MODERATE
Nicotine e-cigarette vs. behavioral support only/no support: Quitting at 6+ months

GRADE certainty of evidence: VERY LOW
Implications for practice

- Evidence suggesting nicotine EC can aid in smoking cessation is consistent across several comparisons.

- There was moderate certainty evidence, limited by imprecision, that EC with nicotine increased quit rates at six months or longer compared to non-nicotine EC and compared to NRT.

- There was very low certainty evidence that EC with nicotine increased quit rates compared to behavioral support only or no support.

- The effect of nicotine EC when added to NRT was unclear.

- None of the included studies detected serious adverse events considered possibly related to EC use.
Evidence Needed

- More RCTs
  - Newer products (representative of products in current use)
    - Pod mod devices
    - Rapid nicotine delivery
  - Active comparators
  - Test combinations of e-cigs and meds

- Evidence about effectiveness in the real world
  - Observational studies in populations or groups
    - Cross-sectional studies → cannot infer causality
    - Cohort studies (PATH) → confounding limits causal inference
Electronic Cigarette Use and Cigarette Abstinence Over 2 Years Among U.S. Smokers in the Population Assessment of Tobacco and Health Study

Sara Kalkhoran MD, MAS, Yuchiao Chang PhD, Nancy A. Rigotti MD

Table 3. Factors Associated with Cigarette Abstinence at Follow-up

<table>
<thead>
<tr>
<th>Current e-cigarette use at Wave 1</th>
<th>Prolonged cigarette abstinence at Waves 2 and 3</th>
<th>Cigarette abstinence at Wave 2</th>
<th>Cigarette abstinence at Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Ref</td>
<td>Ref</td>
<td>Ref</td>
</tr>
<tr>
<td>Non-daily</td>
<td>1.16 (0.84 to 1.61)</td>
<td>1.07 (0.84 to 1.37)</td>
<td>1.02 (0.80 to 1.28)</td>
</tr>
<tr>
<td>Daily</td>
<td>1.77 (1.08 to 2.89)*</td>
<td>1.53 (1.04 to 2.23)*</td>
<td>1.57 (1.12 to 2.21)*</td>
</tr>
</tbody>
</table>

Implications: In this nationally representative longitudinal cohort study of US adult cigarette smokers, daily e-cigarette use, compared to no e-cigarette use, was associated with a 77% increased odds of prolonged cigarette smoking abstinence over the subsequent 2 years. Regular use of e-cigarettes may help some smokers to stop smoking combustible cigarettes.
Top success rates in local services

4-Week quit success in English local stop smoking services by pharmacotherapy (2017-8)

- Not Known: 27%
- Did not use any: 42%
- NRT & other meds consecutively: 43%
- Combi of NRT concurrently: 45%
- Bupropion only: 47%
- Single NRT only: 50%
- Varenicline only: 58%
- Combi meds and E-Cig concurrently: 61%
- E-Cig only: 64%
- Meds and E-Cig consecutively: 68%
- All types: 49%
Exposure:
• E-cigarettes contain fewer (and lower levels) of toxic substances than conventional cigarettes

Health Effects:
• While not without health risks, they are likely to be far less harmful than smoking combustible tobacco cigarettes
• Long-term health effects of e-cigarettes are not yet clear
Vaping-Associated Lung Injury (EVALI)

- 2807 cases (68 deaths) by February 18, 2020
  - Bilateral pulmonary infiltrates
  - Respiratory sx, GI sx, fever
  - Hypoxia – many need mechanical ventilation

- Most cases in adolescents or young adults

- Exposure: 85% vaped THC (13% used only nicotine)

- Culprit: Vitamin E acetate in illicit THC vaping products
  - Not commercial e-cigarettes
Update: Characteristics of a Nationwide Outbreak of E-cigarette, or Vaping, Product Use–Associated Lung Injury — United States, August 2019–January 2020
<table>
<thead>
<tr>
<th>Product</th>
<th>% who say each is “very harmful” to people who use them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Cigarettes</td>
<td>80%</td>
</tr>
<tr>
<td>Electronic or e-cigarettes</td>
<td>52%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>41%</td>
</tr>
<tr>
<td>Marijuana for recreational use</td>
<td>20%</td>
</tr>
<tr>
<td>CBD*</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Asked of those who say they are very or somewhat familiar with CBD products.

Newer Evidence on Health Effects

- **Pre-clinical studies** *(cells and animals)*
  - Exposure to aerosol → various injuries in cells and animals
    - Often very high doses of aerosol used
    - Generalizability to humans?

- **Clinical studies** *(humans)*
  - Exposure
    - People who vape vs. smoke vs. neither
  - Outcomes
    - Biomarkers (inflammation, oxidative stress, etc.)
    - Physiologic function (endothelial function, PFTs, BP)
    - Symptoms (respiratory symptoms)
    - Clinical events (asthma or COPD exacerbation)
Summary of Results from Human Studies

- Abnormalities
  - Smokers > exclusive vapers or nonsmokers
  - Vapers either intermediate or same as nonsmokers
  - Dual users between smokers and vapers

- Reversibility
  - Improvement when smokers switch to e-cigarettes
Cardiovascular Effects of Switching From Tobacco Cigarettes to Electronic Cigarettes

Jacob George, MD, a Muhammad Hussain, MSc, a Thenmalar Vadiveloo, PhD, b Sheila Ireland, BSc, a Pippa Hopkinson, BSc, a Allan D. Struthers, MD, a Peter T. Donnan, PhD, b Faisal Khan, PhD, c* Chim C. Lang, MD
Summary of Results from Human Studies

- Limitations
  - Do acute effects predict long term outcomes?
  - Most vapers are former smokers

- Bottom line?
  - Short term effects show need for long-term follow-up
  - Clinical implication: minimize duration of e-cig use?
  - Still no evidence of long-term harm but few data and continued monitoring is essential
The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of electronic cigarettes (e-cigarettes) for tobacco cessation in adults, including pregnant persons. The USPSTF recommends that clinicians direct patients who use tobacco to other tobacco cessation interventions with proven effectiveness and established safety.
Question 4: For Tobacco-Dependent Adults in Whom Treatment Is Being Initiated, Should Treatment Be Started with Varenicline or an Electronic Cigarette?

Recommendation 4. For tobacco-dependent adults, we suggest varenicline over electronic cigarettes (conditional recommendation, very low certainty in
E-cigarettes should not be used to quit smoking.

The ACS does not recommend the use of e-cigarettes as a cessation method. No e-cigarette has been approved by the Food and Drug Administration (FDA) as a safe and effective cessation product.

Guidance for Adults Who Currently Use E-cigarettes

Some individuals who smoke choose to try e-cigarettes to help them stop smoking. Since smoking kills fully half of all long-time users, successfully stopping smoking leads to well-documented health benefits. Nonetheless, adult smokers who switch to e-cigarette use expose themselves to potentially serious ongoing health risks. Thus, former smokers who are currently using e-cigarettes, whether alone or in combination with combustible tobacco products, should be encouraged and assisted to stop using all tobacco products, including e-cigarettes, as soon as possible both to eliminate their exposure to ongoing health risks and avoid perpetuating addiction. If they are unable to quit e-cigarettes on their own, they should
Electronic Cigarettes

Get the facts about electronic cigarettes, their health effects and the risks of using e-cigarettes.

What’s the bottom line?

- E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.
- E-cigarettes are not safe for youth, young adults, and pregnant women, as well as adults who do not currently use tobacco products.
- While e-cigarettes have the potential to benefit some people and harm others, scientists still have a lot to learn about whether e-cigarettes are effective for quitting smoking.
- If you’ve never smoked or used other tobacco products or e-cigarettes, don’t start.
- Additional research can help understand long-term health effects.
Electronic Cigarettes *What should you say to a smoker?*

- Many unanswered questions about safety and efficacy
- They are (likely) less harmful than smoking combustible cigarettes
- Recommend FDA-approved safe, effective treatments first
- If a smoker uses e-cigarettes
  - Switch completely – stop smoking cigarettes
  - Plan to quit e-cigarettes eventually too
  - Monitor yourself for respiratory symptoms
  - Use commercial e-cigarettes and don’t tamper with them

*Consistent with ACC Consensus Document, 2018*
A New Frontier: Vaping Cessation

- Another task for tobacco treatment specialists
  - JUUL cohort: youth / young adults who started vaping and want to quit
  - Former smokers who switched to e-cigarettes

- Few data on effective methods
  - “This is Quitting” – text messaging from Truth Initiative
  - Quitlines offer vaping cessation
  - Trials of smoking cessation medications for vaping cessation are beginning
A Call for Balance

- E-cigs are “good” for adult smokers, “bad” for youth (and nonsmokers)
- Today in the U.S. the public’s, policymakers’ and media attention is focused on e-cigarettes’ harms to youths.
- Vaping’s potential to help adult smokers too often gets lost
  - We need to correct smokers’ (and clinicians’) misperception of e-cigarettes’ risk and benefit for smoking cessation and/or harm reduction?
  - We need to craft public policies to reduce vaping by youths and young adults while keeping available for adult smokers who are otherwise unable to quit

Coming soon: “Balancing Consideration of the Risks and Benefits of E-Cigarettes” AJPH
Thank you!

Questions?

nrigotti@partners.org
Q&A

• Submit questions via the ‘Ask a Question’ box
CME/CEU Statements

Accreditations:
The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Course meets the qualifications for 1.0 hour of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. Provider # 64239.

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Free 1-800 QUIT NOW cards

Take Control
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Call. It's free. It works.
1-800-784-8669
For details on your state services, go to: http://map.naquiltline.org

 ✓ Refer your clients to cessation services
• **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)

• For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.

• For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.

• Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for more information
Summer Webinar Series with Free CME/CEUs

SCLC is offering FREE CME/CEUs for our recorded webinar collections for a total of **25.5 units**.

Visit SCLC’s website at: [https://smokingcessationleadership.ucsf.edu/free-cmeces-webinar-collections](https://smokingcessationleadership.ucsf.edu/free-cmeces-webinar-collections)
Post Webinar Information

• You will receive the following in our post webinar email:
  • Webinar recording
  • PDF of the presentation slides
  • Instructions on how to claim FREE CME/CEUs
  • Information on certificates of attendance
  • Other resources as needed

• All of this information will be posted to our website!
Save the Date!

SCLC’s next live webinar will be on, *The Role of Quitlines in Tobacco Cessation*, with Drs. Michael Fiore and Chad Morris, and Joann Yoon Kang.

- **Tuesday, August 24, 2021, 2-3 pm EDT**
- Registration will open in July!
ATTUD Membership Meeting starts now!

- Link to join: https://umassmed.zoom.us/j/91277930386?pwd=ZDUxQWFCWUVPdmRhbFJZaDZ6aGFBUT09
- Passcode: 587791
- All are welcome to participate in the meeting.
Contact us for technical assistance

• Visit us online at smokingcessationleadership.ucsf.edu
• Call us toll-free at 877-509-3786
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