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MONOGRAM

A Message from Tom Boo, MD, Mono County Public Health Officer

Quitting Smoking: An Update on What Works

If you are interested in improving your health, quitting smoking is probably the single most valuable lifestyle change you can make. On average, someone who quits smoking can expect to live an extra ten years.

Smoking has declined over the years, but nearly 29 million Americans are still smokers. About $\frac{2}{3}$ of smokers say they are interested in quitting, and about half have previously tried to quit. Regardless of your age or how long you have smoked, quitting drastically reduces the risk of many negative health effects - from heart attack and stroke to chronic lung problems and numerous cancers.

Quitting smoking can be hard. Medications and coaching each increase success rates, and for many people it's best to use both. Behavioral support helps change habits and medications help with withdrawal and craving.

Varenicline and combination nicotine replacement (patch plus gum or lozenge) are the top recommended medications. Bupropion is another option with evidence and FDA approval. Each of these smoking cessation medications can be safely combined in various ways to increase your odds of quitting.

E-cigarettes and vaping can also help you quit, but are not recommended as strongly because of the unknown long-term safety if you keep vaping long after getting off cigarettes, as sometimes happens.

Some medications, specifically most forms of nicotine replacement, and of course vapes, are available over the counter, whereas others require a prescription. We know less about the harms of vapes and other newer nicotine-containing products, which are used by tens of millions more Americans, many of them young people. Although there is less evidence about how to help people quit e-cigarettes, for adults, in general, what works for smoking helps with non-combustion forms of nicotine consumption.

If you or someone you care about is considering quitting, help is available. Consider talking to your healthcare provider or getting free behavioral support over the phone, via text or online.

Medications for Quitting Smoking

Varenicline (aka Chantix) is the single most effective medication. It is safe and recommended to start a week or two before the planned tobacco quit date. It has typically been prescribed for three months, but some people do better by taking it for six months.

Safety: Many patients ask about risks of psychiatric side effects with Chantix. There were concerns about depression and suicidality when this medication was new, but time and more studies have proven it safe. The FDA removed the warning in 2016.

Nicotine Replacement Therapy (NRT) is available over the counter (OTC) as well as by prescription. Combining nicotine patches with a shorter-acting oral form (gum or lozenges) is more effective than using one form on its own. The concept is that patches provide a steady level of nicotine in the body to help with withdrawal, and a fast-acting gum, lozenge or nasal spray can help reduce cravings. Four forms of FDA-approved nicotine replacement are currently available:

- Nicotine Patch (OTC)
- Nicotine Gum (OTC)
- Nicotine Lozenge (OTC)
- Nicotine Nasal Spray (RX only)

Nicotine inhalers for smoking cessation are no longer manufactured.

People often worry about health risks of continuing to smoke while using patches and other nicotine replacement products. This does not appear to be dangerous.

Bupropion (aka Zyban or Wellbutrin) is a non-nicotine medication that is comparable to nicotine replacement in effectiveness (by themselves, each is somewhat less effective than varenicline). It is a common and safe prescription anti-depressant that has been found useful in helping people quit smoking. It can be combined with other medications described here.

Again, any of these medications, nicotine replacement, varenicline and bupropion, can be combined with one another. Using two medications in combination is not twice as effective as one medication but combinations are a bit more effective.

While **Electronic Cigarettes** (e-cigarettes) are not approved by the FDA for smoking cessation, many people seek to stop smoking by switching to vaping, and there is evidence that e-cigarettes can be effective. In fact, recent studies show that e-cigarettes are comparable to varenicline in effectiveness. However, some people who switch from cigarettes to vaping continue to use e-cigarettes long after quitting smoking and there are many unknowns about the safety of long-term e-cigarette use.

The United Kingdom endorses e-cigarettes for quitting smoking, and in Australia doctors can prescribe e-cigarettes to help people quit, but no other national public health organization or the World Health Organization recommend vaping as first-line.

Behavioral Support (coaching or counseling)

Behavioral support increases your chances of success, especially if combined with medication.

[Kick It California](#) offers one-on-one phone, text, or chat counseling in six different languages.

English:

- Call (800) 300-8086 (or (800) NO-BUTTS)
- Text “Quit Smoking” or “Quit Vaping” to 66819
- Visit www.kickitca.org
- Download the No Vape or No Butts app on your mobile device

Spanish:

- Llama (800) 600-8191
- Textea "Dejar de Fumar" o "No Vapear" al 66819
- Visita www.kickitca.org/es

[The Ex Program](#) is a free online community and texting support for quitting (also offers 8 weeks of free nicotine replacement therapy) available at <https://www.exprogram.com/>.

November is a traditional time for people to try to quit as the Great American Smokeout has been promoted by the American Lung Association since the 1970s to focus on smoking cessation. Consider quitting or reducing your use of commercial nicotine and tobacco products. Save money, and live a longer and healthier life, tobacco-free.

***VAPING CESSATION:** As noted above, while there haven’t yet been as many studies about how to quit vaping, it appears that the resources and medications used for smoking cessation can be effective for getting off e-cigarettes, at least in adults.

However, these medications are not approved in kids under 18 years old because they have not been adequately studied. The American Academy of Pediatrics counsels doctors that nicotine replacement therapy appears to be safe in adolescence and can be used for moderate to severe nicotine dependence, although it may be less effective than in adults.