



Best Practices for Nicotine Cessation

PANELISTS

Dr. Peter Selby • Dr. Milan Khara • Dr. Osnat Melamed

WITH

Dr. Nikki Bozinoff • Dr. Stephanie Zhou

Ontario College of
Family Physicians  *Thriving Family Physicians
in a Healthy Ontario*

 Family & Community Medicine
UNIVERSITY OF TORONTO

**Mental Health
and Addictions**

July 23 2025

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Your name,
Your community,
Your X (Twitter)
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speaker at our CoPs?
Send us an email with your
name & topic(s) of interest to
practisingwell@ocfp.on.ca

@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Peter Selby

- Relationships with financial sponsors (including honoraria): OCFP Practising Well CoP speaker, Winter Dental Clinic, American Society of Addiction Medicine, Lung Health Foundation, Government of Singapore, Ontario College of Family Physician, Quitpath Yukon, Queen's University, ECHO, Vitalité Health Network New Brunswick, Canadian Public Health Association, Horizon Health Network, Canadian Public Health Association, Health Canada, Canadian Network for Respiratory Care, Canadian Society of Addictions Medicine, The E-Cigarette Summit UK, Canadian Society of Addictions Medicine, University of Ottawa, Mayo Clinic, Sioux Lookout-NOSM Local Education Group
- Membership on advisory boards or speakers' bureaus: Canadian Centre on Substance Use and Addiction; Cancer Care Ontario
- Funded grants, research, or clinical trials: Canadian Institutes of Health Research, Cancer Care Society, Health Canada, Canadian Cancer Society Research Institute (CCSRI), Medical Psychiatry Alliance, Ontario Ministry of Health and Long-Term Care, Public Health Agency of Canada, Juvenile Diabetes Research Foundation, Brain Canada Foundation, New Frontiers in Research Fund, Patient-Centred Outcomes Research Institute
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- Funded grants, research, or clinical trials: CIHR, CAMH-Womenmind, AMS Healthcare

Disclosures

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Relationships with financial sponsors (including honoraria):

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- CAMH
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- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

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- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
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- Department of Family and Community Medicine (University of Toronto)
- Toronto Public Health – Board of Directors member

Mitigating Bias

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Potential conflicts



N/A

Mitigating potential bias



The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.

Content has been developed according to the standards and expectations of the Mainpro+ certification program.

The program content was reviewed by the SPC.

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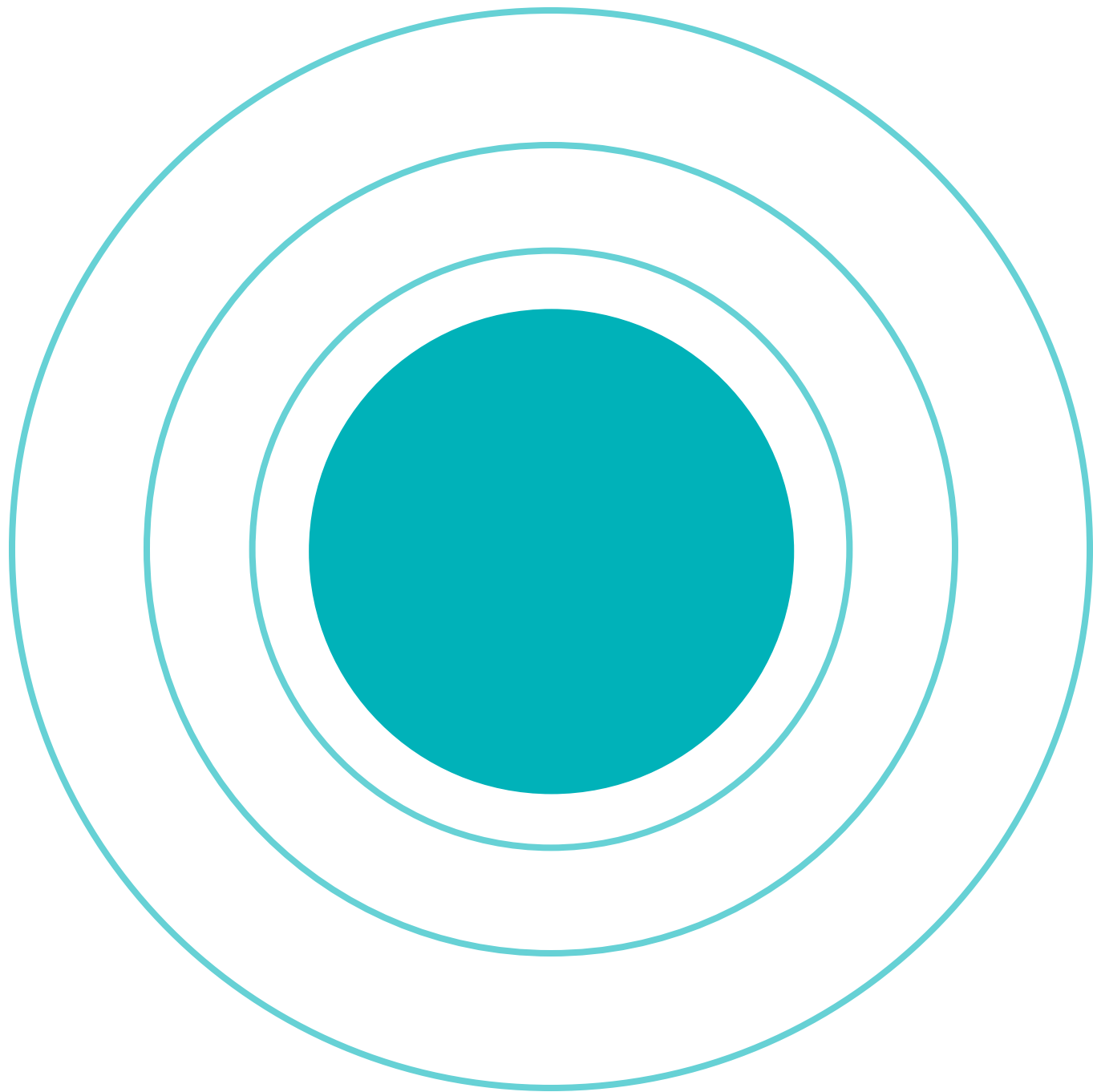
**Learn More and
Participate**

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Your Panelists



Dr. Peter Selby

Dr. Milan Khara

Dr. Osnat Melamed

Best Practices for Nicotine Cessation

Nicotine Harm Reduction: e-cigarettes & beyond

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October 21, 2023

camh



Learning Objectives

1

Describe total harm reduction principles related to nicotine

2

Identify examples of total harm reduction products, policies and practices at both the individual and community level

1

Describe total harm reduction principles related to nicotine

Harm Reduction is old



“Don’t give up the ship in a storm because you cannot hold back the winds. You must not deliver strange and out of the way speeches to people with whom they will carry no weight because they are firmly persuaded the other way. Instead, by an indirect approach, you must strive and struggle as best you can to handle everything tactfully – and thus what you cannot turn to good, you must at least make as little bad as you can.”

St. Thomas More 1478-1535, Utopia, CWM, v. 4, pp. 99, 101-(More, Logan et al. 1995)

What is harm reduction

Definition of harm reduction continues to evolve

1990's

“the central defining characteristic of harm reduction is that it focuses on the reduction of harm as its primary goal rather than reduction of use per se, secondly that strategies are included to reduce the harms for those who continue to use drugs, and thirdly that strategies are included which demonstrate that, on the balance of probabilities, it is likely to result in a net reduction in drug-related harm”

Lenton and Single, 1998

2000-2020s

“Harm Reduction is a comprehensive, just and science-based approach to substance use. It represents policies, strategies and services, which aim to assist people who use legal and illegal psychoactive drugs to live safer and healthier lives. ”

Canadian Drug Policy Coalition. <https://drugpolicy.ca/our-work/issues/harm-reduction/>

3 Ps of Harm reduction: Products, Practices and Policies (Selby 2009)

Broadening our understanding of Harm that is **just to all** – 2023 onward?

- ❑= all the adverse consequences borne by members of society.
- ❑(increased morbidity and mortality (among both users and nonusers) from all sources;
 - ❑addiction itself;
 - ❑expenditures on regulation or enforcement, since these are costs borne by taxpayers;
 - ❑the increased intrusiveness of the state; and
 - ❑crime that might be generated by regulation or enforcement or the behavior itself.
- ❑The harm and suffering is borne by all to a greater or lesser extent.
 - ❑Societal values decide who bears the brunt of the harm

What is TOTAL HARM- some concepts for consideration

- ❑ MacCoun and Reuter (2001)

Total Harm = Harmfulness (per use) × Intensity (per user) × Prevalence (of use)

- ❑ Distinct but inter-related

- ❑ perceived harmfulness is not the same as actual harmfulness

- ❑ Intensity can increase because of availability and perceived less harmfulness

- ❑ Prevalence can increase by more incidence, less quitting, higher relapse

- ❑ **The Concept of “Compensation”**

- ❑ higher risk will reduce the prevalence of the behavior while lower risk will increase that prevalence.

- ❑ most extreme form, this kind of risk compensation has been labeled **risk homeostasis**—a term that implies implicit or explicit efforts to maintain a constant level of risk (Wilde, 1982).

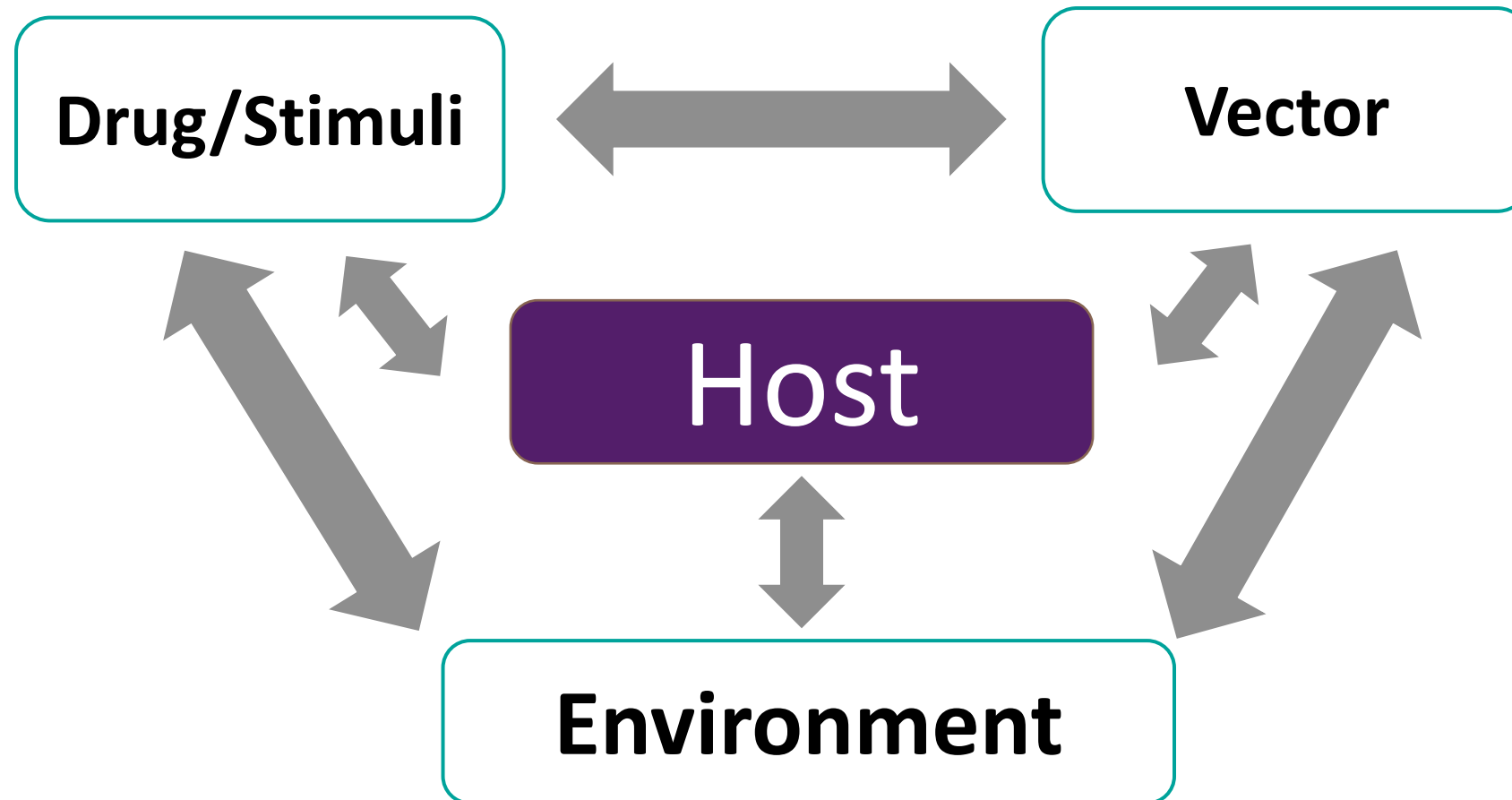
- ❑ Variable response by demographics

- ❑ **Relative Risk versus Absolute Risk**

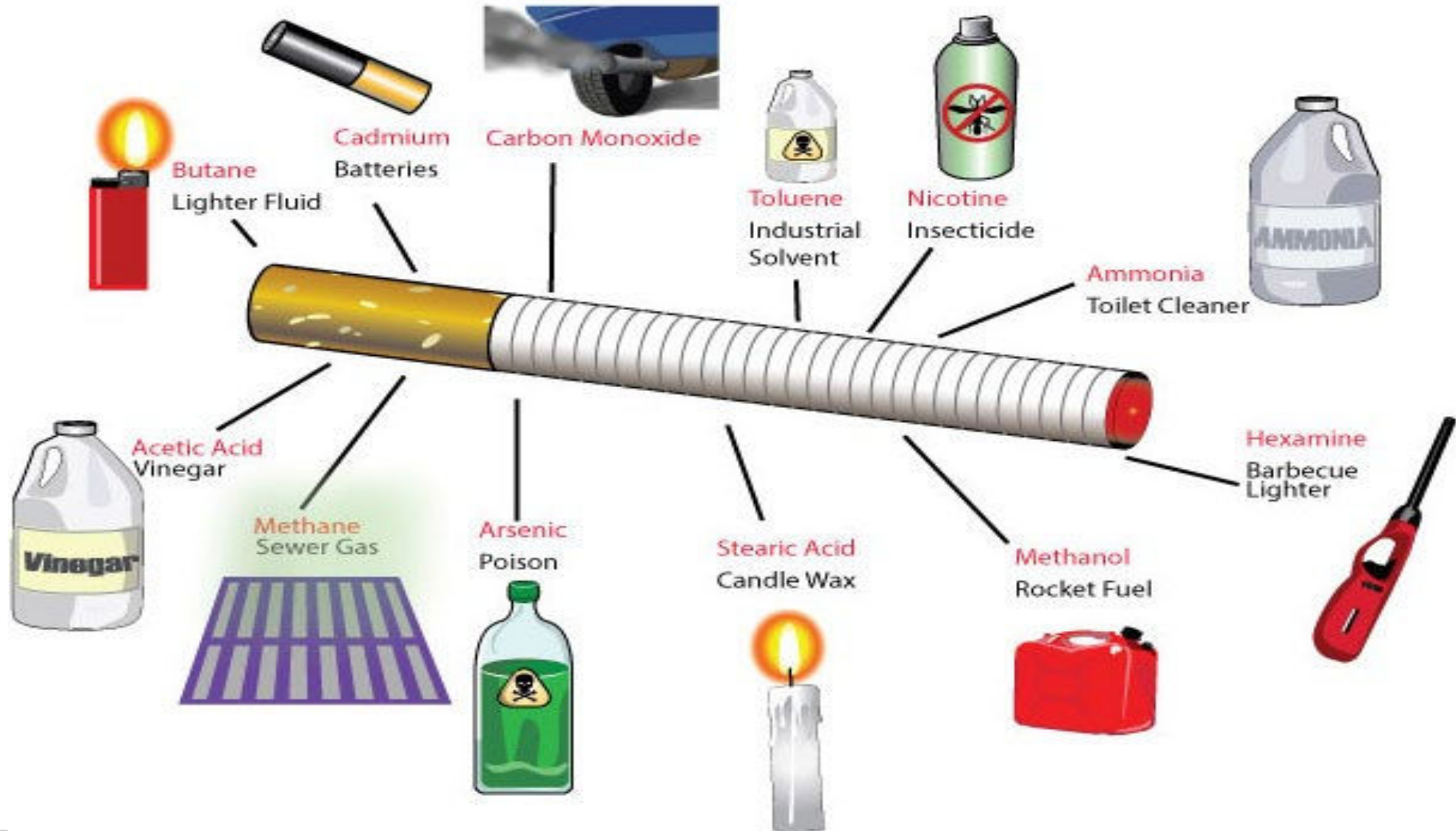
2

Identify examples of total harm reduction products, policies and practices at both the individual and community level

Tobacco Use Domains



Dangers of Cigarette Smoking



Harm reduction: products

- Agonists
 - Clean nicotine- NRT, e-cigarette, pouches
 - Tobacco products
- Partial agonists
 - Natural product: cytisine
 - Synthetic: varenicline
 - ? bupropion

Harm reduction policies

(references) for each and its impact on quitting or prevalence

Smoke free ordinances

Pricing and taxation

Tobacco Industry Denormalization

Age restrictions

Plain packaging

Sales outlet density

Free safe supply of nicotine products

Accessing the Lower Risk Nicotine Use Guidelines

1

Recommendations

2

Evidence Brief

3

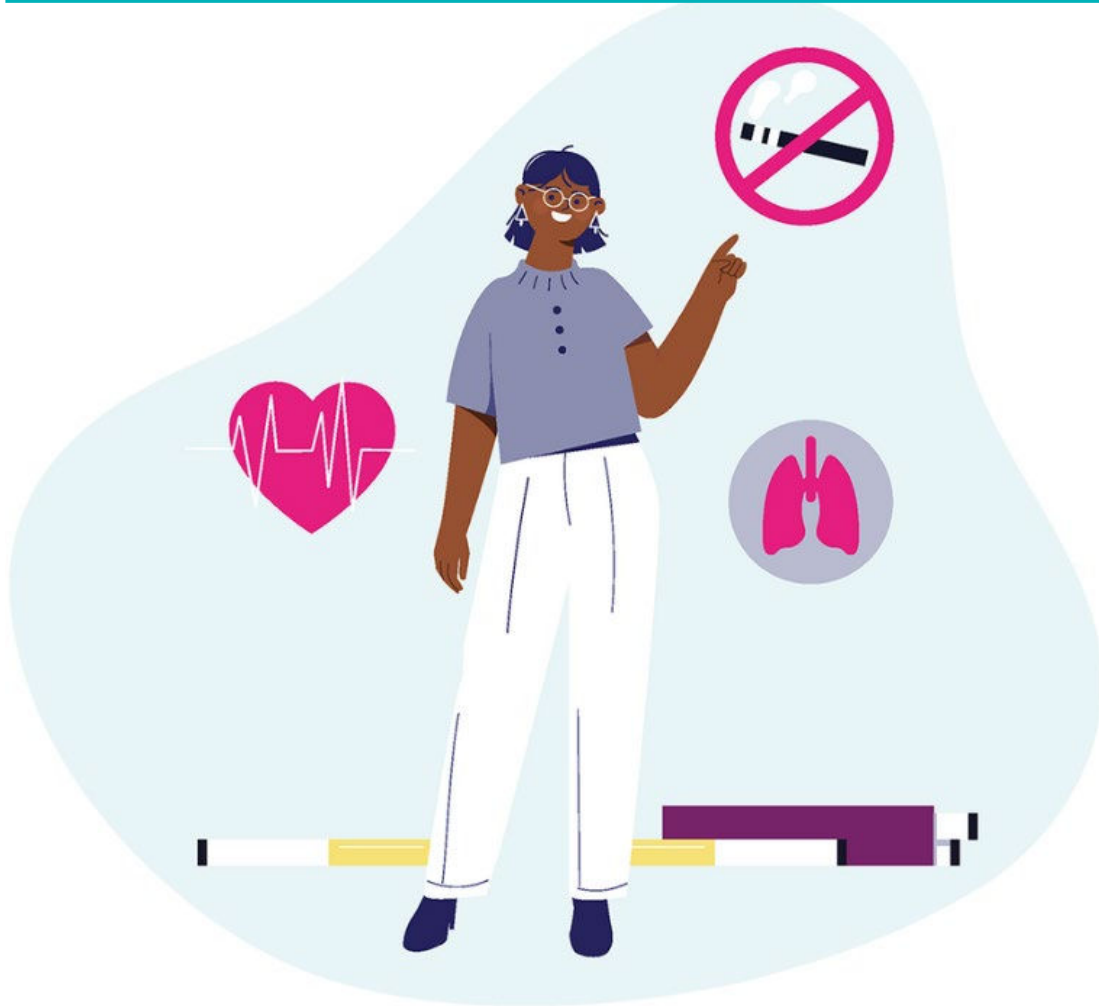
Quick Tips

4

Executive Summary



Your Panelists



Dr. Peter Selby

Dr. Milan Khara

Dr. Osnat Melamed

Best Practices for Nicotine Cessation

Vaping: What's The Story?



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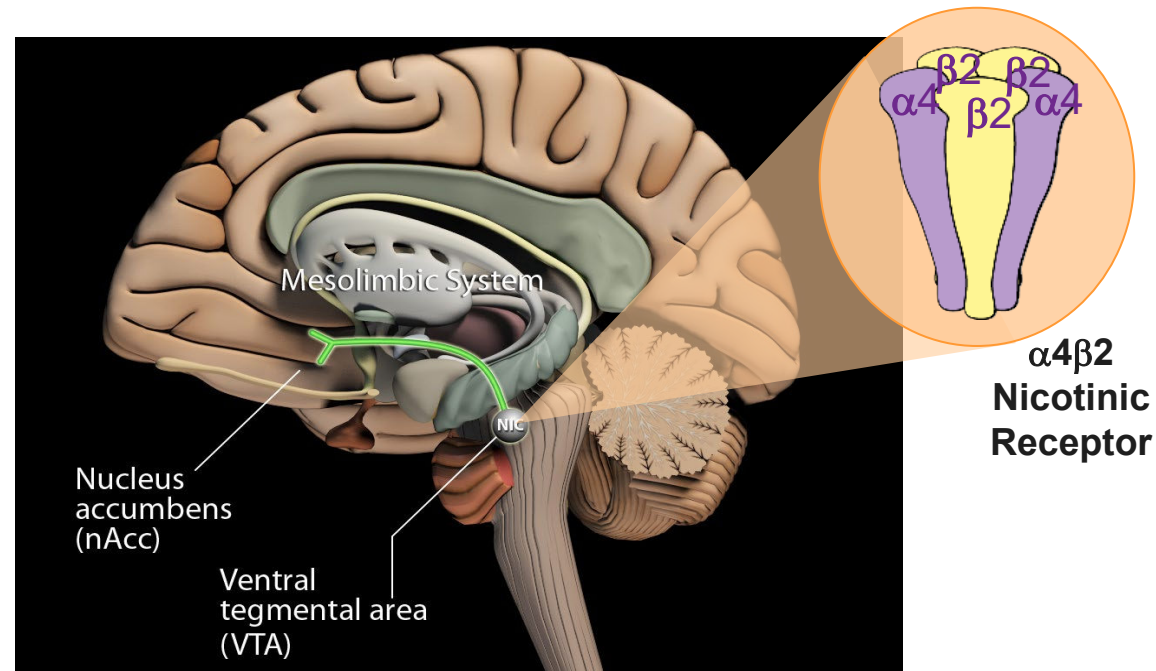
@MilanKhara

Objectives

- 1. Overview of e-cigarettes: mode of action, products, risk, and regulation*
- 2. Youth use*
- 3. Vaping for smoking cessation (or harm reduction)*
- 4. Vaping cessation*



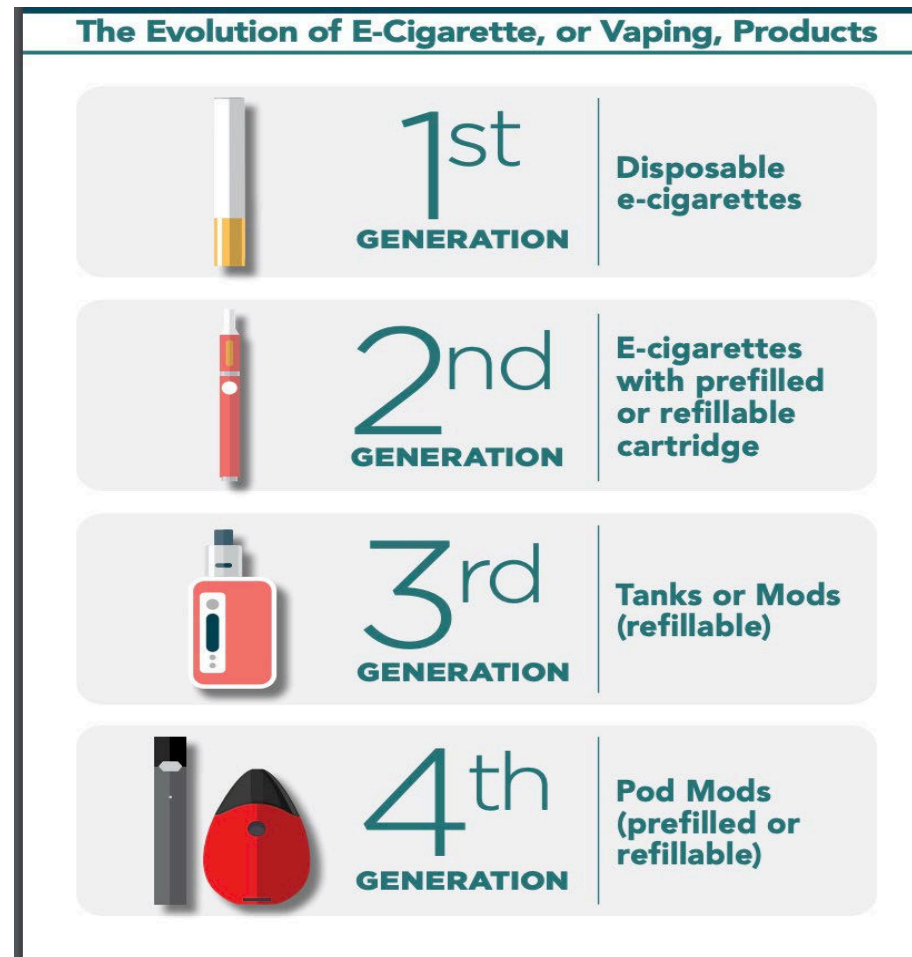
The Neurobiology of Nicotine Addiction



“use of e-cigarettes results in dependence on the devices, though with apparently less risk and severity than that of combustible tobacco cigarettes”

National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC

E-Cigarette Products



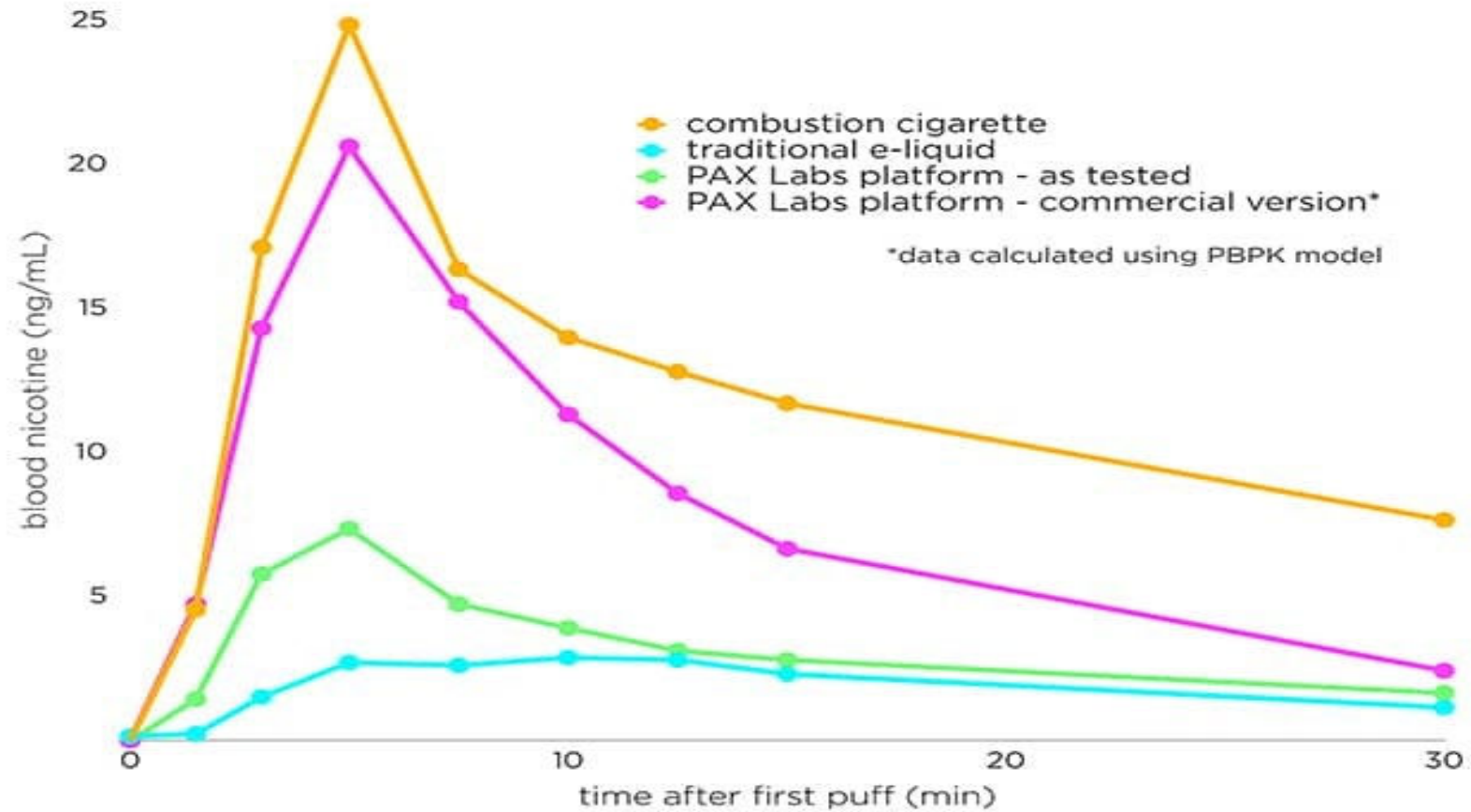
CDC January 2020

Disposable Devices

- *Most popular device amongst youth*
- *Environmental concerns*
- *6000+ puffs per device*
- *Banned in UK*



Nicotine Delivery



Rampant student vaping leads B.C. high school to lock up bathrooms



North Vancouver's Seycove Secondary says vaping has become 'a very serious issue'

CBC News · Posted: Dec 03, 2018 12:49 PM PT | Last Updated: December 4, 2018



Youth Use



Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys

Table 2 Changes in prevalence of smoking and vaping between 2017 and 2018 among adolescents aged 16-19 years, by country. Values are weighted percentages (numbers) unless stated otherwise

Vaping and smoking measures	Canada				England				US			
	2017 (n=4038)	2018 (n=3853)	Adjusted odds ratio (99% CI) for change*	P value	2017 (n=3995)	2018 (n=3902)	Adjusted odds ratio (99% CI) for change*	P value	2017 (n=4095)	2018 (n=4045)	Adjusted odds ratio (99% CI) for change*	P value
Vaping												
Ever	29.3 (1182)	37.0 (1425)	1.50 (1.31 to 1.71)	<0.001	33.7 (1348)	32.7 (1276)	0.96 (0.84 to 1.09)	0.38	31.3 (1283)	33.6 (1360)	1.11 (0.97 to 1.28)	0.05
Past 30 days	8.4 (340)	14.6 (562)	1.95 (1.58 to 2.40)	<0.001	8.7 (347)	8.9 (346)	1.03 (0.82 to 1.29)	0.77	11.1 (454)	16.2 (655)	1.55 (1.28 to 1.88)	<0.001
Past week	5.2 (208)	9.3 (357)	1.99 (1.53 to 2.60)	<0.001	4.6 (184)	4.6 (178)	0.99 (0.73 to 1.36)	0.96	6.4 (262)	10.6 (429)	1.74 (1.37 to 2.22)	<0.001
≥15 days in past 30 days	2.1 (85)	3.6 (139)	1.86 (1.23 to 2.79)	<0.001	2.0 (80)	2.2 (87)	1.13 (0.71 to 1.79)	0.49	3.0 (124)	5.2 (210)	1.75 (1.23 to 2.49)	<0.001

Hammond, David et al. Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys *BMJ* 2019; 365 :l2219

Safety



95% LESS HARMFUL
THAN SMOKING
PUBLIC HEALTH ENGLAND (PHE)

T H E M E S S A G E I S S I M P L E

“....the opinions of a small group of individual with no pre-specified expertise in tobacco control..... It is on this extraordinarily flimsy foundation that PHE based the major conclusion and message of its report.”¹

“Across a range of studies and outcomes, e-cigarettes appear to pose less risk to an individual than combustible tobacco cigarettes”²

1.E-cigarettes: Public Health England's evidence-based confusion. Editorial, Lancet August 2015

2.National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC

TVPA – Youth Protection Measures

Youth protection measures under the TVPA relating to vaping products include:

- A **ban on furnishing** vaping products to young persons (**under 18**);
- A prohibition on the promotion of vaping products through any indication or illustration of flavour that could be appealing to youth, as well as certain flavours including confectionary, dessert, cannabis, soft drinks and energy drinks;
- A **prohibition on the promotion and sale** of vaping products **with design features** that could reasonably be **considered appealing to young persons**;
- A **prohibition on** the promotion of vaping products by means of **lifestyle advertising**, **on advertising that could be appealing to young persons**, and **on promotion by means of testimonials and endorsements**, including through the depiction of cartoon characters; and
- **Authority to make regulations** respecting various aspects of vaping product promotion, including advertising (e.g., content and placement of permitted ads).

**July 2021: Nicotine Concentration in Vaping Products Regulations (NCVPR) set a maximum nicotine concentration of 20 mg/mL for vaping products marketed in Canada.*

Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses

✉ Nicola Lindson, Annika Theodoulou, José M Ordóñez-Mena, Thomas R Fanshawe, Alex J Sutton, Jonathan Livingstone-Banks, Anisa Hajizadeh, Sufen Zhu, Paul Aveyard, Suzanne C Freeman, Sanjay Agrawal, Jamie Hartmann-Boyce Authors' declarations of interest

Intervention	# of Studies and Sample Size	Relative Effect (OR; 95%CRI)	What Does This Mean? <i>(compared to 6 in 100 people likely to quit using no medicine/EC or placebo)</i>
Nicotine EC	16 RCTs n = 3,828	2.37 (1.73–3.24)	For every 100 people smoking, 10 to 19 are likely to quit using an EC
Varenicline	67 RCTs n = 16,430	2.33 (2.02 to 2.68)	For every 100 people smoking, 12 to 16 are likely to quit using varenicline
Cytisine	7 RCTs n = 3,848	2.21 (1.66 to 2.97)	For every 100 people smoking, 10 to 18 are likely to quit using cystine
Bupropion	71 RCTs n = 14,759	1.43 (1.26 to 1.62)	For every100 people smoking, 8 to 10 are likely to quit using Bupropion
Nicotine patch	105 RCTs n = 37, 319	1.37 (1.20 to 1.56)	For every 100 people smoking, 7 to 9 are likely to quit using NRTs

Combination NRT (i.e. patch + fast acting NRT) had similar rates of quitting to people using e-cigarettes, varenicline, and cytisine (OR 1.93, 95% CrI 1.61 to 2.34).

Strategies for Dual Use Cessation

4A	Health care providers should advise people who are both smoking and vaping to switch completely from smoking to vaping only.
4B	For people who have quit smoking but are currently vaping, healthcare providers can encourage them to quit vaping.

- **E-Cigarettes & Cessation:** 2023 and 2024 Cochrane review suggests that nicotine e-cigarettes support smoking cessation more effectively than NRT or nicotine-free e-cigarettes.
- **Policy Approaches:** Canada regulates e-cigs to support smoking cessation while protecting youth, limiting nicotine levels in e-liquids to 20 mg/mL and banning sales to minors. Under the Tobacco and Vaping Products Act, Canada enforces advertising restrictions, mandates health warnings, and proposes bans on flavors appealing to youth.

Currently, there are limited evidence for dual use cessation interventions (Kundu et al, 2023)

Cancer Risk and Vaping

Evidence update on the cancer risk of vaping e-cigarettes: A systematic review

Anasua Kundu¹, Kyran Sachdeva², Anna Feore³, Sherald Sanchez¹, Megan Sutton⁴, Siddharth Seth², Robert Schwartz^{5,6},
Michael Chaiton^{1,5,6}

Systematic review | 39 studies (12 human studies, 27 cell/in vitro and animal studies)

Key Findings

- No significant cancer risk found in never-smoker current vapers.
- Biomarker and lab studies show links to:
 - Oxidative stress
 - DNA damage
 - Genotoxicity
 - Tumor growth (mainly acute exposure)

Limitations


- Few long-term human studies
- Cancer's long latency limits conclusions
- High methodological variability

E-cig exposure is associated with biomarkers reflective of cancer risk, but overall evidence is limited.

More rigorous long-term clinical trials and population-based research are needed.

Interventions for Vaping Cessation

Cochrane Database of Systematic reviews | Review - Intervention

 Open access

Interventions for quitting vaping

✉ Ailsa R Butler^a, Nicola Lindson^a, Jonathan Livingstone-Banks, Caitlin Notley, Tari Turner, Nancy A Rigotti, Thomas R Fanshawe, Lynne Dawkins, Rachna Begh, Angela Difeng Wu, Leonie Brose, Monserrat Conde, Erikas Simonavičius, Jamie Hartmann-Boyce

Intervention	# of Studies and Sample Size	Relative Effect (RR & 95% CI)	Certainty (GRADE)	What Does This Mean?
Varenicline	1 RCT, N = 140	2.00 (1.09–3.68)	Low	Doubles quit rate compared to placebo, with 49 vs 24 quit per 100.
Combination NRT (patch + NRT)	1 RCT, N = 16	2.57 (0.29–22.93)	Very low	Evidence is uncertain due to imprecision. 29 out of 100 quit with treatment compared to 11 without.
Cytisine	1 RCT, N = 159	No vaping cessation data reported	Low (SAE data)	Promising, but no long-term quit rates assessed.
Nicotine/vaping reduction plan	1 RCT, N = 17	3.38 (0.43–26.30)	Very low	Quit rate: 38 vs 11 per 100. Too few participants to determine whether it helped reduce vaping.
Text message-based support (ages 13–24)	2 RCTs, N = 4,091	1.32 (1.19–1.47)	Low	32 % increase in quit rates with 29 out of 100 quitting compared to 22 without support.

Varenicline for Youth Nicotine Vaping Cessation: RCT

JAMA

QUESTION Is varenicline, when added to brief, remotely delivered behavioral support, efficacious and well tolerated for nicotine vaping cessation in youth?

CONCLUSION Varenicline, when added to brief cessation counseling, is well tolerated and promotes nicotine vaping cessation compared with placebo in youth with addiction to vaped nicotine.

© AMA

POPULATION

139 Women
122 Men



Individuals aged 16 to 25 years who vaped nicotine daily or near daily, did not smoke tobacco, and wanted to reduce or quit vaping

Mean age: **21.4** years

LOCATION

1 Hospital
in Massachusetts



INTERVENTION



88

Varenicline

Varenicline (titrated to 1 mg twice daily over 7 days), behavioral counseling, and text messaging support over 12 weeks

261 Participants randomized

87

Placebo

Placebo, behavioral counseling, and text messaging support over 12 weeks



86

Enhanced usual care

Text messaging support over 12 weeks

PRIMARY OUTCOME

Biochemically verified continuous vaping abstinence for last 4 weeks of varenicline treatment vs placebo

FINDINGS

Rate of vaping abstinence

Varenicline	51% (45 of 88 participants)
Placebo	14% (12 of 87 participants)
Enhanced usual care	6% (5 of 86 participants)

Varenicline vs placebo:

Adjusted odds ratio, **6.5** (95% CI, 3.0 to 14.1)

Unadjusted risk difference, **37%** (95% CI, 24% to 51%)

Varenicline vs enhanced usual care:

Adjusted odds ratio, **16.9** (95% CI, 6.2 to 46.3)

Unadjusted risk difference, **45%** (95% CI, 34% to 57%)

Evins AE, Cather C, Reeder HT, et al. Varenicline for Youth Nicotine Vaping Cessation: A Randomized Clinical Trial. *JAMA*. 2025;333(21):1876–1886. doi:10.1001/jama.2025.3810

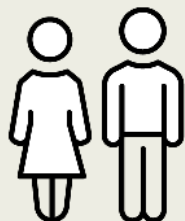
Cytisinicline for Vaping Cessation in Adults Using Nicotine E-Cigarettes: The ORCA-V1 RCT

JAMA Internal Medicine

RCT: Cytisinicline for Vaping Cessation in Adults Using Nicotine E-Cigarettes

POPULATION

77 Men, 83 Women

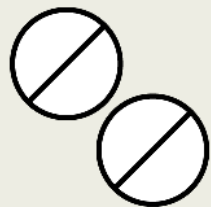


Adults who used nicotine e-cigarettes daily, sought to quit, and did not currently smoke cigarettes

Mean (range) age, 33.6 (18-65) y

INTERVENTION

160 Participants randomized and analyzed



+



107 Cytisinicline

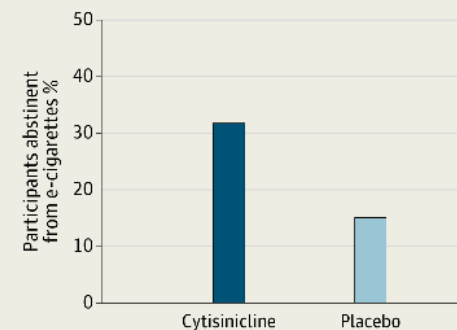
3 mg Orally 3 times daily for 12 wk plus behavioral support

53 Placebo

3 mg Orally 3 times daily for 12 wk plus behavioral support

FINDINGS

There was a statistically significant higher proportion of participants in the cytisinicline group than the placebo group who were abstinent from e-cigarettes at the end of treatment



Cytisinicline, 34 of 107 participants (31.8%)

Placebo, 8 of 53 participants (15.1%)

Odds ratio, 2.64; 95% CI, 1.06-7.10; $P = .04$

SETTINGS / LOCATIONS



5 US research clinics

PRIMARY OUTCOME

Biochemically verified continuous e-cigarette abstinence during the last 4 wk of treatment

Rigotti NA, Benowitz NL, Prochaska JJ, et al. Cytisinicline for Vaping Cessation in Adults Using Nicotine E-Cigarettes: The ORCA-V1 Randomized Clinical Trial. *JAMA Intern Med.* 2024;184(8):922–930. doi:10.1001/jamainternmed.2024.1313

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Your Panelists



Dr. Peter Selby

Dr. Milan Khara

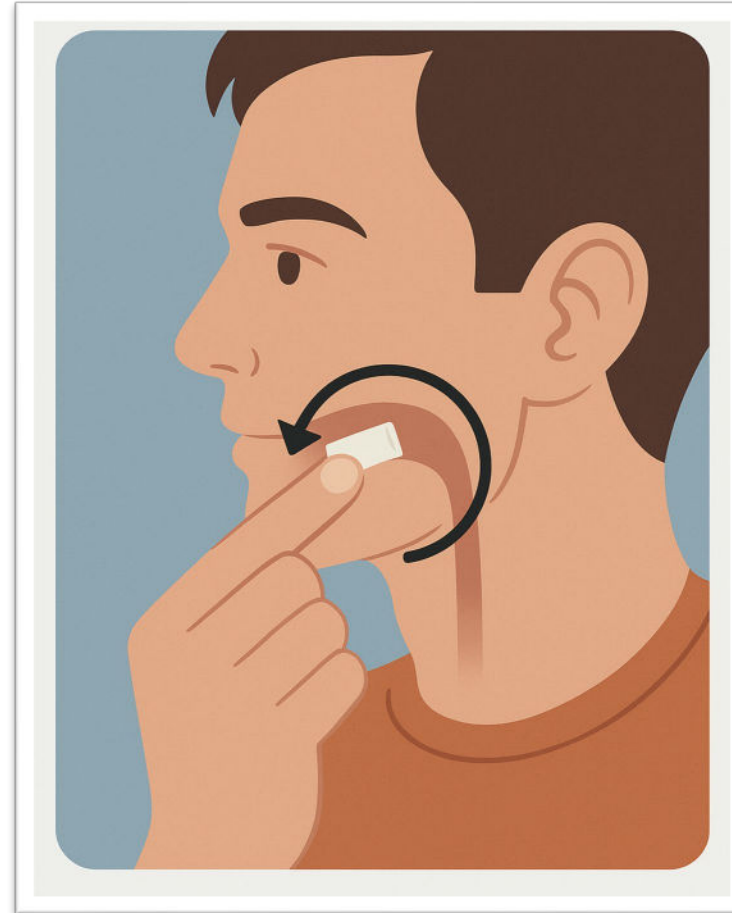
Dr. Osnat Melamed

Best Practices for Nicotine Cessation



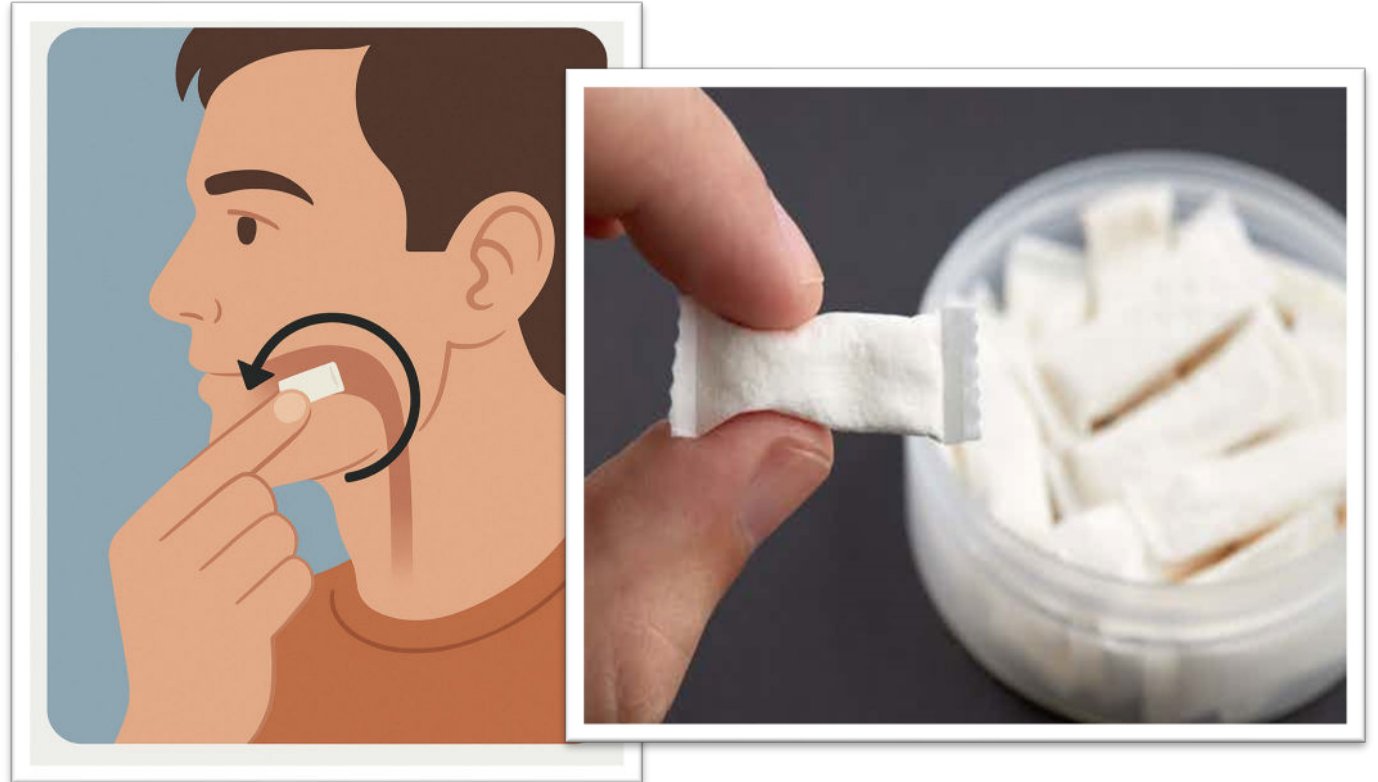
Nicotine Pouches

What are they? What should my patient know about them?



Background- nicotine pouches

- Small fiber pouch containing nicotine, flavorings, sweeteners, and plant-based fibers that is placed between the upper lip and gum
- Usually have nicotine extracted from tobacco leaves (i.e. tobacco product)
- May have synthetic nicotine (i.e. tobacco-free but NOT risk-free)
- products are discreet, spit-free, and increasingly marketed as a 'cleaner' nicotine alternative



miology in US

- **Youth (2023)**
current use - 1.5%
lifetime use- 2.5%
- **Adults (2023)**
current use 0.8%–3%
lifetime use 3%–16%
- less harmful than cigarettes (smoke-free)
and delivers comparable nicotine
- manufactured by the tobacco industry
- marketing of NPs may encourage
initiation in youth and dual use in adults
rather than smoking cessation aid

Background- Canadian Landscape

- Appeared in the summer of 2023
- sold in convenience stores
- Aggressively marketed to youth on social media
- Led to nimble regulation changes



Background- Canadian Landscape

- Summer of 2024, swift action by the Federal Government:
 - ✓ limited NP sale to pharmacies (behind the counter)
 - ✓ ban on youth-friendly flavours
 - ✓ limit dose to 4mg per pouch (in Europe up to 20mg)
- This is important since nicotine delivery depends on pouch dose



World Conference on Tobacco Control 2025...

CONFERENCE PROCEEDING

The Canadian experience with nicotine pouches: A reminder of the need a national comprehensive nicotine framework

Flory Doucas¹, Cynthia Callard², Heidi Rathjen¹

[More details](#)

Tob. Induc. Dis. 2025;23(Suppl 1):A73

Get citation

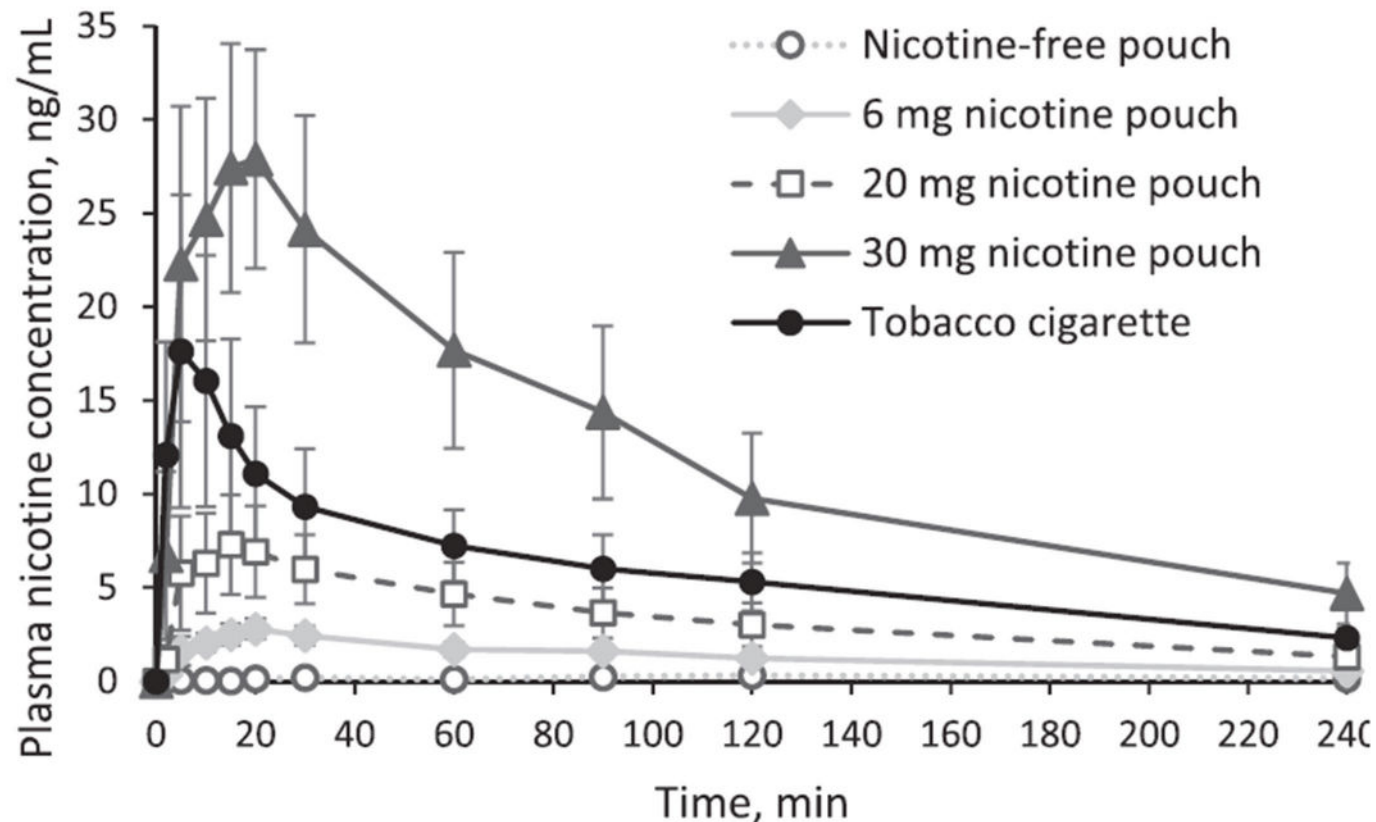
CC-BY 4.0

Stats

< >

Moderate-strength pouches (6–10 mg) deliver similar nicotine levels to cigarettes

A Plasma nicotine curves



Mallock-Ohnesorg, N et al. 2024. Small pouches, but high nicotine doses—nicotine delivery and acute effects after use of tobacco-free nicotine pouches. *Frontiers in Pharmacology*, 15,

Comparing a cigarette and a nicotine pouch

Nicotine Source	C _{max} (ng/mL)	t _{max} (min)	AUC (ng·h/mL)	Notes
Cigarette	~11–16	~8–9	~23–31	Rapid uptake
Medium pouch (6–10 mg)	~9–11	~22–34	Similar or slightly lower	Slower uptake




- A medium pouch (6-10mg) delivers nicotine in a comparable amount to a cigarette



- Low dose pouch (4mg), approved for sale in pharmacies, is likely to mimic a 4mg nicotine gum and deliver a lower amount of nicotine than a cigarette

Nicotine Pouches for Harm Reduction: Pros and Cons

Pros	Cons
Smoke-free: No combustion, no secondhand exposure.	Maintains dependence: Capable of efficient nicotine delivery.
Health effects: Fewer harmful chemicals than cigarettes. Some may be similar to pharmaceutical NRT	Health effects: <u>Local</u> : Gum and oral irritation <u>Systemic</u> : high doses of nicotine (multiple pouches- negative CV and mental health)
Social stigma: NP are discreet and odorless. Less stigmatizing than smoking or vaping.	Youth appeal: Flavored products and sleek packaging may attract non-smokers. Gateway to smoking? Marketing by tobacco industry
Tobacco harm reduction: May aid transition away from smoking	Dual use is common: No health benefits if NP are used alongside cigarettes in the long term.
	Lack of regulation: Inconsistent quality, dosing, and labeling if bought online

AHA policy statement Jan 2025

Clinicians should:

- emphasize the **prevention** of tobacco product initiation
- support **cessation** with established pharmacological and behavioral tobacco dependence treatment





Canada's Lower-Risk Nicotine Use Guidelines - An Update

A Resource to Help Guide
Decision-Making for People
Living in Canada Who Use
Nicotine

Published 2021
Updated March 31, 2025

camh | INTREPID Lab

Centre for Addiction and
Mental Health (CAMH),
INTREPID Lab. (2025).
Lower-Risk Nicotine Use
Guidelines (LRNUG)
(Original work published
2021). Centre for
Addiction and Mental
Health

Lower Risk Nicotine Use Guidelines – Avoid Initiation of NP

Dependence



Recommendation #1: The use of nicotine pouches (NPs) should be discouraged among individuals who do not use nicotine due to the risk of dependence.

Level of Evidence



Moderate

Strength of Recommendation



Strong

Lower Risk Nicotine Use Guidelines – Use NP as a quit aid in select populations

Health Outcomes



Recommendation #3: For individuals who use combustible cigarettes and cannot quit by other means, switching to NPs will reduce their exposure to disease-causing chemicals found in tobacco and tobacco smoke.

Level of Evidence



Moderate

Strength of Recommendation



Strong

Lower Risk Nicotine Use Guidelines – Quit smoking and limit use of NP

If your client uses nicotine pouches, recommend pouches authorized for cessation (i.e., <4mg of nicotine per pouch and sold in Canadian pharmacies only) (New)



Unregulated products with more nicotine content increase the risk of poisoning and harm. Encourage your clients to choose nicotine pouches with lower nicotine levels and to purchase them from pharmacies only. If your client requires a higher nicotine concentration, suggest the 4mg of nicotine per pouch and/or combination with the nicotine patch.

Question- How to quit using NP?

25yo male student, quit smoking with NP last year, now using 10 X 4mg pouches per day, cannot stop, and wants to quit due to cost.

- Use evidence-based treatment for cigarette smoking cessation; the dependence on nicotine is similar
- Combine behavioural support with pharmacotherapy:
 - ✓ Pharmacotherapy: NRT patches, varenicline, or bupropion (preferably not oral NRT)
 - ✓ Behavioural support: Set a quit date, address triggers, learn to manage cravings with the 4Ds (**d**elay, **d**istract, **d**rink cold water, **d**eep breaths)
 - ✓ Refer to counseling as needed

Resources Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Link
Canadian Drug Policy Coalition	https://drugpolicy.ca/our-work/issues/harm-reduction/
Intrepid Lab (Nicotine Dependence Service): E-Cigarettes and Vaping	https://intrepidlab.ca/en/Pages/electronic-nicotine-delivery-systems-(ends).aspx
Intrepid Lab (Nicotine Dependence Service): TEACH Educational Rounds	https://intrepidlab.ca/en/teach/Pages/TEACH-Rounds-Archive.aspx
CAMH: Vaping Cessation Guidance Resource	https://intrepidlab.ca/en/Documents/Vaping%20Cessation%20Guidance%20Resource.pdf
Government of Canada: Regulating tobacco and vaping products: Tobacco products regulations	https://www.canada.ca/en/health-canada/services/smoking-tobacco/regulating-tobacco-vaping/tobacco.html
Policy Statement - American Heart Association: Impact of Smokeless Oral Nicotine Products on Cardiovascular Disease: Implications for Policy, Prevention, and Treatment: A Policy Statement From the American Heart Association	https://www.ahajournals.org/doi/10.1161/CIR.0000000000001293
CAMH: Lower-Risk Nicotine Use Guidelines (LRNUG)	https://intrepidlab.ca/en/lower-risk-nicotine-user-guidelin-es

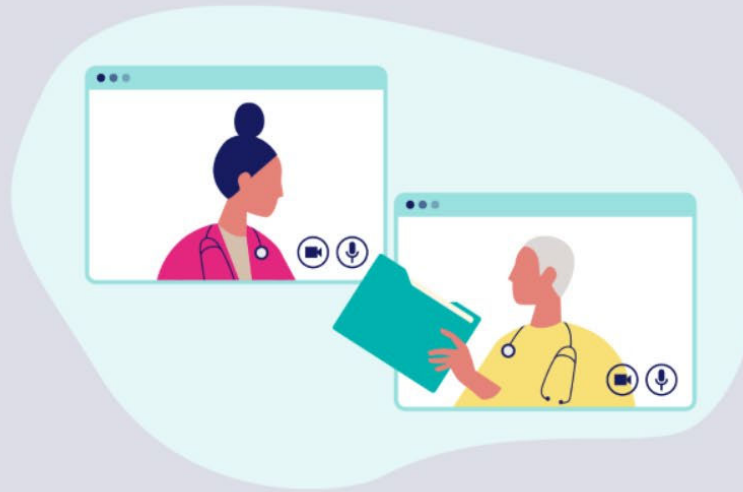
Resources Education



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