

Cigarettes & Vaping treatment tips

Advice & Support

1

- Advise that "non-use" is best.
- Ask about cravings and symptoms of nicotine withdrawal (increased appetite, fatigue, headache, irritability, anxiety, depression). If patient is experiencing either, offer NRT.
- Assess for shortness of breath, decreased exercise tolerance or other respiratory symptoms. If present, refer to Pulmonary for evaluation.
- If possible, connect to counseling for support.
- Offer support lines: 1-800-QUIT-NOW and TEEN.SMOKEFREE.GOV.
- Ask patients to make a brief quit trial while trying NRT, or set a quit date.

Prescribe NRT

Nicotine Replacement Therapy

2

Cigarettes/Day 1 pod equals 20 cigarettes	Patch Dose
< 10	7-14 mgs
10-20	14-21 mgs
21-40	21-42 mgs
> 40	42 mgs

ASAM Essentials, 3rd Edition, 2020.

Patch & Lozenges

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- Add 2mg Lozenges for cravings, may use one every 2 hours.
- If using multiple lozenges and still craving nicotine then increase dose of patch at next visit.
- When lozenge use decreases consider weaning dose of patch while continuing prn lozenges.
- Goal is to taper and stop the patch and then continue lozenges until they cravings stop or they can manage them without lozenges
- Use NRT liberally. Increase dose as needed to suppress withdrawal and cravings.
 - Follow up every 2-4 weeks while on NRT.

NRT not enough

4

- Add Contingency Management: rewards provided for abstinence or decreased smoking.
- Consider Adding Bupropion SR 150mgs once a day x 7 days then increase to 150mgs bid.
- Or Adding Varenicline (Chantix) 0.5mgs once a day x 3 days then 0.5mgs bid x 4 days then 1mg bid for 12 to 24 weeks.
- Both bupropion and varenicline lower seizure threshold so do not prescribe together.

Do not recommend e-cigarettes, nicotine nasal spray or nicotine inhaler to adolescents as smoking cessation tool.
For support please call your regional MCPAP line.



Boston Children's Hospital
Adolescent Substance Use
and Addiction Program