

For Pediatricians/School Nurses and Counselors-

Addressing nicotine dependence in teens with Nicotine Replacement Therapy

Some words of wisdom from Dr. Michael Steinberg- MD, MPH, FACP

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1. The "amount" of Nicotine in e-cigarettes is often misleading: how much is contained is not always how much is delivered and absorbed, labels are often incorrect... so, don't get too wrapped up in these numbers.
2. The important point is that electronic cigarettes (especially the newer ones) can deliver as much nicotine as cigarettes and sometimes more. If someone is a regular JUUL or Puff Bar user, they are getting an adult, cigarette smokers' worth of nicotine... so, you would treat them for that level of dependence.
3. We really don't have as much data for treating young e-cig users as for adult smokers, but more studies are pending. For now, we extrapolate from extensive research done with smokers and nicotine dependence. We also use the patients' own cravings and withdrawal symptoms to gauge if they are getting enough NRT (nicotine replacement therapy). There are 7 FDA-approved tobacco treatment medications. These may be used in teens under a physician's guidance. Note: We do not recommend the use of nicotine inhalers or nasal sprays in teens as a first choice for short acting NRT.

4. Dosing- a good place to start

Combine a 14 mg nicotine patch + SA NRT (nicotine lozenges or gum). SA NRT can be taken as needed to manage breakthrough cravings. If they are using a ton of SA NRT, then increase the patch to 21mg. The goal of NRT is to help smooth out cravings and withdrawal symptoms so that people can focus on the changes they are making in their daily routines. Nicotine patches are long acting (LA) and the nicotine lozenges and gum are short acting (SA). Combining LA and SA NRT is proven to increase success rates in smokers attempting to quit. NRT replaces the nicotine from vaping with a form of nicotine that is less harmful and easy to control and taper.

5. You can start with SA NRT only (lozenges or gum), but patients would likely benefit most from combining a patch + SA NRT. You generally won't overshoot if they are using SA NRT only (no one really likes to take it so they rarely take too much).
6. The Penn State Nicotine Dependence Index consists of a 10 Item Questionnaire and scoring guide. This can be utilized to gauge nicotine dependence and inform treatment decisions. <https://research.med.psu.edu/smoking/dependence-index/>

Combining NRT with cessation counseling (individual or group) further increases the chances of quitting. Keep this in mind for patients or students who are very nicotine dependent. Counseling groups usually run 4-8 weeks and provide guidance through the toughest phase of the quit-the withdrawal phase. Visit: RWJBH.org/NicotineRecovery