

E-CIGARETTES

(AND OTHER NEWER TOBACCO PRODUCTS)

What is the difference?

- Tobacco cigarettes deliver nicotine by burning tobacco, whereas e-cigarettes heat a liquid, which usually contains nicotine.
- Some new products deliver inhaled nicotine by heating tobacco rather than burning it.
- The use of e-cigarettes is often referred to as “vaping”.

Do e-cigarettes cause harm?

- They probably cause less harm than tobacco cigarettes, but they are not harmless, and many practitioners advise against using e-cigarettes.
- There is potential for nicotine dependence with e-cigarettes because they can deliver nicotine in a manner comparable to, or higher than, conventional cigarettes.³
- They have not been in use long enough and more research is needed to understand the health implications of their long-term use.

Do e-cigarettes help people who smoke quit?

- There is some evidence that shows e-cigarettes can help people who smoke quit tobacco cigarettes in the short term. However, evidence of their effectiveness for tobacco cessation in the long term is not yet available.⁵
- As e-cigarettes are not harm-free, adults who switch to e-cigarettes should also establish a goal for quitting them.

For more information on e-cigarettes, please visit the IASLC website at www.iaslc.org/tobacco.



References

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Advice for Healthcare Providers on Tobacco Control and Smoking Cessation, Including E-Cigarettes



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As a healthcare provider, you can

- Ask every patient about tobacco use, advise patients and family members to stop, and refer patients to tobacco cessation programs.
- Make smoking cessation a key part of patient care and promote the benefits of cessation to patients of all ages, even after a smoking-related health condition, such as cancer, develops.
- Integrate smoking cessation best practices into your clinical practice.
- Talk with children about the harms of using tobacco and e-cigarettes.
- Advocate for mandatory assessment of tobacco use and cessation support in your clinic or institution.
- Deliver influential messages on the health effects of tobacco and the benefits of smoking cessation and prevention of the initiation of tobacco products and e-cigarettes.
- Engage other healthcare providers and clinical staff members in efforts to improve patient and community health by reducing tobacco use.
- Inform legislative/governmental agencies about effective tobacco control policies, such as smoking bans and taxation.
- Provide expert opinion on tobacco and health to your community and the media.



CLINICAL RECOMMENDATIONS

- Pharmacologic therapy is **safe, effective, and recommended**.
 - The two most effective agents are combination nicotine replacement therapy NRT (patch plus a short-acting NRT) and varenicline.¹ Therapies can be combined as needed. Evidence confirms the safety of varenicline even in people with a mental health diagnosis.²
- Combining pharmacologic therapy with counseling yields the highest quit rates:
 - High-intensity behavior therapy with multiple counseling sessions is the most effective intervention but even brief counseling can be effective.
- Tobacco use status should be documented in the patient record and updated at regular intervals to indicate changes in tobacco use status, quit attempts made, and interventions.
- Relapse and brief slips are common. Providers provide guidance and support to encourage repeated cessation attempts. Relapses are not necessarily an indication to try an alternative intervention. Very often, it takes multiple quit attempts with the same therapy to achieve long-term abstinence.
- Behavioral counseling and medications are proven methods to help people quit smoking. The current evidence on the use of e-cigarettes (electronic nicotine delivery systems – ENDS) as cigarette cessation devices is being assessed.
- Decide how much support you can provide. If you can't provide cessation support for all patients, identify an effective evidence-based cessation resource, and use it.

WHY IS IT SO IMPORTANT FOR HEALTHCARE PROVIDERS TO ADDRESS TOBACCO?

Reducing tobacco use is a leading method to improve people's health worldwide. Tobacco smoke exposure is the largest preventable risk factor for many cancers, as well as other major illnesses such as heart disease, pulmonary disease, stroke, and diabetes. Continued smoking after a cancer diagnosis,³ whether during treatment or afterward, can worsen:

- overall mortality,
- cancer-specific mortality,
- risk of developing a second primary cancer,
- risk of recurrence, and
- toxicity of treatment.

CLINICAL TREATMENT AND SUPPORT

Well-established evidence supports active approaches to tobacco cessation:

1. ASK patients about tobacco use during every encounter.

2. ADVISE patients who use tobacco to quit smoking.

Even brief advice from healthcare providers has been shown to improve quit rates. Patients who quit or reduce tobacco use should be congratulated and encouraged to continue making progress.

3. ASSIST patients in quitting tobacco.

Healthcare providers should either provide evidence-based cessation support or refer/enroll patients to an evidence-based cessation program that is readily available to the patient.

FACT: Many healthcare providers ask about tobacco use and advise patients to quit, but **most do not assist in helping patients quit.**⁴ Many centers in the United States and Canada have implemented programs that identify people who use tobacco at registration and directly refer them to tobacco cessation services. Most patients are appreciative of the referral when they understand that smoking cessation will help them achieve the best clinical outcomes from their cancer treatment.