

# Pharmacotherapy Recommendations for Vaping Cessation

## Considerations before quitting vaping

Adapted from the [Lower-Risk Nicotine Use Guidelines: Quick Tips](#)

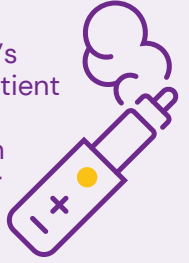
### Cut back on your nicotine use.

Encourage patients to limit the number of time(s) they use any nicotine product. Recommend using less than daily. If using daily, recommend not using more than once every 3 – 4 hours.



### Switch completely from smoking to e-cigarettes.

Using both tobacco cigarettes and e-cigarettes, i.e. "dual use", increases one's exposure to harmful chemicals. If your patient is using both cigarettes and e-cigarettes, recommend they switch completely from cigarettes to e-cigarettes to reduce their exposure and increase their chances of staying cigarette-free.



### Choose e-cigarette cartridges with less nicotine.

Encourage your patients to choose products that have lower concentrations of nicotine. Products with more nicotine increase one's risk of addiction. Recommend purchasing cartridges with the lowest amount of nicotine available.



### Manage cravings.

Cravings happen – but they will pass! Encourage patients to try things like taking a walk, chewing sugar-free gum, or doing breathing exercises until they find what works best for them.



## Pharmacotherapy Recommendations

The following recommendations are intended to provide general guidance on using pharmacotherapy for vaping cessation. Providers are encouraged to use a person-centred approach and consider the goals, as well as the smoking and vaping history of their patient when choosing pharmacotherapy. Consider any contraindications when recommending pharmacotherapy. When treating patients for vaping cessation using pharmacotherapy, providers are encouraged to follow up 1 – 4 weeks post quit date and monitor progress.

**Disclaimer:** This is not an algorithm for vaping cessation. These recommendations are adapted from those for smoking cessation, as there is currently limited evidence on the use of pharmacotherapy for vaping cessation. There is currently no approved pharmacotherapy for people who vape, therefore using pharmacotherapy for vaping cessation is considered "off-label."

### Pharmacotherapy

Therapy should be tailored to individual's needs and preferences

	Varenicline (Champix®)	Nicotine Replacement Therapy (NRT)	Bupropion (Wellbutrin SR®, Zyban®)
Advantages	Most effective for smoking cessation – highest quit rates.	Safe in stable cardiac disease. Patch in combination with short-acting NRT (gum, lozenge) is the most effective form of NRT for smoking cessation.	It is an antidepressant medication that has been proven to be as effective as NRT for smoking cessation.
Quit Date	7–35d after starting	Same day up to 4 weeks after starting	7–10d after starting
Caution	Reduce dose in renal disease. Monitor mood/mental health when quitting. Avoid driving/machinery if sedated.	Patch: OK if patient uses nicotine on top of the patch, leave patch on and try to quit again. Monitor for nicotine toxicity (nausea, lightheadedness).	Seizures, mood changes, drug interactions. Contraindications: Seizure disorders, bulimia/anorexia (recent or remote), liver failure, monoamine oxidase inhibitors.
Side Effects	Nausea, nightmares, insomnia	Patch: abnormal dreams/ insomnia, local skin irritation All other forms of NRT: mouth irritation, dyspepsia	Dry mouth, constipation, agitation, insomnia, headache, tremor
Dose	Day 1 – 3: 0.5mg PO once daily Day 4 – 7: 0.5mg PO BID Day 8 – onwards: 1mg PO BID x 12 – 24 weeks	Start with a low dose patch and titrate up until withdrawal and cravings are managed. Provide patient's choice of short-acting NRT to manage breakthrough cravings, as needed.  If you are confident in the amount of nicotine a patient is consuming, you may provide the equivalent amount of NRT. Currently, there is no reliable formula to calculate amount of nicotine consumed by vaping.	150mg SR PO QAM x 3d; then BID x 7–12 weeks

### Cytisine

**Dosing:** follow the same dosing as you would for smoking cessation

### Glossary

**BID:** twice a day  
**d:** days

**PO:** by mouth

**QAM:** every morning  
**SR:** slow release

## Additional Resources

- For more information on dosing pharmacotherapy for tobacco cessation, please refer to the [Algorithm for Tailoring Pharmacotherapy](#).
- For population-specific guidance on vaping cessation, please refer to the [Vaping Cessation Guidance Resource](#)
- For recommendations and considerations around lower-risk nicotine use, please refer to the [Lower-risk Nicotine Use Guidelines](#)