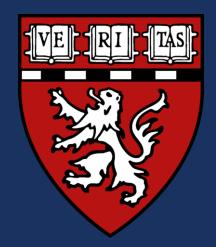
Youth Nicotine Vaping Cessation

RCT of Varenicline Added to Remote Young Adult Lay Counselor Delivered Behavioral Cessation Support Vs. Texting Support



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NIH Collaboratory Grand Rounds



Harvard Medical School

Vaping is a less harmful alternative to smoking, but marketed to youth, most of whom have never smoked



Vaping Is the Primary Route to Nicotine Addiction in Youth

Addiction to Nicotine

- In high school students, 70-75% of past daily vapers
 remain daily nicotine users, similar to smoked tobacco
- Persistence suggests addiction not just experimentation addiction

Associated with Other Substance Use

- High school students who vape have 25-40 times greater odds of using cannabis or alcohol regularly than non-users
 - Same Odds for daily vapers and daily smokers
 - Vaping is now the most popular route of marijuana use in high schools (16-fold increase in 4 years)



Vaping: Initially promoted to help cigarette smokers, has transformed teen nicotine and cannabis use.

Few treatments have been tested.







TREATMENT TRIAL: PROPOSED PARTICIPANTS ...

- 300 adolescents recruited from community settings
- Ages 16-20
- Who are addicted to vaped nicotine and wish to reduce or quit nicotine use
- Have never smoked tobacco regularly (≥5 days per week)
- Few other exclusions to maximize generalizability
 - Comorbid drug use, drug use disorders, psych dx and tx allowed

BASELINE CHARACTERISTICS OF PARTICIPANTS

- 300 adolescents consented, 261 randomized, from community settings
- Age 16-25, mean age 21
 - Few <18 enrolled; some cited parental consent requirement</p>
- Mean nicotine dependence moderate to severe (ECDI = 12-13)
- Combusted tobacco use average 0 days / week, 21 participants (8%) had
 smoked 100 cigarettes lifetime
- Cannabis use past 30 days in 70% of participants, avg ~1.5 days/wk
- Psych dx in 176 (67%)

AIM 1 ... FOR THE PROPOSED TWO ARM TRIAL

- Aim 1: Evaluate efficacy of varenicline, added to behavioral support for cessation of vaped nicotine in adolescent non-smokers with addiction to vaped nicotine.
- Hypothesis 1.1: Those assigned to varenicline will have a higher rate of cotinine-verified, continuous nicotine vaping abstinence from study week 9 to end of treatment (weeks 9-12) and end of follow up (weeks 9-24) (primary) than those assigned to placebo.
- Hypothesis 1.2: Those assigned to varenicline will have greater reduction in vaped nicotine product exposure as determined by nicotine metabolite concentration at each study visit than those assigned to placebo.
- Hypothesis 1.3: Those assigned to varenicline will have earlier onset of abstinence, and longer latency to first lapse, latency to relapse, and duration of abstinence, and greater total number of days of vaping abstinence.

AIM 2 ... FOR THE PROPOSED TWO ARM TRIAL

- Aim 2: Assess safety & tolerability of varenicline in adolescents attempting vaping cessation
- Hypothesis 2.1: Nicotine withdrawal symptoms, craving, and negative mood symptoms will be less frequent and severe in the varenicline than the placebo group.
- Hypothesis 2.2: Those assigned to varenicline will have no greater incidence or severity of adverse events than those assigned to placebo during treatment and follow-up.
- Exploratory Hypothesis: Those assigned to varenicline will have less consumption of alcohol, combusted tobacco, cannabis, and non-medical prescription drugs in the treatment and follow-up period than those on placebo.

MODIFICATIONS: BUDGET CONSIDERATIONS: ~50% CUT NECESSITY IS THE MOTHER OF INVENTION -PLATO

- Non-clinical interventionists
 - Young adult interventionists, CRCs given TTS training and weekly group supervision
 - Short videos to standardize psychoeducation component and allow for sessions to be consistently brief, 20-25 min, but deliver CBT and psychoed content
- Fully remote intervention and assessments
 - Developed zoom based bio-verification of self reported abstinence with saliva cotinine
 - Mailed medication and saliva cotinine test kits
 - Semi-quantitative cotinine bio-verification reduced postage costs, eliminated assay costs

MODIFICATIONS TO ENHANCE ADHERENCE

- Prior well-conducted smoking cessation trials in adolescents suffered from suboptimal adherence, jeopardizing power to detect treatment effects.
 - No tx to date shown effective for TUD Tx in adolescents, perhaps for this reason.
- Consistent, near-aged peer interventionists tasked to develop therapeutic alliance
- Sessions brief: 20-30 min to maximize adherence
- Fully remote intervention and assessments, often via participant phones, allowing flexible scheduling during school day etc.
- Video documentation of bid study med adherence compensated \$1/video

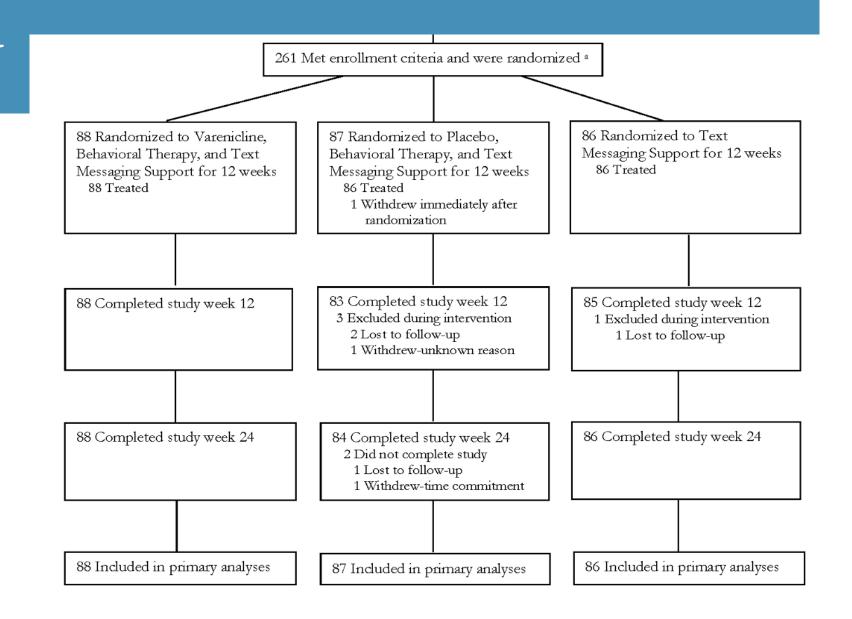
DETECTING AN EFFECT OF THE BEHAVIORAL INTERVENTION: ADDITION OF A THIRD ARM

- Because adolescent population without years of nicotine use, we considered it possible that the behavioral intervention may work particularly well.
- If behavioral treatment very effective, trial could fail.
 - Failure to detect difference between tx arms.
 - Perhaps we became a bit enamored of the innovations we made to the 'near peer' delivered behavioral intervention with it's short animated videos and remote delivery...
 - Texting support app could be considered usual care, free, easily accessed, two trials reporting efficacy
- Before beginning enrollment, added third arm despite budget constraints
 - Random assignment to referral to TIQ texting support for youth vaping cessation and single blind assessments.

OUTCOME MEASURES ...

- Abstinence from vaped nicotine.
 - Cotinine-verified self-report of abstinence
 - 1° abstinence outcome: continuous nicotine vaping abstinence from weeks 9-12: self-report of 7-days vaping abstinence at weeks 9, 10, 11, and 12 by weekly TLFB interview aided by daily survey self-report, and saliva cotinine <30 ng/ml.
- Severity of addiction to nicotine, withdrawal sx., craving: ECDI, MNWS, QVC
- Use of addictive substances other than nicotine: TLFB
- Psychiatric symptoms: MASQ, NAEI

RETENTION



TREATMENT UPTAKE

- 254 (97%) participants completed the 24-week trial
- Study drug adherence assessed with pill counts indicated ~70% of pills were taken
- Video evidence of medication adherence: 52% of possible varenicline doses and 42% of possible placebo doses.
- Behavioral counseling attendance was 84% in the varenicline group and 66% in the placebo group
 - ≥80% of counseling sessions attended by 78% of those assigned to varenicline and 60% (52/87) of those assigned to placebo

Varenicline for Youth Nicotine Vaping Cessation A Randomized Clinical Trial

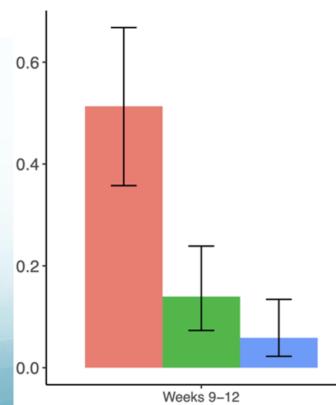
A. Eden Evins, MD; Corinne Cather, PhD; Harrison T. Reeder, PhD; Bryn Evohr, BS; Kevin Potter, PhD; Gladys N. Pachas, MD; Kevin M. Gray, MD; Sharon Levy, MD; Nancy A. Rigotti, MD; Vanessa Iroegbulem, BA; Jason Dufour, BS; Kelly Casottana, BS; Meghan A. Costello, PhD; Jodi M. Gilman, PhD; Randi M. Schuster, PhD

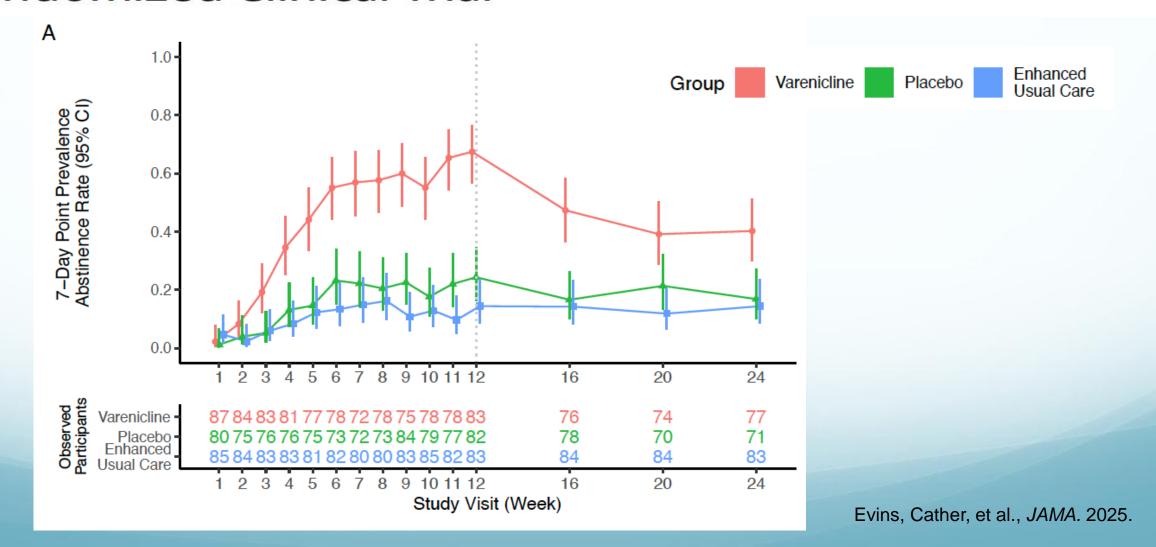
97% study completion rate using remote methods for intervention delivery and data collection

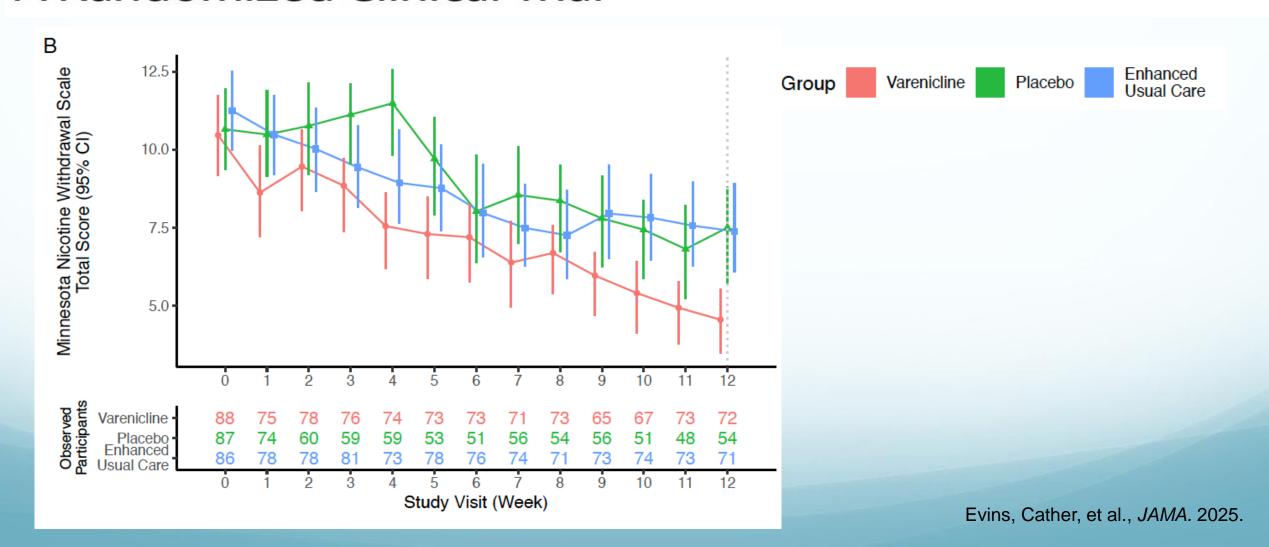
53% of those offered Varenicline + Counseling quit vaping and were abstinent for ≥1 month at the end of treatment

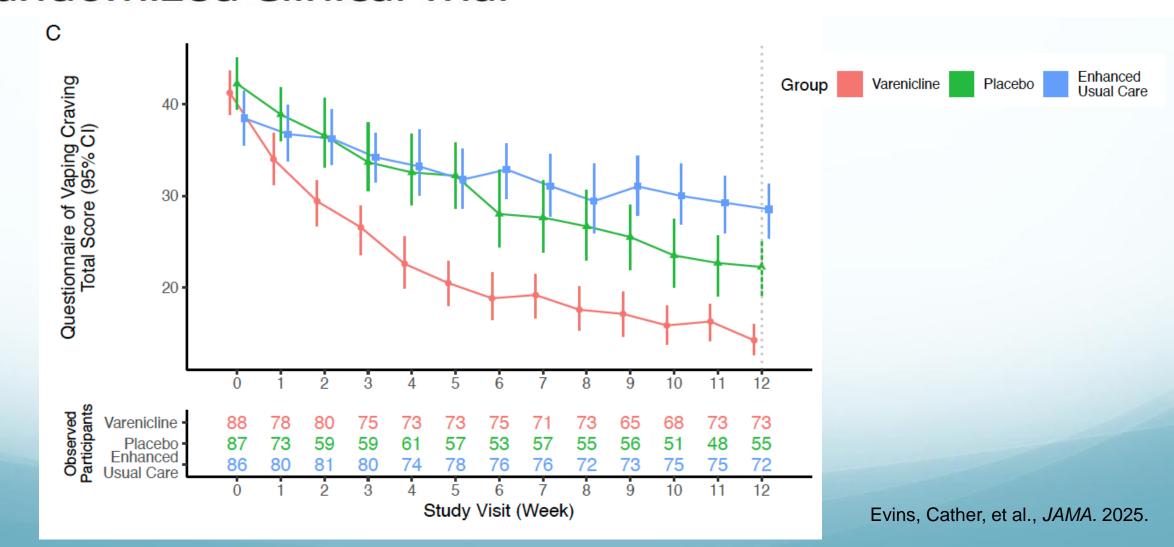
14% 4-week abstinence on Placebo + Counseling

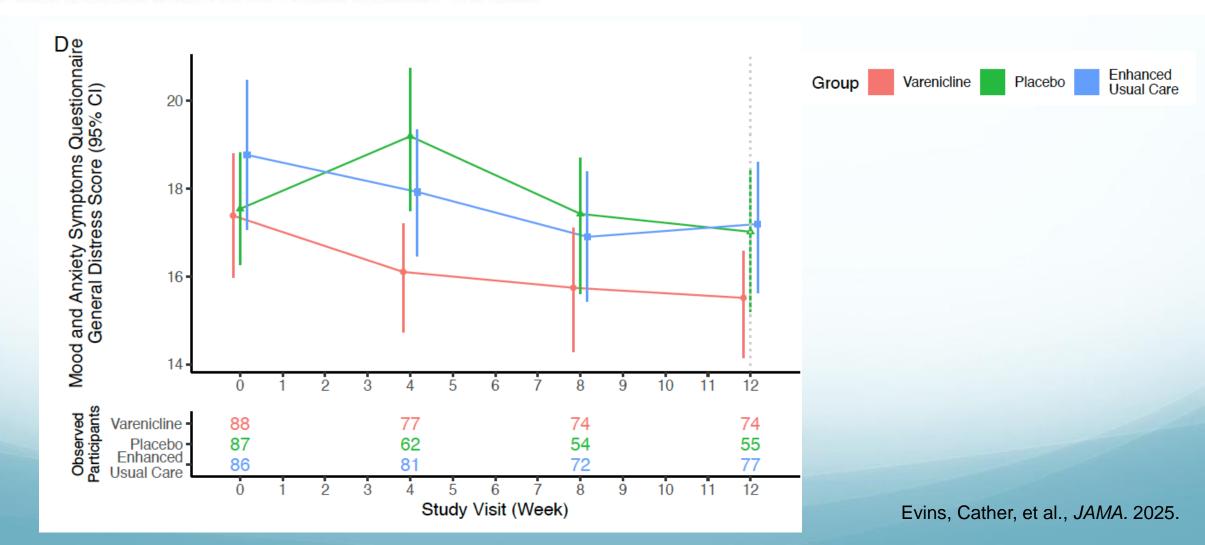
6% abstinence with TIQ Texting Support referral only











Outcome	No. (%)		
	Varenicline (n = 88)	Placebo (n = 86) ^a	Enhanced usual care (n = 86)
Any treatment-emergent adverse event	76 (86)	68 (79)	68 (79)
Any NAEI-elicited adverse event ^b	71 (81)	61 (71)	78 (91)
Any serious adverse event ^c	1 (1)	3 (3)	1 (1)
Study medication discontinuation	2 (2)	1 (1)	NA
Reduced study medication dose due to adverse event	4 (5)	1 (1)	NA
Initiated regular combusted tobacco use during the trial ^d	3 (5)	2 (4)	0
Initiated regular combusted tobacco use among those with e-cigarette abstinence at week 24	0	0	0

Varenicline for Youth Nicotine Vaping Cessation A Randomized Clinical Trial

Nausea and vomiting symptoms	51 (58)	23 (27)	5 (6)
Cold symptoms	41 (47)	29 (34)	35 (41)
Vivid dreams	34 (39)	14 (16)	0
Insomnia	27 (31)	16 (19)	7 (8)
Bloating	25 (28)	22 (26)	2 (2)
Anxiety disorders and symptoms	22 (25)	28 (33)	30 (35
Mood disorders and disturbances	22 (25)	27 (31)	21 (24)

Nausea, vivid dreams, insomnia more common in the varenicline group



NIDA: 1 R01 DA052583, 3R01DA052583-03S1, 3R01DA052583-03S2

















