

Ready to start planning your care? Call us at [800-525-2225](tel:800-525-2225) to make an appointment.

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Memorial Sloan Kettering  
Cancer Center

[Make an Appointment](#)

[Back](#)

[Tobacco Treatment Program](#)

[Learn About Quitting & Treatment](#)

[Refer a Patient](#)

## ABOUT US

[Our mission, vision & core values](#)

[Leadership](#)

[History](#)

[Equality, diversity & inclusion](#)

[Annual report](#)

[Give to MSK](#)

[healthy substitute for regular cigarettes? Will they help me to quit smoking?](#)

[What will give me the best chance of permanently quitting?](#)

[Does insurance typically pay for tobacco cessation counseling?](#)

[I smoke cigars – isn't that better than smoking cigarettes?](#)

[How can I be successful in quitting when I am around others who smoke?](#)

[What qualities make a tobacco cessation program successful?](#)

[Back to top](#) ^

## 1. I have just been diagnosed with cancer. Will quitting smoking really make a difference?

YES, it does. In fact, continued tobacco use can put you at a greater risk of recurrence (cancer comes back after treatment), as well as a greater risk of a new cancer developing (second primary cancer). Smoking during cancer treatment has also been linked to shorter survival, an increase in treatment complications, and poorer quality of life compared to those who do not smoke.

In addition, quitting reduces symptoms of chemotherapy toxicity, such as infection and problems involving the heart, breathing, or stomach. It can also improve your lung function, appetite, sleep, energy, and emotional well-being.

If you are a tobacco user who has recently received a cancer diagnosis and you are wondering, "Why bother quitting?" we encourage you to consider tobacco cessation as a way for you to become an active partner in your treatment and to assure a more successful recovery.

[Back to top](#) ^

## 2. What are cessation medications? How do they work?

The nicotine in tobacco products is very addictive. When smokers stop smoking abruptly, they often have symptoms of nicotine withdrawal, such as cravings, restlessness, anxiety, depression, increased appetite, and irritability. The US Food and Drug Administration (FDA) has approved the use of several medicines to make it easier to stop smoking by lessening the physical symptoms of nicotine withdrawal.

There are currently 7 FDA approved medications shown to be safe and effective for cessation. There are two types of medications. Nicotine replacement therapies (NRT) include over-the-counter nicotine lozenge, patch and gum, and by prescription nasal spray and inhaler. The second type are pills, which help with withdrawal symptoms and cravings without the use of nicotine. These include bupropion SR pills (Zyban®, Wellbutrin SR®) and varenicline pills (Chantix®). In some cases, combination medications are most effective, such as nicotine patch and nicotine gum.

NRT or pills can make it easier to cope with the cravings and unpleasant symptoms of physical withdrawal from nicotine. This will free you to focus on changing your daily routines (such as avoiding coffee or alcohol if they trigger smoking) and using behavioral strategies (such as staying busy, using mints) to help you resist smoking.

Studies show that using these medications can double your chances of quitting for good. Most cessation medications can be used safely and effectively by patients undergoing cancer treatment. A tobacco treatment specialist at Memorial Sloan Kettering will work with you and your doctor to decide which cessation medicine might be right for you.

[Back to top](#) ^

### **3. Why should I take nicotine replacement therapies (NRT) if nicotine is in cigarettes?**

It is important to know that nicotine is not a cause of cancer; rather, cancer-causing compounds in tobacco and tobacco smoke and carbon monoxide from the burning of tobacco cause diseases. The nicotine found in all nicotine replacement therapy products is regulated by the Food and Drug Administration, and these products are both safe and effective when used properly. The amount of nicotine you get from nicotine replacement therapy products is low, is delivered very slowly, and does not contain chemicals causing cancer or other diseases. Using nicotine replacement therapy for approximately 3 to 6 months is a safe and effective way to help people quit smoking and stay quit.

<https://smokefree.gov/sites/default/files/pdf/mythsaboutNRTfactsheet.pdf>

[Back to top](#) ^

### **4. Can I get addicted to nicotine replacement therapies (NRT)?**

Most people find it easy to gradually stop taking nicotine replacement therapies (NRT) as they approach the end of their recommended treatment period. In fact, the likelihood of long-term addiction to NRT is very low; the FDA regulates the amount of nicotine in these products at levels below what would be found in cigarettes. Also, NRT products deliver nicotine to the body at a much slower rate than cigarettes and have a much lower risk of addiction.

[Back to top](#) ^

### **5. What about vaping, electronic or e-cigarettes, vaporizers, vape pens, hookah pens, mods, and e-pipes? Are any of these a healthy substitute for regular cigarettes? Will they help me to quit smoking?**

These “electronic nicotine delivery systems” or ENDS are not approved by the FDA to help people quit smoking. There is not enough scientific evidence to say that they are safe or effective.

Fortunately, for smokers who want to quit, there are approved medications for this use, as well as behavioral counseling — all of which are considered effective and safe. We advise people who are interested in an ENDS product to consider using the FDA-approved NRT, Nicotrol® inhaler, which allows you to puff on a plastic piece to get a reliable dose of safe nicotine vapor. The Nicotrol inhaler can be used in all indoor settings because there is no combustion or heat.

[Back to top](#) ^

### **6. What will give me the best chance of permanently quitting?**

At Memorial Sloan Kettering, we have a great deal of experience in helping our cancer patients choose the treatments that work best for them. Your best chance to permanently quit is to use FDA-approved cessation medications and behavioral counseling tailored to your particular needs.

Our tobacco treatment specialists will customize a plan designed to work specifically for you. It may take more than one try, but our specialists will

ensure that you always receive empathic support and treatment that gives you the best chances of quitting.

[Back to top](#) ^

## 7. Does insurance typically pay for tobacco cessation counseling?

The Affordable Care Act (ACA) requires that tobacco cessation treatment must be provided at no cost under most types of health insurance. However, there is no single definition of tobacco cessation treatment, so the scope of coverage is likely to vary by state, by type of insurance (e.g., Medicare, Medicaid, private insurance), and by the insurance provider (e.g., Aetna, Blue Cross, etc.). Insurance coverage for tobacco cessation services depends on your particular insurance plan. Most companies provide at least some level of mental health coverage, which is where you are most likely to find support for tobacco cessation services.

You can contact our Tobacco Treatment Program at [212-610-0507](tel:212-610-0507) to determine if we accept your insurance coverage.

[Back to top](#) ^

## 8. I smoke cigars – isn't that better than smoking cigarettes?

No. Cigar use raises the risk of developing cancer of the mouth, lung, esophagus, and larynx and possibly leads to the development of chronic obstructive pulmonary disease (COPD).

[Back to top](#) ^

## 9. How can I be successful in quitting when I am around others who smoke?

When a smoker is trying to quit, the presence of other smokers can be challenging. We can help you identify social situations where you are likely to be tempted to smoke, and lay out a game plan.

We encourage you to make your home and car smoke-free so you can stay focused on your quitting goals. We find that it also helps to tell your friends and family that you've quit so they can be supportive of your efforts. You can also ask smokers you know to avoid smoking around you. Avoid outdoor smoking areas outside of work or other places you often go. Best of all, encourage others to join you in quitting smoking and make quitting a family affair so that all of your loved ones benefit from becoming smoke-free!

[Back to top](#) ^

## 10. What qualities make a tobacco cessation program successful?

Tobacco dependence is an addiction, and like most addictions, relapse is common. A person's ability to quit depends upon a number of factors, including motivation to quit and sticking with the treatment plan.

Approximately 50 to 90 percent of smokers start smoking again within the first months of any treatment program — even in top programs offering the best evidence-based treatments available. In the Memorial Sloan Kettering Tobacco Treatment Program, we offer only treatments that have been found through scientific studies to be effective and safe in helping smokers quit, and we offer longer-term counseling and support to reduce the chances of relapse. We work with you and your oncology care team to tailor a tobacco treatment plan that fits your individual needs. Our staff fully appreciates the importance and challenges of quitting smoking in the midst of cancer diagnosis.

In surveys, 90 percent of people treated through our program rate their satisfaction as "high," and 96 percent say they would refer a friend or family member to the program. Significantly, approximately 45 percent of our program participants report being smoke-free at six months and 33 percent are smoke-free at 12 months. These quit rates compare very favorably with published research conducted with cancer patients and other medically ill smokers.

[Back to top](#) ^

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[Locations](#)

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## ▼ About MSK

[About us](#)

[Careers](#) 

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[Nutrition & cancer](#)

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