

Products to help you

 **Quit**® **smoking**

Quitting may not be easy. Tobacco products are addictive and it is easier to quit smoking with help. There is a range of medical products available that can double your chances of success.¹



Health

How to use NRT

The following information is not intended to replace the Consumer Medicine Information that accompanies the NRT. Remember to read the Consumer Medicine Information issued in the NRT packaging before using the products.

Patch

The nicotine patch is an adhesive patch that you wear on your skin. It slowly releases nicotine, which you absorb through your skin. The patch works by replacing some of the nicotine you normally inhale from cigarettes.

- If you smoke more than 10 cigarettes a day, start on the highest strength patch – either the 15mg/16 hour patch, or the 21mg/24 hour patch.
- If you smoke less than 10 cigarettes a day or weigh less than 45kg, start on either the 14mg/24 patch or 10mg/16hrs.
- Wearing a patch for 16 hours per day is as effective as wearing one for 24 hours per day.¹
- Using the patch for 8 weeks is as effective as longer courses and there is no evidence that gradually reducing the dose is better than simply stopping use of the patch.^{1,2}
- Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of NRT patch beyond 9 months is not recommended.

You must use nicotine patches correctly for them to be effective in helping you quit.

- 1 One patch is used per day.
- 2 Apply to clean, dry, smooth skin on arm or upper body, in the morning.
- 3 Choose a different site each day to avoid skin rash.

Gum

- Nicotine gum is available in 2mg and 4mg strengths. Usually the 4mg strength is recommended if you smoke 20 or more cigarettes in a day or are a smoker who has not been able to quit smoking using the 2mg strength.
- Nicotine gum is NOT to be chewed like regular gum, but used as an oral patch.
- Use gum regularly, for example, 1 piece per hour, as follows:
 - 1 Chew 3-4 times, until you feel a tingling sensation or a 'peppery' taste.
 - 2 Flatten it and place it between your cheek and gum.
 - 3 Occasionally move the gum around your mouth and chew two or three times to release more nicotine as needed.
 - 4 Eating or drinking anything except water should be avoided for 15 minutes before and during chewing.³
 - 5 Discard after 30 minutes.
- Medical guidelines recommend you use the gum every 1-2 hours during the day, for a period of 1-3 months.³
- It is recommended that you do not chew more than 20 of the 2mg or 10 of the 4mg pieces in one day.
- Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of NRT gum beyond 12 months is not recommended.

Lozenge

This product works in the same way as nicotine gum; the nicotine is absorbed into the bloodstream through the lining of the mouth. Because the lozenge is sucked until it dissolves completely, up to 25 per cent more nicotine may be absorbed into the blood than with similar dosages of gum. This means that it may be more effective in reducing nicotine withdrawal symptoms.

- 1 Use one lozenge at a time.
- 2 Do not exceed 15 lozenges per day.
- 3 The lozenge should be moved around the mouth from time to time and sucked until it dissolves (takes 20-30 minutes).
- 4 Do not eat or drink while sucking the lozenge.
- 5 For about six weeks, use one lozenge about every 1-2 hours.
- 6 For the next 3 weeks, use one lozenge every 2-4 hours.
- 7 If necessary, continue using 1 lozenge every 4-8 hours for 3 weeks and then use a lozenge if strongly tempted to smoke for up to 12 weeks.

The lozenge comes in two strengths. It is easy to decide which one is suitable for you. If you usually reach for your first cigarette of the day:

- Within 30 minutes of waking – use the 4mg.
- Longer than that – use the 2mg.

Remember to

- read and adhere to the information on the pack
- see your doctor or pharmacist for more information.

Sublingual tablet

Similar to the lozenge, nicotine is released and absorbed through the lining of the mouth as the tablet dissolves. The levels of nicotine attained are similar to those of the 2mg gum. Sublingual tablets may be useful in situations where chewing gum is inappropriate.

- 1 Tablet is placed under the tongue where it releases nicotine as it dissolves.
- 2 Tablet should not be swallowed, sucked or chewed.
- 3 Drinking is permitted while tablet dissolves.
- 4 Those who smoke less than 20 cigarettes per day should use one tablet per hour (8-12 tablets per day will be adequate).
- 5 Those who smoke greater than this amount, or who have not succeeded using one tablet should use two tablets per hour (16-24 tablets per day) the recommended maximum number of tablets in one day is 40.
- 6 Full dose of tablets should be used for 3 months, then gradually reduced to zero.
- 7 Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of NRT sublingual tablet beyond six months is not recommended.

Inhaler

This device consists of a plastic mouthpiece and cartridge containing 10mg of nicotine. It may be useful for those who miss the hand to mouth action of smoking.

- The inhaler resembles a cigarette and the nicotine is inhaled through the mouth.
- After 20 minutes of intense use with deep inhalations for continuous puffing you will have used all the available nicotine in a cartridge.

The program recommended by the manufacturers is:

- 6-12 cartridges per day for 12 weeks
- 3-6 per day for 2 weeks
- 1-3 per day for 2 weeks
- Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of the NRT inhaler beyond 12 months is not recommended.

Withdrawal symptoms and side effects

Some smokers confuse symptoms of withdrawal from tobacco with the side effects of NRT. They may become tense, agitated, depressed, have disturbed sleep or crave cigarettes when using NRT. These can be symptoms of nicotine withdrawal.

This can happen when the nicotine from the NRT has not properly replaced the nicotine from cigarettes. Different types of NRT can be combined to enhance the success, for example patch plus one of the following:

- 1 gum
- 2 lozenge
- 3 sublingual tablet
- 4 inhaler.

Some people do experience side effects, but these are usually mild. Side effects can include:

- a rash on the skin where the nicotine patch is worn. Moving the patch to a new area of skin each day will help reduce skin irritation, and there are also medicated skin creams available
- hiccups, indigestion AND mouth irritation.

If you are concerned, talk to your doctor.

Note. Some NRT products are safe to use in pregnancy and lactation or following a heart attack or stroke. Call the Quitline 13 7848 for more information.

Varenicline (Champix) and bupropion (Zyban)

There are two non-nicotine medications available in Australia that help people stop smoking. Both bupropion (Zyban) and varenicline (Champix) are only available on prescription from a doctor and are available through the Pharmaceutical Benefits Scheme, therefore the cost is subsidised. Talk to your doctor about the suitability of these medications for you, as they each work in different ways and may be unsuitable for some people. Use of these medications can increase your chances of quitting smoking successfully.

What type of products?

Medical products shown to be successful are:¹

- Nicotine replacement therapies (patch, gum, lozenge, sublingual tablet and inhaler). All nicotine replacement therapies are available over the counter in your local pharmacy and can be bought without a prescription. Some products may be more widely available in supermarkets etc.
- Bupropion (Zyban) or varenicline (Champix) tablets. These need to be prescribed by a doctor and are listed on the Pharmaceutical Benefits Scheme, which makes them cheaper.

Correct usage of any of the above products has been shown to double the chances of stopping smoking among heavy smokers.¹ If you have recently had a heart attack, are pregnant, or you are breastfeeding, talk to your doctor before using these products.

How does nicotine replacement therapy (NRT) work?

It is the 4000+ toxic chemicals in tobacco smoke that are harmful. The most harmful thing about the nicotine in cigarettes is that it keeps you addicted to smoking. NRT works by replacing the nicotine obtained from cigarettes with nicotine delivered by the patch, gum, lozenge, sublingual tablet or inhaler.

- The gum, lozenge and sublingual tablet slowly deliver the nicotine through the lining of the mouth.
- The patch slowly delivers the nicotine through the skin.
- The inhaler delivers the nicotine a little faster through the mouth.

Because these products deliver a constant low dose of nicotine compared to cigarettes they:

- reduce your body's addiction to the nicotine in cigarettes
- reduce symptoms of withdrawal, eg cravings, sleeplessness, poor concentration and anxiety.

Other strategies

Other strategies that may help you when you decide to quit are:

- Counselling.
- Developing a quit plan which includes:
 - 1 Setting a date to quit.
 - 2 Reviewing past experience to determine what worked and what did not work.
 - 3 Identifying potential problems and ways to deal with them.
 - 4 Enlisting the support of family and friends.
 - 5 Quitting with a friend.
 - 6 Reducing alcohol and caffeine use in the first two weeks.
 - 7 Avoiding other people's smoke.
- Being mindful of stressful or negative events.
- Call the Quitline 13 7848.
- Visit www.quitnow.info.au or www.health.nsw.gov.au.

Things to remember

- The first two weeks in quitting smoking can be difficult. During this time most of the physical symptoms of withdrawal occur, after which they diminish over time. At about three months most quitters have become established non-smokers.
- Many ex-smokers have made several attempts before they quit for good.
- Planning will improve your chance of success.
- The health benefits of quitting start within two hours of giving up.

References

- 1 Silagy C, Lancaster T, Stead L, Mant D, Fowler G 2004, *Nicotine replacement therapy for smoking cessation (Cochrane Review)*, In: The Cochrane Library, Issue 1, Chichester, UK: John Wiley & Sons, Ltd.
- 2 Fiore MC, Smith SS, Jorenby DE et al 1994, *The effectiveness of the nicotine patch for smoking cessation: a meta-analysis*. JAMA; 271(24):1940-1947.
- 3 Fiore MC, Bailey WC, Cohen SJ, et al 2000, *Treating Tobacco Use and Dependence, Clinical Practice Guideline*, Rockville, MD: US Department of Health and Human Services, Public Health Service.

For more
information
talk to your doctor
or pharmacist.

Call the
Quitline 13 7848
for free, ongoing
advice and
support while
you quit.