

FACT SHEET

What do we know about the success of nicotine replacement therapy and other medicines for quitting?

What is nicotine replacement therapy, or NRT?

Tobacco is addictive because it contains nicotine. When some smokers try to quit, they need help to cope with the withdrawal symptoms from the loss of nicotine. Nicotine replacement therapy (NRT) provides nicotine to the body to replace the nicotine from tobacco, and to help smokers to cope with the feelings of withdrawal and cravings. There are several types of NRT including:

- ✧ Nicotine patches
- ✧ Nicotine gum
- ✧ Nicotine inhaler
- ✧ Nicotine sublingual tablet
- ✧ Nicotine lozenge

For further information about these different forms of NRT, see the **Stop Smoking** series of fact sheets on NRT from Quit Victoria at <www.quit.org.au>.

Where can people get NRT?

Smokers do not need to see a doctor to get NRT. All types of NRT are sold in pharmacies without prescription. However, smokers with other medical conditions or who are taking other medications should see a doctor first. Women who are pregnant or breastfeeding should also talk to a doctor before using NRT.

In addition, a prescription from a doctor is needed to access NRT more cheaply through the Pharmaceutical Benefit Scheme (PBS). Currently, Aboriginal and Torres Strait Islander people can have two courses (12 weeks each) of nicotine patches subsidised¹. Some health services have programs that subsidise the whole amount or provide additional access to NRT.

Is NRT safe?

All types of NRT are safer than cigarettes. NRT products do not contain cancer-causing substances and dangerous chemicals. They are also less addictive than cigarettes².

Does NRT work?

All types of NRT have been shown to help people to quit smoking . NRT works best for addicted smokers who want to quit. An addicted smoker is someone who smokes 10 or more cigarettes each day^{3, 4}.

Smokers who are using NRT to try to quit are even more likely to succeed if they also get advice or support from a health professional or trained advisor (like a Quitline counselor)^{3, 5}.

There have been some studies of the use of NRT in Aboriginal and Torres Strait Islander communities; most of these involve small numbers of smokers, and combine NRT with other types of interventions, like brief intervention and on-going counseling or support^{6, 7, 8, 9}. The results of these studies suggest that NRT



could be as effective at helping Aboriginal and Torres Strait Islander people to quit smoking, as it is in the general Australian population.

What about other medicines to help with quitting?

There are other medicines that can help with quitting, including varenicline and bupropion, but these are only available with a doctor's prescription and they don't suit some people. There haven't been any studies that look at the effectiveness of these medicines with Aboriginal people. However, studies in the general Australian population, with Maori smokers, and African American smokers show that these medicines help some people to quit^{10, 11, 12, 13}.

For further information about other medicines, like varenicline and bupropion, see the Stop Smoking series of fact sheets from Quit Victoria.

To find out more about Aboriginal projects that use NRT or other medicines as part of their activities, see the CEITC Project Register at <www.ceitc.org.au/project_register>.

References

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