NRT products have been approved by Health Canada to help people quit tobacco.

**What is NRT:**
- Helps prevent or lower cravings when quitting.
- Puts fewer chemicals into the body.
- Gives enough nicotine to keep patients comfortable while they quit.

**How NRT works:**
- Choose NRT dose that matches the patient’s current tobacco use.
- Start with higher nicotine dose.
- Gradually reduce the dose until the patient stops using nicotine completely.

**The available NRT products:**

**Two Basic Forms of NRT:**

**LONG ACTING:**
- **PATCH:**
  - Provides a continuous level of nicotine delivered through the skin over 24 hours.
  - Helps prevent cravings and other withdrawal symptoms.
  - Comes in three strengths: 21 mg, 14 mg and 7 mg.

**SHORT ACTING:**
- **GUM, LOZENGES, INHALER, and ORAL MIST:**
  - Provides a single dose of nicotine to be used “as needed.”
  - Provides a “quick fix” that lasts about 20 minutes.
  - Can also be used on a regular schedule.
  - The gum and lozenge come in two strengths [typically 2 mg and 4 mg].
Appropriate NRT Schedule:

**Combination Therapy**
Combining a long acting patch with an ‘as needed’ short acting form improves the likelihood of a successful quit attempt over the patch alone. The short acting form helps in the following situations:

- First thing in the morning, especially if the person doesn't wear the patch overnight.
- After stepping down to a lower dose of patch (or off the patch entirely).
- When stressed or getting strong cravings despite wearing a patch.

**NRT in Pregnancy/Breast Feeding**
(see pregnets.org)
Nicotine will cross the placenta and pass into breast milk. There are risks to the fetus or infant, but NRT is far less dangerous than smoking during pregnancy or breast feeding.

- **FIRST:** Try behavioural support like counseling, if this doesn't work...
- **SECOND:** Try short acting NRT ‘as needed’ for cravings or withdrawal symptoms, if not working...
- **THIRD:** Try a low dose of patch [e.g. 7 mg patch for 8 hours a day]

It is best for the new or expectant mother to use the lowest dose of NRT needed to stay tobacco-free.

**Reduce to Quit**
People can use any form of NRT to prepare to quit or to reduce the amount of tobacco used (if they are not ready to quit completely). This means using tobacco and NRT together. Although not recommended on product labeling, this is considered safe (FDA, 2015).

**The following starting regimens** are a guideline only; the dose may need adjustment depending on the person’s response to therapy.

<table>
<thead>
<tr>
<th>Cigarettes daily</th>
<th>Short acting form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10 cigarettes daily (1 cigar/day)</td>
<td>+ Short acting form alone OR + 7mg patch +/- short acting form as needed</td>
</tr>
<tr>
<td>10-19 cigarettes daily (2-3 cigars/day OR 1 tin spit/week)</td>
<td>+ 14mg patch +/- short acting form as needed</td>
</tr>
<tr>
<td>20-29 cigarettes daily (4-6 cigars/day OR 2-3 tins spit/week)</td>
<td>+ 21 mg patch AND short acting form as needed</td>
</tr>
<tr>
<td>Greater than 30 cigarettes daily (7-8 cigars/day OR 4 tins spit/week)</td>
<td>+ 21 mg + 7 mg patch (28mg) AND short acting form as needed</td>
</tr>
</tbody>
</table>

Adapted from:
Smoking Cessation Assessment Form, University of Ottawa Heart Institute, revised 2011
Nicotine Withdrawal Protocol, Northern Health Authority of British Columbia, revised 2008
What is covered by the Non-Insured Health Benefits (NIHB) Program?

**Nicotine Patches**
- NicoDerm®: 140 patches per year (about a 4 month supply).
- Habitrol®: 168 patches per year (about a 5-month supply).

**Nicotine Gum**
- 945 pieces per year (about 6 pieces a day for 5 months).

**Nicotine Lozenges**
- 945 lozenges per year (about 6 lozenges a day for 5 months).

**Nicotine Inhalers**
- 945 inhalers per year (about 6 cartridges a day for 5 months).
Using Nicotine Replacement Therapies

**Nicotine Patch**
(21mg, 14mg, 7mg)

+ Apply to clean, hairless skin. Apply new patch daily, rotating sites. May remove at bedtime if sleep disrupted. Redness or mild tingling is normal. Rash may be allergy to adhesive - can try different brand. Lotions or sunscreen applied prior to patch may prevent sticking.

**Nicotine Gum**
(2mg, 4mg)

+ Chew slowly until peppery taste, then park in the side of the mouth. Chew again when taste starts to fade. DO NOT SWALLOW. Should not be used by people with poor teeth, dentures or jaw problems. People who smoke within 30 min of awakening may prefer the 4mg strength.

**Nicotine Lozenge**
(2mg, 4mg)

+ Suck until peppery taste, then park in the side of the mouth. Suck again when taste starts to fade. DO NOT SWALLOW or CHEW. People who smoke within 30 min of awakening may prefer the 4mg strength.

**Nicotine Inhaler**
(10 mg Cartridge - releases 4mg of nicotine)

+ Lightly puff on mouthpiece (nicotine is absorbed through the lining of the mouth). DO NOT INHALE DEEPLY INTO LUNGS. One cartridge will last for about 20 min of continuous puffing. Cold temperatures can reduce the amount of nicotine released from the product.

**Nicotine Oral Mist**
(1mg per spray; 150 sprays per canister)

+ Prime before using. Release one spray into the mouth - avoid lips. DO NOT SPRAY INTO THROAT. Try not to swallow until a few seconds after administration. May repeat dose if craving not relieved within a few minutes.

---

**Caution: or Tips:**

+ Drinking anything acidic like coffee, juice or pop should be avoided while using a short acting NRT product as they may reduce the absorption of nicotine.

+ Side effects from short acting forms include hiccups (lozenge & gum), heartburn (lozenge & gum), cough [inhaler], throat irritation [inhaler, oral mist] and tingling lips [oral mist]. This is often caused by incorrect use of product.

**References**

- CAN-ADAPTT. [2011]. Canadian Smoking Cessation Clinical Practice Guideline. Toronto, Canada: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health.