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Blame it on Big Tobacco, but do what you can to help smokers stop

In their recent paper, Thomson and Wilson suggest that policies that erode the power of the tobacco industry may contribute (along with conventional tobacco control strategies) to the reduction in smoking prevalence.[1]

Viewing the industry as the problem (as opposed to smokers) is a critical shift as it recognises the dependence causing nature of tobacco. We have thankfully moved on from the times of viewing smoking as just a bad habit and something that smokers should be simply able to stop. In fact, most smokers want to stop and many try, but spontaneous long-term cessation rates are low (up to 5%).[2]

New Zealand healthcare professionals are well-placed to advise and assist smokers. Brief advice from a doctor increases long-term cessation rates by 1–3%,[3] and recommending the use of nicotine replacement therapy (NRT) will further double the chances of quitting.[4] However it has recently come to our attention that some smokers may not be using NRT appropriately, perhaps through lack of understanding. For example, people quitting with NRT sometimes comment that they are using less of the product than recommended, even though they are struggling at times with urges to smoke, irritability, and other symptoms of tobacco withdrawal.

To receive the greatest benefit from NRT, smokers should be encouraged to use sufficient dosages (e.g. patches need to be used daily) with a new patch applied each morning; and oral products, such as gum, should be used every hour (approximately 15 pieces per day).[5–7]

Smokers with higher-level tobacco dependence should use higher-dose products (e.g. 4 mg gum). Dependence can be quickly assessed by asking the time to the first cigarette in the morning (smokers who show greater dependence smoke their first cigarette within the first 30 minutes of waking)[8] and is generally a better indicator than cigarette consumption.

In addition, a combination of products (e.g. patch and gum) provides a small increase in success rates over one product alone.[4] Furthermore, they should use NRT for an adequate period (e.g. 8–12 weeks). Understanding how NRT works is vital. It is worth reminding them that using NRT is not the same as smoking, as it typically provides less nicotine and does so less rapidly than smoking.

While not a ‘magic bullet’, NRT helps by relieving symptoms of tobacco withdrawal, making quitting easier and almost twice as likely.[4] If healthcare professionals were able to communicate the rationale and use of NRT more clearly, then the risk of under-dosing might be minimised and the chances of quitting improved.

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