

Nicotine replacement therapy in grocery stores; but wait, there's more

In their letter—*Promotion of nicotine replacement therapy and smoking cessation services at grocery stores*—Williman et al suggest selling nicotine replacement therapy (NRT) through small convenience stores to make it more accessible.¹ Agreed; any measure that can switch people away from smoking should be considered and several measures should be attempted. However there are some barriers, under the current scheme, that would need to be overcome.

In order to provide NRT cheaply under the current scheme, retailers would have to become Quit Card providers. At present, only registered health professionals can become Quit Card providers; this programme would need to change. Quit Card providers also need to be trained in smoking cessation, and finally Pharmac would need to approve a scheme to allow a funded medicine to be dispensed through general retail stores. Pharmacists might oppose this. One answer is to sell NRT through retail at full mark-up; though this could make it less appealing to the smoker.

Another option, and one with potential advantages for smokers and retailers alike, is the sale of non-pharmaceutical products. Retailers may benefit from selling products that can compete with cigarettes for sales and are healthier alternatives to smoking. Smokers would then be presented with alternatives to smoking in the comfortable environment where the majority of them normally purchase cigarettes.

Additionally, the widespread sale of tobacco alternatives might provide a real opportunity to force a reduction of the number of cigarettes that can be sold and could become a lead up to a total ban on cigarette sales.

Swedish snus and e-cigarettes are two non-pharmaceutical products worth considering. The use of these products is straightforward and there would be no need to train retailers as expert dispensers.

Swedish snus is wet-cured tobacco supplied in small tea-bag like sachets. Nicotine from Swedish snus is absorbed through the oral mucosa, much like using nicotine gum. Swedish snus is pasteurised and this process reduces tobacco-specific nitrosamines that are known carcinogens. It should be noted that, due to the uptake of snus, rates of smoking and cardiothoracic disease among males in Sweden are among the lowest in the Western World.^{2,3}

E-cigarettes are a small tube that have the appearance of a cigarette and can deliver heated nicotine vapour to the user. E-cigarettes also deliver propylene glycol, which provides white mist to the otherwise invisible nicotine. The e-cigarette does not produce any smoke. Nicotine and propylene glycol are considered safe for human use and are approved by most OECD governments.

Swedish snus and e-cigarettes are not pharmaceuticals and therefore the range of evidence for their efficacy and safety is somewhat limited. There is evidence that the continued use of nicotine beyond smoking may increase the risk of pancreatic cancer.⁴

This evidence, and a suggestion that these products will appeal as a gateway for young people to smoke, has led to a reticence to legitimise them. These risks need to be weighed against the known harms of continued cigarette smoking. The Ministry of Health has recently endorsed e-cigarettes by saying they are “far safer than cigarettes”, and there is no doubt in many scientific minds that Swedish snus and e-cigarettes will save lives.

The last New Zealand Tobacco Use Survey suggests that an estimated 650,000 adults continue to smoke and put their health in jeopardy; this includes fifty percent of the Maori female population.⁵ Every possible measure, including wider access to pharmacotherapies and smokeless tobacco alternatives, should be considered and enacted as soon as practicable.

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