

Nicotine mouth spray

(sold under the brand name 'QuickMist')

Please note: This information is not intended to replace the Consumer Medicine Information (pack insert) that should come with the nicotine mouth spray. Ask your pharmacist for this information leaflet if it is not in the pack when you buy it.

Main points about nicotine replacement therapy products

- All forms of nicotine replacement therapy (NRT) products – patches, lozenges, mouth spray, gum and inhalator – have been proven to help people quit smoking.¹
- Using NRT products is always safer than continuing to smoke.² NRT products are a safe alternative to cigarettes for smokers.³
- Using NRT products will still increase your chances of quitting even if it does not completely control cravings.⁴
- NRT products reduce the severity of cravings but you may still have them, especially in situations in which you are used to smoking.⁵⁻⁷
- Combination therapy (using the patch plus another NRT product) is better at suppressing cravings than a single nicotine product.⁸ Some experts advise that most addicted smokers would benefit from using combination therapy.^{9, 10}
- NRT products work better when you also reduce triggers for cravings. Boost your chance of success by making your home smokefree and if possible, get rid of all cigarettes in your home and car.^{11, 12} You will also need to find new habits to take the place of smoking; for example, when socialising, relaxing, concentrating, filling in time or coping with emotions.
- Research shows that people who have the best chance of quitting using NRT products also get advice or support from their doctor, pharmacist or other trained advisor (such as through the Quitline).^{9, 13, 14}
- You will have more chance of success with the nicotine mouth spray, lozenges, gum, or inhalator if you use them regularly throughout the day as well as when you have cravings.⁶
- If you slip-up and have a cigarette, it is safe to continue using NRT products and to keep trying to quit.¹⁰
- It is common for smokers to attempt to quit a number of times before they successfully stop.¹⁵

Is the nicotine mouth spray suitable for me?

The nicotine mouth spray works best for addicted smokers who want to quit.^{9, 13, 15} Your doctor or pharmacist can advise you whether the nicotine mouth spray is suitable for you.

Signs of addiction include:

- You smoke your first cigarette within 30 minutes of waking up.^{9, 16}
- You smoke more than 10 cigarettes per day.^{9, 16} (There is no difference between smoking stronger or weaker tasting cigarettes.¹⁷)
- You suffer from withdrawal symptoms within 24 hours of stopping smoking, such as cravings, irritability, anxiety, depression, restlessness, hunger, poor concentration or sleep disturbances.^{9, 18}

It is not clear how helpful the nicotine mouth spray may be to smokers of 10 or less cigarettes per day, but use of a support service (such as the Quitline) and self-help materials is encouraged.^{9, 13, 15, 19}

If you are age 12 years and over, you may use the nicotine mouth spray. However if you are under 18 years you should speak to your doctor before using the mouth spray.^{9, 20} It is strongly recommended that people in this age group discuss quitting smoking with a trained health advisor to benefit from using the nicotine spray.^{15, 20}

How does the nicotine mouth spray work?

Addiction to nicotine in tobacco is the main reason why people continue to smoke.⁶ The mouth spray works by replacing some of the nicotine you would normally inhale from cigarettes.¹³ The pump sprays a fine mist onto the inside of your cheek or under your tongue. You absorb the nicotine through the lining of your mouth.²⁰

Using the mouth spray can help to reduce withdrawal symptoms when you quit, such as cravings, irritability, restlessness and poor concentration.^{19, 21, 22} However, it may not stop these symptoms completely.⁶ More options are listed below under *Why may I still have cravings while using the mouth spray?*

How well does the mouth spray work?

People who used the nicotine mouth spray are more than twice as likely to quit and stay stopped, compared to those who used a mouth spray without nicotine.^{13, 19}

The mouth spray relieves cravings faster than other nicotine replacement therapy products, and most people find it starts to act within five minutes of use.^{21, 22}

When using the mouth spray you take in less nicotine at a much slower rate than when smoking. This makes it less addictive and easier to stop using than cigarettes, but it is slower at easing cravings than a cigarette.^{3, 23-25} When you use the mouth

spray, the level of nicotine in your blood rises over 10 to 15 minutes.^{22, 26} Mouth spray users may absorb about one-third (using one spray) to one-half (using two sprays) of the dose of nicotine that smokers on average absorb from one cigarette.^{*25, 26}

Buying the mouth spray

You can buy the nicotine mouth spray without prescription from pharmacies and from some supermarkets. There are 150 doses per spray pump (1 mg per dose). For a person who smoked 15 cigarettes a day, this would probably last between four days to a week when used as recommended.²⁰ Pumps are sold in single or double packs. The retail price per spray pump is between about \$40 to \$55, as at September 2017.

What do I need to tell my pharmacist or doctor?

Before buying the mouth spray, you should tell your pharmacist or doctor if you have an illness, or if you are taking any other medicines (even non-prescription ones). In some cases, you may need medical supervision or advice, or in other cases the nicotine mouth spray may not be suitable. Please check the Consumer Medicine Information (CMI) that comes with the mouth spray for the latest list of common medicines and medical conditions that may be affected by using the mouth spray or stopping smoking.²⁰

Illnesses for which you may need medical advice include: heart disease, stroke, any blood circulation disorder, kidney disease, liver disease, stomach ulcer or pain, hyperthyroidism, diabetes, and phaeochromocytoma (a tumour of the adrenal gland).^{20, 27}

Can I use the mouth spray if I am pregnant or breastfeeding?

If you are pregnant or breastfeeding, it is recommended that you first try to quit without medication.^{15, 20} However, if you are unable to quit without medication, you may use the mouth spray to help you quit.⁹ While using the mouth spray is considered safer than smoking, even this smaller amount of nicotine may not be entirely risk-free for your baby. You need to discuss the risks and benefits with your pharmacist or doctor before using it, and you should tell the doctor supervising your pregnancy that you would like to use it.^{2, 28} Mothers using the mouth spray should breastfeed their baby first, then use the mouth spray soon after. This allows time for

* Depending on how you smoke it, the dose absorbed from a cigarette can vary greatly, ranging from a low dose similar to two mouth sprays, to up to six times that amount.²⁴

the nicotine in their breastmilk to decrease before the next feed.^{20, 29} If you have any questions regarding these issues, please ask your doctor.

Using the mouth spray

Problems to avoid

Do not spray directly into your throat. Also try to avoid spraying your lips.

Do not breathe in while spraying to avoid getting it on your throat – this can cause hiccups or a burning feeling in the throat.

Try not to swallow for a few seconds after spraying, as doing so will reduce how much nicotine you absorb.

You should avoid eating and drinking 15 minutes before, and during, use of the mouth spray (except for water). Acidic foods or drinks, such as orange juice, coffee, beer and soft drink, interfere with the amount of nicotine passing through the lining of your mouth from the spray.

If you get spray in your eye, rinse it immediately using lots of water.²⁰

When to start use

Once you've bought the mouth spray, you should set a quit date. On your quit day, start using the mouth spray when you'd normally have your first cigarette in the morning or not long after your last cigarette – don't wait for cravings to hit first.

How to use and how much to use

The mouth spray has a child proof button. Follow the instructions on the packet so the green pump pops up out of the top of the dispenser. The packet will also tell you how to load or prime the pump the first time you use it.

Hold the pump close to your mouth and point the spray nozzle towards the side of your cheek or under your tongue. Press down once. If cravings do not start to ease within a few minutes, use a second spray. If you need two sprays, you can spray them together in future.²⁰

When to use

Use the spray when you would normally have a cigarette or have a craving to smoke. For most people this means about one or two sprays every 30 minutes to an hour. Don't wait for cravings to strike - the mouth spray works better when used regularly.^{6, 30}

Do not use more than 64 sprays within a 24 hour period. That's equal to four sprays per hour for 16 hours. Do not use more than two sprays at once.

After six weeks, start cutting down the number of sprays you use. Aim to use about half the number of sprays you started with by week nine. Continue to reduce until you can stop. See your doctor if you need to use it for longer than six months.²⁰

Remember: The nicotine mouth spray is a medicine and you should use it according to the advice from your pharmacist or doctor.

Using combination therapy

Combination therapy means using two types of nicotine products, such as the nicotine patch and nicotine mouth spray, at the same time. You should talk to your doctor or pharmacist first before using combination therapy. They may recommend combination therapy if you have had cravings or not succeeded in quitting when using a single nicotine replacement therapy product in the past.²⁷

Evidence suggests that using combination therapy increases your chances of quitting compared to using one product alone,¹³ and that it is better at suppressing cravings.⁸ Some experts advise that most addicted smokers would benefit from using combination therapy.^{9, 10} Research suggests that suppressing cravings on your quit date in particular may increase the chance of success.^{8, 31} However, living in a smoky home and having quick and easy access to cigarettes can work against you,¹¹ even when you use combination therapy.¹²

Combination therapy has been approved for the use of:

- the 25 mg or 15 mg 16 hour patch, or the 21 mg 24 hour patch *with*
- the mouth spray, 1.5 mg mini lozenge, 2 mg lozenge, 2 mg gum or the nicotine inhalator.^{32, 33}

After applying the patch to reduce withdrawal symptoms, the mouth spray is used to relieve cravings, which can be triggered by old smoking situations or emotions.⁶ The product information recommends using one spray when you would normally have a cigarette, and no more than 32 sprays per day.²⁰ The Consumer Medicine Information sheet that comes with the patches or spray will tell you how long you should use them and how to stop using them.²⁰

Nicotine patches are available with a doctor's prescription through the Pharmaceutical Benefits Scheme (PBS), making them much cheaper. For more information, read *Fact Sheet: Nicotine patches*.

Why may I still have cravings while using the mouth spray?

You may still have cravings while using the mouth spray because:

- You may not be using it properly. Test it by pointing it away from all people and pets and make sure it releases a spray into the air. You may need to prime it again if you haven't used it for more than two days (instructions on the packet). Read *Using the mouth spray* above and the Consumer Medicine Information to avoid common problems.
- You may not be getting enough nicotine from the mouth spray. If you are still having problems with cravings despite using two sprays every 30 minutes to an hour, you could consider other options. These include using two nicotine products at the same time (read *Using combination therapy* above). Speak to your pharmacist or doctor, if you think this is a likely cause of your cravings.
- You have an urge or desire to smoke when you are in situations where you are used to smoking.

Certain things may trigger cravings, such as:³⁴

- **places** where you normally smoke, such as home, work, or the pub
- **people** who you usually smoke with, such as family or friends; or being alone
- **habits** or **routines** in which you are used to smoking, such as when drinking coffee or alcohol, talking on the telephone, after meals, or when you want to relax
- **emotions**, such as anger, boredom, being tense or upset; or for some people, when they are happy.

You need to understand why you smoke in order to plan ways to deal with these situations. People most successful at resisting urges to smoke use a range of coping strategies to help them.³⁴ Making your home smokefree, avoiding trigger situations where possible in the first few weeks, and getting rid of cigarettes in your home and car are all helpful strategies.^{11, 12, 35} Information, advice or support is available for the cost of a local call from the Quitline 13 7848.

Using the nicotine mouth spray to cut down, then quit

You can use the nicotine mouth spray, lozenge, mini lozenge, inhalator or gum to cut down the number of cigarettes you smoke over six months before stopping completely. This method is recommended for smokers who are not ready or are unable to quit.^{36, 37}

The aim of this method is to stop smoking completely. There is no clear evidence that cutting down, without ever actually quitting, has any health benefits in the long term.³⁷

The first step is use the mouth spray to prolong the time between cigarettes, and cut down the number of cigarettes you smoke per day by half over six weeks. Somewhere between six weeks to six months (preferably as soon as possible), you stop smoking cigarettes altogether. You then continue to use the mouth spray in the same way as people who have just stopped smoking suddenly (read *Using the mouth spray* above).²⁰ If you are still using the mouth spray after nine months, talk to your pharmacist or doctor about it.^{20, 28} The Quitline (13 7848) can offer you advice on cutting down and provide support when you want to stop completely.

Smoking while using nicotine replacement therapy products does not appear to increase the health risks over smoking alone.^{2, 10, 13, 37} If you reduce your smoking while using the mouth spray, your nicotine blood levels are likely to be no higher than when you were only smoking.^{26, 38} There have been no reports of serious side effects from using nicotine replacement therapy products while smoking in studies.^{37, 38} However, some people using the mouth spray may have side effects (described below).

If you are not ready to quit, the 'cut down then quit' method used with a support service will increase your chance of quitting in the long term.^{36, 39} But if you are ready to quit, using a nicotine replacement therapy product to stop smoking completely offers a better chance of success at quitting than the cut down method.⁴⁰

Side effects of the nicotine mouth spray

Common side effects of the mouth spray include hiccups, and irritation of the throat, mouth and lips, nausea, indigestion and changes in saliva.^{19, 20} Some of these problems can be lessened by avoiding spraying the throat and lips, not breathing in while spraying and not swallowing for a few seconds after spraying (read *Using the mouth spray* above). Sometimes users may also notice changes in taste or have constipation.²⁰ Other symptoms such as coughing, dizziness and headache can be due to stopping smoking.¹⁹ Most people find the side effects of the mouth spray are mild to moderate.^{19, 21} If side effects do not fade within a week or two, or they worry you, see your pharmacist or doctor.

Serious side effects are rare,⁴¹ and are described in the Consumer Medicine Information (pack insert) that comes with the mouth spray. If you have these symptoms, follow the instructions in the leaflet and see a doctor as soon as possible.²⁰ These symptoms can occur from absorbing too much nicotine, so do not smoke.

Safety of the nicotine mouth spray

Using the nicotine mouth spray is always safer than continuing to smoke. Tobacco smoke contains many cancer-causing substances, carbon monoxide and other dangerous chemicals, which the nicotine mouth spray does not.² Unlike smoking, nicotine is not a major cause of increased risk for heart disease or cancer.^{2, 42, 43} The mouth spray does not increase the risk of heart attack if you have heart disease.^{2, 19, 21, 44}

Nicotine can be absorbed through the skin, so if someone is accidentally sprayed wash it off with water immediately - especially young children or pets. Do not use soap as this increases nicotine absorption.⁴⁵

If a young child uses or swallows the mouth spray, they could suffer nicotine poisoning. Follow the emergency instructions in the Consumer Medicine Information.²⁰

What do I do if I start smoking again despite using the spray?

If you slip-up and have a puff or a cigarette, don't let it lead you back to full-time smoking. It is safe to keep using the mouth spray and re-commit to stopping smoking.^{2, 6} Think of your reasons for quitting and what you have achieved so far. Call the Quitline if you want to discuss your smoking.

Think about getting some extra help if you are trying to stop smoking using the mouth spray and:

- you are smoking a similar number of cigarettes as usual and you feel you're not making progress towards stopping, or
- you are still smoking after using the mouth spray for three months, even if it's just now and then.¹⁰

Your doctor or the Quitline can help you address what's stopping you from quitting and discuss further options.

It is common for smokers to attempt to quit a number of times before successfully staying stopped, even when using the mouth spray or other nicotine replacement therapy products.¹⁵ For many people, re-adjusting to living without cigarettes is a learning process. It may take a while to figure out alternatives to cigarettes in certain situations. The purpose of the mouth spray is to ease nicotine withdrawal symptoms while you deal with other aspects of quitting smoking.^{6, 13}

If you have found the nicotine mouth spray useful when quitting, but have taken up smoking again, you should consider using the spray or another nicotine replacement therapy product when you quit again.^{3, 13}

Who can I talk to for more information?

- Your doctor is an important source of information, particularly if you have an illness, or you are taking any other medicines.
- Your pharmacist can give you advice about stopping smoking.
- Quitline 13 7848: Quitline advisors can help you with support, advice, information and a variety of resources, whether you have already quit or are just thinking about it.

Online resources

The **Quit website** www.quit.org.au provides a range of information that you can read, interact with and download. You can find out more about the Quitline, QuitCoach and QuitTxt.

QuitCoach is a free interactive website that asks you a series of questions about your smoking, and then gives you advice about quitting which is tailored to your situation. To find out more go to www.quitcoach.org.au.

QuitTxt provides regular SMS messages including tips and encouragement to help you keep on track throughout your quit attempt. To begin, all you need to do is register and complete a brief questionnaire at www.quit.org.au/quittxt.

References

1. Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.:CD009329. DOI: 10.1002/14651858.CD009329.pub2. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009329.pub2/abstract>.
2. Zwar N, Bell J, Peters M, Christie M, Mendelsohn C. Nicotine and nicotine replacement therapy – the facts. *Australian Pharmacist* 2006;25(12):969-973.
3. Kozlowski LT, Giovino GA, Edwards B, Difranza J, Foulds J, Hurt R, et al. Advice on using over-the-counter nicotine replacement therapy-patch, gum, or lozenge-to quit smoking. *Addictive Behaviors* 2007;32(10):2140-2150.
4. Vogt F, Hall S, Marteau TM. Understanding why smokers do not want to use nicotine dependence medications to stop smoking: qualitative and quantitative studies. *Nicotine & Tobacco Research* 2008;10(8):1405-1413.
5. Piasecki TM. Relapse to smoking. *Clinical Psychology Review* 2006;26(2):196-215.
6. Henningfield JE, Fant RV, Buchhalter AR, Stitzer ML. Pharmacotherapy for nicotine dependence. *CA: A Cancer Journal for Clinicians* 2005;55(5):281-299; 325.
7. Ferguson SG, Shiffman S. The relevance and treatment of cue-induced cravings in tobacco dependence. *Journal of Substance Abuse Treatment* 2009;36(3):235-43.
8. Bolt DM, Piper ME, Theobald WE, Baker TB. Why two smoking cessation agents work better than one: role of craving suppression. *Journal of Consulting and Clinical Psychology* 2012;80(1):54-65.
9. Zwar N, Richmond R, Borland R, Litt J, Bell J, Caldwell B, et al. Supporting smoking cessation: a guide for health professionals. Melbourne: The Royal Australian College of General Practitioners; 2011.
10. Zapawa LM, Hughes JR, Benowitz NL, Rigotti NA, Shiffman S. Cautions and warnings on the US OTC label for nicotine replacement: what's a doctor to do? *Addictive Behaviors* 2011;36(4):327-32.
11. Gilpin EA, Messer K, Pierce JP. Population effectiveness of pharmaceutical aids for smoking cessation: what is associated with increased success? *Nicotine & Tobacco Research* 2006;8(5):661-9.

12. Loh WY, Piper ME, Schlam TR, Fiore MC, Smith SS, Jorenby DE, et al. Should all smokers use combination smoking cessation pharmacotherapy? Using novel analytic methods to detect differential treatment effects over 8 weeks of pharmacotherapy. *Nicotine & Tobacco Research* 2012;14(2):131-41.
13. Stead LF, Perera R, Bullen C, Mant D, Hartmann-Boyce J, Cahill K, et al. Nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews* 2012, Issue 11. Art. No.:CD000146. DOI: 10.1002/14651858.CD000146.pub4. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000146.pub4/abstract>.
14. Stead LF, Koilpillai P, Fanshawe TR, Lancaster T. Combined pharmacotherapy and behavioural interventions for smoking cessation. *Cochrane Database of Systematic Reviews* 2016, Issue 3. Art. No.:CD008286. DOI: 10.1002/14651858.CD008286.pub3. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008286.pub3/full>.
15. Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2008. Available from: <http://www.ahrq.gov/path/tobacco.htm>.
16. Heatherton TF, Kozlowski LT, Frecker RC, Rickert W, Robinson J. Measuring the heaviness of smoking: using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *British Journal of Addiction* 1989;84(7):791-799.
17. National Cancer Institute. Risks associated with smoking cigarettes with low machine-measured yields of tar and nicotine. Bethesda, MA: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2001.
18. Henningfield JE, Shiffman S, Ferguson SG, Gritz ER. Tobacco dependence and withdrawal: science base, challenges and opportunities for pharmacotherapy. *Pharmacology & Therapeutics* 2009;123(1):1-16.
19. Tonnesen P, Lauri H, Perfekt R, Mann K, Batra A. Efficacy of a nicotine mouth spray in smoking cessation: a randomised, double-blind trial. *The European Respiratory Journal* 2012;40(3):548-54.
20. Johnson & Johnson Pacific. Nicorette(R) QuickMist - nicotine replacement therapy (NRT). Consumer Medicine Information [package insert]. Ultimo, NSW: Johnson & Johnson Pacific; March 2012. p.6.
21. Hansson A, Hajek P, Perfekt R, Kraiczi H. Effects of nicotine mouth spray on urges to smoke, a randomised clinical trial. *BMJ Open* 2012;2(5).
22. McRobbie H, Thornley S, Bullen C, Lin RB, Senior H, Laugesen M, et al. A randomized trial of the effects of two novel nicotine replacement therapies on tobacco withdrawal symptoms and user satisfaction. *Addiction* 2010;105(7):1290-8.
23. Fant RV, Buchhalter AR, Buchman AC, Henningfield JE. Pharmacotherapy for tobacco dependence. *Handbook of Experimental Pharmacology* 2009;(192):487-510.
24. Hajek P, McRobbie H, Gillison F. Dependence potential of nicotine replacement treatments: effects of product type, patient characteristics, and cost to user. *Preventive Medicine* 2007;44(3):230-234.
25. Benowitz NL, Hukkanen J, Jacob P, 3rd. Nicotine chemistry, metabolism, kinetics and biomarkers. *Handbook of Experimental Pharmacology* 2009;(192):29-60.
26. Kraiczi H, Hansson A, Perfekt R. Single-dose pharmacokinetics of nicotine when given with a novel mouth spray for nicotine replacement therapy. *Nicotine & Tobacco Research* 2011;13(12):1176-82.
27. Johnson & Johnson Pacific. Nicorette(R) QuickMist [product information]. MIMS full prescribing information. Ultimo, NSW: Johnson & Johnson Pacific; May 2015. p.7.
28. Action on Smoking and Health Australia. Nicotine replacement therapy. Guidelines for healthcare professionals on using nicotine replacement therapy for smokers not yet ready to stop smoking. Sydney, NSW: ASH; February 2007. Available from: <http://www.ashaust.org.au/pdfs/NRTguide0702.pdf>.
29. Llaquet H, Pichini S, Joya X, Papaseit E, Vall O, Klein J, et al. Biological matrices for the evaluation of exposure to environmental tobacco smoke during prenatal life and childhood. *Analytical and bioanalytical chemistry* 2010;396(1):379-99.
30. Zwar N, Richmond R, Borland R, Stillman S, Cunningham M, Litt J. Smoking cessation guidelines for Australian General Practice. Canberra: Commonwealth Department of Health and Ageing; 2004.
31. McCarthy DE, Piasecki TM, Fiore MC, Baker TB. Life before and after quitting smoking: an electronic diary study. *Journal of Abnormal Psychology* 2006;115(3):454-66.
32. GlaxoSmithKline Consumer Healthcare. Nicabate, Nicabate Clear, Nicabate Pre-Quit and Nicabate P. Rate controlled nicotine transdermal patches. MIMS full prescribing information [product information]. May 2011, Available from: <http://mims.hcn.net.au>.
33. Johnson & Johnson Pacific. Nicorette(R) Invisipatch(R) patch [product information]. Ultimo, NSW: Johnson & Johnson Pacific; January 2013.

34. Stoffelmayr B, Wadland WC, Pan W. An examination of the process of relapse prevention therapy designed to aid smoking cessation. *Addictive Behaviors* 2003;28(7):1351-1358.
35. Carter S, Borland R, Chapman S. Finding the strength to kill your best friend - smokers talk about smoking and quitting. Sydney: Australian Smoking Cessation Consortium and GlaxoSmithKline Consumer Healthcare; 2001.
36. Moore D, Aveyard P, Connock M, Wang D, Fry-Smith A, Barton P. Effectiveness and safety of nicotine replacement therapy assisted reduction to stop smoking: systematic review and meta-analysis. *British Medical Journal* 2009;338:b1024.
37. Stead LF, Lancaster T. Interventions to reduce harm from continued tobacco use. *Cochrane Database of Systematic Reviews* 2007 Issue 3. DOI: 10.1002/14651858.CD005231.pub2. Available from: [http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005231/pdf fs.html](http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005231/pdf/fs.html).
38. Fagerstrom KO, Hughes JR. Nicotine concentrations with concurrent use of cigarettes and nicotine replacement: a review. *Nicotine & Tobacco Research* 2002;4 Suppl 2:S73-79.
39. Asfar T, Ebbert JO, Klesges RC, Relyea GE. Do smoking reduction interventions promote cessation in smokers not ready to quit? *Addictive Behaviors* 2011;36(7):764-8.
40. Wang D, Connock M, Barton P, Fry-Smith A, Aveyard P, Moore D. 'Cut down to quit' with nicotine replacement therapies in smoking cessation: a systematic review of effectiveness and economic analysis. *Health Technology Assessment* 2008;12(2):iii-iv, ix-xi, 1-135.
41. Ferguson SG, Shiffman S, Gitchell JG. Nicotine replacement therapies: patient safety and persistence. *Patient Related Outcome Measures* 2011;2:111-7.
42. United States. Dept. of Health and Human Services. The health consequences of smoking - 50 years of progress: a report of the Surgeon General. Rockville, MD: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
43. Murray RP, Connett JE, Zapawa LM. Does nicotine replacement therapy cause cancer? Evidence from the Lung Health Study. *Nicotine & Tobacco Research* 2009;11(9):1076-82.
44. United States. Dept. of Health and Human Services. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease : a report of the Surgeon General. Rockville, MD: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2010.
45. Johnson & Johnson Pacific. Nicorette(R) patch - nicotine replacement therapy (NRT) [package insert]. Ultimo, NSW: Johnson & Johnson Pacific; January 2007.