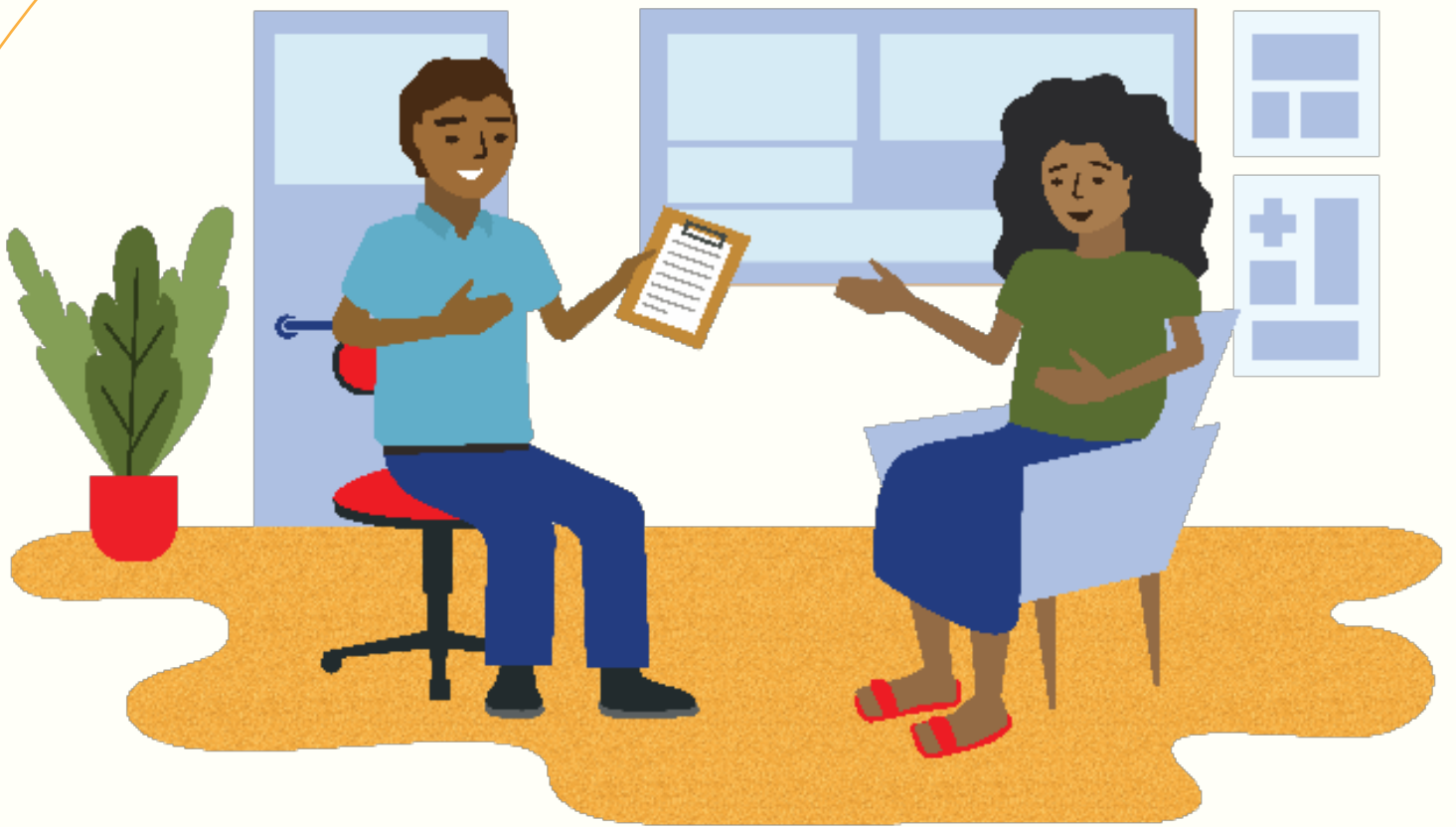


YARNING NICOTINE REPLACEMENT THERAPY

Pharmacists supporting Aboriginal and
Torres Strait Islander people who smoke.



Yarning Nicotine Replacement Therapy (NRT)

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- **NRT can double the likelihood of quitting.** The choice of NRT depends on the person's level of nicotine dependence, their preference and the suitability of individual forms. When considering NRT in vaping cessation, refer to Professional practice guidelines for pharmacists: Nicotine dependence support.
- **Underdosing is common** - it is important to ensure a person uses sufficient dose and duration of NRT. **Combination NRT (long-acting patch plus a faster-acting form) is safe and is more effective than NRT monotherapy (using one form alone).** A guide to NRT initial dosing can be found at www.quitcentre.org.au/nrt-tool.
- **Knowledge is power.** Providing the person with the knowledge and skills on how to best use NRT will provide the best likelihood for success.
- People who are trying to quit using NRT are **more likely to be successful if they are supported by a smoking cessation counsellor.** Phone counselling is available through the Quitline for Aboriginal and/or Torres Strait Islander people. Phone 13 78 48 or refer your patient at www.quitcentre.org.au/referral-form.
- **Planned follow up** increases cessation rates. Support the person to optimise and titrate NRT, manage withdrawal symptoms and discuss any medication-related problems. Follow up with the person should ideally occur within 1 week of the quit date, with additional follow up after that to check in. It is important to understand how to best facilitate this.
- **Ensuring access to NRT is critical** – understand what is available on the Pharmaceutical Benefit Scheme (PBS) or other local supply mechanisms to facilitate affordable supply.
- NRT can be used in adults and adolescents i.e. 12 years and over.
- In pregnancy and breastfeeding non-pharmacological supports such as multi-session behavioural counselling are recommended as first-line. NRT along with behavioural counselling can be considered in those unable to stop smoking with non-pharmacological supports alone, or in those with moderate to high nicotine dependence. For more information visit www.quitcentre.org.au/clinical-tools.



Suggested ways of yarning

"Giving up can be hard, it often takes people lots of attempts to stop the smokes. Using NRT can really help when it's used the right way. Can I have a yarn with you about how to use it?"

"It might seem like a lot of NRT to use, the patches and the (insert whichever e.g. mouth spray). It is safe and people have more success quitting the smokes, when they use both of them together."

"The Quitline for Aboriginal and/or Torres Strait Islander people is run by mob, for mob. You can have a yarn with them about smoking. If you're interested, I can refer you and they will give you a call."

"It's hard to stop the smokes. Everyone has a different experience, but if we can give you the right amount of NRT, this will help to reduce the cravings and feelings of withdrawal. I would really like to meet up again in a week to see how it's working for you."

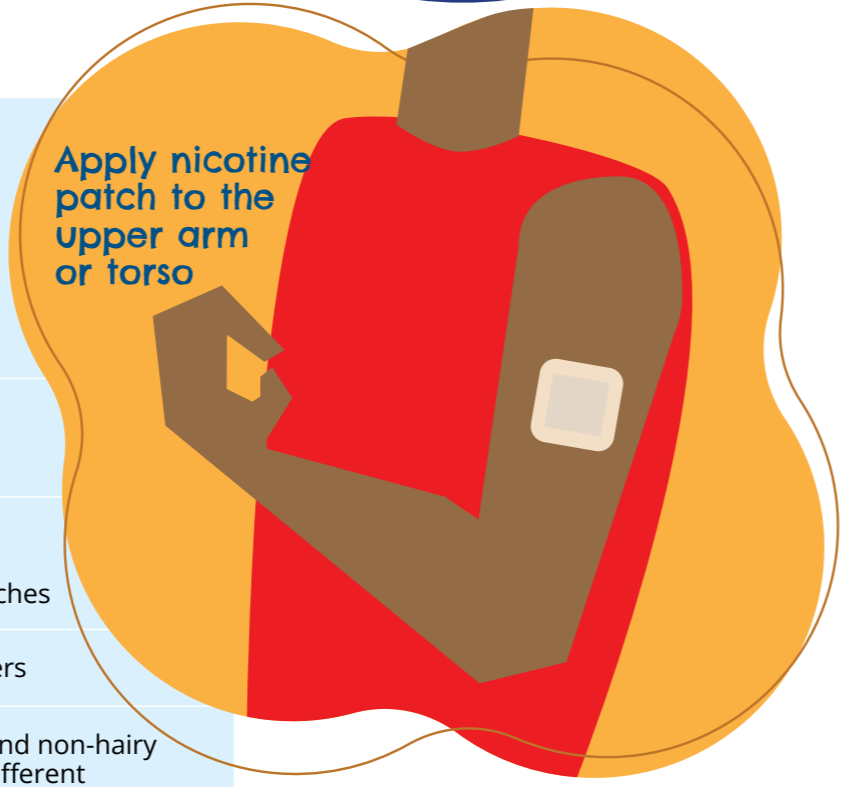


Long-acting forms

"The patch has nicotine, like in the smokes, and it gets absorbed from the patch, through the skin, into your body. It gives you a constant level of nicotine while the patch is on. It helps to stop you feeling like having a smoke."

Nicotine Patches

Strength	16 hour or 24 hour patch 10 mg/16 hrs 15 mg/16 hrs 25 mg/16 hrs 7 mg/24 hrs 14 mg/24 hrs 21 mg/24 hrs
Advantages	Easy to use Only need to apply once a day
Disadvantages	Hard to change the dose, and people may require different strength patches or multiple patches
Precautions	Avoid in people with skin disorders
Practice points	Apply each day, to a clean, dry, and non-hairy area on the upper body. Use a different location each day to minimise application site skin reactions If a person reports sleep disturbance or bad dreams, the patch can be removed at night. A faster-acting form can be used on waking Patches can be started before the quit date, to help people prepare to stop the smokes If patch is not sticking, can use extra adhesive skin tape around edges of patch Weaning patch strength is not strictly necessary, but sufficient duration is important If multiple patches recommended, reassure patients that it is safe to do so
PBS - CTG# or S100 RAAHS*	Check PBS website for further information about which are approved, noting treatment must be the sole PBS subsidised therapy, with a maximum of 2 courses of PBS subsidised NRT therapy per 12 month period



Faster-acting forms (gum, lozenge and mouth spray)

- Provide flexible dosing that can be adjusted to reduce breakthrough cravings.
- Some types of acidic drinks like coffee, fruit juice, soft drinks or beer can affect how well these forms work. The reduced pH in the saliva can interfere with nicotine absorption. Wait for 15 minutes after having these drinks before using these forms.
- Do not eat or drink at the same time as using these forms.
- Common adverse effects include throat or mouth irritation, hiccups, cough (may be a result of swallowed nicotine).
- Refer to the product information or other clinical resources for further information on each product.

Nicotine lozenge

Strength	2 mg 4 mg Mini lozenge 2 mg 4 mg
Advantages	Different flavours available
Disadvantages	Takes time to begin to relieve cravings; try to anticipate triggers
Precautions	Avoid in patients with oral/pharyngeal inflammation
Practice points	Don't swallow, suck or chew Let the lozenge dissolve completely by moving it slowly from side to side in the mouth which can take up to half an hour
PBS - CTG# or S100 RAAHS*	Not currently available

Move lozenge slowly from side to side in the mouth

"The nicotine in the lozenge gets into your body through the mouth, don't suck, chew, or swallow it. Put the lozenge in your mouth let it rest between the gum and cheek and move it from side to side slowly until it is all gone. It helps to stop you feeling like having a smoke."



Nicotine gum

Strength	2 mg 4 mg
Advantages	Can be cut into smaller pieces or alternated with ordinary chewing gum to reduce dose Different flavours available
Disadvantages	Takes time to begin to relieve cravings; try to anticipate triggers May contain sorbitol or xylitol; excess consumption may have laxative effect
Precautions	Avoid in people with dentures, complicated dental work, oral/pharyngeal inflammation
Practice points	'Chew' a little bit to soften, then 'park' between the gum and cheek (when there is a peppery taste and/or tingly sensation), to absorb across the lining of the mouth 'Chew' and 'park' intermittently and spit the gum out after 30 minutes or when cravings are gone No benefit from chewing constantly, avoid swallowing saliva or the gum
PBS - CTG# or S100 RAAHS*	Not currently available



'Chew' and 'park' piece of nicotine gum for up to 30 minutes



"Chew the gum a little bit to soften it and when you get the peppery taste or tingly feeling, park it between your gum and your cheek, let it absorb through your mouth. If you swallow the nicotine it won't work to stop the cravings and can make you feel sick. The gum helps to stop you feeling like having a smoke."

Nicotine mouth spray

Strength	1 mg/dose
Advantages	Fastest acting of all NRT forms Suitable for people seeking a more discreet option
Disadvantages	Can be expensive, which is an important consideration Consider alternative if physical dexterity concerns Contains alcohol
Precautions	Avoid in people with oral/pharyngeal inflammation
Practice points	Priming of spray important on the first use and if not used for several days Point nozzle close to your open mouth; aim for side of cheek or under tongue (avoid lips), then hold your breath and release spray Try not to swallow for a few seconds to allow the nicotine to be absorbed
PBS - CTG# or S100 RAAHS*	Not currently available

"The mouth spray works the fastest to get nicotine into your body to help with your cravings. You need to get the spray on the inside of your mouth, or under your tongue, don't swallow it. It helps to stop you feeling like having a smoke."

Aim nicotine mouth spray at the inside of the cheek



#Closing the Gap (CTG): Aboriginal and Torres Strait Islander people can be registered for the CTG PBS Co-payment Program by a PBS prescriber or an Aboriginal or Torres Strait Islander Health Practitioner registered with both the Australian Health Practitioner Regulation Agency (Ahpra) and Medicare, through their individual Provider Digital Access (PRODA) account linked to Health Professional Online Services (HPOS). Patients obtain PBS General Schedule medicines from a community pharmacy and:

- patients who would normally pay the concessional rate receive their PBS medicines without a co-payment, and
- general patients who would normally pay the full PBS co-payment will pay the concessional rate.

*Section 100 (s100) Remote Area Aboriginal Health Services (RAAHS) Program: Refers to a program where clients of eligible RAAHS can receive PBS medicines directly from the health service, at the time of consultation, without the need for a normal PBS prescription form, and without charge.

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References

References can be found at www.quitcentre.org.au/yarning-resource-refs