NATIONAL BEST PRACTICE UNIT
TACKLING INDIGENOUS SMOKING

Key Facts About Nicotine Replacement Therapy (NRT) for Smoking Cessation

Regional Grant funding does not cover TIS teams to offer nicotine replacement therapy (NRT) or other stop smoking medication (SSM) to people who smoke. TIS teams are funded to carry out population health promotion activities. They are not funded to provide smoking cessation support. TIS workers still need up-to-date knowledge of the support available to individuals wanting to quit, as this can inform TIS population health promotion campaigns and educational activities. This factsheet provides an overview of how NRT and other SSM can help support smoking cessation.

What is NRT?

NRT is medicine for people who smoke and are dependent on nicotine. Using NRT can double the chances of quitting. NRT works by providing the body with small doses of nicotine. This helps control nicotine cravings. There are different types of NRT products, but most people use patches, gum or lozenges:

- Patches release nicotine into the bloodstream throughout the day. Only having to apply one patch a day makes this a very popular product;
- The nicotine from gum and lozenges gets into the body really quickly, but only lasts for about 1 to 2 hours;
- Some people with strong cravings may need a higher dose of NRT. Often they get this higher dose by using two types of NRT (for example the patch and gum) at the same time.

It is important to remember that NRT is not a magic bullet. People still have to plan their quit carefully. Thinking about reasons for quitting, setting a quit date, and working out how to manage triggers and cravings are still important. People who are trying to quit using NRT are more likely to be successful if they are supported by a trained smoking cessation counsellor.

Is NRT safe?

People smoke for the nicotine but get health problems from the toxic chemicals in the cigarette smoke. All types of NRT are safer than cigarettes (including in pregnancy) because:

- NRT has less nicotine than a cigarette so is less addictive than cigarettes;
- NRT contains none of the toxic chemicals found in tobacco smoke.

Nicotine is a poison and can be dangerous to young children so NRT should be kept away from anyone under 12 years of age.

Where can people get NRT?

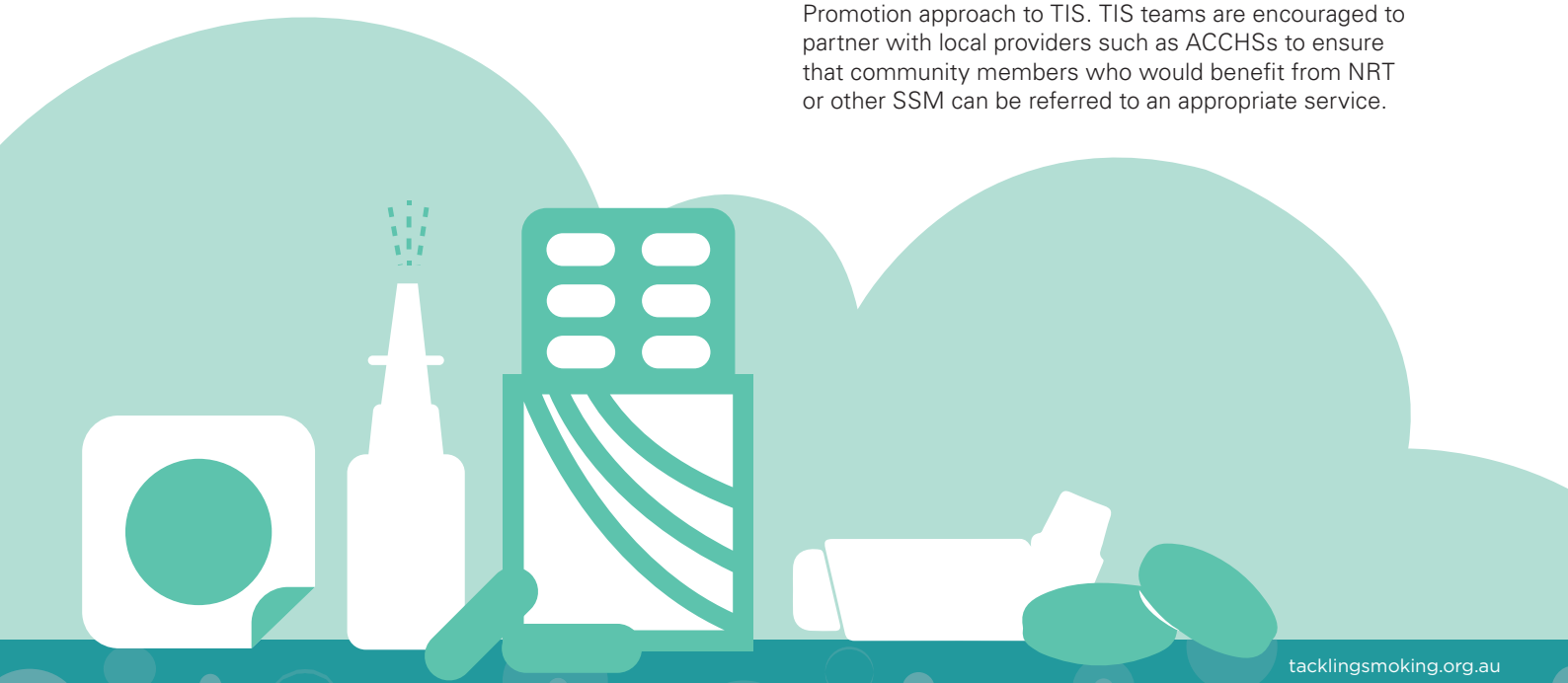
NRT is sold in pharmacies without prescription. However, the evidence suggests that NRT may be more effective when provided by a healthcare professional. This may be because healthcare professionals also offer advice about the safety and efficacy of NRT and how to use it, which increases the chances that NRT will be used as intended. Up to 12 weeks supply is available through the Closing the Gap (CTG) Pharmaceutical Benefit Scheme (PBS). Only two courses of PBS-subsidised NRT may be prescribed in a 12-month period. NRT products available under this scheme include:

- Nicotine patches (21mg/24 hours or 25 mg/16 hours);
- Nicotine lozenges (2mg or 4 mg);
- Nicotine gum (2mg or 4 mg).

All items listed on the PBS must be prescribed by a doctor. It is also important that the following groups see a doctor before taking NRT:

- Anyone with serious health problems (e.g. heart or lung disease);
- Anyone taking other medication;
- Women who are pregnant or breastfeeding.

TIS workers should provide education and information about the benefits of NRT and raise awareness of relevant services that are available locally. Increasing community awareness of services is an important part of the Population Health Promotion approach to TIS. TIS teams are encouraged to partner with local providers such as ACCHSs to ensure that community members who would benefit from NRT or other SSM can be referred to an appropriate service.



What does the evidence say?

Several studies have looked at whether NRT is an effective and acceptable smoking cessation treatment for Aboriginal and Torres Strait Islander people. NRT has been found to be effective, particularly if free/subsidised, and if accompanied by good follow-up support services. Evidence about the effectiveness of other SSM such as Varenicline (Champix) and bupropion (Zyban) in Aboriginal and Torres Strait Islander populations is limited.

Combination therapy

A review of the effectiveness of different Indigenous tobacco control strategies (Chamberlain et al., 2017) identified a 'comparatively large volume of research on smoking cessation', including the use of NRT and SSM. Chamberlain et al. report that combining behavioural support (brief interventions and/or counselling) with NRT results in quit rates of 6–10% among Indigenous people.

Access in remote communities

Chamberlain et al. (2017) note that remote community studies have identified a number of barriers to the use of NRT including:

- time taken for NRT supplies to arrive in remote areas;
- individuals running out of NRT patches because they share with other family members;
- cost.

Cost

A survey of preferences for cessation support among Aboriginal & Torres Strait Islander Community Health Service clients (Cockburn et al. 2018) found NRT and SSMs were high on the list of previously used quit methods. NRT had been used by a quarter (25%) of survey respondents, whilst other SSM had been tried by just under a quarter (23%). Around seven out of ten respondents were interested in free NRT (72%). Fewer – around a third (34%) - were interested in purchasing NRT for smoking cessation.

Supply

Keitaanpaa et al. (2021) looked at the total number of smoking cessation prescriptions dispensed from October 2013 to October 2015 to non-Indigenous people through the PBS, and compared this to the number supplied to Aboriginal and Torres Strait Islander people through either the CTG scheme or the Remote Area Aboriginal Health Service program (RAAHS). The study found that Aboriginal and Torres Strait Islander people were supplied with fewer smoking cessation medicines under the CTG measure compared to non-Indigenous people under general PBS benefits. More research into the reasons for this difference, including the barriers and enablers to NRT and SSM access for Aboriginal and Torres Strait Islander people is needed.

Further reading

Chamberlain, C., Perlen, S., Brennan, S., Rychetnik, L., Thomas, D., et al. (2017). Evidence for a comprehensive approach to Aboriginal tobacco control to maintain the decline in smoking: an overview of reviews among Indigenous peoples. *Systematic reviews*, 6(1), 1-28. https://doi.org/10.1186/s13643-017-0520-9

Cockburn, N., Gartner, C., Ford, P.J. (2018). Smoking behaviour and preferences for cessation support among clients of an Indigenous community-controlled health service. *Drug Alcohol Review*, 37(5), 676-682. https://doi.org/10.1111/dar.12691

Keitaanpaa, S., Cass, A., Hefler, M. and Thomas, D.P. (2021). Using Pharmaceutical Benefit Scheme data to understand the use of smoking cessation medicines by Aboriginal and Torres Strait Islander smokers. *Australian and New Zealand Journal of Public Health*, 45: 34-38. https://doi.org/10.1111/1753-6405.13031