

# Template protocol: Supply of Nicotine Replacement Therapy (NRT) for the treatment of tobacco dependence

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# Purpose of the protocol

This protocol outlines the use of Nicotine Replacement Therapy (NRT) for the treatment of tobacco dependence for practitioners in Local Stop Smoking Services (LSSS) or health professionals subcontracted by LSSSs. The document reflects latest evidence-based practice and national guidance.

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| **IMPORTANT NOTE**  This template provides standardised wording for local NRT protocols to ensure that they are aligned with national guidance. Some LSSS services will not currently be providing NRT products for all the treatment pathways outlined in this document (e.g. Cut Down to Stop, stopping vaping, extended use beyond 12 weeks).  Therefore, this template document can be modified by LSSS by deleting text that does not relate to current service delivery. It is recommended that the template be modified **only** to reflect local service provision and not factual or clinically relevant information. |

## 1.1 Treatment

NRT is recommended by the National Institute for Care and Health Excellence ( NICE) for the management of tobacco dependence. NRT treats tobacco dependence by replacing some of the nicotine delivered by smoking tobacco or oral tobacco products. NRT delivers a therapeutic form of nicotine without the harmful constituents of tobacco smoke. **NRT acts to reduce withdrawal symptoms and urges to smoke and is effective in increasing success with stopping smoking long-term**.1

Currently there are seven types of NRT available in the UK on general sale, over-the-counter (OTC) from pharmacies and on prescription:

* Patch (16- and 24-hour)
* Gum (2mg and 4mg)
* Inhalator (15mg)
* Mouth spray (1mg)
* Nasal spray (10mg/ml)
* Lozenge and mini-lozenge (1mg, 2mg and 4mg)
* Microtab (2mg)

# 2. Clinical condition

### 2.1 Define condition/situation

NRT is an aid to treating tobacco dependence or nicotine addiction, depending on the product licence, for people motivated to:

* Stop smoking abruptly (i.e. by setting a quit date and not smoking at all after this date)
* Cut Down to Stop (CDTS) (i.e. planned, staged reduction in number of cigarettes smoked per day leading to a quit date)
* Stop vaping

Combination NRT (two or more nicotine products, typically a patch and faster-acting product) increases the likelihood of stopping smoking successfully by 2.5 times.1,2

**NRT provides therapeutic nicotine, without the harmful tar, carbon monoxide and other toxins contained in tobacco smoke**. There is good evidence of safety and efficacy to support the use of NRT in most client groups. For groups where less evidence is available, NRT use should be on a risk-benefit basis based on the principle that NRT is significantly better than continued smoking.

This protocol has been designed to reflect the latest evidence and clinical practice in terms of the use of NRT to support stopping smoking. **Stopping smoking is a process that is different for every individual and support should use a flexible, tailored approach, to ensure that the dose of nicotine and duration of use reflects the needs of each person.** National guidance supports the use of NRT by LSSS outside the scope of the Summary of Product Characteristics (SPC), such as higher dosing and extended use of treatment, to manage withdrawal symptoms, urges to smoke and prevent relapse to smoking3,4. This is necessary for some clients who are more tobacco dependent.

### 2.2 Criteria for inclusion

* People who are attempting to stop smoking abruptly or CDTS.
* Young people from 12 years of age can technically be seen in a LSSS, and local guidance will provide information about the need to seek parental consent. The SPCs for NRT provide specific instructions for young people aged 12 to 17 years. For the most part, the SPCs specify that the length of use is 10–12 weeks and physician guidance should be sought if it is to be used for longer. The exceptions to these are the Nicotinell Lozenge products which should not be used by young people aged 12 to 17 years without prescription, and the Nicotinell mouth spray which is contraindicated in people under 18 years of age. This is not to do with the safety profile, simply that the product hasn’t been tested on young people.

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| **NOTE**  The SPC for Nicotinell Gum states that it should not be used as part of combination therapy (i.e. with a nicotine patch) by young people. See the NCSCT *NRT for young people* briefing for further information. |

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| **NOTE**  NRT is **not** contraindicated in women who are pregnant.  NRT is **not** contraindicated in women who are breastfeeding. The relatively small amounts of nicotine found in breast milk during NRT use are less hazardous to the infant than secondhand smoke. |

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| **NOTE**  Combination NRT can be safely used in people with stable cardiovascular diseaseCVD including individuals who have had a heart attack or stroke |

### 2.3 Criteria for exclusion

* Tobacco users who are not sufficiently motivated to quit or cut down to stop smoking
* Patches only: people with chronic generalised skin disease such as psoriasis, chronic dermatitis and urticaria; those who have had a previous severe allergic reaction to transdermal patches
* Nasal spray only: clients with chronic nasal disorders such as polyposis, vasomotor rhinitis, and perennial rhinitis
* People unable to provide consent

### 2.4 Action if the client is excluded

* Advise on alternative first-choice stop smoking aids (i.e. nicotine vape, nicotine analogues)
* Consult with client’s GP or healthcare provider, if appropriate

### 2.5 Action if the client declines

* Provide written information and advice
* Advise on alternative treatments
* Consult with client’s GP or healthcare provider, if appropriate

# 3. NRT use, dose and duration

## 3.1 Combination NRT

Combination NRT refers to using two different types of NRT simultaneously, typically a longer-acting nicotine patch with a faster-acting product like gum, lozenges, or mouth spray. Combination NRT is a first-choice treatment for people who smoke 10 or more cigarettes per day.3,4 **Combination NRT is more effective in helping people who smoke quit, than using just one form of NRT**.4,5

## 3.2 Assessment of tobacco dependence

The Fagerström Test for Cigarette Dependence (FTCD) provides a quantitative measure of dependence. It consists of six questions and a maximum score of 10; the higher the score, the more tobacco dependent clients are.

The Heaviness of Smoking Index (HSI) uses the two most important indicators from the FTCD and is recommended as a shorter but reliable assessment of tobacco dependence.

1. How soon after you wake up do you smoke your first cigarette?

Within 5 minutes 3

6–30 minutes 2

31–60 minutes 1

More than 60 minutes 0

2. How many cigarettes per day do you usually smoke?

10 or fewer 0

11 to 20 1

21 to 30 2

31 or more 3

**Total**

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## 3.3 NRT dose

**It is important for people making a quit attempt to use enough NRT to minimise their withdrawal symptoms and urges to smoke**. Single NRT products deliver roughly half of the nicotine that would be obtained from smoking.6 Clients should be made aware of the common error of under-dosing with NRT that increases the likelihood of withdrawal symptoms, urges to smoke and relapse.

The initial dose of NRT can be guided by using the HSI which refers to the number of cigarettes per day and time to first cigarette in the morning. The initial NRT dose should aim to approximate nicotine delivered by cigarettes. As a general guide, derived from clinical experience, clients should aim for at least 1mg of nicotine from NRT for each cigarette smoked per day**.** For those who smoke within 30 minutes of waking (as assessed by the HSI), higher doses may be necessary. For people with severe mental illness (SMI), at least 2mg of nicotine for each cigarette smoked per day is probably needed. See Table 1 for an initial dosing guide. Previous experience of urges to smoke and withdrawal symptoms when quitting can also be useful for determining the initial dose of NRT. **Individual client experience of withdrawal symptoms and urges to smoke while using treatment should be assessed at each contact and used as a guide to adjust the dose**. Both the dose of NRT patch and the frequency of faster-acting NRT use can be increased if needed.

**People who smoke who are more dependent generally benefit from higher doses of NRT.** The use of more than one patch may better manage withdrawal symptoms and urges to smoke among this group.7-9 The use of a second patch may serve as a more feasible method for achieving a higher nicotine dose, given that it does not require frequent administration, as is the case with faster-acting products. High-dose NRT has been found to be well tolerated and safe for people who are more tobacco dependent.8,-11 The use of a second patch can be assessed on a case-by-case basis and with the reassurance that there is almost no likelihood of overdose or adverse effects in those who are more dependent. The general guidance is that a higher nicotine patch dose (i.e. two patches) plus a faster-acting NRT product can be considered for people whose urges to smoke and/or withdrawal symptoms are not being well managed with combination NRT (one patch plus a faster-acting product), or who did not get adequate relief of withdrawal symptoms from a single nicotine patch dose during a prior attempt.

*Table 1: NRT initial dosing guide*

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| **IMPORTANT NOTE**  \* This is a suggested guide only derived from clinical experience. Initial and subsequent NRT dose should be driven by client need with the aim of minimising or eliminating withdrawal symptoms and urges to smoke.  \*\* We’ve included ‘up to’ as per the manufacturers’ instructions. Use of faster-acting NRT products above the daily recommended frequency may increase the likelihood of some side effects such as nausea. The biggest concern is not in exceeding the daily dose, but in underdosing and relapsing to smoking. |

## 3.4 NRT and nicotine analogues

It is sometimes appropriate to use NRT in conjunction with a nicotine analogue medication (varenicline or cytisinicline). Combining drugs with different mechanisms of action, such as varenicline and NRT, has increased quit rates in some studies compared with use of a single product.12-14 Combining NRT with a nicotine analogue may be considered for clients with greater tobacco dependence, those whose withdrawal symptoms or urges to smoke are not well managed with monotherapy and those who have been able to reduce, but not stop smoking completely.3

## 3.5 NRT and nicotine vapes (e-cigarettes)

**NRT products can be used in combination with nicotine vapes**. Whilst there is limited research examining the efficacy of combining nicotine patches with nicotine vapes, the fast-acting relief of cravings and urges to smoke that vapes provide make them a valuable addition to the steady dose of nicotine delivered by nicotine patches. This combination may appeal to and/or benefit clients, particularly those who are more heavily dependent.

## 3.6 Client education

Each NRT product comes with a specific technique for use. **Correct use increases product efficacy and reduces the likelihood of side effects** (e.g. nausea, throat irritation). Clients should be instructed on the correct technique for the NRT product they are using and be reminded of this at follow-up contacts. See the NCSCT *Stop smoking aids quick reference* *guide* for a summary of NRT use instructions (section 13. Key resources). Demonstrating, and having the client repeat or demonstrate, the correct technique is recommended good practice.

Clients should be advised that regular use of faster-acting products in the first 4–8 weeks after stopping is recommended to provide therapeutic doses of nicotine. Clients should be informed that the product should be used at least on the hour every hour and as needed to manage urges to smoke.

## 3.7 Self-management

Some clients will need more or less nicotine than the initial dosing guidance.

**Clients should be advised to self-manage NRT use to reduce or eliminate urges to smoke and withdrawal symptoms**. This can be done by both instructing clients to use faster-acting NRT as needed to manage urges to smoke, and advising them to contact their LSSS practitioner if they are having difficulty coping and/or are at risk of relapse.

## 3.8 Duration of use and dose reduction

NRT products are typically used for 8–12 weeks. **Completing the full treatment course increases the chances of success with stopping smoking long-term**.

Whilst the amount of NRT can be reduced over this period, it should not be early in the quit attempt while the risk of lapse is high. Alternatively, the full dose can be maintained and then stopped abruptly at the end of the course. Gradually reducing the NRT dose when using the patch or faster-acting NRT is only recommended if the individual is not experiencing urges to smoke and withdrawal symptoms. For clients who report ongoing withdrawal symptoms, urges to smoke or low confidence in staying quit, there is the option to remain on the higher dose until their confidence increases.

**Some clients will benefit from using NRT for extended periods of time to prevent relapse to smoking**; this is safe practice and recommended by latest guidance published by NICE, the NCSCT and the Department of Health and Social Care (DHSC).3,4 The ability of the LSSS to support extended treatment may be subject to budgetary restrictions. To avoid a situation where a client feels they may have to start smoking again to obtain NRT, they should receive the best possible behavioural support and be advised that NRT can be bought from supermarkets and discount stores. The LSSS can request that the client’s GP prescribe a further course of NRT.

# 4. Possible side effects

NRT is well tolerated with most side effects mild, often the result of incorrect use and dissipating with continued correct use. Careful explanation of the instructions for NRT product use can be helpful for reducing the likelihood of side effects.

Clients experiencing minor side effects should be offered advice relating to what they are experiencing and encouraged to persevere with treatment. Clients experiencing severe side effects (such as severe skin irritation) should be advised to stop using the product, to see their GP for advice and to switch to other NRT products.

Certain symptoms that have been reported such as depression, irritability, nervousness, restlessness, anxiety, drowsiness, impaired concentration, insomnia and sleep disturbances are most likely related to withdrawal symptoms associated with stopping smoking rather than being side effects of NRT. Stop smoking practitioners should be aware of the possibility that symptoms reported by clients may be withdrawal symptoms and address these appropriately.

Allergic reactions (including symptoms of anaphylaxis) occur rarely during use of NRT. Some common side effects are noted in Table 2 overleaf. See individual SPCs for full lists of potential side effects.

## 4.1 Adverse reactions

In the event of any adverse reactions or moderate/severe side effects:

* Record the details in the client’s notes
* Verify the product is being used correctly and provide guidance on correct use and strategies to manage common side effects (e.g. throat irritation, sleep disturbance, nausea)
* In rare circumstances, discontinue product use and offer the client an alternative

Report the adverse reaction under the Yellow Card scheme: complete online at [http://yellowcard.mhra.gov.uk](http://yellowcard.mhra.gov.uk/).

*Table 2: NRT side effects of use: incidence and strategies*

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| **Side effect** | **Percentage of clients who experience side effect (product name)** | **Strategies** |
| **Skin irritation** | 35% (patch) | * Rotate sites, use clear patch or use cortisone cream |
| **Nausea** | 6% (patch  18% (gum)  10% (nasal spray) | * Review instructions for use * Avoid swallowing 15 seconds after use * Avoid using more than the recommended dose of faster-acting NRT (increase patch dose instead) |
| **Light-headedness / dizziness** | 6% (patch) | * Get up slowly |
| **Difficulty sleeping** | 7% (patch) | * Remove patch at bedtime and reapply 45 – 60 minutes before getting up (set alarm) |
| **Mouth or throat irritation** | 17% (inhalator)  10% (mouth spray) | * Take slow puffs of the inhalator to avoid throat burn * Avoid inhaling mouth spray |
| **Headache** | 30% (patch)  10% (mouth spray) | * Use over-the-counter medication * Drink plenty of cold water |
| **Allergic reactions** | 2% (patch) | * Discontinue use and switch to another stop smoking aid |

# 5. Considerations and cautions

## 5.1 Co-existing conditions

A risk-benefit assessment should be made by an appropriate healthcare professional for clients with the conditions below. Any risks that may be associated with NRT are usually substantially outweighed by the well-established dangers of continued smoking.

#### 5.1.1 Unstable angina and/or cardiovascular disease

There is high-quality evidence that combination NRT (patch plus a faster-acting product) can be safely used in people with cardiovascular disease (heart disease or stroke). This includes people who have experienced recent cardiac events provided the person’s condition is stable.

For anyone with recent (within 48 hours) myocardial infarction (heart attack) , unstable or worsening angina pectoris including Prinzmetal's angina, severe cardiac arrhythmias (heart rhythm problems), uncontrolled hypertension (high blood pressure) or recent cerebrovascular accident (stroke) and who are considered to be haemodynamically unstable, NRT may be considered but as data on safety in these patient groups is limited, initiation should only be under medical supervision. While there have been only a small number of studies to examine the use of NRT among clients with acute coronary syndromes (unstable heart disease), those conducted to date show no adverse effects.15-18

#### 5.1.2 Renal impairment

NRT should be used with caution for clients with moderate to severe hepatic (liver) impairment and/or severe renal (kidney) impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse effects. It is worth remembering that when smoking, clients will of course be receiving relatively high doses of nicotine. NRT dose should monitored for effect on withdrawal symptoms and urges to smoke and signs of overdose, NRT dose reduction may be necessary.

#### 5.1.3 Surgical patients

There is no known risk of NRT use among surgical patients or strong evidence to suggest that NRT impacts healing or cardiovascular complications, the exception being people undergoing facial-cranial or other small vessel surgery for which there is minimal research to guide practice. The risk-benefit assessment for NRT use versus the known effects of smoking should guide decision making.

## 5.2 Clinical considerations

#### 5.2.1 Pregnancy and breast feeding

NRT is recommended for pregnant women unable to quit without an aid and its use has been associated with improved success with stopping. Studies have shown that no harm to the foetus has been found from using NRT in pregnancy. It is recommended that pregnant women use a 16-hour patch (or remove the 24-hour patch at night) in combination with a faster-acting NRT product. Combination NRT can be used for pregnant women who smoke and might be particularly helpful to those who are more dependent or who are struggling with withdrawal symptoms and/or urges to smoke. Nicotine vapes may also be used.

#### 5.2.2 Body weight

Clients with a higher body mass index (BMI), including people who are overweight or have large muscle mass, may benefit from higher doses of NRT.

#### 5.2.3 Diabetes

Clients with diabetes mellitus should be advised to monitor their blood sugar levels more closely than usual when smoking is stopped and NRT is initiated.

#### 5.2.4 Phaeochromocytoma (tumour of the adrenal glands) and uncontrolled hyperthyroidism (overactive thyroid)

NRT is not contraindicated, but should be used with caution, for clients with uncontrolled hyperthyroidism or phaeochromocytoma. Communication with the client’s endocrinologist is essential.

#### 5.2.5 Gastrointestinal disease

Nicotine may exacerbate symptoms for patients suffering from oesophagitis (inflammation of the oesophagus), gastric (stomach) or peptic ulcers (sore in the stomach) therefore oral NRT preparations should be used with caution in these conditions.

#### 5.2.5 Allergic reaction

Clients with any allergic reactions to an NRT product should discontinue use and switch to another form of NRT.

#### 5.2.6 Obstructive lung disease (when used by inhalation)

Patients with obstructive lung disease may find use of the Inhalator difficult. Nicotine mouth spray, gum, patch, nasal spray or sublingual tablet may be preferred in such cases. This product should be used with caution in patients with chronic throat disease and bronchospastic disease.

#### 5.2.7 Bronchial asthma (with nasal use)

A few cases of exacerbation of bronchospasm in patients with bronchial asthma have been reported. Use of the spray in patients with hyperreactive airways is not recommended.

#### 5.2.8 With oral use

Both gastritis and oesophagitis can be aggravated by swallowed nicotine gum, and gum may also stick to and damage dentures. Peptic ulcers can be aggravated by hiccups following rapid chewing and swallowing of the gum rather than allowing buccal absorption. Oral nicotine replacement therapy preparations should be used with caution in these conditions.

#### 5.2.9 With transdermal use

Patches should not be placed on broken skin and extra consideration should be given to people with any sort of skin disorder. Forms of NRT other than patches may be more appropriate.

## 5.3 More tobacco dependent

**In more heavily dependent individuals, higher doses of NRT (>42mg) are more effective than standard doses (21mg) in reducing withdrawal symptoms and urges to smoke**. Heavily dependent tobacco users can be treated with two 21mg or 25mg patches, plus a faster-acting NRT product of their choice. High-dose NRT has been found to be well tolerated and safe among more dependent individuals. The use of a second patch may serve as a more feasible method for achieving a higher nicotine dose, given that it does not require frequent administration, as is the case with the faster-acting products.

## 5.4 Lapse, relapse and concurrent smoking

Individuals who experience a lapse, relapse or who cut down the number of cigarettes smoked per day but do not quit completely should be advised to continue using NRT. **It is safe to continue to use NRT when smoking, it is the smoking that is unsafe**. The individual’s motivation to quit should be assessed and if they remain motivated to stop, or to cut down to stop, they should be helped with the use of NRT and behavioural support to continue with their quit attempt. These situations should be an indication that the dose and frequency of NRT may need assessing and possibly increasing.

## 5.5 NRT preloading

NRT preloading involves the use of NRT before stopping smoking, generally for a few weeks prior to the client’s quit date. NRT preloading has been shown to increase rates of stopping smoking and is a recommended strategy for clients who may benefit, in particular those with higher levels of dependence or multiple past failed quit attempts.4,5

## 5.7 Cut Down to Stop (CDTS)

Structured CDTS programmes involve setting progressive smoking reduction goals, with a plan to stop completely over a specified period with the help of NRT,a nicotine vape, or varenicline. The dose for CDTS is based on the Heaviness of Smoking Index (HSI) and is the same as that provided to those who are stopping smoking.

When planning to stop smoking using CDTS, the general guidance for clients is to use combination NRT to replace at least as much, if not more, nicotine than they would have received from cigarettes prior to starting to cut down their use.

## 5.8 Transferred dependence

Long-term dependence upon NRT is uncommon and more likely to occur with faster-acting products. It is both less harmful and easier to break than smoking dependence. Long-term NRT use is preferable than a return to smoking.

## 5.9 Use of NRT as a stop vaping treatment

Some people who wish to discontinue the use of a vape may benefit from switching to NRT to minimise risk of relapse to smoking. The dose of NRT and duration of use is determined on an individualised basis depending on how recently they have stopped smoking and their current use of nicotine from vaping. Some Nicorette and Boots products, the Nicotinell Rapid Relief Spray and NiQuitin patches and minis mint lozenges have been granted approval from the Medicines and Healthcare products Regulatory Agency (MHRA) for an indication to relieve and/or prevent craving and nicotine withdrawal symptoms in nicotine dependence, including those arising from nicotine vaping. Both the NHS, and the NCSCT advocate the use of NRT for this purpose: <https://www.nhs.uk/better-health/quit-smoking/ready-to-quit-smoking/vaping-to-quit-smoking/how-to-quit-vaping/>

People who want to stop vaping can be offered brief behavioural support and, as appropriate, NRT in line with the NCSCT guidance on stopping vaping. *Supporting clients who want to stop vaping:*<https://www.ncsct.co.uk/publications/Support_stop_vaping>

## 5.10 Danger in children

Doses of nicotine tolerated by adults and adolescents (over the age of 12) can produce severe toxicity in younger children that may be fatal. Products containing nicotine should not be left where they may be misused, handled, or ingested by children.

After removal, a nicotine patch should be folded in half, adhesive side innermost, and placed inside the opened sachet, or in a piece of aluminium foil. The used patch should then be disposed of carefully, away from the reach of children or animals.

# 6. Medication interactions

## 6.1 Mental and physical health medications and NRT

There are no known medication interactions for NRT.

## 6.2 Effect of smoking on medication metabolism

Tobacco smoke stimulates a liver enzyme responsible for metabolising some medicines in the body such as theophylline, warfarin, clozapine and insulin, meaning that the metabolism of these medications increases. When a person stops and/or reduces their smoking, they may require additional monitoring and possibly a reduced dose of these medications. **Importantly, this interaction is not related to NRT, vaping or other stop smoking aids but rather the effect of tobacco smoke.**

The list of drug interactions is available from the Specialist Pharmacy Service (SPS): <https://www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/>.

For patients using a medication that interacts with tobacco smoke, a quit or CDTS attempt should not commence unless the responsible clinician (GP, psychiatrist or other) has been informed about the plan and has agreed to monitor/review the patient’s medication more carefully throughout the treatment programme. This is particularly true for individuals being treated with **clozapine** or **olanzapine**, **insulin, theophylline** or **aminophylline, warfarin, erlotinib or riociguat,** where there is a risk of serious adverse effects when smoking status changes.

# 7. Client consent

It should be routine that written consent for treatment is obtained from all clients, along with a commitment to report outcomes when asked.

# 8. Supply of NRT products

**[Add here your service’s instruction on supply of NRT]**.

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| **NOTE**  As good practice, providing two weeks’ supply of selected NRT product(s) is recommended when the client is being seen regularly at the service. This helps to ensure clients have sufficient product and provides an incentive to return to the service. Clients who are seen at the service for less than 12 weeks can be supplied with additional product as appropriate to complete the full NRT treatment course. If a client is going on holiday or is unable to attend, services may wish to consider providing product for a further two weeks. |

# 9. Documentation

## **[Add here text on local documentation protocols for electronic medical records and other documentation related to direct supply]**

# 10. Staff qualifications and training

* Practitioners, whether employed by the LSSS or subcontracted by a local authority, must be NCSCT Certified Stop Smoking Practitioners, have completed the NCSCT stop smoking aids online module and have received face-to-face (virtual) training in line with the NCSCT competency framework for stop smoking practitioners.
* Practitioners must also regularly keep their knowledge and skills up to date
* Practitioners should ensure that they have read the SPCs for all stop smoking medications

Practitioners should speak to their line manager if they are unsure about how to use the medications covered in this protocol.

# 11. Written information for the client

Recommend to the client that they read the patient information leaflet (PIL) provided with the product. Advise that they can ask their stop smoking practitioner, pharmacist and/or GP for clarification.

# 12. NRT products

See the NCSCT *Stop smoking aids quick reference sheet* for description of NRT products and instructions for use.

<https://www.ncsct.co.uk/publications/stop-smoking-medications-quick-reference>

# 13. Key resources

### NCSCT Stop smoking aids quick reference sheet

<https://www.ncsct.co.uk/publications/stop-smoking-medications-quick-reference>

### Summaries of Product Characteristics (SPCs)

<https://www.ncsct.co.uk/publications/category/nrt>

### NICE: Tobacco: preventing uptake, promoting quitting and treating dependence (NG209)

<https://www.ncsct.co.uk/publications/category/nice-guidance>

### NCSCT Combination NRT briefing

<https://www.ncsct.co.uk/publications/combination_nrt_briefing>

### NCSCT eLearning

<https://elearning.ncsct.co.uk/england>

* Stop smoking aids eLearning module

<https://elearning.ncsct.co.uk/stop_smoking_medications-registration>

### NCSCT Standard Treatment Programme

<https://www.ncsct.co.uk/publications/ncsct-standard-treatment-programme>

NCSCT Standard Treatment Programme for Pregnant Women<https://www.ncsct.co.uk/publications/ncsct_stp_pw>

### NCSCT Competency Framework for Stop Smoking Practitioners

<https://www.ncsct.co.uk/library/view/pdf/Competency-Framework-for-Stop-Smoking-Practitioners.pdf>

### Specialist Pharmacy Service

* Considering drug interactions with smoking

<https://www.sps.nhs.uk/articles/considering-drug-interactions-with-smoking/>

* Managing interactions with smoking [https://www.sps.nhs.uk/articles/managi](https://www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/) [ng-specific-interactions-with-smoking/](https://www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/)

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