

*A different subject is featured in this column in each issue of The Nicotine Challenger. Please send questions or suggestions for topics to Dr. Slade at Addressing Tobacco...*

### **FAQs: Medications for Nicotine Dependence**

#### ***How effective are the different medications for treating nicotine dependence?***

It depends. First, not all products that look like treatments actually work. CigArrest, for example, has a tiny amount of a drug that has been shown to not be helpful at all in larger doses. Similarly, no vitamin preparation or other nutritional supplement has been proven effective for helping people stop smoking.

The Food and Drug Administration has approved the following products as safe and effective for treating nicotine dependence: nicotine replacement products (patch, gum, inhaler and nasal spray) and bupropion (sold as Zyban for this problem, sold as Wellbutrin for depression). Used singly, each of these products about doubles the success rate in stopping smoking. This means that the effectiveness heavily depends on what the person is doing to address the addiction. If the person is getting support, success is more likely. However, even without support, success is greater with a medicine than without.

The medicines may work better if they are used in combination. The formal research on this is still emerging, but it seems helpful for many people to use, for instance, a patch as baseline treatment of nicotine withdrawal and another nicotine product as a supplement, to help cope with urges and difficult situations during the day. There are also encouraging indications that combining Zyban with a nicotine product can lead to better results.

#### ***How does nicotine replacement work?***

Nicotine replacement lets a person be comfortable while he or she learns how to not smoke. Withdrawal is suppressed with nicotine in a slower-release form than that from a tobacco product. In addition, some forms of nicotine replacement (gum, inhaler, nasal spray) can be used to suppress urges "on the spot" as one of the tools a person uses to

cope moment to moment with cues and triggers for smoking. Nicotine replacement immediately eliminates the huge surges in blood nicotine level induced by smoking and lets the body adjust gradually to the removal of nicotine.

#### ***I've tried everything, but nothing works. I just go back to smoking.***

Medications are not magic bullets. Valuable as they are, they work best when used as adjunctive supports to a program, or when used with counseling. If quitting is still elusive despite good treatment and support, perhaps another problem is getting in the way. This can take many forms. Some people are immersed in such a smoke-laden environment that it is impossible to get started. Remember, it is very difficult to stop drinking if you live in a tavern. It also may be that there are overwhelming stresses or other problems, such as depression, which need to be managed (not necessarily solved) before quitting smoking can be successful.

#### ***Is there a risk of becoming dependent on a nicotine replacement product (NRT)?***

Because they can be used intermittently and in connection with internal and external cues, the nicotine gum, nasal spray and inhaler are potentially reinforcing. The patch, because it is used continually, is not. The gum, nasal spray and inhaler are, however, substantially less reinforcing than tobacco products, especially the cigarette. (Even though the inhaler is called "inhaler", its nicotine is not taken into the lungs. Nicotine from the inhaler is absorbed in the back of the mouth and in the throat.)

The mild reinforcing potential of these NRT products is a therapeutic advantage. People can use them instead of a cigarette in many situations.

Some people find that they are still using an NRT product months after stopping smoking. This is usually not a problem. Indeed, some have continued to use a small amount of nicotine gum for years without ill effect.

If the alternative is using a tobacco product, NRT is always preferable.

Sometimes, and this is unusual in actual practice, a person feels unable to stop NRT despite wanting to. In this situation, it can be helpful for the person to seek professional advice about whether and how NRT use should be reduced or stopped.

#### ***Why is it advised that a person take Zyban for a week before trying to stop smoking?***

Antidepressants (Zyban belongs to this class of drug) don't begin to work right away. It takes a while before any beneficial effect happens.

#### ***I work in an inpatient treatment setting where tobacco use is prohibited. We give patients patches while they are here, but most smoke as soon as they leave. Why are we doing this?***

Treating nicotine withdrawal is humane. If a person is not uncomfortable from nicotine withdrawal, he or she can get more out of the treatment being offered for other problems. Tobacco-free policies protect others from pollution, help other patients not smoke or not start smoking, and provide an environment in which the patient can better sort out how he or she wants to deal with tobacco use.

#### ***Why use a drug to stop smoking?***

Tobacco products cause addiction because they deliver a very powerful drug in a form which produces dependence. The Food and Drug Administration has concluded that cigarettes and smokeless tobacco products are, in fact, drugs—drugs containing nicotine.

Many people try to stop by cutting down on their smoking. This usually does not work for them because it is so easy to just go back to their original number of cigarettes. Moreover, so-called "LIGHT" cigarettes, which would seem to be a reasonable way to smoke less, contain just as much nicotine as so-called "regular" or "full-flavor" brands.

It has been proven in years and years of research that NRT and Zyban help in the quitting process.

The reason to use a drug to stop smoking is that, used correctly, it helps.

*Ed. note: We welcome any other questions about these medicines. Send them to Dr. Slade in care of The Nicotine Challenger.*