

Smoking Management & Harm Minimisation

Let's just start by agreeing smoking is really bad for you and move on. You have been told the stats, you have been told off, you have been told to just cut down until you just miraculously quit. But if any of that worked for you, you would not be reading this. So I'll spare the usual lecture and simply talk about **smoking management** and provide you with the information to take charge of your health to **reduce harm**, **reduce cravings** and hopefully provide a **safer** and **simpler** path to cessation:

What is nicotine?

Nicotine is the chemical in cigarettes that causes addiction. Nicotine, while not completely harmless (it raises your blood pressure, for example), is not the main culprit for smoking-related disease. Smoking-related disease is mostly caused by all the other crap you inhale when trying to get at the nicotine.

Nicotine is the "good" stuff - it hits your brain within 10 seconds of inhaling, triggering a cascade of lovely neurotransmitters, like dopamine and serotonin. These neurotransmitters make you feel relaxed, calm, happy and generally pretty good. Not everyone has such a positive response to nicotine and these are the people who have one puff and never smoke again. For others, the nicotine triggers a very strong response. Unfortunately, this effect only lasts a short time, about 30 mins to 2 hrs at most. Once the nicotine is gone, the neurotransmitters fall back down and you feel crappy. These crappy feelings are *nicotine withdrawal symptoms* and can include cravings, irritability, low mood, restlessness, anger, poor concentration, insomnia and hunger, to name a few. So, *what do you do?* You have another cigarette (or nicotine vape) to get rid of these terrible withdrawal symptoms and thus the vicious cycle of nicotine addiction occurs.

Am I nicotine addicted?

Features of nicotine addiction include:

- having your first cigarette (or nicotine vape) within 30 mins of waking up
- smoking more than 10 cigarettes per day
- having multiple previous quit attempts that didn't last long
- have severe withdrawal symptoms when you try to go "cold turkey"
- still smoking or having withdrawal symptoms while using nicotine replacement therapy (NRT)

What is the best way to quit?

The best evidence for quitting smoking is medical therapy PLUS professional counselling, such as **Quitline (13 78 48)**. Medical therapy options are NRT, Champix or Zyban. NRT can be used alone or in combination with Champix and Zyban. You may have tried some or all of these before and you may have had some bad side effects which resulted in you stopping treatment. But before you give up on them, have a think about the "side effects" you had, then look at the withdrawal symptoms from nicotine ... *irritation, insomnia, low mood, anger* ... is it possible that the symptoms you blamed on the quitting medications, were in fact a symptom of nicotine withdrawal instead?

Unfortunately, the way medical therapy for quitting is commonly used - where you start the medication then just stop smoking - frequently leads to inadequate nicotine replacement for addicted individuals. Inadequate nicotine = nicotine withdrawal symptoms which work against you, undermine your attempt to quit and makes these medications seem less effective. It is important that the amount of nicotine that you get from cigarettes is adequately replaced during your quit attempt to minimise withdrawal symptoms. If you would like to try Champix or Zyban for the first time or again, please talk to your regular GP for a script. If they have not worked for you in the past due to withdrawal symptoms, try using them with nicotine replacement.

There is no evidence to support hypnotherapy, acupuncture, stress management or self-help books as effective means for quitting. It is not to say it will not work for you, but studies show they are no better than placebo so take care when spending your money. There is also no evidence that reducing the number of cigarettes you smoke day by day or week by week leads to quitting. In fact, reducing your cigarette count may not even be safer. This is because if you are addicted to nicotine

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you unconsciously compensate for the reduce number of cigarettes by inhaling more deeply on the cigarettes you do still smoke thus inhaling more of the muck, cancelling out any benefits.

So how can we minimise smoking harm & reduce intake without going into nicotine withdrawal? With long acting NRT! NRT comes in short acting (gums, mints, sprays, inhalers, etc.) and long-acting forms (patches). Short acting is useful for managing short term cravings, while long acting is used to provide a steady level of nicotine to your blood stream over many hours.

Long-acting NRT for harm reduction

If you have features of addiction (outlined above), then consider trialling this technique. If you are able to not smoke for many hours or days without withdrawal symptoms, consider other behavioural strategies for quitting. I have listed some below or call Quitline (13 78 48) for more support.

Start with picking up some NRT patches from the chemist. The brand of patches is not important but get some 21mg/ 24-hour patches. There are lower dose patches available which you can trial if you are worried about the dose, but they are usually too low a dose and a waste of time for those with nicotine addiction. If you have a pension card your GP can write you a script for 3 months of patches every 12 months (you also need to engage with a counselling service such as Quitline 13 78 48). The goal with the dose is to prevent withdrawal symptoms. If you are getting withdrawal symptoms, then there is not enough nicotine replacement.

The next step is to put the patch on. The packet may say to put it on in the morning but I suggest trying it at night, just before you go to sleep. When you put the patch on your skin, the nicotine is absorbed slowly into your blood stream and it takes 8 hours to reach a consistent level. This means if you put the patch on as you wake up, it will not effectively help you with cravings until 8 hours later. By putting it on just before sleeping, it slowly builds up so that you reach an effective dose just in time to help with those morning cravings. If you are worried about the dose know that a 20 cigarette per day smoker is used to a far high level of nicotine in their blood stream than a single patch can deliver. The patches are able to give your body the nicotine it craves in a much safer way. They deliver a much more consistent level of nicotine to your body instead of the peaks and lows that come with the quick shots of nicotine from cigarettes (or nicotine vapes). Importantly, patches are NOT addictive.

The easy part about starting this technique is that it requires no more effort from you than remembering to put on the patch each night. You don't have to work yourself up to quitting, you don't have to try hard at anything. You just start by putting the patch on and seeing what happens. In my clinical experience, just putting the patch on without any other changes, most people can reduce their smoking by about half. You have a more stable nicotine level which can help with mood and irritability. You are getting your nicotine more safely through the skin so you inhale less on the cigarettes you do still smoke reducing the harm they are causing. And if nothing else, it saves you money!

So what happens next?

You have tried the patches for about a week or two, maybe reduced your cigarette intake and perhaps you are ready to reduce further, perhaps try quitting? (It is ok if you are not ready, just keep using the patches until you are). First consider, do you need more replacement? If you are down to one or two cigarettes, probably not and consider behavioural options. But if you are still smoking 10 or more, are having withdrawal symptoms if you miss a cigarette break, *add another patch!*. If you wish to be careful about the dose (remember you are probably getting WAY more nicotine when smoking/ vaping) you can try a second lower dose patch first. Some hardcore, rusted on smokers may require 3 or even 4 patches to quit but I'd recommend talking to your GP before using more than 2 per day. You may be worried about the safety of the patches, however, they are far safer than continuing to smoke.

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Use the presence of withdrawal symptoms as a guide to inadequate replacement and trial each higher dose for a week to see the effect before going higher. Once you are consistently not smoking or just one or two out of habit more than cravings or withdrawal symptoms, titrate your patches back down to one per day. Reduce by one patch per week (or faster if tolerating) until back to one patch per day. Stop at one 21mg per day. This is where you will stay in a holding pattern. Keep using this dose for at 3-4 months after your last cigarette. This is important as you maintain your nicotine levels while giving yourself time to adapt your lifestyle to not smoking. Only once off smoking for several months should you think about reducing the dose further until you don't need patches.

Behavioural change

If you are ready for it, there are behavioural changes you can make to support your smoking management and harm reduction. Start by engaging those around you who smoke to try this method with you. Always smoking outside, including not smoking in the car. Uncouple activities that you usually do with smoking, such as having a coffee or drink. Get used to doing these activities without lighting up. If you find yourself lighting up, step away from the activity until you have finished the cigarette. Reduce your alcohol consumption and don't smoke when you are drinking. Hard one I know but alcohol reduces inhibitions so you smoke more, smoking reduces the effects of alcohol so you drink more and we have another vicious cycle and a bad hangover.

Keep short acting nicotine (gum, mint, sprays, etc.) on hand to aid with cravings when reducing your smoking with patches and for months and years after quitting to help with those stressful moments. Keep in mind that unlike cigarettes and vaping where the nicotine reaches your brain within seconds, these safer forms of nicotine take a lot longer (up to 3 mins for gum) so take some time out for it to work before reaching for the cigarette (or nicotine vape).

Trouble shooting patches

Some people can have side effects from nicotine patches. Many of the side effects, in particular insomnia, are actually from inadequate nicotine replacement leading to withdrawal symptoms, as the most common way to use them is to slap on a patch and try not to smoke. Start by just using the patch to reduce your smoking and add more nicotine (slowly) until you are not smoking (or only 1 or 2 out of habit). Some people can have issues with nightmares which can again be a results of nicotine withdrawal but you can try patches only in the day to see if that helps.

A known side effect of patches is skin irritation from the glue. This is usually mild and can be treated with an over-the-counter steroid cream for up to 7 days and applying the patch to different sites each day. If you do have issues with skin irritation you can request a script from your GP for a steroid asthma spray (private script not PBS) to spray on the skin prior to patch application to reduce irritation.

Polycyclic aromatic hydrocarbons (PAHS)

When you smoke cigarettes you also inhale chemicals called polycyclic aromatic hydrocarbons, but we'll just call them PAHs. PAHs turn on enzymes in your liver that make you metabolise or eliminate many other chemicals faster. These chemicals include caffeine, alcohol, and many medications. So when you smoke you need more coffee, more alcohol, and more medications to have the same effect as if you didn't smoke.

When you use patches you don't get any PAHs. With lower levels of PAHs in your blood stream from reduced smoking there is less turn over of the chemicals mentioned above. That is, you will not need as much coffee or alcohol to have the same effect when you are smoking less (*a bonus cost saving!*). If you normally drink more than the equivalent of 3 coffees per day and esp. if more than 6 cups per day (I am looking at you, energy drink guzzlers), you may be at risk of caffeine overdose when you start using patches. Symptoms of this include insomnia, restlessness, agitation, irritability, headache, and racing heart. Don't mistake these for side effects of the patches.

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Just be mindful as your cigarette intake reduces, you will be more sensitive to caffeine, alcohol, and some medications and may need to reduce your intake. If you are on any medications, but especially ones for diabetes, anti-psychotics or blood thinners and are a heavy smoker, please undertake this method with your GP as you may need to monitor or even reduce some medication doses, but you should only change your medications with medical supervision.

In summary ...

- Smoking is bad.
- It is hard to quit and not actually safer to cut down without NRT
- Use NRT to reduce harms of smoking and reduce without trying
- Use enough NRT so you don't have withdrawal symptoms - this may take more than one patch
- When ready, make simple changes to behaviour such as uncoupling smoking from other habits
- When you are not smoking (or only 1 or 2), reduce the patches back to one per day
- Stay on one per day until you have not smoked for 3-4 months before thinking about stopping patches
- Use short acting NRT to aid with cravings but give them time to kick in (up to 3 mins)
- Seek medical support from you GP
- Call Quitline for smoking cessation support 13 78 48