

SMOKING MANAGEMENT (because quitting is damn hard)

As a smoker you know that smoking is bad for you. You can google the scary stats but if that worked, you wouldn't still be a smoker, so I will spare you the lecture and we can just agree that it is really really BAD. Most doctors, I'm sure have just told you off and told you to try harder. I'm sure that goes down a treat. So instead, lets discuss smoking management so you can understand the biology of smoking, how to reduce harm when you do smoke and start on a road to reduction that takes a lot less effort.

What is nicotine? Nicotine is the chemical in cigarettes that causes the addiction. Nicotine, while not completely harmless (it raises your blood pressure for one), is not the main culprit for smoking disease. That is caused by all the other crap you inhale. Nicotine is the good stuff - it hits your brain within 10 seconds of inhaling, triggering a cascade of lovely neurotransmitters, like dopamine and serotonin, which make you feel relaxed, calm, happy and generally pretty good. Unfortunately, this effect only lasts a short time, about 30 mins to 2 hrs at most, and 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, hunger, to name a few. So, *what do you do?* You have another cigarette to get rid of these terrible withdrawal symptoms and thus the vicious cycle goes on.

Features of nicotine addiction include (1) having your first cigarette within 30 mins of waking up, (2) having multiple previous quit attempts that don't last long and suffering from severe withdrawal when you tried and (3) still smoking or having withdrawal symptoms while using nicotine replacement therapy (NRT). *How many of these describe you?*

Smoking affects your liver. 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.

The best evidence for quitting smoking is a medical therapy PLUS professional counselling, such as Quitline (13 78 48). Medical therapy refers to 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. But before you give up on them, have a think about the symptoms 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 medication, were in fact a symptom of nicotine withdrawal instead? The ways these medications are typically used results in insufficient nicotine replacement for some individuals, causing nicotine withdrawal which totally undermines the quit attempt. If you would like to try Champix or Zyban, please talk to your GP as these require a script and regular review. Consider using NRT *with* these therapies if they didn't work in the past because of withdrawal symptoms.

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 for reducing the number of cigarettes you smoke per day or reducing their nicotine content for quitting or even harm reduction. This is because you compensate for the reduced nicotine by inhaling more deeply and smoking more of the cigarettes you do have which cancels out any benefits. So reducing by one each day or week is not helpful or less harmful.

So how can we minimise harm & reduce without withdrawing? 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. If you have features of addiction (outlined above), then consider trialing 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.

Some people can have **side effects from nicotine patches**. Many of the side effects, in particular insomnia, are 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. 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. You can request a script from your GP for a steroid asthma spray (private script) to spray on the skin prior to patch application to reduce irritation.

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 this is usually a waste of time

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because if you are addicted anything lower will not be adequate - esp. if you have used them before and had withdrawal symptoms. We want to minimise withdrawal *as much as possible* as this what makes it so hard to quit. **Withdrawal symptoms means inadequate nicotine replacement.** The patch instructions may say to apply in the morning but as it takes 8 hours to absorb across your skin and reach a steady state in your blood stream. If you put it on in the morning, it will not reach a max. level for another 8 hours meaning you have zero nicotine in your blood when you need it first thing in the morning. But if it works better for you, it is totally safe to put it on in the morning.

The role of the patch is to **provide your body with the nicotine it needs** in a safer, more consistent and most importantly NON-addictive way. They *replace* some, and eventually all, of the nicotine you get from cigarettes so you don't inhale as deeply or smoke as much of the cigarette, reducing the intake of the other harmful muck. This is how you minimise the harm you cause when you do need to smoke. I have found that by just slapping a patch on each night and doing *absolutely nothing else*, many of my patients come close to *halving* their intake *with no extra effort*. If nothing else, it is a **massive cost saving**. So, what are you waiting for? Get some patches and slap one on! The good thing about this method is it is not about willpower or motivation - just remembering to put a patch on and you can set a reminder for that.

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. First consider, do you need more replacement? If you are down to one or two, perhaps not. But if you are still having withdrawal symptoms when you miss a ciggie-break it is likely you need more replacement. Add another patch! If you are worried about the dose, you can pick a lower strength first (e.g. 21mg + 14mg = 35mg rather than 42mg). 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. Use ongoing withdrawal symptoms as a guide to insufficient replacement and give it a week to see if the higher dose is working before going any higher.

Once you are consistently not smoking or just one or two out of habit more than craving/ withdrawal symptoms then you can bring the patches back down to one per day. A rough rule of thumb is to reduce by one patch per week or faster if tolerating. Stop when you get back to one 21mg patch. **Keep on this dose for 3-4 months until after your last cigarette.** This is important. You need time to adapt to not smoking. Once completely off cigarettes for several months you can think about reducing the dose further until you don't need the patches. You may worry about the safety of the patches, but it is far, far safer than continuing to smoke. Keep short acting nicotine (gum, mint, sprays, etc.) on hand for cravings even months or years down the track. Just remember that these safer forms of nicotine take longer than 10s to hit your brain (up to 3 mins for gum) so give it time to work before reaching for that cigarette.

There are ways to **change your behaviour** that can support you on your road to quitting and engaging those around you who also smoke to support you in these measures can help. *Always* smoke outside, including outside 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.

One last safety note, those pesky PAHs I mentioned above, you only get them from inhaling the burning cigarette so with patches you will have less PAHs working on your liver to speed up metabolism. This means you will not need as much coffee or alcohol. 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, Red Bull guzzlers), you may risk **caffeine overdose**. Symptoms of this include insomnia, restlessness, agitation, irritability, headache, and racing heart. Don't mistake these for side effects of the patches. Just be mindful as your cigarette intake reduces, you will be more sensitive to caffeine, alcohol, and some medications. If you are on any medications, but especially ones for diabetes, anti-psychotics, blood thinners and are a heavy smoker, please undertake this method with your GP as you may need to reduce some medication doses, but you should only change your medications with medical supervision.

So, there you go. A minimal effort method for reducing harm and putting you on the road to cessation so that you can quit with less effort and difficulty when you are ready to give them up! Go give it a try! (and of course talk to your GP).