



Workplace Tobacco Management Project

Nicotine Replacement Therapy (NRT) Policy

1. Purpose of this document

The Workplace Tobacco Management Project (the Project) aims to increase awareness, and support the implementation, of Workplace Tobacco Management Policies and reduce the impact of smoking behaviours for the staff in nine programs within the mental health, alcohol, tobacco and other drug (ATOD) and youth sectors.

The Project supports participating programs and individuals to implement their individualised workplans, including the implementation of tobacco management policies. To assist participants to manage their tobacco consumption the Project will provide access to Nicotine Replacement Therapy (NRT).

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the contact to access NRT as part of the Project.

2. Scope

NRT is available to smokers who are staff that work at the sites participating in the Workplace Tobacco Management Project (the participants).

Nicotine replacement therapy is described and defined in resources in attachment 3.

ATODA will provide NRT to assist participants to manage their tobacco consumption at no cost to the individual employee. An initial course¹ will be provided to participants. If an individual employee needs further support a further course may be obtained at no cost to the individual employee.

The initial course can incorporate combination therapy for participants whose nicotine dependence requires this to manage their smoking.

¹ One 'course' can include up to 8 weeks of NRT as longer courses of treatment are not any more effective. This can be negotiated upon consultation with the Project Team. (Stead et al 2008. Nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews*)

3. Engagement with your health professional(s)

All participants are actively encouraged to engage with their health professionals prior to beginning NRT. If you do not have a health professional please contact ATODA for information.

4. Procedures

- Participants wishing to obtain NRT must complete the registration form (attachment 1) and return to ATODA.
- ATODA will liaise with each participant regarding completing the registration process.
- Information sheets on NRT are available in attachment 3. However, advice should be obtained from your Pharmacist / General Practitioner.
- NRT will be made available from designated pharmacists (see attachment 2).
- Participant's details will be provided to the Pharmacist that has been agreed to by the participants and ATODA.
- Upon presentation of identification the pharmacy can provide NRT.
- Smoking cessation support services in the form of both courses and counselling services will be made available to participants. Contact ATODA for further details.
- Smoking cessation information and resources will be provided to smokers from ATODA, including a 'Quit Pack.'
- Counselling services and support services are available by calling the Quitline on 13 78 48 or the ACT Alcohol Tobacco and Other Drug Services Directory on www.atoda.org.au.

5. Contact

For further information please contact:

Dr Justin Barker
Alcohol Tobacco and Other Drug Association ACT
Phone: (02) 6255 4070
Email: justin@atoda.org.au
Website: www.atoda.org.au

Attachment 1: Registration Form



Registration Form

Nicotine Replacement Therapy (NRT)

Information collected by the Alcohol Tobacco and Other Drug Association ACT (ATODA) for nicotine replacement therapy will be treated confidentially and will not be released to other entities unless required by law.

Participant Details	
Surname:	Given names:
Workplace:	Position:
Contact Details	
Phone:	
Mobile:	
Email:	
Preferred pharmacy:	<input type="checkbox"/> Dickson <input type="checkbox"/> Civic <input type="checkbox"/> Erindale

Terms

Participant information provided on this form may be verified to determine eligibility. By failing to provide all the information required to complete this registration form, you may not be eligible for NRT. As the provider of this information, you are able to gain access to the information provided at any time. Eligible participants are entitled to an 8 week course of NRT to assist them manage their tobacco consumption. A further 8 week course may be obtained if necessary. NRT will be provided at no cost to the individual participant. You agree the NRT will be used only as directed and will not give or share NRT with another person. You are able to withdraw from the Project at any time.

Acknowledgement of Terms

I acknowledge that I have read, understood and agree to the above terms and wish to receive NRT.

SIGNATURE	
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Attachment 2: Designated Pharmacies to access NRT

Workplace Tobacco Management Project

Designated Pharmacies to Access Nicotine Replacement Therapy (NRT)

One of the following Pharmacies can be selected by participants in the Workplace Tobacco Management Project to access NRT. Please indicate on the registration form (see attachment 1) which Pharmacist you wish to use. You will be notified when you are able to access NRT.

ERINDALE

Erindale Australian Pharmacy
Shop 11 Erindale Shopping Centre
Wanniasa ACT 2903
Phone: (02) 6231 6550

DICKSON

Capital Chemist Dickson
2/6 Dickson Place,
Dickson ACT 2602
Phone: (02) 6248 7684

CIVIC

Devlin's City Chemist
Shop 3-4 Garema Place
Canberra City ACT 2600
Phone: (02) 6248 5250

Attachment 3: Nicotine Replacement Therapy Information

Workplace Tobacco Management Project

Nicotine Replacement Therapy Information

The following resources are provided for your information.

Pamphlets:

- Quit SA: Nicotine Replacement Therapy – February 2010.
http://www.quitsa.org.au/cms_resources/NRT%20Info%20Sheet%20240210.pdf
- NSW Health: Products to help you quit smoking.
http://www.health.nsw.gov.au/pubs/2008/pdf/products_to_quit.pdf

Links to References:

- Guidelines for Healthcare Professionals on using Nicotine Replacement Therapy for smokers not yet ready to stop smoking – ASH February 2007
<http://www.ashaust.org.au/pdfs/NRTguide0702.pdf>
- Stead, L.F., Perera, R., Bullen, C., Mant, D. & Lancaster, T. Nicotine replacement therapy for smoking cessation (Review). *Cochrane Database Systematic Reviews* 2008, Issue 1

(Note: tobacco related reports and research items are available from the Alcohol and Other Drug Council of Australia's National Drugs Sector Information Service (NDSIS)

<http://ndsis.adca.org.au>.)

What are the recent changes approved for the use of NRT in Australia?

Previously NRT was not recommended for people still smoking, pregnant women and young people.

Following the evidence on the safety of NRT these and other restrictions have been relaxed. The key changes are:

- **Combination Therapy:** patches can be used in combination with gum or other intermittent forms of NRT to reduce cravings for those who are more nicotine dependent
- **Cut Down To Stop (CDTS):** patches or other forms of NRT can be used to help reduce the number of cigarettes smoked prior to quitting
- young people (12 and older), pregnant women and some people with cardiovascular disease can safely use some forms of NRT
- 'stepping down' or 'weaning' from higher to lower strength patches is no longer considered necessary, using the 21 mg patch and then stopping abruptly is just as effective
- using NRT to quit is always safer than continuing to smoke

What NRT products are there?

All NRT products are sold with a Consumer Medicine Information (CMI) leaflet. If this leaflet is not in the packet when NRT is purchased then ask the pharmacist for one. It is recommended to read this information before using any NRT product. A summary of NRT products is provided here but it is not a replacement for the CMI provided by the pharmaceutical company.

NRT products can be divided into two groups: patches and oral forms (gum, inhaler, lozenge, sublingual tablet). All oral forms of NRT essentially work in the same way. They all provide nicotine by absorption through the lining of the mouth. Oral forms of NRT can be used as a cigarette substitute and are very effective if you want to cut down the number of cigarettes you smoke prior to quitting.

The choice of an oral form of NRT will depend on personal preferences and many people use different forms of NRT to work out what suits them best.

Obtaining nicotine from NRT is very safe compared to smoking. If nausea or any other adverse effects from NRT are experienced, then you should reduce the amount you are using or stop using it, and speak to your pharmacist or GP. The experience of nausea may occur, but nicotine toxicity is unlikely to occur from the levels of nicotine contained in NRT products.

While NRT is a safe form of medication for adults who smoke, it is a poison and therefore caution needs to be exercised around small children. Caution is particularly needed with products such as the gum and mini lozenges that could be mistaken for lollies.

Patches

The Nicotine patch is designed to continuously deliver nicotine into the bloodstream through the skin throughout the day. Blood plasma levels of nicotine slowly rise during the first few hours after application with the maximum level being reached after 6-10 hours. The 21mg/24 hour patch is recommended for those smoking more than 15 cigarettes per day and smoking within 30 minutes of waking. Using this patch for 24 hours, however, may lead to vivid dreams and/or disturbed sleep. If this is experienced then it is advisable to remove the patch overnight. After patch removal, nicotine already in the skin continues to be absorbed for up to two hours.

If vivid dreams and/or disturbed sleep are experienced, then the 15 mg/16 hour patch may be a better alternative. However, when the patch is not worn overnight strong nicotine cravings may be experienced in the mornings after waking. This is more likely in the early stages of quitting or cutting down when nicotine dependence is higher. Intermittent forms of NRT such as lozenges, inhalers, gum and tablets can be used to provide a more immediate dosage of nicotine while waiting for the nicotine from the patch to be delivered.

The rate of delivery is similar for both the 21 mg/24 hour patch and the 15 mg/16 hour patch. However, the 21 mg patch does deliver a higher overall dose of nicotine than the 15 mg patch. The amount of nicotine delivered by the 21 mg patch is approximately half that obtained from smoking a 25 pack cigarettes/day.

Cut Down Then Stop (CDTS). The patches marketed as 'Pre-quit' patches (Nicabate) are actually 21 mg patches that can be used to cut down the number of cigarettes smoked prior to quitting. Recent research

has found that using patches or intermittent forms of NRT to cut down the number of cigarettes smoked prior to quitting doubles the success rate compared to using patches for abrupt quitting.

Clear patches provide the same therapeutic benefits as flesh-coloured patches and may be preferred as they are less obvious when the skin area is visible.

The patch should be applied to a clean, dry, hairless area of the skin above the waist such as the upper arm with the location changed daily to avoid skin irritation. Adverse effects of the patch include itching and tingling of the skin at the application site, redness of the skin and sleep disturbances such as insomnia.

Gum

Nicotine gum can be used to actively control nicotine cravings when they are felt. The gum contains nicotine which is absorbed through the lining of the mouth and then enters the blood stream. Maximum blood levels are reached within 5-10 minutes.

Chew Park Chew: Gum is available in two strengths, 2 mg and 4 mg, and needs to be chewed in a particular way to achieve maximum benefit. The gum should be chewed slowly until a peppery taste becomes strong and/or a tingling sensation is noticed. It then needs to be 'parked' between the gums/teeth and cheek until the taste has faded and then chewing is repeated.

The blood levels of nicotine reached using gum are approximately one-third (2 mg) or two-thirds (4 mg) of that reached from cigarettes. The gum is available in a variety of flavours such as mint, fruit, and the 'classic' nicotine flavour. Adverse effects of gum usage include nausea and vomiting, indigestion, hiccups, and occasionally headaches if the gum is chewed too rapidly. These unpleasant effects can be minimised by using the products as recommended.

Inhaler

The nicotine inhaler can be used to control cravings by copying the hand to mouth action of smoking. The inhaler consists of a plastic mouthpiece and cartridge containing 10 mg of nicotine. The cartridge is placed in the mouthpiece and when closed the foil ends are punctured to allow the release of nicotine as a vapour. Each cartridge contains enough nicotine for about 20 minutes of 'puffing'.

Although the device is called an inhaler, nicotine is absorbed through the lining of the mouth, not the lungs or airways.

The inhaler produces nicotine concentrations that are about one-third of those achieved with smoking. Unpleasant side effects include coughing, headache, heartburn, nausea, hiccups, and throat irritation.

Lozenge

The nicotine lozenge can be used to actively control nicotine cravings when they are felt. The lozenge is available in two strengths, 2 mg and 4 mg. The stronger lozenge is recommended for more nicotine dependent smokers.

The lozenge is placed in the mouth and occasionally moved from side to side until completely dissolved, usually within 30 minutes. The nicotine from the lozenge is absorbed through the lining of the mouth. The lozenge should not be chewed or swallowed whole. People should not eat or drink while the lozenge is in the mouth.

This form of NRT is suitable for people who have problems with gum but prefer an oral form of NRT. Adverse effects are similar to the gum.

Nicabate has introduced the Mini lozenge, available in two strengths, 1.5 mg and 4 mg. The Mini lozenge

is used in a similar way as the lozenge but may be preferred because of its smaller size. Company trials of the Mini lozenge found that nicotine was absorbed more rapidly from the lozenge than the equivalent or similar strength of gum.

Sublingual Tablet

The sublingual tablet has been designed to enable a more discrete way to control cravings when they are felt. The tablet is placed under the tongue where it dissolves slowly within 30 minutes, releasing nicotine which is absorbed through the lining of the mouth. It should not be chewed or swallowed. Adverse effects are similar to the lozenge.

How do I know if I need to use NRT?

NRT is only recommended for those people who are assessed as nicotine dependent. You can work out your level of nicotine dependence by answering the following two questions:

1. How soon after waking do you smoke your first cigarette?
 - a. Less than 5 minutes (3 points)
 - b. Five to 30 minutes (2 points)
 - c. 31 to 60 minutes (1 point)
2. How many cigarettes do you smoke each day?
 - a. More than 30 cigarettes (3 points)
 - b. 21 to 30 cigarettes (2 points)
 - c. 11 to 20 cigarettes (1 point)

score	nicotine dependence
5 or 6	Heavy
3 or 4	Moderate
2	Low

Knowing your nicotine dependence can help you decide which products would be most beneficial to help you quit. The following table can help with product selection.

The recommended treatment period for all products is 8-12 weeks. Regular use beyond 12 months is not generally recommended although long term use of some forms of NRT has been reported with no ill health effects.

Product	Dosage
Combination Therapy	For people with a Heavy dependence on nicotine and who experience cravings using only one form of NRT <ul style="list-style-type: none"> • 15 mg/16 hour patch in combination with 2 mg gum or • 21 mg/24 hour patch in combination with 2 mg gum or 2 mg lozenge or 1.5 mg Mini lozenge or • patch in combination with any intermittent form of NRT
Patch	Heavy to Moderate dependence: 21 mg/24 hour patch or 15 mg/16 hour patch Moderate to Low dependence: 15 mg/16 hour patch Use 1 patch daily
Gum	Heavy to Moderate dependence: 4 mg (after the first 2 weeks you may prefer to use the 2mg gum) Moderate to Low dependence: 2 mg Use 1 piece per hour or 10-15 pieces per day
Lozenge	Heavy to Moderate dependence: 4 mg lozenge or Mini lozenge Moderate to Low dependence: 2 mg lozenge or 1.5 mg Mini lozenge Use 1-2 lozenges per hour (8-12 per day) Use 1 Mini lozenge every 1-2 hours
Inhaler	use 6-12 cartridges per day depending on level of dependence
Sublingual tablet 2mg	Heavy dependence: 2 tablets per hour or 24 per day Moderate dependence: 1-2 tablets per hour or 12-24 per day Low dependence: 1 tablet every 1-2 hours or 8-12 per day

References

- Action on Smoking and Health Australia. (2007). *Guidelines for Healthcare Professionals on using Nicotine Replacement Therapy for smokers not yet ready to stop smoking*. Sydney: Action on Smoking and Health Australia.
- Zwar, N., Richmond, R., Borland, R., Peters, M., Stillman, S., Litt, J., et al. (2007). *Smoking cessation pharmacotherapy: an update for health professionals*. Melbourne: The Royal Australian College of General Practitioners.
- Zwar, N., Richmond, R., Borland, R., Stillman, S., Cunningham, M., & Litt, J. (2004). *Smoking Cessation Guidelines for Australian General Practice. Practice Handbook*. Canberra: Australian Government, Department of Health and Aging.

Products to help you

 **quit**® **smoking**

Quitting may not be easy.
Tobacco products are addictive
and it is easier to quit smoking
with help. There is a range of
medical products available that
can double your chances
of success.¹

NSW  **HEALTH**

How to use NRT

The following information is not intended to replace the Consumer Medicine Information that accompanies the NRT. Remember to read the Consumer Medicine Information issued in the NRT packaging before using the products.

Patch

The nicotine patch is an adhesive patch that you wear on your skin. It slowly releases nicotine, which you absorb through your skin. The patch works by replacing some of the nicotine you normally inhale from cigarettes.

- If you smoke more than 10 cigarettes a day, start on the highest strength patch – either the 15mg/16 hour patch, or the 21mg/24 hour patch.
- If you smoke less than 10 cigarettes a day or weigh less than 45kg, start on either the 14mg/24 patch or 10mg/16hrs.
- Wearing a patch for 16 hours per day is as effective as wearing one for 24 hours per day.¹
- Using the patch for 8 weeks is as effective as longer courses and there is no evidence that gradually reducing the dose is better than simply stopping use of the patch.^{1,2}
- Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of NRT patch beyond 9 months is not recommended.

You must use nicotine patches correctly for them to be effective in helping you quit.

- 1 One patch is used per day.
- 2 Apply to clean, dry, smooth skin on arm or upper body, in the morning.
- 3 Choose a different site each day to avoid skin rash.

Gum

- Nicotine gum is available in 2mg and 4mg strengths. Usually the 4mg strength is recommended if you smoke 20 or more cigarettes in a day or are a smoker who has not been able to quit smoking using the 2mg strength.
- Nicotine gum is NOT to be chewed like regular gum, but used as an oral patch.
- Use gum regularly, for example, 1 piece per hour, as follows:
 - 1 Chew 3–4 times, until you feel a tingling sensation or a 'peppery' taste.
 - 2 Flatten it and place it between your cheek and gum.
 - 3 Occasionally move the gum around your mouth and chew two or three times to release more nicotine as needed.
 - 4 Eating or drinking anything except water should be avoided for 15 minutes before and during chewing.³
 - 5 Discard after 30 minutes.
- Medical guidelines recommend you use the gum every 1–2 hours during the day, for a period of 1–3 months.³
- It is recommended that you do not chew more than 20 of the 2mg or 10 of the 4mg pieces in one day.
- Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of NRT gum beyond 12 months is not recommended.

Lozenge

This product works in the same way as nicotine gum; the nicotine is absorbed into the bloodstream through the lining of the mouth. Because the lozenge is sucked until it dissolves completely, up to 25 per cent more nicotine may be absorbed into the blood than with similar dosages of gum. This means that it may be more effective in reducing nicotine withdrawal symptoms.

- 1 Use one lozenge at a time.
- 2 Do not exceed 15 lozenges per day.
- 3 The lozenge should be moved around the mouth from time to time and sucked until it dissolves (takes 20–30 minutes).
- 4 Do not eat or drink while sucking the lozenge.
- 5 For about six weeks, use one lozenge about every 1–2 hours.
- 6 For the next 3 weeks, use one lozenge every 2–4 hours.
- 7 If necessary, continue using 1 lozenge every 4–8 hours for 3 weeks and then use a lozenge if strongly tempted to smoke for up to 12 weeks.

The lozenge comes in two strengths. It is easy to decide which one is suitable for you. If you usually reach for your first cigarette of the day:

- Within 30 minutes of waking – use the 4mg.
- Longer than that – use the 2mg.

Sublingual tablet (Microtab)

Similar to the lozenge, nicotine is released and absorbed through the lining of the mouth as the tablet dissolves. The levels of nicotine attained are similar to those of the 2mg gum. Sublingual tablets may be useful in situations where chewing gum is inappropriate.

- 1 Tablet is placed under the tongue where it releases nicotine as it dissolves.
- 2 Tablet should not be swallowed, sucked or chewed.
- 3 Drinking is permitted while tablet dissolves.
- 4 Those who smoke less than 20 cigarettes per day should use one tablet per hour (8–12 tablets per day will be adequate).
- 5 Those who smoke greater than this amount, or who have not succeeded using one tablet should use two tablets per hour (16–24 tablets per day) the recommended maximum number of tablets in one day is 40.
- 6 Full dose of tablets should be used for 3 months, then gradually reduced to zero.
- 7 Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of NRT sublingual tablet beyond 6 months is not recommended.

Inhaler

This device consists of a plastic mouthpiece and cartridge containing a dose equivalent to 2mg of nicotine. It may be useful for those who miss the hand to mouth action of smoking.

- The inhaler resembles a cigarette and the nicotine is inhaled through the mouth.
- After 20 minutes of intense use with deep inhalations for continuous puffing you will have used all the available nicotine in a cartridge.

Remember

- read and a information
- see your pharmacist inform

number to
adhere to the
on the pack
doctor or
t for more
ation.

The program recommended by the manufacturers is:

- 6–12 cartridges per day for 12 weeks
- 3–6 per day for 2 weeks
- 1–3 per day for 2 weeks
- Some ex-smokers may need longer treatment with NRT to avoid returning to smoking, however, regular use of the NRT inhaler beyond 12 months is not recommended.

Withdrawal symptoms and side effects

Some smokers confuse symptoms of withdrawal from tobacco with the side effects of NRT. They may become tense, agitated, depressed, have disturbed sleep or crave cigarettes when using NRT. These can be symptoms of nicotine withdrawal.

This can happen when the nicotine from the NRT has not properly replaced the nicotine from cigarettes. Different types of NRT can be combined to enhance the success, for example patch plus one of the following:

- 1 gum
- 2 lozenge
- 3 sublingual tablet
- 4 inhaler.

Some people do experience side effects, but these are usually mild. Side effects can include:

- a rash on the skin where the nicotine patch is worn. Moving the patch to a new area of skin each day will help reduce skin irritation, and there are also medicated skin creams available
- hiccups, indigestion and mouth irritation.

If you are concerned, talk to your doctor.

Note. Some NRT products are safe to use in pregnancy and lactation or following a heart attack or stroke. Call the Quitline 13 7848 for more information.

Varenicline (Champix) and bupropion (Zyban)

There are two non-nicotine medications available in Australia that help people stop smoking. Both bupropion (Zyban) and varenicline (Champix) are only available on prescription from a doctor and are available through the Pharmaceutical Benefits Scheme, therefore the cost is subsidised. Talk to your doctor about the suitability of these medications for you, as they each work in different ways and may be unsuitable for some people. Use of these medications can increase your chances of quitting smoking successfully.

What type of products?

Medical products shown to be successful are:¹

- Nicotine replacement therapies (patch, gum, lozenge, sublingual tablet and inhaler). All nicotine replacement therapies are available over the counter in your local pharmacy and can be bought without a prescription. Some products may be more widely available in supermarkets etc.
- Bupropion (Zyban) or varenicline (Champix) tablets. These need to be prescribed by a doctor and are listed on the Pharmaceutical Benefits Scheme, which makes them cheaper.

Correct usage of any of the above products has been shown to double the chances of stopping smoking among heavy smokers. If you have recently had a heart attack, are pregnant, or you are breastfeeding, talk to your doctor before using these products.

How does nicotine replacement therapy (NRT) work?

It is the 4000+ toxic chemicals in tobacco smoke that are harmful. The most harmful thing about the nicotine in cigarettes is that it keeps you addicted to smoking. NRT works by replacing the nicotine obtained from cigarettes with nicotine delivered by the patch, gum, lozenge, sublingual tablet or inhaler.

- The gum, lozenge and sublingual tablet slowly deliver the nicotine through the lining of the mouth.
- The patch slowly delivers the nicotine through the skin.
- The inhaler delivers the nicotine a little faster through the mouth.

Because these products deliver a constant low dose of nicotine compared to cigarettes they:

- reduce your body's addiction to the nicotine in cigarettes
- reduce symptoms of withdrawal, eg cravings, sleeplessness, poor concentration and anxiety.

Other strategies

Other strategies that may help you when you decide to quit are:

- Counselling.
- Developing a quit plan which includes:
 - 1 Setting a date to quit.
 - 2 Reviewing past experience to determine what worked and what did not work.
 - 3 Identifying potential problems and ways to deal with them.
 - 4 Enlisting the support of family and friends.
 - 5 Quitting with a friend.
 - 6 Reducing alcohol and caffeine use in the first two weeks.
 - 7 Avoiding other people's smoke.
- Being mindful of stressful or negative events.
- Call the Quitline 13 7848.
- Visit www.quitnow.info.au or www.13quit.org.au

Things to remember

- The first two weeks in quitting smoking can be difficult. During this time most of the physical symptoms of withdrawal occur, after which they diminish over time. At about three months most quitters have become established non-smokers.
- Many ex-smokers have made several attempts before they quit for good.
- Planning will improve your chances of success.
- The health benefits of quitting start within two hours of giving up.

References

- 1 Silagy C, Lancaster T, Stead L, Mant D, Fowler G 2004, *Nicotine replacement therapy for smoking cessation (Cochrane Review)*, In: The Cochrane Library, Issue 1, Chichester, UK: John Wiley & Sons, Ltd.
- 2 Fiore MC, Smith SS, Jorenby DE et al 1994, *The effectiveness of the nicotine patch for smoking cessation: a meta-analysis*. JAMA; 271(24):1940–1947.
- 3 Fiore MC, Bailey WC, Cohen SJ, et al 2000, *Treating Tobacco Use and Dependence, Clinical Practice Guideline*, Rockville, MD: US Department of Health and Human Services, Public Health Service.

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For more
information
talk to your doctor
or pharmacist.

Call the
Quitline 13 7848
for free, ongoing
advice and
support while
you quit.