

## Smoking Cessation and Nicotine Replacement Therapy Myths and Realities

***Nicotine is the harmful substance in cigarettes.***

Medical Reality: It is not nicotine, but the thousands of toxins present in tobacco and its combustion products, that are responsible for the vast majority of tobacco-caused disease.

***Nicotine's addictive potential is the same regardless of whether nicotine is obtained through Nicotine Replacement Therapies (NRT) or cigarettes.***

Medical Reality: Cigarettes are far more addictive than nicotine replacement products primarily because of the way in which they deliver nicotine.

***Patients with heart disease should not use nicotine replacement products.***

Medical Reality: It is more dangerous for patients with heart disease to continue to smoke than to use NRT. Given the seriousness of their medical condition, cardiac patients who cannot quit using non-pharmacologic methods should be among those first considered for NRT and other cessation medications.

***Pregnant women should never use NRT.***

Medical Reality: NRT is safer than smoking for the pregnant woman and her fetus if she is unable to quit smoking with a behavioural intervention. Pregnant women who cannot quit using non-pharmacologic means should be considered for NRT.

***Smokers under 18 should not use cessation medications.***

Medical Reality: Most daily smokers begin smoking before age 18, and are therefore already getting nicotine. The nicotine patch and gum are far safer than smoking. Cessation medications should be considered for all smokers, including those under 18.

***Stop-smoking medications are not effective in helping people quit.***

Medical Reality: Cessation medications are effective with or without counseling. NRT and bupropion have each been found to approximately double quit rates compared to placebo and varenicline triples quit rates.

***The various nicotine replacements should not be used at the same time and/or in combination with bupropion.***

Medical Reality: The nicotine patch and gum/lozenge/inhaler may be used at the same time and/or in combination with bupropion.

***NRT should only be taken in doses recommended by the manufacturer.***

Medical Reality: Smokers should be in control of how they use NRT and should vary the dose according to their own needs. Like smoking, it takes time to learn how best to use NRT in a manner that maximizes its benefits.



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## Secondary Prevention Best Practice Tool Kit

***Nicotine gum, inhaler, lozenge or the patch should only be used by those who are ready to quit smoking and should not be used by those who just want to reduce their tobacco use.***

Medical Reality: NRT can be used by people who are not yet ready or able to quit as, for some individuals, being tobacco-free is not a foreseeable goal. NRT may help these smokers take a "cigarette holiday" or, in some cases, substantially reduce their smoking as an interim, achievable step toward tobacco abstinence.

***Tobacco is a just a physical addiction.***

Medical Reality: The addiction to tobacco is both mental and physical. A pharmacological and behavioural approach to smoking cessation is the best approach to smoking cessation.

*Adapted and used with permission from the Ontario Medical Association. A selection of myths and realities developed as part of a policy paper entitled Rethinking Stop-Smoking Medications: Treatment Myths and Medical Realities. The entire paper can be found at <http://www.oma.org/Health/tobacco/index.asp>.*