

# Frequently Asked Questions about NRT

## What do I do if residents continue to smoke while using NRT?

- If a resident is smoking while using the patch, they will often smoke less and find that they can't finish a whole cigarette
  - May experience symptoms of nicotine toxicity – nausea, headaches, dizziness, sweating.
  - If this occurs, they should stop smoking and take off the patch until symptoms resolve
- Ensure that the resident is getting sufficient nicotine through the NRT
  - They may need a higher dose of the patch,
  - Confirm that the patch is still properly affixed to the skin
  - Check that the resident is using the short-acting NRT properly (e.g., parking in the cheek)
- NRT can help manage acute nicotine withdrawal in somebody who does not plan to quit smoking
  - NRT can also be used to help reduce the number of cigarettes as resident is using

## Is NRT safe to take?

- NRT is safe to take because it provides a clean form of nicotine without the other chemicals that are in commercial cigarettes
- These other chemicals (e.g., tar) found in tobacco products are the ones that contribute to harm and diseases including cancers, heart attacks, and stroke. Nicotine on its own is not dangerous.

## Is NRT addictive?

- NRT delivers nicotine to the body in small, controlled doses and does not perpetuate addiction
  - Long-acting NRT (i.e., the nicotine patch) has a slow onset of effects since it increases nicotine levels over several hours instead of seconds, like a cigarette would
  - Short-acting NRT (i.e., gum, spray, lozenge, inhaler) delivers nicotine more quickly than the patch, but more slowly, and at lower levels than a cigarette