Guide to Using Nicotine Replacement Therapy (NRT) Products: STOP Program

Nicotine Patch (21mg/14mg/7mg):

- Apply to clean, dry, and non-hairy area of the upper body
- Can secure with medical tape, sock, or an armband
- Wear for 24 hours
- Side effects:
 - Localized irritation
 - Remove the entire residual adhesive when removing the patch.
 - Move the patch around to minimize irritation.
 - Use steroid spray before applying the patch if necessary. Can use an over the counter hydrocortisone cream after patch is removed, if necessary.
 - Sleep disturbance and vivid dreams (due to presence of nicotine in body overnight)
 - If combination therapy, take the patch off at night. In the morning, put the patch on and use a short acting NRT (gum, lozenge, or inhaler) for the first 30 minutes to control the withdrawal symptoms until the patch kicks in.

OR

If no combination therapy, take the patch off at night and set 2 alarm clocks 30 minutes apart. When the first one rings, put the patch on and go back to sleep. By the time the second alarm rings 30 minutes later, the patch would be effective.

Nicotine Gum (2mg):

- Works by buccal absorption
- Use the Chew, Chew, Park strategy:
 - Park for 30 seconds adjacent to gums
 - Repeat and move to different gum location (to minimize localized irritation)
 - Effective for 20-30 minutes
- Do not consume acidic drinks/foods, such as alcohol and coffee (wait 15 minutes to use gum)
 - Alters absorption and reduces effectiveness of the gum

Nicotine Lozenge (2mg):

- Works by buccal absorption
- Rest the lozenge adjacent to gums, move occasionally (to minimize localized irritation)
 - Effective for 20-30 minutes
- Do not consume acidic drinks/foods, such as alcohol and coffee (wait 15 minutes to use gum)
 - Alters absorption and reduces effectiveness of the gum

Nicotine Inhaler (10mg, 4mg of nicotine delivered):

- Do not inhale deeply (takes practice), works by buccal absorption
- How to open/fill/close:
 - Line up etch marks to open and close
 - Insert Cartridge and puncture seal
- Nicotine will be depleted from cartridge in 24 hours even if not used
- Cartridge lasts for 20 minutes of continuous usage

Nicotine Mouth Spray (150mg, 1mg/spray):

- Works by buccal absorption
- How to use:
 - Using your thump, slide down the black button until it can be pushed slightly inward
 - While pushing in, slide upward to unlock the top of the dispenser and release button
 - Must be primed before the first use or if not used for more than 2 days
 - Point the nozzle as close to your mouth as possible, spray into the mouth while avoiding lips
 - Close mouth and do not swallow for a few seconds after spraying
 - Do not inhale while spraying
 - Close the spray after each use
- Use one spray first, a second one if craving does not disappear after a few minutes
- Typically, use 1-2 sprays every half hour. Maximum dose is two sprays at a time.
- May use up to 4 spray per hour, but do not exceed 64 sprays in a 24 hour period
- Do not eat/drink 15 minutes before and after using the nicotine mouth spray

Links to TEACH Nicotine Replacement Therapy (NRT) Instructional Videos:

Nicotine Patch: https://www.youtube.com/watch?v=uCbH1-qi7eA

Nicotine Gum: https://www.youtube.com/watch?v=MAFuka7li68

Nicotine Lozenge: https://www.youtube.com/watch?v=Tol4jhlNgxk

Nicotine Inhaler: https://www.youtube.com/watch?v=UlyInRGafqs

Nicotine Mouth Spray: https://www.youtube.com/watch?v= DJSoXQNlfl

Smoking cessation/reduction and caffeine consumption:

Please note that nicotine makes the body to break down caffeine faster. So, when a smoker reduces or stops smoking, their body does not break down caffeine as much. Therefore, caffeine consumption should be reduced to avoid potential for caffeine toxicity. Symptoms of caffeine toxicity include anxiety and fidgety, which are similar to nicotine withdrawal symptoms. Therefore, caffeine toxicity symptoms can be mistaken for nicotine withdrawal and may seem as if the NRT is not working. Please ensure that this information is discussed with the participant and appropriate suggestions with respect to their caffeine intake are communicated.