

Nicotine Replacement Therapy

Using the Nicotine Patch, Gum, and Lozenge

www.quitlinenc.com

What it is:

Nicotine replacement therapy (NRT) replaces the nicotine you normally get from tobacco (cigarettes, vaping/e-cigarettes, snuff/chewing tobacco) with something safe like the nicotine patch, gum or lozenge. These products help you get past cravings while you learn how to live life tobacco-free.

Nicotine replacement therapy **works**:

People who use nicotine replacement therapy along with counseling to help them quit are twice as likely to quit for good than people who try to quit without help.

Nicotine replacement therapy is **safe**:

Getting nicotine from the patch, gum or lozenge is safe. Using cigarettes, e-cigarettes (such as JUUL), or chewing tobacco/snuff is not safe. Nicotine is the addictive part of any form of tobacco, but it is not the most dangerous part. There are poisons in all forms of tobacco (including e-cigarettes) that can make you sick or could even cause cancer.

Nicotine replacement therapy does not cause heart attacks or strokes. If you want to avoid having a heart attack or stroke, the best thing you can do is stop using tobacco. Nicotine replacement therapy helps you do that.

Nicotine replacement therapy is **not addictive**:

The nicotine patch, gum, and lozenge give you nicotine in a way that is not addictive. These products are absorbed slowly into your body through your skin or your cheek, instead of quickly through your lungs. The nicotine patch, gum, and lozenge don't give you the same pleasant feelings as tobacco... and that's the point. Instead, they help you control your cravings in a non-addictive way.

It is rare for anyone to get too much nicotine from the patch, gum, and lozenge. Even when used together, they often don't give you as much nicotine as you would get from using tobacco or e-cigarettes.

Eventually, you will be confident enough in being tobacco-free that you will stop using nicotine replacement therapy. However, it's important to use it long enough (usually three months, or longer) to feel comfortable living tobacco free.

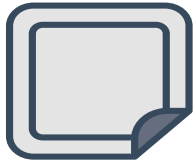
If you slip up and use tobacco while on nicotine replacement therapy... **That's OK!**

If you slip and smoke, chew, dip or vape on nicotine replacement therapy, that doesn't mean it isn't working or that you should take the patch off. You might find that you smoke less on the nicotine patch, which is a step in the right direction. Talk with your healthcare provider or Quit Coach/counselor about your slip. They can help you come up with a plan to stay on track in the future.

How to use Nicotine Replacement Therapy

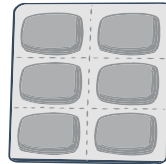
Nicotine patch & nicotine gum OR lozenge work best when used TOGETHER

Using the nicotine patch together with either nicotine gum or the nicotine lozenge makes it more likely you will be tobacco-free for good. The nicotine patch fights your cravings all day. However, some situations – like after a meal – may trigger you to want to use tobacco. That's when it's good to have your nicotine gum or lozenge handy. These products will help you avoid tobacco even in tough situations.



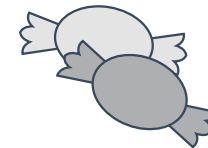
Nicotine Patch

+



Nicotine Gum

OR



Nicotine Lozenges

- Apply the patch at about the **same time** every day to clean, dry, hairless skin. Be sure to throw out your old patch.
- **Move the spot** where you put the patch each day.
- **Don't use creams or lotions** on the skin where you put the patch because they may cause the patch not to stick.
- Apply a new patch on a **different spot** if one falls off.
- If you have mild itching or redness where you put the patch, apply a little **hydrocortisone cream** on it. Call your health care provider or Quit Coach if you get a rash two or more inches beyond the patch.
- If you have vivid dreams or can't sleep with the patch on, remove the patch at bedtime and **apply a new one in the morning**.

Side effects include: mild itching or redness at the point of application, headache, trouble sleeping, vivid dreams

- **Slowly chew one piece** of gum until you notice a peppery taste or feel a slight tingling in your mouth.
- Stop chewing and **put ("park") the gum between your cheek and gum**. When the taste or tingling is almost gone, chew the gum again until you taste it.
- Continue chewing and "parking" the gum in different places for about **30 minutes to get the full dose**.
- **Do not chew too fast** or chew more than one piece at a time.
- Do not drink acidic beverages, such as citrus fruit juices, coffee, soft drinks, or tea **within 15 minutes before or while chewing a piece of gum**.

Side effects may be: mouth/jaw soreness, hiccups, sore throat, and if the gum is not chewed right: nausea or vomiting, lightheadedness

- Put the lozenge between your cheek and your gum, let it **slowly dissolve** for 20-30 minutes.
- **Do not bite or chew** the lozenge like hard candy. Do not swallow the lozenge. Try not to swallow most of the dissolved medicine, the nicotine absorbs into your cheek.
- Move the lozenge occasionally to **different spots** in your mouth.
- **Do not eat or drink** for 15 minutes before using a lozenge.

Side effects include: nausea, mouth irritation, sore throat, trouble sleeping



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES



NC Department of Health and Human Services • Division of Public Health • Tobacco Prevention & Control Branch
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Smoking Cessation Medications

This chart provides general guidelines on use of cessation medications, but you should always follow the instructions in the product package, which might be slightly different in some cases. All medications below have been shown to help smokers quit.

Type	Available without prescription?	How used	Benefits	Dosage	Drawbacks
Nicotine gum	Yes	Chew briefly until you notice a peppery taste or tingle, then hold inside cheek. After the taste or tingle fades, chew again. Repeat this for 20 to 30 minutes. Nicotine is absorbed through the mouth lining.	Convenient and flexible. It delivers nicotine more quickly than a patch. The gum can be used on a schedule of 1 or 2 pieces every hour or as you need it for nicotine cravings.	Begin with 2- or 4-mg strength, and use no more than 24 pieces a day. Taper dose before stopping. Use for 1 to 3 months – and no longer than 6 months	You can't eat or drink for 15 minutes before using or while chewing the gum. If you have dental/jaw problems, talk with your dentist. The product may cause throat irritation and a bad taste in the mouth.
Nicotine patch	Yes, for some brands	Apply to skin each day per package directions. The patch releases a steady dose of nicotine through the skin	It is very easy to use.	Most smokers begin with a full-strength (15-22 mg) patch each day for 4 weeks and then taper to a weaker patch (5-14 mg). Use for a total of 3 to 5 months. It is available as a 16- or 24-hour patch.	The patch releases nicotine more slowly than other systems. It may cause skin irritation, muscle aches, sleep problems, dizziness, nausea, headache, racing heartbeat, and vivid dreams.
Nicotine lozenges	Yes	Suck on 1 lozenge until fully dissolved; do not bite or chew. Use 1 every 1 to 2 hours for 6 weeks, then 1 every 2 to 4 hours for 3 weeks, then 1 every 4 to 8 hours for 3 weeks.	Convenient and easy to use. It delivers nicotine quickly through the lining of the mouth.	Comes in 2- and 4-mg strengths. Dose is based on how long after waking up you normally have the first cigarette of the day. Do not use more than 20 in 1 day. Do not smoke while using lozenges.	You can't eat or drink for 15 minutes before or while using a lozenge. It may cause nausea, gas, hiccups, heartburn, coughing, headache, and trouble sleeping.
Nicotine nasal spray	No	When the urge hits, take a deep breath, spray once into each nostril, and exhale through your mouth.	Delivers nicotine quickly through the nose. It is good at reducing sudden cravings.	Start at 1 to 2 doses per hour. Do not use more than 5 times an hour or 40 times in a day. Use for 3 months, and slowly taper off. Do not use longer than 6 months.	Nose and sinus irritation, sneezing, runny nose, watery eyes, and coughing are common at first but usually go away. Those with allergies, asthma, or nasal or sinus problems should not use the nasal spray.

Type	Available without prescription?	How used	Benefits	Dosage	Drawbacks
Nicotine inhaler	No	Inhale nicotine by bringing the inhaler to your mouth when the urge hits.	Nicotine is absorbed through mouth tissues as quickly as gum. Addresses “comfort” of hand-to-mouth. It has fewer side effects than other nicotine products	Use 4 to 20 cartridges per day, slowly tapering off over no more than 6 months.	The inhaler may cause coughing, mouth or throat irritation, or upset stomach at first. It’s more expensive than other methods of nicotine replacement
Bupropion hydrochloride (Zyban)	No	Start taking 1 to 2 weeks before quitting. If you quit smoking after 7 to 12 weeks, your doctor may have you keep taking it for some time afterward.	Easy to use. It may be more helpful when used along with nicotine replacement therapy.	For the first 3 days, take 1 pill a day, and then you may increase to 1 pill in the morning and 1 in the late afternoon	Do not use if you have a seizure or an eating disorder, are taking Wellbutrin or MAO inhibitors, or are a heavy alcohol drinker. It may cause dry mouth, trouble sleeping, tiredness, indigestion, headaches, and mood changes, including depression or (rarely) suicidal thoughts.
Varenicline (Chantix)	No	Taken as a pill, once or twice a day. Start taking 1 to 2 weeks before your quit date.	Lessens pleasure from smoking. It reduces symptoms of withdrawal.	Dosage increases slowly during the first week. Starting on day 8, take the full dose for up to 12 weeks. Those who quit smoking may use another 12 weeks to boost their chance of staying quit.	It may cause nausea, gas, headache, trouble sleeping, unusual dreams, taste changes, and mood or behavior changes. More serious side effects may include seizures and thoughts of suicide.

A note about electronic cigarettes and ENDS – Scientific studies have been mixed regarding the effectiveness of adults using e-cigarettes to quit smoking. Some studies have found e-cigarettes can help adults quit smoking. Other studies have found little effect or that using e-cigarettes may even interfere with quitting. Smoking cessation using e-cigarettes in adolescents and young adults has not been studied. The American Cancer Society cannot recommend e-cigarettes and other electronic nicotine delivery system (ENDS) products to help people quit smoking because none are approved by the U.S. Food and Drug Administration as cessation aids, and it isn’t yet known if they are safe and effective. There are proven methods available to help people quit, including pure forms of inhalable nicotine, as well as nasal sprays, gums, lozenges, and patches. These FDA approved methods are listed in the above chart.

Withdrawal Symptoms

Listed below are symptoms of withdrawal that may last a few days or weeks after quitting tobacco use, with suggestions on how to handle them. The peak of withdrawal symptoms usually occurs approximately 24 to 48 hours after quitting. REMEMBER that they are normal and temporary.

You May Feel:	Why It May Happen:	What To Do About It:
Irritable, nervous, anxious, grumpy	Withdrawal from nicotine	Take a brisk walk, exercise, call a friend, avoid stressful situations, try a deep breathing exercise, get enough rest, take a hot bath, drink water and fruit juices
Unable to concentrate, less efficient, impaired speech, lack of coordination, feeling spaced out or in a fog	Withdrawal from carbon monoxide (poisonous gas) and nicotine	Don't expect too much of yourself – especially the first three days, try a deep breathing exercise, take a walk, plan work load to try to avoid stress during the first few weeks, be careful using equipment or driving, take time off, if necessary
Lightheaded, dizzy, feeling over stimulated	More oxygen in the blood instead of carbon monoxide	Sit down and relax, take extra caution, change positions slowly
Sleepy, weak, no energy	No more nicotine stimulation	Try to get more sleep, take a nap, try a deep breathing exercise, try not to push yourself, take it easy
Insomnia or other sleep disturbances	Change in daily routine, body may need less sleep	Avoid caffeine after 6:00 p.m., use more energy during the day by getting more exercise, try a deep breathing exercise before bed, take a warm bath
Hungry	Nicotine artificially suppresses appetite	Try not to eat more or eat low-calorie snacks like fresh fruits and vegetables (apples, carrot sticks), and low fat popcorn, exercise, take a walk, drink water
Increased coughing	Excess mucous and tar in the lungs being cleared out	Drink plenty of fluids, chew sugarless gum, try cough drops or sugarless hard candy
Constipated	Decreased intestinal activity	Include fiber or roughage foods like fresh fruits and vegetables, whole grains and bran in your diet, drink six to eight glasses of water each day, exercise, walk
Headache	Better circulation sends more blood to the brain	Use over-the-counter pain relievers, take a warm bath or shower, use cold compresses, lie down and relax
Irritated or itchy scalp, hands and/or feet	Better blood circulation to your extremities	Massage the area, use lotion on itchy hands and feet
Tremors, shaky	Nicotine withdrawal	Sit down, tense and relax muscles
Sweaty	Body's way of flushing out nicotine	Drink water, wear lighter clothing, take more showers
Increased need to urinate	Body's way of getting ride of nicotine or may be from drinking more fluids	Take regular breaks at work, make frequent stops when traveling
Dry mouth or tongue, sore throat or gums	Numbness from tobacco smoke wearing off, throat is healing	Sip ice-cold water or fruit juice, use mouthwash or oral antiseptics, chew sugarless gum

Complimentary/Alternative Treatment Options

Mind and Body Practices

Mindfulness Meditation

- Some evidence that mindfulness mediation based smoking programs may be able to produce better results compared to regular counseling programs, **but there is still not enough information to be conclusive**
- Safe and easy to practice on your own



Hypnotherapy

- Some evidence suggests hypnotherapy may help in quitting smoking, **but there is still not enough information to be conclusive**
- Safe to practice both with a health professional as well as on your own

Yoga

- Only a few studies have been done to study how yoga could help in quitting smoking
- Some study results have been positive **but many more studies need to be done**
- A generally safe and low-impact activity when done correctly

Acupuncture

- Only a few studies have been done to study how acupuncture could help in quitting smoking **so no conclusions can be drawn**
- Relatively safe, but can be dangerous if not done properly (infections, etc.)

Natural Products

Cytisine

- Used as an aid in quitting smoking in some European countries
- Some studies have shown it can help people quit smoking
- Going through clinical testing in the U.S.
- When taken as recommended it is safe, but symptoms like nausea, vomiting, and sleep disorders are the most common issues

Text Source: <https://www.nccih.nih.gov/health/providers/digest/complementary-health-approaches-for-smoking-cessation-science>

Image Source: https://medium.com/@dhanraj_acharya/computer-science-analogy-for-your-body-mind-and-soul-807a2f87228d

Quitting methods

In addition to cessation medications, you can use several other methods when quitting smoking or preparing to quit. The following chart gives a description and example of each:

Method/Description	Example	Will it work for me?
Cold turkey “Cold turkey” means stopping smoking at once. It’s when you quit without changing how much tobacco you use and you do not use any cessation medication.	You smoke your usual number of cigarettes until your quit date, and then you do not smoke at all.	
Tapering Tapering involves smoking fewer cigarettes each day. Some people find it helpful to taper or cut down on their tobacco use before they quit. To ensure success with the taper method, try to use the smallest possible number of cigarettes each day, but no fewer than 10. Be advised that this technique can be a challenge. Tapering to less than 10 cigarettes per day can make it harder to quit so do not taper to less than 10.	Day 1: Smoke the usual 20 cigarettes. Day 2: Smoke 18 cigarettes. Day 3: Smoke 16 cigarettes. Day 4: Smoke 14 cigarettes. Day 5: Smoke 12 cigarettes. Day 6: Stop using tobacco.	
Scheduled reduced smoking Scheduled reduced smoking means smoking only at certain times of the day. For instance, a cigarette is to be smoked within the first five minutes of each scheduled time. Over a few days, the scheduled times become further and further apart, so that the time between cigarettes gets longer. This helps reduce how often you smoke. If you happen to miss a cigarette, it cannot be saved for later. If you are interested in this method, please talk to your group leader to figure out a schedule.	For a pack-a-day smoker: Day 1: Smoke every hour from 6 a.m. until 10 p.m. Day 2: Smoke every 1.5 hours from 6 a.m. until 9 p.m. Day 3: Smoke every two hours from 6 a.m. until 10 p.m. Day 4: Stop using tobacco.	

Quitting methods *(continued)*

Method/Description	Example	Will it work for me?
<p>Scheduled non-reduced smoking</p> <p>Scheduled non-reduced smoking is like scheduled reduced smoking except the time between cigarettes does not increase. The number of cigarettes you use in a day would not decrease over time either. With this method, you still use the same number of cigarettes you normally use in a day, but at scheduled times. You smoke on this schedule until your target quit date, and then you stop smoking completely.</p>	<p>If you normally smoke a pack a day, you schedule the time you will have each of the 20 cigarettes, and then stick to that schedule until your quit date.</p>	
<p>Telephone-based quit lines</p> <p>Quit lines are telephone-based, tobacco-cessation programs. Most quit lines are free and provide callers with information and services such as personalized telephone counseling, referrals to local programs, and educational materials. Some might include free or reduced-cost nicotine replacement therapies. Unlike group tobacco-cessation programs, where participants must wait until a group forms, quit lines are available year-round.</p>	<p>If employed, ask your employer if they provide a telephone-based quit line program or call 1-866-QUIT-4-LIFE (1-866-784-8454) to find out if your employer, health plan, or state provides coaching services through the Quit For Life® Program brought to you by the American Cancer Society and Optum. If not, you will be transferred to your state-provided quitline.</p>	

Prepare for your Quit Day

There is no one single way to quit. Quitting smoking is a lot like losing weight: it takes a strong commitment over a long time. Smokers may wish there was a magic bullet – a pill or method that would make quitting painless and easy. But there is nothing like that. Nicotine substitutes can help reduce withdrawal symptoms, but they work best when they are used as part of a stop-smoking plan that addresses both the physical and psychological components of quitting smoking.

Activity: My quit plan

Here are some steps to help you prepare for your Quit Day. Customize the checklist so it fits with your personal quit plan.

Completed	Task	My Notes
	Pick the date and mark it on your calendar.	
	Tell friends and family about your Quit Day. Reference the activity on the opposite page, “Create a support system plan,” and make sure you let your support system know how they can help you before your quit date.	
	Get rid of all the cigarettes and ashtrays in your home, car, and workplace.	
	Stock up on oral substitutes – sugarless gum, carrot sticks, hard candy, cinnamon sticks, coffee stirrers, straws, or toothpicks.	
	Practice saying, “No thank you, I don’t smoke.”	



STAR Quit Plan

- **S**et a quit date -- ideally, the quit date should be within 2 weeks. That gives you enough time to get ready to quit tobacco use. Think about choosing a special day:
 - Your birthday or day you got married
 - New Year's Day
 - 4th of July
 - The Great American Smokeout (the third Thursday of each November)

What special day do you choose? _____

- **T**ell family, friends, and co-workers about quitting and request understanding and support. Ask everyone to understand your change in mood. Remind them that this won't last long. (The worst will be over within two weeks.) Tell them this: "The longer I go without cigarettes, the sooner I'll be my old self."
 - Does someone close to you smoke? Ask them to quit with you, or at least not to smoke around you.
 - Do you take any medicines? Tell your doctor and pharmacist you are quitting. Nicotine changes how some drugs work. You may need to change your prescriptions after you quit.
- Get support from other people. Quitting can be hard. You may have already tried to quit before. But you can double your chances of quitting for good by calling QuitlineNC and signing up with a Quit Coach. QuitlineNC is free of charge and available 24 hours a day, seven days a week.



List the friends, family or co-workers that you are going to tell that you are quitting.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

- **A**nticipate challenges to quitting smoking, chewing or dipping, particularly in the first few weeks.

What challenges do you think you may have?	How will you handle them?
1.	
2.	
3.	
4.	
5.	

- **R**emove tobacco products from your home, car or work. Getting rid of things that remind you of smoking, chewing or dipping will also help you get ready to quit.

Source – www.smokefree.gov

Nicotine Patches: Frequently Asked Questions

1. How long should I use the patch for?

- a. You should use the patch for the full 8 or 10 weeks, depending on which step you start with. It is important to complete treatment. However, if you find that you need to use the patch longer than 8–10 weeks, the FDA has determined that is acceptable to do so in most cases. Talk to your doctor or healthcare provider if you feel the need to use the patch for longer than 8–10 weeks.

2. Which strength is right for me?

- a. If you smoke more than 10 cigarettes a day, follow the 10-week plan. Use nicotine patches Step 1 (21 mg) for 6 weeks, Step 2 (14 mg) for 2 weeks and Step 3 (7 mg) for 2 weeks. If you smoke 10 or fewer cigarettes a day, follow the 8-week plan. Use Step 2 (14 mg) for 6 weeks and Step 3 (7 mg) for 2 weeks.

3. How will I feel when I start using the patch?

- a. Quitting smoking isn't easy. But you'll feel a lot better than you would if you quit cold turkey. That's because the patch helps reduce nicotine withdrawal symptoms, which can include things like depressed mood, insomnia, irritability, frustration, anxiety, and restlessness. And since the benefit of quitting smoking is such a positive thing for your body and mind, you should start to feel better, both physically and emotionally, because of the decision you've made.

4. How do I apply the patch?

- a. **Step 1:** Do not remove the patch from its sealed protective pouch until you are ready to use it. Patches will lose nicotine to the air if you store them out of the pouch.
- b. **Step 2:** Choose a non-hairy, clean, dry area of skin. Do not put a patch on skin that is burned, broken out, cut or irritated in any way. Make sure your skin is free of lotion or soap.
- c. **Step 3:** Take the patch out of the pouch. Save the pouch for use at time of disposal. A clear, protective liner covers the sticky side of the patch – the side that will be put on the skin. The liner has a slit down the middle to help you remove it from the patch. With the sticky side facing you, pull half the liner away from the patch starting at the middle slit. Hold the patch at one of the outside edges (touch the sticky side as little as possible), and pull off the other half of the protective liner. Place liner back in the pouch. Save pouch for disposing of the patch after use.

- d. **Step 4:** Immediately apply the sticky side of the patch to your skin. Press the patch firmly on your skin with the heel of your hand for at least 10 seconds. Make sure it sticks well to your skin, especially around the edges.
- e. **Step 5:** Wash your hands when you have finished applying the patch. Nicotine on your hands could get into your eyes and nose, and cause stinging, redness or more serious problems.
- f. **Step 6:** After 16 or 24 hours, remove the patch you have been wearing. Fold the sticky ends of the used patch together. Place in its pouch and discard where it will be out of reach of children and pets. Even used patches have enough nicotine to poison children and pets. Wash your hands.
- g. **Step 7:** Choose a different place on your skin to apply the next patch and repeat Steps 1 to 6. Do not apply a new patch to a previously used skin site for at least one week.

5. Does the patch need to be placed on my arm?

- a. No, the patch can be placed anywhere on the body that is clean and dry at the time of application. Each day apply a new patch to a different place on your skin that is dry, clean and hairless.

6. How long should I keep a patch on?

- a. The patch keeps a steady flow of nicotine for 16 or 24 hours

7. How long after my last cigarette can I start using the patch?

- a. Choose a quit date and begin to use the patch that day. Upon reviewing the published literature data on the use of NRT products like the patch, the FDA has determined that the use of NRT products with cigarettes does not raise significant concerns.

8. If nicotine is the problem, why should I wear a nicotine patch?

- a. The patch doesn't contain any of the carcinogens (cancer-causing agents) that are found in cigarettes. The patch program is designed to help you stop smoking. It helps you gradually wean off of nicotine over time until you do not need it anymore.

9. Can I use the patch to help quit chewing tobacco, smoking cigars, or pipe smoking?

- a. No, the Food and Drug Administrations (FDA) has approved the use of the patch only as a stop-smoking aid for cigarette smoking.

10. How do I know if my patch is working?

- a. As you progress along your quit journey, your urge to smoke will decrease. Using the patch you'll get a leg up right out of the gate.

11. Can I gradually step down?

- a. Yes, when you gradually lower nicotine levels, your body adjusts. Following the patch 10 or 8 week program really does help improve your chances of quitting successfully.

12. Can I keep using patches after 10 weeks?

- a. The standard patch program lasts 8 or 10 weeks. If you think you need more than 8 or 10 weeks, consult with your healthcare provider.

13. Can I cut the patch?

- a. No, do not cut the patch in half or into smaller pieces.

14. Can I get the patch wet?

- a. Water will not harm the patch if applied properly. You can bathe, swim, or shower for short periods of time while wearing the patch. If you're concerned that it could loosen on your skin, you can secure it with two pieces of medical or sports tape, placed in an "X" over the patch.

15. Can the patch be placed over a tattoo?

- a. We suggest wearing the patch on a part of your body that is not tattooed. It is unknown whether the tattoo would affect how the patch would work, or if the tattoo coloring would change.

16. Can the patch be worn in a tanning bed?

- a. The Original and Clear patches can be worn while in the sun or tanning bed. However, the patches have not been demonstrated to be effective protection against sun exposure. Use of sunscreens with the patch is not recommended because it may affect the adhesion. Therefore, if you are planning on using the patch while tanning, you may want to place it in an area that will not be exposed.

17. What if my skin is sensitive?

- a. Ask a doctor before use if you have an allergy to adhesive tape or have skin problems because you are more likely to get rashes. Stop use and ask a doctor if skin redness caused by the patch does not go away after four days, or if your skin swells, or you get a rash.

18. What if my skin is very hairy?

- a. Choose a non-hairy, clean, dry area of skin.

19. Why aren't my patches sticking?

- a. We understand how frustrating it is when your patch does not stick. Lack of adhesion may be attributed to hot weather, patient skin type, or activity. Please be sure you have applied the patch properly: Choose a non-hairy, clean, dry area of skin. Press the patch firmly on your skin with the heel of your hand for at least 10 seconds. Make sure it sticks well to your skin, especially around the edges. Do not

use moisturizing soap or lotion prior to applying the patch. If you are using a moisturizing soap, try changing soaps or apply medical adhesive tape over the patch to help keep it in place.

20. Can I smoke while wearing the patch?

- a. The whole reason to use the patch is to quit smoking. Once you've made the decision to quit, you should choose a date to stop smoking and start using the patch that day. It is okay if you slip-up and have a cigarette. You can still continue your quit attempt and keep using the patch as directed. Just throw away your cigarettes and get back to your quit plan. The FDA has determined that there are no significant concerns with using NRT products like NicoDerm CQ at the same time as another nicotine-containing product like a cigarette.

21. Can I drink alcohol if I am wearing the patch?

- a. Right after quitting, you should try to avoid alcohol, coffee, and other beverages you associate with smoking.

22. Can I use the patch if I'm pregnant or nursing?

- a. If you are pregnant or breast-feeding, only use this medicine on the advice of your healthcare provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

23. Can I use the patch if I have a medical condition?

- a. If you are concerned, your doctor or pharmacist is the best person to advise you based on your medical history and present state of health. We specifically recommend you ask a doctor before use if you have:
 - Heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate.
 - High blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- b. Also, ask a doctor or pharmacist before using if you are:
 - Using a non-nicotine stop-smoking drug.
 - Using prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

24. Can I use the patch if I take other medications?

- a. Any questions about drug interactions between medications should be answered by your physician or other health care professional. Talk to your doctor if you take other medications. The active ingredient in the patch is nicotine, which is already in your system if you are a smoker. Talk to your doctor about this, especially if you use a non-nicotine stop-smoking drug or take prescription drugs for asthma or depression.

25. What if my child or pet ingests or comes in contact with a patch?

- a. Make every effort to keep the patch out of reach of children and pets. In case of accidental ingestion or contact, get professional assistance or contact a poison control center immediately.

26. Why not quit cold turkey?

- a. Nicotine delivered by cigarettes is so addictive that people often underestimate how difficult it is to resist cravings using willpower alone. Nicorette delivers a controlled amount of nicotine to your system to help soothe your physical cravings and allows you to focus on mental aspects of your quit. Using Nicorette Replacement Therapy as directed doubles your chances of quitting.
- b. *Doubles your chances of quitting vs. placebo. Use as directed. Behavioral support program increases chances of success. Many people require several quit attempts to stop smoking. This product is part of an 8-12-week program.

27. Will I gain weight if I quit smoking?

- a. When it comes to quitting smoking, weight gain is a common concern. Even if you do gain a bit, it's nothing compared to all the good things you're doing for yourself. If you continue to gain weight after a few months, try to analyze what you're doing differently. Reduce your fat intake, choose healthy snacks, and increase your physical activity to help burn off extra calories.

28. How do I bounce back from a slip-up?

- a. Don't be discouraged by slip-ups. Learn from them. Use a slip-up to find your smoking triggers and then avoid the situations that cause them. Watch the video for more information.

29. I've tried to quit smoking several times, but it's never worked. Why can't I quit?

- a. You can. You just haven't succeeded yet. Even if you've made it a day, a week, or a month — you've made it. Try to learn from your mistake. Figure out why you fell off the wagon so you can avoid putting yourself in similar situations in the future, choose a new quit date, and then try again. This time, you may be able to quit for good!

****These questions/answers are for the NicoDerm CQ patch, other brands may vary. Please view specific instructions on the patches you have. Also, consult for more information if needed.****