

SmokeLess New Zealand

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Printable version: www.smokeless.org.nz/smokersoptions.pdf

Smokers need more options

Without using the internet, the only way New Zealand smokers can get addictive nicotine today is to smoke. The nicotine gum patch and lozenges at the pharmacy are useful for smokers wanting to quit smoking, but most smokers are not ready to quit if that means giving up addictive nicotine. Quitting smoking and nicotine at the same time means that most quitters soon go back to smoking to get their addiction needs met.

Smokeless New Zealand a new charitable trust has been formed to advocate for more choices for smokers, so smokers don't have to give up nicotine just to quit smoking. Chair Dr Murray Laugesen says "The smoke is what kills people, but the nicotine is what smokers want, and the two can be separated."

Smokers smoke for nicotine, and 4000 smokers a year leave their quitting too late. They often get no second chance, as by the time they know they have lung cancer it has spread too far. The new warnings on packets next year will increase the pressure on smokers to quit, but too many will still find it very difficult. Is there some way for smokers to quit smoking and still get their nicotine?

1. The first option is to keep on smoking, but the risks from smoking are extreme - cigarettes eventually kill half of those who continue to smoke past age 35. Almost anything else (including being a soldier in war for a few years) is safer.

2. The second option is to quit smoking and tobacco all at once

Smokers wanting to quit smoking and tobacco together should contact their doctor or the QuitLine 0800 778 778, or if they are ready to do it and sure of success, go cold turkey. This is the ideal, for those who have decided to be drug-free. www.quit.org.nz

3. The third option is to switch to addictive nicotine. Those who don't want to quit nicotine just yet, should still quit smoking for their own safety. Several products that can provide smokers with addictive nicotine:

3.1 Patches and gum First, many nicotine addicts find it difficult to get enough nicotine from patches and gum. If they use both together they find they do better.

A nicotine patch gives a steady background level of nicotine. To take care of sudden urges to smoke, many quitters chew on 4mg nicotine gum which they gives them a nicotine effect after say ten minutes. Gum and patches are sold in supermarkets and pharmacies. If people smoke at the same time as using these nicotine medications, they may feel slightly sick, it means they are getting as much nicotine as they need, and should now cut down on cigarettes until they rely on the nicotine gum and patch only for their nicotine. www.smokeless.org.nz/nrt.htm

3.2 Nasal snuff. This traditional product will be going on sale in 2006. It can give very high levels of nicotine to satisfy smokers' needs. It gives a nicotine hit very quickly, within two minutes. It is legal to sell it, and specialist tobacconists are likely to stock it. It is addictive, may cause disease, but is much safer than cigarettes. Now that smoking is known to kill half of continuing smokers, snuff could come back into fashion.

Because it has not been used it has not been studied, and little is known about its effects. The safest nasal snuff with the lowest nitrosamines is from Swedish Match. As the risks are likely to be similar to oral snuff, (see below) nasal snuff, if it helps smokers to switch off smoking, will avoid the high risks of smoking, and used for the first year or so after stopping smoking, will reduce the risk of relapse to smoking. Because of its fast action, it will be useful if kept handy as an emergency source of nicotine, and used to satisfy and counter the urge to smoke. Like glasses at parties it is best not shared between friends. www.smokeless.org.nz/nasalsnuff.htm

3.3 Oral snuff. This Swedish traditional smokeless tobacco has to be ordered on the internet. It is barred from sale in New Zealand. It costs about two thirds as much as cigarettes. The only snuff worth using is made in Sweden, and is very low in nitrosamines (under 5 parts per million) and is unlikely to cause cancer. It is used by a million Swedes, mostly men, many times daily. Some 200,000 Swedish women now dip snuff. It is spitless, and used in the form of a small teabag under the upper lip. It is kept there for half an hour and over the course of a day provides nicotine levels higher than nicotine patches or gum. Dry snuff does not have to be refrigerated before sale. It is about 5% as dangerous as cigarette smoking, and the risk of the uncommon mouth cancer, is one in five of the risk for smokers. Smokers use it instead of going outside in the cold to smoke. As long as people are satisfying their need for nicotine by not smoking, they are 95% better off health-wise. www.smokeless.org.nz/snusaidquitting.htm
www.smokeless.org.nz/snus.htm

3.4. Fast nicotine

Fourthly, pure addictive nicotine products are under research and development here in New Zealand. Nicotine tea-bag-like pouches placed under the upper lip like Swedish snuff are to be tested later this year in Auckland; also other oral forms. In Wellington, nicotine inhalers are being tested. These products are several years away from commercial sale, but they have virtually zero risks, and eventually if they are shown to be addictive for smokers, may be able to do away with the need for smokeless tobacco snuff altogether. A world wide market awaits the successful biotech companies which can make this happen. www.smokeless.org.nz/fastnic.htm

To policy writers:

- Addiction to tobacco varies greatly among smokers. Some give up smoking without difficulty, others never, though they know the risks.
- Non smokers may find it repugnant, but many smokers are nicotine addicts, and this fact is accepted by health workers who deal with smokers, and listen to their story.
- Seeing it from the smokers' point of view, perhaps nonsmokers will concede that smokers have a right to be informed and to make their own nicotine choices.

To health professionals:

“We should be aiming to move smokers along the continuum of nicotine-delivery away from the most harmful delivery systems (cigarettes) primarily by encouraging as many smokers to quit, but failing that, then by encouraging them to use clean nicotine-delivery products, and failing that, regulated smokeless-tobacco products.”

- McNeill A. in Colby SM, Drobes DJ, West R. International advances in nicotine and tobacco research. 11th Annual Meeting Society for Research on Nicotine and Tobacco, Prague, Czech Republic, 20 – 23 March 2005. *Nicotine Tob Res* 2005; 7: 667-709, at p. 669.