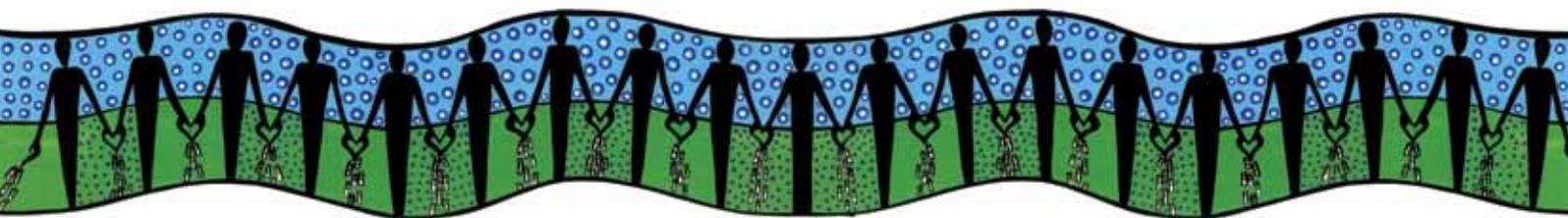




MEDICINES TO HELP ABORIGINAL AND
TORRES STRAIT ISLANDER PEOPLE STOP SMOKING:
A GUIDE FOR HEALTH WORKERS

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Medicines to help Aboriginal and Torres Strait Islander people stop smoking: a guide for health workers

ISBN 978-1-74241-682-3

Online ISBN: 978-1-74241-717-2

Publications approval number: D0690

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Although every effort has been made to ensure that drug doses and other information are presented accurately in this handbook, the ultimate responsibility rests with the prescribing clinician. For detailed prescribing information on the use of any pharmacotherapy, please consult the prescribing information issued by the manufacturer.

This resource is funded as part of Tackling Indigenous Smoking and the Closing the Gap in Indigenous Health Outcomes Initiative of the Australian Government.

CONTENTS

INTRODUCTION	5
WHY STOP SMOKING?	7
WHY IT'S HARD TO STOP SMOKING: NICOTINE IS AN ADDICTIVE DRUG	10
WAYS TO STOP SMOKING	12
HOW DO YOU KNOW WHO SHOULD HAVE MEDICINE TO STOP SMOKING?	13
NICOTINE REPLACEMENT THERAPY	16
USING NICOTINE REPLACEMENT THERAPY TO STOP SMOKING	18
USING MORE THAN ONE NICOTINE REPLACEMENT THERAPY PRODUCT AT THE SAME TIME	22
USING NICOTINE REPLACEMENT THERAPY BEFORE STOPPING SMOKING	23
USING NICOTINE REPLACEMENT THERAPY WHEN PREGNANT	24
YOUNG PEOPLE USING NICOTINE REPLACEMENT THERAPY	25
OTHER MEDICINES TO HELP STOP SMOKING	26
Varenicline	26
Bupropion	27
HOW TO GET MEDICINES TO HELP STOP SMOKING	28
THE PHARMACEUTICAL BENEFITS SCHEME (PBS)	28
WHERE TO FIND MORE HELP	29
Quitline	
Online help	
REFERENCES	31

CONTENT ADVISORY GROUP

Professor Nicholas Zwar (Chair)

School of Public Health and Community Medicine, University of New South Wales

Sean Appoo, Tharawal NSW
(Regional Tobacco Coordinator)

Luke Atkin, Quit Victoria
(Tackling Tobacco Reference Group)

Juli Coffin, Combined Universities Centre for Rural Health (Tackling Tobacco Reference Group), WA

Kim Gussy, Wuchopperen QLD
(Regional Tobacco Coordinator)

Damien Shen, Drug and Alcohol Services, SA

Jasmine Sarin, Aboriginal Health and Medical Research Council, NSW

COORDINATION AND WRITING SUPPORT

Mary Sinclair, medical writer, Sydney NSW

ARTWORK

Bronwyn Bancroft

"The concept for this strategy is based on being able to take control of your life. The inclusion of Paterson's curse in the key image is relevant as it was introduced to Australia, as tobacco was. The Lilli Pilli (bush fruit) is symbolic of natural living and moving into a community strengthened by the individual."

TERMINOLOGY

The Closing the Gap Clearinghouse uses the term Indigenous Australians to refer to Australia's first people. This term refers to both Aboriginal Australians and Torres Strait Islander people.

Closing the Gap Clearinghouse: <http://www.aihw.gov.au/closingthegap/publications/index.cfm>

INTRODUCTION

Smoking tobacco is the most common preventable cause of bad health and death in Australia.¹ Indigenous Australians are more than twice as likely as non-Indigenous Australians to be current daily smokers.² Smoking is a major reason why the lives of many Aboriginal and Torres Strait Islander people are shorter than the lives of other Australians.³ Tobacco use causes 12% of all sickness and bad health and 20% of all deaths in Aboriginal and Torres Strait Islander Australians.⁴ Unfortunately people who smoke often have other health risks such as being overweight and drinking too much alcohol.

Smoking is not part of traditional Aboriginal or Torres Strait Islander culture but it has become part of daily life for many Aboriginal and Torres Strait Islander people: almost half of the adult Aboriginal and Torres Strait Islander population in Australia smoke every day.² The number of non-Indigenous Australians smoking has been steadily dropping over the last twenty years, to about 15% of the population.⁵ While rates remain much higher in the Indigenous population than in the rest of the Australian population, the first important decline in smoking rates for Indigenous Australians was seen between 2002 and 2008, from 53% to about 50%.² Because of the harm caused by smoking, Aboriginal and Torres Strait Islander people die early from diseases linked to tobacco smoke such as heart disease, stroke, diabetes, bronchitis, emphysema and lung cancer.⁶

The poor health and early death of many Aboriginal and Torres Strait Islander people can be improved if smoking is stopped.⁷ Reducing smoking among Aboriginal and Torres Strait Islander people is central to closing the gap in health between Aboriginal and Torres Strait Islander and other Australians. *Medicines to help Aboriginal and Torres Strait Islander people stop smoking: a guide for health workers* is for use by Regional Tobacco Coordinators, Tobacco Action Workers, Healthy Lifestyle Workers, Aboriginal Health Workers and other workers involved in tobacco control and promoting healthy lifestyles in Aboriginal and Torres Strait Islander communities as part of the Australian Government Department of Health and Ageing Tackling Indigenous Smoking Initiative. The guide is to help these workers understand the role nicotine replacement and other medicines have in helping Aboriginal and Torres Strait Islander people to stop smoking.

The plain language guide has information on all the medicines that can be used to help people stop smoking but focuses on nicotine replacement therapy (NRT). It covers best practice use of all forms of NRT but has an emphasis on the nicotine patch as this is listed on the Pharmaceutical Benefits Scheme (PBS) for people who identify as Aboriginal or Torres Strait Islander and can be obtained free under the Closing the Gap scheme.

There is a companion resource to this handbook. The brief illustrated guide for health workers to use when talking to Aboriginal or Torres Strait Islander people about the medicines that can help people quit can be given to the clients. Again this resource has a focus on the nicotine patch.

THE HEALTH OF ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIANS COMPARED WITH OTHER AUSTRALIANS

Life expectancy (men 2005-2007): 67 years compared to 79 years

Life expectancy (women 2005-2007): 73 years compared to 83 years

Over the period 2003–2007, Aboriginal and Torres Strait Islander Australians:

- were 3 times as likely a to die from cardiovascular disease
- were twice as likely to report high or very high levels of mental health concerns
- died from injury at more than twice the rate
- were hospitalised at higher rates than other Australians for most types of respiratory diseases: for influenza and pneumonia at around 4 times the rate, and 5 times for chronic obstructive pulmonary disease
- were 5 times as likely to have chronic kidney disease recorded on their death certificate
- were 7 times as likely to have diabetes recorded on their death certificate
- died with all three diseases (cardiovascular disease, diabetes and chronic kidney disease) at 13 times the rate.

Source: Australian Institute of Health and Welfare. *Australia's health 2010*. Cat. No. AUS 122. Canberra: AIHW, 2010³

WHY STOP SMOKING?

Stopping smoking is everybody's business. If parents stop smoking, kids are not as likely to take up smoking. If young girls don't start smoking, they will not harm their unborn child during pregnancy and when the baby is born. If you start smoking when you are young, you are likely to become addicted to nicotine at an early age: 49% of Aboriginal and Torres Strait Islander men and 11% of women are regular smokers by the age of 12 years. By 16 years, 94% of Aboriginal and Torres Strait Islander men are regular smokers and 53% of women.⁸ Now is the time for Aboriginal and Torres Strait Islander people to break the chain.

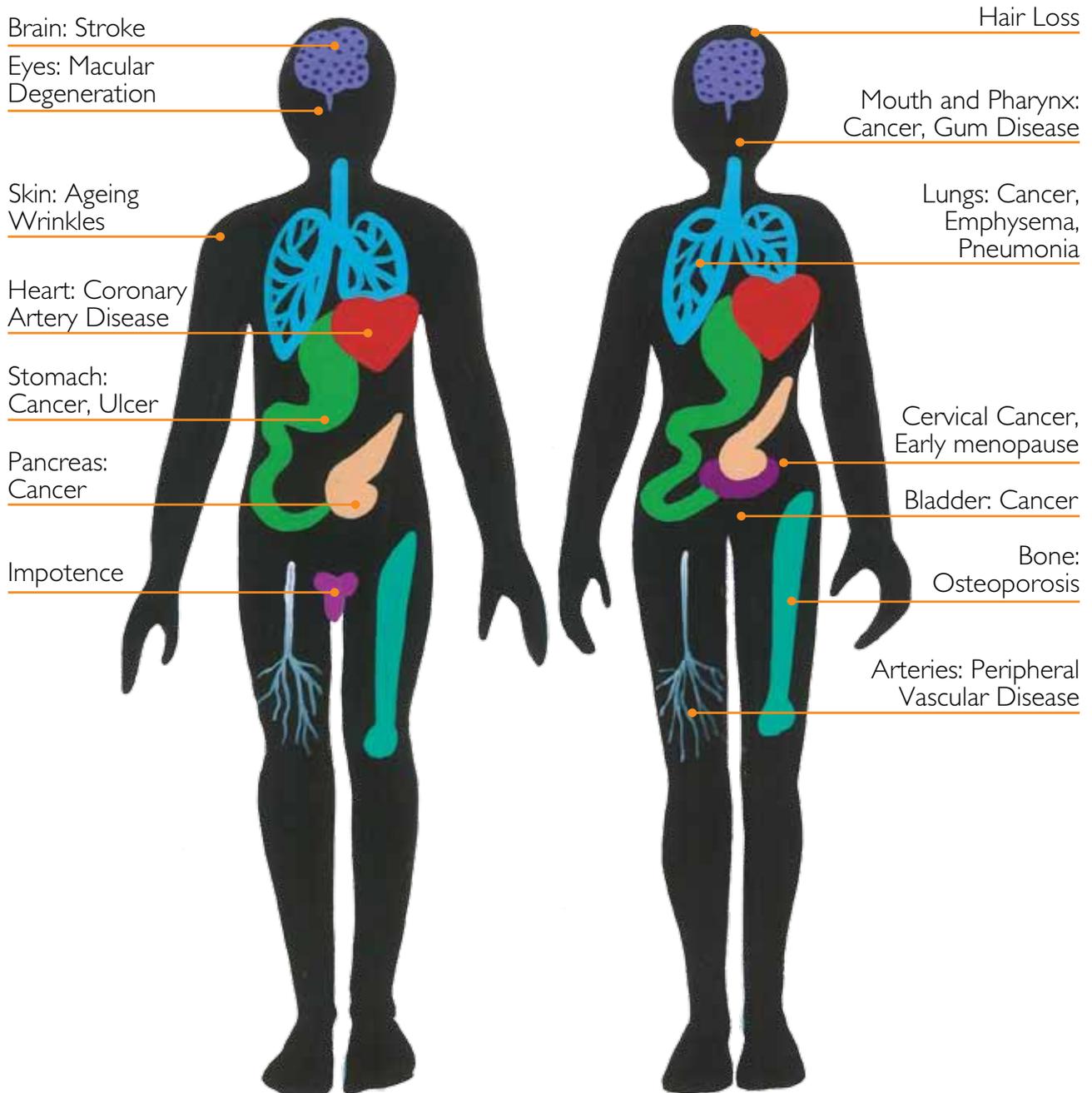
There is no safe number of cigarettes to smoke. Any smoking is harmful. The best thing smokers can do for their health and their life is to stop smoking.

IT'S NEVER TOO LATE TO STOP SMOKING

Here are some other good reasons to stop smoking:

- Smoking is very likely to kill you.
- Smoking makes your hair, clothes and breath smell.
- Smoking turns your teeth and fingers yellow (from the nicotine stain).
- Smoking changes your sense of taste and smell.
- Smoking affects your breathing: it's harder to play a game of footy or netball if you are a smoker.
- Smoking is expensive. You can save thousands of dollars each year if you give up smokes.
- Smoking makes it harder to get enough oxygen to your muscles during exercise so you get tired more quickly.
- Smoking affects your body's natural ability to fight disease, so you are less protected against flu and other illnesses. Even young smokers have more coughs, phlegm, wheezing and chest infections than nonsmokers.
- Men who smoke can have problems getting or keeping an erection, because of the effects of smoking on the blood vessels in the penis.
- Smoking can damage sperm quality.
- Women who smoke can miss periods. They may take longer to have a baby and have a bigger chance of having a miscarriage.
- Babies born to mothers who smoked in pregnancy can be premature, stillborn or die just after birth.
- The smoke from your cigarette can harm the people around you.
- Babies who breathe in tobacco smoke from other people's cigarettes have a higher chance of dying from SIDs (sudden infant death syndrome)
- Babies who breathe in tobacco smoke are more likely to get chest infections such as bronchiolitis and pneumonia.

HOW SMOKING DAMAGES HEALTH



It's good to stop smoking at any age. But the earlier you stop, the greater the health benefits. Smoking damages just about all the systems of the body but when you stop smoking, the body recovers quite quickly.

THE BENEFITS OF STOPPING SMOKING

Time since quitting	Benefits
20 minutes	Heart rate slows down
12 hours	Your blood starts to become free of carbon monoxide
2 weeks-3 months	Your chance of getting heart disease and lung cancer begins to fall
1-9 months	Coughing and breathiness get less
1 year	Your chance of getting disease of the blood vessels to the heart is cut in half compared to smokers
1 year	In 2011, a packet of 20 cigarettes costs about \$10. average price If you were smoking a pack a day, you will have saved over \$3640 in a year
5 years	Stroke risk is the same as a non-smoker 5-15 years after quitting. Less chance of cancers of the mouth, throat, oesophagus (the passage where food passes from the mouth to the stomach)
10 years	Chance of lung cancer death is about half of a smoker and continues to get less. Chance of cancers of the bladder, kidney and pancreas lessens.
15 years	Your chance of getting disease of the blood vessels to the heart is the same as a non-smoker. Your chance of death generally is now the same as people who have never smoked.

Source: US Department of Health and Human Services 2004

WHY IT'S HARD TO STOP SMOKING: NICOTINE IS AN ADDICTIVE DRUG

It has been known for at least 25 years that nicotine is the drug in tobacco that causes addiction.⁹ But it is not the nicotine that causes the bad health problems related to smoking. Cigarette smoke is filled with thousands of other chemicals as well as nicotine. Many of these chemicals are harmful.

CIGARETTES

Cigarettes are the fastest way to get nicotine to the brain: they cause addiction and they make sure you stay addicted.

Cigarettes contain over 4000 other poisons and chemicals, including:

- **tar** causes lung, mouth and throat cancer in smokers. It makes respiratory diseases worse
- **carbon monoxide** reduces oxygen in the blood and damages arteries leading to heart attacks and strokes.

People smoke for nicotine but die from cigarette smoke.



Cigarettes give a smoker regular hits of nicotine. After a while, the body gets used to it. Smoking is not just a bad habit. It's an addiction. Nicotine causes changes in the brain. Nicotine addiction is as strong or even stronger than heroin or cocaine addiction.

Nicotine addiction begins as soon as people start to smoke regularly. 85% of people who smoke more than one cigarette become hooked. There is no safe cigarette and no safe level of smoking. If you are addicted to nicotine, you will have withdrawal symptoms when you stop smoking.

Almost 80% of smokers experience withdrawal symptoms. Most withdrawal symptoms are over after 10-14 days without cigarettes but they can last for up to 4 weeks. Some people will continue to think about smoking for years, even after physical withdrawal symptoms have passed.

Just like other Australian smokers, many Aboriginal and Torres Strait Islander people are addicted to nicotine.¹⁰ Once you are addicted, you enjoy smoking and when you do not smoke, you feel awful. That's two major reasons why it is difficult for some people to stop smoking.

NICOTINE WITHDRAWAL SYMPTOMS

Craving for a cigarette, as well as any of the following signs:

- depression or moodiness
- can't sleep
- irritable, frustration, anger
- anxiety
- hard to focus on what you're doing
- restlessness
- slower heart rate
- larger appetite or weight gain.

Other reasons why it is difficult for some Aboriginal and Torres Strait Islander people to stop smoking:

- Many communities do not fully understand the harms and bad health caused by tobacco.
- Smoking plays a large part in the social life and kinship of many Aboriginal and Torres Strait Islander communities, family relationships and friendships. People who don't smoke can feel cut off from the community.
- A great strength of Aboriginal and Torres Strait Islander communities is their sharing culture. But sharing cigarettes is sharing harm and hurt.
- People often smoke when they drink alcohol or smoke cannabis. The drugs are linked together. It's hard to stop one and not the others.
- Smoking is accepted as a normal, everyday thing to do.

Many people who really want to give up smokes try many times before they are successful. Nicotine addiction can be a struggle to overcome over weeks, months or even years. The medical term for going back to an addictive behaviour is 'relapse.' No matter how many times you relapse it is important to quit. Giving up smoking is not easy, and not everybody can succeed on the first try. There is no shame if you do not give up smoking when you try. Most people take a few tries before they stop for good. People learn from each quit attempt and, if they keep trying, use this knowledge to succeed in quitting.

Sometimes willpower is enough to stop smoking. But because of addiction, smoking is not a personal choice.⁶ Depending on how addicted some people are, they may want to use medicines to help quit smoking.

WAYS TO STOP SMOKING

There are two parts to stopping smoking: first you have to give up smokes and then you have to stay off them for as long as possible. It's like going on a diet to lose weight. You lose the weight but then the hard part is keeping at the weight you want to be once the diet is over.

A few people can stop smoking just by throwing away their cigarettes. But for most people, quitting smoking is not that easy. Giving up smokes takes more than willpower to break the chain. It takes a plan.

Many people who have given up smoking do it cold turkey, or they gradually cut down the number of cigarettes they smoke and then stop, without any help from anyone else. But the long-term success without help is still only small (3 to 6%).¹¹ There are many people who are nicotine dependent who really want to stop smoking and need as much help as they can get.

Support and counselling, nicotine replacement therapy, other prescribed medicines such as varenicline and bupropion help many smokers who can't do it on their own.

Sometimes in communities, getting the whole family to give up smoking at the same time is a good plan. People can help each other stick to their plan to quit and support the stress and urges to smoke together.

Medicines that replace the nicotine in cigarettes for a short time can give smokers a better chance of quitting. These medicines (nicotine replacement therapy or NRT) have small amounts of nicotine without all the other harmful chemicals. The nicotine products come as patches, gum, lozenges, inhalers, sublingual tablets and sprays.

There are also medicines (varenicline and bupropion) to help smokers quit which reduce or completely stop nicotine withdrawal symptoms. They do not have nicotine in them.

Health professionals such as doctors, nurses, pharmacists and Aboriginal Health Workers can help smokers choose what medicine is best for them. Personal preference is important as well as medical factors. All these medicines work better if smokers have follow-up advice and support from the community or health workers.

Medicines don't replace cigarettes. They are a way of giving up smoking by making the feelings of not having nicotine easier to deal with. You still have to try hard. You still have to make a plan to stop and stay stopped.

Medicine for smokers who are dependent on nicotine can double the chances of giving up smokes.



HOW DO YOU KNOW WHO SHOULD HAVE MEDICINE TO STOP SMOKING

Health workers are very important in helping people who want to give up smoking. All health workers should try to find out if their clients want to stop smoking. The 5As is a simple way health workers can go about finding out in a short time the best way to help smokers quit.¹²⁻¹⁵

THE 5As TO FIND OUT WHAT HELP SMOKERS NEED

<p>Ask about tobacco smoking</p>	<p>Find out who smokes. Ask every client at every visit. Keep notes of what you find out so you know when you see them next time.</p> <p>Take a brief smoking history for each smoker:</p> <ul style="list-style-type: none"> ■ How many cigarettes do you smoke each day? ■ How many times have you tried to give up smoking? ■ What happened last time you tried to give up smoking? ■ Do you have any sickness that you know has been caused by smoking?
<p>Assess how much smokers want to give up smoking and how dependent (addicted) they are on nicotine</p>	<p>Does the smoker want to try to stop now?</p> <p>Ask the smoker questions to see how nicotine dependent (addicted) he or she is (see below).</p> <p>Very quickly, you can find out how nicotine dependent the smoker is by asking:</p> <ul style="list-style-type: none"> ■ When do you have your first cigarette in the morning? ■ How many cigarettes do you smoke each day? ■ How did you feel last time you tried to give up smoking?
<p>Advise and encourage smokers to quit</p>	<p>Strongly advise every smoker to stop.</p> <p>Let every smoker know how to get the best help available to stop smoking.</p>
<p>Assist the smoker to quit</p>	<p>Depending on how nicotine dependent the smoker is, offer help to quit.</p> <p>Give encouragement to all smokers to help them as they try to quit.</p> <p>Tell all smokers how they can quit:</p> <ul style="list-style-type: none"> ■ cold turkey ■ regular talks with a health worker ■ medicines. <p>Help smokers make a plan to stop smoking. Help smokers set a quit date.</p>
<p>Arrange regular help for the smoker</p>	<p>Follow up contact with the smokers you are helping to stop.</p> <p>Help smokers get in touch with the Quitline in your state.</p> <p>Let smokers know if there is any local help for them while they are giving up smokes.</p>

While it's easy for some people to stop smoking, for many others it's much harder because they need nicotine more. They're addicted to the nicotine or dependent on the nicotine in cigarettes.

There are some questions you can ask smokers to find out how addicted they are. It's called the Fagerström test for nicotine dependence. There is a quick version of the test that gives you a good idea of how nicotine dependent the smoker is. You then have a better idea of what advice to give that smoker. Everyone is different.

THE QUICK TEST FOR NICOTINE DEPENDENCE

- When do you have your first cigarette in the morning?
- How many cigarettes do you smoke each day?
- How did you feel last time you tried to give up smoking?

You know smokers will need help to get through the nicotine addiction if:

- they smoke about 30 minutes after they wake up each morning
- they smoke more than 10 cigarettes each day
- they have tried to give up smokes before and have always had cravings and bad symptoms.

If you have time, a longer version of the test is this modified Fagerström test for nicotine dependence.¹⁶

FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE

Use the following test to score a client's nicotine dependence once you find out he or she is a smoker. Please tick (✓) one box for each question		
How soon after waking up do you smoke your first cigarette?	Within 5 minutes	✓ 3
	5-30 minutes	✓ 2
	31-60 minutes	✓ 1
	60+ minutes	✓ 0
How many cigarettes a day do you smoke?	10 or less	✓ 0
	11 – 20	✓ 1
	21 – 30	✓ 2
	31 or more	✓ 3

What the scores mean

1-2 = very low dependence 3 = low to moderate dependence
 4 = moderate dependence 5+ = high dependence

Total score

--

As well as finding out how nicotine dependent a smoker is, you should also ask your client about other things that make it difficult to give up smoking:

- Who else smokes at home?
- How many of your family and friends don't smoke?
- Do you smoke when you drink alcohol?
- Do you smoke tobacco when you smoke cannabis (yarnidi)?
- Are there any stressful things happening to you at the moment?
- Is there anyone you can get help from to stop smoking?
- Have you ever had any medicines to stop smoking?
- Are you dependent on any other drugs (alcohol, cannabis)?
- Do you have any sickness that you are seeing a health worker or a doctor about?

Once you have this information you can work out the best way to advise each smoker to stop smoking and what help he or she needs.



NICOTINE REPLACEMENT THERAPY

Nicotine replacement therapy (called NRT) is not a magic medicine that stops people smoking but it can help. NRT has less nicotine than you normally get from smoking a cigarette, and does not have the other toxic chemicals in tobacco smoke. NRT acts in your body much slower than nicotine delivered through smoking a cigarette.

When your body gets some nicotine from NRT, the cravings for a cigarette and the withdrawal symptoms are not as bad as when you just stop smoking.

You still have to work hard at saying no to cigarettes and staying strong about why you want to give up smoking. Whenever you give up smoking you need willpower. But willpower and NRT double your chance of giving up cigarettes. You have an even better chance of success if you use willpower, NRT and also get support and counselling from a health worker. Stopping smoking can take many tries, with or without medicine.

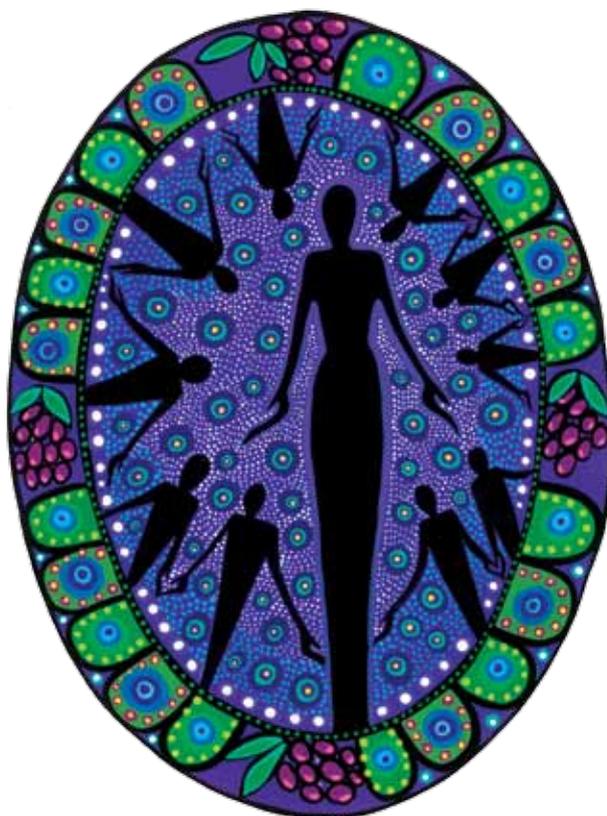
Research has shown that NRT can be safely used for these people:

- **kids over 12 years old**
- **people with heart problems**
- **people with kidney problems**
- **people who need to have NRT for a long time (over 6 months)**
- **pregnant women, if the mother is not able to stop without a medicine to help her.**

NRT should be kept away from kids under 12 years old, especially very small kids as it can be dangerous.

There is no proof that NRT works for people smoking less than 10 cigarettes each day (not very nicotine dependent). Health workers should advise and encourage these clients to stop smoking before they become very addicted to nicotine.

Australian guidelines recommend that health workers offer NRT to all smokers who are nicotine dependent and want to give up smoking. There are some people who should not be offered NRT. These are listed in the contraindications (reasons not to use) for NRT (Table).



NRT: THE FACTS

Wrong: myth	Right: fact
NRT is just as bad for you as smokes: they both have nicotine	<p>Nicotine is the chemical in cigarettes that makes you addicted to tobacco. It does not cause the bad health problems. Once you are nicotine dependent, it's hard to give up smoking as you feel bad from the withdrawal symptoms.</p> <p>It is the deadly chemicals in cigarette smoke that you inhale into your lungs that cause bad health and early death.</p>
You can get hooked on NRT just like smokes	<p>There's much less of a chance that you can get addicted from any of the forms of NRT.</p> <p>The nicotine in NRT is less than in a cigarette and it reaches your blood stream much slower than smoke from a cigarette.</p>
Nicotine causes cancer	<p>Nicotine does not cause cancer.</p> <p>The harmful chemicals in tobacco smoke cause cancer.</p>
Nicotine causes heart disease	<p>Smoking is a major cause of heart disease and stroke (damage to the blood vessels in your brain). Nicotine makes your heart rate speed up and your blood pressure higher. Both are bad signs for heart health. But the nicotine in NRT is less than in a cigarette and reaches your blood stream slower.</p> <p>Smoking is far more dangerous for your heart and your blood vessels than NRT.</p> <p>Scientists have proven that people with heart disease can use NRT safely to help them give up smoking.</p>
If you smoke while you are taking NRT, you can have a heart attack	<p>Smoking while using NRT does not increase your chance of a heart attack or stroke.</p> <p>It is better to stop smoking when you use NRT because large amounts of nicotine can make you sick.</p> <p>It is better to stop smoking when you use NRT to give yourself a better chance of quitting smoking.</p>
NRT is just as harmful as smoking during pregnancy and breastfeeding	<p>The best thing you can do for your baby when you are pregnant and breastfeeding is to stop smoking.</p> <p>If you need help to stop smoking, NRT is safer than continuing to smoke because you will not be having the deadly chemicals in cigarette smoke and passing them on to your unborn baby.</p>
Teenagers should not use NRT	<p>NRT can be safely used by young smokers over 12 years old to help them give up smoking.</p>

Adapted from: Zwar N, Bell J, Peters M, Christie M, Mendelsohn C. Nicotine and nicotine replacement therapy – the facts. *Aust Pharmacist* 2006;25:969-73.¹⁷

USING NICOTINE REPLACEMENT THERAPY TO STOP SMOKING

NRT comes in five forms: patch, gum, inhaler, lozenge and tablet (Table). None of these forms of NRT can give you the same nicotine hit as a cigarette.

The government gives the NRT patch free to Aboriginal or Torres Strait Islander people who are addicted to nicotine and want to stop. Clients can choose another type of NRT if it is better for them from pharmacies or supermarkets but they are not free.

WHAT ARE THE DOSES OF NRT?¹⁸

	Client group	Dose	Duration (weeks)	Contraindications (adapted from MIMS online 2010)
Patch	>10 cigarettes per day and weight >45 kg	21 mg/24 h or 15 mg/16 h	>8	(Unscheduled) non smokers; children under 12 years; hypersensitivity to nicotine or any component of the patch; diseases of the skin that may complicate patch therapy
	<10 cigarettes per day or weight <45 kg or cardiovascular disease	14 mg/24 h or 10 mg/16 h	>8	
Gum	10-20 cigarettes per day	2 mg 8-12 per day	>8	(Unscheduled) Non-tobacco users; known hypersensitivity to nicotine or any component of the gum; children (<12 years)
	>20 cigarettes per day	4 mg 6-10 per day	>8	
Inhaler	>10 cigarettes per day	6-12 cartridges per day	>8	(S2) Non-tobacco users; hypersensitivity to nicotine or menthol; children (<12 years)
Lozenge	First cigarette >30 minutes after waking	1.5 or 2 mg 1 lozenge every 1-2 h	>8	(Unscheduled) Non-smokers, hypersensitivity to nicotine or any component of the lozenge; children (<12 years); phenylketonuria
	First cigarette <30 minutes after waking	4 mg 1 lozenge every 1-2 h	>8	
Sublingual tablet	Low dependence	2 mg every 1-2 h	>8	(Unscheduled) Non-tobacco users; known hypersensitivity to nicotine or any component of the tablet; children (<12 years)
	High dependence	two 2 mg every 1-2 h	>8	

Source: *Tackling Tobacco. Action on Smoking and Disadvantage. Nicotine replacement. Frequently asked questions. Smoking Care Project by the Tobacco Control Unit, Cancer Council NSW, July 2010.*¹⁸

THE NICOTINE IN ALL THE FORMS OF NRT WORKS THE SAME.

NRT PATCHES

The nicotine in a stick-on NRT patch gets into the body through the skin and lasts for up to a whole day.

You use one patch a day. Stick a patch on to a clean, non-hairy area of your arm or upper body and change it every day. Don't stick the patch in the same place each time as this can cause a skin rash.

If your skin does react to the patch, you can get hydrocortisone cream from the chemist. If the patch causes large itchy bumps then people should stop using it and see a doctor as this may be an allergic reaction.



ORAL NRT

The nicotine in oral NRT (gum, inhaler, lozenge and tablet) gets into the body through the mouth and only lasts for about 1 to 2 hours.

Don't drink coffee, juice, soft drinks and alcohol for 15 minutes before using oral NRT.

Don't drink at the same time as you use oral NRT.

NRT inhaler

Puff on the inhaler just like a cigarette.

After about 20 minutes of deep puffs, all the nicotine in one cartridge is gone. You can use 6-12 cartridges each day for 12 weeks.

Don't drink anything at the same time as you use an NRT inhaler.



NRT gum

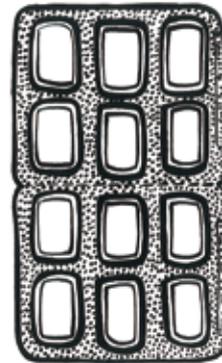
You chew the gum slowly when you feel like a smoke. Chew it enough to soften it and until you feel a tingling sensation or peppery taste. Then park the gum between your gum and cheek.

Every now and then, move the gum around in your mouth and chew two or three times to get more nicotine.

Don't eat or drink when you have the gum in your mouth.

Don't swallow the gum. The nicotine only works if it gets into your body through the lining of your mouth. Throw the gum out after about 30 minutes.

Don't chew more than 20 of the 2-mg pieces or 10 of the 4-mg pieces in one day.



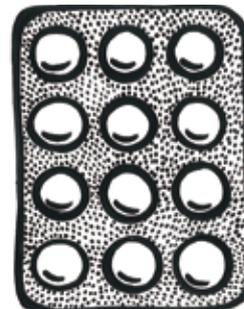
NRT lozenge

Lozenges should be sucked, not chewed until they melt away (takes 20-30 minutes). Move the lozenge around your mouth every now and then.

Don't eat or drink when you suck lozenges.

You should not use more than 15 lozenges in a day.

Don't swallow the lozenge. The nicotine only works if it gets into your body through the lining of your mouth.

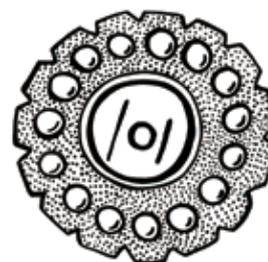


NRT tablet

Place the tablet under your tongue until it melts. Don't swallow, suck or chew the tablet. The nicotine only works if it gets into your body through the lining of your mouth.

You can drink while the tablet is under your tongue.

Don't use any more than 40 tablets in one day.



Use NRT long enough to get all the poisons out of your body. This should be for 8-12 weeks. A common mistake is to stop the NRT too soon when you are still learning to be a non smoker. Cravings for a smoke and withdrawal symptoms from the nicotine addiction can last for 2 weeks even when you are using NRT but should be much less. A few smokers need to use NRT for months or even years to quit cigarettes.

CAN NRT MAKE YOU FEEL BAD?

It's fairly common to have strange dreams when you start NRT. Other effects of using NRT are usually mild.

Other feelings you can get from NRT patches:

- irregular heart beat
- not being able to sleep
- skin rash.

Oral nicotine has a hot, chilli taste. It takes a day or two to get used to it when you use the NRT gum. Other feelings you can get from oral NRT (gum, inhaler, lozenge and tablet):

- vomiting
- gut problems
- heartburn
- sore mouth and throat
- mouth ulcers
- hiccups (gum)
- coughing.

Sometimes NRT can stop other medicines from working properly. Health workers should ask their clients if they are taking other medicines, for example, for diabetes or mental health problems. They may need to see a doctor or other health professional to see if it is OK to use NRT.

You can get NRT over the counter in pharmacies and some forms are available in supermarkets and service stations. NRT patches are free on the Pharmaceutical Benefits Scheme (PBS) for Aboriginal or Torres Strait Islander smokers with a script from a health worker.



USING MORE THAN ONE NRT PRODUCT AT THE SAME TIME

If you are not having much luck with one NRT product, you can use two NRT products together. Using two NRT together is safe and can give you a better chance of giving up smoking.

Health workers should advise smokers to use combined NRT if they can't stop smoking with one NRT product alone.

If smokers still have cravings and withdrawal symptoms using only one NRT, it might mean that they are not getting enough nicotine. Advise them to add oral NRT (such as gum) to the patch.

Sometimes smokers slip up while wearing an NRT patch and have a smoke. It might mean that they are not getting enough nicotine from the NRT patch and they need to add an oral NRT (such as gum) to get a high enough dose. Smoking at the same time as using NRT is no more dangerous than smoking on its own. But smoking at the same time as wearing a patch can sometimes cause nausea, cold sweats and fast heart beats.

People with heart disease should be careful if they have an NRT patch and smoke at the same time.

In Australia, the combination of NRT patch and 2-mg gum is licensed for smokers who slip up or who get cravings using only one form of NRT.

Having two NRT products at the same time is OK for people who:

- can't give up smoking with only one NRT
- still have strong cravings and withdrawal symptoms using only NRT patch
- are very nicotine dependent (who smoke within 30 minutes after waking up)
- have tried many times to give up.

USING NRT BEFORE STOPPING SMOKING

The aim of NRT is to help you stop smoking completely. But you can use NRT before you stop smoking.

There are three ways to use NRT to stop smoking.

- **Just quit:** you set a day you are going to stop smoking and on that day throw away the cigarettes and start NRT
- **Before you quit:** you can use a 21-mg/24 hour NRT patch while you are smoking for 2 weeks and then stop smoking and stay on the NRT patch. You can add oral NRT (such as gum) to the patch after you stop smoking if you still have cravings
- **Cut down to quit:** you can use oral NRT to gradually cut down the number of cigarettes you smoke.

To give up smoking by cutting down gradually, start using oral NRT for 6 weeks at the same time as smoking. Each day, you cut down the number of cigarettes you smoke until you stop smoking cigarettes by 6 months. Then you continue NRT to help you get over the cravings and withdrawal symptoms. You can also start sticking on an NRT patch as well after you stop smoking if you still have cravings.



USING NRT WHEN PREGNANT

If pregnant women smoke then the poisons from the cigarette smoke harm both the mother and her unborn baby.

SMOKING AND PREGNANCY

- Babies are born smaller
- Babies are born too soon
- Babies can die before they are born (stillborn)
- Babies can have defects at birth
- Babies grow slower
- Babies are more likely to get sick with chest infections
- Babies have a higher chance of dying from sudden infant death syndrome (SIDS) (cot death)
- Mothers can have problems during pregnancy
- Mothers can have a miscarriage
- Mothers can have problems during labour.

No one knows if the nicotine in NRT is completely safe for the unborn baby during pregnancy. But it is much safer than smoking with the toxic chemicals in smoke. Doctors recommend that pregnant smokers should use oral NRT (gum or lozenges) as the nicotine does not last as long in the body as the nicotine in NRT patches.

Sometimes patches are needed if the other forms of NRT are making the mother feel nauseated. Pregnant women who use patches should take them off during the night so that they and their unborn baby get less nicotine.

Nicotine passes from the mother to the baby through breast milk. Breastfeeding mothers who want to stop smoking can have NRT but it is better to have oral NRT (gum or lozenges) as the nicotine does not last as long in the body as the nicotine in NRT patches. It is better to feed the baby first and then use oral NRT.

Even if you are not breastfeeding, your baby can get the bad effects of cigarette smoke when you smoke. Your baby breathes in the smoke from your cigarettes. Passive smoking for kids causes:

- chest infections
- ear infections
- asthma (wheezy breathing)
- pneumonia (lung infection)
- bronchitis
- SIDS (cot death).

In most parts of Australia, it's illegal to smoke in a car with kids.



YOUNG PEOPLE USING NRT

The younger you start smoking, the longer you are addicted to nicotine. The more addicted to nicotine you are, the harder it is to stop smoking. The longer you smoke, the more health problems you have as a kid and then as an adult.

NRT is safe for young people (over 12 years old) to use. But so far there has not been enough research done to know for sure if NRT helps young kids to stop smoking.

It is hard to find out how nicotine dependent a young person is. There is another question for young people as well as the usual quick test for adults to find out if they are nicotine dependent:

- When do you have your first cigarette in the morning?
- How many cigarettes do you smoke each day?
- How did you feel last time you tried to give up smoking?
and
- How hard is it to go without a smoke?



TOBACCO AND CANNABIS

Cannabis (marijuana, hashish, yamdi, gunja) use is much higher in young Aboriginal and Torres Strait Islander smokers than those who don't smoke.

People smoke cannabis and tobacco mixed together. Even when the tobacco is just used as a way to use cannabis, people become nicotine dependent. The smoke from both contains toxic poisons. This means that smokers then have an addiction to nicotine and an addiction to cannabis, as well as the bad health effects from the poisons in tobacco smoke and the poisons in cannabis smoke.

Young people who smoke cannabis are more likely to have behaviour problems, difficulties in their communities and difficulties with school.

If women smoke cannabis during pregnancy, babies are more likely to have problems as they are growing up.

Usually it is best for people who smoke tobacco and cannabis to quit both at the same time as it is hard to quit one and not the other and both cause health problems.

OTHER MEDICINES TO HELP STOP SMOKING

There are two other medicines to help you stop smoking: varenicline (Champix) and bupropion (Zyban SR, Clorprax, Prexaton and Bupropion-RL and other brands). Unlike NRT, these two medicines don't have any nicotine in them. They make cravings for cigarettes less strong.

These medicines are prescribed by a doctor or nurse practitioner.

You can't buy them at a supermarket or service station.

Both varenicline and bupropion are listed on the Pharmaceutical Benefits Scheme (PBS) which makes them cheaper but they are not free. To get the PBS subsidy, people must also get counselling support for quitting smoking from a doctor, health service or a support service such as the Quitline.

People can access the PBS subsidised nicotine patches and bupropion or varenicline during the same 12-month time period.

Both of these medicines can give people a better chance of giving up smoking for good.^{20,21}

Not everyone can have these medicines. If your clients want to use either of these two medicines, they should talk to a doctor or nurse practitioner to see if they are able to take them.

VARENICLINE

Varenicline (Champix) is only available on prescription; it works by making cravings and negative moods less strong, and by reducing the rewarding effects of smoking.

Evidence suggests that varenicline is the most effective medicine to quit smoking but it has not been trialled specifically for Aboriginal or Torres Strait Islander people.¹⁰ However, there have been some concerns about depression and suicide thoughts and the risk of cardiovascular events with varenicline.

CAN VARENICLINE CAUSE A REACTION?

You can feel mild nausea and have strange dreams after taking varenicline but these effects usually only last a short time.

Varenicline should be used with caution in people with psychiatric conditions. The doctor will monitor any mood changes, depression, behaviour disturbance and thoughts of suicide in smokers who are taking varenicline. Advise your clients to stop taking varenicline if they have any of these symptoms and see a doctor.

The doctor will also discuss the risk of heart problems with smokers and weigh up this risk against the benefit of the drug to help you stop smoking.

Varenicline is not recommended for some people:

- pregnant women
- children under 18 years old
- people with a mental illness.

Nausea is the most common side effect. About one in three people who take varenicline experience nausea. Varenicline is taken by mouth in tablet form with water or food to help the feeling of nausea.

A course of varenicline requires two or three authority prescriptions.¹⁴

- Doctor prescription: an initial 4 weeks of treatment (starter pack)
Smokers should set a quit date and start varenicline 1-2 weeks before that date.
Days 1-3 0.5 mg once per day
Days 4-7 0.5 mg twice per day
Day 8 on 1 mg twice per day until the end of the 4-week course

- Doctor prescription: a further 8 weeks of treatment: continue with 1 mg twice per day until the end of the 8-week course
- Doctor prescription: a final 12 weeks of treatment for those who successfully quit at 12 weeks: continue with 1 mg twice per day until the end of the 12-week course.

BUPROPION

Bupropion (Zyban SR, Clorprax, Prexaton and Bupropion-RL and others) is sold as tablets that are only available with a prescription. The tablets are 'sustained release', which means the drug is slowly absorbed by the body. They don't contain nicotine. Bupropion should not be used by people who have had seizures of any kind.

Tablets should be swallowed whole, not crushed, broken or chewed. They can be taken with or without food. Don't drink alcohol at all or only in small quantities while taking bupropion.

Bupropion is a prescription medicine; one full course of 120 tablets is available each year on the PBS.¹⁴

Smokers must visit a doctor or health service twice: the first time to get the starter pack of 30 tablets, and then a second visit to get the second prescription for the next 90 tablets.

The dose of bupropion is 150 mg once per day for the first 3 days and then 150 mg twice per day until the end of the course.

The smoker stops cigarettes in the second week of treatment.

CAN BUPROPION CAUSE A REACTION?

The most common feelings caused by the drug are:

- difficulty sleeping
- dry mouth
- headache
- dizziness
- anxiety
- nausea.

Other not so common reactions to the drug include:

- allergic reactions (itching, rash, breathlessness)
- fever, joint and muscle pain
- seizure.

Report these reactions to the doctor or health service immediately.

HOW TO GET MEDICINES TO STOP SMOKING

In December 2008, nicotine patches (Nicorette, 15 mg for 16 hours) became available on an authority to Aboriginal and Torres Strait Islander people. Under the Closing the Gap scheme, nicotine patches (Nicorette, 15mg over 16 hours, Nicotinell Step 1 and Nicabate P, 21mg over 24 hours) are now available free to Aboriginal and Torres Strait Islander people on an authority prescription, when they are registered with their health practice.

Other strength patches (7mg and 14mg) are subsidised by the PBS but are not currently covered by the 'Closing the Gap' program. Gum, lozenges, inhalers and tablets are also NOT free on the PBS.

Only two courses of NRT patches are free each year. If clients do not stop smoking with the two courses of nicotine patches, they can get PBS-subsidised bupropion or varenicline during that same year. These medicines are not free but they are cheaper because the government is paying some of the costs.

GETTING NICOTINE PATCHES ON THE PHARMACEUTICAL BENEFITS SCHEME (PBS)²²

People who identify as Aboriginal or Torres Strait Islander qualify for PBS authority listing that provides up to two courses per year of nicotine patches, each of a maximum of 12 weeks. Under this listing, Aboriginal or Torres Strait Islander people will pay either \$35.40 or \$5.80 for the nicotine patches, depending on their concessional status.

Under this listing, being in a support and counselling program is recommended but not compulsory. Getting help from a counsellor as well as using NRT patches gives smokers a better chance of giving up smoking.

On 1 February 2011, nicotine patches were listed on the general schedule of the PBS, meaning all Australians, including Aboriginal or Torres Strait Islander people, will pay no more than \$35.40 or \$5.80 for the nicotine patches depending on their concessional status.

FOR ABORIGINAL OR TORRES STRAIT ISLANDER PEOPLE TO GET FREE NRT:

- They must be a concession card holder
- Clients must tell their health service that they are Aboriginal or Torres Strait Islander people
- They must meet the eligibility criteria and be registered for the Closing the Gap (CTG) – PBS Co-payment Measure.
- Clients can be registered at either
 - general practices that are part of the Indigenous Health Incentive under the Practice Incentives Program (PIP), or
 - Indigenous Health Services (IHS) in urban and rural settings.
- Nicotine patches must be prescribed by a doctor or authorised nurse practitioner
- The health practice or prescriber must have approval from Medicare Australia to prescribe NRT under the PBS
- When the doctor or nurse practitioner writes a PBS prescription for NRT for an Aboriginal or Torres Strait Islander client, they must mark (annotate) the PBS prescription with 'CTG' so the pharmacy does not charge the client. If the doctor or nurse practitioner does not annotate the prescription, the client will pay the applicable co-payment for NRT at the pharmacy.

WHERE TO FIND MORE HELP

FOR MORE INFORMATION ON THE PHARMACEUTICAL BENEFITS SCHEME (PBS)

Pharmaceutical Benefits Scheme

- <http://www.pbs.gov.au/info/news/2008/12/nicotine-atsi>
- http://www.pbs.gov.au/info/publication/factsheets/shared/Extension_of_the_listing_of_nicotine_patches
- Changes to PBS | January 2012
<http://www.pbs.gov.au/browse/changes#Additions>
- www.quitnow.info.au
- PBS Information Line: 1800 020 613
- Closing the Gap: PBS Co-payment Measure
- <http://www.medicareaustralia.gov.au/provider/pbs/prescriber/closing-the-gap.jsp>
- CTG PBS Co-payment Measure: (02) 6289 2409
- CTG PBS Co-payment Measure: PBS-Indigenous@health.gov.au

THE QUITCOACH

www.quitcoach.org.au

THE QUIT WEBSITE

www.quit.org.au

QUIT VIC

<http://www.quit.org.au/tools/3-step-plan-step-1/pages/smoking-and-your-body.aspx>

<http://www.quit.org.au/resource-centre/factsheets/tobacco-fact-sheets.aspx>

SMOKECHECK PROGRAM

Sydney School of Public Health,
University of Sydney NSW

<http://www.smokecheck.com.au/>

PRODUCTS TO HELP YOU QUIT

NSW Health

http://www.health.nsw.gov.au/pubs/2008/pdf/products_to_quit.pdf

QUITTING RESOURCES NSW HEALTH

<http://www.health.nsw.gov.au/PublicHealth/healthpromotion/tobacco/cessation.asp>

AUSTRALIAN COUNCIL ON SMOKING AND HEALTH

<http://www.acosh.org/tackling-indigenous-smoking/>

CENTRE FOR EXCELLENCE IN INDIGENOUS TOBACCO CONTROL (CEITC)

Centre for Health and Society
School of Population Health

The University of Melbourne
VIC

<http://www.ceitc.org.au/>

TERMS USED IN THE HANDBOOK

ADDICTION:

a long-term condition that causes a person to continue using a substance even if it is doing them harm. It causes long-lasting chemical changes in the brain.

CONTRAINDICATIONS:

reasons not to have a medicine

CORONARY HEART DISEASE:

disease of the arteries that supply blood to heart muscle

DEPENDENCE:

relying on a drug

OESOPHAGUS:

gullet (the passage where food passes from the mouth to the stomach)

SUBLINGUAL TABLET:

a pill put under the tongue where it dissolves and is absorbed into the blood stream.

SYMPTOMS:

things that people describe to explain how they feel when they are not well.

WITHDRAWAL SYMPTOMS FROM NICOTINE:

the way a smoker can feel when they stop smoking. The symptoms can include depression or moodiness, not being able to sleep, being irritable, frustrated, angry or anxious, finding it hard to focus on what they're doing, being restless, having a larger appetite or weight gain and a craving for nicotine.

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All information in this publication is correct as at March 2012