

Nicotine replacement therapy could help some smokers quit gradually

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Smokers who do not want to quit right now, but who are prepared to try to reduce their smoking are twice as likely to stop smoking in the long-term if they use nicotine replacement therapy (NRT) to help them cut down gradually, according to research by scientists at the University of Birmingham.

The report, published today suggests that smokers not willing or able to stop abruptly might have more success by following nicotine assisted reduction to stop (NARS) programmes, also known as 'cut down then stop', 'cut down to stop' and 'cut down to quit.'

Dr Paul Aveyard, one of the authors says: *"Smoking is one of the world's greatest killers. Half of UK smokers try to stop every year but only 2-3% of them succeed. One of the reasons for this is that while the majority of smokers want to quit, only a minority feel ready to do so abruptly. Our study shows that avoiding unsuccessful 'cold turkey' attempts to quit smoking is ultimately better in the long term for kicking the habit altogether."*

The research is the first of its kind to focus on sustained smoking abstinence using NRT for smokers who have no immediate plans to stop smoking.

Researchers at the University of Birmingham carried out a systematic review of seven randomised controlled trials that compared the outcomes of using NRT gum or inhalators to placebos. The trials enrolled almost 3000 smokers who were given NRT for 6-18 months. 6.75% of NRT smokers achieved six months of sustained abstinence – twice the proportion who were given placebos. This amounts to 3% of smokers quitting who otherwise would not have done so.

Dr Aveyard says: *"Previous data suggest that half of those who sustain six months of abstinence will maintain it for the rest of their lives."* Using the therapy while smoking does not lead to serious health problems.

"It strikes me that when we are considering the solution for smoking cessation, we could learn lessons from the treatment of type 2 diabetes, where we combine encouraging people to change their behaviour (losing weight and changing diet) with ongoing treatment and support. With tobacco dependence, rather than simply saying go away and quit, what we should be doing is offering advice and support over the medium and long term alongside effective treatments."

The authors gathered evidence from trials with regular behavioural support and monitoring, and it is unclear whether using NRT without this regular contact would be as effective. However, it is apparent that using this method to treat a population of smokers not yet ready to stop entirely, means sustained success in the long term as more smokers ultimately stop.

Dr Aveyard concludes: *"Key to this review is that we need to consider a longer term holistic approach to smoking cessation. We have had good treatments for people that want to quit but nothing really for those that are not ready. This treatment plan opens up the possibility that most smokers might actually be on treatment in the future-even if they are not ready to quit they could be preparing for it."*

The authors sum up that it is therefore important to consider how NARS can be incorporated into existing tobacco control programmes.

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Further Media Information

Dr Paul Aveyard, School of Health and Population Sciences, University of Birmingham, is available for interview. To arrange an interview, please contact Anna Mitchell in the Press Office on 0121 414 6029 / 07920 593946 / a.i.mitchell@bham.ac.uk

Notes to Editors:

The report *"Effectiveness and safety of nicotine replacement therapy assisted reduction to stop smoking: systematic review and meta-analysis"* will be published on BMJ online on Friday 3rd April.

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