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LETTERS

NICOTINE REPLACEMENT

Are those who quit smoking paying with their lives because of NRT's failure?

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A recent population level study, although small, found that the odds of smoking relapse in the first six months were 3.53 higher in heavily dependent quitters using nicotine replacement therapy (NRT) than in those not using NRT. This is why Kamerow's reliance on the current favoured explanation for the failure of NRT, the selection bias theory, is misplaced.

Nearly all population level studies since 2000 have found NRT no more effective than quitting without it. An unpublished 2006 National Cancer Institute analysis of 8200 quitters found slightly lower rates of quitting at nine months in NRT users than in non-users.³

A 2006 Australian study of family practice patients found that 88% of 2207 former smokers quit on their own, roughly double the rate of those taking NRT or bupropion.⁴

Training for UK NHS stop smoking facilitators all but forces "medication" on quitters, with a 93% programme use rate during 2011. Yet, annual four week rates consistently find that those who quit on their own do as well or better than those on NRT, and NRT users still have four weeks of treatment before attempting to adjust to natural dopamine pathway stimulation.⁵

NHS training lacks any mention of how real world quitters succeed, how counselling or support can substantially enhance quitting rates, or why the NHS declares success before treatment ends.

If NRT is less effective long term than quitting without it, are quitters paying with their lives?

Competing interests: JRP is a pro bono director of a cold turkey nicotine cessation website.

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