

**Baycrest**

# NICOTINE REPLACEMENT THERAPY

This document was prepared by experts at Baycrest, which is the Toronto region lead for Behavioural Supports Ontario.



Behavioural  
Supports  
Ontario

## Support for treatment of Nicotine Dependence for residents of Long-Term Care during the COVID-19 crisis.

1. Establish risk for smoking: are they able to go out or not?
  - a. Is the resident smoking safely and alone? y/n
  - b. Is the resident picking up used cigarette butts? y/n
    - If yes, escalate and initiate NRT
  - c. Are there behaviours that cause arguments and fights over cigarettes? y/n
  - d. Are the residents sharing cigarettes / smoked cannabis? y/n
    - If yes escalate and initiate NRT
  - e. Unsafe smokers/ burn marks on clothing and wheelchair/ scooter y/n
    - Enforce use of smoking apron and encourage NRT.

If the resident is not able to go out:

2. Offer NRT whether or not the resident is planning to quit or if they have the following;
  - a. Cold cough present (unable to use PPE)
  - b. Active Covid patient - offer patch immediately and/or combination therapy (patch and short-acting) based on number of cigarettes per day (CPD)
  - c. Isolation due to Covid
  - d. Floor on isolation due to other illness
3. Keep a bottle of quick mist nicotine spray in each nursing station. Use as needed if a resident is agitated and is not consolable or unable to go outside to smoke. Once the canister is opened do not share it with other residents. (see instructions below)
4. Use the Fagerstrom Nicotine dependence scale to determine level of nicotine dependence
5. Use of NRT using CAMH Algorithm \*\*\* *note that Motivational interviewing may not yield a positive response. However during Quarantine, abstinence from smoking will be mandatory. Let the resident know that they don't have a choice for a period of time. Do this compassionately. Remind them that this is not a permanent situation.*
6. Consideration for prescription medication to help with smoking cessation is important: ask primary care about appropriateness of Varenicline or Bupropion. This may increase the chances of a sustained quit.

## Resident Smoking Environment

- Closed / fenced in area or approved ventilated room.
- Tape off three meters on the ground in colored tape for physical distancing.
- Use of closed ashtrays for safe disposal of cigarette butts or clean the area regularly to ensure that others do not pick up cigarette butts from the ground or ash trays.
- Watch for residents who may extinguish half cigarettes and storing them in their pockets to reduce the risk of fire.
- Ask residents not to share cigarettes and lighters.
- Ask resident to clean hands and lighters upon entering the facility.
- Post signs at the door and in the smoking areas to remind residents the risks of COVID-19
  - o Wash your hands with soap and water before you smoke.  
Do not use hand sanitizer as it is flammable.
  - o Keep 6 feet between you and the next person.
  - o DUE TO THE HIGH RISK OF DISEASE TRANSMISSION DO NOT SHARE CIGARETTES or OTHER SMOKED OR VAPED PRODUCTS.
  - o Extinguish and place your cigarette butts in the ashtray.
  - o DO NOT share lighters. Clean them before and after using with soap and water.  
Do not use hand sanitizer as it is flammable.

Combining counselling and smoking cessation medication is more effective than either treatment alone; therefore both should be provided where appropriate. Use OTN e-visits for residents to receive support during this time. Contact [MWhite-Campbell@baycrest.org](mailto:MWhite-Campbell@baycrest.org)

Extremely Heavy smokers: Combination therapy may be necessary

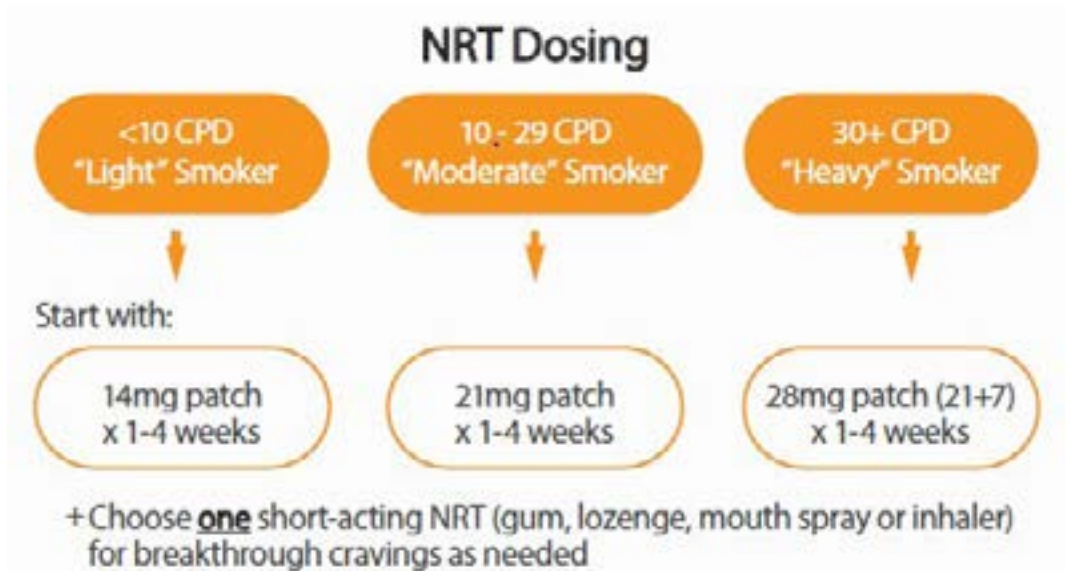
A resident who consumes over one pack of cigarettes per day may need combination therapy which can be the patch and some other form of NRT such as nicotine lozenges, the nicotine inhaler, nicotine gum or nicotine spray and counselling. Some residents may need more than one patch.

## What types of NRT should we use?

Nicotine replacement is very individualized. To ensure your resident is successful in using NRT find out what has worked in the past and what methods they would like to use during this time of quarantine.

### Nicotine Patch

Nicotine patch is given according to the amount smoked. For heavier smokers combination treatment is needed for breakthrough cravings



### Nicotine Spray

Use of nicotine spray can be used for immediate relief of agitation when there is a craving for cigarettes. Depending on smoking pattern, you can use one to two sprays per hour. You will know if it is working within 30 seconds to 2 minutes. If the resident continues to be agitated then it may not have been a cigarette craving, so look for another cause of agitation. The canister contains up to 150 sprays. Hiccups are a common side effect of the spray. If this happens, it is often because the person had too much spray. In this instance, reduce the spray to one. It's a good idea to tick off on a sheet to count the number of sprays used in the canister to track use. The usual dosing is one to two sprays to replace one cigarette. To trial it, you can spray it on a gloved hand by pumping the canister slowly (so it does not produce a mist) until it produces a droplet. Rub the liquid on the gum or cheek. If the resident gets relief, then it is most likely a good NRT choice. Never share the spray with other residents. Nicotine mist is a spray pump - it is not an aerosol-based product.

## **Nicotine Lozenges**

Use of lozenges should be used for residents who are able to remember to park the lozenge between gum and cheek until they feel the nicotine working and then cheek the lozenge and repeat. Chewing the lozenge will result in an excess of nicotine and possible nausea. Some may not have the ability to control this so is not a recommended method to consider for people who have poor impulse control. Some may need to break them into pieces 2mg lozenge to half and titrate down to 1/4 lozenge. This may help individuals to have some more control over their dose. Break the lozenge into halves at first and see how it is tolerated and if it's too much break the lozenge into quarters. Make sure the resident has access to the lozenges as needed.

## **Nicotine Inhaler**

The Nicotine Inhaler contains two components. One is a single white plastic mouthpiece and the inhaler cartridge which contains the nicotine. This method is good for those who enjoy hand to mouth motion as it closely mimics the action of smoking. The drawback for this method is that it is difficult to load if you don't have the dexterity. Once punctured, the cartridge it is good for 48 hours if left unused or will deliver nicotine for 20 minutes of continuous use. Most people use it for about 5 minutes and are gratified. If a resident uses it for five minutes four times in four hours the cartridge will be dry and they will not get any sensation of having smoked. If someone is constantly drawing on it can be a more expensive option and it is easy to lose the plastic mouthpiece. If a resident is able to open the mouthpiece, insert the cartridge and self-regulate, they may be a good candidate for this method. The package includes only one mouthpiece so it's advisable to attach a piece of string with some tape to avoid resident losing the mouthpiece. The string can go around the person neck like a lanyard. Residents who are able to self regulate can be given a sleeve of the cartridges to self-administer. If they were smoking independently outside this is a good alternative when residents are restricted to their room.

## **Nicotine Gum**

Nicotine gum is the least favored method for older adults due to poor dental care, dentures, crowns and missing teeth. However, if the resident can and likes to chew gum the same rule applies to the gum as it does for the lozenges. One piece of gum is given with instructions to chew, chew and park the gum. Continuous chewing will result in upset stomach and too much nicotine being released at once. The other concern may be around residents sharing the gum with others. Screen carefully to ensure that this is a safe NRT method even if the resident wants to use nicotine gum.

## **Candy**

Although not widely used because of risk of weight gain use of sugar/ candy to deal with cravings for **low-level** smokers can be helpful. Wrapped candy and chocolates or small serving's i.e. roll of life savers in pocket or wrapped mints are a good substitute for someone who craves a cigarette. You can use lollipops, suckers for those who are restricted to locked units and are not diabetic or obese. You can place a few candies in the pocket where the smoking paraphernalia is usually kept and remind them to have a candy. If there is no concern about weight gain this can be a good non nicotine based option. Similarly a glass of orange juice with a packet of sugar can be used when there is no candy available.

## **Cognitively Impaired**

One of the goal of smoking cessation is to ensure the resident is not in withdrawal from nicotine. Ensure that the resident's serum nicotine levels are kept at similar levels when they were actively smoking. Therefore a 15 cigarette a day smoker will need nicotine replacement to achieve those levels. Tip: if a resident is asking for a cigarette let them know you are going to help them out. Use nicotine spray into the mouth. Ask the resident to wait for a few minutes (some people may feel dizzy) ask them how they feel. The nicotine spray takes between 30 seconds to two minutes to enter the blood stream. It is the quickest way to reduce cravings for nicotine. The side effects are tingling to the mouth and lips and sometimes hiccups.

## **Considerations Regarding Consent and Capacity**

There are considerable ethical issues to consider with residents who smoke and may not understand and appreciate the serious risks of COVID-19. If a resident is refusing to abide by the rules around smoking and physical distancing we need to consider whether or not they are able to understand and appreciate the instructions and the risks to self and others. We must also take into consideration the risks of an incompetent refusal. I.e. a resident who picks up cigarette butts or leaves the premises amid an outbreak to get cigarettes or "stem" for cigarettes. The current quarantine act supersedes personal agency / resident choice. There are ethical issues to think through taking into consideration the risk to the resident themselves but also to those who live in the LTC and the staff. These consequences are at the highest level of risk including the possibility of mortality.

When resident is choosing to smoke or go out to smoke despite warnings not to leave the facility it may not be an act of defiance. They may lack the neuropsychological capacity to make informed decisions. In this unprecedented time complying with law for the good of the community and the resident is paramount. The quarantine act is there to protect life and can supersede the rights of the non-compliant individual. If the resident is COVID-19 positive and is non-compliant with quarantine and/or isolation, Public Health should be consulted.

# Baycrest

Baycrest is proud to be the Toronto region health services lead for the Behavioural Support for Seniors Program. We work with many health care providers to deliver specialized Behaviour Support Outreach services across all settings and prioritize supporting transitions.

For information about the program call **416-785-2500, ext. 2005** or toll-free at **1-844-785-2500**, you can also email us at **[behaviouralsupport@baycrest.org](mailto:behaviouralsupport@baycrest.org)**.



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