This evidence says that nicotine replacement therapy products such as the nicotine patch, inhaler, and gum are not effective ways to safely quit smoking permanently even when counseling is added. They may help temporarily stop smoking but do not help to safely end smoking for good and without becoming fat or worse ... because they fail to deal with the root cause of all unhealthy smoking. That is nicotine dependence.

Nicotine replacement therapy, NRT, to stop smoking is not based on reliable addiction science and the common knowledge gained from specialized clinical experience.

"What NRT offers and advertises, quitting and stopping smoking, is NOT at all a meaningful measure of success. A popular writer used to say that stopping smoking was easy. It was so easy that he stopped every day. Becoming unwilling to smoke cigarettes (dip or chew) even when wanting to and without substituting anything unhealthy (junk food, for example) is the measure of success that counts." RTL

If you think tobacco is a drug, an untruth told to you that kills, you also believe NRT products probably work . . . at least if combined with counseling. It is necessary to give you this evidence of unenlightenment for you to no longer think that tobacco is a drug.

You are making an honest mistake if you even suspect I am exposing inside evidence that nicotine replacement therapy is not effective in order to sneakily defend or promote tobacco and smoking. Some folks do defend and promote that way.

Devious supporters of dubious "smokers' rights" challenge the efficacy of NRT products, but they also tell the popular untruth that says even chronic heavier smoking is a "choice" rather than resulting from drug addiction. They attempt to give weight to that lie by pointing out that statistically most people stop without external help: Smokers simply quit; they "bite the bullet" and "go cold turkey."

Underhanded nicotine pushers allege in so many words, "When they choose to, most of those smokers can and do stop smoking for good on their own and without significant complications." Wrong! The reality is far closer to they don't stop; they substitute. That's called nicotine addiction symptom substitution or transfer. Smokers more often switch to so-called "comfort" foods, overeating or abusing alcohol. They unwittingly self-medicate and swap one major health threat and drain on their and our financial resources for another.

Please avoid accepting the politically correct untruth that it's only a coincidence that the "obesity epidemic" began during the past four decades of pressuring far more than effectively helping smokers to quit. Not to be critical, but little wonder restaurants increasingly favor going "smoke-free." They and other food and alcohol sellers are among the primary beneficiaries of nicotine addiction transfer.

Evidence:

- Longtime specialized clinical experience enables a different perspective. Because of more than three decades of specialized clinical experience that began before the widespread introduction of NRT products, I've known to question the value of nicotine replacement therapy: now the dominant and dominating cigarette smoking cessation intervention. In 1989, Counselor: The Magazine for Addiction Professionals published an opinion article I wrote entitled "Why Treat Nicotine Addiction with Nicotine?" The more I learn the less I'm sure of what I know. One exception is that nicotine replacement therapy is not a nicotine addiction-knowledgeable approach.

  Behavioral health clinicians (examples, licensed clinical counselors and clinical social workers) who are also certified or licensed to treat addiction to alcohol and other drugs (clinical addiction specialists*) are addiction-knowledgeable. They could help more than professionals with training similar to my own. But they don't know that NRT is ineffective. Those specialists have had little if any experience treating nicotine addiction. Their sources of authoritative treatment information taught them politically correct untruths: nicotine replacement products such as nicotine patches are effective with or without counseling and tobacco is the drug.

  At least some sources of authoritative addiction treatment information are allied with the pharmaceutical industry. They say and may think otherwise, but still they subtly and powerfully suggest to clinical addiction specialists that their involvement to help treat nicotine dependence is NOT needed. Those information sources focus way too much on the plant (tobacco) and too little on the essential problem (nicotine). They suggest that tobacco is the psychoactive drug when they mislabel with descriptions such as "alcohol, tobacco, and other drugs" or ATOD. Besides avoiding profit-threatening competition from clinical specialists, the drug industry that makes nicotine-filled cigarette replacement products may find it easier to sell those expensive additional ways to deliver the highly addictive insecticide, nicotine, when the drug it pushes is not so clearly identified as the real threat.

  Professional addiction specialists accept the implied killer untruth conveyed by those authorities: Nicotine replacement therapy works and already has the cigarette smoking problem significantly covered. When you and I raise awareness among clinical addiction specialists of the considerable need for their enlightened expert help, the health of a great many children and billions of their health care dollars will be saved.

- Probably the most intense form of clinical addiction help for smokers is a residential (inpatient) treatment program. Highly regarded Hazelden Foundation and its residential stop smoking program avoid nicotine replacement products. The director of Nicotine Dependence Treatment Services at Hazelden describes this important feature of that "Your Next Step" service: "Our thinking is that we have seven days to get people off nicotine and develop strategies to remain tobacco-free for the rest of their life." He says. "If they use nicotine replacement, then they're going to walk out of here still addicted to the drug."
- Tapering off the highly addictive insecticide, nicotine, is an essential and prominently-promoted supposed advantage of the nicotine replacement therapy approach. What highly addicting drug other than nicotine might we think it's okay for people not in residential treatment to taper off? The answer is "none."

  Like other substance-dependent people who aren't yet in recovery, smokers are in denial when thinking they can stop for good by gradually cutting back on (tapering off) nicotine. Nicotine replacement therapy (NRT) promotes that unhealthy view. Those NRT products subtly but powerfully promote health risk denial. See our recent test for that denial.

Isn't it probable that urging a smoker to use nicotine, even as part of a broader treatment such as professional counseling, suggests that nicotine isn't the problem and negates whatever else might be done to help? NRT suggests "NOT" . . . as in "NOT truly addicted."

- No reputably published research this author has found suggests adding counseling to NRT was effective to stop smoking where all testing of efficacy was done post nicotine ingestion (research subjects no longer used the drug). See "measurements of the efficacy" below.
- Twelve-step programs talk in terms of "one is always too many and never enough." Isn't it likely to be true that one hit of nicotine, no matter the delivery device or method, makes someone not yet in the recovery required to survive? I am convinced that's a fact.
- The nicotine-drenched stop smoking patch is another means to deliver the drug. Indians in South America have "smoked" that way. They mixed nicotine with cooked animal fat and rubbed it on their arms.
- The drug companies that produce and sell replacements are fond of having others suggest that delivering the drug with their products and reduced quantities of the substance make them nonaddicting. Possibly that's true if using replacements with folks who aren't already dependent.
- Those pharmaceutical company allies also suggest that NRT products help by removing the activities (lighting-up, etc.) associated with smoking. But smokers aren't addicted to the associated activities any more than heroin users are addicted to shoving needles into their bodies.
- The fact that hardly any behavioral health addiction specialists focus on nicotine dependence (addiction) means they don't pay attention and question the largely industry financed, or otherwise influenced, research that alleges replacement therapy is effective. When advertising asserts that using a replacement doubles a smoker's chance to stop, that more likely means going from little chance to still little chance – maybe doubled and practically no one stays stopped. (If the following link is broken, click on this link <http://www.nida.nih.gov/researchreports/nicotine/nicotine2.html>.) A 2006 NIDA research report (http://www.addictioninfo.org/articles/1138/1/Tobacco-Addiction/Page1.html)said that nearly 35 million U.S. smokers want to stop each year and a number of them make the effort. Only about 6 percent stay free of smoking longer than one month. Author's note: At any given time, approximately 15 percent of trying-to-quit smokers are relying for help on the nicotine gum, lozenge, patch or another such cigarette replacement product.
- No published research that obviously was done independent of the influence of the makers of NRT and other psychoactive drugs (examples, Chantix and Zyban) has shown that they performed better than simply stopping.
- A survey of 73 double-blind, placebo-controlled nicotine replacement trials identified just 17 studies that made some effort to assess the integrity of their double-blind procedures. Twelve (12) of the 17 studies found that subjects accurately judged treatment assignment at a rate significantly above chance. These few studies provide insufficient evidence for definitive conclusions about the overall integrity of blindness in the NRT literature . . . Addictive Behaviors 29 (2004) 673–684
- *Measurements of the efficacy* of nicotine replacement therapy to stop smoking are done while subjects continue to ingest the drug. Would anyone who knows about addiction and recovery attempt to help someone hooked on heroin by selling him or her the drug and then urge him to gradually reduce how much heroin he sucks up his nose or smokes until he loses interest in injecting it? Of course not. Heroin users aren't addicted to sticking themselves with needles. So was it ever reasonable to expect smokers to be successful stopping for good by continuing to use nicotine but tapering off how much is ingested by changing how it's delivered? No. Nicotine replacement therapy (NRT) products do not help with the underlying cause. Thinking that NRT products should or could help and even when counseling is added strongly suggests non smokers are in denial.
- If nicotine replacement is science-based and effective shouldn't we reasonably expect that smoking would be declining? For most of the 20-plus years replacement products have been available the incidence of smoking has been stagnant and now is projected to increase.
- Nicotine is a deadly poison (insecticide). It isn't somehow "good science" or "best practice" to encourage using or do nothing as human beings unknowingly poison themselves with nicotine replacement therapy products.

* None of the above is meant to promote any program or to benefit professional clinical addiction specialists. I am not licensed or certified as one or beholding to them. I am a clinical social worker who has for 40 years cared about and helped adults addicted to nicotine: absolutely our most deadly addiction.

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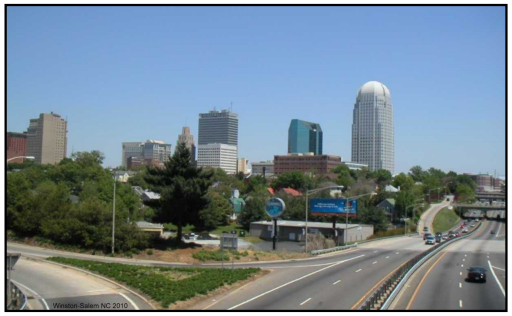

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Dr. Lovelace is mostly retired from clinical practice and no longer sees new patients who need more than one or two sessions. Now devoted primarily to this not-for-money public health service, he rarely writes for others. Those publishers included John Wiley & Sons, McGraw-Hill, Self (magazine), Clinical Laboratory Management Association, Counselor Magazine for Addiction Professionals and Business Life magazine. Most recently, he authored Nicotine Dependence Relief and Recovery.