



Acceptability of Nicotine Chewing Gum as Alternative to Tobacco

Prof. Aniruddh Tambe¹, Dhyanesh Patt²

1. Assistant professor, Parul Institute of Management & Research(MBA), Vadodara 391760, India
2. students, PIMR (MBA), Parul University, Vadodara 391760, India

ABSTRACT

Nicotine replacement therapy (NRT) may aid in the cessation of smoking in smokers. In order to make NRT more readily available to the public, pharmaceutical companies have taken notice of nicotine chewing gum as a potential NRT product. Such gums, however, may not be accepted by patients due to their harsh flavor. There were two and four mg nicotine gums in this trial, and they were meant to be the most appealing to customers. A new generation of nicotine replacement products has emerged in the wake of the breakthrough made possible by nicotine chewing gum.

There will soon be items available to help people quit smoking. This ranges from skin patches, which take between 6 and 8 hours to reach a steady state peak blood level, to nicotine inhalation devices that simulate the effects of smoking.

Cigarette smoke releases high-nicotine boli within a few seconds after smoking. Other Products such as a nasal nicotine spray and nicotine lozenges are now being tested in clinical studies. It is suggested in this article that in the short term as quitting aids, but rather in their potential as long-term replacements for traditional nicotine.

INTRODUCTION

Cigarette smoking is the biggest preventable cause of mortality worldwide, taking the lives of about 4 million people every year. Around 10 million smokers will pass away each year by 2030, according to the WHO. More than 4000 substances have been identified as being present in cigarette smoke, among which are 43 known carcinogens and 400 additional poisons. These include the well-known nicotine and tar, as well as carbon monoxide and formaldehyde (DDT).

A cigarette's principal active ingredient, nicotine, is responsible for promoting individual smoking habits. Nicotine is not the only component of tobacco that may cause death and disease. Cigarettes contain nicotine, which elevates the levels of certain neurotransmitters in the brain, like as dopamine and norepinephrine. Smoking cessation benefits people of all ages since it lowers the risk of death and disease. Reactions to these compounds in the body emerge as nicotine withdrawal syndrome when individuals quit smoking, and they include irritability; difficulties focusing; impatience; sleeplessness; and an increased need for food.

Replacement treatment (NRT) may help smokers quit the habit by replacing part of the nicotine they normally get from smoking cigarettes. As a result, it may increase the likelihood of long-term abstinence from smoking by reducing several physiological and psychomotor withdrawal symptoms. Nasal sprays, oral inhalers, and chewing gum are all examples of NRT medications.

Chewing gum was the first NRT product to be widely distributed. Cigarette resin complexes are available in a buffered chewing gum basis. As a result of the buccal mucosa's direct absorption of nicotine by these nicotine chewing gums, plasma concentrations of nicotine are about half that which would be obtained by smoking a cigarette. 4 For those who require it, the gum is available in a variety of strengths and may be used as needed or at pre-scheduled intervals. In 8 to 12 weeks, reducing the daily intake of nicotine gums (tapering) may be explored.

Nicotine gums are meant to be chewed, not ingested.

A pre-determined dosage is possible, or it may be consumed in any amount and at any frequency requested. The most common way to begin treatment is with a piece of 2 mg nicotine gum.

4mg gums may be recommended for those who are very dependant on smoking or who have previously been unable to stop with 2mg gums.

Chewing one piece of gum every 1-2 hours for the first 6 weeks is a good way to become acclimated to these gums. For the next three weeks, just one piece of gum should be chewed every 2-4 hours, and then one piece per 4-8 hours for the next three weeks.

People are urged to stop eating as soon as they feel a tingling feeling in their mouths and to insert the piece between their gums and cheeks and leave it there.

A nicotine gum must be placed in the buccal mucosa for the nicotine to be absorbed; if it is not, more of the nicotine will be ingested, resulting in nausea and vomiting.

If the peppery flavour or tingling feeling in your gum begins to fade, chew it again until they return.

Repeat this technique for up to 30 minutes, if necessary.

Nicotine chewing gum

The widespread use of nicotine gum as a therapy for smokers has been a game-changer. Countries. Reducing withdrawal symptoms and enhancing performance, The likelihood of recurrence to smoking is reduced when short-term abstinence is achieved the amount of time spent using the product is not slashed, but rather doubles. In comparison with placebo, the long-term success rate Numerous psychotherapeutic treatments are available. More significant, though, is the point. How it has been used in clinical trials, how it has been used in medical and scientific research There is a propensity among some smokers to switch from cigarette dependency to gum dependence. Fresh evidence that has led to a broader understanding of

Acceptance of smoking's addictive nature. As a matter of fact, it's improbable that US Surgeon, This issue would have been covered in the General's Report. Without Ove Ferno's gum, things might have been a lot different.

Nicotine gum's ability to help people quit smoking was studied in 1984. Group treatment for smoking cessation is aided by the use of 2mg nicotine chewing gum in this research. Nicotine chewing gum, according to the results of the research, is a useful tool for boosting the success rates of smoking cessation programmes that include group therapy. 13 The effectiveness and safety of nicotine gum (4mg) and nicotine inhaler (10mg) in helping smokers decrease or stop smoking were evaluated as part of a 2009 research on smoking cessation or reduction and nicotine replacement therapy. The study's conclusion was that using a 10 mg nicotine inhaler or a 4 mg nicotine chewing gum increased abstinence rates considerably. 7 For the first time, in 2008, a research was conducted that examined the effects of cigarette cessation on memory impairment, as well as the effects of nicotine gum on sustained attention, free recall and metacognition.

Nicotine gum may be able to increase smokers' ability to focus, but it may not be able to mitigate the negative effects of cigarette cessation on higher-level cognitive functions such as memory and metacognition. One research in 2011 looked at the effect of explaining the harmlessness of nicotine replacement therapy to someone who was unaware about it on their willingness to use it. The research indicated that although a significant number of smokers are still confused about the safety of NRT, these uninformed smokers would increase their consideration of NRT if misperceptions were appropriately addressed. 10 NHG1 and Nicorette fresh mint were tested in another trial for their plasma nicotine absorption and clinical acceptability. There was no significant decline in tolerability while using NHTG2 gum, according to the results of a study. These gums would be predicted to have a faster beginning of therapeutic effects because of the relationship between delivery and therapeutic benefits. 11

All of the research that have been cited show that using nicotine gums increases abstinence rates⁷ and that they are beneficial in helping people quit smoking.

India is home to the majority of the world's smokers. These smokers all want to stop, but only few are able to successfully do so. After six weeks of therapy and medicine, some of these people are able to stop. Smoking cessation is hampered by a lack of awareness of the negative health impacts of smoking. There is also a problem with the lack of follow-up by physicians, which may be due to a lack of resources, incentives or government financing. Doctors' misperceptions regarding NRT may also have a role.

Segmenting Smokers By Nicotine Dependence And Smoking Rate

Although this study assigned users to nicotine doses based on TTFC, a biomarker of nicotine dependency, current guidelines for nicotine gum allot doses based on smoking rate (divided at 25 cigarettes per day in the United States and 20 in other jurisdictions). Using TTFC to administer the 4-mg dosage leads in a greater number of smokers receiving it. We analyzed adverse events (AEs) in light smokers who received the 4-mg lozenge to see whether the new dosage allocation was safe. Heavy smokers who received the 4-mg lozenge reported identical adverse effects to those of those who didn't. The effectiveness of the 2-mg lozenge and the 4-mg lozenge was compared in heavy smokers and light smokers for this evaluation. Both groups found the lozenge to be effective.

Animal studies: The effects of long-term changes in the intensity of mastication The effects of long-term changes in the intensity of mastication

An animal's salivary flow rate has been looked at to see if it has an effect Rats, Fast food that was made into a liquid caused parotid glands to shrink. Hall and Schneyer, 1964, and Johnson, 1984, are two of the people who wrote about this. In contrast, rats, He was fed a very hard food that required a lot of chewing. parotid gland enlargement and an increase in the size of the gland a faster flow of saliva and more secretory substances proteins are the building blocks of all living things (Johnson and Sreebny, 1973, 1982). The effects of long-term changes in intensity studies of mastication

The findings in lab animals have been backed up by observations in humans. Eight people. They lived on liquid food for one week and had 34 percent less pilocarpine-stimulated parotid flow, as well as 30 percent and 29 percent less salivary protein and amylase. Then and now (Hall et al., 1967). Females who drink liquid food were said to have significantly slowed down the whole flow of saliva (Johansson and Ericson, 1989). 66 children, on the

other hand, had their diet changed. Those with a firm texture had 40% more saliva flow from their parotid glands. In 1983, DeMuniz et al. said that this was true.

Gum-chewing and the rate at which saliva moves through the mouth. If you're studying people, you're studying. In a clinical study, 73 students who chewed 4 pieces of gum ate them. a stick of sugar-free chewing gum every day for eight weeks significant increase in the flow of whole saliva without being stimulated found. For eight more minutes, the flow rate was still very high, but it went down. weeks after the study came to an end (Jenkins and Edgar, of course). In a similar experiment, 11 people chewed one piece of gum. 10 minutes every time you're awake, chew sugar-free gum for 10 minutes.

It's been two weeks now. Increased pH and buffer capacity were found in whole saliva that wasn't stimulated. There was also a faster flow rate, which is good for swallowing. It has a pH level, and it can be used as a buffer if it is stimulated. At that time, (Dodds et al, 1991). It was also not possible to find these findings in the book. report: I agree with the other reports that said there was no proof. chewing gums with sorbitol and xylitol have an effect on salivary flow, rates of flow.

COMPANY PROFILE

Tobacco maker Godfrey Phillips India Ltd. (GPI) has its headquarters in India. In 1844, the company was founded in London. GPI was one of the first corporations in the United Kingdom to mass-produce cigarettes, along with John Player & Sons and Imperial Tobacco.

GPI makes and distributes cigarettes, smoking tobacco, and cigars, as well as a non-tobacco range of goods that includes confectionary that was introduced in 2019.

Modi Enterprise, one of the world's major cigarette makers, is the parent business of GPI.

As of 2018-19, the company's yearly revenue is estimated to be over 7200 crores. Pan masala, chewing gum, and confectionary goods are also part of the company's commercial portfolio. Pan Vilas pan masala was recently introduced by Godfrey Phillips India. In addition, Philip Morris has granted the firm a licence to produce and market Marlboro cigarettes in India.

History

Godfrey Phillips, the oldest son of Henry Phillips and born in the rural fields outside of London in October 1826, founded his cigar manufacturing business in 1844 at Bevis Marks in Aldgate, London. It became Godfrey Phillips & Sons Ltd. when his sons were old enough and engaged in the company.

Godfrey Phillips died on August 21, and the partnership was sold in 1908, becoming Godfrey Phillips, Limited. Joseph Phillips, chairman, Philip Phillips, David Phillips, Spencer Phillips, and Arthur Phillips were the original directors of the company. After some time, Godfrey Phillips Plc went public on the London Stock Exchange.

Attractive native-style architecture was used to house the manufacturing of Cavander's, De Reszke, and Greys, when Godfrey Phillips (India), Limited, was founded.

A plant in Northern India was set up in 1967 by Godfrey Phillips Ltd. of London and International Tobacco Co. to produce on the company's behalf. International Tobacco Co. Ltd. became a subsidiary of the corporation with the merging of D. Macropolo & Co. Ltd. with it.

Brands and products

Many tobacco-related items are made by subsidiary brands of GPI. Marlboro is also manufactured and distributed by Godfrey Phillips India, a subsidiary of Philip Morris International Inc. Non-tobacco items are also available from the brand. Below, you'll find a list of them.

Kolkata is home to the ITC Limited, an Indian multinational. From FMCG to hotels to software to packaging to paperboards to specialty papers to agro, ITC has a wide range of businesses that it serves. 13 companies in 5 categories make up the corporation. There are 90 nations where it sells its goods. Retail shops around the country carry the company's goods.

The Imperial Tobacco Company of India Limited was founded in 1910 and renamed the India Tobacco Company Limited in 1970 and I.T.C. Limited in 1974. "ITC" has been dropped from the company's name, which currently stands as "ITC Limited." There was a total yearly turnover of US\$10.74 billion and a market value of \$35 billion for ITC as of 2019.-20, respectively. It employs more than 36,000 employees across 60 sites in India. Better sources are required for this on the beginnings of the tobacco industry.

As a British-owned corporation incorporated in Kolkata, "Imperial Tobacco Company of India Limited" was initially known as "Imperial Tobacco Company of India Limited."

In order to get leaf tobacco, the firm entered into agreements with farmers in southern India in 1911 because of the corporation's reliance on agricultural resources. [required citation] Indian Leaf Tobacco Development Company Limited was established in Guntur district of Andhra Pradesh in 1912, under the company's umbrella. The company's first cigarette factory opened in Bangalore, India, in 1913. According to the sources cited above.

LITERATURE REVIEW

Factors that aid in the successful cessation of smoking. A comparison of the elements that assist the success of stopping smoking based on literature from the PubMed database discovered 11 papers, including various studies that illustrate the success of quitting smoking, including: In a research titled "Factors Influencing the Implementation of a Pilot Smoking Intervention for Migrant Employees in Chinese Factories: a Qualitative Study," Guanyang Zou explains that offering group counselling and information to stop smoking may help migrant workers successfully quit smoking. Smoke-free environments and the development of social support groups through the use of apps to aid in the cessation of smoking are two ways that b.Granado-Font., (2018) describes how to aid in the cessation of smoking through the use of smoke-free environments and the development of social support groups via applications. A qualitative study titled "Secretly, it's competition."

A qualitative study investigating what helped employees quit smoking during a workplace smoking cessation group training programme with incentives" describes that supports the success of quitting smoking by providing low income to workers who smoke in the workplace. C Shelby Lautner, with the research title "Addressing the Needs of African American Male Smokers Through Community Outreach and Tailored Smoking Cessation Strategies," explains that supporting the success of quitting can be accomplished through community outreach and tailored smoking cessation strategies. There are 19 articles that suit the supportive and stifling criteria of smoking success. To help new smokers quit, a family-centered approach to article 31 Advances in Health Sciences Research, issue 2219 smoking has been shown to be effective.

There is a lot of social support for health workers to help people quit smoking and protect non-smokers from the harmful effects of cigarette smoke, according to e. Griffen AK (2018), with the title "Inclusion Wheel: Tool for Building Capacity and Public Health Leaders to Serve People With Disabilities." In a paper entitled "Barriers and facilitators to smoking cessation in a cancer context: A qualitative study of patients, families, and professionals," Mary Wells (2017) reports that some cancer patients who utilise smoking cessation programmes and succeed in stopping smoking have used these services. While some patients are able to quit, others continue to smoke even after receiving smoking cessation therapies [9]. [9] Ex-smokers are more likely to quit smoking when they get support from those who have already done so, according to Smith (2017), titled "Revealing the complexity of quitting smoking: a qualitative grounded theory study... among Australian ex-smokers". H. Roberts (2017) found that the Maori people (New Zealand) have a high level of physical activity, which shows that sports programmes to aid quit smoking are acceptable to them.

A Qualitative Study" by D. P. Pokhrel (2015), e-cigarettes (vape) can serve expectations social and sensory characteristics that are unique compared to clove cigarettes so that e-cigarettes can serve as a substitute for tobacco. You may quit smoking by using e-cigarettes as a replacement for regular cigarettes When it comes to helping people with bipolar disorder quit smoking, Heffner, Jaimee L (2018) found that social barriers, lack awareness, avoiding smokers, lack of knowledge about cigarettes, and difficulty finding nicotine replacements were all obstacles to success. She also found that smokers with bipolar disorder were less likely to quit smoking than nonsmokers.

OBJECTIVE OF THE STUDY

- To Study that nicotine appears to improve memory and concentration
- To Study on Nicotine lowers anxiety by increasing beta-endorphin levels.
- To Study on long-term usage of nicotine gum has been linked to insulin resistance and hyperinsulinemia Circulation.

PROBLEM STATEMENT OF THE STUDY

Cigarette Gum might cause a spike in blood pressure. An elevated heartbeat. Dizziness. Cigarette smoke contains nicotine, a hazardous and addictive substance. Increased blood pressure, heart rate, blood flow to the heart, and a constriction of the arteries may all be caused by it (vessels that carry blood). It's possible that nicotine contributes to the hardening of artery walls, increasing the risk of a heart attack.

RESEARCH METHODOLOGY

Research design

The research is primarily descriptive in nature. In descriptive design, a researcher is primarily concerned with explaining the scenario or subject under investigation. It is a theory-based design technique that is produced by collecting and evaluating data.

Sampling

This kind of sampling is called non-probability sampling, and it is defined as any sampling procedure where some of the population's members are not selected or when the probability of selection cannot be correctly estimated. Customers of different retail establishments

Sampling size

It indicates the numbers of people to be surveyed. Though large samples give more reliable results than small samples but due to constraint of time and money.

Sampling technique

Non probability

Sources of data

- Primary Data
- Secondary Data

Primary Data

Primary source of data was collected by questionnaire.

Secondary Data

Secondary source of data was collected from

- books
- journals
- magazines
- websites

Tools for data collection

The research uses this method of data collection where is a set of question asked to be respondents in a limited span of time simultaneously the research himself answer /responds out the questionnaire.

Plan of analysis

Diagrammatic representation through graphs and charts

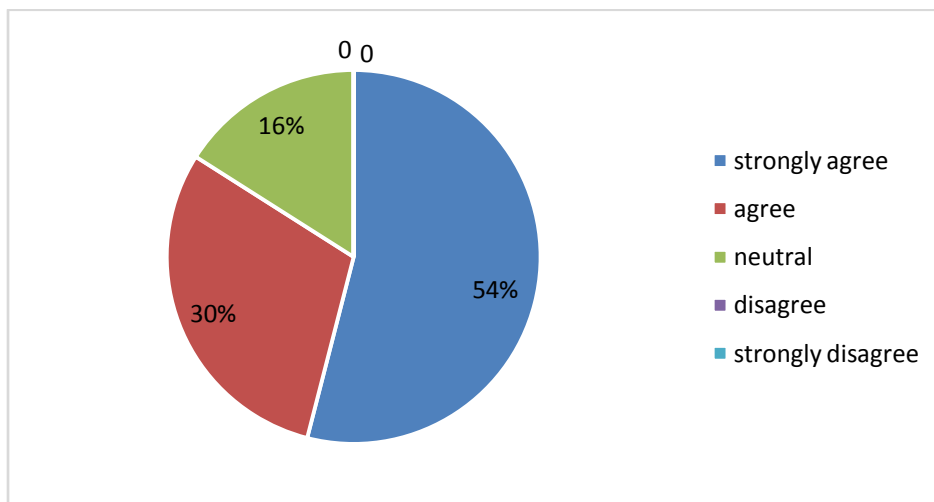
Suitable inferences will be made after applying necessary statistical tools.

Findings & suggestions will be given to make the study more useful.

DATA ANALYSIS AND INTERPRETATION

1. Does chewing nicotine gum have the potential to replace cigarette smoking?

SI No	Options	0Respondents	(%)
1	0Strongl agree	27	54%
2	0Agree	15	30%
3	Neutral	8	16%
4	0Disagree		
5	0Strongly disagree		
		50	100

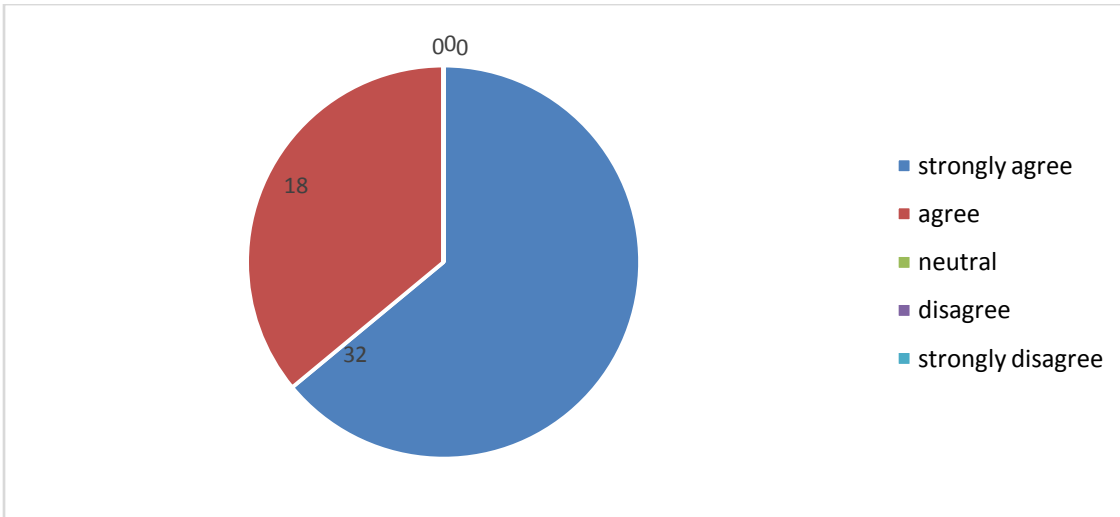


Interpretation

Here we can see that 54% of Does chewing nicotine gum have the ability to replace cigarette smoking, 30% of agreed, and the remaining 16% were ambivalent. majorities of people agree that.

2. Is smoking better than eating nicotine gum?

SI No	Option	Respondents0	(%)
1	Strongly agree	32	64%
2	Agree	18	36%
3	Neutral		
4	Disagree		
5	Strongly disagree		
		50	100%

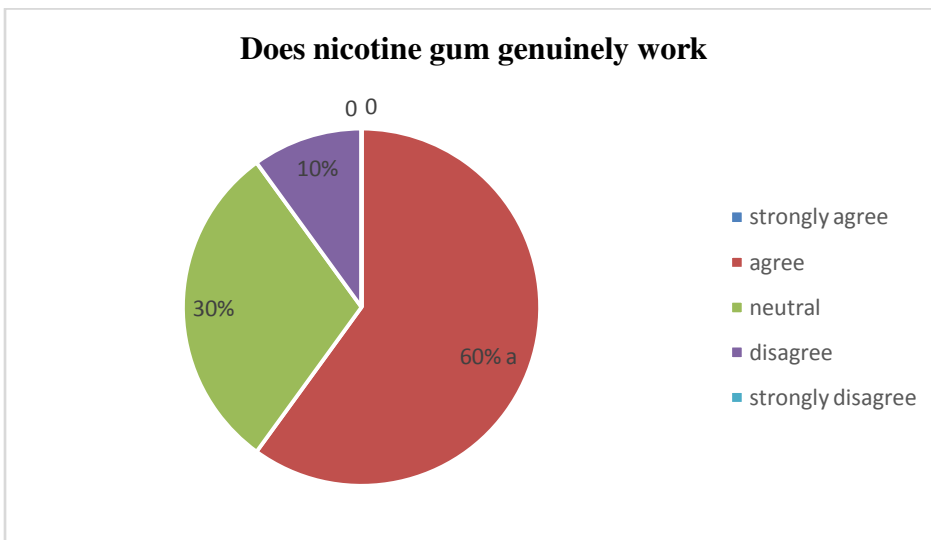


Interpretation:

The graph shows that 64% of respondents strongly agree with the statement "Is smoking better than chewing nicotine gum?" Only 36% of those polled are in agreement, and none of those are in disagreement.

3. Does nicotine gum genuinely work?

SI NO	Options	Respondents	(%)
1	Strongly agree	0	
2	Agree	30	60%
3	Neutral	15	30%
4	Disagree	5	10%
5	Strongly disagree		
		50	100%



Interpretation:

In the above table we can see 60% agree that nicotine gum genuinely works. And 30% are neutral and the rest of 10% of respondents disagree. In this graph we can see that most of the respondents strongly agree that nicotine gum genuinely works.

FINDINGS

Here we can see that 54% of Does chewing nicotine gum have the ability to replace cigarette smoking, 30% of agreed, and the remaining 16% were ambivalent. majorities of people agree that

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In above table we can see 60% Does nicotine gum genuinely work. And 30% are neutral and rest of 10% of respondents are disagree. In this graph we can see that most of respondents are strongly agree nicotine gum genuinely work.

This graph shows that 34 percent of respondents strongly agree that Tobacco is a stimulant or a depressant right now, and 40 percent of Respondents agree, 20 percent of Respondents are neutral, and 6 percent of Respondents disagree with this statement

Above analysis 38 percent Do patients benefit from utilizing nicotine replacement therapy in their efforts to quit, 8 percent of workers are impartial with this and remainder, 54 percent of Respondents are disagree.

Above analysis are Second-trimester screens for nicotine dependence and other health implications are rather common, with 30% of respondents agreeing, 10% indifferent, and the remaining 60% disagreeing.

SUGGESTIONS

Many scholarly papers have detailed the elements that contribute to and detract from the effectiveness of stopping smoking. People are more likely to succeed at quitting smoking if they have a variety of factors working in their favour, including: personal motivation, mindset, and a strong desire to stop smoking; regulations at work.

environmental changes such as a no-smoking area, physical activity; and social media use. Inhibiting the success in quitting smoking is a social element among smokers, both in the family and in the society, knowledge and attitudes are still low on understanding of smoking and its consequences Scientifically, stress, financial issues, boredom, and the habit of smoking while eating may all lead to a relapse in smoking, as can cigarette commercials that promote smoking.

CONCLUSION

Nicotine gums may be used as part of a comprehensive strategy to help smokers kick the habit. In fact, they make leaving far more likely. Instead of a magical cure for smoking, these chewing gums serve as a positive supplement to the nicotine addiction that smokers already have. It is only individuals who are willing to give up smoking that these nicotine gums will be most successful. It was shown that the nicotine lozenge had a considerable advantage over nicotine gum in preventing post-cessation weight gain in a varied metropolitan population. Male smokers may have an advantage in quitting, although the results were inconsistently significant and would need replication.

Research is required to determine the best method of quitting smoking for the overall population. The findings of this research suggest that gum may be an effective nicotine delivery method. Organoleptically speaking, the most effective formulations for 2 and 4 milligrammes were F16 and F18, respectively. Adding cherry and eucalyptus flavourings to aspartame was more successful in removing the nicotine's bitter taste.

You can use the new nicotine lozenge to help you quit smoking. It's both effective and safe! Physicians should tell people to stop smoking and give them the nicotine lozenge as an option.

It was a good treatment. The nicotine lozenge is another effective tool for people who want to stop smoking.

REFERENCES

- Centers for Disease Control and Prevention. Achievements in public health, 1900- 1999: tobacco use–United States, 1900-1999. MMWR Morb Mortal Wkly Rep. 1999;48:986-993.
- Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline. Rockville, Md: US Dept of Health and Human Ser- vices, Public Health Service; 2000.
- West R, McNeill A, Raw M. Smoking cessation guidelines for health profession- als: an update. Thorax. 2000;55:987-999.
- Burton SL, Gitchell JG, Shiffman S. Use of FDA-approved pharmacologic treat- ments for tobacco dependence: United States, 1984-1998.

MMWR Morb Mortal Wkly Rep. 2000;49:665-668.

- Silagy C, Mant D, Fowler G, Lancaster T. Nicotine replacement therapy for smoking cessation [Cochrane Review on CD-ROM]. Oxford, England: Cochrane Library, Update Software; 2000; issue 2.
- Fiore MC, Novotny TE, Pierce JP, et al. Methods used to quit smoking in the United States: do cessation programs help? JAMA. 1990;263:2760-2765.
- Gallup Organization. Attitudes and Behavior Related to Smoking Cessation. New York, NY: Gallup Organization; August.
- Henningfield JE. Nicotine medications for smoking cessation. N Engl J Med. 1995; 333:1196-1203.
- Hurt RD, Offord KP, Croghan IT, et al. Temporal effects of nicotine nasal spray and gum on nicotine withdrawal symptoms. Psychopharmacology (Berl). 1998; 140:98-104.
- Shiffman S, Khayrallah M, Niaura R, et al. Efficacy of acute administration of Nicorette gum against cue-provoked craving. Poster presented at: Fourth Annual Meeting of the Society for Research on Nicotine and Tobacco; March 28, 1998; New Orleans, La.
- West R, Hajek P, Nilsson F, Foulds J, May S, Meadows A. Individual differences in preferences for and responses to four nicotine replacement products. Psychopharmacology (Berl). 2001;153:225-230.
- Perkins KA, Grobe JE, D'Amico D, et al. Low-dose nicotine nasal spray use and effects during initial smoking cessation. Exp Clin Psychopharmacol. 1996;4:157-165.
- Schneider NG, Olmstead R, Nilsson F, Mody FV, Franzon M, Doan K. Efficacy of a nicotine inhaler in smoking cessation: a double-blind, placebo-controlled trial. Addiction. 1996;91:1293-1306.
- Molander L, Lunell E. Pharmacokinetic investigation of a nicotine sublingual tablet. Eur J Clin Pharmacol. 2001;56:813-819.
- Wallstrom M, Nilsson F, Hirsch JM. A randomized, double-blind, placebo-controlled clinical evaluation of a nicotine sublingual tablet in smoking cessation. Addiction. 2000;95:1161-1171.
- Choi J, Dresler CM, Norton M, Strahs KR. Pharmacokinetics of a nicotine polacrilex lozenge. Nicotine Tob Res. In press.
- Herrera N, Franco R, Herrera L, Partidas A, Rolando R, Fagerstrom KO. Nicotine gum, 2 and 4 mg, for nicotine dependence: a double-blind placebo-controlled trial within a behavior modification support program. Chest. 1995;108:447-451.
- Sachs DL. Effectiveness of the 4-mg dose of nicotine polacrilex for the initial treatment of high-dependent smokers. Arch Intern Med. 1995;155:1973-1980.