

# Smoking reduction with nicotine replacement and motivational advice reduced smoking in people unmotivated to quit

Carpenter MJ, Hughes JR, Solomon LJ, *et al.* Both smoking reduction with nicotine replacement therapy and motivational advice increase future cessation among smokers unmotivated to quit. *J Consult Clin Psychol* 2004;**72**:371–81

Clinical impact ratings GP/FP/Primary care ★★★★★☆

**Q** In smokers unmotivated to quit, how effective is a telephone-based smoking reduction intervention using either nicotine replacement therapy (NRT) and brief advice or motivational advice plus brief advice?

## METHODS

	<b>Design:</b> randomised controlled trial.
	<b>Allocation:</b> {unconcealed*}†.
	<b>Blinding:</b> {unblinded*}†.
	<b>Follow up period:</b> 6 months.
	<b>Setting:</b> USA.
	<b>Participants:</b> 616 adults ≥18 years of age (mean age 39 y, 70% women, 89% white) who smoked ≥10 cigarettes/day and were not interested in quitting.
	<b>Intervention:</b> telephone-based reduction counselling plus NRT (nicotine gum, 4 mg; or nicotine patch, 7 mg, 14 mg, or 21 mg) plus brief advice to quit smoking after 6 weeks (n=212, reduction aided by NRT [r-NRT] group); telephone-based motivational advice plus brief advice to quit plus NRT after 6 weeks (n=197, motivational group); or no treatment (n=207).
	<b>Outcomes:</b> any quit attempts, quit attempts lasting ≥24 hours, and 7 day point prevalence abstinence (defined as no smoking at all in the previous 7 d).
	<b>Patient follow up:</b> 100% (intention to treat analysis).
	*See glossary. †Information provided by author.

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## MAIN RESULTS

The table shows the results.

## CONCLUSION

In smokers uninterested in quitting, a telephone intervention of smoking reduction plus nicotine replacement therapy and brief advice did not differ from motivational advice plus brief advice, but both were more effective than no treatment.

## Commentary

The study by Carpenter *et al* goes some way towards answering a clinically relevant question of how to help patients who do not want to stop smoking. Clinicians often say something along the lines of “Well, if you can’t stop, see if you can at least cut down,” but are uncertain whether this will do more good than harm (if it has any effect at all).

This study examines whether advice on cutting down helps or hinders subsequent attempts to quit smoking. The results are reassuring. Those advised to cut down and then receive NRT made similar numbers of quit attempts to those offered motivational interviewing to encourage cessation. The motivational group had slightly higher abstinence rates at 6 months than those advised on reduction, and both groups had higher reported abstinence rates than a group who received telephone assessment but no advice about reducing or stopping smoking. Using NRT while continuing to smoke did not lead to unacceptable adverse effects.

Both the interventions and the data collection were conducted by telephone and no attempt was made at biochemical verification of self reported smoking status. As the authors point out, debate exists among researchers about how important it is to take such measurements. I think it unlikely that lack of verification affected the comparison between reduction and motivational interviewing, but it is possible that, relative to participants who received no intervention at all, there was inflation of self reported quit rates in the intervention arms. It therefore remains uncertain about how big an effect on quitting is achieved by reduction advice. This study is, however, reassuring that advising people who do not want to stop to try cutting down their smoking will not reduce their chances of making a quit attempt, and that advising them to use NRT to help cut down is unlikely to pose a serious health risk, even if they continue to smoke.

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Reduction aided by nicotine replacement therapy (r-NRT group), motivational advice (motivational group), and no treatment in smokers unmotivated to quit\*

Comparisons	Outcomes at 6 months	Event rates	RBR (95% CI)	NNH
r-NRT v motivational advice	Any quit attempts	54% v 59%	9% (-8 to 23)	NS†
	Quit attempts lasting ≥24 h	43% v 51%	16% (-3 to 32)	NS†
	7 day point prevalence abstinence	18% v 23%	25% (-10 to 49)	NS†
			RBI (CI)	NNT (CI)
r-NRT v no treatment	Any quit attempts	54% v 25%	120% (69 to 189)	4 (3 to 5)
	Quit attempts lasting ≥24 h	43% v 16%	178% (96 to 297)	4 (3 to 6)
	7 day point prevalence abstinence	18% v 4%	301% (103 to 703)	8 (6 to 14)
Motivational advice v no treatment	Any quit attempts	59% v 25%	141% (86 to 216)	3 (3 to 4)
	Quit attempts lasting ≥24 h	51% v 16%	232% (136 to 371)	3 (3 to 4)
	7 day point prevalence abstinence	23% v 4%	437% (176 to 959)	6 (4 to 8)

\*RBR = relative benefit reduction. Other abbreviations defined in glossary; RBR, RBI, NNH, NNT, and CI calculated from data in article.

†NS = not significant.