

## **VI.2 Elements for a Public Summary**

### ***VI.2.1 Overview of disease epidemiology***

WHO has calculated that every second smoker will die early because of smoking and in average a smoker will lose 7-8 years of lifetime. Today, tobacco use causes 1 in 10 deaths among adults worldwide. Around 40 different diseases can be directly connected to smoking. The most common diseases are cardiac and vascular diseases, chronic obstructive pulmonary disease, lung cancer and several other types of cancer. If current trends continue, it is estimated that around 500 million people alive today will be killed by tobacco. During this twenty-first century, tobacco could kill up to one billion people. Passive smoking is also associated with increased risk.

In Sweden more than a million people are smoking. In 2013 11% of the Swedish population between 16-84 years smoked on a daily basis while further 11 % smoked occasionally. In Denmark 24 % of the population above 15 years smoked and 18% smoked on a daily basis. In Norway in 2010-2012, 26 % of the population from 16 to 74 years smoked either daily or occasionally. About 16 % smoked daily. In Finland in 2012 about 21 % of men and 14 % of women in the age group 15 – 64 years smoked daily. Passive smoking is also associated with increased risk.

Smoking cessation significantly reduces most of the increased health risks that smokers have incurred. The degree of improvement depends on the stage of disease. Nicotine replacement therapy (NRT) has proved to be effective, acceptable, and safe as nicotine replacement in smoking cessation.

### ***VI.2.2 Summary of treatment benefits***

The harmful health effects of tobacco smoking are generally recognised. It is also generally accepted that one of the main difficulties in withdrawing from smoking is due to nicotine dependence. NRT is effective in aiding smoking cessation. It reduces the urges to smoke and other withdrawal symptoms following cessation. There appears to be little difference overall in the effectiveness of different types of nicotine replacement product on cessation rates. All of the commercially available forms like nicotine gum, transdermal patch, the nicotine nasal spray, nicotine inhaler and nicotine sublingual tablets/lozenges are effective as part of a strategy to promote smoking cessation. They increase quit rates approximately 1.5 to 2 fold regardless of setting.

There are many blood vessels in the area between the upper lip and the gum and the fact that Zonnic pouch may be fixed over a long time-period provides the opportunity to both a quick and long-lasting uptake of nicotine over the oral mucosa.

### ***VI.2.3 Unknowns relating to treatment benefits***

None

### ***VI.2.4 Summary of safety concerns***

#### **Important identified risks**

<b>Risk</b>	<b>What is known</b>	<b>Preventability</b>
Cardiac disorders (e.g. occlusive peripheral arterial disease, cerebrovascular disease, stable angina pectoris and uncompensated heart failure)	In a large systematic review and meta-analysis of 92 clinical trials involving 32,185 participants and 28 observational studies involving 145, 205 participants to assess the adverse events associated with NRT, Mills et al. found an increased risk of heart	The risk can be avoided by carefully controlling the use of NRT in patients with cardiac disorders.

Risk	What is known	Preventability
	palpitations and chest pain <sup>30</sup> .	

### Important potential risks

Risk	What is known (Including reason why it is considered a potential risk)
Children and adolescent under the age of 18	No experience from clinical studies in children exists. Nicotine poisoning has been observed in children from ingestion of cigarettes, chewing gums, tobacco and from the use of transdermal patches.
Pregnant and lactating women	<p>NRT causes dose related increases in maternal blood pressure and heart rate and lesser effects on the fetal heart rate, but these changes are less pronounced than those caused by smoking. Nicotine does not have significant effects on placental blood flow and the circulatory effects of nicotine are unlikely to explain foetal growth retardation in smokers. Exposure to both mother and foetus to nicotine from ad libitum nicotine medications, such as nicotine gum, is considerably less than the exposure to nicotine from cigarette smoking. It is unclear how far NRT would carry a risk to the foetus when used in pregnancy but it is almost certainly safer than smoking. It is advised that pregnant or breast-feeding smokers should only use NRT after consulting a health care professional. The risk in the use of NRT versus complete smoking cessation or not being able to quit smoking would have to be balanced based on the individual patients' resources, motivation and capacity. Healthcare involvement in this decision is advised.</p> <p>Nicotine passes into the breast milk in small quantities that may affect the infant, even at therapeutic doses- It is advised that pregnant or breastfeeding smokers should only use NRT after consulting a health care professional. The complex nature of social and psychological factors that modulate maternal smoking may induce some mothers to believe that they should not smoke and breastfeed, and therefore unintentionally lead them to quit breastfeeding, instead of smoking.</p>

### Important missing information

None

### VI.2.5 Summary of additional risk minimisation measures by safety concern

Routine Pharmacovigilance activities are applied.

***VI.2.6 Planned post authorisation development plan***

Not applicable.

***VI.2.7 Summary of changes to the Risk Management Plan over time***

Not applicable.