

LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 400 words and 10 references and should be sent to Simon Chapman, deputy editor, at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Efficacy of nicotine replacement therapies

To the Editor - I was surprised to see an anecdotal reference to the efficacy of nicotine replacement therapies in Dr Alan Blum's recent article.¹ The story related a Caribbean doctor's personal belief that nicotine gum and nicotine patches were ineffective. This belief runs contrary to hard evidence of the efficacy of transdermal nicotine in general practice^{2,3} and in referral settings^{4,5} for nicotine-dependent smokers. Nicotine gum is also effective, particularly in referral settings^{6,7}. These clinical trials were not done in the Caribbean but it is unlikely that the area is unique for the treatment of tobacco addiction.

It is important to judge efficacy on the basis of sound data rather than anecdotal experience as bias always complicates the clinical setting. For example, smokers prepared to attend repeatedly for an educational intervention are self-selected and cannot be expected to represent the general population of smokers. Higher success rates of intensive interventions may simply reflect more highly selected populations and not the treatments.

Transdermal nicotine therapy is one of the few smoking cessation strategies proven for use in a non-intensive treatment setting. It generally doubles the smoking cessation rates of placebo treatment when used with brief health professional advice and support.⁸ Educational quit courses and quit clinics have low consumer appeal and are attended by a tiny fraction of would-be-quitters.⁹ Most smokers prefer a brief, self-help approach to smoking cessation.¹⁰ It is important to promote user-friendly, effective smoking cessa-

tion aids, like the nicotine patch, which can be used in this way.

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- 1 Blum A. Inspiration in the Caribbean. *Tobacco Control* 1994; 3: 13-4.
- 2 Imperial Cancer Research Fund General Practice Research Group. Effectiveness of a nicotine patch in helping people stop smoking: results of a randomised trial in general practice. *BMJ* 1993; 306: 1304-8.
- 3 Russell MAH, Stapleton JA, Feyerabend C, et al. Targeting heavy smokers in general practice: randomised controlled trial of transdermal nicotine patches. *BMJ* 1993; 306: 1308-12.
- 4 Tonnesen P, Norregaard J, Simonsen K, Saw U. A double-blind trial of a 16-hour transdermal nicotine patch in smoking cessation. *N Engl J Med* 1991; 325: 311-5.
- 5 Transdermal Nicotine Study Group. Transdermal nicotine for smoking cessation. *JAMA* 1991; 266: 3133-8.
- 6 Gourlay SG, McNeil JJ. Antismoking products. *Med J Aust* 1990; 153: 699-707.
- 7 Tang JL, Law M, Wald N. How effective is nicotine replacement therapy in helping people to stop smoking? *BMJ* 1994; 308: 21-6.
- 8 Gourlay SG. The pros and cons of transdermal nicotine therapy. *Med J Aust* 1994; 160: 152-9.
- 9 Mattick RP, Baillie A, Grenyer B, et al. An outline for approaches to smoking cessation: quality assurance project. In: Mattick RP, Baillie A, eds. Canberra: Australian Government Publishing Service, *NCADA Monograph No 19*.
- 10 Fiore MC, Novotny TE, Pierce JP, et al. Methods used to quit smoking in the United States. *JAMA* 1990; 263: 2760-5.

In reply - In several articles during the past 15 years, Dr Blum, a family physician, has argued against what he calls the medicalisation of smoking cessation, in particular the over-eager adoption by consumer and clinician alike of expensive pharmacologic treatment methods.^{1,2} He found a kindred spirit in Dr Tony Gale, the Caribbean doctor about whom he wrote.

I agree with Dr Gourlay, however, that comments about the value of nicotine replacement therapy, or about any other tobacco control intervention, should be based on available scientific data. When Dr Blum's news article was reviewed internally, the editors realised the need to provide balance to the statement about Dr Gale's views on nicotine replacement therapy. Instructions

were given to add the following sentence to the fourth paragraph of the article, just before the first statement attributed to Dr Gale: "Despite the growing number of studies demonstrating the efficacy of nicotine replacement therapies (see the meta-analyses recently published in the *Lancet* 1994; 343: 139-42 and *BMJ* 1994; 308: 21-6), Dr Gale has not found them useful in his community." Dr Blum concurred with this addition. Unfortunately, because of a production error, this sentence was not added.

We appreciate Dr Gourlay's thoughtful letter, and we agree that nicotine replacement has been shown to be more effective than placebo in clinical trials. However, two caveats are in order. First, efficacy has been documented in carefully controlled clinical trials, in which drug administration instructions are given, behavioural therapy is provided, and at least some follow-up occurs. This finding does not necessarily mean that the treatment will be effective in "real-world" conditions, however. For example, in a survey of 1070 elderly smokers in Pennsylvania (US) who filled prescriptions for transdermal nicotine,³ only 54% reported having received any initial advice or materials from their physicians or pharmacists, and 47% smoked while using the patch.

Second, the article about Dr Gale does raise the legitimate question of whether "high-tech" and somewhat costly interventions such as nicotine replacement are practical for use in developing countries. Nicotine replacement is unlikely to work for smokers with low motivation to quit and limited access to behavioural treatments. Yet those characteristics are the norm for smokers in developing countries. When tobacco control efforts become commonplace in the community, when large numbers of smokers are motivated to quit, and when nicotine replacement is affordable or accessible through public health programmes, then it may have a meaningful role to play in a developing country. - ED

- 1 Blum A. Nicotine chewing gum and the medicalization of smoking. *Ann Intern Med* 1984; 101: 121-3.
- 2 Blum A. The role of the health professional in ending the tobacco pandemic: clinic, classroom, and community. *J Natl Cancer Inst* 1992; 12: 37-43.
- 3 Orleans CT, Resch N, Noll E, et al. Use of transdermal nicotine in a state-level prescription plan for the elderly: a first look at 'real-world' patch users. *JAMA* 1994; 271: 601-7.