A minute for advocacy

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LETTERS

A minute for advocacy

What an unexpectedly rapid response to an online recommendation! Here’s how the scene unfolded on a hectic day:

11:40: surfing web for best nicotine replacement therapy (NRT) prices.

11:43: Discover following link after description of a nicotine replacement patch:

“Additional Information CLICK HERE for Quit Assist website from Philip Morris USA”.

11:44: To self: “Did PM [Philip Morris] actually pay for that? If so it’ll never get removed—what the heck, it’s easy to click Contact Us and point out the incongruence”.

11:45: Message sent: “The last place people who are trying to quit smoking need to be clicking for assistance is a tobacco company website. There are multiple online assistance programs, (I listed some). Please consider replacing or at least eliminating the link to Philip Morris”.

13:31: [Same day!] Message received: “Having read your message, I instructed the sales department to change all of the listings to reflect a link to www.becomeanex.com as I personally felt that this website was extremely well designed and geared to helping the smoker quit without linking them to any preferential, alternate websites. Please feel free to re-examine our website. I think it will help ensure our personal motto of “Be Well” not just in theory, but in practice. Thank you for your concern and we appreciate your input”.

13:53: Revisit site—every smoking cessation product on the site has new link.

And to think I almost didn’t take the time!

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The gap in tobacco use between remote Indigenous Australian communities and the Australian population can be closed

The Australian Prime Minister’s historic apology to the “stolen generations” in February 2008 included commitments to close the life expectancy gap between Indigenous and non-Indigenous Australians “within a generation”. In a subsequent speech, the Health Minister reasoned: “…Indigenous Australians need to play their part too…” and “…it is ultimately up to individuals to modify their behaviour to reduce their exposure to illness”.

Preliminary results of a survey of tobacco use in remote communities indicate that the majority of Indigenous smokers want to quit but adequate support has not been available. In 2008, we interviewed 397 people (aged ≥16 years) in 3 communities (populations from 1200–2000) in isolated corners of Arnhem Land, Northern Territory. Participants were recruited opportunistically using quotas to reflect age and gender balances in community populations. Of 397 participants, 343 (87%) reported a history of tobacco use (83% to 92% across communities), 304 (77%) were current users and 39 (10%) were former users (no tobacco for ≥6 months). Of 304 current users, 52 (17%) were attempting to quit or had tried to quit in the past and 177 (58%) were contemplating quitting. If the 52 who reported making quit attempts and the 177 who were contemplating quitting could succeed, tobacco use rates in this sample would reduce to 19%: the current smoking rate in Australia, thus closing the gap.

In the sample, 133 participants who reported any history of tobacco use also described their attempts to quit smoking. Of these, 24% (32/133) said they were supported with advice from a health professional while the remainder, 76% (101/133), said they made their own decisions, intentions and behaviours which are similar to those found in surveys in the wider Australian population. Of these 133 participants, 40% (53/133) knew nothing about pharmacotherapies, 47% (62/133) knew about them but had never tried them. Just 14% (18/133) had used pharmacotherapies, a level which may be less than half the rate in Australian smokers trying to quit. These data reflect the fact that, in many of these communities, brief intervention, advice or counselling services are not routinely available; and support services, where they are provided, are based in regional centres, are under-resourced and/or inappropriately targeted. The absence of pharmacies limits access to over the counter nicotine replacement therapy. The survey data indicate that a large proportion of smokers in remote Indigenous Australian communities may be seeking to modify their smoking behaviour. To expect smokers to do so without the necessary support seems unreasonable. With a smoking prevalence of 77% in these communities, crowded living conditions and limited application of environmental controls in workplaces and public spaces, widespread cue exposure amplifies the risk of relapse.

The data confirm extraordinarily high rates of tobacco use that have changed little across Arnhem Land over the past 20 years. It is clearly inequitable that, over a similar period, smoking across Australia halved from 35% to 15% and could reduce to 14% by 2020. Indigenous Australians living in remote communities have a right to a full range of initiatives to address tobacco use including comprehensive support for people wanting to quit smoking. Governments have an obligation to ensure these rights are met through appropriately targeted programs that create the conditions necessary for Indigenous Australians to achieve optimal health by closing the gap in tobacco use in Australia.

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