Is Australia headed for an epidemic of nicotine replacement therapy addicts?

Christine L Paul, Flora Tzelepis, Raoul A Walsh and Billie Bonevski

To the Editor: Growing revenue from the sale of products for nicotine-replacement therapy (NRT), such as nicotine patches, has fuelled media interest in the likelihood that "reformed smokers" are "getting hooked on nicotine replacement".[1] While there may be anecdotal evidence of long-term use, there are no current population-based data to indicate whether this is the case in Australia.

Overseas data suggest long-term use of NRT is low.[2,3] For example, a United States study found the median duration of patch use decreased from 30 days to 21 days following over-the-counter NRT availability.[2] Another study found that more than 75% of NRT purchases were for 1 month, while only 5% of smokers purchased NRT for more than 3 consecutive months and less than 1% of purchases continued to 24 months.[3] An Australian survey conducted in 2000 suggested that most NRT use (61%) was short-term, lasting less than 2 weeks.[4]

More recently, our 2004 telephone survey of smoking-related perceptions and practices included an item on length of NRT use. The survey involved households selected at random from the New South Wales electronic white pages, with quotas applied to the sample based on NSW census proportions. The study was approved by the University of Newcastle Human Research Ethics Committee.

Of the 3503 participants (response rate, 43%), all 539 current smokers and 1013 former smokers were asked about NRT use. Those who had made their most recent quit attempt in the previous 2 years reported on their NRT use during that quit attempt. Of the 138 who had used NRT on their most recent quit attempt, only three (2%) used an NRT product for 12 weeks (the recommended length of use). Only four NRT users (3%) reported using the product for more than 3 months, and none reported using NRT for more than 6 months.

It appears that fears of widespread addiction to NRT products are probably unfounded. In fact, lack of compliance with use recommendations, resulting in inappropriately short episodes of use, is probably a bigger problem, and one that may help explain the disappointing effectiveness of NRT under "real world" over-the-counter conditions.[5] Data on frequent repeated short-term use of NRT products would be useful to round out the picture on NRT use in the over-the-counter environment.

Acknowledgements: This letter was prepared by the Centre for Health Research & Psycho-oncology (CHeRP). CHeRP is funded by the Cancer Council NSW and the University of Newcastle, and receives infrastructure support from the Hunter Medical Research Institute. We acknowledge the statistical support of Mr Christophe Lecathelinais and the time contribution of the study participants.

Christine L Paul, Senior Research Academic
Flora Tzelepis, Senior Research Officer
Raoul A Walsh, Senior Research Academic
Billie Bonevski, Senior Research Academic
Centre for Health Research & Psycho-oncology (CHeRP), Cancer Council NSW and University of Newcastle, Newcastle, NSW.
chris.paul@newcastle.edu.au

1 Harrison D. Ciggy substitute abuse on rise. *Sydney Morning Herald* 2008; 30 Mar. http://www.smh.com.au/news/national/ciggy-substitute-abuse-on-rise/2008/03/29/1206207492941.html (accessed Jul 2008).
2 Hyland A, Rezaishiraz H, Giovion G, et al. Over-the-counter availability of nicotine replacement therapy and smoking cessation. *Nicotine Tob Res* 2005; 7: 547-555.
3 Shiffman S, Hughes JR, Pillitteri JL, Burton SL. Persistent use of nicotine replacement therapy: an analysis of actual purchase patterns in a population based sample. *Tob Control* 2003; 12: 310-316.
4 Paul CL, Walsh RA, Girgis A. Nicotine replacement therapy products over-the-counter: real-life use in the Australian community. *Aust N Z J Public Health* 2003; 27: 491-495.
5 Walsh RA. Over-the-counter nicotine replacement therapy: a methodological review of the evidence supporting its effectiveness. *Drug Alcohol Rev* 2008; 27: 200-203. ❏

Will Australian rural clinical schools be an effective workforce strategy? Early indications of their positive effect on intern choice and rural career interest

Louise Rice, Marie-Louise Stokes, Mark A Brown, Kirsten A Campbell and Cassandra Smith

To the Editor: In the 4 February issue of the Journal, Playford and colleagues highlighted that clinical schools are encouraging interns and postgraduate year 2 (PGY2) trainees to complete some training in rural locations,[1] a good strategy considering the link between living in a rural area and working there later.[2]

Prevocational training in New South Wales and the Australian Capital Territory is undertaken in 15 training networks administered by the NSW Institute of Medical Education and Training (IMET). Networks typically include a city tertiary referral hospital, a metropolitan district hospital and a rural hospital. Until now, all trainees were allocated to a network by an "optimised-preference" algorithm that maximises trainees' preference for a particular network but does not guarantee their first choice. Intern and PGY2 rotations occur in the hospitals throughout the network, including rural sites.

Over the past few years, IMET has received requests to expand the number of rural sites accredited to provide trainees with all or most of their prevocational training in a rural site because:

- graduates with an interest in rural medicine want more opportunities for rural-based training;
- rural hospitals associated with a rural clinical school want to "retain" their rural students after graduation; and
- investment in rural clinical schools and the expanding service roles of rural hospitals has increased the attractiveness and viability of rural postgraduate training.

In 2006, as part of its review into the delivery of prevocational training in NSW, IMET piloted the Rural Preferential Recruitment (RPR) process:

- Accredited rural hospitals advertise positions under RPR.
- Interested trainees apply directly to these hospitals while applying for network optimised-preference allocation.