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Barriers to tobacco cessation

Physicians and other health care providers play an important role in tobacco cessation efforts, providing valuable tools and advice to cigarette smokers.¹ One of the key tools is nicotine replacement therapy (NRT), but some smokers are reluctant to use NRT.²⁻⁴ Finding simple ways to overcome this reluctance is of great importance because NRT promotes the chances of tobacco cessation.

In a recent random-digit dialing telephone survey of adult cigarette smokers in Ontario (conducted in August and September 2005), we found that three-quarters of the 434 respondents believed nicotine was one of the

harmful components of cigarettes. Further, smokers who believed nicotine was harmful perceived their smoking as more risky ($p < 0.02$) and were less likely to intend to quit in the next 30 days ($p = 0.01$) than smokers who did not think that nicotine was harmful.

The clinical implication of these findings is that beliefs about the nature of nicotine may act as a barrier to tobacco cessation. When recommending NRT as a means to promote smoking cessation, it may be useful to make the following points: (1) NRT roughly doubles a smoker's chances of quitting successfully;⁵ (2) NRT is less addictive than cigarettes, so the smoker is not replacing one addiction with another;⁶ and (3) it is not the nicotine in cigarettes that makes them harmful, but the carbon monoxide, tar and other toxins.⁷

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Mécanisme de présentation des lettres

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Corrections

In a recent letter to the editor,¹ the second paragraph should have begun as follows: "Dr. Pijak [as opposed to Dr. Khan] raises several important issues...."

REFERENCE

1. Lee SS, Wong T. Hepatitis C: reviewing the options [letter]. *CMAJ* 2006;175(1):64.

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A recent News article¹ incorrectly stated the physician-to-population ratio. In fact Canada's ratio is 2.1 physicians to 1000 people. The *CMAJ* apologizes for any inconvenience this error may have caused.

REFERENCE

1. Kondro W, Sibbald B. CMA proposes options for the private-public split. *CMAJ* 2006;175(1):18-20.

DOI:10.1503/cmaj.060922