

LETTERS TO THE EDITOR

Smoking cessation

Do pharmacy staff recommend evidence-based smoking cessation products? A pseudo patron study

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Editor,

1. We find it strange that a journal as prestigious as the *Journal of Clinical Pharmacy and Therapeutics* is prepared to publish a paper in which the evidence for the authors' hypothesis was obtained by deception. We would have thought that a professionally designed and consistently administered questionnaire would yield considerably more valuable data.
2. We would also suggest that the concept of the 'study' is fatally flawed in that it purports to establish one end point, but introduces a second concept with an entirely different objective. The stated objective is to determine if pharmacy staff recommend evidence-based smoking cessation aids. However, the staff are then asked to comment on one 'non-evidence-based product' i.e. NicoBloc, if they fail to mention this product initially. No reason is put forward as to why only one, from a range of so called non-evidence based products, is selected for this exercise.
3. The authors choose to ignore the fact that if the respondent's recommendation for NRT is not accepted, and they are presented with a NicoBloc brochure and asked for an opinion, they may well recommend it based on empirical evidence of its efficacy. This is especially true based on the evidence of the high failure rate (approximately 80%) of NRT products. If the customer told the pharmacist that they were one of the many for whom an NRT product was either unsuccessful, unpalatable or ill tolerated, then the pharmacist has a right to offer an opinion on non pharmacological aids to smoking cessation.
4. The constant references to NicoBloc as a 'non-evidence based product' is misleading. NicoBloc is promoted as an aid to smoking cessation, which acts by reducing the amount of nicotine available to the smoker. Several studies, using internationally approved techniques, have shown that NicoBloc does reduce nicotine levels

in cigarette smoke and this has been confirmed by observations of *in vivo* levels in smokers.

5. While there is a limited amount of critical data to support NicoBloc, this in no way reflects our belief in the efficacy of the product, or our willingness to initiate a clinical study. In fact a protocol for a multi-centre European study is currently being drafted, and it is expected this study will commence shortly. We look forward, with confidence, to the study being published. In the meantime, we append herewith a paper setting out all the data (published and unpublished) regarding NicoBloc, prepared by Dr Alex Milne (available from the editor until April 2007).
6. Finally we contend that not only is this study flawed in many important aspects of design, execution and interpretation, but the author does a great disservice to smokers with a desire to quit, by attempting to deny them the opportunity to try a different treatment option, which has no medical contraindications. Whilst we appreciate that the large pharmaceutical companies will wish to promote pharmacologically active products of their own, these are by no means the only way in which smokers can be helped to quit. The fact is that anything which helps a smoker to abandon the habit is a valuable option. If that treatment is easily available, without systemic exposure and devoid of significant adverse events, then we believe that is a responsible pharmacist has a right to give information on it to a customer.

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RESPONSE FROM AUTHORS

Pseudo patient, client and shopper studies have been published in many fields of research, including pharmacy, for many years (1–2). As we state, they are 'an unobtrusive means of observing actual staff responses under conditions uninfluenced by awareness that one's behaviour is being

monitored.' Our study was approved by the University of Sydney's Human Ethics Committee.

Prompting interviewees for specific responses to issues not spontaneously mentioned is a standard way of eliciting information during interviews. Our study was structured to mirror a typical enquiry that any pharmacist or pharmacy assistant might receive ('what product would best help my boyfriend quit smoking'). Such a question could easily be followed by an enquiry about a specific product, stimulated by the customer having read an advertisement for the product.

NicoBloc® was selected because at the time of the study it was being widely promoted. To our knowledge, there are no other non-evidence based smoking cessation aids being sold in Australian pharmacies today.

Mr O'Neill's understanding of 'evidence [of] efficacy' is entirely different to ours. We are talking about evidence of efficacy in assisting people to quit smoking. He is apparently talking about 'efficacy of reducing the amount of nicotine available to the smoker.' There is abundant evidence about a large variety of interventions designed to assist people to stop smoking. The most comprehensive review of these is the Cochrane Tobacco Addiction Group's systematic reviews(3). Significantly, there is no evidence reviewed for NicoBloc®-style occlusive treatments of cigarettes. This is because there is no published evidence of the minimum quality that would be considered in an evidence based review that NicoBloc® assists people to stop smoking. Our use of the expression 'non evidence-based product' is entirely consistent with the normal use of 'evidence based' that people working in health and medicine understand. It is

possible that Mr O'Neill is unfamiliar with the normal conventions for using the expression 'evidence-based'.

Our research demonstrates that a significant proportion of Sydney pharmacists are prepared to stock a product for which there is no reliable evidence that it assists in helping smokers quit. Mr O'Neill's assertion that NicoBloc® is a product 'which helps a smoker to abandon the habit' is a statement unsupported by peer-reviewed research.

We do not dispute that pharmacists 'have a right to offer an opinion on non pharmacological aids to smoking cessation.' Indeed, our study explicitly asked the serving pharmacist or attendant for that opinion. Mr O'Neill's suggestion that our study should have involved the pseudo patron describing a smoker who had unsuccessfully tried NRT is odd. The NicoBloc® literature says nothing about it being indicated only for such people.

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REFERENCES

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2. Herrera CD (2001) Reconsidering the pseudo-patient study. *Camb Q Healthc Ethics*, **10**, 325-32.
3. Cochrane Tobacco Addiction Group. Abstracts of Cochrane Reviews. *The Cochrane Library Issue 2*, 2005, <http://www.cochrane.org/cochrane/revabstr/TOBACCOAbstractIndex.htm>