

2 Babor TF, Caetano R, Casswell S, et al. Alcohol: no ordinary commodity—research and public policy. Oxford: Oxford University Press, 2003.

## Smoking cessation: learning from experience

John Britton (Feb 28, p 703)<sup>1</sup> supports the substantial British investment in personalised smoking cessation activities, arguing against Simon Chapman's assertion (p 701)<sup>2</sup> that much of this should have been allocated to evidence-based strategies such as mass media campaigns.

For many years the British government seemed to put large amounts into cessation programmes as a soft alternative to complete controls on tobacco promotion, protection of non-smokers, and hard-hitting mass media programmes. At last the winds of smoke-free change are blowing through the UK, and few doubt that they will be rewarded by further declines in smoking.

Britton, however, wonders whether smoking prevalence in Australia might now be lower, "had the admirable media campaigns run there over past decades been supported by UK-style cessation services". Western Australia has in recent years had Australia's lowest prevalence of smoking in adults (14.8%)<sup>3</sup> and children (6% in 12–17-year-olds),<sup>4</sup> with one major community cessation programme which focuses mainly on training and support activities.

There is clearly a role for smoking cessation activity, but there is overwhelming evidence of the effect of well funded media programmes which, with creative advocacy by health organisations, have been the cornerstone of developments in Western Australia.<sup>5</sup> Britton might have asked how much better even Western Australia might have done if we had been able to spend as much on public education as the British government frittered away on worthy but low-impact cessation activities.

In 36 years of work on tobacco in the UK, Australia, and internationally, I have seen virulent opposition by tobacco companies to tough, well funded media campaigns. I have never seen or heard of any concern from the tobacco industry or its allies about personalised smoking cessation programmes. Philip Morris even runs one itself.

I declare that I have no conflicts of interest.

Mike Daube

M.Daube@curtin.edu.au

Public Health Advocacy Institute of WA, Curtin University of Technology, Perth 6008, WA, Australia

- 1 Britton J. In defence of helping people to stop smoking. *Lancet* 2009; **373**: 703–05.
- 2 Chapman S. The inverse impact law of smoking cessation. *Lancet* 2009; **373**: 701–03.
- 3 Australian Institute of Health and Welfare. 2007 national drug strategy household survey: state and territory supplement. Canberra: AIHW, 2008.
- 4 Coase P, Miller J. ASSAD smoking report 2005: a research report prepared for the Drug and Alcohol Office WA. Perth: TNS Social Research, 2007.
- 5 Wakefield MA, Durkin S, Spittal MJ, et al. Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence. *Am J Public Health* 2008; **98**: 1443–50.

## GSK: please extend patent pool to AIDS drugs

As you state in your Feb 28 Editorial,<sup>1</sup> GlaxoSmithKline's (GSK's) Chief Executive Officer Andrew Witty is to be commended for his announcement of GSK's medicines pricing practices in developing countries and in particular his proposal of a patent pool to allow research into neglected diseases by others than the patent holders.

But he has to go further. He should also make GSK's patents on AIDS medicines available for the development of more affordable fixed-dose combinations for patients in poor countries.

In July, 2008, UNITAID, a new financing mechanism providing treatments for AIDS, tuberculosis, and malaria,

took the initiative to move towards a medicines patent pool, initially targeting the missing medicines for HIV. This patent pool, like GSK's stated idea, will be based on voluntary contributions of patents by patent holders. The patent pool will facilitate the production of more affordable generic versions of AIDS medicines and in particular the development of fixed-dose combinations and desperately needed formulations for children. The patent holders that collaborate will receive royalties from the sales of the products.

UNITAID spends about US\$80 million per year on the procurement of AIDS medicines. We could do so much more with this money if the prices of newer medicines in particular came down. A patent pool can make that happen.

We invite Witty and GSK to contribute to the UNITAID medicines patent pool initiative and really join the sea change in the provision of medicines to people in developing countries.

We declare that we have no conflicts of interest.

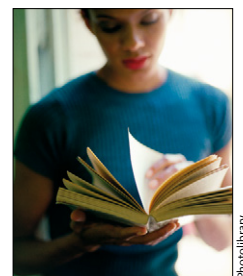
\*Philippe Douste-Blazy,  
Jorge Bermudez  
unitaid@who.int

UNITAID, WHO, 1211 Geneva 27, Switzerland

- 1 The Lancet. Pharmaceuticals, patents, publicity...and philanthropy? *Lancet* 2009; **373**: 693.

## Enjoying and enduring: groups reading aloud for wellbeing

What a delight to come across Jane Davis's Art of Medicine essay (Feb 28, p 714).<sup>1</sup> For the past 22 years at Duke University Medical Center, NC, USA, a small group of devotees has met weekly for 1 h to read aloud and be rejuvenated by poems, short fiction, and occasional essays. Finding Davis's essay was like Crusoe's seeing the footprint on the sand: someone else is here!



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