2008. A significant overall reduction in heavy smoking was observed with a corresponding increase in the proportion of light smoking.

This is an interesting epidemiological observation but it should not be misinterpreted as a public health achievement or as a desirable goal in itself. As Thomas rightly points out, reducing daily cigarette intake is not an effective harm reduction strategy.

Smokers who reduce their daily cigarette intake by more than 50% compensate by having deeper and more frequent puffs to maintain their nicotine levels, thereby neutralising any potential health benefit.² Even reducing smoking intensity to very low levels (1–4 cigarettes per day) carries substantial risks. Furthermore, there is no evidence to indicate that smoking reduction is associated with a subsequent increase in abstinence rates, unless medication is used.³

The most likely explanations for the reduction in smoking intensity in Indigenous communities are the rising cost of smoking and public health measures, although there are evidence gaps in the research.⁴ Smoking is still regarded as normal in Indigenous communities and there is scant evidence of a shift in attitudes to smoking.⁵ Under these circumstances, there is unlikely to be any benefit from reduced daily cigarette consumption in terms of health or abstinence rates.

The goal for clinicians, smokers and communities should always be complete smoking cessation, which has proven, sustained and substantial health benefits.

Colin P Mendelsohn Tobacco Treatment Specialist¹

Gillian S Gould PhD Candidate,² and Adjunct Senior Lecturer³

1 Smokers' Clinic, Brain and Mind Research Institute, Sydney, NSW.

2 School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University, Cairns, OLD.

3 School of Health and Human Sciences, Southern Cross University, Coffs Harbour, NSW.

mendel@bigpond.net.au

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self-regulation is failing to prevent exposure of children and young people to alcohol advertising

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Changes in smoking intensity among Aboriginal and Torres Strait Islander people, 1994–2008

TO THE EDITOR: The recent study by Thomas¹ documents the change in smoking intensity of Australian Indigenous people between 1994 and