

Statement on Tobacco harm Reduction
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INTRODUCTION:

My name is Joel Nitzkin. I am a public health physician who has been a local health director, state health director and president of two national public health organizations. My topic is tobacco harm reduction (THR). My purpose in talking to you is to alert you to the very high likelihood that a THR initiative, utilizing e-cigarettes and snus could secure public health benefits not otherwise achievable at almost no cost to the public treasury, and without recruitment of additional teens to nicotine addiction.

This being the case, the question then becomes why the blanket condemnation of e-cigarettes by CDC, NIH research centers and the rest of the public health community? That, too, will be addressed.

The path that led me to these conclusions began in February 2007, the day the FDA tobacco bill was introduced into Congress. At the time, I was serving as co-chair of the Tobacco-Control Task Force of AAPHP. Rather than sign onto the bill, as was being urged by Tobacco Free Kids, the Lung Association and others, on the basis of a summary of the bill they were then circulating. Rather than sign on, on the basis of this summary, we decided to download and read the 165-page bill. We were shocked at what we saw. It appeared to be a bill written by Altria and the pharmaceutical lobby to protect them from competition from lower risk profits and lock in current market positions. This, in turn, led us to our own literature review, which drew our attention to THR. When inquiring of CDC and NIH, I was verbally advised that they are committed to the goal of a “tobacco free society,” which, they interpret as ruling out any consideration of use of any non-pharmaceutical nicotine delivery product in the context of any public health initiative. Hence, my affiliation with the R Street Institute, the closest I could find to a neutral sponsor to help cover travel and other costs. R Street is a libertarian Washington DC think tank that supports the role of government in protecting health and the environment, but opposes governmental regulation not justifiable on those grounds. I currently serve as Senior Fellow for Tobacco Policy of the R Street Institute. *(for more detail on R Street and my relationship with it, please see the conflict of interest statements in the two referenced journal articles).*

HISTORICAL CONTEXT:

Since the early 1980’s we have had good reason to believe that the smokeless tobacco products on the American and Scandinavian markets pose far less risk of cancer, heart and lung disease than cigarettes. Despite this, in 1986, the USA mandated warnings designed to leave the impression that smokeless tobacco products on the American market are major causes of mouth cancer and tooth and gum disease, and that they are not safe alternatives to cigarette smoking.

Nothing can be further from the truth.

We have known with certainty for almost a decade that the **snus, chewing tobacco and other smokeless products on the American and Scandinavian markets present little or no risk of any tobacco-attributable illness**. Despite this, we continue to be misled to believe that, if one switches from cigarettes to chewing tobacco or snus, one is simply trading a lung cancer risk for a mouth cancer risk.

CDC bases their blanket condemnation of all smokeless tobacco on international data reflecting the risk posed by “gutkha” and “pan masala.” These are combinations of tobacco and other

ingredients that are major causes of mouth cancer and tooth and gum disease in India. They are common in India, but have never been on the American market.

The point is this. **Misrepresentation of tobacco-related scientific data has been an integral part of American tobacco control programming for a very long time.**

CURRENT SITUATION:

All of this lay in the background until two events intervened. Passage of the FDA tobacco law gave hope to many in tobacco control that their goal of a tobacco-free society might soon be reality. The advent of the e-cigarette turned everything upside down.

Like the pharmaceutical gums, patches, and lozenges, e-cigarettes deliver nicotine, but do so in a way that mimics the feel of cigarette smoking. Almost instantly, e-cigarettes became spectacularly popular among smokers who had been unable to quit. It gave them their taste and energy back, improved their breathing and satisfied their urge to smoke while eliminating almost all risk of potentially fatal cigarette-attributable cancer, heart and lung disease.

No nicotine delivery product can be considered totally risk free. Even with possible risks related to vaporized propylene glycol and flavorings, the risk of potentially fatal illness posed by e-cigarettes is most likely less than 1% the risk posed by tobacco cigarettes.

Then and now, vapers see e-cigarettes as a life-saving product. They reacted with horror when the FDA threatened to remove e-cigarettes from the market as an unapproved drug-device combination. In response the users (not the manufacturers or vendors) organized themselves into a powerful political force, the nature of which, to my knowledge, has never been seen with any other consumer product.

Despite hype to the contrary, even with totally unrestricted e-cigarette marketing, the most recent CDC and other data demonstrate the potential for e-cigarettes to be the ideal tobacco harm reduction product. They satisfy large numbers of smokers without increasing total use of nicotine by teens. The recent CDC data, as re-tabulated by Dr. Rodu <http://rodutobaccotruth.blogspot.com/2015/02/memo-to-cdc-tell-whole-truth-about-e.html> shows use of nicotine delivery products (defined as use of cigarettes and/or e-cigarettes) by middle and high school students declining from 2011 to 2013. These data strongly suggest that **e-cigarettes lead teens away from smoking with little or no recruitment of non-smoking teens to continuing e-cigarette use.**

The response of the tobacco control, public health and medical communities -- Outright Condemnation of E-Cigarettes!

The initial condemnation was based on historically incorrect allegations that e-cigarettes were created by “big tobacco” to recruit future generations of teens to nicotine addiction.

Basing their hype on misrepresentation of study data, the State of California, Heart, Lung, Cancer, and others have initiated campaigns to present e-cigarettes as more hazardous than tobacco cigarettes.

PUBLIC HEALTH LIES AND MISREPRESENTATIONS:

One-time experimentation with e-cigarettes is presented as if it were current and continuing use. Huge reductions in teen smoking rates concurrent with increased use of e-cigarettes by teen smokers are not mentioned.

Trace concentrations of chemical toxins in e-cigarette aerosol are presented as major health hazards without comparison to cigarette smoke and without noting that these concentrations are usually so low that they are not measurably above background in most indoor environments.

The situation is so far out of hand that there are blogs by skilled public health professionals posting examples of distortions and lies by CDC, the voluntaries and other tobacco control authorities. The most prominent of these are provided as references in the hand-out version of this presentation.

When seen from inside the tobacco control movement, demonization of the tobacco industry and the goal of a “tobacco-free society” are interpreted as ruling out any consideration of a non-pharmaceutical nicotine delivery product in the context of any public health initiative. This is reinforced by “walk like a duck” approach to policy development. “If it walks like a duck and quacks like a duck, it must be a duck.”

They believe the tobacco industry is evil. They believe that the tobacco industry is monolithic and totally run by the “Big-Tobacco” cigarette companies.

They believe e-cigarette flavors are designed to attract kids to e-cigarette use, and, from there to tobacco cigarettes.

These are seductive propositions. They are factually incorrect. The operating principle of the tobacco industry is cut-throat competition, not collaboration. There are stakeholders within the industry, who, if given the opportunity, would effectively partner with public health colleagues in pursuit of public health objectives.

E-cigarette flavors are critically important to attracting and retaining adult users, and inhibiting their return to tobacco cigarettes.

Falsely condemning e-cigarettes and smokeless tobacco cannot reduce teen smoking and cannot reduce tobacco-attributable illness and death. It could, however, reduce the credibility of our major public health institutions in the eyes of both the industry and the general public.

WHY BLANKET CONDEMNATION OF E-CIGARETTES BY PH AUTHORITIES?

The commitment of CDC and NIH, to what they refer to as “a tobacco free society” is so strong that, no matter what the potential benefit, they will not consider endorsement of any non-pharmaceutical nicotine delivery product for use within any public health initiative.

Why?

For many years CDC, NIH and others have used the terms “smoking” and “tobacco interchangeably.” Instead of setting their goal as a “smoke-free society,” they used the term “tobacco-free society.” This, as they used it, transformed a public health initiative into a moral crusade of the “good” public health people against the “evil tobacco industry.” This crusade mentality proved very effective in attracting legislative support for tobacco control programming at federal, state and local levels and very effective at attracting donations to Heart, Lung, Cancer and the other major voluntaries. Any suggestion by these tobacco control leaders that they may have purposely or inadvertently misled their legislative sponsors and donors for all these years could have dire consequences for some of these tobacco control opinion leaders.

To paraphrase a term recently coined by Mike Siegel of Boston University, **this insanity must end**. The lies, distortions and misrepresentations on the tobacco control side are so obvious to vapers, the industry and a growing number of public health professionals that simply ratcheting up the hype against e-cigarettes and smokeless tobacco cannot end well for the public health community.

TWO BOTTOM LINES:

1. Adding a tobacco harm reduction initiative to current tobacco control programming could avert the premature deaths of half of the 9.6 million Americans now projected to die of a tobacco-attributable illness over the next twenty years. It could do so in a way that will

- reduce the prevalence of smoking by 90% or more by twenty years from now and maintain these benefits into the indefinite future.
2. An ethical question – When, and under what circumstances, is it ethical for public authorities to misrepresent risk or withhold information that would enable individual smokers to substantially reduce their risk of potentially fatal tobacco-attributable illness?

Those of you interested in learning more are urged to contact me while at this meeting. I can discuss it further and provide published reports showing the case in favor of tobacco harm reduction and in favor of e-cigarettes as a harm reduction modality worthy of endorsement by the public health community.

Thank you

Journal References:

(both references also provide detail on the R Street Institute, and Dr. Nitzkin's role as Fellow)

Nitzkin JL. The case in favor of e-cigarettes for tobacco harm reduction. International Journal of Environmental Research and Public Health 2014;11:6459-71. <http://www.mdpi.com/1660-4601/11/6/6459>.

Nitzkin JL. E-cigarettes: A life-saving technology or a way for tobacco companies to re-normalize smoking in American society? FDLI's Food and Drug Policy Forum 2014 30 June;4(6):1-17. <http://www.rstreet.org/wp-content/uploads/2014/07/20140630FDLI-EcigForum.pdf>

Web Site References:

The misrepresentation of survey and study data by CDC and other public health authorities is so far out of hand that there are blogs by skilled public health professionals posting examples of distortions and lies by CDC, the voluntaries and other tobacco control authorities. The most prominent of these are “The Rest of the Story” blog (<http://tobaccoanalysis.blogspot.com/>) posted by Dr. Mike Siegel of Boston University, a physician who had once been on the staff of the CDC Office on Smoking and Health, and the “Tobacco Truth” blog (<http://rodutobaccotruth.blogspot.com/>) by Dr. Brad Rodu, an oral and maxillofacial pathologist who dedicated his early career to the study of oral cancer, only to discover that the link to smokeless tobacco was grossly exaggerated.

www.ecigarette-research.org is a website run by an international team led by Dr. Konstantinos Farsalinos, a cardiology researcher with appointments in Athens and Brussels. This site references and comments on e-cigarette-related research, favorable and unfavorable, published since 2013.

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