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How we can bring an end to smoking

To coincide with World No Tobacco Day, Deborah Arnott says more effective regulation of nicotine is needed



Deborah Arnott
Guardian Professional, Thursday 31 May 2012 08.02 BST



Today is World No Tobacco day. Deborah Arnott argues that we must develop safer sources of nicotine for addicts.
Photograph: Murdo Macleod

Professor Michael Russell wrote in the *British Medical Journal* in 1976: "People smoke for nicotine but they die from the tar." Yet, over 35 years later, smoked tobacco is still the primary source of nicotine. In the UK, [smoking](#) kills more people each year than the next six causes of preventable death put together, including obesity, alcohol and illegal drugs.

Despite the deadly nature of smoking, there has been great hostility to the development of clean nicotine alternatives. Tobacco control campaigners have seen themselves as crusaders, their triple goal to end the death and disease caused by tobacco, to end nicotine addiction and to destroy the tobacco industry. This is an industry that many believe has lost any right to exist because of its long history of lying about the deadly and addictive nature of its product.

For many years, these three objectives seemed aligned – tobacco harm reduction is controversial because it upsets the equilibrium. It may seem strange for those outside what's known as "tobacco control", but access to clean nicotine, unlike needle exchanges, is contentious, even though tobacco is legal and heroin isn't.

The fears are that providing smokers with safe, alternative nicotine products could see nicotine addiction begin growing again, create a massive business opportunity for tobacco companies to continue to profit from addiction and cause harm to smokers who might otherwise have quit completely. The other worry is that young people might start with the harm-reduction option, believing it to be safer, then move to smoking, or that former smokers might relapse to the harm-reduction option and then go back to smoking.

Those in favour of tobacco harm reduction argue to the contrary that it reduces harm to people that, otherwise, would have continued as regular smokers, reduces harm more broadly arising from exposure to smoking, acts as a possible "halfway house" to stopping smoking and creates a market incentive for ever-better products to replace

cigarettes. Last but not least, even if significant numbers remained addicted to nicotine, the overall public health benefit in terms of lives saved would be enormous.

A solution to this impasse requires the recognition that concerns on both sides have merit and must be taken into account. England is pioneering such an approach. In the [Department of Health's Tobacco Plan](#) launched in March 2011, a commitment was made to "develop new approaches to encourage tobacco users who cannot quit to switch to safer sources of nicotine".

To begin with, the impediment of regulatory uncertainty must be removed. There is no regulatory framework for alternative nicotine products not designed for quitting. E-cigarettes, the only products in the market place, are marginal, almost entirely unregulated and have been banned in a number of jurisdictions. In the UK, that is not the case as the medicines regulator, [the Medicines and Healthcare products Regulatory Agency \(MHRA\)](#), has recognised that to do so could force e-cigarette users back to smoking. The agency is investigating how best to regulate such products.

The National Institute for Health and Clinical Excellence, [Nice](#), is also involved, developing public health guidance on harm-reduction approaches to smoking. Both the Nice guidance and the MHRA decision on regulation are due to be published in May 2013. Support is in place from the public health community, as long as such products are effectively and appropriately regulated by the UK medicines regulator.

If, by mid-2013, an MHRA "light touch" regulatory structure were in place, ensuring products on the market are safe and effective and preventing their promotion to youth and non-smokers, then we would be on the way to winning the fight against smoking-related disease.

But regulation will need to be accompanied by a carefully considered communications strategy that sets the agenda for tobacco harm reduction, addresses misperceptions about nicotine, includes mass campaigns aimed at smokers and, crucially, reinforces the government seal of approval for a harm-reduction policy.

The clock is ticking – 100,000 people still die each year from smoking-related disease in the UK and, globally, the figure is 6 million and rising. One in five still smokes and, among the most disadvantaged in society, smoking rates are still many orders of magnitude higher.

Is it realistic to talk about an endgame? No, not unless there is an alternative.

Deborah Arnott is chief executive of [Action on Smoking and Health](#). This is an edited version of an address she is giving at the inaugural [Knowledge Action Change dialogue on Tobacco Harm Reduction and New Nicotine Product - an End to Smoking?](#) at the Guildhall, London today.

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Deebles

31 May 2012 9:41AM

I'd like to wish all support and encouragement to those trying to give up smoking, or otherwise adopt a healthier lifestyle.

Thought I'd put that in there before the usual thread battle begins...

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Woody2

31 May 2012 10:47AM

Hi,

I also think it is better to have a healthy lifestyle, but... give people some slack. Not dying from a preventable disease just frees you up for dying another type (and possibly) worse death. Saying that stopping smoking or reducing your alcohol intake saves lives is just nonsense. It just postpones (perhaps) the inevitable. NHS resources saved on smoking related illnesses will be taken up by other problems later on. Few people die peacefully in their bed.

Enjoy life's pleasures responsibly, and try to do a good deed or two when you can.

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Deebles

31 May 2012 11:37AM

Response to [Woody2](#), 31 May 2012 10:47AM

Enjoy life's pleasures responsibly, and try to do a good deed or two when you can.

Agreed, of course. However...

Saying that stopping smoking or reducing your alcohol intake saves lives is just nonsense. It just postpones (perhaps) the inevitable.

By that logic, saving any life in any way whatsoever is only postponing the inevitable. We've all got to die some time, after all.

The goal in adopting a healthier lifestyle, however you choose to make it healthier, is to stay hale and hearty and out of the hospital as long as possible. You can't guarantee that it'll work, of course; not smoking is no guarantee you won't get cancer or heart disease, for instance. Instead, it's simply a game of playing the odds. But in the end, it's up to you what you choose to do, or don't choose to do, for your own health.

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englishcharlie

31 May 2012 2:35PM

Many people used to smoke in order not to put on weight as smoking dulls the appetite. Obesity is now the biggest killer in the western world.

[Recommend?](#) (2)

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Deebles

31 May 2012 2:49PM

[Recommend?](#) (1)

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Response to [englishcharlie, 31 May 2012 2:35PM](#)

Many people used to smoke in order not to put on weight as smoking dulls the appetite.

Actually, that's a common misconception. Smoking is ineffective as an anti-obesogenic, because what it achieves in suppressing appetite it makes up for in suppressing exercise.

Obesity is now the biggest killer in the western world.

Another misconception. The USA has a relatively high proportion of obese people, and a low proportion of smokers, compared to the western world, and still has a higher attributable mortality to smoking (443,000 people annually) than it does to obesity (280,000 people annually)

<http://jama.jamanetwork.com/article.aspx?volume=282&issue=16&page=1530>

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/

Which is not to dismiss obesity as a health concern; it's a big one. But so is smoking.

[Report](#)

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terasasun

31 May 2012 4:51PM

Deborah Arnott of ASH is calling for any nicotine to be delivered in a 'safe' way to people who smoke.

Funny that ASH is funded by the pharmaceutical companies and it would be these companies providing the 'safe nicotine' (NRT) Why can't this woman get it into her head that people who smoke do so because they enjoy smoking. The whole purpose of smoking is to enjoy the taste of tobacco and the act of smoking and it is not the 'nicotine hit' that anti smoking industries think it is.

Smokers do not want a gum or patch to deliver 'clean nicotine'. They want to enjoy the pastime of smoking.

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Deebles

31 May 2012 5:36PM

Response to [terasasun, 31 May 2012 4:51PM](#)

Deborah Arnott of ASH is calling for any nicotine to be delivered in a 'safe' way to people who smoke. Funny that ASH is funded by the pharmaceutical companies and it would be these companies providing the 'safe nicotine' (NRT)

Do you have a source on this? I just went through ASH's published accounts, and their principal sources of funding would appear to be the Department of Health, Cancer Research UK, and the British Heart Foundation.

http://www.ash.org.uk/files/documents/ASH_808.pdf (pages 10 and 11)

Why can't this woman get it into her head that people who smoke do so because they enjoy smoking. The whole purpose of smoking is to enjoy the taste of tobacco and the act of smoking and it is not the 'nicotine hit' that anti smoking industries think it is. Smokers do not want a gum or patch to deliver 'clean nicotine'. They want to enjoy the pastime of smoking.

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I tried looking for polling data on this assertion, and all I could find was one poll from the US, which would seem to contradict you (most smokers polled wanted to quit, but felt addicted):

<http://www.webmd.com/smoking-cessation/news/20070101/smoking-most-want-quit-many-feel-hooked>

Which is not to say that what you're saying isn't true for some smokers, of course. But there would appear to be a large group for whom it isn't.

As for patches etc., according to the Cochrane review, they increase the rate of successful quitting by 50-70%. From this, I'd judge that they would seem to work for some people, if not everybody (not much does). <http://summaries.cochrane.org/CD000146/can-nicotine-replacement-therapy-nrt-help-people-quit-smoking>



Mark Parker

31 May 2012 5:50PM

""People smoke for nicotine but they die from the tar."

Well it's the act of smoking as well as the addiction of nicotine, but this can be addressed with electronic cigarettes, which the government and NHS seems to be completely sticking their heads in the sand about.

I haven't smoked a cigarette in two and a half years since I started using electronic cigarettes. Yes, of course I am still a nicotine addict, but I still get the 'hit' when inhaling, I get the nicotine, and I get the 'act' of smoking, without the tar going into my lungs.

It's pretty obvious really, so I can only imagine the government doesn't really want people to give up real cigarettes, because the tax earned on them is so high.

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englishcharlie

31 May 2012 6:00PM

Deebles. It is a well know fact that when people quit smoking they eat more and put on weight. It is also well known that since the decline in smoking the obesity rate has increased.

[Recommend?](#) (3)

[Responses](#) (1)

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Deebles

31 May 2012 6:13PM

Response to [englishcharlie](#), 31 May 2012 6:00PM

Deebles. It is a well know fact that when people quit smoking they eat more and put on weight.

This is indeed generally true. However, the decrease in morbidity and mortality associated with smoking cessation far outweighs the health risks associated with post-cessation weight gain.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3195407/?tool=pubmed>

And there's also no shortage of overweight and obese smokers out there, because, as I said, it suppresses exercise (by making it more difficult for the airways, the lungs, and eventually the heart to sustain it). Smoking's not really the answer where maintaining a healthy weight is concerned; what's needed is a good diet and exercise.

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It is also well known that since the decline in smoking the obesity rate has increased.

Correlation does not equal causation, however. The big thing that's changed in our society to make us more obese isn't that people are eating more. It's that we're exercising less. This may seem strange based on the most efficient weight loss being through diet, rather than through exercise; but it seems that regular exercise is pretty good at preventing weight gain. And in our modern world, full of labour-saving devices from cars to vacuum cleaners and sedentary entertainment like computers and televisions, we don't get nearly as much exercise as we used to.



englishcharlie

31 May 2012 7:17PM

Response to [Deebles](#), 31 May 2012 6:13PM

I was born during the last world war and I can assure you that people are eating far more now.

[Recommend?](#) (0)

[Responses](#) (1)

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Cyzane

31 May 2012 8:40PM

Anti-smokers such as Arnott and al must stop perpetuating the nicotine addiction myth which only makes Big Pharma richer, without doing much to help people stop smoking. If nicotine in isolation was the addictive substance nicotine replacement therapy would work. It only works in about 2 - 8% of smokers and it is probably their resolve to stop more than the NRT that does all the work. Experiencing with pure nicotine, a very inexpensive substance, would also be common among what they like to call "nicotine addicts". Nicotine is NOT the only thing that matters in the smoking experience. One can get addicted to tobacco, but very few get addicted to nicotine alone. Even Fagerstrom who invented the nicotine dependence test has now had a change of heart. and no longer calls it "the nicotine dependence test" to instead call it "the cigarette dependence test". <http://cagecanada.homestead.com/fagerstromfindshiswaytodamascus.html>

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DickPuddlecote

1 June 2012 12:27AM

So you'll be calling for the EU ban on snus to be revoked then will you, Deborah?

Nope, thought not. Despite it being a proven success in Scandinavia, you can't get your head around tobacco products being helpful can you? As such, this piece is nothing more than empty rhetoric, and dangerous with it.

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Cyzane

1 June 2012 4:29AM

Excerpt from Beliefs, manipulations and lies in the tobacco issue - Author Pr. Robert Molimard - Tobacco expert , author of at least 2 smoking cessation books and Emeritus Professor at the Paris-Sud Faculty of Medicine

(The whole article at <http://cagecanada.blogspot.ca/2010/12>

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/beliefs-manipulation-and-lies-in.html is an eye-opening read)

The big fraud in the tobacco issue was none other than the publication of the 1988 Surgeon General Report entitled "Nicotine Addiction". This fraud is incomprehensible unless one sees the link with the launch of the nicotine gum. (...) Since no formal evidence of dependence to pure nicotine has yet to be produced, the conclusion that nicotine alone is addictive is not a syllogism, but rather, pure sophistry.

(...) having arbitrarily decided that nicotine alone explains tobacco dependence and having it engrained in the minds of doctors, the authorities and the public, any research on the other possible factors of this dependency is now excluded in advance and a vast new market is made available for commercial exploitation by the pharmaceutical industry.

The Anti-Tobacco Crusaders

These activists have abandoned logical reasoning and replaced it with faith and passion. Anything goes when it comes to pursuing the triumph of their such "good cause", and "white lies" are a perfectly acceptable tool. Any open debate and any valid scientific research is therefore precluded. We do find of course some pure idealists, survivors of former "virtuous movements" among them. Be that as it may, there are unfortunately a great number of self-interested do-gooder apostles fueling and exploiting to their advantage this blind militant force in an effort to assert their own power and fame, not to mention more tangible benefits.



Deebles

1 June 2012 6:47AM

Response to [englishcharlie](#), 31 May 2012 7:17PM

I was born during the last world war and I can assure you that people are eating far more now.

I really shouldn't repeat lecturers' opinion as fact... yeah, which out of how much we eat and how little we exercise has been the bigger driver of modern obesity trends is still up for debate.

But at the same time, I'm still convinced that "less people smoking" cannot explain the rise in obesity we're seeing today. Only about half the adult population (60% of men and 40% of women) smoked in 1950, yet practically none were obese. What was protecting the other half? Our lives, and lifestyles and, yes, our diets have changed massively since then; it isn't just that fewer people smoke.

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DrDaveA

1 June 2012 7:20AM

Good Heavens a sensible article from Deborah Arnott of ASH, what is the world coming to? Smoking to my mind is a choice and so should quitting. Alas, nicotine replacement therapy (NRT) patches and gum have a 1 year quitting rate as low as 8%, some studies are even less. Ever since the smoking ban came in 2007 smoking rates for the first time since 1948 have not reduced, stuck at 21% with 7% of other people smoking cigars and pipes.

It is quite obvious that new methods are required and Deborah

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has correctly identified a major role E-cigarettes can play. The studies I have read suggest that 33% of smokers quit and 66% reduce their consumption, becoming dual users. The great advantage of E-cigs is that replicate the smoking experience. Having something in your hand, something to draw on and you can exhale.

One stain on the European Union and the UK is the current ban on Snus. Snus are a 2mm squared, tea bag like pouch which you place between your upper lip and cheek and the nicotine is absorbed into the blood stream. The only EU country where they can be bought and sold is Sweden.

As a result of the effectiveness Sweden has the lowest lung cancer rates in the world, half of the UK's and also oral, and esophageal cancer. This is despite the best efforts of the Swedish Karolinska Institute to discredit Snus whose credibility was blown when they were exposed recently as being paid for by a Pharmaceutical company.

I have also wondered why Allen Carr's The Easy Way books and clinics are not more widely available as they have a peer reviewed quit rate of 53%.

However I do diverge when the state is bullying and legislating against smokers.

Anyway I am off to have a cup of coffee and a cigarette, accompanied with a lie down in a dark room for agreeing with Deborah.

<http://velvetgloveironfist.blogspot.co.uk/2012/05/swedish-anti-snuspro-chantix-experts.html>



John Davidson

1 June 2012 11:28AM

Debra Arnott is nothing more than a paid hack!

The lies and deciet that come from ASH are no more than Hitler rising from the grave to start anew!

As the EU collapses so will Tobacco Control.....I will smoke and Drink to your comming unemployment Debs!

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John Davidson

1 June 2012 11:29AM

“The state must declare the child to be the most precious treasure of the people. As long as the government is perceived as working for the benefit of the children, the people will happily endure almost any curtailment of liberty and almost any deprivation.”

(Mein Kampf, Adolf Hitler; 1943)

The Führer thanks you from the grave:

Hitler was a Leftist

Hitler's Anti-Tobacco Campaign

One particularly vile individual, Karl Astel -- upstanding president of Jena University, poisonous anti-Semite, euthanasia fanatic, SS officer, war criminal and tobacco-free Germany enthusiast -- liked to walk up to smokers and tear cigarettes from their unsuspecting mouths. (He committed suicide when the war

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ended, more through disappointment than fear of hanging.) It comes as little surprise to discover that the phrase "passive smoking" (Passivrauchen) was coined not by contemporary American admen, but by Fritz Lickint, the author of the magisterial 1100-page *Tabak und Organismus* ("Tobacco and the Organism"), which was produced in collaboration with the German AntiTobacco League.

<http://constitutionalistnc.tripod.com/hitler-leftist/id1.html>

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