

Review of: "[Commentary] Response to Califf RM and King BA's Viewpoint «The Need for a Smoking Cessation "Care Package"»"

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Potential competing interests: No potential competing interests to declare.

Comments on "Response to Califf RM and King BA's Viewpoint"

In response to Califf and King's JAMA Open network article [1], which proposed a "care package" for smoking cessation, Mohamadi Sarkar pointed out that the "proposed care package" (by Califf and King) is "incomplete", and then proposed two policy options that might "complete" Califf and King's care package: first, to rapidly make FDA-authorized, smoke-free products available to adults who smoke; second, to provide more accurate information about the risk differential between combustible and smoke-free tobacco products to adults who smoke. While I think the intention to complete Califf and King's "care package" is well-grounded, the proposed options are less so—they might lack sufficient power to achieve this goal.

First, can the consumption of smoke-free tobacco products really address the public health issues related to combustible tobacco consumption? Probably not. Note that "smoke-free" does not mean "harmless." In fact, E-cigarettes usually contain nicotine and other toxins, as pointed out by the American Lung Association [2]. Those individuals who consume E-cigarettes face similar health risks to those who consume combustible tobacco products (—perhaps to a less extent, but by no means completely risk-free). Even if smoke-free tobacco products are harmless to the adults who smoke, do these products really help quit smoking? Again, probably not. A 2016 study found that people who use or have used E-cigarettes are less likely to stop smoking altogether [3].

Second, even if smoke-free tobacco products are a reasonable (and desirable) substitute for combustible tobacco products, does information really play a key role in making the switch? Again, probably not. In a recent study done in China [4], a country also with a large smoking population, the authors found that a diagnosis with chronic conditions that are strongly associated with smoking (such as hypertension, myocardial infarction) is only associated with a 4.8-percentage-point increase in the likelihood of smoking cessation. Presumably, the doctors will tell the patients the harm related to smoking and a lot of other professional information, but even that has little effect on smoking cessation. Admittedly, medical advice for "quitting smoking" and the advice for "switching to E-cigarettes" are different. But the study just mentioned suggests that the impact of information is likely to be limited. For information to play a role, knowing what

induces people to initiate smoking and, more importantly, what keeps them smoking for years (even after being diagnosed with smoking-related chronic illnesses) may be the first step forward.

References

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