Review of: "Evidence-based policies benefit the men and women who smoke"

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Many thanks for the invitation to this open peer-review session.

Tobacco smoking has been around for at least 500 years. It was first used as a pain-relief for individuals who were hurt during physical attacks such as huntings etc. There was no paracetamol and codeine back then. During the World Wars, tobacco companies supplied boxes of cigarettes to young soldiers and re-adjusted cigarettes' pricing for affordability to all, if not most, in hope that they would receive good returns. The tobacco companies' strategy worked for most soldiers who survived the Wars and returned home, became addicted to cigarette smoking. And because of the increased in cigarette smoking and the reduction in infectious diseases (thanks to childhood vaccination against smallpox, TB , etc.), Sir. Richard Doll and Sir Austin Bradford Hill in the UK noticed an increase in lung carcinoma. The Framingham Heart Study in the US noticed trends in heart diseases, which was the fundamental motivation for the commencement of FHS epidemiological study. The two groups timelines were concurrent.

I agree with the focus of the manuscript, but it may be overly optimistic. Most smokers do not develop life-threatening illnesses shortly after a cigarette or a social smoking session. And long-term smokers do not usually cease their smoking habit upon the diagnosis of cancer or heart disease. Most often, they would stop when they are too frail to smoke, leaving with little option but to listen to their doctor's advice.

To cease cigarette smoking is best to never start smoking; be it nicotine free or water-based chemicals that puff. The main target audience should be children and teenagers.

I would also recommend the authors to include some evidence-based articles that demonstrate the changes in diseases among smokers. If there was a benefit, what was it? if there was intended benefit but led to complication, what was it? For example, i) a change in the cigarette filter had demonstrated a change in the type of lung carcinoma ; histology. Cells express themselves well upon a change to the type of intake. ii) the drastic decline in hypertension among smokers upon a ban in public smoking. Hypertension is a silent killer.

In terms of technical messages such as relative risk and the absolute risk, it might offer some sense to working adults who are engaged in smoking habits that insurance companies use relative risk to estimate their life-expectancy and risk towards reckless behaviours. Hence, a higher premium rates for everything. Adults usually respond better to expenses.

We cannot expect everyone to know what null hypothesis is nor someone with basic statistics to run something more than a T-test. To convey a succinct message with fancy statistics or maths is often considered a challenging task to most, and in terms of policy communications, finding the best way the general audience responds is a good start.

TobReg (WHO) offers some very good insights on the harmful effects of tobacco smoking and the use of alternatives. And because there are groups of medical doctors and researchers who are keen on saving lives, on average, all of us, would gain a few minutes each year. This contributes to our estimated life-expectancy. I shall make an emphasis on the word, average. Smokers do not gain as much life-years as non-smokers; which I believe I have shown in one of my published papers.

The authors should also consider a new title for the manuscript.

All in all, the article is a good read.

Best regards,

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