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

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Abstract

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Cigarette smoking is undoubtedly the leading cause of preventable diseases and death in the US,[1] and people who smoke cigarettes must be provided all the resources to quit smoking. That is our common goal. Since 2004, we have been connecting adults choosing to quit tobacco use, to quitting resources through QuitAssist.com[a] and recently redesigned the site to include updated resources and improved representation of diversity of adult tobacco users. In 2022, the website had ~1.3 million visits, a 63.1% increase from 2021. However, access to cessation support for *all* who smoke, while aspirational, may not be sufficient to yield the desired results of accelerating smoking cessation. Cessation pharmacotherapy, while effective, has not been proven very successful. While 55% of adults who smoke try to quit, only 7.5% are successful.[2] Therefore, a multipronged approach is needed that complements the proposed strategies.

People who continue to smoke and cannot quit, should be encouraged to consider switching to smoke-free tobacco products that have been demonstrably proven to be appropriate for the protection public health. This is the foundation of harm reduction – a public health strategy to minimize harm from risky behaviors through methods other than abstinence. This is a well-established approach in other areas e.g., substance use disorders. In fact, tobacco harm reduction has been successful in other countries. For example, in Sweden the trajectory of lowering smoking prevalence to <5% is associated with an increase in snus use. Similar observations have been noted in the UK due to a unified public health message promoting switching from cigarettes to e-cigarettes. Thus, **rapidly making FDA authorized, smoke-free products available to adults who smoke can be a catalyst for accelerating the decline in smoking prevalence.**

Further, adults who smoke deserve accurate information about the risk differential between combustible and

smoke-free tobacco products. Ample data show that many are misinformed. Yet, evidence shows that correcting these misperceptions could accelerate the transition away from cigarettes, e.g., people who smoke and have accurate harm perceptions are more likely to switch to e-cigarettes.[3] Therefore, coupling access to smoke-free alternatives with accurate information can improve outcomes.

For sure, the potential benefits to adults who switch must be weighed against the risk of youth initiation. No youth should use any tobacco product. While declines in youth initiation of e-cigarettes in recent years are encouraging, all stakeholders must continue to be vigilant. Our efforts to prevent youth tobacco use span 25 years. This includes investing in evidence-based, positive youth development programs, adherence to strict marketing practices, working to raise the minimum legal age to purchase tobacco products to 21 years and implementing age-validation technology at retail stores nationwide. These youth prevention strategies, along with meaningful enforcement to remove unauthorized products from the marketplace, can complement a focus on the needs of adults who currently smoke.

In summary, the proposed care package is incomplete. We encourage the authors to recognize the critical public health strategy of switching people who smoke, but cannot or will not quit, to FDA authorized, smoke-free products and providing accurate information regarding the benefit of switching.

Footnotes

[a] https://www.quitassist.com/index.html?src=home

References

1. ^*The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014.*
2. ^*Creamer MR, et al. MMWR Morb Mortal Wkly Rep. 2019;68(45):1013-1019*
3. ^*Yong HH, et al. Nicotine Tob Res. 2022 Aug 6;24(9):1413-1421.*