

thebmj.com Read more articles about tobacco and smoking in *The BMJ* at bmj.com/specialties/smoking

Why e-cigarettes are dividing the public health community

The tobacco industry used to be seen as the enemy of public health, but the move into e-cigarettes and harm reduction has seen some experts shift their views. Are they right or does industry have more cynical motives? **Jonathan Gornall** reports

Even the man from British American Tobacco (BAT) struggles to keep the sense of wonder out of his voice as he recounts the strange event that took place earlier this year in San Jose, California. The occasion was the 2015 annual meeting of the American Association for the Advancement of Science. Sharing the floor at the San Jose Convention Centre were two unlikely bedfellows: Deborah Arnott, chief executive of the UK charity Action on Smoking and Health, and Kevin Bridgman, chief medical officer of BAT's electronic cigarette (e-cigarette) company, Nicoventures.

"Imagine that happening 10 years ago," says Will Hill, public relations manager for BAT. "We're now starting to share podiums with people like ASH at e-cigarette conferences."

It's a proposition that fills some in the public health community with dismay.

The subject of the symposium was "E-cigarettes: killing me softly or our greatest public health opportunity?"

Arnott and Bridgman—a former GP who is now working for Nicoventures offshoot Nicovations—were singing from the same hymn sheet.

Arnott's talk highlighted her concern that "some groups" were calling for an outright ban on e-cigarettes, despite a lack of evidence of harm, "especially in comparison to smoking." She wanted to focus on "counteracting moralistic dogma and separating fact from fiction."¹

Bridgman's message was that "regulators should resist the urge to apply highly restrictive measures that would have the perverse effect of prolonging cigarette smoking."²

For some, such an apparent convergence of views is a sign that the industry's enthusiastic—and, critics maintain, cynical—embrace of the controversial concept of "harm reduction" in tobacco control is paying dividends.

"If the tobacco industry is busy arguing for deregulation and a number of our colleagues



Public health divided? Deborah Arnott, Simon Capewell, Karl Fagerström, Gerry Stimson

in public health find themselves arguing in the same direction as the industry then, with respect, we think that's time to pause," said Simon Capewell, professor of public health and policy at Liverpool university's Institute of Psychology, Health and Society.

If the big tobacco companies were genuinely concerned about the disease and the harm they caused, says Capewell, "they would cease production—end of discussion. They would go into e-cigarette production 100%."

Capewell and others argue that e-cigarettes help to glamourise and renormalise smoking. Worse, he says, they are being used by the industry "as a trojan horse to get inside ministries of health. They are saying 'This is all about harm minimisation, we're part of the solution, we're no longer the problem.'"

Over at ASH, however, Arnott summarily dismisses such fears. "There are people in the public health community who are obsessed by e-cigarettes," she says. "This idea that it renormalises smoking is absolute bullshit." Furthermore, she insists, "There is no evidence so far that it is a gateway into smoking for young people."

For Arnott, the concept of harm reduction boils down to a simple proposition: "Do you want the tobacco industry to carry on making cigarettes which are highly addictive and kill when used as intended, or do you want them to move to a product which is much nearer

licensed nicotine replacement therapy and is unlikely to kill anyone?"

Pragmatists versus idealists

Several experts on both sides of the harm reduction debate that I spoke to characterised the divide as being between pragmatists and idealists. The pragmatists are often practising clinicians with patients with progressive lung disease who still smoke, and they can see how they might be helped by switching even partly to e-cigarettes. The idealists are generally those working in public health who take a population view and suspect the industry's motives.

In 2014 the tension boiled over into a pitched battle of words, fought in public in the run-up to the sixth conference of the parties to the World Health Organization's Framework Convention on Tobacco Control.

The first salvo was fired in May 2014, when 56 "specialists in nicotine science and public health policy" wrote to Margaret Chan, director general of WHO, to complain that the "critical strategy" of harm reduction had been "overlooked or even purposefully marginalised" in preparations for the conference. Harm reduction, they insisted, was "part of the solution, not part of the problem."⁴

There was a swift retaliation from the other side of the debate, signed by 129 public opposing experts organised by Stanton Glantz, director of the WHO Collaborating Centre on Tobacco Control and American Legacy Foundation distinguished professor of tobacco control at the University of California.

It was “fundamental,” they wrote, that WHO and other public health bodies did not “buy into the tobacco industry’s well-documented strategy of presenting itself as a partner.” By moving into the market, the tobacco industry was “only maintaining its predatory practices and increasing profits.”

The original authors rapidly returned fire, accusing their critics of “an attempt to influence policy through misrepresentation of evidence.” The basic proposition of harm reduction, they stressed, was not that the alternative nicotine products are harmless but that they reduce the risk by at least 95% more compared with cigarettes and “provide a viable alternative to smokers who cannot or do not wish to quit.”

Industry embrace

That BAT was following this spat with more than casual interest became apparent when it quickly incorporated a quote from the letter into its promotional material extolling the virtues of harm reduction.

In a report, *Harm Reduction: the Opportunity*, BAT said an “increasing number of people in the scientific and public health community” were “now advocating harm reduction as the way forward for helping the 1.3 billion people worldwide who continue to smoke despite the known health risks.”

The only stumbling blocks to such progress, according to BAT, were that few governments currently supported harm reduction and that there were “some public health experts and organisations with concerns that not enough is known yet about the health risks of e-cigarettes and that they could undermine efforts to denormalise tobacco use.” Such doubters were “also suspicious of the tobacco industry’s involvement in tobacco harm reduction.”

To those suspicious of the concept of harm reduction, this was breathtaking. The industry that had been killing so many people for so long was now planning to profit by offering a solution to the very problem it had created—if only all those obstructive scientists and governments would just get on board.

One of those who had was Gerry Stimson, former director of the department of social science and medicine at Imperial College London and one of the organisers of the first letter to WHO and the subsequent response to its critics. The letter was published on the website Nicotine Science and Policy, a forum run by Stimson’s company Knowledge-Action-Change.

Stimson has made no secret of his relations with the tobacco industry. From 2011 to 2013,

he was a member of the NICE programme development group producing guidance on tobacco harm reduction. Minutes of the group’s first meeting, in October 2011, record he declared he had “received hospitality from British American staff and has reciprocated.”

In May 2012 he had “attended a Christmas drinks reception at British American Tobacco” and in February 2013 it was noted that he was “the director of a company, Knowledge-Action-Change, which has requested and received development funding from [the BAT offshoot] Nicoventures for a project to support smoking cessation in a closed setting.”⁹

The NICE guidelines on which Stimson worked were published in June 2013 and superseded an earlier document, published in 2008. The titles of the two documents tell their own story about the change of emphasis in the approach to smoking: document PH10, “Smoking cessation services,” had been replaced by PH45, “Tobacco: harm-reduction approaches to smoking.”

Stimson did not respond to requests for an interview. But in an earlier email he said that “much of the work we need to do to reduce harm from legal psycho-active substances means that we will have to work with people who are producing and selling them.”

E-cigarettes and other nicotine delivery systems had “huge potential . . . to help shift people away from smoking,” he added. But “the quandary for many public health experts . . . is that the solution to smoking might well lie with the much reviled tobacco industry.”

Others clearly think so too. One is Karl Fagerström, a Swedish clinical psychologist who specialised in smoking cessation and nicotine dependence, was a founder of the Society for Research on Nicotine and Tobacco, and now runs his own consultancy. Fagerström wrote an article for Nicotine Science and Policy, the website run by Stimson’s company KAC.¹⁰ He has also accepted money from BAT in the form of its flagship harm-reduction proxy, Nicoventures.

In March 2014 Fagerström was the coauthor of a paper published in *Addictive Behaviours* arguing that “the significant positive impact on public health that could be gained from encouraging people to switch from cigarettes to licensed medicinal nicotine products cannot be ignored.” The paper was funded by Nicoventures, and Fagerström’s coauthor was Bridgman, then the medical director of the company, which is now poised to market Voke, the first licensed medicinal nicotine product from a tobacco company.¹¹

It isn’t the only time Fagerström has worked with the company. *The BMJ* has seen a copy of



a lobbying letter sent by Nicoventures to members of the Australian parliament in July 2014, offering them a briefing from Fagerström, who is described as “a leading international smoking cessation/nicotine dependence expert.”

Fagerström told *The BMJ* that he had now stopped doing consultancy work for Nicoventures. He had supported the development of Voke because it was regulated, but the company was now working on other products that would not be licensed as medicines.

Nevertheless, he considered e-cigarettes could have a role in reducing the harm caused by smoking and accused some in public health of losing sight of the true objective.

“When I started to become interested in [tobacco harm] in the mid-70s, we wanted to get rid of the diseases that followed tobacco,” he said. “But nowadays, there is a target conflict. For some, it’s more about getting rid of the tobacco industry rather than helping the poor smokers or to-be smokers.”

Another of the signatories to the pro-harm reduction letter sent to Chan was John Britton, an epidemiologist who heads the UK Centre for Tobacco and Alcohol Studies, a network of 13 universities providing international research and policy development.

“I’m no apologist for or friend of the tobacco industry,” Britton told *The BMJ*. “But the fact is people smoke tobacco because they are addicted to nicotine, and tobacco companies are in the business of selling them nicotine. So if an alternative means of delivering nicotine to them comes along it’s inconceivable that tobacco companies will not get involved and seek to exploit it, and that’s a risk that has to be managed.”

He was, he said, concerned at the way the debate about harm reduction had evolved.

“Now it’s ‘The tobacco industry is getting into this, the tobacco industry is evil, therefore



"There are people in the public health community who are obsessed by e-cigarettes"

One of the problems, says Capewell, is that "the amount of time and effort that different public health folk are spending on fighting among themselves could be better used fighting the tobacco companies."

Image makeover

And, as the debate rages on, the tobacco industry is quietly exploiting the schism in public health to gain the moral high ground.

BAT is already in the business of meeting with health regulators. An important way-point on the industry's journey to self rehabilitation was passed in September last year, when BAT became the first tobacco company to win marketing authority from the UK Medicines and Healthcare Products Regulatory Agency for a medical product, the nicotine inhaler Voke. Though it looks like an ordinary cigarette, it involves no heat, combustion, or smoke and, thanks to its medicinal licence, it will be sold in pharmacies.

But regardless of their true value in the battle against tobacco harm, are all such products anything other than a mere sideshow, designed to make the tobacco industry look good as cigarettes continue to kill up to half of the people who use them?²⁵

BAT says "we want to reduce the public health impact of our products." But anyone who thinks it would ever do so by heeding public health's invitation to stop making them is fooling themselves, says Hill, its public relations manager.

"We have made meaningful steps in our journey to tobacco harm reduction," he insists.

On the other hand, "BAT is a legal business [and] the lion's share of our revenue and profits, certainly for the coming years, is going to come from the traditional cigarette side of our business.

"Simply to turn off that side of the business would not be acting in the best interests of our employees, our partners and suppliers or, of course, our shareholders."

No mention, in that sentence, of the best interests of the six million killed each year by cigarettes.²⁵

Jonathan Gornall journalist, Suffolk, UK
jgornall@mac.com

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Provenance and peer review: Commissioned; externally peer reviewed.

Cite this as: *BMJ* 2015;350:h3317

as a policy this is a bad idea, and anybody who argues otherwise is either an idiot or a tobacco industry poodle."

Public health experts who have grown up thinking of the industry as the evil opposition "find it very difficult when the tobacco industry, whether you trust it or believe it, starts to look as if it is coming up with a product that is actually a solution to some people's dependence on smoking tobacco."

For some, accepting this meant "softening a position that many have built careers on, and that's quite difficult."

But there's another take on the tobacco industry's rush into the e-cigarettes market, and it's one that concerns Britton.

The industry, he says, "has been taken by surprise by e-cigarettes. It would rather they weren't there, but now all the companies are buying them. The biggest threat is that they are buying them to have them fail."

Profit motive

In September 2013, Bristol based Imperial, the world's fourth largest tobacco company, bought Dragonite International, a Chinese company credited with inventing the e-cigarette. A year later, Imperial's subsidiary Fontem Ventures launched Puritane, the company's first e-cigarette market.¹³

But the true value to Imperial of the £48m Dragonite purchase may lie in the multiple e-cigarette patents it now owns. It is too early to know conclusively how Imperial intends to wield this sword, but in March 2014 the company's e-cigarettes division launched legal attacks against nine US makers of e-cigarettes, claiming they were in breach of its newly acquired patents.¹⁴

For Martin McKee, professor of European public health at the London School of Hygiene

and Tropical Medicine there is no doubt that tobacco companies are entering the e-cigarette market "solely so they can say they are part of the solution."

McKee freely admits he is "an e-cigarettes cynic." He has also been an active supporter of ASH and says he has been "greatly dismayed" by its support for e-cigarettes. But there was, said McKee, still no evidence that e-cigarettes were effective in helping people to quit smoking, with recent studies indicating that smokers who used them might even be less likely to quit than those who did not.

Indeed, a recent meta-analysis of 11 published studies that compared smoking cessation rates among smokers who used e-cigarettes with those who did not, concluded that smokers who used e-cigarettes were "about 30% less likely to quit smoking than smokers who do not use e-cigarettes."¹⁵

More recently, a draft report by the US Preventive Services Task Force concluded that current evidence was "insufficient to recommend electronic nicotine delivery systems for tobacco cessation" and that doctors should direct patients who smoked to "other cessation interventions with established effectiveness and safety."¹⁶

Personal attacks

McKee says the debate about harm reduction has been invaded and clouded by personal attacks on social media launched by "vapers" (as those who use e-cigarettes describe themselves) and others. After he wrote an article for *The BMJ* in 2013,¹⁹ "sceptical and raising a number of questions, I got attacked beyond belief."

"It has been seriously unpleasant," says McKee. "But when you're getting that sort of treatment you realise you're on to something."