

COMMENTARY:
**It is Time to Act with Integrity and End the Internecine Warfare
Over E-Cigarettes**

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Throughout the 33 years that I have devoted to combating the epidemic of smoking-related illness and death in the United States and globally, I have embodied the mainstream American tobacco control community. Those who know me well are familiar with my independent streak, but over these past few decades I have served in many roles with the major American public health advocacy groups. I started my career in 1988 as the associate director of the national Coalition on Smoking or Health, where I worked for its founding director, Matt Myers, my first mentor, who later became the president of the Campaign for Tobacco-Free Kids. The Coalition represented the three largest and oldest voluntary health organizations in the U.S.: the American Cancer Society, the American Lung Association and the American Heart Association.

Most recently, until last June, I was for five years a member of the senior leadership of the American Cancer Society, where I served as the vice president for tobacco control and founded and directed the organization's Center for Tobacco Control.

In the many years in between, I worked as a policy advocate, lawyer and consultant on behalf of the above groups as well as Americans for Nonsmokers' Rights and the Public Health Law Center, in addition to serving as a special counsel on tobacco issues in the U.S. House of Representatives, as a tobacco control policy advisor for the U.S. Assistant Secretary for Health and the U.S. Surgeon General in the Obama administration, and as a lawyer representing injured smokers and state attorneys general in

litigation against the tobacco industry and the nation of Uruguay in defense of its groundbreaking tobacco control laws. In short, I am deeply committed and loyal to the mainstream cause of tobacco control.

But I think the national tobacco control community in the U.S., my community, is now letting down tens of millions of adult smokers, their families and friends, healthcare providers, and government decision-makers. I refer to my community's approach to dealing with electronic cigarettes (e-cigarettes). We are now neck-deep in intractable internecine warfare between the mainstream tobacco control community, whose primary focus is on protecting youth from the dangers of vaping, and the tobacco harm reduction (THR) community, some of whose scientists are also committed participants in mainstream tobacco control efforts. The THR community emphasizes the potential benefits of vaping for adult smokers who cannot or will not quit smoking otherwise. It seems that ne'er the twain shall meet.

I urge all of us in the tobacco control community to climb out of the bunker, come to the table, and try to genuinely work together. Stop skirting the truth when it feels inconvenient and open your minds and ears to all of the science that is before us. But the same goes for my other community, with whom I agree regarding the evidence-based promise of THR, but which also bears some responsibility for the adversarial nature of the relationship and for not consistently acknowledging areas of ambiguity or concern, including significant rates of experimentation with vaping by youth and youth-oriented marketing by some segments of the vaping industry. We won't come together if we don't come together.

Right now we are in the midst of two pandemics. Everyone in the world is all too familiar with the pandemic of COVID-19. But the second pandemic to which I refer receives far less attention and little recognition. This pandemic influences much of what we encounter as we work every day to eliminate combustible tobacco use and pursue rational, social justice-oriented approaches to tobacco

harm reduction. As described by Steven Schroeder, M.D., this pandemic is one of lost integrity, internal warfare, and ideological polarization between those who seek to marginalize or even eradicate e-cigarettes and those who advocate their use for harm reduction in adult smokers. This pandemic misrepresents scientific findings, and misleads the public, the media, and health professionals about the science. (Schroeder S. Tobacco Control, Harm Reduction, and Science: Integrity is our most Important Asset [conference presentation]. The E-Cigarette Summit: Science, Regulation & Public Health. December 4, 2020.)

The primary target of tobacco control should be ending the unnecessary suffering and premature death caused by cigarettes and other combustible tobacco products, as prioritized in a major report from the American Cancer Society in 2018.ⁱ The 2014 Surgeon General’s Report emphasized that “The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.”ⁱⁱ That means we – including the major health advocacy groups – should be doing everything possible to educate everyone about the continuum of risk of nicotine products, as set forth by the Food and Drug Administration in July 2017,ⁱⁱⁱ and not sweepingly demonize nicotine, which does not cause the illnesses suffered by users of tobacco and, not incidentally, is a drug rigorously reviewed and approved by the FDA as being safe and effective when used for smoking cessation.^{iv}

All nicotine-containing products fall along a continuum of risk – with combustible tobacco products like cigarettes on one end representing the most dangerous form of nicotine delivery, and on the other end medicinal nicotine products. For the smoker, quitting all nicotine and tobacco use is the surest way to reduce risk, but for those who want or need to continue using nicotine, switching to a noncombustible source of nicotine will significantly reduce their risk compared to continued smoking.^v

Unfortunately, regarding vaping, tobacco control in the U.S. has devolved into a *de facto* war between a focus on protecting youth and caring for adult smokers. At the same time, however, it should be recognized that there is also some productive common ground. The mainstream tobacco control community continues to push for tobacco control measures that help youth and adults alike, such as raising cigarette taxes, adopting smoke-free policies and stronger warning labels, enforcing the federal minimum age law, and funding counter-marketing and cessation efforts. To be fair, those efforts offer a partial rejoinder to the accusation from the vaping advocacy community that mainstream tobacco control only cares about kids.

But the emphasis on the part of the tobacco control community these days is clearly about kids and vaping, leaving almost no room to advocate the use of e-cigarettes and other non-combustible products to help adults addicted to smoking who cannot or are unwilling to quit nicotine, many of whom are socially marginalized, poor, less educated, experience serious mental health conditions, or are members of the military or veterans.^{vi} For example, “Individuals with mental illness and/or substance use disorders (behavioral health) represent 25% of the Nation’s population, yet they consume 40% of all cigarettes sold in the US. Half a million Americans die each year due to tobacco use – half of which are individuals with a behavioral health condition.”^{vii} ^{viii}

I believe that opposition to even considering positive scientific findings related to the promise of vaping for cessation and harm reduction is widely reinforced by *confirmation bias*, which occurs when we accept data that confirms our beliefs or prejudices and discredit data – including credible findings – that does not conform to what we already believe.^{ix} And yet there exists credible and growing evidence that e-cigarettes can be used effectively in helping some adult smokers quit combustible tobacco use,^x including a new, well-conceived Cochrane report, which found that “There is moderate-certainty evidence that [e-cigarettes] with nicotine increase quit rates compared to [e-cigarettes] without nicotine and compared to NRT.”^{xi} The mainstream tobacco control community raises the legitimate concern that

e-cigarettes have not been reviewed and approved by the FDA's Center for Drug Evaluation and Research for use as cessation aids, but that issue is factually separate from whether these products are in fact helping a significant number of adult users quit smoking. The public health community should not use the former to justify ignoring the latter.

The bottom line is this: Where is the robust focus on the people who are suffering now and will die before their time because they haven't been given due consideration, have not been told the truth by those who should be telling them the truth about the continuum of risk and the fact that nicotine does not cause smoking-related illness and death, and who are consequently collateral damage in this war between youth and adults? A war between well-meaning and dedicated public service-oriented people and organizations on both sides, but one in which the leaders of both sides have been unwilling to acknowledge the legitimacy of science that runs counter to their narrative.

In the U.S., we're approaching the endgame target of below 5% smoking prevalence in the more educated, higher SES segments of the adult population, while those who are less well-off, less educated, members of certain racial or ethnic groups, or have mental health comorbidities suffer much higher smoking rates.^{xii} This is clearly a social justice issue.^{xiii xiv xv}

Mainstream public health in the U.S. has effectively characterized vaping as just another version of "tobacco use," in the process essentially but misleadingly equating the health effects of vaping with those of smoking. This effectively nullifies the concept and fundamental value of the continuum of risk, and gives cigarettes, which are in fact responsible for every one of the tobacco-related deaths reported by the Centers for Disease Control and Prevention,^{xvi} almost a free ride.

In great part because of persistent negative coverage of e-cigarettes,^{xvii xviii} coupled with policy responses banning e-cigarettes^{xix} or, more commonly, all flavors in e-cigarettes,^{xx} we are seeing the continued shift of the nicotine market back to cigarettes, with lethal ramifications. A new study shows

that from 2015 to 2018, articles more frequently mentioned e-cigarette risks (70%) than potential benefits (37.3%). Wall Street analysts and the cigarette manufacturers themselves report that cigarettes are making a comeback that began with the emergence of EVALI-related illnesses and fatalities. As one report stated, “With industry volumes flat [year to date], the U.S. combustible cigarette industry is poised to have its best volume performance year since 2015.”^{xxi}

In 2019, an outbreak in the U.S. of “E-cigarette, or Vaping, Product Use-Associated Lung Injury” (EVALI) fueled fear in the public that e-cigarettes were responsible for what ultimately totaled 2,807 hospitalizations and 68 deaths nationwide, as of February 18, 2020.^{xxii} But these illnesses and deaths were not attributed to regulated nicotine vaping products. As stated by CDC, “National and state data from patient reports and product sample testing show tetrahydrocannabinol (THC)-containing e-cigarette, or vaping, products, particularly from informal sources like friends, family, or in-person or online dealers, are linked to most EVALI cases and play a major role in the outbreak.”^{xxiii} To be clear, EVALI is caused by vitamin E acetate added to illicit THC vaping products. Vitamin E acetate has never been found in a nicotine e-cigarette, but the very name given to this disease confusingly attributes it to e-cigarettes.

The conflation in news reports and shading by some public health organizations and advocates of the distinctions between youth vaping and the lethal vaping episodes linked to THC and vitamin E acetate engendered widespread fear, leading some people back to cigarette smoking. My own young adult niece, having previously switched to Juul after years of smoking cigarettes, returned to smoking because, she said, she was afraid that Juul might kill her. Her boyfriend did the same thing. It did not matter that Juul and e-cigarettes in general were not implicated in the rash of lung injuries – the alarming headlines connecting the injuries to “e-cigarettes” stoked broad alarm. Indeed, a national poll found that two-thirds of respondents wrongly attributed EVALI deaths to the use of conventional e-

cigarettes “like JUUL,” while only 28% correctly attributed EVALI deaths to the use of devices with adulterated THC.^{xxiv}

When I recently forwarded an email that characterized the resurgence of cigarette sales in the U.S. as an “improved sales trend” for the cigarette industry, based on reporting from Wall Street analysts and industry data showing a significant flattening of a previously precipitous decline in sales,^{xxv} a tobacco control leader whom I know well pushed back and argued that cigarette sales were still down, but said nothing about the fact – and this was the main point – that the cigarette market is now in a much stronger position than expected and this is at least partly a consequence of the wholesale demonization of e-cigarettes in the interest of protecting youth without regard to the larger consequences for addicted adult smokers.

The facts for which I was simply a messenger threatened the narrative against e-cigarettes – an inconvenient truth suggesting that efforts to marginalize or even eradicate e-cigarettes in order to protect kids is now leading to more smoking than otherwise would have occurred. The right answer to that is not to don blinders and insert ear plugs. Rather, it calls for a thoughtful reassessment of the goals, priorities and messaging of the smoking control campaign.

We must find a way to collaborate with integrity. That includes all of us. I encourage both of my communities to join hands across the ideological divide to pursue our common cause of combatting illness and saving lives by preventing all tobacco use by young people and helping adult smokers quit smoking. People who smoke should not have to die because they do not know they have less harmful sources of nicotine.

ⁱ Douglas CE, Henson R, Drope J, Wender RC. The American Cancer Society public health statement on eliminating combustible tobacco use in the United States. *CA Cancer J Clin*. 2018 Jul;68(4):240-245,

<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21455>.

ⁱⁱ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

ⁱⁱⁱ U.S. Food and Drug Administration. FDA announces comprehensive regulatory plan to shift trajectory of tobacco-related disease, death. July 27, 2017. <https://www.fda.gov/news-events/press-announcements/fda-announces-comprehensive-regulatory-plan-shift-trajectory-tobacco-related-disease-death>.

^{iv} U.S. Food and Drug Administration. Want to Quit Smoking? FDA-Approved Products Can Help.

<https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-products-can-help>.

(Accessed December 6, 2020.)

^v Gottlieb S. U.S. Food and Drug Administration. Protecting American Families: Comprehensive Approach to Nicotine and Tobacco. June 28, 2017. <https://www.fda.gov/news-events/speeches-fda-officials/protecting-american-families-comprehensive-approach-nicotine-and-tobacco-06282017>.

^{vi} Drope J, Liber AC, Cahn Z, Stoklosa M, Kennedy R, Douglas CE, Henson R, Drope J. Who's still smoking? Disparities in adult cigarette smoking prevalence in the United States. *CA Cancer J Clin*. 2018 Mar;68(2):106-115,

<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21444>.

^{vii} Smoking Cessation Leadership Center, University of California San Francisco. The National Partnership on Behavioral Health and Tobacco Use: Healthier, Smoke-free Lives for People with Mental Illnesses and Substance Use Disorders. <https://smokingcessationleadership.ucsf.edu/campaigns/national-partnership-behavioral-health-and-tobacco-use>.

(Accessed December 6, 2020.)

^{viii} Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). The NSDUH Report Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. Rockville, MD.

^{ix} Olson CK. End the tribal warfare: Creating productive conversations between the vaping industry and public health. A presentation to the ENDS U.S. Conference. December 11, 2019. https://www.drcherylolson.com/wp-content/uploads/2020/09/Olson_End-the-Tribal-Warfare-12-2019.pdf.

^x Walton K, Wang TW, Prutzman Y, Jamal A, Babb SD. Characteristics and Correlates of Recent Successful Cessation Among Adult Cigarette Smokers, United States, 2018. *Prev Chronic Dis* 2020;17:200173. DOI: <https://doi.org/10.5888/pcd17.200173>.

^{xi} Hartmann-Boyce J, McRobbie H, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Butler AR, Hajek P. Electronic cigarettes for smoking cessation. *Cochrane Database of Systematic Reviews* 2020, Issue 10. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub4.

^{xii} National Health Interview Survey, 2018. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-12.pdf.

^{xiii} Healton C, Nelson K. Reversal of misfortune: Viewing Tobacco as a Social Justice Issue. *Am J Pub Health*. 2004 Feb;94(2):186-191, <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.94.2.186>.

^{xiv} Truth Initiative. Tobacco is a social justice issue: Low-income communities. January 31, 2017. <https://truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-low-income-communities#:~:text=Individuals%20who%20live%20in%20low,services%20to%20help%20them%20quit>.

(Accessed December 14, 2020.)

^{xv} Truth Initiative. Tobacco is a social justice issue: Racial and ethnic minorities. February 3, 2017. <https://truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-racial-and-ethnic-minorities#:~:text=Black%20people%20smoke%20at%20a,related%20disease%20than%20white%20people>.

(Accessed December 14, 2020.)

^{xvi} U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

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- ^{xvii} Wackowski OA, Sontag JM, Singh B, King J, Lewis MJ, Steinberg MB, Delnevo CD. From the Deeming Rule to JUUL-US News Coverage of Electronic Cigarettes, 2015-2018. *Nicotine Tob Res.* 2020 Oct 8;22(10):1816-1822. doi: 10.1093/ntr/ntaa025. PMID: 32053188; PMCID: PMC7542638.
- ^{xviii} NBC News. Vaping. <https://www.nbcnews.com/health/vaping>. (Accessed December 5, 2020.)
- ^{xix} Governor Charlie Baker Declares Public Health Emergency, Announces Temporary Four-Month Ban on Sale of All Vape Products. Mass.gov. Available from: <https://www.mass.gov/news/governor-charlie-baker-declares-public-health-emergency-announces-temporary-four-month-ban-on>. (Accessed December 10, 2020.)
- ^{xx} Koh HK, Douglas CE. The San Francisco Ban and the Future of e-Cigarettes. *JAMA.* 2019;322(16):1540-1541, <https://jamanetwork.com/journals/jama/fullarticle/2752695>.
- ^{xxi} Cowen Equity Research. Tobacco – Altria Group, Quick Take: Company Update – Focusing on Execution. November 18, 2020. <https://cowen.bluematrix.com/links2/pdf/7f70a066-cd85-4d37-b4ed-9059e15fa852>. (Accessed December 6, 2020.)
- ^{xxii} Centers for Disease Control and Prevention. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html. (Accessed December 6, 2020.)
- ^{xxiii} Centers for Disease Control and Prevention. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html. (Accessed December 6, 2020.)
- ^{xxiv} Morning Consult. E-Cigarettes Increasingly Blamed for Lung Illnesses, as Evidence Points Elsewhere. February 5, 2020. <https://morningconsult.com/2020/02/05/electronic-cigarettes-increasingly-blamed-by-public-for-lung-illnesses-even-as-evidence-points-elsewhere>. (Accessed December 10, 2020.)
- ^{xxv} Cowen Equity Research. Tobacco – Altria Group, Quick Take: Company Update – Focusing on Execution. November 18, 2020. <https://cowen.bluematrix.com/links2/pdf/7f70a066-cd85-4d37-b4ed-9059e15fa852>. (Accessed December 6, 2020.)