They're Going to Ban Smoking in Our Treatment Centers: An Ethical and Scientific Approach to Treatment for Smoking Addiction

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Disclaimer

- No financial interest in pharmaceutical companies or any company that profits from smoking cessation...unlike some of the people I will be talking about....
- I am going to tell you a secret about me that I have never publicly shared:
I’m so ashamed....

- I paid a Beverly Hills dermatologist 250 dollars and got Botox!
Are you thinking?

- Why would a priest get Botox?

- He must be a stupid priest; it obviously didn’t work!
20 years ago we had about 46 million smokers in the US.
Now, after 20 years and billions of dollars spent on advertising, warnings, educational programs, clinics, etc. we have about
46 million smokers in the US
Clearly

- Whatever we are doing isn’t good enough
- We have to do something differently if we want different results
Current efforts

- We have hit a plateau with about 20% of smokers
- Hard core, non-social smoking, real **addicts**
- Safe to say these are our patients
Back to Pharmacology

- What’s wrong with smoking?
- Tobacco
- Combustion (tar, carbon monoxide, etc...)
- It is NOT the nicotine
- Unlike alcohol, nicotine is not a carcinogen or teratogen
- Toxic if taken directly, but otherwise about as harmful as caffeine.
- Produces dependence, not addiction
Nicotine found in:
- Eggplants
- Green tomatoes
- Potatoes, etc.

“poison is in the dose”
If we want to help smokers

- Need ways to help people stop smoking AND/OR
- Need ways to help people get nicotine in a less harmful delivery system
Unlike politicians and bureaucrats

- Human Services Professionals have to abide by Codes of Ethics
- Autonomy: competent clients have the right to self-determine, including use of nicotine
- We have the responsibility to help clients quit or reduce the harm from smoking
Anti-Tobacco Industry

- Impressive success demonizing tobacco and smoking
- More focused on smoking than helping smokers
- Current strategy: denormalize
- Wish our prevention programs could do as well when it comes to alcohol
- Success slows to a crawl when it comes to the 15-20% or so that have the disease of addiction and are hardcore smokers
High Correlation

- Those addicted to tobacco
- Those addicted to other substances
- Addiction experts would seem to be the logical choice to fight addiction
- Smoking largely ignored by the addiction treatment world because it is non-intoxicating; “one addiction at a time”
- As smokers, we have little credibility
The Day is coming....

- Smoking is going to be banned in TX centers
- Is it life-saving, or cruel and counter-productive?
- “smoking cessation...during addictions treatment is associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.”
All this tells us is:

- We should do more studies to figure out why there is a difference.
- Correlation is not causality
- What about: “smoking cessation... during addictions treatment is associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.”
Isn’t it mean we should ban smoking in TX centers

- We can’t honestly even tell people that their chances of staying sober will go up 25% if they quit smoking in TX
- Not a legitimate argument to ban smoking in TX centers
- Maybe the people studied have other characteristics that made them more prone to healthier lifestyle and more committed to sobriety
All we can say for sure is

- We would serve our patients well if we offered smoking cessation
- Need further study to figure out why we have the numbers
Before we ban smoking...

- Figure out the effect on those contemplating TX
- We already have a problem keeping people in TX who are craving; will this lead to more folks leaving?
- Cost more taxpayer money in the long run?
- Vivitrol
- Serious ethical issue for counselors
Withdrawal Symptoms

- Depressed mood
- Sleep disturbance
- Irritability, frustration or anger
- Difficulty concentrating
- Anxiety
- Restlessness
- Decreased heart rate
- Increased appetite or weight gain
- Craving

No matter

- The day is coming
- We must be prepared
- We must have more tools in the toolbox
- Addiction TX community has expertise in both abstinence-based and harm reduction models; just need to learn to use them for smoking
Let’s start with

- Looking at addiction as a disease
- Genetic component; norepinephrine, serotonin and dopamine
- Bio-psycho-social illness
- Can’t just treat the (bio) dependency
- Methadone doesn’t cure heroin addiction; NRT won’t cure smoking
- Withdrawal symptoms are serious
- Must treat the whole spectrum
Let’s remember

- Average smoker who quits has tried 14 times to quit. Wimps!
- Those who got help of some sort tried 12 times
- Beware of “success rates” that don’t include people who dropped out
- Some of the tools:
  - NicVax looks like a dud (blood-brain barrier)
  - Zyban (Wellbutrin) 18% (w/counseling)
Pharmacology: no magic bullet

- Chantix very good for some people, but 40% have very serious neuro-psychiatric side-effects, e.g. nightmares, suicidal ideation (receptor sites antagonist)
- 300 suicides
- 44% short term; 14% long-term
- Don’t know if blocking the receptor sites is good in long run
Aversion Therapy

- Chantix
- Shick
- Using faradic aversive counter-conditioning, behavioral management techniques and education, the majority (52%) of clients treated in the Schick Stop Smoking Program achieved their goal of total abstinence and were still abstinent at follow-up an average of 13.7 months after treatment.
From Shick study:

- Living in a household with another smoker is extremely detrimental to success (70.2% of those clients returned to smoking). The reverse is true for clients returning to a smoke-free household 60% remained nonsmokers. This suggests that simultaneous treatment of all smoking household members would be helpful.
Shick

- Apparently still a few around
- Probably achieved higher success rate after expanding the program to include education, support groups, and follow-up sessions
- Very expensive; couldn’t get insurance companies to pay for it
Abstinence-based tools

- Just like standard addiction TX, gotta treat the whole enchilada.
- Address the bio, psycho, and social issues.
- Could well be done in treatment centers.
Abstinence-based tools

- The California Smokers Helpline
- Good source of support and information; sometimes NRT
- No doubt works well for highly-motivated smokers; not so much for the 15%
- Has a reasonable approach for electronic cigarettes
California Smokers Helpline

- Perfect for non-addicted smokers
- Phone contact only
- Good, enthusiastic helpers, but not certified counselors
- 48 hours of training (1 three unit course; a CATC get 12 times as much)
Abstinence-based tools

- Nicotine Anonymous
- Great on social support and spiritual tools
- “unmanageable” issue
- Not drawing the crowds
- Focuses on nicotine rather than smoking itself
Abstinence-based tools

- NRTs that are FDA approved:
  - Patches
  - Gum
  - Inhaler (Rx)
  - Nasal spray (Rx)
- All now push support groups
- 8% in short term; 1.7% long term
Other Tools

- Acupuncture
- Chiropractic
- Lollipops, nicotine water, candy
- Botox

All claim success, but where is the science? Long-term studies

Placebo effect
In the end, we aren’t too successful

- But anything is better than nothing
- Always worth trying
- So...two huge questions:
  1. As counselors, what is our ethical obligation to our patients?
  2. Is there anything else we can do to help?
- Can’t answer #2 without #1
As counselors, what is our ethical obligation to our patients?

- Back to school:
- Autonomy
- Non-maleficence (primum non nocere)
- Beneficence
- Justice
- Fidelity
- (transparency & veracity)
As counselors, what is our ethical obligation to our patients?

- Key issues here are
- Non-maleficence
- Autonomy
- Beneficence

- We are held to these standards, but researchers, bureaucrats, politicians, and public health officials are not.
Whatever we do

- Must reflect these principles
- So, then, #2: Is there anything else we can do?
- Do we tell people heroin addicts that their only option is to Quit or Die?
LIPS THAT TOUCH LIQUOR SHALL NOT TOUCH OURS
Really?

Quit or Die!

Is this the best we can do?
Of course not!

- The addiction treatment community already learned our lesson here
- The anti-tobacco industry needs to do the same
- There isn’t enough counselors, programs or (above all!) MONEY to properly help smokers
- Of course we can do something else too: It’s called…..
What is the one sure way to ruin a holiday dinner with your family?
Politics

RELIGION

AND...
Harm Reduction
Harm Reduction and Health Promotion

Harm Reduction is a perspective and a set of practical strategies to reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use to abstinence. (simply: any positive change)
Harm Reduction

- Focuses on techniques to minimize personal and social problems of drug use, rather than abstinence as a primary goal
  - Needle Exchange
  - Methadone Maintenance
  - Designated Driver
Since we are all harm reductionists

- Let’s remember that most of our problems with harm reduction come from how it is used or misused, not the concept itself.
The HR definition of recovery is “any positive change”

- Abstinence should not be the only goal of services to drug users, but rather maybe a _final goal_ in a series of harm reduction objectives.
Harm Reduction

- Not a perfect concept
- Must be applied carefully on a case by case basis
Examples of Harm Reduction

- Methadone / Buprenorphine Maintenance
Examples of Harm Reduction

- Condom Distribution
Examples of Harm Reduction

- Narcan Distribution
Harm Reduction Coalition’s
IDU Safety Manual

Addresses:
- Injection setting & mood
- Equipment
- Choice of Injection Site
- Injection Method
- Sterile Technique
- Needle Cleansing
- Wound Care
- Overdose
- Needle Disposal & Exchange
Demonstrating correct needle injection techniques to minimize bruising, missed shots, and abscess formation.
Recommendations on sites of injection to minimize injury

HIERARCHY OF SAFETY

Continued...

Therefore, require more time for healing and repair. In addition, foot sweat and dirty socks act prevent wounds from healing and increase the chance of infection from bacteria.

**GROIN**

The femoral vein in the groin area is a large and fairly easy vein to access, but its location near the femoral nerve and the femoral artery make it quite a risky place to inject. Among the three, the femoral vein is located closest to the groin, with the artery and then the nerve located as you move outward. If you’re going to inject into the femoral vein, first locate your femoral artery—where you do not want to inject—by finding the pulse. Then move a short distance toward the inside of your leg to find the femoral vein. Because it lies fairly deep, you will probably not be able to see it but will have to inject it “blind.”

**NECK**

The jugular vein in the neck is the riskiest place to inject because it lies very close to the carotid artery, a major blood vessel that brings blood directly to the brain. Accidentally hitting the carotid artery could be fatal, and damaging the jugular vein in any way can interfere with blood circulation to the brain.
Harm Reduction Coalition’s NEP Flyers

**The Right Hit**

**Good Needle Insertion:**
- Saves Your Veins
- Saves Your Shot
- Prevents trackmarks and bruises AND
- Prevents abscesses!

**Injection Technique Tips**

- **Get to know your needle!**
  - The tip of the needle is slanted. It’s called the “bevel”.
  - When you want to hit a vein, the best shot is with the bevel facing **UP**.
  - **Like this!**
- **Check out the angle!**
  - The shaft of the needle lays close to the skin. This is the best angle to get a vein!
  - The more straight down you point the needle, the more chance the needle will go straight **through** your vein. That’s bad for you arm, wastes your time AND your shot.
  - Insert the needle at a **gentle** angle. It’s **gentle** on your veins.
Harm Reduction Coalition’s NEP Flyers

**THINK SINK!!**

**Did you know?**
Washing your injecting spot with soap and water is as good as alcohol. It may even be better. Alcohol just kills stuff, but soap and water washes it away! Needle exchange programs provide alcohol pads and sometimes you don’t have a place to wash up before you get off. But soap and water is best!

**THINK LIGHT!!**

If you pick a sink that’s got lots of light, that’s even better. Trying to get a hit in poor light blows veins, blows shots, and wastes time. Especially if you’re in a hurry, picking a place with decent light will SAVE YOU TIME!

**DON’T BE ASHAMED TO TAKE CARE OF YOURSELF!**
Lots of people do things they’re ashamed of. Rich important people, from presidents to preachers to TV stars all have stuff they are ashamed of. But drug injectors face a lot more risks than those guys!

Next time you use a bathroom to get off, give yourself credit for doing the right thing. Next time you freshen up in a bathroom mirror, tell yourself *You’re Gorgeous!*

**REALITY CHECK!**
You should be proud of taking care of yourself, but most people still don’t want you getting off in their bathroom. Don’t expect them to agree that you are taking care of yourself! Duh!

Another great thing about having a sink: *you can clean up any mess you make! That may be the best thing you can do to guarantee you can use the bathroom or sink again.*
C.R.A.C.K. (Project Prevention): targets addicted women

Baby Jason’s drug addicted mother was giving birth to another drug baby when his struggle to survive her drugs sadly ended at age three.
GET BIRTH CONTROL
GET CASH

C.R.A.C.K. pays $200 for

- IUD
- Depo-Provera
- Norplant
- Tubal ligation

If you are now, or have been addicted to drugs and/or alcohol,
THIS OFFER IS FOR YOU!
Babies born with drugs in their system often die at birth. The surviving infants don’t stand much of a chance at life, especially when they bounce around foster homes – rarely getting adopted.

You can prevent this type of ‘legal’ child abuse when you refrain from getting pregnant while using drugs, whether that be long term or permanent.

THE CHOICE TO USE BIRTH CONTROL IS YOURS.

Your call to us is confidential, and we praise your efforts in doing the right thing. Our supportive staff will guide you through the simple process.

Don’t wait, make the call now.

1-888-30-CRACK

C.R.A.C.K. (Project Prevention): targets addicted women
C.R.A.C.K. (Project Prevention): targets addicted women

Unwanted pregnancies dominate the drug/alcohol addicted community. Millions of babies are born HIV positive, stillborn, disabled for life, or simply abandoned. Refraining from getting pregnant while using drugs is a responsible and caring act. We are so committed to the prevention of drug saturated pregnancies that we are offering $200 to addicts that choose long term/permanent birth control. If you know someone that will benefit from this program, please give them this card.

GET BIRTH CONTROL,
GET CASH
1-888-30-CRACK
www.CashforBirthControl.com
CRACK is a nonprofit organization. Your donations are tax deductible.
AWOL: Alcohol Without Liquid
AWOL: Alcohol Without Liquid
The AWOL Vaporizer has a built-in safety device because it takes about 20 minutes to inhale one vaporizer shot of alcohol (about 1/2 actual shot size).

It is designed to allow people to enjoy the effects of alcohol mixed with oxygen. It promotes a sense of well being and a mild euphoria. It is a fun new legal way to take alcohol.

The new method is known as AWOL, an acronym for “Alcohol With Out Liquid”, and is a hit in the global club scene due to the euphoric “high” created when alcohol is vaporized, mixed with oxygen and inhaled.
AWOL: Alcohol Without Liquid
So, how about harm reduction for smokers?

- Reduced harm tobacco/nicotine delivery devices, e.g. lower tar cigs, lower nicotine cigs, herbal cigs, clove cigs; not very effective
- Fiercely opposed by the anti-tobacco industry
- Have not taken off very well
- One significant exception:
SNUS

- Developed in Sweden
- Popularity soared after banning of smoking in bars and restaurants (1990)
- Helped drop the smoking rate (11%) to lowest in Europe (av.28%)
- 99-90% “less harmful than smoking” Royal Academy of Physicians
- Fiercely opposed by the anti-tobacco industry
Continuum of Risk Concept

Conventional Cigarettes

Smokeless Tobacco Products

Medicinal Nicotine

Smoking Cessation

Most Harmful

Least Harmful

Risk continuum of tobacco products
(directional only – not to scale; adapted from Hatsukami et al.)
How about other medication assisted treatment?

- Electronic Cigarettes (ENDDs)
- First developed by a Chinese pharmacist Hon Lik, who watched his father die from smoking
- No smoke, no combustion, no tar, no carbon monoxide, no tobacco, and NO EVIDENCE THAT THEY CAUSE ANY SERIOUS HARM.
- Produces a vapor that mimics smoking, so can help the BPS issues
E-cigs & Vaping

- New line of products
- Multiple manufacturers and vendors
- Changing/developing daily
- So: no long term studies
- Not FDA approved
- BUT: enough science to say they are 99 times safer than smoking
E-CIGS

- Demand is from smokers
- At least 5 million “vapers”
- 2 million in US
- Billion dollar industry this year
- Initial evidence shows that it should help at least 24-80% or more of smokers
- So, the FDA, American Cancer Society, American Lung Association, etc. should be jumping for joy, right?
Jumping for Joy, right?

wrong
What’s the Problem?

ANTZ
ANTZ

- Good people who are so passionate about stopping smoking that they don’t let anything get in the way of their mission, including science
- Refuse to accept addiction and smoking the way it is
- No room for harm reduction…except for extended or mixed use of NRTs
How do you spot ANTZ?

- They refuse to admit that smokeless tobacco is less harmful than cigarettes
- Claim that things like snus are “just as bad” or “just as deadly”
- Ignore Sweden, research, and common sense
- This is a political agenda, not a scientific one
How do you spot ANTZ?

- Another way:
- Ask them who they would least likely to be married to? Someone addicted to:
  a. Alcohol  b. Gambling  c. Heroin
  d. Sex      e. Meth      f. Tobacco
How do you spot ANTZ?

- If they pick tobacco anywhere but the bottom of the list they are an ANTZ
- Understand neither addiction or smoking
How do you spot ANTZ?

- Unlike alcohol, smoking is not a direct cause of divorce, domestic violence, child abuse, car accidents, theft, police and court costs, large prison population, etc.
- 9.3 billion a year just in L.A. County
- Smoking, bad as it is, doesn’t come close to causing this kind of misery
How do you spot ANTZ?

- Some take money from Pfizer and other pharm companies that make Chantix, nicotine patches and gums, etc.
- Some pledge never to take money from tobacco companies, but won’t make the same commitment about pharm companies
- Clear conflict of interest
The Enemies of Ecigs

- Tobacco Industry
- Pharmaceutical Industry
What are the ANTZ complaining about?

- E-cigs aren’t regulated!
- They’re absolutely correct
- E-cig community mostly favors regulation as well:
  - A. E-liquid purity
  - B. Battery safety
  - C. Keep out of the hands of children
What are the ANTZ complaining about?

- E-Cigs come from the tobacco companies!
- They are so wrong here they should be ashamed. Tobacco companies only now are getting on the bandwagon
- Ecigs came from smokers who want to help other smokers
What are the ANTZ complaining about?

- High demand from ecigs have come from smokers who want to quit, not the tobacco industry
- Only recently (last April) did Lorillard buy one of the many ecig companies
- RJ Reynolds releasing the Vuse;
- Phillip Morris (Altria) still out
- Opposing ecigs just pushes people back to smoking. Great.
What are the ANTZ complaining about?

- Ecigs contain antifreeze!
- No, they don’t. In a very small study the FDA found traces of diethylene glycol in just two samples from China.
- Neglected to mention that the amount was so small that it was barely measurable
What are the ANTZ complaining about?

- The diethylene glycol was not even close to a dangerous level
- It is a toxic substance found in antifreeze. Not produced in normal manufacturing process, so it must have been a contaminant in the Chinese factory. A fluke…and an indicator of the need for regulation.
What are the ANTZ complaining about?

- Propylene Glycol is the main ingredient!
- Uh, PG is an FDA approved substance used in asthma inhalers, cake mix, etc. No evidence that it is harmful
- Di-hydrogen monoxide
What are the ANTZ complaining about?

- Not enough research!
- Absolutely correct!
- Everyone agrees there should be more.
- How about taking some of that Prop 10 and Prop 99 money and use it for THR research?
What are the ANTZ complaining about?

- Nitrosamines!
- A carcinogen found in very small amounts in some e-liquid samples
- Not enough to be considered dangerous
- A natural byproduct of extracting nicotine from tobacco; FDA forgot to mention the same amount is found in nicotine patches
What are the ANTZ complaining about?

- Ecigs contain that addictive drug Nicotine!!!
- Sigh
- Nicotine produces dependency
- Not a carcinogen or teratogen
- When vaped, harmless as caffeine
- Easily tapered down and eliminated;
- Appears vapers tend to do this
E-Cigarettes
3 strikes. You’re out.

1 IN YOUR BRAIN
You think e-cigs help you quit real cigarettes. There’s no evidence of this.

2 IN THE VAPOR
ACETONE AND XYLENE. Nail polish remover and paint thinner? You’re going to breathe that? Really? And what about the friends next to you?

3 IN THE CARTRIDGE
NITROSAMINES. Known carcinogens. That means it causes cancer.
FORMALDEHYDE. Highly toxic to all animals, including you. Good for embalming dead bodies. Causes cancer.


Photo Credit: Michael Dorausch (michaeldorausch.com)
ANTZ, cont.

- This will attract kids!
- No evidence of this
- Illegal to sell to minors
- Websites require age statement and credit card to purchase...just like alcohol
ANTZ, cont.

- But the flavors will attract the kids!
- No evidence for this
- Hmmm....don’t seem to object to flavored nicotine gum
ANTZ, cont.

- It looks like smoking!
- Really?
- Then I want to ban lemonade; people might think it’s a margarita
- Vaping doesn’t normalize smoking; it normalizes smoking cessation
Hand-to-Mouth motion

- California Tobacco Control folks won’t recommend anything that has a “hand-to-mouth” motion
- Unbelievable! This is one of reasons ecigs are effective
- All the more absurd because they recommend the Nicotrol Inhaler
But it’s not FDA approved

- Yes, let’s look at the FDA
- For example, how does the FDA handle food contamination?
- Says it is economically impractical to have pure food, but we have limits
- Here are some limits for rat hairs, fly larvae & “mammalian excreta”
### Maximum Defect Action Levels for Selected Food Products

<table>
<thead>
<tr>
<th>Food Product</th>
<th>Maximum Defect Action Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potato Chips</td>
<td>6% rot by weight</td>
</tr>
<tr>
<td>Chocolate</td>
<td>60 microscopic insect fragments/100 grams</td>
</tr>
<tr>
<td>Coffee Beans</td>
<td>10% by count are insect infested, damaged, or show mold</td>
</tr>
<tr>
<td>Dried Whole Eggs and Egg Yolks</td>
<td>100 million bacteria/gram</td>
</tr>
<tr>
<td>Corn Meal</td>
<td>average of one whole insect/50 grams</td>
</tr>
<tr>
<td></td>
<td>average of 25 insect fragments per 25 grams</td>
</tr>
<tr>
<td></td>
<td>average of one rodent hair per 25 grams</td>
</tr>
<tr>
<td></td>
<td>average of one rodent excreta fragment per 50 grams</td>
</tr>
<tr>
<td>Apricots (canned)</td>
<td>2% average by count insect infested or damaged</td>
</tr>
<tr>
<td>Citrus Fruit Juices</td>
<td>microscopic mold count of 10%</td>
</tr>
<tr>
<td>Peaches (canned)</td>
<td>average of 5% wormy or moldy fruit by count</td>
</tr>
<tr>
<td>Raisins</td>
<td>average of 5% showing mold</td>
</tr>
<tr>
<td>Strawberries (frozen, whole or sliced)</td>
<td>45% average mold count</td>
</tr>
<tr>
<td>Wheat</td>
<td>one rodent pellet per 2 cups</td>
</tr>
<tr>
<td>Peanuts</td>
<td>average of 5%-10% deteriorated or unsound nuts</td>
</tr>
<tr>
<td>Peanut Butter</td>
<td>average of 50 insect fragments/100 grams</td>
</tr>
<tr>
<td></td>
<td>average of 2 rodent hairs/100 grams</td>
</tr>
<tr>
<td>Bay leaves</td>
<td>average of 5% insect infested pieces by wt.</td>
</tr>
<tr>
<td>Asparagus</td>
<td>average of 5 insects/100 grams</td>
</tr>
<tr>
<td>Broccoli</td>
<td>average of 60 aphids/100 grams</td>
</tr>
<tr>
<td>Corn (sweet, canned)</td>
<td>two larvae/24 pounds</td>
</tr>
<tr>
<td>Mushrooms (canned)</td>
<td>20 larvae/100 grams</td>
</tr>
<tr>
<td>Tomatoes (canned)</td>
<td>10 fly eggs/500 grams</td>
</tr>
<tr>
<td>Tomato Catsup</td>
<td>microscopic mold count average of 30%</td>
</tr>
</tbody>
</table>
Claim is that not only do these standards meet safety issues, but most of the concerns are “aesthetic”

Looks like they did the science

Distasteful as it sounds, I think the FDA did it right
A completely different FDA

- Looked at e-cigs
- The ultimate in Junk Science, twisting tiny bits of science into political propaganda
- Found some di-ethylene glycol in two of the samples, but didn’t bother to mention that the amount was too small to be of concern
FDA, cont.

- Found the nitrosamines, but didn’t bother to mention that they had approved an equal amount for nicotine patches
- Obviously ignored other research
- Made a big deal about nic levels, but failed to mention that was not a safety issue, just reason for regs
FDA, cont.

- Used this to try to ban ecigs, or at least control them at a “drug delivery device”
- Would have meant lots of regs
- Was sued; lost; judge ordered them to treat as a “tobacco product”
- Will issue some regs any day now
FDA, etc.

- Things are moving so fast that the FDA study is outdated at the least
- Junk Science; political agenda
- BUT
- Lots of people, places, and even countries use it to ban vaping
- Embarrassing
Ok, then, it’s just not safe!

- 40% of the health consequences of smoking relate to cardiac functioning (heart attack, stroke, etc.)
- Recent study on ecigs from Dr. Farsalinos in Greece presented at European Congress of Cardiology: Zero effects on cardiac functioning
Dr. Farsalinos

- Only effect was very, very slight bump in blood pressure
- Same happens to me when I look at a picture of Angelina Jolie
- He called for more research, but concluded that based on his study and others that he read:
Dr. Farsalinos

- Lots of adverse effects from smoking
- No adverse effects from vaping
- No toxins in the vapor
- Exhaled vapor: no nicotine (you would have to kiss a vaper...)
- No sidestream smoke danger
Dr. Farsalinos

- Concluded that ecigs were a much safer alternative to smoking, 500-1000 times safer
- Called for doctors to recommend ecigs to smokers & for the FDA to regulate e-liquids
Other researchers

- Better to vape the rest of your life than to smoke for even two more months. Dr. Carl Phillips

- “This is about as idiotic and irrational an approach as I have ever seen in my 22 years in tobacco control and public health. A public policy maker who touts himself as being a champion of the public's health as well as some of the leading national health advocacy organizations is demanding that we ban what is clearly a much safer cigarette than those on the market, but that we allow, protect, approve and institutionalize the really toxic ones.”

- Michael Siegel, a physician, researcher and professor at the Boston University School of Public Health, in response to Senator Frank Lautenburg's (D-New Jersey) letter to the FDA suggesting the ban of electronic cigarettes
Reasonable conclusions

- Ecigs are not proven safe, just a much safer alternative to smoking.
- Preliminary research indicates that this could be the best treatment for smoking, not just a harm reduction approach.
- It is contrary to our codes of ethics to stand by and watch our patients be deprived of a life-saving tool.
“Harm Reduction” not a good term

- From now on I will refer to it as what is more accurate anyway:

- Medication Assisted Treatment
So what should an ethical counselor do?

- Non-malfiescience (primum non nocere)
- Our first ethical obligation is to do no harm
- Ecigs on the market now for years, used by millions to stop or cut back on smoking
- Banning ecigs, snus, smokeless tobacco, etc. would push people back to smoking
So what should an ethical counselor do?

- Thus depriving our clients of these tools would violate non-malfiescence
- Only way it wouldn’t is if it could be shown than they don’t work or cause more harm than smoking...
- “which ain’t gonna happen”
- The cat is outta the bag....
So what should an ethical counselor do?

- What about autonomy?
- Informed consent
- Teach them that THR is not safe, but 99 times safer than smoking, and let them make their own decision
Beneficence (Client welfare)

- Don’t see how you can argue that THR isn’t in a patient’s best interest for those who can’t abstain
- Follow the ethical mandate to participate in societal change to protect our patients
- For me, this clearly means we must fight to keep ecigs available to our smoking clients
Anything else

- We must position ourselves to facilitate smoking cessation in our treatment programs
- Make it voluntary, IMHO
- Demand that money be set aside to add this to our toolbox
- Ask our educational institutions and certifying organizations to support more education and certifications
“We have every reason to believe the hazard posed by electronic cigarettes would be much lower than 1 percent of that posed by (tobacco) cigarettes. The testing guidelines in the current tobacco act (circulating through Congress) would represent a ban on electronic cigarettes, (yet) if we get all tobacco smokers to switch from regular cigarettes (to electronic cigarettes), we would eventually reduce the U.S. death toll from more than 400,000 a year to less than 4,000, maybe as low as 400.”

- Joel Nitzkin, MD, MPH, DPA, FACPM, Chair, Tobacco Control Task Force, American Association of Public Health Physicians
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- CASAA.org is the best single resource for some of the latest research