

Proposal 6: Restore honesty and candor to public health campaigns

Recommendation 6. Require FDA, CDC and other relevant federal agencies to act to bring public perceptions closer to reality, for example to set a goal that by 2020 at least 75% of Americans believe that e-cigarettes, smokeless tobacco and heated tobacco products are, correctly, each ‘very much less harmful’ than cigarettes. This could be realized through enabling language and funding included in the President’s Budget Proposal or by Executive Order.

When asked how risky vaping or smokeless tobacco is compared to cigarettes, American adults gave the following answers in 2015 in a survey by the National Cancer Institute¹.

Compared to smoking cigarettes, would you say that electronic cigarettes are...		Do you believe that some smokeless tobacco products, such as chewing tobacco and snuff, are less harmful than cigarettes?	
Much less harmful	5.3%	Yes	10.9%
Less harmful	20.6%	No	66.2%
Just as harmful	32.8%	Don’t know	22.0%
More harmful	2.7%	Other	0.9%
Much more harmful	2.0%		
I’ve never heard of e-cigarettes	1.2%		
I don’t know enough about these products	33.9%		

The only remotely correct answers are that e-cigarettes are “much less harmful” and “yes”, smokeless tobacco products are less harmful than cigarettes. So, these are shocking results, showing a dramatic misalignment of perception and reality in a way that implicitly favors continued smoking. There is also evidence that these misperceptions are worsening over time despite constantly improving specialist knowledge. A May 2016 survey² found that *“forty-seven percent of respondents said vaping was not healthier than smoking conventional cigarettes compared with 38 percent who felt that way a year ago”*.

If America’s 38 million smokers are basing their choices, at least in part, on these perceptions of risk, then many will be missing the opportunity to radically reduce their risk by switching to a non-combustible product. The question arises therefore: what is the cause of this misperception? The problem has its origins in misleading and misguided promotional activity by key federal agencies and their senior officials. These bodies strongly signal norms and expectations to the wider research, health and activist community. Three examples suffice, but the problem is replicated at state level.

Centers for Disease Control and Prevention (CDC). The lead public health agency has led highly negative ‘abstinence-only’ campaigns against vaping^{3 4} and smokeless tobacco, denying or ignoring possible benefits to smokers⁵ and exaggerating risks^{6 7} while falsely claiming there are gateway effects^{8 9}.

Food and Drug Administration. The main federal regulator has undertaken a sustained campaign to extend its bureaucratic reach to include e-cigarettes. It has, therefore, a bias to justifying an expanded role by finding problems to which its involvement could be proffered as a solution^{10 11}. It has joined in the largely unfounded panic about youth vaping, ignored or underplayed the benefits to adults. FDA relentlessly conflates and confuses smoking, tobacco-use and nicotine use, creating the impression these are all essentially the same^{12 13}. Though calling for a debate on nicotine¹⁴, it has used newspaper

articles to make alarmist statements about vaping¹⁵, which are easily shown to be baseless or misleading¹⁶. Its extremely burdensome deeming rule has pre-empted any 'debate' and it has done little to sponsor a genuine open-minded discussion about the role of nicotine in society. While calling for debate, FDA is running a campaign, *The Real Cost*, that fails to discriminate between nicotine products with radically different risk¹⁷. It is not even clear why FDA, a regulator, is running youth campaigns at all.

Office of the Surgeon General. The recent report of the Surgeon General on youth vaping avoided drawing obvious conclusions or plausible hypotheses from the data¹⁸ and misrepresented the available science to create unjustified alarm¹⁹. The Surgeon General drew policy conclusions that were flawed for youth protection, but failed even to consider harmful unintended consequences for adults²⁰. Although, more of the established media followed the Surgeon General's contrived narrative, it has started to attract much more critical analysis subsequently²¹.

References

- 1 National Cancer Institute, HINTS, FDA Survey 2015. E-cigarettes [\[link\]](#); Smokeless tobacco [\[link\]](#)
- 2 Reuters, U.S. e-cigarette use stalls as health concerns grow: Reuters/Ipsos poll, May 2014 [\[link\]](#)
- 3 See CDC. E-cigarette Ads and Youth [\[link\]](#) E-cigarette study sparks national attention around nicotine toxicity [\[link\]](#)
- 4 Los Angeles Times. CDC director explains what he hates about electronic cigarettes, 29 April 2014 [\[link\]](#)
- 5 Rodu B. How Many Americans Vape? CDC Data Show Fewer Vapers & Smokers in 2015, Tobacco Truth. 7 July 2016 [\[link\]](#)
- 6 Siegel M. CDC Director Apparently Fabricating More "Scientific Evidence" to Demonize Electronic Cigarettes, Rest of the Story, 12 May 2014 [\[link\]](#)
- 7 Satel S. Their Product Is Doubt--Deceptive Government Campaign Against Electronic Cigarettes, Forbes. 14 April 2015. [\[link\]](#)
- 8 Siegel M. CDC is Running a Dishonest Campaign Against E-Cigarettes Which is Re-Normalizing Smoking, Rest of the story, 20 April 2014 [\[link\]](#)
- 9 Rodu B. The CDC Buries the Lead: Teen E-cigarette Use Rises as More Dangerous Cigarette Use Plummets, Tobacco Truth, 13 October 2015. [\[link\]](#)
- 10 CDC (with FDA comment). E-cigarette use more than doubles among U.S. middle and high school students from 2011-2012. September 2013 [\[link\]](#)
- 11 FDA. Regulation of Electronic Nicotine Delivery Systems (Including E-Cigarettes) and the Continuum of Nicotine-Delivering Products 81 FR 29028 [\[link\]](#)
- 12 Bonhomme MG, Holder-Hayes E, Ambrose BK, Tworek C, Feirman SP, King BA, et al. Flavoured non-cigarette tobacco product use among US adults: 2013-2014. *Tob Control*; 2016 Nov;25(Suppl 2):ii4-ii13. [\[link\]](#)
- 13 FDA. Overview of the Center for Tobacco Products: Consumer Fact Sheet [\[link\]](#)
- 14 New York Times. Smoking, Vaping and Nicotine (Interview with FDA CTP Director Mitchell Zeller), 26 May 2015 [\[link\]](#)
- 15 New York Times. A Lobbyist Wrote the Bill. Will the Tobacco Industry Win Its E-Cigarette Fight? 2 September 2016. [\[link\]](#)
- 16 Bates CD. Lehrer E. Letter to Mitch Zeller on FDA e-cigarette rules. R Street 8 September 2016 [\[link\]](#)
- 17 Kozlowski LT, Sweanor DT. Young or adult users of multiple tobacco/nicotine products urgently need to be informed of meaningful differences in product risks. *Addict Behav.* 25 January 2017 [\[link\]](#)
- 18 Bates CD. Five questions to put to the US Surgeon General on e-cigarette science, Counterfactual, 7 December 2016 [\[link\]](#)
- 19 Farsalinos K. US Surgeon General declares e-cigarettes are a public health concern. But where is the evidence of harm? E-cigarette Research, 9 December 2016. [\[link\]](#)
- 20 Bates CD. Bad science, poor insights and likely to do harm - rapid reaction to the Surgeon General's terrible e-cigarette report, Counterfactual. 8 December 2016. [\[link\]](#)
- 21 Satel S. & Sweanor D. Dear Surgeon General and Public Health Agencies, Anti-Vaping Policies Are Bad for Public Health, Real Clear health, 19 December 2016 [\[link\]](#) and Redmond H. The Surgeon General's Pack of Lies About E-Cigarettes Is Likely to Cost Lives, The Influence, 19 December 2016 [\[link\]](#)