



The Consumer Advocates for Smoke-Free Alternatives Association
4225 Fleur Drive #189, Des Moines, IA, USA 50321

<http://casaa.org>

Tel: 1 (202) 241 9117

To: CDC Desk Officer
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

From: Alex Clark, Executive Director
Brian Carter, PhD, Director of Scientific Communications
Bruce Nye, RN, Vice President

The Consumer Advocates for Smoke Free Alternatives Association
4225 Fleur Drive #189
Des Moines, IA, 50321

VIA FAX (202-395-5806) and USPS Priority Mail (Tracking #9114 9999 4431 4925 6519 86)

30 October 2017

Re: FR 2017-21122 – Agency Forms Undergoing Paperwork Reduction Act Review – Evaluation of the *National Tobacco Prevention and Control Public Education Campaign* (OMB Control Number 0920-1083, Expiration 09/30/2017) – Reinstatement with Change – National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC) [as amended by FR 2017-22256 as to project type].

Introduction

The Consumer Advocates for Smoke-free Alternatives Association (CASAA) is a United States non-profit 501(c)(4) organization with an all-volunteer board and a grassroots' membership of over 200,000 individuals from all walks of life. We are a consumer organization, not a trade association. We are dedicated to ensuring the availability of reduced harm alternatives to smoking and to providing smokers and non-smokers alike with honest information about those smoke-free alternatives.

Since CASAA's founding in 2009, we have educated the public and increased awareness about the benefits of reduced harm alternatives to smoking, including smokeless tobacco, e-cigarettes and other emerging technologies. We also encourage responsible legislative policy designed to improve public health by recognizing that smoke-free, nicotine-containing products are inherently far less dangerous than smoking.

We write in opposition to the current request by the CDC to reinstate with change the evaluation of the *National Tobacco Prevention and Control Public Education Campaign* (The Campaign).

In our comment we specifically address the following criteria:

1. Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.
2. The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used.
3. Changes necessary to enhance the quality, utility, and clarity of the information to be collected.

CASAA views the current request for reinstatement of the program to be a significant waste of taxpayer resources as the underlying project is misleading and grossly inefficient:

- The Campaign features misleading and inaccurate claims.
- The Campaign is ineffective as designed and reported to date.
- The Campaign does not adequately address the public health needs in that it promotes abstinence only, ignoring the lower opportunity costs along a continuum of risk reduction.

CASAA believes that continuation of the proposed data collection activities should be denied, and that the entire program it supports, The Campaign, "*Tips from a Former Smoker*," be suspended and reworked to more adequately and truthfully educate the public about the alternatives to combustible tobacco. This will empower the smoking public to make a more informed choice about their tobacco use and health decisions. This would not only be a more effective use of the public purse, but would more closely align the mission of the CDC with the mission of improving public health.

The "*Tips from Former Smokers*" campaign is misleading

The Campaign in its present state consists of television, print, and digital media advertising, along with social media content on Twitter™, YouTube™, Facebook™, and other platforms.¹ The Campaign presents the stories of several former smokers who have quit smoking only after the onset of severe diseases, the intent being to provide a cautionary tale to current smokers that could motivate them to quit smoking themselves.

¹ The entire fixed media collection may be viewed at:
<https://www.cdc.gov/tobacco/campaign/tips/resources/index.html>

A small representation of the most egregious stories found on the CDC website illustrates the clear intent to mislead the public using methods aligned more with abstinence-only bias than complete and truthful scientific communications:

Kristy - Dual Use

Presents a case of a smoker age 33 who "had already been a heavy smoker for 20 years" who developed a chronic cough and shortness of breath and tried using e-cigarettes to reduce her smoking habit. She continued to smoke, eventually quitting her use of e-cigarettes altogether. Within two months of her cessation of e-cigarettes she suffered a spontaneous pneumothorax requiring chest tubes and surgery to repair. She was also diagnosed with early stage COPD.

The implication here is that using e-cigarettes was not only ineffective in reducing her smoking, but the juxtaposition implies a causative relationship between the use of e-cigarettes and spontaneous pneumothorax and COPD. Research has detailed that exclusive use of e-cigarettes reduces the severity of COPD versus continued smoking.² There are no reported incidents of spontaneous pneumothorax in exclusive e-cigarette users.³

Brandon - Buerger's Disease

Presents a case of a smoker who began in his mid-teens and was diagnosed with Buerger's disease 3 years later. The claim "a disorder linked to tobacco use" is made.

While there is an association, there is no evidence that this association is causative. In fact, ongoing research demonstrates that Buerger's disease has no definitive cause, though an autoimmune mechanism is strongly indicated. While smoking may play a role in the initiation and progression of the disease, there has yet been no causative link to this rare disease.⁴

Marlene - Age-related Macular Degeneration

² Polosa, Riccardo; Morjaria, Jaymin Bhagwanji; Caponetto, Pasquale; Properini, Umberto; Russo, Cristina; Pennisi, Alfio; Bruno, Cosimo Marcello; Evidence for harm reduction in COPD smokers who switch to electronic cigarettes, *Respiratory Research*, 2016 17:166, Dec 16, 2016, DOI 10.1186/s12931-016-0481-x,

<https://respiratory-research.biomedcentral.com/articles/10.1186/s12931-016-0481-x>

³ Satel, Sally; Their Product Is Doubt -- Deceptive Government Campaign Against Electronic Cigarettes, *Forbes*, 2017, Apr 14 2017, retrieved from:

<https://www.forbes.com/sites/sallysatel/2015/04/14/their-product-is-doubt-deceptive-government-campaign-against-electronic-cigarettes/#43fb66ab607d>

⁴ Arkkila, Perttu, Thromboangiitis obliterans (Buerger's disease), *Orphanet Journal Rare Diseases*. 2006; 1: 14. Apr 27, 2006; DOI 10.1186/1750-1172-1-14.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1523324>

Presents a case of a smoker who began in her high-school years and was diagnosed with age-related macular degeneration at age 56. The form of the disease in this case is characterized as “wet” or neovascular macular degeneration which has a prevalence of 10 - 15% of all cases. While smoking may, again, play a role in the progression of the disease, current research demonstrates that the prevalent and unavoidable risk factor is genetic, with advancing age the key factor in onset.⁵

One of the key assets in a government agency is public trust. Trust is built on honesty and integrity – in this case, an adherence to the integrity of the science upon which public health depends to protect the public it serves. The Campaign forsakes scientific rigor and fidelity for the convenience of innuendo and distortion to promote a singular ideal, that the only way to reduce the harm from smoking is abstinence. This has serious consequences beyond the current matter. When a government agency misleads the public, it undermines the public’s trust in the agency. When the public’s trust in the agency is compromised, the agency’s mission becomes difficult, if not impossible, to perform in all areas of its responsibility. In this case, such a compromise is disastrous for the public health.

The “*Tips from Former Smokers*” campaign is ineffective

According to its filing in the Federal Register, the CDC describes The Campaign’s objectives thusly:

*The primary objectives of The Campaign are to encourage smokers to quit smoking and to encourage nonsmokers to communicate with smokers about the dangers of smoking.*⁶

The program, as implemented through four cycles of advertising, has gathered information as authorized under OMB Control Number 0920-1083. In each cycle there have been reports produced which ostensibly show the effectiveness of each media campaign. To date there is one report that attempts to provide a complete perspective on the effectiveness of the entire campaign. This report, and the supporting reports from each wave, demonstrates the ineffectiveness of The Campaign, cleverly hidden in plain sight behind a wall of ideological obfuscation.⁷

It is tempting to be encouraged by the findings reported. Given an unsubstantiated baseline quit attempt rate of 33.3% before The Campaign, the report presents evidence that following the best practice guidelines for implementation from the CDC of 1000 Group Rating Points (GRPs) for exposure produced an increase in the rate of quit attempts by 4.3% over baseline (37.6%).

⁵ Jaga, Rama D.; Mieler, William F.; Miller, Joan W. Age-Related Macular Degeneration, N Engl J Med 2008;358:2606-17; http://www.grg-bs.it/usr_files/eventi/journal_club/programma/nejm_amd.pdf

⁶ Federal Register, Vol. 82, No. 190, Tuesday, October 3, 2017, Notices, pp. 46059

⁷ Davis, Kevin C.; Patel, Deesha; Shafer, Paul; Duke, Jennifer; Glover-Kudon, Rebecca; Ridgeway, William; Cox, Shanna; Association Between Media Doses of the “Tips from Former Smokers” Campaign and Cessation Behaviors and Intention to Quit Among Cigarette Smokers, 2012-2015, Health Education & Behavior, May 12, 2017, DOI: 10.1177/109019817709316, <http://journals.sagepub.com/doi/abs/10.1177/109019817709316>

This gives an adjusted odds ratio (AOR) of 1.23, suggesting The Campaign improves the odds of quit attempts.⁸

There is a glaring problem with these observations beyond the statistical sleight of hand used in their production: Quit attempts do not, in themselves, reduce the prevalence of smoking in the population, nor do they reduce the risk of harm for smokers. Quit attempts are just that, attempts that may be successful or not. If most quit attempts were successful and led to long-term abstinence from combustible tobacco, then this would indeed be a boon to public health. But this result flies in the face of the reality that most quit attempts end in failure, and of those that are successful, few are successful in achieving long-term abstinence sufficient to reduce harm in the smoking population. The key end-point of the data collection and The Campaign itself through the last 5 years is meaningless.

The evidence in the report itself demonstrates this point directly. Normal statistical sampling should be randomized over a new population to prevent resampling and avoid the problem of respondent conditioning. This did not happen in the production of the individual reports nor the summary report. Instead the summary report notes that the 22,965 samples obtained came from sampling 8,209 individuals in the four waves of data collection. Of that 8,209-person sample 5,454 (66.4%) were resamples.⁹ In lay terms, two-thirds of the data collected were from the same people. When combined with the sample breakdown for smoking or recently quit, the glaring truth becomes self-evident. Of the 22,965 samples, 22,189 were smokers (96.6%) while just 776 (3.3%) were recent quitters.¹⁰ Given that 66.4% of these were resampled individuals, The Campaign was clearly ineffective in producing abstinence of any useful scope or duration.

The “*Tips from Former Smokers*” campaign is inadequate

The Campaign is designed to produce one result, to increase the number of quit attempts by current smokers, the assumption being that more quit attempts lead to more abstinence. The Campaign attempts to do so by creating associations in the minds of smokers based not on epidemiological fact, but on propaganda designed to scare smokers into making a quit attempt. This does not improve the public health. As pointed out above, quit attempts do not translate into abstinence. Moreover, the increased prevalence of failed quit attempts may create further resistance to altering the habit for some not insignificant part of the smoking population. Combined with the well studied negative reinforcement or reactance phenomena that results when negative campaigns are targeted at committed populations (such as smokers), there can be a decrease the willingness to quit, producing a net negative effect of The Campaign over time.¹¹

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Wolberg, Joyce M.; College Students' Response to Antismoking Messages: Denial, Defiance, and Other Boomerang Effects, *Journal of Consumer Affairs*, 2006, 40:294-323, doi:10.1111/j.1745-6606.2006.00059.x, http://epublications.marquette.edu/cgi/viewcontent.cgi?article=1365&context=comm_fac

The Campaign also ignores all other alternatives to reduce the harm from smoking in the population. It has gone out of its way in at least one case (“Kristy”) to ensure that a viable reduced risk option for current smokers is juxtaposed as being an equal risk to smoking itself, if not potentially more dangerous. The effect of this is to reinforce a singular ideological preference for abstinence.

The principal agency responsible for The Campaign is the CDC. As one of the government’s principal public health agencies, it is improbable that they are unaware that disease control is more often achieved through the reduction of its harmful effects rather than elimination of its causes. Yet, when it comes to smoking, the principles that have been effective in combating disease are ignored in favor of an abstinence-only approach; essentially, quit or die.

History has demonstrated many times over that prohibitionist policies become ever more burdensome on the public purse both in terms of economic cost and and impact on lives. Harm reduction, on the other hand, is the more economically efficient approach, often becoming self-promoting and reducing the cost and manpower burden of enforcement and regulation needed to achieve significant public health benefits. This is why the mission of public health is to reduce the harm from disease rather than eliminate disease itself.

Concluding Remarks

CASAA strongly urges the Office of Management and Budget to deny the requested reinstatement with change. It is time for the CDC to face the fact that The Campaign is inadequate to the task of promoting harm reduction in the smoking population. It is time that CDC change its focus from a nearly religious adherence to abstinence and align its mission with the core principle of public health – reduce the harm to the whole population, including smokers, through the promotion of harm reduction policies. It could do this best by recalling and retooling The Campaign towards promoting less harmful alternatives to combustible tobacco rather than presenting smokers with “Quit or Die” propaganda.