COMMENTARY

Response to Chapman and Daube

Thank you for the opportunity to respond to the commentary by Chapman and Daube [1]. In our view, they misrepresent the evidence and selectively use data to support a preconceived position.

First, they state that results of randomised controlled trials (RCT) overestimate cessation rates so cannot be used to make population-wide projections of cessation. This is often true but irrelevant. Results of RCTs rebut the claim (still being made in Australia) that there is ‘no evidence’ that e-cigarettes help smokers to quit. RCT findings are supported by longitudinal observational studies that indicate that e-cigarettes are reducing the population prevalence of smoking [2].

They misrepresent the findings of the Walker study by inappropriately converting the conservative continuous abstinence rates into percentages smoking when a significant proportion were of unconfirmed smoking status [3]. The intervention group using nicotine e-cigarette and nicotine patch includes 54 (10.8%) who reported quitting but did not return a sample for biochemical verification (or in a small number of cases failed it) and 170 who did not complete the 6 month survey (34%). Accepting that most of the latter group are smoking, the paper adjusted the 18% self-reported abstinence to 17%. Chapman and Daube claim this result is a failure, but it compares very favourably to the 7% quit rate in those using nicotine patches alone.

Second, Chapman and Daube incorrectly claim that a US cohort study had a poor outcome when it found an overall 12.8% abstinence rate at 12 months [4]. This is an impressive quit rate given that nearly half of the sample were dual users who are generally more dependent on smoking and have lower quit rates [5]. Further, many so-called dual users only vape occasionally and are not necessarily looking to quit, so their success in quitting would be lower than smokers in general. The observed cessation rate is far better than the rate for unassisted quitting, which Chapman claims is the best method on the basis of weaker observational data [6].

Fifth, the Hammond et al. study on which one of us is a co-author, reported a single data point from Canada showing a possible increase in youth smoking [12]. However, as it was not replicated in the more representative, larger Canadian Community Health Survey of 2018, at worst it should be treated as only a possible cause for concern [14]. Youth smoking rates in the US [15] and UK [13] have continued to decline over this period.

We note that Chapman and Daube are happy to accept a single data point as sufficient evidence for an increase in smoking while ignoring a plethora of data points showing that in countries where vaping is more prevalent smoking rates have declined while vaping has increased.
Finally, their claimed conflict of interest for the lead author is false. As a registered charity, the Australian Tobacco Harm Reduction Association accepts donations from individuals and organisations; it does not accept money from tobacco companies or their subsidiaries. Knowledge Action Change is a private organisation that made a one-off unconditional donation. Placing such a statement at the end of their response might be interpreted as implying some bias in our assessment. We believe the facts speak for themselves.

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References