

EXERCISE AND A CONTRACT OF A C

This issue's exclusive expert sit-down is with a true industry icon who has spent the better part of four decades fighting tirelessly for a smoke-free future.

So, without further ado, please welcome Doctor Colin Mendelsohn...

First and foremost, we'd like to say a huge congratulations for winning the Michael Russell Award 2024 at the Global Forum on Nicotine in Poland. What were your thoughts and feelings upon being presented this award and how important are events such as the GFN in spreading awareness about THR?

It was a great honour but with a large dose of irony. I am treated as a pariah in Australia as my views are out-of-step with the mainstream narrative, so it is nice to be recognised overseas.

Tobacco harm reduction faces relentless opposition in Australia for ideological and political reasons and is opposed by almost all government organisations, medical associations and health charities. Vaping is framed as a threat rather than an opportunity and there is a moral panic about youth vaping.

The GFN is a wonderful opportunity to gather with like-minded people, to be inspired and recharged for another round of battle.

With a career in tobacco treatment spanning over four decades, what is one thing you have learnt or experienced that has stayed with you?

I used to think good public health policy was based on the best available science. I now realise how naïve that was.

Policy on THR is driven by everything but the science. Much of the opposition is based on ideological abstinence-only beliefs, politics, vested interests, financial considerations, and a range of other secondary issues.

Opponents often scaremonger, exaggerate risks, use emotional arguments, and ignore the positive evidence. This is amplified by the media which is typically alarmist and negative about vaping.

It is no wonder that the public is misinformed and that misperceptions about less harmful alternatives are the norm. For some things that doesn't matter, but for smoking, misinformation is deadly if it discourages smokers from switching to safer products.



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Tobacco Control from organisations like the World Health Organisation have really lost their way.

Our top priority should be to prevent death and disease from smoking, yet so often the focus seems to be on punishing tobacco companies, eliminating nicotine or protecting youth from nicotine.

We seem to have forgotten about the 1.3 billion adult smokers who are at imminent and serious risk.

The evidence for tobacco harm reduction is now overwhelming and this should be the driver of policy. Nicotine is demonized. It is dependence-forming but is relatively benign in the doses used in THR products.

We have to remind ourselves that smoke is the cause of 98 percent of tobacco-related deaths and eliminating smoke should be our main priority.

We still struggle to get the balance

right between avoiding harm to youth and helping adult smokers quit. In fact, the risk to youth is exaggerated and the actual risks are small. For adult smokers, THR options are potentially lifesaving and should be given greater emphasis.

Smoking is a silent epidemic and seems to have fallen off the radar. In spite of decades of antismoking efforts, tobacco smoking is still the leading preventable cause of death and illness globally and the number of smokers is increasing.

We need more training in medical schools and an organised, well-resourced network to train health professionals about smoking. Training should include ongoing support, such as follow-up sessions and regular reminders.

Health professionals have so many other priorities and smoking tends to get overlooked. One-off training sessions are quickly forgotten.

Many smokers simply can't guit with conventional treatments and for these smokers, safer alternatives, such as vaping, nicotine pouches, heated tobacco products, and snus can be lifesaving.

These treatments should be embraced by health professionals as routine options in helping smokers quit.



Health professionals are poorly informed about nicotine in particular and this needs urgent correction. Nicotine doesn't cause cancer, heart or lung disease, yet many think otherwise.

This misinformation undermines the use of NRT and safer nicotine alternatives to smoking.

I think the first priority is to correct the misinformation about THR. Much of the opposition is based on misunderstandings, ideology and myths, particularly around nicotine.

That is the main reason I wrote my book, Stop Smoking Start Vaping.

We also need to keep the risks of THR in perspective. Yes, there are risks from vaping and other forms of THR – nothing is risk-free - but the benefits to public health overall are far greater than the small risks.

Finally, I would like to see vapers more active in this debate. Their passion and personal stories will often cut through when scientific arguments aren't effective.

Vapers are voters and they could be a powerful voice that could be very influential with policymakers who are elected officials.

