

喫煙規制拡大に伴い議論再燃？

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医師としてはsnusその他ニコチン置換を唱導すべきか？

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YES Smoking is the biggest avoidable cause of death and disability,¹ and of social inequalities in health² in the United Kingdom.

Safer choices

By far the safest alternative is the current range of nicotine replacement products. All reduce the symptoms of withdrawal from smoking and therefore, although marketed and licensed primarily as cessation aids, are also logical long term substitutes for cigarettes.

supported by nicotine replacement therapy, bupropion, or varenicline in accordance with established clinical guidelines. However, for those who try repeatedly and fail, or for those who are not ready to stop using nicotine, switching to a medicinal nicotine product is the logical next best option. Doctors should

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NO The use of smokeless tobacco products—notably snus—has suddenly become controversial. Reasons for this include publicity by the tobacco

to humans,³ and the European Commission report cites studies by the Swedish Institute of Public Health and the Karolinska Institute as evidence that snus is carcinogenic.⁴

The obvious entry point to research on snus is the oral cavity. Mucosal changes, known as snus induced lesions or leucoplakia, are inevitably

addictive, although unarguably less so than smoked tobacco. Nicotine levels obtained from snus are about twice as high as those obtained from nicotine replacement therapy, which does not induce dependence.⁴ Moreover, at least 60% of people who use snus to quit smoking become chronic snus

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たばこの煙に含まれる何百もの毒素こそが喫煙をひどく「命取り」にしているのであって、ニコチンではない。

The tragedy is that nicotine addiction itself is not especially hazardous. Nicotine is not harmless,³ but in practice accounts for little if any of the morbidity and mortality caused by smoking. It is the hundreds of other toxins in tobacco smoke, not nicotine, that make smoking so deadly. So if smokers who are unable, unwilling, or simply unlikely to quit were to switch from cigarettes to other, less hazardous sources of nicotine, millions of lives could be saved.

Although nicotine replacement therapy is not licensed for use as a long term substitute for smoking, in practice it is common sense for health professionals dealing with smokers who are unable to quit smoking to encourage use of medicinal nicotine products as a substitute for smoking, and prescribe them if necessary. They should strongly advise smokers that the best option would be to quit all nicotine use, and do all they can to support this by encouraging uptake of behavioural therapy

Competing interests: J.B. has collaborated in a multicentre randomised clinical trial comparing varenicline with nicotine replacement therapy funded by Pfizer, and has consulted for a company developing a nicotine vaccine.

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What is snus?
Snus is the Swedish word for snuff, which was fashionable to inhale before cigarettes superseded it. BAT describes snus as "A finely ground moist tobacco, either loose or in tiny sachets—a bit like tiny teabags—that are placed under the upper lip and typically held in the mouth for about 30 minutes before being discarded."¹

WITH ANDREW NEWBERRY

いいえ。

snusが合法化されれば、決して喫煙しなくてすんだはずの人々からも選ばれてしまうだろう。

had never used any tobacco product, men who quit tobacco use entirely or switched to smokeless products had significantly higher relative risks of cardiovascular disease, particularly the switchers.¹⁶ The EC report concluded that smokeless tobacco has a significant effect on myocardial infarction.⁴

A cohort study based on the Swedish Birth Registry showed an increased risk of premature birth and pre-eclampsia among snus users compared with non-users of any tobacco.¹⁷

Nicotine exposure

Smokeless tobacco delivers quantities of nicotine comparable to those typically absorbed from cigarette smoke and is

associated with consuming tobacco is not to consume it at all.²¹ A harm reduction policy could instead lead to harm perpetuation.

The tobacco industry's constant defence is that tobacco is a legal product. But if we had known before tobacco was ever used, how disastrous it would prove to be, would it not have been banned in all its forms?

Competing interests: AWM chaired a programme development group for NICE on smoking cessation, the conclusions of which will be published on 23 February.

All references are in the version on bmj.com

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