



**National Institute for  
Health and Clinical Excellence**

**Invitation to comment on Citizens Council report on smoking and harm  
reduction**

**Form for comments**

To comment on the Citizens Council's report on smoking and harm reduction,  
please complete the form below and e-mail it to Clifford Middleton at

[clifford.middleton@nice.org.uk](mailto:clifford.middleton@nice.org.uk). The deadline for all comments is **5pm on 31<sup>st</sup>**

**March 2010.**

**PART A – details**

**Name**

**John Dicey**

**Position**

**Director**

**Organisation**

**Allen Carr's Easyway**

**Type of organisation** (e.g. patient group, pharmaceutical company)

**An organisation with a highly effective cure for smoking.**

**PART B – comments**

**1. What do you think of the view taken by the majority of Council  
members that 'harm reduction as a way to quit smoking and break  
addiction' (their 'view A' of harm reduction) is a valid strategy?**

**The fact that anyone imagines that it is possible to cure someone of nicotine**

**addiction by giving them nicotine is ridiculous and I am surprised that the**

**scientific and medical establishment have been foolish enough to pursue this**

**course for so long. The fact that the latest opinion by these so called experts**

**appears to suggest that a wider range of so called safer nicotine delivery systems**

**be used to supply the drug to the addict will do nothing other than swell the**

**coffers of the pharmaceutical industry and the tobacco industry (who are already**

moving into the nicotine delivery system market) both of whom appear set to continue to make huge profits from the addicts who they exploit. There is no doubt that these new products will end up being targeted at children guaranteeing future generations of nicotine addicts. It is entirely laughable that the scientific and medical establishment appear to believe that nicotine can be used to cure nicotine addiction and also to maintain it.

**2. What do you think of the view taken by the majority Council members that 'harm reduction as a way to provide a less harmful alternative to**

**smoking while accepting that nicotine addiction continues' (their 'view B' of harm reduction) is not a valid strategy?**

**For more than a decade so-called Nicotine Replacement Therapy (NRT) such as nicotine patches & gum have been at the forefront of the government's smoking cessation strategy, closely followed by advertising restrictions and bans on smoking in public places. One might think that after spending hundreds of millions of pounds on these initiatives, we should now be winning the battle.**

**In spite of the multi-million pound fanfare which heralded the smoking ban on 1st July 2007 there has been "no significant difference" in the proportion of people smoking as a result of it.**

**The figures presented in data from the Health Survey for England, a report from The NHS Information Centre, involved questioning almost 5,000 adults about smoking. The study found there was a similar percentage of smokers in England before the July 1 ban as afterwards.**

**Researchers examined the results for thousands of people interviewed before the ban with those questioned after July**

**[www.ic.nhs.uk](http://www.ic.nhs.uk)**

**So the government's smoking cessation strategy is clearly not working. Why not?**

**Well, it doesn't require much intelligence to realise that NRT cannot cure nicotine addiction. You can't cure an alcoholic by giving them alcohol intravenously, you can't cure someone addicted to smoking heroin off tin foil by getting them to inject it, and you can't cure smokers of nicotine addiction by giving them nicotine. Nevertheless, NRT has formed the cornerstone of the government's attempts to address the smoking problem. The fact that the pharmaceutical industry could afford to conduct enough studies to ensure that at least some of them**

achieved an encouraging result, while carefully disposing of the many that did not, has been overlooked.

Many of those who championed NRT as an aid to quitting are now backtracking. Nicotine, they argue, should now be administered to addicts, not as a means of quitting the drug, but merely as a “safer alternative” to smoking. So, the objective of nicotine treatment is soon to become a long term (in other words lifelong) maintenance programme with a variety of nicotine products provided for addicts to use for the rest of their lives. Allen Carr’s Easyway has consistently stated that NRT is a misnomer. Nicotine is not being replaced, it is being maintained and there’s nothing therapeutic about that. It should be called Nicotine Maintenance Treatment. Recent developments have simply confirmed this view.

The Independent newspaper in the UK reported earlier this year that the Royal College of Physicians (RCP) have called for “safer nicotine delivery systems/products to be made more widely available to replace cigarettes.”

Professor John Britton, chief author of the RCP report states: “The ideal product would be a nicotine inhaler like an asthma inhaler, that delivers a hit of nicotine as close as possible to the experience of smoking a cigarette.”

Whilst dismissing future daily use of nicotine on a permanent basis as being of no more concern than current use of caffeine, Britton goes on to say: “If these people [smokers] can be encouraged to use a safer product instead, the impact on public health would be huge. If we end up with a society in which a lot of people use a safe nicotine product every day, so what?”

Source: [www.independent.co.uk/life-style](http://www.independent.co.uk/life-style)

Let’s ignore the fact that nicotine is itself a poison which causes tremendous harm and that little is known about the effects of long term

**use of these so-called “safer nicotine delivery systems”. Let’s also ignore the fact that drug addiction is classified as a disease in itself by the scientific and medical establishments and is hugely damaging both physically and psychologically, not only to addicts but also to their families. Let’s also ignore the fact that tobacco companies and pharmaceutical companies are now simply competing for the multi-billion dollar a year nicotine market. Instead, let’s confront the subject which none of the policy makers wants to talk about: that a cornerstone of the government’s smoking cessation strategy (NRT) has failed and the medical and scientific establishment have been proven incorrect regarding the use of NRT. You can’t cure addiction to nicotine by giving the addict nicotine.**

**NRT has failed, restricting advertising has failed and smoking bans have failed, so the policy makers are resorting to a strategy of feeding addicts their drug on a lifelong basis and therefore perpetuating drug addiction at taxpayers’ expense. The only winner here is Big Pharma which sells NRT and the tobacco companies who are currently buying companies that already provide a variety of nicotine products.**

**The cost of this failed strategy should be measured not only in the hundreds of millions of taxpayers’ pounds spent on the folly, but in the continuing misery of those who remain slaves to nicotine and in countless lost lives as well.**

**Allen Carr’s Easyway has always clearly stated that NRT is ineffective as a cure for nicotine addiction and that advertising restrictions and smoking bans would not achieve the desired reduction in smoking populations. To do that, smokers need to be provided with an effective method of stopping. Unfortunately, although Allen Carr's Easyway method has now existed for over 25 years, successive governments have so far failed to do that.**

**The government, Department of Health, the NHS, and the medical and scientific establishment clearly do not know what they are doing. Isn’t it**

time they used a method of smoking cessation which has been proved successful by its global popularity, a method which is available in a variety of formats which cost as little as a pack of cigarettes (the ten million copy selling book "Allen Carr's Easyway To Stop Smoking") is available in more than 40 languages, and can be delivered in 5 hour seminars which cost less than a course of NRT and comes with a money back guarantee. Wouldn't applying Allen Carr's Easyway method to the problem of smoking be worth trying before proceeding with A or B - both of which effectively give up on smokers and condemn them to continued addiction - whether that be via cigarettes, patches, gum, snus, inhalators or nicotine lollipops. The cost of addiction is not only measured in the lives it takes and the physical harm smoking causes - but the psychological damage done to a human being who remains trapped by a drug to which he is addicted.

### **3. Do you have any other comments on the Council's report?**

I think my comments are clear. As an aside I think the process of providing this feedback appears to be unnecessarily difficult and likely to prevent/deter normal members of the public (as opposed to members of the medical and scientific profession) from making the council aware of their opinions.