

FROM: EF'

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MAY 2 1966

NOTES ON THE 1988 SURGEON GENERAL'S REPORT
ON NICOTINE ADDICTION

GBG 5.20.88

Overall comment

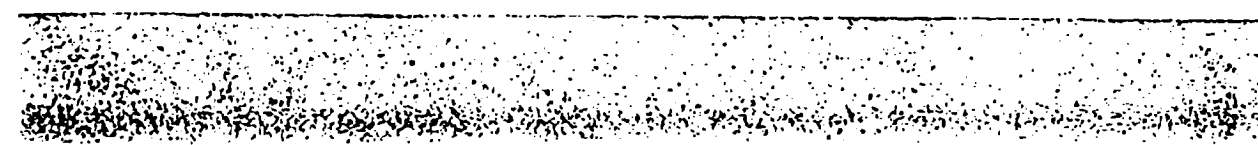
The initial impression of the report is strong because of the Surgeon General's image, but its substance is less convincing and may contain fatal flaws.

The Surgeon General (SG) has redefined the criteria for addiction, borrowing selectively from the controversial and often discordant definitions of the WHO and the American Psychiatric Association, and adding a few ideas of his own. For all his labors, the SG still has to stretch points a long way in order to fit nicotine into the mold.

As a result the report trivializes the concept of addiction in two ways. It implies that heroin, cocaine and hard drugs are in fact as mild as smoking, and by opening wide the definition it leads people to conclude that many common substances - sugar, coffee, aspirin... - come to be defined as addictive. It is likely that a substantial fraction of the public will perceive this inconsistency and will come to doubt, albeit subconsciously, the SG's credibility. This is an error of overconfidence and overreaching that could most likely diminish the efficacy of the report.

The report makes repeated reference to its "scientific" nature as a badge of objective endorsement. In fact its self-styled definition of addiction is anything but scientific. This effort - and also the definitions of the WHO and the American Psychiatric Association - are semantic gropings at defining a rather subjective concept loaded with value judgment, cultural, ethical and professional perceptions. In this sense the definition ends up to be commonly accepted and validated only if it reflects public perception. So far the public perception of addiction has been in association with behavioral extremes, and certainly not with cigarette smoking. As a consequence the SG report ought to be perceived a forcible attempt to change some trivial form of individual behavior, and will raise the question of what kind of behavioral agenda does the SG have for Americans. Until the SG sticks to objectively definable diseases and generally accepted concepts he may be doing what he is expected to do, but the redefining of behavioral standards to suit his agenda may be open to question.

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The SG may be an excellent pediatric surgeon, but simply because he once successfully separated Siamese twins does that make him the behavioral arbiter of America? If it is not his personal agenda, what are the real motivations of the Department and of the other self-styled defenders of public health? How much influence and power do they buy by pounding on an issue that they have succeeded in making appear as fair game?

All these questions come in sharper focus as one goes through the substance of the report. The chapter that deals more directly with the alleged addictive properties of smoking and nicotine does so on the basis of scientific evidence either gathered in self-injection animal studies of dubious relevance to smokers, or on the basis of studies with hard drugs, whose results are inductively compared with nicotine. In other terms the report builds a case against nicotine largely by editorial association with hard drugs, rather than on independent scientific evidence. The reason is that such evidence does not exist and cannot be produced.

The report could not have ignored the positive behavioral effects of smoking and nicotine without being accused of dereliction and bias. The chapter on this subject gives a surprisingly extensive review of the literature, even though there is a constant effort to downgrade and belittle the significance of such effects and the validity of the attending scientific research. With all this bias, the chapter unwittingly makes a strong point to illustrate the good and simple reasons why some people smoke, and why the habit cannot be given the negative connotations that the commonly accepted definition of addiction implies. Likewise, the last chapter on the toxicity of nicotine struggles mightily to paint a dark picture, but the facts reported speak of its relative safety to any objective reader. At smoker's doses, nicotine appears no less safe than physiologic neurotransmitters endogenously produced, such as dopamine, acetylcholine, and GABA. Just as those substances, it becomes aversive and acutely toxic once certain thresholds are exceeded.

no such word

The credibility of the report will be undermined in the long run, because its gross exaggeration is untuitive to most people. At best it could have made a case against the abuse of smoking, a concept that everyone might agree on. But then, defining abuse would be equally difficult. Do we put restrictions on the sale of food because some people are compulsive eaters?

Specific comment

p.i, There is a blank unsupported statement that the pharmacological and behavioral processes of heroin and cocaine are similar to those of nicotine.

p.iii, It states that tens of thousands of studies certify to the dangers of smoking. This is an implicit admission that the studies are not very good, or else there would not be a need for such numbers if the case against smoking were all that clear.

p.iv, Some of the addiction criteria obviously inappropriate for nicotine are : 1) a user's behavior is largely controlled by a psychoactive substance. 2) there is a compulsive use of the drug despite damage to self and society. 3) drug seeking behavior takes precedence over other important priorities. 4) Greater doses of the drug (tolerance) are increasingly necessary to achieve the same effects.

p.iv, The report admits that the evidence comes from animal studies. It fails to mention that such studies are largely irrelevant to man.

p.vi, Takes a jab at the RJR artificial cigarette.

p.7, One of the criteria for defining addiction is that a substance is "pleasurable". That has definitive overtones of prohibitionism.

p.168, States that the machine yield of a brand or the number of cigarettes smoked per day have little relationship to nicotine intake.

p.190, bottom. States that in self-injecting animals the response rates are much lower for nicotine than for cocaine. It fails to mention that there may be a thousand fold difference.

p.192, top. States that nicotine usage is determined by environmental stimuli, such as stress. It implicitly admits that smoking is not self triggered - as a true addiction is - but is a response to external stressors. — ?

p.287, The list of physical dependence criteria are certainly not met by smoking or nicotine.

Chapter V, Addiction. Talks mostly of hard drugs and struggles to establish a parallel for nicotine.

Chapter VI, Benefits. Struggles to downplay the obvious behavioral and existential benefits of smoking. Also at p. 468 #2.