

Nicotine Fix--Evidence of Collusion: Pharma-Govt Smoking Guidelines

AHRP – Alliance for Human Research Protection - 02/10/07

"The federal government's campaign could discourage potential quitters who don't want to spend money on quitting aids or don't like the idea of treating their nicotine addiction with more nicotine."

A front page investigative report by Kevin Hellker of The Wall Street Journal documents collusion between pharmaceutical companies that produce smoking cessation paraphernalia, and paid academics whose position on government health policy advisory committees ensures that government policies support industry's business aspirations--regardless of the scientific evidence.

"Dr. Michael Fiore holds a chair at Wisconsin that is funded by GlaxoSmithKline. He directs a tobacco research center that received nearly \$1 million in funding from makers of quit-smoking medicine in 2004 and \$400,000 in 2005. Between 1999 and 2004, Dr. Fiore personally pocketed \$10,000 to \$40,000 a year from the quitting-aid industry for honorariums and consulting work. He says he stopped such work in 2005. In the U.S. government's 2005 civil case against the tobacco industry, it chose Dr. Fiore as an expert witness."

Dr. Fiore chaired the 2000 guidelines is in charge of revising federal guidelines on how to get smokers to quit. The WSJ reports: "He also runs an academic research center funded in part by drug companies that make quit-smoking aids, and he personally has received tens of thousands of dollars in speaking and consulting fees from those companies. Conflict of interest? No, says Dr. Fiore, who has consistently declared that doctors ought to use stop-smoking medicine. He says his opinion -- reflected in current federal guidelines -- is based on scientific evidence from hundreds of studies."

Guidelines promulgated by the Public Health Service of the Department of Health and Human Services have the force of mandatory practice guidelines--physicians who fail to adhere to those guidelines--even when they are wrong--are at risk of liability suits. Yet, those guidelines are shown to be governed by corporate marketing agendas--NOT science.

The WSJ reports that "Those opposed to urging medication on most quitters note that cold turkey is the method used by the vast majority of former smokers. They fear the federal government's campaign could discourage potential quitters who don't want to spend money on quitting aids or don't like the idea of treating their nicotine addiction with more nicotine."

Furthermore, studies comparing smokers who quit "cold-Turkey" and those who used pharmaceutical assisted smoking cessation products show that after nine months a greater number of smokers who quit cold-Turkey remained tobacco free than those who used any of the pharmaceutical enhancements.

At least nine of the 18 member committee that recommended the 2000 guidelines had financial ties to makers of stop smoking paraphernalia. Dr. Fiore who again heads the revision committee says "only 7" of the 26 member committee has such ties. (As anyone who has watched such committees knows, 26 members do not formulate the recommendations--a kitchen cabinet made up of 2-3 present policy recommendations that the others rubber stamp).

Hellker nails the undisclosed personal conflicts of interest:

"Those who advocate medication sometimes fail to disclose that they have financial ties to companies. In an article on Voice of America's Web site last year, Jack Henningfield, identified only as a smoking-cessation expert, urged smokers to "go to the consumer-friendly Web site that I like, which is www.quit.com." Dr. Henningfield is a principal of Pinney Associates, a consulting firm whose largest client is GlaxoSmithKline, operator of the quit.com site. Other articles citing Dr. Henningfield's views on smoking have identified him as a professor at Johns Hopkins School of Medicine without mentioning the GlaxoSmithKline connection. Dr. Henningfield, who holds a doctorate in psychology, is an adjunct professor at Johns Hopkins. He says only 10% of his income comes from Hopkins."

"Dr. Henningfield says he always tells journalists about his financial ties to industry. But in an interview with The Wall Street Journal last summer, Dr. Henningfield promoted the use of stop-smoking medicine without volunteering any information about those ties. He says he thought GlaxoSmithKline's public-relations firm had already provided the information."

Similarly, Dr. Fiore is shown to be less than forthright: "In at least two medical-journal articles that Dr. Fiore wrote or co-wrote promoting the use of stop-smoking medicine, no mention was made of his financial ties to the makers of those treatments. Dr. Fiore says the editors of those journals may have ignored his disclosure or he may have failed to provide it. If the latter, "I am sorry about that," he says, adding that those are two of more than 150 medical-journal articles he has published."

This case example demonstrates that Big Pharma and Big Tobacco have a symbiotic relationship that keeps the cash flowing.

While Big Tobacco's profiteering from selling an addictive product is no longer a matter of controversy, Big Pharma is currently profiteering from addictive prescribed drugs--in particular those affecting the central nervous system, such as: antidepressants, sleeping pills and antipsychotics--all of which carry label warnings against stopping cold-Turkey.

Contact: Vera Hassner Sharav
212-595-8974
veracare@ahrp.org

Copyright 2007 AHRP