



American Association of Public Health Physicians  
*The voice of public health physicians, guardians of the public's health*  
Tobacco Control Task Force  
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[www.aaphp.org](http://www.aaphp.org)

## **Tobacco Control Task Force**

March 23, 2010

Terry Pechacek . PhD  
Associate Director for Science  
Office on Smoking and Health  
Centers for Disease Control  
[txp2@cdc.gov](mailto:txp2@cdc.gov)

Re: Plea that CDC amend tobacco control policy to more strongly endorse cold-turkey quitting

Dear Dr. Pechacek:

This note is in support of the note sent to you last week by John Polito of [WhyQuit.com](http://WhyQuit.com). We (the Tobacco Control Task Force of the American Association of Public Health Physicians) fully agree that there needs to be a rethinking of tobacco control policy, with ending the discrimination against cold turkey quitting being one of several elements of current federal agency policy that need to be reconsidered.

Current federal agency policy as currently expressed by CDC, NIH, and FDA, as best we can determine, are based on the following:

1. Children and teens should be discouraged from initiating nicotine use.
2. Current smokers should be encouraged to quit smoking -- with the only recommended method being medical consultation with assistance from pharmaceutical smoking cessation products.
3. A philosophic principle to the effect that, since our eventual goal is a tobacco free society, there will be no consideration of any non-pharmaceutical tobacco or tobacco related products as part of our efforts to areduce tobacco-related illness and death.

The time has come to reconsider our approach to prevention of both short-term-future and long-term future tobacco-related illness and death. This timing is dictated by the fact that over the next 12 to 24 months, FDA will be determining how best to assert the authority provided by the recently passed FDA/Tobacco law.

We (the AAPHHP TCTF) believe that the possibility exists to save the lives of about 4 million of the 8 million current adult American smokers who will otherwise die of a tobacco related illness over the next twenty years, and do so without increasing initiation of nicotine use by children and teens. As we see it, this massive public health benefit can only feasibly be achieved by changes in current federal tobacco-control policy that will honestly communicate the relative risks posed by the various types of tobacco and tobacco-related products to encourage and enable current smokers who are unable to quit to switch to far lower risk nicotine delivery products. Encouraging cold-turkey quitting (an issue

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presented by Mr. Polito, but not previously addressed by the AAPHP TCTF) will accelerate our progress toward achievement of this public health goal.

Our policy statements, with full bibliographic references can be found on the Tobacco Issues page of our [www.aaphp.org](http://www.aaphp.org) web site. In particular, I direct your attention to the two petitions we have recently sent to FDA, the package of attachments to those petitions, and our October 2008 Resolution and White Paper document.

I would welcome the opportunity to discuss these issues with CDC staff, and to participate in CDC sponsored deliberations of proposed revision to current tobacco control policies.

Sincerely yours,

A handwritten signature in blue ink that reads "Joel L. Nitzkin, M.D." The signature is written in a cursive, flowing style.

Joel L. Nitzkin, MD, MPH, DPA  
Chair AAPHP Tobacco Control Task Force

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