JOURNAL POLICY ON TOBACCO FUNDED RESEARCH

Non-publication of tobacco funded research should extend to replacement nicotine studies funded by the drug industry

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I applaud the BMJ’s non-publication policy regarding tobacco industry funded research, but it should extend to drug industry funded cessation studies. What causes most smoking related deaths—smoking or a quitting industry that falsely teaches nicotine addicts that nicotine is medicine, its use therapy, and that nicotine replacement doubles their chances of quitting? Although replacement nicotine is more efficacious than placebo at helping people quit, it is not effective at the population level. Despite 39 years and billions spent on marketing, only one in 100 US ex-smokers credit nicotine gum for their success, with all approved products combined accounting for only 8% of successful cessation. How much closer to consumer fraud can approved products get? Should medical journals care whether a placebo controlled quitting study labelled as blinded actually was? We know that three to four times as many placebo group members can correctly declare their assignment as guess wrong, and that concerns about blinding were so troubling that active placebos containing small amounts of nicotine were used until at least 1996.

Pharma’s financial influence has destroyed smoking cessation, and medical journals, peer reviewers, and journal editors share culpability. I implore all journal editors to refuse to publish placebo controlled cessation studies unless provided with proof that the findings measured efficacy not expectations and frustrations.

Competing interests: I am pro bono director of abrupt nicotine cessation websites and author of a nicotine cessation book.

2 Polito JR. Are those who quit smoking paying with their lives because of NRT’s failure? BMJ 2012;344:e886.

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