

烟草制品管制科学咨询委员会关于烟草和非烟草制品中尼古丁及其管制的立场声明

背景

在过去 20 年里，大量研究结果已表明尼古丁是引起烟草使用的主要药理因素。美国公共卫生署署长的 1988 年报告确定吸烟为尼古丁成瘾(1)；皇家内科医师学会同样认定尼古丁与海洛因和可卡因一样是一种成瘾药物，并且吸烟的主要目的是将尼古丁迅速传送到大脑(2)。《精神障碍诊断和统计手册》[D.S.M-IV]将尼古丁相关障碍分类列入可随使用各种形式的烟草发展的依赖[305.10]和戒断[292.0]细类(3)。烟草和尼古丁产生依赖和戒断的效应也已由《疾病和有关健康问题的国际统计分类》[I.C.D-10]确定为“其它和未特指物质的毒性效应”类别[T 65.2]中的一种疾病(4)。

虽然将尼古丁确认为吸烟的主要强化物质(5,6)，并且不含尼古丁的香烟未能经常在市场上取得成功(7)，但是一小部分以上的烟草相关疾病被认为不是由接触尼古丁本身引起的(8)。相反，绝大多数吸烟相关疾病是由可被考虑为尼古丁释放装置的香烟有害气体和颗粒等污染物引起的，并且其在吸烟增强效应方面的特定作用尚未被充分了解。

尽管其毒性，但是烟草制品从普遍适用于食品和药物制品以及消费产品的法规中享有前所未有的自由度(10,11)。但自相矛盾的是，预定帮助吸烟者努力戒烟的纯尼古丁制品(12)需经严格管制，并且需要符合与任何其它药物制剂相同的安全性和产品信息标准(13,14,15,16)。

在香烟设计方面的改变可使吸烟者减少接触烟雾中的有害成份，这在理论上是可能的，但是通过所谓“含量低”的香烟这样做的努力已告失败(2,17)。吸烟者自定尼古丁量，并且吸烟更密或每天吸更多香烟以获得令他们满意的量(9,15,16,17,18)。大多数所谓“含量低”的香烟如此设计，以至在吸烟行为方面的这些改变使尼古丁和其它烟雾成份的释放恢复到类似所谓“浓味”或“含量高”的香烟那样的水平(19)。尼古丁成瘾是驱动这种行为的生物力量(1,2,20)。

在接受对尼古丁采取不干涉作法的同时，关于更为有效的尼古丁管制的建议涉及将香烟中可得的尼古丁减少到不再具有增强效应的程度(6,21)到限制有害颗粒和气相成份(7,22,23,24)。一个共同思路是，如在消费产品与药用尼古丁产品之间，承认有必要创造公平合理的管制环境 (14,25,26)，以及有必要确保未来尼古丁市场不继续由最污染的产品**香烟**占首要地位(27)。

以现有科学为基础，烟草制品管制科学咨询委员会提出下列建议：

1. 从公共卫生角度，目前最有毒的尼古丁释放形式最少受到管制的这种状况是不可接受的。
2. 由于尼古丁与其它烟草成份和排放物相比似乎对一小部分由烟草引起的疾病负责，因而存在着相当大的发展余地，以减少烟草使用者遭遇的风险，而又不损害预防开始使用烟草和在确定的使用者中间促进戒烟的努力。
3. 在缺乏强有力的相反数据的情况下，负责公共政策决定的人员有理由应用保守的假设，即吸烟者对尼古丁量的优先选择在一段时间内是持续的，不受所使用制品改变的影响，并且吸烟者将对含量的减少进行补偿，以维持相对一致的尼古丁量。
4. 需要一个广泛综合的管制框架，使能以把风险减少到最低限度的方式推进控制尼古丁的政策方案。

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