Smokeless tobacco: Lifesaver or ploy?

By SCOTT TOMAR and ALAN BLUM

In their Jan. 12 Commentary piece, Drs. Brad Rodu and Philip Cole laud the recent report on tobacco policy by Britain's Royal College of Physicians because it acknowledged that smokeless tobacco was less hazardous than cigarette smoking. They celebrate the "even bolder statement" in the report that some smokeless tobacco manufacturers may want to market their products "as a 'harm reduction' option for nicotine users, and they may find some support for that in the public health community." However, Rodu and Cole neglect to list the many concerns raised in the British report about this smokeless tobacco marketing strategy, including:

▶ How can the use of smokeless products as a "starter" product for young smokers be minimized?

▶ How can the risk of unintended consequences (such as reduced cessation of tobacco use) be minimized?

▶ And how can smokeless tobacco be promoted as a safer alternative to smoking without promoting tobacco use per se?

Apparently, Rodu and Cole are untroubled by the absence of answers to these questions, or by the lack of evidence that smokeless tobacco is a feasible or effective method of quitting smoking. Nor is there evidence that permitting smokeless tobacco manufacturers to make explicit health claims about their products, as advocated by Rodu and Cole, will reduce the prevalence of cigarette smoking.

To the contrary, available evidence in the United States suggests that people are far more likely to switch from smokeless tobacco use to cigarette smoking than to switch from cigarette smoking to using smokeless tobacco. In fact, U.S. men are more likely to use both cigarettes and smokeless tobacco than to quit smoking completely and switch to smokeless tobacco.

It is possible that smokeless tobacco has actually kept more smokers from quitting than it has helped. And it is unclear to us how ubiquitous advertisements in stores and at major events such as the NASCAR Winston Cup at Talladega extolling the virtues of smokeless tobacco somehow will not reach children and teenagers.

Smokeless to smoke

Although smokeless tobacco is freely available to adults in the United States, we have not seen the widespread adoption of these products by cigarette smokers who want to quit. What we have witnessed over the past 30 years is that aggressive marketing of these products led to their massive uptake by young males, a large proportion of whom subsequently progressed to cigarette smoking.

With the launch of U.S. Smokeless Tobacco Co.'s new product line and marketing strategy in the early 1970s, the prevalence of moist snuff use among 18- to 24-year-old males increased ninefold between 1970 and 1991, from 0.7 percent to 6.2 percent. A recent study using data from the early 1990s found that 40 percent of adolescent and young adult males who used smokeless tobacco regularly but did not smoke were smoking cigarettes four years later.

Rodu and Cole claim that Sweden's low rate of lung cancer provides evidence of successful adoption of a "harm reduction" strategy. However, Sweden has a unique history that largely accounts for that country's lung cancer experience: As a neutral nation, Sweden largely managed to avoid involvement in World War II, a seminal event for the United States and most of Europe. Among the other effects of that devastating war, WWII fueled the largest increase in cigarette consumption in U.S. history, particularly among servicemen. Sweden escaped that experience. The incidence of lung cancer in Sweden and the United States since the 1950s reflects each country's respective history.

Interestingly, lung cancer rates are dropping in many countries that have adopted tobacco control policies but that have negligible use of smokeless tobacco, such as the United Kingdom, where lung cancer rates will equal Sweden's within the next decade.

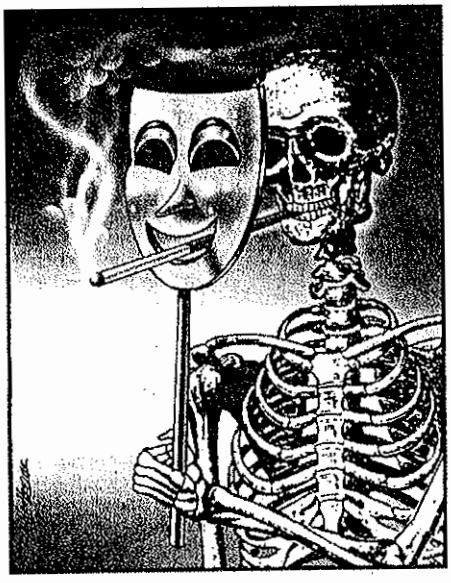
Rodu and Cole also neglect to note that Sweden has instituted many tobacco control policies in the past decade, including clean indoor air policies and restrictions on tobacco advertising, which are largely responsible for that country's recent declines in smoking.

Finally, Rodu and Cole neglect to mention that Swedish studies have found smokeless tobacco plays a very minor role in quitting smoking. Moreover, most of the growth of smokeless tobacco use has been among young people, but most smoking cessation occurs among middle-aged and older persons. Thus, even in Sweden, the role of smokeless tobacco as a means of reducing smoking remains questionable.

So enamored are Rodu and Cole of their idea for reducing the death toll from lung cancer, in spite of the sparse data they have mustered, that they would rather cast their lot with the U.S. Smokeless Tobacco Co., the aggressive marketer of Skoal Bandits at professional rodeos, auto races, fishing tournaments and other sports and cultural events well-attended by adolescents, than with the American Cancer Society, the American Public Health Association and every health department in the United States. Their views largely rejected by the scientific community, Rodu and Cole react by vilifying these groups and deliberately misinterpreting the prevailing anti-smoking strategy as "quit or die." Small wonder, then, why Rodu and Cole have failed to gain the respect of their peers in the field of tobacco control.

The recent push for smokeless tobacco as a means of "harm reduction" for smokers is more a reflection of an industry marketing strategy than a scientifically supported public health strategy. The prevalence of smokeless tobacco use has begun to wane in the United States in recent years, and the major U.S. manufacturers are looking to expand their market. As U.S. Smokeless Tobacco states on its Web site, "To ensure long-term success, we are committed to redefining the category and expanding the marketplace beyond the current five million adult moist smokeless tobacco consumers.

"This means reaching out to the 40 (million) to 50 million adult cigarette smokers, many of whom are looking for alternative forms of tobacco satisfaction." They further describe the development of new products "designed to improve social acceptability among cigarette smokers looking for an alternative option when they are not able to smoke."



'Harm reduction' spin

U.S. Smokeless Tobacco Co., Swedish Match and other smokeless tobacco manufacturers are seeking to overturn the ban on these products in the European Union and expand their market. They view the "harm reduction" spin as the way to accomplish this goal.

Responsible and ethical practice of medicine and public health demands that we base our recommendations on sound science. Many people in the medical and public health communities want to see credible evidence that a suggested treatment actually works before they advise their patients or the broader community to try it. Rodu and Cole label such people "prohibitionists."

The overwhelming majority of the public health community is very skeptical in allowing U.S. Smokeless Tobacco Co. and other tobacco manufacturers to establish health policy while those same companies work behind the scenes to undermine effective tobacco product regulation. Rodu and Cole appear far more trusting of the smokeless tobacco industry and its motives.

Perhaps that trust is the result of the strong financial ties that bind them to the smokeless tobacco industry, including a $1.25 million "unrestricted" grant to the University of Alabama at Birmingham from U.S. Smokeless Tobacco Co. and employment as an expert witness for that company in product liability lawsuits.

Rodu and Cole defend their acceptance of tobacco money by noting on their Web site, "The grantor has no scientific input or other influence regarding the nature of the research products or activities and does not have access to research reports prior to their publication." Whether U.S. Smokeless Tobacco Co. has any input into their research or its publication is irrelevant. Tobacco companies have long used research funding to provide a veneer of respectability to an industry with a long track record of deceit, denial and obfuscation of the adverse health effects of its products, its youth-oriented marketing practices (including free samples) and its backroom subversion of pro-health initiatives and policies.

While we share the concern expressed by Rodu and Cole over the tragic public health impact of smoking, we cannot condone an unregulated experiment on human populations designed by tobacco manufacturers and promoted by their paid supporters.

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