

Blinded by the Light?

The relentless drive by some for a 'tobacco-free' utopia overshadows the simple fact that some tobacco products are far safer than cigarettes

The alluring beacon of a 'tobacco-free' world shines brightly in the eyes of many public health campaigners. One can understand why. Tobacco use, most notably smoking, is associated with 5 million premature deaths worldwide, and the projections are that this number will increase to over 8 million in the decades to come. But such an absolutist vision ignores the potential of an alternative, and arguably much more pragmatic approach that up to now has been relatively untapped when it comes to tobacco. That is, one based on the accepted public health principles of 'harm reduction' as opposed to the often unobtainable ideal of 'harm elimination'. Harm reduction strategies are a common feature of the public health response to many other threats. For example, seatbelts for car occupants, condoms to prevent the spread of sexually-transmitted diseases and needle exchange programmes for drug addicts. Although morally uncomfortable for some, such an approach acknowledges that despite best efforts to prevent them, some risk-taking activities will go on regardless – it's a basic fact of life. And, as some influential public health figures have argued, a harm reduction approach could readily be applied to tobacco use, especially given the consensus that certain types of smokeless tobacco products are in almost all respects vastly safer than cigarettes. The reason for this difference in level of risk is quite simple – use of smokeless tobacco products doesn't involve the consumer inhaling tobacco smoke so it doesn't carry the risks of airway diseases like lung cancer or bronchitis. Even the risks of cardiovascular, and almost every other disease linked to smoking are lower when more modern low-nitrosamine smokeless products are compared to cigarettes.

No-one would disagree that on a personal basis the best ways to reduce the risks of tobacco use are to quit or, better still, not start in the first place. But in many countries quit rates are slowing, even stalling completely. Although smoking prevalence rates may go down further in time, the actual number of smokers may rise because of population growth. Against such a projection, background, even if in only relatively small numbers of inveterate smokers switched from cigarettes to smokeless tobacco products the public health benefit seems fairly obvious. That the market for smokeless products is seen as having the potential for future expansion is well illustrated by industry consolidation in this area. Recent years have also seen the test marketing of novel smokeless tobacco products under cigarette brand names. Providing, of course, these new products don't get into the hands of children or encourage more people to smoke, surely such a strategy should be welcomed, or at least viewed objectively rather than just emotionally. It may be hard for some public health campaigners to admit, but in the current economic climate, if the tobacco industry doesn't spend money on the research and development of safer tobacco products, who will? Especially so given that medicinal nicotine products, while safer still than smokeless tobacco, are nevertheless seen as medicines rather than alternative lifestyle products.

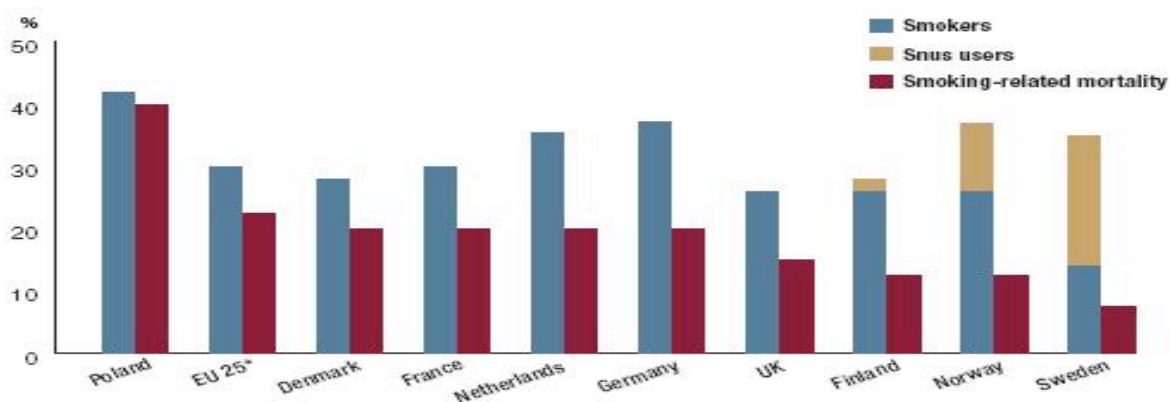
Yet, if the proceedings of the recent 3rd Conference of Parties (COP3) to the WHO Framework Convention on Tobacco Control (FCTC) in Durban are anything to go by, it seems clear that some anti-tobacco activists and pressure groups view the FCTC as being not only a platform for a 'tobacco-free' world but also a 'tobacco-industry-free' world. Bearing in mind the potential of such an eventuality to, if nothing else, drive smokers even further into the hands of black marketeers, one can't help but wonder if this is really what the parties to the FCTC initially signed up

to. But in truth, it reflects the inherent anti-industry stance of the Framework Convention Alliance - the 'watchdog' of the FCTC process, and the thrust of massively increased funding for tobacco control activities provided by both the Bloomberg and Gates Foundations. That's not to say that harm reduction isn't on the radar screen; it is, but in the great scheme of things, it has up to now only registered as a small blip drowned out by a policy agenda still transfixed by an abstinence-only mindset. As an example, the bill in support of FDA regulation of tobacco products passed recently by the US House of Representatives plays little to the concept of harm reduction. Although some may argue otherwise, the barriers for tobacco companies communicating any potential benefits of safer tobacco products, such as smokeless ones, to consumers are set very high. Mind you, if some of the guidelines just voted in at COP3 were rigorously applied, the end result may well be the same worldwide. It's hard to imagine a future scenario in which consumers would seek out new and potentially safer products if they can't learn about them or see them on display. It's also hard to see the justification for denying consumers information about tobacco products other than cigarettes that, whilst not being totally safe (few things in life are), might nevertheless save their lives if using them enabled them to stop smoking as a consequence.

The situation is even more perverse in the European Union (EU), in which more than 500,000 people are estimated to die every year as a direct or indirect consequence of smoking. According to one study, over 200,000 deaths might be avoided in just fifteen EU countries if smoking rates were as low as in Sweden, which is attributed in large part by many observers to the Swedish preference for

smokeless moist snuff (snus) instead of cigarettes (see below).

Most snus users and lowest mortality in Sweden



* EU 25 refers to the 25 EU member states before expansion on January 1, 2007.

The diagram shows the proportion of smokers and snus users among men and the risk of dying in a smoking-related disease. Despite the fact that tobacco consumption is at least as high in Sweden as in other European countries, the risk of being afflicted by a smoking-related fatal disease is significantly lower. Many researchers believe that this is because snus replaces more harmful cigarettes in Sweden.

Yet snus is specifically banned from sale in the EU except in Sweden, which has a general exemption from the ban, and Denmark, which has a partial exemption for a certain type of snus. So even if smokers in the EU knew about snus being safer than cigarettes, the overwhelming majority of them are denied the opportunity to buy it in shops – but at the same time they are free to buy other smokeless tobacco products that are likely much more hazardous. That’s why pressure is mounting for a change in the EU Directive (2001/37/EC) that is at the heart of this European paradox. That’s also why it’s vitally important that the science on smokeless tobacco products in general, and snus in particular, is assessed objectively – the lives of millions of smokers might well depend on it.

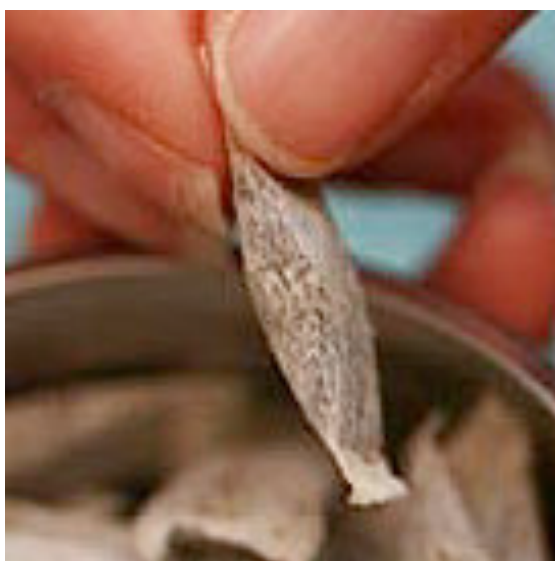
The British Royal College of Physicians (RCP) has long been in the vanguard of encouraging a more progressive view of harm reduction as applied to tobacco. Back in 2002 the RCP stated that ‘As a way of using nicotine, the consumption of non-combustible [smokeless] tobacco is of the order of 10-1,000 less hazardous than

smoking, depending on the product'. In 2002 the RCP also took the view that 'Some smokeless manufacturers may want to market their products as a harm reduction option for nicotine users, and they may find support from that in the public health community'. But to be fair, the RCP is not calling for the specific ban on snus to be overturned; it would prefer a complete overhaul of tobacco and nicotine regulation under one umbrella. At present there doesn't seem much of a political appetite at the EU level for such a bold step. However, scientific evidence and opinion to support some kind of a change in the EU Directive continues to accumulate.

Just recently, in February 2008, on either side of the Atlantic, two publications on smokeless tobacco and its potential in tobacco harm reduction were released almost simultaneously. Both of these publications are deserving of careful consideration as they represent sentinels for a potential change in hard-line attitudes that condemn all forms of tobacco. Firstly, at a prestigious scientific meeting in Portland, Oregon, the 'TobReg' Group of the WHO presented a highly detailed and comprehensive poster on smokeless tobacco. Whilst concluding that 'smokeless tobacco products are all hazardous' the authors of the poster also concluded that 'it is possible that smokeless tobacco products could have a role in reducing tobacco harm'. Admittedly, the authors called for more studies to be done, much of them on addiction potential. But the very fact that two of the co-authors were from the WHO Tobacco Free Initiative (TFI), including the Director of the TFI himself, surely sends a powerful signal that the harm reduction potential of smokeless tobacco products should, at minimum, be more widely considered in the mainstream than it currently is.

Secondly, the long-awaited final report from the EU Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) on the 'Health Effects of

Smokeless Products' was released. Reading only the executive summary one might easily get the impression that the SCENIHR was somewhat dismissive of any role for smokeless products in tobacco harm reduction. But this belies persuasive evidence in the body of the report that snus in particular stands out from other smokeless tobacco products as having a potential role to play.



'Undeniable that for an individual substitution of smoking by the use of moist snuff would decrease the incidence of smoking related diseases'

SCENIHR Report 2008

Indeed, it's hard to get more positive support from a highly respected body such as SCENHIR than their conclusion that it's 'Undeniable that for an individual substitution of tobacco smoking by the use of moist snuff would decrease the incidence of tobacco related diseases' That's not to say that one should dismiss concerns raised about pancreatic cancer, cardiovascular risks, and (more recently) stroke, with snus use, but these need to be kept in perspective when comparing the overall risk of snus use with the far higher risks of smoking cigarettes. It is pertinent, too, that the SCENIHR report makes reference to observational data from Sweden as indicating that snus has been used more often than pharmaceutical nicotine products by some men as an aid to quit smoking. Unfortunately, this important fact doesn't make it through intact to the executive summary. Curious, too, that in what, overall,

is really a quite well-balanced appraisal of the state of the science, that so much is made of societal and cultural differences that might stand in the way of smokers migrating to snus in countries other than those in which it is already sold. Surely, the only way to really find out is to see what happens if the ban on snus were lifted, but perhaps only under carefully controlled conditions, similar to those imposed when a new medicine is introduced for clinical use. However, given its safety margin over cigarettes, if snus were a medicine, one might imagine an outcry if a ban on more widespread sales was subsequently not lifted without good reason.

The passion for ever more comprehensive orthodox tobacco control measures still runs deep in the political arena. Hence no surprise that, in the course of developing a new strategy for tobacco control, the UK Department of Health (DoH) recently carried out a public consultation on, amongst other things, banning vending machines and retail displays. But perhaps the surprise was the DoH signalling, in the same consultation, its readiness to listen also to arguments for a harm-reduction approach for those who could not or would not quit. Not unexpectedly, this drew support for the RCP, who again proposed a regulatory framework that would cover all nicotine-containing products, including smokeless tobacco products like snus. Whether this renewed call for a more holistic regulatory framework will resonate more loudly at this further time of asking remains unclear. But, meanwhile, back across the Atlantic, in a ground-breaking move, the American Association of Public Health Physicians (AAPHP) approved in October 2008 a resolution and white paper in support of the case for tobacco harm reduction. From a public health perspective, the AAHP quite rightly still stands firmly behind the view that children and youth should be advised never to initiate tobacco use and current tobacco users should be advised to quit. However they also believe that for smokers unable or unwilling to

quit, encouraging them to switch to certain smokeless tobacco products would be an effective way for them to reduce their risk of tobacco-related illness and death.

More specifically, this particular medical organisation clearly believes that the science on the lowest-risk smokeless tobacco products, of which snus is clearly one, speaks for itself – surely it's an opportune moment for others, especially those who make decisions in the EU, to listen more closely to what it's actually saying. If not, at the end of the day, smokers risk being kept in the dark, too, unless of course they light up. But isn't that the last thing public health campaigners want them to do?

Adrian Payne: December 2008