

# Position Statement Opposing Use of Smokeless Tobacco as a Less Harmful Cessation Treatment in West Virginia:

*Epidemiological Basis for a Policy Opposing Use of Snus, Smokeless Tobacco as a 'Less Harmful' Tobacco Substitute*

Department of Health and Human Resources\*

West Virginia Bureau for Public Health

Research and Preparation by Division of Tobacco Prevention - Office of Epidemiology and Health Promotion

The West Virginia Department of Health and Human Resources (DHHR) stands stalwartly in opposition of the use of snus and/or smokeless tobacco products in any form as a 'less harmful' tobacco cessation treatment. Recent research shows that approximately 22 percent of West Virginia smokers are poly-tobacco users--- they disclose that they also use smokeless tobacco in situations where they cannot smoke (Adult Tobacco Survey, 2005). This Position Statement was developed because of this finding, and the probability that these individuals are becoming addicted to an additional tobacco product with known oral and gastrointestinal health risks. DHHR concludes that ALL tobacco products are harmful to health and should not be promoted as a safe alternative to smoking or other tobacco use.

## Background Information on Snus:

Several tobacco companies are now promoting the use of a form of tobacco known as *snus*. This form of tobacco traces its origins to Sweden, which is the only country in the European Union where its use is legal. Snus is a version of moist, smokeless tobacco manufactured in small teabag-like pouches, placed in the mouth to use.

The manufacturers of domestic snus are optimistic that some people will view it as a relatively safe substitute for cigarettes—or as a means of maintaining the body's demand for nicotine in circumstances where one cannot smoke, or prefers not to smoke. As is now well documented here in West Virginia, that some people indeed do opt for spit tobacco products in those situations. In the case of snus, it is designed in such a way that its users do not need to spit, which could make the product more attractive to women and youth in school settings.

## DHHR Position on the Use of Snus:

The Centers for Disease Control and Prevention (CDC) concludes that there is no safe form of tobacco. Hence, DHHR strongly opposes the promotion and adoption of any initiative asserting that any form of tobacco is an acceptable substitute for conventional cigarettes, cigars, pipe, or spit tobacco. Furthermore, DHHR finds that advocating "harm reduction" is neither an acceptable nor ethical public health practice. "Harm reduction" is an unproven, purported theory of the tobacco industry based on the notion that using a less deadly form of tobacco to replace smoking is acceptable for adults and children.

## Public health concerns include the following:

- Snus may be viewed as a safe alternative to smoking.
- Snus is potentially a gateway to cigarette and other tobacco smoking.
- Many smokers will continue to use snus and/or smokeless when they cannot smoke, and thus become addicted to an additional tobacco product with known oral and gastrointestinal health risks.
- Some smokers will use snus as a means of smoking cessation, only to find that they are not able to quit snus use. (IE- Forty percent of Swedish snus users want to quit using them, but are unable to do so).

While tobacco companies manufacturing snus and some researchers claim that considerable public health improvement can be attained by this alternative to smoking, the long-term health implications of snus use have not been established. Moreover, the tobacco industry's credibility related to health matters is very suspect. Millions of Americans were deceived into believing that filter cigarettes were not as harmful as unfiltered cigarettes. Then they were deceived into believing that "light" cigarettes were not as harmful as filter cigarettes. The National Cancer Institute (NCI) found in its 2001 Monograph, *Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*, that there is no "benefit to public health from changes in cigarette design and manufacturing over the last fifty years."

It has been argued that Sweden's relatively low smoking prevalence of 14% can be attributed in part to snus use. However, California also enjoys a 14% smoking prevalence, and it has attained this success without snus use.

The prevalence of smoking is much higher among those with lower levels of education and lower incomes - a phenomenon that is primarily due to tobacco industry marketing strategies and fewer educational opportunities. As an entity that addresses tobacco use and prevention among low socioeconomic status populations, the National Network on Tobacco Prevention and Poverty (NNTPP) opposes any products that may burden this population further. Even early research evidence justifies that there can be no support for any application where the use of any form of spit or snus tobacco is purported as less harmful than any other form of tobacco.

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### **Conclusion:**

**It is undeniable that ANY and ALL tobacco use is habituating, addictive, and causes disease!** In view of this fact, DHHR agrees with The Centers for Disease Control and Prevention (CDC), The Institute of Medicine of the National Academy of Sciences (IM-NAS), The National Cancer Institute (NCI), The National Network on Tobacco Prevention and Poverty (NNTPP), The National Institutes of Health (NIH), and Oral Health America, National Spit Tobacco Education Program (NSTEP) and others in recommending that all tobacco use be avoided and discontinued. Several non-tobacco methods have been shown to be proven and effective for quitting cigarettes as well as other tobacco addictions. These methods include medicinal pharmacotherapy such as nicotine replacement therapy (NWT), proven cessation programs, individual and group counseling, and telephone or on-line tobacco cessation quitlines. The total elimination of most all toxins in the regulated, NWT products is clearly preferable to any use of toxin-laden, addicting, disease-causing tobacco products.

**Note: 22.4 percent of the smokeless tobacco users who have enrolled in the cessation services offered by the West Virginia Tobacco Cessation Quitline (utilizing the services mentioned above) have successfully quit!**

The use of all tobacco products, in any form, places West Virginia residents at greater risk for negative health outcomes. In accordance with its mission, DHHR will continue to work with our many public health partners to identify resources and advocate for the elimination of tobacco use, in any form, among the population of West Virginia. DHHR agrees with the IM-NAS' belief that public health policy developers should be mindful of the complications of approaches that appear to promote use of any form of tobacco product because such strategies could undermine prevention and cessation efforts.

**In accord with nationally accepted guidelines and health care standards, and based upon strong scientific evidence, consensus of the medical community, and common accord of both private and public regulatory agency positions, DHHR contends that there is no safe or harmless use for any tobacco product!**

***This position statement of DHHR is based upon solid research and extensive work done by:***

- The Centers for Disease Control and Prevention (CDC), The Institute of Medicine of the National Academy of Sciences (IM-NAS), The National Cancer Institute (NCI), The National Network on Tobacco Prevention and Poverty (NNTPP), The National Institutes of Health (NIH), The American Cancer Society, and Oral Health America, National Spit Tobacco Education Program (NSTEP).

This Position Statement approved by *DHHR Secretary Martha Yeager Walker, 10/18/06.*