

# Tobacco Harm Reduction and Smokeless Tobacco

Good morning, my name is Jim Dillard, Vice President Science and Technology for U.S. Smokeless Tobacco Company. U.S. Smokeless Tobacco Company is a leading producer and marketer of moist smokeless tobacco products including Copenhagen, Skoal, Red Seal, Husky and Rooster. Prior to joining U.S. Smokeless Tobacco Company, I spent 14 years in Public Health at the Food and Drug Administration, so it is a great pleasure to be here today and I would like to thank LSRO and the committee for developing this review to evaluate the science base available to determine whether certain tobacco products are likely to reduce harm. I also applaud the committee for considering smokeless tobacco as a potentially reduced exposure tobacco product.

We see this meeting and review as a legitimate and necessary part of the scientific basis for understanding Potential Reduced Exposure Products and their role in the continuing debate regarding tobacco harm reduction.

As a logical starting point, LSRO and the committee have recognized the work done by the Institute of Medicine and the 2001 report entitled, *Clearing the Smoke: Assessing the Science Base for Tobacco Harm Reduction*. The IOM report recognized the need for a tobacco harm reduction strategy, and defined harm reduction from a product perspective as follows: a product is harm-reducing if it lowers total tobacco-related mortality and morbidity even though use of that product may involve continued exposure to tobacco related toxicants. It is clear from this definition of “harm reduction” that, in the view of the IOM, it is not

necessary to demonstrate that a product is “safe” or “harmless” in order for that product to play a role in tobacco harm reduction. The IOM Report’s focus on the need for further research and demonstration of harm reduction benefits is understandable in the context of a new or novel “cigarette-like” tobacco product.

When it comes to smokeless tobacco, however, some members of the public health community believe that the situation is different. They believe that, based on the evidence available today, smokeless tobacco involves significantly less risk of adverse health effects than cigarette smoking. They further believe that cigarette smokers who do not quit or do not use medicinal nicotine should switch completely to smokeless tobacco. In this regard, since the publication of the report by the IOM, a few recent relevant publications are worth noting.

In December 2002, the Royal College of Physicians issued a landmark report entitled *Protecting Smokers, Saving Lives*, which assessed various issues relating to future tobacco regulation in the United Kingdom. The report recognized that smokeless tobacco would be a key component of any tobacco harm reduction strategy: “...the consumption of non-combustible tobacco is of the order of 10-1,000 times less hazardous than smoking, depending on the product.” The issuance of the Royal College of Physician’s 2002 report is not the first time that the RCP has led the way on tobacco and health issues.

In February 2003, a group of tobacco and health researchers and public health advocates from the United Kingdom, Sweden and Austria published a white paper entitled, *European Union policy on smokeless tobacco. A statement in favor of evidence-based regulation for public health*. The group summarized the “public health case” favoring smokeless tobacco as follows: “For oral

tobacco to play a role in harm reduction it is not necessary to show that it does not cause cancer – it just needs to be substantially less hazardous than smoking. Even allowing for cautious assumptions about the health impact, snus – and other oral tobaccos – are a very substantially less dangerous way to use tobacco than cigarettes. Smokeless tobaccos are not associated with major lung diseases, including [COPD] and lung cancer, which account for more than half of smoking-related deaths in Europe...Smokeless tobacco also produces no environmental tobacco smoke (ETS) and therefore eliminates an important source of disease in non-smokers and children. These are very substantial benefits in reduced risk to anyone that switched from smoking to smokeless tobacco and we believe the public health community has a moral obligation to explore this strategy.” There are numbers other publications as well, that we will be happy to update and provide to the committee for consideration prior to May 15th.

In conclusion, there is support in the public health community for the proposition that there is sufficient evidence that already exists regarding smokeless tobacco as a harm reduction strategy for cigarette smokers. We believe that the committee should consider these views relating to smokeless tobacco as a harm reduction strategy in its deliberations. I would like to thank the committee for inviting us to participate in these proceedings today.