

Position Statement Opposing Use of Any Form of Tobacco As a Less Harmful Cessation Treatment in West Virginia:

Epidemiological Basis for a Policy Opposing Use of Any Form of Tobacco, e-Cigarettes 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 to the use of tobacco products in any form. DHHR interprets that ALL tobacco products are harmful to health, even if some tobacco products might be supposed as less impairing than others.

Recent research shows that significant numbers of West Virginia smokers are also dual tobacco users. These smokers disclose that they additionally use smokeless tobacco in situations where they cannot smoke (WV Adult Tobacco Survey and the 2011 Expert Panel on Dual Tobacco Use in WV). This Position Statement was in part developed because of these findings, and the probability that these individuals are becoming addicted to an additional tobacco product with known cardiovascular, oral and gastrointestinal health risks.

Background Information on Snus:

Several tobacco companies are now promoting and marketing in West Virginia a form of tobacco known as *snus*. This form of tobacco traces its origins to Sweden, 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.

Snus is designed in such a way that its users do not need to spit, so it is marketed as a “socially acceptable” product, which might also make it more attractive to women and to youth in school settings. The manufacturers of 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. It is now well documented in West Virginia that some people indeed do opt for smokeless tobacco products in those situations.

Background Information on electronic cigarettes (and other electronic nicotine delivery devices):

Several tobacco companies are now promoting and marketing in West Virginia various electronic nicotine delivery devices, the most popular of which is an electronic cigarette. Manufacturers of e-cigarettes claim the product is safer, more convenient, and more affordable than current tobacco products. However, the science behind these safety claims is limited, and several studies have shown various public health dangers from these products.

Additionally, the U.S. Food and Drug Administration’s Center for Tobacco Products has yet to take up regulation of these potentially harmful products. Because of the above issues, the West Virginia Division of Tobacco Prevention (DTP) does NOT classify these products as a safe alternative to smoking; nor does DTP consider them an approved, tobacco cessation or a tobacco harm reduction tool. E-cigarettes will continue to keep their users addicted to nicotine.

DHHR Position on the Use of “Less Harmful” Tobacco Products:

The Centers for Disease Control and Prevention (CDC), many other health agencies (see list in conclusion), and *even the tobacco industry itself*, conclude 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.

The term ‘harm reduction’ refers to a strategy that encourages tobacco users who cannot or will not quit to switch to an alternative nicotine-delivery product that is potentially less harmful than the other tobacco product they already use. DHHR finds that advocating “tobacco harm reduction” is neither an acceptable nor ethical public health practice. “Tobacco harm reduction” is a strategy of the tobacco industry designed to enlist the support of public health practitioners. Specifically, they want the public health community help them to increase their tobacco sales by endorsing new forms of tobacco.

Public health concerns regarding snus, electronic cigarettes (etc.) include the following:

- Snus, e-cigarettes may be viewed as a safe alternative to smoking.
- Snus, e-cigarettes are potentially a gateway to regular cigarette and other tobacco use by youth.
- Many smokers will adopt the use of snus, snuff, or e-cigarettes when they cannot or prefer not to smoke.
- Users will become addicted to an additional tobacco product with confirmed and significant health risks.
- Some smokers will use snus, e-cigarettes as a means of smoking cessation, only to find that they are not able to quit snus, e-cigarettes.

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While tobacco companies manufacturing snus and a marginal few in public health 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 has no credibility when it comes to health matters.

Smokeless and snus tobacco remain a major cause of oral cancer, pancreatic cancer, and esophageal cancer. Much of this risk comes from cancer-causing chemicals called nitrosamines and polycyclic aromatic hydrocarbons (PAH). And some snuff products actually deliver more cancer-causing nitrosamines than cigarettes. Independent research of snus tobacco products being sold in West Virginia shows them to contain high levels of nicotine and carcinogens. The analysis showed that snus products are highly addictive, and pose significant health implications. According to the *International Agency for Research on Cancer*, the use of snus raises the user's risk of oral cancer by 80 percent and the risk of esophageal and pancreatic cancer by 60 percent.

The prevalence of tobacco use is much higher among those with lower levels of education and lower incomes - a phenomenon that is largely due to tobacco industry marketing strategies and fewer educational opportunities. As an entity that addresses tobacco use prevention and cessation among low socioeconomic status populations, DHHR opposes use of any tobacco products that may further burden this 'at-risk' population.

Conclusion: The best advice for concerned tobacco users is to quit. It is undeniable that ANY and ALL tobacco and nicotine use is habituating, addictive, and causes disease, therefore all tobacco products should be avoided. The tobacco industry admits that "no tobacco product has been shown to be safe and without risks."

Several non-tobacco methods have been shown to be proven and effective for quitting cigarettes as well as other tobacco addictions. Medicinal nicotine also refers to nicotine replacement therapy (or NRT) that has been available since the 1970's as a therapy for smokers trying to quit. The 2008 updated Guideline for Treating Tobacco Use Dependence states that these (non-tobacco) medications reliably increase smoking abstinence. These NRT products are highly regulated and monitored by the Food and Drug Administration. The total elimination of most all toxins in the FDA regulated, NRT is clearly preferable to any use of toxin-laden, addicting, disease-causing tobacco products.

Note: Thirty-five percent of the 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. **All tobacco and nicotine users should be encouraged to quit.** 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 and e-cigarette use, in any form, among the population of West Virginia. DHHR agrees with our many national partners' 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 (see below),

There is no safe or harmless use for any tobacco product!

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

The Centers for Disease Control and Prevention (CDC), The U.S. Surgeon General's Office (Carmona), The Institute of Medicine of the National Academy of Sciences (IM-NAS), The International Agency for Research on Cancer, The National Cancer Institute (NCI), The Break-Free Alliance, The National Institutes of Health (NIH), The Institute of Medicine at the National Academy of Sciences, The American Cancer Society, The American Lung Association, Oral Health America, the World Health Organization, the National Spit Tobacco Education Program (NSTEP), and the 2011 Expert Panel on Dual Tobacco Use in West Virginia.