

# **House Federal and State Affairs Committee**

## **Kansas Legislature**

Thursday April 26, 2012

Hearing on HR No. 6026

### **Prepared Testimony By:**

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House Federal & State Affairs

Date: 4-26-12

Attachment # 5

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Mr. Chairman and members of the committee, I am a professor of medicine, and I hold an endowed chair in tobacco harm reduction research at the University of Louisville. I am a board-certified oral and maxillofacial pathologist, and I was a faculty member at the University of Alabama Birmingham for 24 years. For the past 18 years, my research has focused on tobacco harm reduction, and I have published many studies in prestigious medical and scientific journals on this subject (1). I urge you to support HR No. 6026, which requests that the Kansas Department of Health and Environment conduct a study regarding tobacco harm reduction.

Despite limited success, the 40-year old American anti-smoking campaign is an astounding failure in one crucial respect: it has helped too few adult smokers to quit. According to the CDC, smoking kills over 400,000 Americans every year, including 3,900 Kansans (2). These smokers were inveterate in the truest sense – they did not quit in time to avoid a deadly illness.

Most Americans understand that nicotine is addictive, but they don't realize that nicotine can be consumed about as safely as caffeine, another addictive drug enjoyed by millions of consumers (3). It is tobacco smoke that kills. Eliminate the smoke, and you eliminate virtually all the risk. This is the essence of harm reduction, which focuses on reducing disease and deaths, instead of eliminating tobacco and nicotine.

Smokeless tobacco has three attributes as a cigarette substitute. First, it delivers nicotine nearly as rapidly and as efficiently as smoking (4). Yes, it is just as addictive as smoking, which is why it is a great substitute. Second, no tobacco product is entirely safe, but, according to a 2002 report from Britain's prestigious Royal College of Physicians, smokeless is "10 to 1000 times less hazardous than smoking." (4) In fact, my

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research shows that smokeless tobacco use is 98% safer than smoking. For perspective, the risk of death from long-term smokeless use is about the same as that from automobile use. Third, there is population-level evidence that smokeless is an effective cigarette substitute. I have published a series of scientific studies proving that smokeless is an effective substitute for cigarettes among Swedish men (5,6,7), who for many years have had the lowest smoking rate and the highest rate of smokeless tobacco use in Europe. In fact, over the past 20 years, men in northern Sweden have had lower rates of smoking than women, a pattern different from that of every other society in the world. Other research from Sweden has confirmed our findings (8,9).

The consequences of the Swedish experience are impressive: Lung cancer – the sentinel disease of smoking – among Swedish men is the lowest of 20 European countries. Not so for Swedish women, whose lung cancer rate ranks fifth highest in Europe. In a 2009 study published in the *Scandinavian Journal of Public Health*, I estimated that 274,000 lives could be saved each year in the European Union if men in all EU countries had the smoking prevalence of Sweden (10).

In 2007, the Royal College of Physicians strongly encouraged governments to seriously consider harm reduction strategies to protect smokers (11). That report, which corroborates my position, "...demonstrates that smokers smoke predominantly for nicotine, that nicotine itself is not especially hazardous, and that if nicotine could be provided in a form that is acceptable and effective as a cigarette substitute, millions of lives could be saved." In other words, smokers need harm reduction, and harm reduction needs effective and acceptable cigarette substitutes.

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Smokeless tobacco use is often portrayed as a potential problem for children, but this allegation is disingenuous. In Kansas, tobacco products are not sold to children. Last year the FDA released inspection results of over 2,000 tobacco retailers in the state; compliance was 99+% (12).

HR 6026 states that “85% of U.S. smokers are unaware that smokeless tobacco products might present less risk than cigarettes.” This misperception is pervasive even among health professionals. I published a study showing that 8 of 10 health professional faculty at my university wrongly believe that oral cancer risk is higher for smokeless tobacco than smoking (13), whereas the risk for smokeless is actually far lower.

I completely agree with the resolution that “The public can only make wise health choices...when they have access to adequate and accurate health risk information regarding tobacco products or other health issues.” Your support of HR No. 6026 will authorize KDHE to collect information on the risks of cigarettes and smoke-free tobacco products and will help state officials decide whether the public is entitled to know and would benefit from awareness of this valuable knowledge.

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#### Acknowledgment

My research is supported by unrestricted grants from tobacco manufacturers to the University of Louisville, and by matching funds from the Commonwealth of Kentucky Research Challenge Trust Fund. The terms of the grants from manufacturers assure that the grantors are unaware of the research projects and related activities, and thus have no scientific input or other influence with respect to design, analysis, interpretation or

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preparation of work products. I have no financial or other personal relationship with regard to any tobacco manufacturer.

#### Notes and References

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