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Don't Throw Smokeless Tobacco Users Under The Bus

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According to Kozlowski and Sweanor (2017), the FDA's \$36 million effort to educate youth and veterans on the dangers of smokeless tobacco (ST) is money wasted: they claim that youth already know ST is dangerous. To the authors, the FDA violates public health ethics by failing to explicate the far greater comparative risk cigarettes pose. Given that 57% youth and 44% of young adult ST users also smoke, they claim that addressing ST's harms amounts to "shutting the barn door after the horse has escaped."

This argument fails to recognize that the FDA spends far more on its anti-smoking campaign than its ST campaign, and ignores the fact that ST use, independent of smoking, causes oral cancer, pancreatic cancer, and cardiovascular disease (US Department of Health and Human Services, 2004, Boffetta et al., 2008). The public deserves education about a product that nearly 80% of users – many of whom live in rural, under-served communities – initiate before their eighteenth birthday and which causes 2,300 oral cancer cases annually (Substance Abuse and Mental Health Services Administration, 2016).

The authors characterize the FDA campaign as emphasizing what the public already knows. The cigarette companies (which now own the major American ST companies) have argued in court that consumers know the risks of smoking in order to blame smokers for tobacco related disease (Milberger et al., 2006). While both youth and adults readily acknowledge ST oral health risks (Liu et al., 2015, Couch et al., 2016), ST users tend to discount these risks as personally unlikely (Helme et al., 2012), often holding unrealistic expectations of the ease of quitting before health consequences occur (Couch et al., 2016). The FDA campaign is needed to counteract these misperceptions. The need for continuous anti-ST campaigns mirrors the need for ongoing anti-smoking campaigns: though people recognize that cigarettes are dangerous, each year millions initiate and continue to smoke. There is causal evidence that such anti-tobacco media campaigns reduce youth smoking (US Department of Health and Human Services, 2012).

While cigarettes are deadlier, this does not diminish the gravity of ST use. Rural male populations with higher rates of ST use than smoking must not be overlooked. The FDA and other public health agencies are already at a major resource disadvantage in comparison to an industry that now invests over a half-billion dollars annually to promote ST products, twice as much as ten years ago (Federal Trade Commission, 2016). Limited public resources should not be used to recast tobacco products with well-established health consequences as acceptable smoking alternatives.

The tobacco harm reduction approach concedes a permanent role in society for tobacco and nicotine. That smoking persists does not mean the "barn door" isn't worth closing, or disease from smokeless is acceptable because smoking is worse. Such a framing is a disservice to those who desire to quit tobacco completely and fails to acknowledge the important risks incurred by the younger, oft-ignored, rural, lower income and less educated groups that are more likely to use ST. True tobacco harm reduction proponents should both strongly back the FDA's proposed rule

to reduce nitrosamines in ST (Food and Drug Administration, 2017), and support eliminating flavored and menthol tobacco products (including fruit, mint and wintergreen flavored ST) that disproportionately appeal to youth.

Author Disclosures

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2. Contributors

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3. Conflict of Interest

All authors declare that they have no conflicts of interest.

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Highlights

- Educating youth and veterans on smokeless tobacco dangers is not money wasted
- While cigarettes are deadlier, smokeless tobacco use causes grave health effects
- The persistence of smoking does not make disease from smokeless acceptable
- True tobacco harm reduction would be reducing nitrosamines and eliminating flavors

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