

Dear Ms. Rabin,

I am writing in regards to your recent article in the New York Times, New Smokeless Tobacco Worries Experts. As an instructor at the school, I would hope that you would be receptive to my comments as your article illustrates either a purposeful introduced bias or an unintentional skewing of the issue through an acceptance of misleading second hand sources or through simply proceeding despite not having sufficient information.

I write as an expert on the issue of tobacco harm reduction, as someone who is working to reduce the amount of death and disease associated with nicotine use, and as someone who thinks that tobacco users have a right to know the true risks of using various products. I also write as someone who has researched and published on the topic of misleading health information being promulgated by authorities through the popular media for political purpose despite the consequence of it resulting in the maintenance of unhealthy behaviours (such as smoking).

If your purpose was to further an anti-tobacco agenda, then there is little I can say but if that is the case then the article should not have been classified as news.

The one crucial piece of information that you need to have is that the use of smokeless tobacco is about 99% less harmful than smoking. Current best evidence (and I am referring to evidence accumulated over decades) indicates that there is no conclusive link between modern Western smokeless tobaccos and oral cancer. On the other hand there is a very well established link between smoking and oral cancer. You will see however more often than not on various health websites, and often from reputable sources, oral cancer being linked with smokeless tobacco but with smoking. The recent exploration into a possible association between pancreatic cancer and smokeless tobacco use fails to mention that it is a much weaker association than that between smoking and pancreatic cancer.

What is not in any dispute is that all tobacco related disease is either eliminated or drastically reduced if a smoker switches to using smokeless tobacco. Though tobacco harm reduction has substantial evidentiary support, it is still actively fought by many anti-tobacco organizations, and ironically, anti-smoking groups. We are hoping that partly with the recent endorsement of tobacco harm reduction by the American Association of Public Health Physicians (which has received no media attention unlike the flurry about fluctuating nicotine levels) that the word will start getting out.

One of the real red herrings in all of this is the suggestion that the European Union banned snus on the grounds of it being carcinogenic. It is true that at that time the evidence was less established than it is now, and was influenced highly by one study that is now considered quite flawed. But they banned the least popular and least harmful means of tobacco use at the time. The place where smokeless tobacco was most popular (in Sweden) was given an exception. If this was a matter of health rather than trade, that exception would have been less likely. If carcinogenicity was the concern, cigarettes would have been banned. The Royal College of Physicians in Britain and other health

observers have argued that this was a big step in the wrong direction and have campaigned for a reversal to give smokers access to snus. This change could result in other countries in the EU seeing their smoking related disease rates fall in the same way they fell in Sweden when that country moved its tobacco using culture from cigarettes to snus.

This may sound as though I am defending or promoting the use of smokeless tobacco. That is not the case. In isolation, I do not care how it fares commercially. However as an alternative for smokers, I believe that if anyone cares about improving the health of this fairly substantial part of the population, this avenue should be encouraged.

Unfortunately, the tone of the article also adds to the unnecessary stigmatization of smokers and other nicotine users. It more than suggests that nicotine users are "getting away" with something. That is a moral rather than a public health stance. If someone is getting around smoking bans by using smokeless tobacco, that is a good thing. The point of smoking bans was to eliminate second hand smoke. More to the point, the idea of a free society is that there is little justification for making someone stop something if it harms no one.

And that brings us back to why I had to respond to this article. This article, using outdated opinions about the nature of a product, discourages someone who might have considered switching. They will continue to engage in an extremely high risk behaviour because they think that they do not have a good alternative, and possibly dying as a result. It does not matter if they switch to smokeless tobacco, or electronic cigarettes, or nicotine replacements of other kinds (they all appear to have similar risks) but that they realize these are all viable alternatives.

As a health journalist, you must be aware of how politically charged any tobacco related issues are, and as a result, you should be checking the evidence behind the statements. Much of what passes for tobacco news is little more than posturing and propaganda which makes fertile ground for some real reporting. I would suggest, given your specialization, that if you are going to spin in any way, spin in the favour of increased awareness of healthier alternatives.

If you would like to follow up on this in any way, or desire either clarification or sources for any of this, feel free to contact me.

Than you for your time,

Paul