

Position Statement on Tobacco – Utah Tobacco Prevention & Control Program & Statewide Partners

There is No Safe Tobacco Product

The Utah Tobacco Prevention and Control Program, with the support of statewide partners, stands in opposition to the use of all tobacco products such as cigarettes and chew as well as emerging products that include snus, dissolvable tobacco and hookah. **Tobacco in *any* form, including those claimed or perceived to be safe alternatives to smoking, is harmful to the health and well being of Utah citizens.** Unapproved nicotine-only products, such as e-cigarettes, have not been properly evaluated for safety, nor does the U.S. Food and Drug Administration (FDA) regulate them. Therefore, based on current information and available research, the Utah TPCP policy is to promote the avoidance of both tobacco and unapproved nicotine products. Tobacco users “should *not* trade one carcinogenic product for another¹...”(U.S. Surgeon General, 2003). The best health advice for tobacco users is to quit.

Background

- The number of smoke-free spaces that limit where smoking can occur is an increasing trend worldwide.
- In response to tobacco free policies, the tobacco industry has created new delivery devices that allow consumers to obtain nicotine without the use of a cigarette such as snus, hookah, dissolvable tobacco and e-cigarettes.
- Tobacco industry marketing to women, youth and other specific target groups continues.
- New products are perceived as “harm reduction” or “reduced risk” products, but are unsubstantiated as such. They are visually attractive, look novel and innovative, increasing the appeal to youth.
- Manufacturers of these new products have no credibility when it comes to health matters, as they have a fiscal incentive in spite of public health consequences.

Health Risks

- The health hazards of tobacco are egregious. Tobacco is harmful in *any* form.
- Nicotine is a highly addictive drug, research suggests even more so than cocaine or heroin.^{2,3}
- Research shows that nicotine by itself raises blood pressure and cholesterol, increasing the likelihood of a heart attack or stroke.^{4,5}
- Exposure to high doses of nicotine can be fatal; the lethal dose for children is just 10mg.⁶ This is especially concerning as the majority of new products have high nicotine content and are attractive to children; they are small, look like candy, have colorful packaging and come in a variety of flavors.
- Even if studies demonstrate that new products can significantly reduce certain toxin levels, we do not know if these exposure reductions mean that harm has been reduced in any meaningful way.⁷

Public Health Concerns

- New tobacco and nicotine products are falsely viewed as a safe substitute for conventional tobacco use.
- The use of these new products is not harm reduction, but rather tobacco or nicotine use maintenance.
- Research shows that reduced risk tobacco product claims undermine adult cessation and youth prevention. Lulled by a false sense of security, consumers may not quit and instead, continue their addiction.⁸
- As smokeless tobacco is not covered by the Family Smoking Prevention and Tobacco Control Act, there is no validation of these reduced risk claims prior to their appearance in the marketplace. New products have avoided the scientific scrutiny that nicotine replacement therapies are required to undergo by the FDA.
- The tobacco industry has not had their products scrutinized and approved as safe alternatives or cessation aids.
- Recent Utah legislation introducing a weight-based tobacco tax on moist snuff essentially makes some of these new products cheaper than ordinary cigarettes. Low cost tobacco products are more easily accessible by youth.

Medicinal Nicotine (Nicotine Replacement Therapy, NRT)

- Effective treatments exist for nicotine dependence that includes the use of medicinal nicotine *approved* by the FDA. Medications such as the nicotine patch and gum are evidence-based and have proven success rates.⁹
- There is no evidence that these products will help smokers quit or prompt them to use other tobacco products less.
- Tobacco users are advised to ask a healthcare provider or a pharmacist for help in identifying an FDA approved nicotine replacement therapy.

The TRUTH™

The simple truth is: cessation is healthy; maintenance is harmful. Eliminating tobacco use prevents disease, unnecessary and expensive health costs and loss of productivity. Substituting one disease-causing agent for another is not a healthy choice and hinders public health efforts aimed at reducing the toll of death and disease caused by tobacco. For evidence-based cessation assistance, tobacco users should be directed to see their health care provider and to call 1-888-567-TRUTH to learn how to quit.

We hereby encourage all citizens of the Great State of Utah to be aware of the potential health ramifications associated with the use of any tobacco products, and declare that there is no safe form of tobacco use.

Name /Title
Bear River Health Department

Name /Title
Davis County Health Department

Name /Title
Weber Morgan Health Department

Name /Title
Salt Lake Valley Health Department

Name /Title
Summit County Health Department

Name /Title
Wasatch County Health Department

Name /Title
Utah County Health Department

Name /Title
Tooele County Health Department

Name /Title
Central Health Department

Name /Title
Southeast Utah Health Department

Name /Title
Southwest Utah Public Health Department

Name /Title
Tri-County Health Department

Name /Title
Utah Department of Health

¹ Carmona, R.H. (2003, June 3) *Can tobacco cure smoking? A review of tobacco harm reduction*. Testimony Before the Subcommittee on Commerce, Trade and Consumer Protection, Committee on Energy and Commerce, United States House of Representatives. Retrieved 8/18/2009 from <http://www.surgeongeneral.gov/news/testimony/tobacco06032003.htm>

² London, William M. (2000, July 1) *How addictive is cigarette smoking?* Retrieved from http://www.acsh.org/healthissues/newsID.644/healthissue_detail.asp

³ *Nicotine Addiction*. (2007, June 19) Retrieved from University of Minnesota, Division of Periodontology web site: <http://www1.umn.edu/period/tobacco/nicaddct.html>

⁴ Meeker-O'Connell. *How Nicotine Works*. (n.d.) Retrieved 7/14/2009 from <http://health.howstuffworks.com/nicotine.htm>

⁵ *Smoking Health Article*. (n.d.) Retrieved 7/14/2009 from <http://healthline.com/galecontent/smoking>

⁶ Indiana Tobacco Prevention and Cessation (2009, May 27). *E-Cigarettes*. Retrieved from <http://www.in.gov/itpc/files/ECigarettes.pdf>

⁷ Hatsukami, D. K., & Zeller, M (2004, April). *Tobacco Harm Reduction: The Need For Research To Inform Policy*. Retrieved from <http://www.apa.org/science/psa/sb-hatsukami.html>

⁸ Shiffman, S, Pillitteri, J L, Burton, S L, Di Marino, M E. *Smoker and ex-smoker reactions to cigarettes claiming reduced risk* Tob Control 2004 13: 78-84

⁹ Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.