

**Through
the**



Looking Glass

A CAGW Special Report

**A New Health Threat:
Federally-Funded Health Policy Based on
Junk Science**

By John E. Frydenlund
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CITIZENS AGAINST GOVERNMENT WASTE

Citizens Against Government Waste (CAGW) is a private, nonprofit, nonpartisan organization dedicated to educating the American public about waste, mismanagement, and inefficiency in the federal government.

CAGW was founded in 1984 by J. Peter Grace and nationally-syndicated columnist Jack Anderson to build support for implementation of the Grace Commission recommendations and other waste-cutting proposals. Since its inception, CAGW has been at the forefront of the fight for efficiency, economy, and accountability in government.

CAGW has more than one million members and supporters nationwide. Since 1986, CAGW and its members have helped save taxpayers more than \$758 billion.

CAGW publishes a quarterly newsletter, *Government Waste Watch*, and produces special reports, and monographs examining government waste and what citizens can do to stop it.

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Executive Summary

This special *Through the Looking Glass* report is a continuation of Citizens Against Government Waste's (CAGW) examination of how federal health policy activities and programs, costing taxpayers billions of dollars annually, have been politicized to the detriment of the public health. While the federal government should administer these programs in a way that benefits all Americans, this does not always happen.

CAGW has examined several cases in the federal government where certain health policies are being determined based upon preconceived agendas, regardless of the facts. This bias has been demonstrated most clearly in the areas of alcohol, tobacco and food. All too often, federal agencies are catering to neo-prohibitionist constituencies that have no interest in finding the truth.

In particular, the Federal Trade Commission and the Department of Health and Human Services, in their administration of The Comprehensive Smokeless Tobacco Health Education Act of 1986, are disseminating misleading and inaccurate information to the public regarding the dangers of smokeless tobacco. In this case, the agencies are dedicated to pleasing activists that are so dedicated to their anti-tobacco "quit or die" agenda that they actively try to prevent the public from receiving any information regarding smokeless tobacco's potential as either a reduced-risk alternative to smoking or a cessation technique.

The report concludes that more smokers would be helped if the federal government used a harm-reduction approach on tobacco. To achieve this objective, it is time to end the taxpayer-financed campaign of disinformation regarding smokeless tobacco. The distortion of the truth on such an alternative to smoking may be causing hundreds of thousands of unnecessary American deaths annually.

Introduction

U.S. citizens pay billions of dollars in taxes annually to fund a wide variety of federal health policy activities and programs. These programs include issuing educational publications for the public, decisions regarding the enforcement of legal mandates, labeling requirements, and prohibitions on certain activities, such as restrictions on advertising or claims that can be made for consumer products.

CAGW believes that the federal government has a responsibility to administer health policies in a manner that accrues to the benefit of all Americans. However, in some instances, the federal health policy community is setting policy based upon a preconceived political agenda, which can sometimes be contrary to the public health. This bias seems to manifest itself most often in the areas of tobacco, food and alcohol.

In the case of both alcohol and tobacco, some federal policymakers cater to a neo-prohibitionist constituency that has a hidden agenda to outlaw the use of these products. In the case of food, policymakers are answering to radical health activists, some of whom believe that virtually all fat and any “unnatural” ingredients should be removed from the human diet, while others argue that only organically grown food is acceptable and therefore oppose the marketing of any genetically modified foods. This “healthy food” constituency, which tends to believe that all food can be neatly divided into “good food” and “bad food,” is further reinforced by animal rights activists that oppose the use of animals for food, clothing or medical research.

When the facts don’t fit their agenda, such groups use fear-mongering and political pressure to stifle any scientific research that undermines their goals. They prefer to utilize jeopardy-style research, which provides an answer and then uses faulty science to “prove” the foregone conclusion and bolster their agendas. Further, in knee-jerk fashion, they denounce any scientific research, regardless of how well-founded and based on scientific fact it may be, that undermines their claims and runs counter to their agendas.

For example, the anti-fat activists prefer to blame obesity on the food industry because it produces some food products with relatively high fat content. They refuse to acknowledge that the healthiest diet includes a well-balanced complement of all food groups, including a certain amount of fat. While the best way to fight obesity would be for individuals to combine an overall healthy-eating lifestyle with exercise, many do not want to accept responsibility for their own health.

Such individuals prefer to blame someone else, including food companies, for their obesity. The anti-fat organizations, in turn, advocate imposing a “fat tax” on those food products that they find objectionable.

Some advocacy groups promote organic foods as being healthier than non-organic foods, although there is a growing body of evidence to demonstrate that there are instances when organic foods actually present a greater relative health risk from deadly

bacteria such as e-coli and salmonella. At the same time that they are busily whitewashing potential health risks from consuming organic foods, such organizations also attempt to scare the public about non-existing dangers from genetically-modified foods, which they often refer to as “frankenfoods.” They completely ignore the unlimited potential that these foods hold for enhancing public health and alleviating hunger and starvation, not only in the U.S., but around the world.

Likewise, as CAGW demonstrated in a 2003 special report, “Underage Drinking Study: Wasteful and Biased,” that analyzed a National Academy of Sciences research paper, the anti-alcohol neo-prohibitionists hide behind a claim that they are only trying to prevent underage drinking, while aiming to restrict all citizens’ access to alcohol products. Further, they refuse to acknowledge well-documented evidence that for much of the public, moderate alcohol consumption provides many health benefits, such as helping to prevent heart attacks.

One of the neo-prohibitionists’ favorite tactics is to advocate higher excise taxes on alcohol, a tactic they also employ with cigarettes and tobacco products. However, many of them are more willing to openly advocate outright prohibition of cigarettes and tobacco products, at least in public places, which they have successfully accomplished in many localities around the country. They are so committed to outlawing all cigarette smoking in public (though less likely to acknowledge this, they probably would like to outlaw private smoking as well) that they believe it is important to demonize all tobacco.

As part of the politically-correct crowd’s anti-tobacco crusade, it is so crucial that tobacco of any sort be demonized that they refuse to accept (or certainly allow such information to see the light of day) that there is any potential to develop beneficial uses for the product. The anti-tobacco groups are so committed to their belief that all tobacco is evil that they further deny the existence of any relative benefit in the use of alternatives, such as smokeless tobacco, to cigarettes.

CAGW believes that this politicization of federally-funded health policies is both a waste of taxpayer money and may also have a potentially adverse impact on the nation’s public health. Americans are being denied potential health benefits that could come from utilizing “harm reduction” strategies which might at least provide relative benefits and would have a better chance of succeeding than does the insistence on the “all or nothing” approach preferred by the activists.

CAGW is continuing a series of special *Through the Looking Glass* reports that will provide case studies covering tobacco, food and alcohol, illustrating the unfortunate politicization of federal health policy and demonstrating how these policies may be harmful to the public health. These are instances in which the squandering of taxpayer money is hurting individuals in many ways, not just in the pocketbook. This report deals with the federal government’s misleading war on smokeless tobacco.

Case Study: The Federal Government’s War on Smokeless Tobacco

The Comprehensive Smokeless Tobacco Health Education Act of 1986

The United States Federal Trade Commission’s (FTC) Bureau of Consumer Protection administers The Comprehensive Smokeless Tobacco Health Education Act of 1986 (hereinafter “the Act”), which requires manufacturers, packagers, and importers of smokeless tobacco products to include health warnings on labels and in advertising. The Act specifies that three warnings must be rotated on all smokeless tobacco products and advertisements other than billboards: “this product may cause mouth cancer;” “this product may cause gum disease and tooth loss;” and, “this product is not a safe alternative to cigarettes.” The Act banned all radio and television advertising for smokeless tobacco products and required that other forms of advertising, such as print ads, carry the health warning.¹

The FTC’s jurisdiction over advertising and marketing claims includes authority over claims for cigarettes, smokeless tobacco, and other tobacco products. The FTC has both administrative and enforcement responsibilities for the health warnings required for smokeless tobacco packaging and advertising.

While the U.S. Health and Human Services Department (HHS) and the Centers for Disease Control and Prevention (CDC) do not have such enforcement powers, the Act does require HHS to establish and carry out a program to inform the public of any dangers to human health resulting from the use of smokeless tobacco products. The Act specified that HHS should develop educational programs and materials and public service announcements respecting the dangers to human health from the use of smokeless tobacco, conduct and support research on the effect of smokeless tobacco on human health, and collect, analyze, and disseminate information and studies on smokeless tobacco and health.²

Anti-Tobacco Launches Lobbying Campaign Against Petition

In February of 2002, a smokeless tobacco manufacturing company submitted to the FTC a request for an advisory opinion on whether smokeless tobacco producers may communicate through advertising that smokeless tobacco products are considered to be a reduced risk alternative to cigarette smoking.

Anti-tobacco zealots immediately launched an intensive campaign, led by the Campaign for Tobacco-Free Kids (Campaign) and Oral Health America (OHA), to reject the petition request. Campaign’s President, Matthew Myers, has not denied that smokeless tobacco is safer than smoking, yet he emphatically opposes allowing companies to advertise the less harmful effects of smokeless tobacco, insisting that

¹ U.S. Code, Title 15, Chapter 70, Section 4402.

² U.S. Code, Title 15, Chapter 70, Section 4401.

advertising is a “slippery slope.”³ Robert Klaus, the president of OHA, which mobilizes opposition to any smokeless tobacco advertising, called the petition “ludicrous and dangerous.”⁴

The well-funded anti-tobacco lobby’s campaign argued that smokeless tobacco was a “gateway drug” that would lure more young people into tobacco use, including cigarette smoking. Myers claimed that the request “would not result in fewer smokers, but more smokeless tobacco users and more addiction, disease and death.”⁵

In August of 2002, the company that had submitted the request for an advisory opinion, expecting that new research might shed more light on how smokeless tobacco was helping to reduce tobacco-related cancer and other diseases in Europe, withdrew the petition.

FTC Bias

On June 3, 2003, at a hearing before the House Energy and Commerce Subcommittee on Commerce, Trade and Consumer Protection, FTC Chairman Timothy J. Muris testified that the FTC “is committed to reviewing advertising for reduced risk tobacco products on a case-by-case basis to try to ensure that the information consumers receive about reduced risk products is truthful and non-misleading.” While Muris stated that “products that could significantly reduce those risks could provide a substantial health benefit,” he went on to say that “at the same time, consumers may be injured if advertisers make harm reduction claims that turn out to be untrue or that exaggerate the benefits of safety of their products.”⁶

Muris’s testimony stressed that, “in the context of advertising or marketing claims for potential reduced risk products, they [the FTC] would consider whether the harm reduction claims were likely to mislead reasonable consumers . . . and the first question they would address is what messages consumers take from the advertising in question . . . and whether consumers might take away from a harm reduction claim the message that the product was not just safer but that it poses no risk or only minimal risk.”⁷

Unfortunately, such FTC statements indicate that the agency is likely to give greater consideration to a potential for consumer misperception than it will to the facts surrounding smokeless tobacco. It also pre-empts any individual decision on such information, in a nanny state fashion.

³ John K. Carlisle, “The Dangerous Anti-Smoking Lobby: How Its ‘Quit-or-Die’ Hostility to All Tobacco Products Harms Public Health,” *Organization Trends*, Capital Research Center, Washington, D.C., July, 2003, p. 2.

⁴ *Ibid.*, p. 3.

⁵ *Ibid.*, p. 6.

⁶ “FTC Testifies at Hearing on Potential Reduced Risk Tobacco Products,” Federal Trade Commission press release, June 3, 2003, (visited July 21, 2004), <<http://www.ftc.gov/opa/2003/06/tmtestimony.htm>>.

⁷ *Idem.*

However, the public interest would be better served if the FTC would make such determinations based upon an honest evaluation of whether the advertising is valid or not. Other avenues exist, such as the myriad of public health information outlets, to ensure that consumers are not confused and that the public understands the relative dangers of smokeless tobacco. There would be endless public service announcements, backed by the well-funded anti-tobacco lobby, providing their version of the dangers of smokeless tobacco.

A Campaign of Disinformation

Rather than fill their role in an appropriately unbiased manner, federal government agencies responsible for informing the public of the effects of using smokeless tobacco have conducted a concerted campaign of disinformation against the product. This disinformation campaign is not only misleading the public about the true relative dangers of smokeless tobacco, but may, in fact be counterproductive to agencies' responsibility to promote the public health. In addition, the anti-tobacco lobby and their allies outside the government help to further disseminate misleading information.

For instance, the FTC requires the warning "this product is not a safe alternative to cigarettes," on smokeless tobacco products and advertising. By doing so, it is the FTC that initiates the relevance of "relative" safety. Then, in fairness, the FTC should allow that topic to be discussed in advertising.

In addition, the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA), both agencies of HHS, have maintained websites which claim that smokeless tobacco is no safer than cigarettes. As reported by Dr. Lynn T. Kozlowski, head of the Department of Biobehavioral Health in the College of Health and Human Development at Penn State University, until June of 2002, the CDC web page for the Surgeon General's Report for Kids about smoking asked the question: "Is smokeless tobacco safer than cigarettes?" – and answered, "NO WAY!" After Dr. Kozlowski pointed out the deceptiveness of this approach, the website was revised to ask "Is smokeless tobacco safe?" and then answered "NO WAY!"⁸

Despite changing the website, however, the CDC's position is still that "there is no safe form of tobacco and that there is no significant evidence that suggests that smokeless is a safer alternative to smoking."⁹ The agency reports to Surgeon General Richard H. Carmona, who told Congress last year that "there is no significant scientific evidence that suggests smokeless tobacco is a safer alternative to cigarettes."¹⁰

⁸ Lynn T. Kozlowski, Ph.D., "Apply Federal Research Rules on Deception to Misleading Health Information: An Example on Smokeless Tobacco and Cigarettes," *Public Health Reports*, Volume 118, May-June 2003, p. 187.

⁹ Valerie Reitman, "Is Smokeless Safer?" *Los Angeles Times*, June 14, 2004, p. F1.

¹⁰ Sally Satel, M.D., "A Smokeless Alternative to Quitting," *The New York Times*, health & fitness commentary, April 6, 2004, p. D5.

In testimony before the House Committee on Government Reform on June 3, 2003, Dr. Kozlowski pointed out that SAMHSA's National Center for Drug Information answered the question of relative safety, "Isn't smokeless tobacco safer to use than cigarettes?" with "No. There is no safe form of tobacco." Although Kozlowski pointed out more than a year ago that the question that is asked is not actually the question that is answered, the website has not yet been changed.¹¹

Another HHS agency, the National Institute on Aging (NIA) provides a publication titled "Smoking: It's never too late to stop," which until recently said "Some people think that smokeless tobacco (chewing tobacco and snuff), pipes and cigars are safer than cigarettes. They are not." This prompted the National Legal and Policy Center (NLPC), an organization dedicated to promoting ethics and accountability in government, to file a formal complaint with the NIA asking that the agency correct this false information.¹² In response to NLPC's "Request for Correction of Information," on June 29, 2004, NIA slightly changed the language to say "Some people think that smokeless tobacco (chewing tobacco and snuff), pipes and cigars *are safe* (emphasis added). They are not."¹³

In late 2003, CDC's Office on Smoking and Health released a study which found that this country's most popular smokeless tobaccos happened to be the ones with the highest nicotine levels. Patricia Richter, co-author of the study, took the opportunity to conclude "consumers need to know that smokeless tobacco products . . . are not safe alternatives to smoking. The amount of nicotine absorbed per dose from using smokeless tobacco is greater than the amount of nicotine absorbed from smoking one cigarette."¹⁴ This sort of comparison certainly implies that smokeless tobacco is more dangerous than cigarettes. However, as Drs. Brad Rodu and Philip Cole, University of Alabama at Birmingham scientists, have pointed out, "smoke is why cigarettes, pipes and cigars are dangerous. Nicotine is addictive, but it is not the source of cancer and other diseases."¹⁵

In fact, there is evidence that nicotine can be beneficial in treating or preventing a wide array of illnesses, such as schizophrenia, attention deficit and hyperactivity disorder (ADHD), Alzheimer's and Parkinson's diseases, ulcerative colitis and Tourette's syndrome. However, the demonization of tobacco is so pervasive that even the scientists who have studied and/or discovered nicotine's beneficial effects are wary that any pro-nicotine comments may be distorted as pro-smoking by the media or those with specific agendas.¹⁶

¹¹ National Clearinghouse for Alcohol and Drug Information, "Tips for Teens, The Truth About Tobacco," (visited June 28, 2004), <<http://www.health.org/govpubs/phd633i/>>.

¹² Ken Boehm, "Smokescreen on Tobacco," *The Washington Times*, April 7, 2004, p. A19.

¹³ Jane E. Shure, Director, Office of Communications and Public Liaison, NIA, in a letter to Ken Boehm, President, NLPA, dated June 29, 2004.

¹⁴ Jacob Sullum, "Lies in the Name of Public Health," *New York Post*, Dec. 27, 2003, p. 18.

¹⁵ Dr. Brad Rodu and Dr. Philip Cole, "Would a Switch from Cigarettes to Smokeless Tobacco Benefit Public Health? — Yes," *Priorities for Health*, (Volume 7, Number 4), a publication of the American Council on Science and Health, 1995, p. 4.

¹⁶ Apoorva Mandavilli, "Nicotine Fix," *Nature Medicine*, July 12, 2004.

The National Cancer Institute, part of another HHS agency, the National Institutes of Health, helps perpetuate the focus on nicotine. Their website claims that “all tobacco, including smokeless tobacco, contains nicotine, which is addictive. The amount of nicotine absorbed from smokeless tobacco is 3 to 4 times the amount delivered by a cigarette. Nicotine is absorbed more slowly from smokeless tobacco than cigarettes, but more nicotine per dose is absorbed from smokeless tobacco than from cigarettes. Also, the nicotine stays in the bloodstream for a longer time.”¹⁷

Even the highly respected Mayo Clinic had a posting on its website which claimed that “smokeless tobacco . . . has health risks just as severe or even more severe as those associated with cigarette smoking.” *Los Angeles Times* reporter Valerie Reitman pointed to this posting as an example of one of the private organizations which has “disseminated outdated information.”¹⁸ Subsequently, the Mayo Clinic changed the website to read “smokeless tobacco . . . has its own health risks.”¹⁹

Smokeless Tobacco Truths

For decades, the federal government has waged a campaign encouraging people to quit smoking. By most measures, it has been a relatively successful campaign, since the percentage of the adult population that smokes declined from 42 percent in 1965 to 25 percent in 2000.²⁰ Despite all of the efforts to discourage smoking, however, the percentage of the American population that smokes has leveled off in recent years, an indication that, following its present strategy, the federal government’s anti-smoking campaign will likely achieve no further reduction in the number of people who smoke. It is unlikely that even enacting a complete prohibition will eliminate smoking.

For these reasons, it is credible to consider a harm-reduction approach on tobacco rather than insisting that the abolition of tobacco use, often referred to as “quit or die,” is the only acceptable strategy. Harm reduction theory would argue that it is sometimes impossible to completely eliminate health risks and in such situations, a different program would be adopted. In the case of tobacco, it would mean that for those individuals that absolutely are unable to quit smoking, they would be most helped by a less harmful alternative.

For some people, at least, smokeless tobacco could be such an option. If the federal government really wants to further reduce the number of smokers, it might make sense to accept the fact that smokeless tobacco could actually help some people to quit smoking. According to Dr. Neal Benowitz, a professor of medicine at the University of California, San Francisco and director of its cancer center’s Tobacco Control Program, “if someone can’t quit smoking, there is no question that smokeless is much safer. It

¹⁷ “Smokeless Tobacco and Cancer: Questions and Answers,” National Cancer Institute, (visited June 17, 2004), <http://cis.nih.gov/fact/3_63.htm>.

¹⁸ Reitman.

¹⁹ Mayo Clinic staff, “Smokeless tobacco: Addictive and harmful,” (visited June 30, 2004), <<http://www.mayoclinic.com/invoke.cfm?id=CA00019>>.

²⁰ Carlisle, p. 1.

doesn't cause heart or lung disease, and if it does cause cancer, it does so at a much lower rate."²¹

Nobody, inside or outside the smokeless tobacco industry, claims that smokeless tobacco is 100 percent safe. However, according to some researchers, "if all of America's 46 million smokers were instead smokeless tobacco users, the number of Americans dying of tobacco-related diseases every year would drop from 419,000 to 6,000."²² Just in case the significance of these raw numbers is not stark enough, this would represent a 98.5 percent reduction in annual tobacco-related deaths.

Many people make the assumption that tar and nicotine are equally responsible harmful elements, a misperception that is not discouraged by official government information campaigns or by anti-smoking advocates. However, Rodu and Cole pointed out that "nicotine is the reason people smoke but not the reason that smokers die."²³ As a result, Rodu has argued that "nicotine should be treated more like caffeine: as an addictive drug that can be used safely."²⁴ Rodu and Cole have noted that "smokeless tobacco does not cause lung cancer, emphysema or other diseases of the lung, and it doesn't pose excessive heart attack risks."²⁵ They also "observed that smokeless tobacco obviously causes no second-hand smoke, which the American Heart Association claims is responsible for 40,000 U.S. deaths each year."²⁶

An Institute of Medicine (IOM) report, which was published in 2001, concluded that smokeless tobacco, particularly as it is used in Sweden and North America, is safer than cigarettes. The report acknowledged that there would be at least 60 percent fewer deaths from the use of smokeless tobacco products than from cigarettes.²⁷ For instance, Sweden's lung cancer rate dropped to the lowest in all of Europe following a massive shift of that country's male population from cigarette smoking to "snus," a Swedish smokeless tobacco product. Forty percent of Swedish males use tobacco in one form or another. Half of them use "snus," while only 15 percent of Swedish males smoke cigarettes.²⁸

Because "snus" produces nicotine levels comparative to smoking, it is particularly appealing as a smoking substitute. According to the journal *Tobacco Control*, "users of snus, which contains low levels of tobacco-specific nitrosamines, a carcinogen, incur a risk of developing oral cancer no greater than nonsmokers."²⁹

²¹ Reitman.

²² Boehm.

²³ Rodu and Cole.

²⁴ Reitman.

²⁵ Carlisle, p. 3.

²⁶ Ibid.

²⁷ Kozlowski, p. 188.

²⁸ Lisa Mullins, interview with Ken Warner, Director, Tobacco Research Network, University of Michigan School of Public Health, *The World*, April 7, 2004.

²⁹ Satel.

A group of researchers from the University of Alabama at Birmingham reviewed dozens of health education brochures on the dangers of smokeless tobacco use, which stated, collectively, that smokeless tobacco use causes not only oral leukoplakia and cancer, but also cancer of the larynx, pharynx, esophagus, stomach, pancreas, lung, breast, prostate, bladder and kidney. In their review of scientific literature to determine whether such claims were substantiated, they concluded that “the evidence is persuasive that smokeless tobacco is a cause only in the case of leukoplakia and certain oral conditions,” but “there is little or no evidence” that smokeless tobacco use causes any of the other cancers.³⁰

Although government websites continue to stress the danger of oral cancer from smokeless tobacco, Rodu has concluded that cigarettes cause more than twice as much oral cancer than does smokeless tobacco. Discussing the SAMHSA website, Dr. Kozlowski pointed out that, in supposedly addressing the question of whether smokeless tobacco is *safer* than cigarettes, the website did not compare the oral cancer effects of smokeless tobacco to cigarettes. Instead, it compared the incidence of oral cancer among smokeless tobacco users to non-users of any form of tobacco.³¹

The IOM report referred to earlier joined the chorus of those that believe smokeless tobacco could provide a “gateway” to much more dangerous cigarette use, specifically concerned about the risk of “adolescent use of smokeless tobacco as a gateway to cigarette smoking.”³²

However, Dr. Kozlowski argues that there is little evidence that smokeless tobacco leads to smoking, pointing out that “the large majority of male smokeless tobacco users in the United States appear to have either used smokeless tobacco only (and to have never smoked) or started smoking before using smokeless,” concluding that “neither group began to smoke as a result of smokeless tobacco use.”³³

Kozlowski also found that more than three-fourths of men from 18 to 34 who used smokeless tobacco never went beyond it to cigarettes or had used cigarettes before using smokeless products. Kozlowski has further argued that while the federal government’s disinformation campaign against smokeless tobacco might actually keep some individuals from using smokeless tobacco, it could also result in people deciding to

³⁰ John W. Waterbor, M.D., Dr.P.H.; Rex M. Adams, V.M.D.; Joshua M. Robinson, B.S.; Forrest G. Crabtree, B.S.; Neil A. Accortt, Ph.D.; and Janice M. Gilliland, Ph.D., “Disparities between Public Health Educational Materials and the Scientific Evidence that Smokeless Tobacco Use Causes Cancer,” presented in part at the 37th Annual Meeting of the American Association for Cancer Education, Little Rock, Arkansas, November 1, 2003, p. 27.

³¹ Kozlowski, p. 188.

³² K. Stratton, P. Shetty, R. Wallace, and S. Bondurant, editors, “Clearing the Smoke: Assessing the Science Base for Tobacco Harm Reduction,” Institute of Medicine, National Academies Press, Washington, D.C., 2001, p. 3.

³³ Lynn T. Kozlowski, testimony before the House Committee on Government Reform, June 3, 2003, p. 2.

“smoke rather than use smokeless tobacco, since trustworthy authorities report them to be equally dangerous.”³⁴

The “gateway” argument is further discredited by factual evidence. A study of Swedish use of smokeless tobacco, done for the European Union, concluded that “evidence from Sweden suggests it [smokeless tobacco] is used as a substitute for smoking and smoking cessation” and that “the gateway is more likely to be an exit from smoking than an entrance.”³⁵

The EU study further showed that while 45 percent of Swedish males who did not use smokeless tobacco eventually became smokers, only 20 percent of those who regularly used smokeless tobacco became smokers. The study also found that twice as many former smokers used smokeless tobacco as a cessation technique than those who used pharmaceutical treatments.³⁶

Conclusion

Ample scientific evidence exists to demonstrate that smokeless tobacco, albeit not 100 percent safe, is a safer alternative to cigarette smoking. The evidence further suggests that a wholesale shift from smoking to smokeless tobacco use could save hundreds of thousands of American lives every year. It has been proven to hold great potential as a cessation technique for the millions of Americans that have been unable to quit smoking. Finally, despite the fears and unfounded claims by many, inside and outside the government, that smokeless tobacco might be a “gateway” to lure more people, particularly adolescents, to smoking, it has also been clearly demonstrated that there is no evidence to support this concern.

The FTC, in its administration of the Act, is supposedly watching to make sure that industry does not make any false or misleading claims in its advertising. However, there is no watchdog agency to make sure that the government itself is telling the truth and not misleading the public in regard to the relative safety of smokeless tobacco.

The FTC does not allow smokeless tobacco companies make any claims regarding the relative health safety benefits that would accrue from switching from smoking cigarettes to using smokeless tobacco. Further, other agencies of the federal government, particularly within HHS and CDC, in a relentless campaign against smokeless tobacco, continue to disseminate information that distorts the truth about smokeless tobacco and misleads the public, to the detriment of the health and well-being of millions of Americans.

³⁴ Kozlowski, “Apply Federal Research Rules on Deception to Misleading Health Information: An Example on Smokeless Tobacco and Cigarettes,” Public Health Reports, May-June 2003, Volume 118, p. 189.

³⁵ Carlisle, pp. 4-5.

³⁶ Ibid., p. 5.

Recommendations

The U.S. Congress should conduct hearings as follows:

- The House Energy and Commerce Committee should conduct hearings on the FTC's administration of the Act to determine whether it is being administered fairly or whether the agency itself is engaged in misleading the public in a harmful manner.
- The Senate Health, Education, Labor and Pensions Committee and the House Energy and Commerce Committee should conduct hearings to examine HHS's administration of the public information responsibilities of the Act, particularly to investigate why HHS, its agencies, and the CDC continue to disseminate misleading and inaccurate information regarding the dangers of smokeless tobacco to the public and why they have failed to conduct the research, as required by law, to determine the relative dangers between smokeless tobacco and cigarettes.
- The Senate Governmental Affairs Committee and the House Government Reform Committee should conduct hearings to determine how much federal money is being used by both federal and state governments to run smoking "quitlines" that are supposed to help people quit smoking, while failing to acknowledge that smokeless tobacco is an effective cessation technique.