
Misplaced marketing

The de-marketing of smokeless tobacco for harm reduction

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Abstract

Purpose – The aim of this paper is to examine the confusion and misperceptions regarding the actual risk involved in smokeless tobacco use as an alternative nicotine delivery option for inveterate smokers.

Design/methodology/approach – The paper cites published research and current government guidelines to demonstrate misinformation on the part of some in the public health community.

Findings – The paper finds that smokeless tobacco is substantially safer than smoking and is a viable choice to increase smoking cessation for those unwilling or unable to quit.

Practical implications – The public is entitled to know the facts about nicotine and the truth about the actual risk levels involved in consuming various forms of tobacco.

Originality/value – Consumers are capable of making an informed choice for themselves regarding the risks of using smokeless tobacco if the truth is communicated to them.

Keywords Tobacco, Cigarettes, Risk management

Paper type Viewpoint

Because of the harmful effects of cigarette smoking, a coalition of well-funded public and private agencies in the USA working toward a reduction in the prevalence of cigarette smoking have succeeded in forcing pervasive health warnings on the products and their advertising and a plethora of intensive quit-smoking programs. Culturally, the national mindset has attained the point of social ostracism for both smokers and the entire tobacco industry. Nevertheless, 45 million Americans continue to smoke, and many continue to die prematurely from smoking-related diseases (Center for Disease Control, 2005). Therefore, all viable options to reduce the harmful effects of smoking should be considered.

While nicotine addiction creates a major hurdle in reducing persistently high levels of cigarette consumption, many people, including health professionals, operate under a misperception that nicotine causes cancer (e.g. Benowitz, 1988; Halpin, 2005). To the contrary, most carcinogenic agents from cigarette use result from the burning process while nicotine itself is not especially dangerous and has been compared to caffeine by some medical researchers (Meister, 2006).

Because fewer than 5 percent of smokers successfully quit each year, innovative approaches to nicotine-replacement provide an effective means of reducing smoking rates in the

USA. While several nicotine replacement options such as gum, lozenges or a patch are commonly used, one of the simplest and most cost effective nicotine-replacement therapies is the use of smokeless tobacco.

The vast majority of scientific evidence suggests that smokeless tobacco is substantially safer than smoking. Some research studies suggest that up to 99 percent reduction in risk associated with smoking might be eliminated with the smokeless tobacco products currently available on the market (e.g. Furberg *et al.*, 2005; Levy *et al.*, 2004; Rodu and Cole, 2004). Swedish research studies indicated that smokeless tobacco products were primarily responsible for a decline in smoking rates among men, from 19 percent in 1986 to 11 percent in 1999, which coincided with a significant decrease in cancers typically associated with smoking (Rodu and Cole, 2004). The available epidemiologic research also indicates a minimal risk for oral cancers, far lower than that found with cigarette consumption (Rodu and Jansson, 2004).

Despite this evidence, some people involved with public health and tobacco control treat all tobacco products as possessing equal risks in their use. Furthermore, Americans are badly misinformed about the risks of smokeless tobacco use, especially in comparison with smoking.

For example, a 2005 survey of 2,028 adult US smokers found that only 10.7 percent correctly believed that smokeless tobacco products are less hazardous than cigarettes (O'Connor *et al.* 2005). Another survey found that 82 percent of US smokers incorrectly believed that chewing tobacco is just as likely to cause cancer as smoking cigarettes (Cummings, 2001). A survey of 36,012 young adults in 1999-2000 found over three-fourths incorrectly believed that switching from cigarettes to smokeless tobacco would not result in any risk reduction. Less

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than 2 percent correctly understood that a large risk reduction would occur by switching from cigarettes to smokeless tobacco (Haddock *et al.*, 2004).

Although it is not known how Americans have become so confused about tobacco risks, it is clear that misinformation about smokeless tobacco products is available in plentiful quantities from presumably reputable sources, including governmental health agencies and health-oriented organizations. Phillips *et al.* (2006, p. 4) have made some of the most pointed comments about this occurrence:

Certain health advocates believe it is acceptable to mislead people into making choices they would not otherwise make ... Through the use of various tactics, advocates who oppose the use of smokeless tobacco as a harm reduction tool have managed to convince most people that the health risk from smokeless tobacco is several orders of magnitude greater than it really is. The primary tactic they use is making false or misleading scientific claims that suggest that all tobacco use is the same ... Apparently motivated by their hatred of all things tobacco, they are trying to convince people to not switch from an extremely unhealthy behavior to an alternative behavior that eliminates almost all of their risk.

Government agencies and other organizations of the public health community have an obligation not to misinform smokers about products that have fewer risks than cigarettes, yet there are numerous cases of misinformation from governmental sources. For example, the Centers for Disease Control and Prevention web sites inaccurately report that smokeless tobacco is not safer than cigarettes. They endanger their reputation as a source of trusted health information by providing messages about smokeless tobacco products that are neither accurate nor credible.

Unquestionably, the public is entitled to know the truth about the actual risk involved in consuming tobacco products. As such, many public health and tobacco policy experts have argued that smokers have a fundamental right to accurate information about less hazardous tobacco products. Only then can smokers make informed choices if they are unable or unwilling to quit tobacco altogether. Therefore, an emphasis should be placed on the informing the public about the facts regarding the risks involved with smokeless tobacco and this information should not be suppressed from consumers (see, for example, Kozlowski, 2002).

A growing number of experts have weighed in on the case for providing smokers relevant risk information and safer tobacco options. Cummings (2002, p. 957) argued for a market approach involving risk information, stating:

Until smokers are given enough information to allow them to choose products because of lower health risks, then the status quo will remain. Capitalism, and not government regulation, has the greatest potential to alter the world-wide epidemic of tobacco-related disease.

More recently, Kozlowski and Edwards (2005, p. ii5) have suggested that smokers deserve more information, declaring:

The “not safe” or “not harmless” messages don’t address the reality that some tobacco products are substantially safer than others ... Saying tobacco “isn’t safe” isn’t incorrect, but it isn’t saying enough. Going beyond the no safe tobacco message to provide better information on the nature of risks from tobacco products and nicotine delivery systems is necessary to respect individual rights to health relevant information.

If the goal is to reduce the harmful effects of smoking and increase smoking cessation, educating the public and health professionals about the true risk of nicotine and about tobacco harm reduction is likely to be effective. Tobacco harm reduction empowers smokers to gain control over the consequences of their nicotine addiction. Hence, the compelling scientific evidence that smokeless tobacco is a

safe and viable alternative to smoking must be disseminated to the public. If the actual risks involved with smokeless tobacco use were effectively communicated to consumers, it would likely have a significant impact on attitudes which could lead to a reduction in smoking behavior and result in an economic benefit to society.

Yet successful implementation of tobacco harm reduction will require reanalyzing conventional tobacco control policies and the underlying assumptions. For example, one often cited concern regarding tobacco harm reduction is the unintended consequence that dissemination of information about less hazardous tobacco products might adversely affect public health if it creates new users. However, research suggests that these fears are unfounded (Kozlowski *et al.*, 2001).

Following recent recommendations by the American Council on Science and Health, the following two proposals merit strong consideration by public policy officials. First, agencies of the federal government and health promotion organizations should discontinue the campaign of misinformation that irresponsibly misrepresents the scientific information about smokeless tobacco products. In its place, an educational program that emphasizes the differential risks of all forms of tobacco use is required. Second, the US Congress should repeal the federally-mandated warning that can be traced back to the 1986 Comprehensive Smokeless Tobacco Education Act, which required as one of three warnings on all smokeless tobacco products: “This product is not a safe alternative to cigarettes.” This warning not only misleads smokers, but it may also send a message to smokeless tobacco users that they might as well continue to smoke.

References

- Benowitz, N.L. (1988), “Pharmacologic aspects of cigarette smoking and nicotine addiction”, *New England Journal of Medicine*, Vol. 319 No. 20, pp. 318-30.
- Center for Disease Control (2005), “Cigarette smoking among adults – United States, 2004”, *Morbidity and Mortality Weekly Report*, Vol. 54, pp. 1121-4.
- Cummings, K.M. (2001), “Informing consumers about the relative health risks of different nicotine delivery products”, paper presented at the National Conference on Tobacco and Health, New Orleans, LA, November.
- Cummings, K.M. (2002), “Can capitalism advance the goals of tobacco control?”, *Addiction*, Vol. 97, pp. 957-8.
- Furberg, H., Bulik, C.M., Lerman, C., Lichtenstein, P., Pedersen, N.L. and Sullivan, P.F. (2005), “Swedish snus associated with smoking initiation or smoking cessation?”, *Tobacco Control*, Vol. 14, pp. 422-4.
- Haddock, C.K., Lando, H., Klesges, R.C., Peterson, A.L. and Scarinci, I.C. (2004), “Modified tobacco use and lifestyle change in risk-reducing beliefs about smoking”, *American Journal of Preventive Medicine*, Vol. 27 No. 1, pp. 35-41.
- Halpin, D. (2005), “Perceived safety of nicotine replacement products among general practitioners in the UK: impact of utilisation”, paper presented at the British Thoracic Society Winter Meeting, London, December 7-9.
- Levy, D.T., Mumford, E.A., Cummings, K.M., Gilpin, E.A., Giovino, G., Hyland, A., Swenor, D. and Warner, K.E. (2004), “The relative risks of a low-nitrosamine smokeless tobacco product compared with smoking cigarettes:

- estimates of a panel of experts”, *Cancer Epidemiology Biomarkers Prevention*, Vol. 13 No. 12, pp. 2035-42.
- Kozlowski, L.T. (2002), “Harm reduction, public health, and human rights: smokers have a right to be informed of significant reduction options”, *Nicotine and Tobacco Research*, Vol. 4, pp. 55-60.
- Kozlowski, L.T. and Edwards, B.Q. (2005), “Not safe is not enough: smokers have a right to know more than there is no safe tobacco product”, *Tobacco Control*, Vol. 14, Supplement II, pp. ii3-ii7.
- Kozlowski, L.T., Strasser, A.A., Giovino, G.A., Erickson, J.A. and Terza, J.V. (2001), “Applying the risk/use equilibrium: use medicinal nicotine now for harm reduction”, *Tobacco Control*, Vol. 10, pp. 201-3.
- Meister, K. (2006), *Helping Smokers Quit: A Role for Smokeless Tobacco*, American Council on Science and Health, New York, NY, October.
- O'Connor, R.J., Hyland, A., Giovino, G., Fong, G.T. and Cummings, K.M. (2005), “Smoker awareness of and beliefs about supposedly less-harmful tobacco products”,

- American Journal of Preventive Medicine*, Vol. 29 No. 2, pp. 85-90.
- Phillips, C.V., Guenzel, B. and Bergen, P. (2006), “Deconstructing anti-harm-reduction metaphors: mortality risk from falls and other traumatic injuries compared to smokeless tobacco use”, *Harm Reduction Journal*, Vol. 3 No. 15, pp. 1-5.
- Rodu, B. and Cole, P. (2004), “The burden of mortality from smoking: comparing Sweden with other countries in the European Union”, *European Journal of Epidemiology*, Vol. 19 No. 2, pp. 129-31.
- Rodu, B. and Jansson, C. (2004), “Smokeless tobacco and oral cancer: a review of the risks and determinants”, *Critical Review of Oral Biological Medicine*, Vol. 15 No. 5, pp. 252-63.

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