

Give Facts A Chance

How a Campaign of Misinformation Deprives American Smokers of Facts They Should Hear About Smokeless Tobacco

By Dr. Brad Rodu

Summary: A growing body of scientific evidence shows that smokeless tobacco products are significantly safer than smoking. But the anti-tobacco movement does not want the public to know about this safer tobacco alternative.

Crusades typically start out by being admirable, proceed to being foolish, and end by being dangerous.” In 1994 Russell Baker used these words in his *New York Times* column to describe the anti-tobacco crusade, and he characterized the holy war against tobacco as entering the dangerous stage. Today the anti-tobacco crusade is even more dangerous than when Baker wrote those words, because it has used its enormous resources to engage in a campaign of zealotry that misinforms smokers about safer tobacco products that could prevent millions of premature deaths.

There are currently 46 million smokers in the United States. According to research from the University of Alabama at Birmingham, about 25 million of them are inveterate, meaning they are so addicted to nicotine that they simply cannot quit. Each year over 400,000 inveterate smokers pay the ultimate price — they die from diseases such as lung cancer, emphysema and heart attacks. And they die much too young, losing about 10 years on average.

Ironically and tragically, despite the sure knowledge that they risk disease and death, and despite the fact that many want to quit, inveterate smokers continue to burn tobacco and consume nicotine by inhaling toxic smoke. These smokers mistakenly believe that they have failed to quit smoking because they just haven’t tried hard enough. But inveterate smokers have failed to quit because they cannot live without nicotine.



Anti-tobacco crusaders, such as the Mayo Clinic, don’t tell the truth about the relative safety benefits of smokeless tobacco.

Nicotine is a powerful drug. It is not only powerfully addictive, it profoundly affects the brain chemistry of smokers in many ways. Nicotine serves as an anti-depressant for smokers, and it gives them a sense of well being; it calms them in tense situations, and helps them concentrate and stay alert when they are fatigued. So nicotine is the reason people smoke, or more correctly the reason many cannot quit. But nicotine is NOT the reason that smokers die prematurely. In fact, nicotine itself is about as safe as caffeine, another addictive drug that is consumed daily by tens of millions of Americans in their coffee, tea and soft drinks.

Conventional quit-smoking strategies fail to help inveterate smokers, largely because they demand what these smokers cannot achieve: nicotine abstinence. Con-

ventional approaches employ a plethora of “coping” mechanisms to fill the enormous behavioral void of nicotine abstinence. For example, a 1993 smoking cessation manual published by the National Cancer Institute entitled “How to Help Your Patients Stop Smoking,” advises physicians to recom-

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mend coping tips such as “Keep your hands busy – doodle, knit, type a letter,” “Cut a drinking straw into cigarette-sized pieces and inhale air,” “Keep a daydream ready to go.” To characterize these “tips” as superficial and silly is to be kind. Such advice has little effect on adult smokers, because they need nicotine.

As a substitute for cigarettes, smokers are encouraged to use nicotine medications. But FDA-approved package directions counsel smokers to use these products only temporarily. Even worse, nicotine pills and patches are expensive and unsatisfying — and they don’t work. A recent review by researchers at the University of Vermont and the University of Pittsburgh revealed that over-the-counter nicotine medications have a success rate of seven percent. The authors of that study characterized this result as “efficacious” and “modest.” More objective observers would likely characterize programs with seven percent “success” rates as abject failures. Try getting into college with seven percent correct answers on your SAT. Try surviving in a job when seven

percent of your projects succeed. It simply won’t happen in the real world. But anti-tobacco crusaders don’t live in the real world. Crusaders are not offering inveterate smokers all possible solutions, which makes them part of the problem.

Smokeless Tobacco: The Facts, Not the Hysteria

Over the past decade our research group at UAB has established the foundation for an alternative quit-smoking strategy that is set in the real world, both scientifically and practically. It’s called harm reduction, and it educates inveterate smokers about permanent nicotine maintenance using products other than cigarettes. It is not tobacco itself, but tobacco *smoke*, with its thousands of toxic agents, that leads to lung and other cancers, heart disease and emphysema. Eliminate the smoke, and you eliminate virtually all of the risk.

The UAB strategy recommends that smokers switch completely to smokeless tobacco products, which are well suited to replace cigarettes because they have four key characteristics. One, they provide satisfying nicotine levels that are similar to those from smoking. Two, smokeless tobacco products are vastly safer than smoking. Our research, which I will detail later in this article, has documented that smokeless products are at least 98 percent safer than cigarettes. Three, modern products are socially acceptable (i.e., they can be used invisibly in any social situation) and are cost-comparable to cigarettes. Four, there is evidence that they help smokers quit. No other products have this combination of features to help a smoker quit now. Information about this program is available on the UAB research web site, www.uab.edu/smokersonly.

There is real world evidence that this type of tobacco substitution works -- and that it has health benefits. The evidence comes from Sweden, where for 50 years men have had the lowest smoking rate and the highest smokeless tobacco usage rate in Europe. The result: rates of lung cancer -- the sentinel disease of smoking -- among Swedish men have been the lowest in Europe for 50 years. Not so for Swedish women, whose lung cancer rate ranks fifth highest in Europe. I lived in Sweden while

conducting research on the Swedish tobacco experience. The research resulted in two published studies with Swedish colleagues that demonstrate that smokeless tobacco was primarily responsible for a decline in smoking among men from 19 percent in the mid 1980s to 11 percent in 1999. In fact, smoking rates among Swedish men were lower than those among women for the entire period. This is the reverse of the pattern seen in virtually every other society in the world, where men invariably have higher smoking rates than those of women.

Smokeless tobacco has dramatically reduced smoking rates in Sweden; the prospect of a similar reduction in the U.S. should bring joy to American anti-smoking advocates. This information should bring joy to American anti-smoking advocates. But no -- many remain hostile to harm reduction and object vehemently to allowing smokeless tobacco manufacturers to tell smokers the truth: that while smokeless products may not be perfectly “safe,” they are substantially less harmful than cigarettes.

How much safer? As noted earlier, our research documents that smokeless tobacco is 98 percent safer than cigarettes. How did we reach that conclusion? Everyone, not least of all smokers, knows about the plethora of adverse health effects of smoking such as lung and other cancers, emphysema and heart disease. In contrast, the only consequential adverse health effect from long-term smokeless tobacco use is mouth cancer. However, more than 20 epidemiologic studies over the past 50 years have established that the mouth cancer risk is very low for smokeless users, surprisingly only about one-third of that for smokers!

By direct comparison, smokeless tobacco use is 98 percent safer than smoking. For further context, compare the risk of long-term (i.e., 40+ years) smokeless tobacco use with another American addiction, automobile use. Both have measurable risks, and they are similar. The risk of using smokeless tobacco (12 deaths in every 100,000 users per year) is about the same as that from using automobiles (15 deaths in every 100,000 users per year). American drivers have many harm-reduction options such as seat belts, airbags and anti-lock brakes. American inveterate

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smokers, who are at far higher risk (at least 600 deaths among every 100,000 smokers) deserve harm reduction alternatives as well.

The Crusade Against Smokeless Tobacco Products

But anti-tobacco extremists reject harm reduction and insist that the only acceptable approach to tobacco use is no use whatsoever. With stable smoking rates, this is an approach cigarette manufacturers can live with. But for more than half of inveterate smokers, it's an approach they will die with.

Tobacco harm reduction faces opposition from a powerful crusade that has waged war -- incorrectly and irresponsibly -- on all tobacco products. The crusade is composed of many groups who profess an overriding interest in public health, including the American Cancer Society, the American Heart Association, the American Lung Association, the American Dental Association, and the Mayo Clinic. These groups have joined forces with the U.S. Surgeon General and well-funded government agencies such as the National Cancer Institute, the Centers for Disease Control and Prevention and the Massachusetts Tobacco Control Program. The crusade is rounded out by prohibitionist proclamations about tobacco from non-medical advocacy groups like the Campaign for Tobacco-Free Kids, the National Spit Tobacco Education Program and the American Legacy Foundation. Crusaders heap disdain on anyone departing from the gospel that all forms of tobacco are equally dangerous, and equally evil. In a desperate attempt to crush all discussion of tobacco harm reduction, the crusade exaggerates or fabricates health risks from smokeless tobacco use, deliberately distorts the composition of the products, and denigrates smokeless tobacco products and users.

Fabricating Health Risks

For years anti-tobacco crusaders have emphasized the dangers of tobacco use. When the spotlight is on smoking, the task is easy because the risks are so high. However, when the subject is much safer smokeless tobacco, anti-tobacco

extremists have been forced to exaggerate, even fabricate, health risks. And they have done so with enthusiasm. Now a new study has challenged the health claims of anti-tobacco activists. Published in the *Journal of Cancer Education* in April 2004, and titled "Disparities Between Public Health Educational Materials and the Scientific Evidence that Smokeless Tobacco Use Causes Cancer," the study was conducted by investigators from the departments of public health, dentistry, psychology and the Cancer Center at the University of Alabama at Birmingham. UAB epidemiology professor John Waterbor and colleagues examined the claims by prominent health organizations that smokeless tobacco use causes numerous health conditions, ranging from bad breath to cancers of the pharynx and larynx, lung, stomach, kidney, esophagus, pancreas, breast, and bladder. They asked a simple question: Are the claims supported by evidence?

Their answer is a resounding "NO!" Brochures from the American Lung Association, the American Cancer Society, the American Academy of Otolaryngology, the American Dental Association, the National Cancer Institute and others exaggerate or fabricate health risks related to smokeless tobacco use.

Here are some of the ridiculous claims, along with the researchers' assessments:

- Smokeless tobacco causes cancer of the pharynx and larynx. (The scientific evidence: no relationship.)
- Smokeless tobacco causes lung cancer. (Scientific evidence: inadequate.)
- Smokeless tobacco causes stomach cancer. (Scientific evidence: not persuasive.)
- Smokeless tobacco causes kidney cancer. (Scientific evidence: no association.)
- Smokeless tobacco causes esophageal cancer. (Scientific evidence: not persuasive.)

- Smokeless tobacco causes pancreatic cancer. (Scientific evidence: inconclusive.)

- Smokeless tobacco causes breast cancer. (Scientific evidence: none.)

- Smokeless tobacco causes bladder cancer. (Scientific evidence: none.)

Ironically, while the UAB study was funded by the National Cancer Institute, that agency's brochures incorrectly claimed that smokeless tobacco causes bad breath and gum disease (Scientific evidence: none)

What is the study's most surprising finding? Virtually all of the four dozen brochures examined by the UAB research team claimed unequivocally that smokeless tobacco use causes oral cancer. The scientific evidence: not decisive. Waterbor and colleagues conclude that, "Many brochures overemphasize the risk of oral cavity cancer, reaching beyond the scientific data."

In fact, the mouth cancer risk from smokeless tobacco use is very low, and probably getting lower. Processing refinements have resulted in modern smokeless products that have exceptionally low levels of natural contaminants, which historically have been associated with mouth cancer development. Swedish manufacturers have led the way in producing low-risk products, and recent studies document that Swedish smokeless tobacco users have minimal or no risk for mouth cancer. The news is good for smokeless tobacco users in the U.S., as American manufacturers are producing low-risk products as well.

These facts can be found in peer-reviewed, published research, available in any medical library. So why did U.S. Surgeon General Richard Carmona claim last year in Congressional testimony that "there is no significant scientific evidence that suggests smokeless tobacco is a safer alternative to cigarettes"? Perhaps he gets his information about tobacco use from these deceptive brochures. Or maybe he is consciously misleading American smokers. Saying that smokeless tobacco is as dangerous as cigarettes sends a callous,

The Mayo Clinic Spreads Misinformation About Smokeless Tobacco

By John K. Carlisle

The Mayo Clinic is one of the most prestigious and affluent medical charitable organizations in the United States. Based in Rochester, Minnesota, its mission “is to provide the best care for every patient every day through integrated clinical practice, education and research.” But despite its many impressive medical achievements, the Mayo Clinic ignores scientific research showing the health benefits that result when smokers switch to smokeless tobacco. Nor does Mayo acknowledge important research conducted in Sweden and West Virginia that shows a correlation between high smokeless tobacco use and lower rates of tobacco-related cancer and diseases. The Mayo Clinic is world-famous because it has pioneered new ways of thinking about medicine and health. However, in its treatment of smoking prevention and cessation, its approach is disappointingly traditional.

History and Organization

Dr. William Morrall Mayo and his sons, William J. and Charles H. Mayo began a “frontier practice” at the turn of the last century that eventually would produce a new type of medical organization. The Mayos established a unique group practice, which in 1914 they named the Mayo Clinic. They hired salaried doctors who specialized in laboratory development, diagnostic skills and other forms of medical expertise. Said Dr. William J. Mayo, “It has become necessary to develop medicine as a cooperative science; the clinician, the specialist, and the laboratory workers united for the good of the patient.” In 1919, the Mayo brothers dissolved their private practice; they transferred the clinic’s name and assets to a private nonprofit called the Mayo Foundation. All its proceeds beyond operating expenses are contributed to education, research and patient care.

The Mayo Clinic has made many valuable contributions to the field of medicine. In 1915, it established the world’s first formal graduate training program for physicians. In 1955, it became a leading center for open-heart surgery, and in 1969 it pio-

neered the first FDA-approved hip replacement in the United States. Today, the Mayo Clinic in Rochester, Minnesota is a 1,626-physician group practice. Another clinic in Jacksonville, Florida employs 316 physicians and one in Scottsdale, Arizona has 332 physicians. Mayo hospitals include the 1,157-bed Saint Mary’s Hospital in Rochester, the Rochester Methodist Hospital, St. Luke’s Hospital in Jacksonville, and the Mayo Clinic Hospital in Phoenix. The Mayo Clinic employs more than 40,000 doctors, scientists, nurses and other health care workers who in 2003 served more than 500,000 patients.

In 2003, the Mayo Clinic reported \$351 million in total research funding. Nearly 132,000 donors contributed private grants and endowments worth \$136 million. In addition, the clinic generated \$4 billion in patient care revenue, netting \$185 million. Its assets are more than \$6 billion.

The renown of the Mayo Clinic has won it many prominent donors and trustees. Donors to the clinic and the Mayo Foundation include the Robert Wood Johnson Foundation — \$513,366 (2001); the Whitaker Foundation — \$237,138 (2001); the Doris Duke Charitable Foundation — \$200,000 (2001); the Ellison Medical Foundation — \$100,000 (2001); the William Randolph Hearst Foundation — \$100,000 (2001); the Annenberg Foundation — \$1,000,000 (2002); the John S. and James L. Knight Foundation — \$50,000 (2002).

The clinic’s Emeritus Public Trustees include former senators Walter Mondale (D-MN) and Howard Baker (R-TN), former Federal Reserve Board chairman Paul Volcker and former First Lady Barbara Bush.

Mayo Clinic Ignores Relative Health Benefits of Smokeless Tobacco

It is, therefore, particularly unfortunate that the Mayo Clinic has chosen to use its prestige, influence and financial resources to misinform the public about the relative health benefits of smokeless tobacco. The clinic even has a website dedicated to smokeless tobacco, which is inaccurately titled: “Smokeless Tobacco:

As Harmful as Cigarettes.” The web site article by Mayo Clinic staff argues that “smokeless tobacco...has health risks just as severe or even more severe as those associated with cigarette smoking.”

In fact, smokeless tobacco products are *less* harmful than cigarettes and other smoking products. A 2002 report issued by the British Royal College of Physicians states, “the consumption of non-combustible tobacco is of the order of 10-1,000 times less hazardous than smoking, depending on the product.” Dr. Brad Rodu and Dr. Philip Cole, scientists at the University of Alabama, Birmingham, have refuted Mayo claims by pointing out that smoke -- not addictive nicotine -- is responsible for most tobacco-related diseases. In 1995, they published a summary of the latest research findings in *Priorities For Health*, the health journal of the American Council on Science and Health. Rodu and Cole noted that smokeless tobacco does not cause lung cancer or emphysema and other lung diseases; it doesn’t pose excessive risk of heart attack; and obviously it produces no second-hand smoke, which the American Heart Association claims is responsible for 40,000 U.S. deaths each year.

Yet Mayo has tried to frighten the public by asserting that smokeless tobacco use leads to “an increased risk of oral cancer.” Its web site observes that oral cancer includes “cancers of the mouth, throat, cheek, gums, lips and tongue. Surgery to remove the cancer from any of these areas can leave the jaw, chin, neck or face disfigured.” However, smokeless tobacco advocates never have argued that smokeless products are harmless. They acknowledge the increased risk of oral cancer. But they say that for those who cannot stop using tobacco it is *safer* to use smokeless tobacco than to smoke.

Unlike Mayo, other medical professionals and scientific organizations take a more responsible approach to the smokeless alternative. In February 2001, a National Academies’ of Science Institute of Medicine report suggested that “smokeless tobacco may be a valid substitute for

cigarette smoking.” Likewise, Dr. John Kalmar, an oral pathologist and clinical associate professor at Ohio State University says, “There is enormous potential for improving public health through increased awareness of the various options available to individuals who currently smoke, including the use of smokeless tobacco products.”

Comments like these take into account the well-documented evidence that widespread use of smokeless tobacco in Sweden has led to significantly reduced instances of tobacco-related diseases. Indeed, Sweden has the lowest level of tobacco-related mortality in the developed world. In February 2003, the European Union issued a statement which unequivocally announced: “Smokeless tobacco is substantially less harmful than smoking.” Dr. Lynn Kozlowski of the Department of Biobehavioral Health at Pennsylvania State University says the evidence from Sweden shows smokeless products can dramatically benefit public health: “Snus (Swedish moist snuff) reduces tobacco harm dramatically in comparison to cigarettes.” Kozlowski adds: “Smokeless tobacco products can be estimated to reduce mortality by at least half, because they do not cause lung cancer or respiratory disease.”

West Virginia Study Refutes Mayo Claims

There is also evidence in the U.S. indicating that extensive smokeless tobacco use correlates with lower rates of tobacco-related disease. In 1998, the Maxillofacial Center for Diagnostics & Research in Morgantown, West Virginia published an article, “Oral Cancer in a Tobacco-Chewing Population -- No Apparent Increased Incidence or Mortality,” that examined West Virginia, the state with the highest per capita consumption of smokeless tobacco. The article was written by Drs. J.E. Bouquot, D.D.S., M.S.D. and R.L. Meckstroth, D.D.S. Dr. Bouquot is the Director of Research at the Maxillofacial Center for Diagnostics & Research. He is also the former Dental Director at the West Virginia Bureau for Public Health. Dr. Meckstroth is a Professor at the Department of Rural and Public Health Dentistry at the West Virginia University

School of Dentistry. Bouquot and Meckstroth hypothesized that cancer rates for West Virginians should be significantly greater than the U.S. average given their heavy use of smokeless tobacco products. About 15.6 percent of adult men in West Virginia use smokeless tobacco, compared to the national average of four percent. Surprisingly, the researchers found that West Virginia’s oral cancer rate is *below* the U.S. average. The cancer rate for the state’s males and females was 13.4 per 100,000 and 5.1 per 100,000 respectively. The U.S. average is 15.4 for men and 5.7 for women.

The study also found 21 states that had lower smokeless tobacco rates than West Virginia but still had higher per capita oral cancer deaths. Most interesting, the District of Columbia reported the highest per capita oral cancer mortality rate -- 12.4 per 100,000. Yet, the District’s smokeless tobacco rate was only 0.5 percent, far below West Virginia’s 15.6 percent rate. Some researchers suggest that other factors -- perhaps alcohol -- play a big role in causing oral cancer.

Bouquot and Meckstroth do not contend that “the spit tobacco habit” does not pose a cancer risk, “but the cancer risk of this habit as practiced by Western populations appears to be considerably less than the risk from other similar habits...such as tobacco smoking.”

But Mayo ignores these scientific findings, warning that smokeless tobacco can lead to “an increased risk of oral cancer” without mentioning the important qualifier that the risk is substantially lower than smoking. The Mayo Clinic’s claim that “smokeless tobacco...has health risks just as severe or even more severe as those associated with cigarette smoking” lacks sound scientific support.

Mayo and Oral Health America: Teaming Up to Spread Tobacco Alarms

To disseminate its distortion of the facts on smokeless tobacco, Mayo is working closely with the nonprofit group Oral Health America whose National Spit Tobacco Education Program (NSTEP) is the source of much misinformation. In 2001, Oral Health America received a three-year \$4,785,803 grant from the Robert Wood Johnson Foundation to fund NSTEP. The

national chairman of NSTEP is baseball celebrity Joe Garagiola, who appears on the Mayo website to denounce smokeless tobacco use. He claims tobacco companies emphasize smokeless tobacco to lure consumers into thinking it safe. Says Garagiola, “Smokeless is a word that tobacco companies use all the time because it whispers harmless...Many people see l-e-s-s and think that spit tobacco is safe...My battle cry is this: Smokeless does not mean harmless.” In truth, tobacco companies have only asked permission to advertise the scientifically-supported position that smokeless products are safer than cigarettes.

Garagiola’s uncompromising attack on smokeless tobacco is typical of the “quit-or-die” approach to tobacco products that Mayo, Oral Health America and other anti-tobacco crusaders have adopted. The Mayo Clinic insists that smokeless tobacco is as dangerous as smoking and it says smokeless users must simply quit: “You can quit using smokeless tobacco gradually or abruptly. But don’t get discouraged if you don’t succeed the first time.”

However, this “quit-or-die” approach simply doesn’t work. Dr. Rodu notes notes in a companion *Organization Trends* article in this issue: “Conventional quit-smoking strategies fail to help inveterate smokers, largely because they demand what these smokers cannot achieve: nicotine abstinence.”

Wanted: A Better Understanding of “Public Health”

Fortunately, many health professionals reject the “quit-or-die” strategy. Ohio State’s Dr. Kalmar says “‘Quit or die’ is not the best we can do.” Open-minded researchers understand that smokeless tobacco can substantially reduce the harm posed by tobacco products. Dr. Stuart Bondurant, professor of internal medicine at the University of North Carolina says, “Harm reduction through risk-reducing tobacco...is feasible.”

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medically misleading message to smokers from America's #1 doctor: "Quit or Die." For the 25 million inveterate smokers who simply cannot quit, it is a prescription for premature death.

Dr. Carmona and the cited health organizations are tobacco extremists. They control the nation's tobacco dialog and they ignore the fact that the "Quit or Die" approach simply doesn't work for millions of smokers. These health groups coldly reject modern tobacco harm reduction alternatives, no matter how strong the data. They transform every such discussion into a crusade against tobacco initiation among children and other non-users, a tactic carried to extreme lengths by the Campaign for Tobacco-Free Kids. Eliminating children's access to tobacco is a worthy and honorable goal, but the 10 million Americans who will die from smoking-related diseases over the next two decades are not now children. They are adults. And they have a right to accurate and lifesaving information about satisfying and safer tobacco products.

But instead of getting that information, they get exaggerations and fabrications from people who ought to know better. In fact, the misinformation can actually encourage behavior that increases risk, as illustrated in a web page about smokeless tobacco from the Mayo Clinic. Here is the introduction (bold emphasis added):

Smokeless Tobacco: As Harmful as Cigarettes

By Mayo Clinic Staff

*Have you switched to smokeless tobacco to get around smoking bans in restaurants, public buildings or the workplace? Have you switched thinking you were choosing a harmless alternative to cigarettes? If you answered yes to either of these questions, you might be surprised to learn that **smokeless tobacco, also called spit tobacco, has health risks just as severe or even more severe as those associated with cigarette smoking.***

This Mayo Clinic web page is reaching out to former smokers who have already quit smoking by switching to smokeless tobacco, either because of public smoking bans, or because of health reasons, and it is telling them that smokeless tobacco is more dangerous than cigarettes. But the facts don't support the assertion on the web site of this prestigious medical institution (www.mayoclinic.com) which promises "reliable information for a healthier life." Were it only so. Mayo Clinic staff should know better.

The exaggeration and fabrication of risks from smokeless tobacco use are necessary if the anti-tobacco crusade is to succeed in suppressing the established fact that smokeless is 98 percent safer than cigarettes. Even when admitting that smokeless tobacco is safer, crusaders use deceptive tactics that minimize the differential risks. During a 1994 debate with me on *Good Morning America*, Gregory Connolly, then director of the Massachusetts Tobacco Control Program, trivialized tobacco use by comparing it to jumping from tall buildings. He said that switching from cigarettes to smokeless tobacco is "like jumping from a third floor versus the tenth floor." Connolly has spent his career railing against smokeless tobacco products. He should have spent more time studying them. He would have learned that, compared with smoking, using smokeless tobacco is like jumping from the second step -- above ground level. Connolly should know better.

American Legacy Foundation Doesn't Tell the Truth About Smokeless Tobacco

Another organization playing foot-loose with the facts is the American Legacy Foundation, which was established by the 1998 Master Settlement between states' attorneys general and major tobacco manufacturers. The foundation has received an astounding \$1.5 billion over the past five years, and it has in turn given away over \$150 million in research grants, presumably to help build "a world where young people reject tobacco and everyone can quit," according to their motto. But everyone can't quit, and the American Legacy Foundation apparently feels obligated to distort the statistics on smokeless tobacco

risks for those smokers considering a switch. Dr. Cheryl Heaton, president of the organization, appeared last year at a symposium sponsored by the National Center on Addiction and Substance Abuse at Columbia University, "Up in Smoke: The Future of American Tobacco Policy." During an exchange about tobacco harm reduction and smokeless tobacco, Heaton stated, "Nine thousand people a year die due to [mouth cancer from] smokeless [tobacco use], and that's about double the number that die from cervical cancer."

Let's look at the facts. The National Center for Health Statistics reports that there are 3,200 deaths from mouth cancer in the U.S. each year, and there are 4,100 deaths from cervical cancer. So mouth cancer killed fewer Americans than cervical cancer, not twice as many. But Heaton's misinformation about smokeless tobacco is even greater, because she implies that smokeless tobacco causes all mouth cancer in the U.S. Numerous epidemiologic studies have shown that smoking and/or alcohol abuse are responsible for about 90 percent of mouth cancer, and that the cause is unknown for about 5 percent. That leaves only about 5 percent that are even possibly related to smokeless tobacco use. Do the math and you come up with a grand total of 160 deaths. That's about 2 percent of the 9,000 deaths claimed by Heaton. She should know better.

Distorting Smokeless Tobacco Products

Not content with fabricating health risks of smokeless tobacco use, anti-tobacco crusaders have created the illusion that smokeless tobacco products are a mix of deadly chemicals. In fact, some web pages even suggest that these chemicals are "ingredients" in consumer products, as if the manufacturers were trying to poison their customers. For example, a National Cancer Institute web page is entitled "Name Your Poison." And take a look at this description from the American Academy of Otolaryngology-Head and Neck Surgery (bold emphasis added):

What's in Spit Tobacco

Chemicals. Keep in mind that the spit tobacco you or your friends

are putting into your mouths contains many chemicals that can have a harmful effect on your health. Here are a few of the ingredients found in spit tobacco.

Polonium 210 (nuclear waste)

N-Nitrosamines (cancer-causing)

Formaldehyde (embalming fluid)

Nicotine (addictive drug)

Cadmium (used in car batteries)

Cyanide

Arsenic

Benzene

Lead (nerve poison)

Let's do some fact checking. Do smokeless tobacco manufacturers really add nuclear waste, embalming fluid, car battery chemicals, cyanide, arsenic, benzene and lead to their products? Of course not! What the crusaders are not telling smokeless tobacco users is that all of these "ingredients" are really natural contaminants found in most of the foods we eat. And they are present in tobacco, as in the foods we consume, in tiny concentrations. For example, polonium-210 is found everywhere in the environment, the air, the soil and in rain droplets, from which it is picked up by plants and distributed to seeds, berries or fruits. Formaldehyde is a natural product in most plants and even in humans. It is present in red meat and chicken, fruits and vegetables, and it is always present in the blood of both tobacco users and non-tobacco users. The same can be said for most of the other "ingredients" on that list. Want to avoid these poisons altogether? Better stop eating. Despite what the crusaders would tell you, smokeless tobacco users don't have any greater exposure to these trace contaminants than anyone else.

There is one other point worth mentioning. Note that cadmium is described as

"used in car batteries." This is the precise wording found in many anti-tobacco brochures and web sites. And it's completely wrong. Manufacturers of car batteries have never used cadmium. Apparently this myth appeared in one anti-tobacco publication, and it sounded so good that it was copied over and over without any critical appraisal. Critical appraisal within -- and of -- the anti-tobacco movement is long overdue.

Denigrating Smokeless Tobacco Users

Anti-tobacco crusaders, in their zeal to attack the smokeless tobacco industry, don't stop at false science. They also resort to pejorative words and phraseology. For example, they use the derogatory term "spit" to describe smokeless tobacco products and, by extension, smokeless tobacco users. The demeaning term started appearing in the professional medical literature about 10 years ago, and it appears frequently in articles by anti-tobacco extremists at the Mayo Clinic and the University of California at San Francisco.

The use of the term "spit" tobacco by medical organizations and health professionals is, well, unprofessional, for several reasons. First, while it is meant to demean the products, it undeniably denigrates smokeless tobacco users. As we have discussed, nicotine is powerfully addictive. Were Mayo Clinic staff serious about helping smokeless tobacco users when they published their report "Bupropion for the treatment of nicotine dependence in spit tobacco users" in 2002? They should know better.

Anti-tobacco crusaders at the Mayo Clinic apparently reserve derogatory terms only for users of smokeless tobacco. There are articles about smoking in the medical literature by Mayo Clinic staff, but none of cigarette smokers as "smokestacks." In fact, "spit" tobacco may occupy a unique position in the annals of published medical research, which does not generally use derogatory descriptive terms. For example, medical research articles about alcoholism generally do not label people with this disorder as "alkies," "boozers," "winos," or "drunks."

Extremists who use the term "spit" tobacco are more than inappropriate, they

are completely out of touch with smokeless tobacco product development. Modern products are about the size of small breath mints (think "Tic-Tac"), and can be used invisibly; several manufacturers offer products that can be used in any social situation. No tobacco juices are produced when these products are used, so spitting is as unnecessary as the derogatory terminology.

But what is necessary is greater accountability for the anti-tobacco movement. The tobacco industry has been under scrutiny for 50 years -- and rightfully so. Now, moderate and reasonable public health experts, as well as policy-makers and the public at large, should scrutinize the anti-tobacco crusade and its failed policies and practices. It is past time for those policies and practices to change.

Conclusion

George Santayana wrote that "fanaticism consists of redoubling your effort when you have forgotten your aim." His words perfectly describe the modern anti-tobacco crusade and its irrational zealotry. The health community's original aim, to help smokers live longer and healthier lives, was and continues to be a matter of life and death for 46 million Americans. But fanatical anti-tobacco crusaders are undercutting that admirable goal, spewing misinformation and denying smokers life-saving facts about safer and satisfying tobacco products. The fanatics should know better. Inveterate smokers deserve better.

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