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Quitting isn't that easy

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Dear Sen. Obama,

I viewed with great interest your recent comments about your struggle to quit smoking. As a professor of medicine with a long-term research program focused on tobacco use and its consequences, I strongly believe that your discomfort is entirely unnecessary; your dependency on cigarettes can readily be resolved.

First, understand that you are not alone. Some 25 million adult Americans are inveterate smokers—that's about 50 percent of all who smoke. They are unable or unwilling to stop using tobacco and nicotine. For them, conventional quit-smoking tactics, which require abstinence, simply don't work. A growing number of public health experts—including Britain's Royal College of Physicians, one of the world's oldest and most prestigious medical societies—believe inveterate smokers could benefit from alternative tobacco products that are effective quit-smoking aids and vastly safer substitutes for cigarettes.

The Royal College has observed that "smokers smoke predominantly for nicotine" and "nicotine itself is not especially hazardous." You probably appreciate that nicotine is among the most powerful of addictive substances. But nicotine doesn't cause any smoking-related disease. In fact, nicotine is about as safe as caffeine, another addictive drug consumed safely by millions of Americans.

Research and consumer experience show that smokers can obtain satisfying doses of nicotine from smoke-free (and spit-free) tobacco products. Available as small packets or pellets of tobacco that are placed inside the upper lip, modern smokeless tobacco products can be used invisibly in all social settings, including stressful press conferences.

Most important, smokeless tobacco products are 98 percent safer than smoking. While no tobacco product is completely safe, the majority of cigarette smokers are routinely misinformed—by government agencies and by anti-tobacco extremists—about the relative safety of smokeless products. Unlike cigarettes, smokeless does not cause lung cancer, heart disease or emphysema. Smokers rightfully worry about mouth cancer, but they should take comfort in the fact that the risk for mouth cancer with smokeless is far lower than it is with cigarettes.

Statistically, smokeless users have about the same risk of dying from mouth cancer as automobile users have of dying in a car wreck.

In fact, switching from cigarettes to smokeless provides almost all of the health benefits of complete tobacco abstinence.

Substituting satisfying and vastly safer sources of nicotine for cigarettes is called "tobacco harm reduction." Tobacco harm reduction has worked in Sweden, where men have smoked less and used more smokeless tobacco over the past century than in any other Western country. The result: Swedish men have the lowest rates of lung cancer—indeed, of all tobacco-related deaths—in the developed world.

A colleague and I recently published research, based on an analysis of the federal government's National Health Interview Survey, documenting that tobacco harm reduction has also worked for American smokers.

The Royal College characterized harm reduction as "a fundamental component of many aspects of medicine and, indeed, everyday life, yet for some reason effective harm reduction principles have not been applied to tobacco smoking." It concluded, "If nicotine could be provided in a form that is acceptable and effective as a cigarette substitute, millions of lives could be saved."

Senator, your genuine desire to quit tobacco altogether is commendable.

But if you find this goal unachievable, like millions of inveterate smokers, I urge you to switch to smokeless tobacco for your physical and emotional well-being. In doing so, you can provide inspiration for American smokers, and you can effect a profound positive change in the nation's public health. Yes, you can.

Sincerely,

Brad Rodu,

professor of medicine,

University of Louisville