

# Presentation to LSRO Differentiating Tobacco Risks Committee

October 3, 2007

#### Moist Smokeless Tobacco

- Sales of moist smokeless tobacco in the US has continued to accelerate
  - Category Growth Rate 7.2%\*
  - Number of adult consumers who use moist smokeless tobacco is estimated to have risen from 4.7 million in 2001 to 6.1 million in 2006

# U.S. Smokeless Tobacco Company



- Copenhagen and Skoal each account for more than \$1 billion at retail
- Copenhagen, our flagship brand, was introduced in 1822 and is one of America's oldest trademarks
- Skoal was introduced in 1934



- General agreement in the public health literature that cigarette smoking is substantially more dangerous than the use of smokeless tobacco
- According to public health officials, adult smokers are misinformed about comparative health risks
- Current debate is whether tobacco harm reduction information can be communicated responsibly without causing unintended population effects
- Mechanisms currently exist that could minimize possible effects, including: AOFs, age-verified internet sites and age-verified direct mail

#### What Is Tobacco Harm Reduction?

- Reduction vs. complete elimination of health consequences of tobacco use
- Acknowledgment that some smokers will not stop using tobacco and will not use a medicinal nicotine product
- Alternative to "quit or die" approach
- Exploration of non-traditional methods of reducing harm (e.g., smokeless tobacco)

#### What Is Tobacco Harm Reduction?

"The Debate"

- Originally focused on whether smokeless tobacco was a reduced-risk tobacco product to cigarettes
- Currently focused on communication

#### The Tobacco Harm Reduction Debate

- The debate is no longer about whether smokeless tobacco is a reduced-risk tobacco product
  - The scientific literature reflects general acceptance that cigarette smoking is substantially more dangerous to an individual's health than the use of smokeless tobacco
  - A number of tobacco harm reduction proponents suggest that adult cigarette smokers who do not quit or use medicinal nicotine products should switch completely to smokeless tobacco

#### The Tobacco Harm Reduction Debate

- What is the debate about?
  - Whether to communicate to adult smokers the comparative risks of cigarettes and smokeless tobacco.
  - Should adult cigarette smokers who do not quit and do not use medicinal nicotine products be encouraged to switch completely to smokeless tobacco?

# Communicating Comparative Risk Information

- Why should accurate and relevant comparative risk information be communicated?
  - Because tobacco harm reductionists indicate that adult cigarette smokers are misinformed about the comparative risks of cigarettes and smokeless tobacco
    - Most adult cigarette smokers do not differentiate between smokeless tobacco and cigarettes with regard to health risks

# Communicating Comparative Risk Information

- Why shouldn't accurate and relevant comparative risk information be communicated?
  - Concerns about possible unintended population effects, including:
    - "Initiation"
    - "Gateway"

## Adult Cigarette Smokers Are Misinformed

- Dr. Michael Cummings 2004 Scientific Conference
  - Data from a nationally representative sample of over 1,000 U.S. adult smokers
  - 82% believed that "chewing tobacco is just as likely to cause cancer as smoking cigarettes"
- Haddock, et al. (2004)
  - Survey of 36,000 U.S. Air Force recruits; 32% were current smokers
  - 75.5% of male and 82.1% of female current smokers believed switching to smokeless tobacco would result in "no risk reduction"

## Adult Cigarette Smokers Are Misinformed

- O'Connor, et al. (2005)
  - Survey data from a population of 2,028 adult cigarette smokers in the United States
  - 82% of smokers were aware of smokeless tobacco products
  - Only 10.7% believed that smokeless tobacco products were less harmful than cigarettes
  - 82.9% disagreed with the statement that smokeless tobacco products were less harmful than cigarettes

# Communicating Comparative Risk Information

- Right to know
- Responsible communications with tobacco interested adults, especially current adult smokers

# Right To Know

- There is significant support in the scientific and public health communities for providing adult cigarette smokers with accurate and relevant information regarding the comparative health risks of cigarettes and smokeless tobacco
- Providing comparative risk information to adult cigarette smokers will assist informed decision-making

# Right To Know

#### • Dr. Michael Cummings (2002)

- "Until smokers are given enough information to allow them to choose products because of lower health risks, then the status quo will remain."
- Professor Lynn Kozlowski (2005)
  - "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."

# Right To Know

#### American Council on Science and Health (2006)

- "People need to be fully informed about the relative risks of cigarette smoking and smokeless tobacco use in order to make sound decisions about the use of tobacco products."
- Gartner, et al. (2007)
  - "Smokers have an ethical right to be accurately informed by public health officials about THR [tobacco harm reduction] products. It is paternalistic to deny smokers this information for fear that population nicotine use may increase."

- Concern: Possible unintended population effects, including:
  - "Initiation"
    - Could cause adult non-tobacco consumers to use tobacco products when they otherwise would not have done so
    - Could contribute to the use of tobacco by minors
  - "Gateway"
    - smokeless tobacco may cause some people to take up cigarette smoking when they otherwise would not have done so

- Burns 2003 Congressional Hearing Statement
  - "The rate at which adults are willing to switch is important for calculating the net effect for harm reduction of marketing oral tobacco products because of the likely effects of marketing on those not yet using any tobacco product. As a new product is introduced, or an existing tobacco product is marketed as offering less risk for the smoker who is unwilling to quit, the initiation of use of that product among adolescents may increase."

- Hatsukami, et al. (2004)
  - "Aggressive marketing of smokeless tobacco as less risky than cigarettes may not necessarily lead to reduced total tobacco use but increased use, especially newly initiated use."
  - "[S]mokeless tobacco use may be a gateway to using cigarettes. Whereas few smokers switch to smokeless tobacco, a greater number of smokeless tobacco users switch to cigarettes, a more deadly product."

#### • Hall (2005)

 "Opponents argue that any reduction in health risks from THR [tobacco harm reduction] will be outweighed by adverse effects on public health because these products will deter smokers from quitting, encourage former smokers to resume use, and increase rates of smoking among adolescents by serving as a 'gateway' to smoking."

#### • Henley (2006)

 "We appreciate this opportunity to reemphasize that while spit tobacco is less lethal than active smoking, no evidence has established that spit tobacco is as or more effective than standard nicotine replacement in helping smokers quit. Additionally no evidence exists that allowing tobacco companies to market spit tobacco with implied health claims will decrease, rather than increase, the number of tobacco users and the disease burden caused by tobacco."

## Focused Communications On Comparative Risk

- Mechanisms exist to minimize possible unintended population effects by focusing comparative health risk information on tobacco interested adults, especially current adult smokers, including:
  - Adult-Only Facilities ("AOFs")
  - Age-Verified Internet Sites
  - Age-Verified Direct Mail

### Focused Communications On Comparative Risk: AOFs

- AOFs governed by 1998 Smokeless Tobacco Master Settlement Agreement and 2002 Memorandum of Understanding ("STMSA")
- AOFs are adult-only venues where an array of activities can occur, including:
  - Education
  - Product demonstrations
  - Sampling
  - Data collection

### Focused Communications On Comparative Risk: AOFs

- Comprehensive Restrictions Under the STMSA
  - Limited to adults through strict age-verification
  - Opaque barriers (at least 6 feet high) enclosing AOF activities
  - Restrictions on external signage

#### **USSTC's Informational Video re AOFs**

## How Do AOFs Minimize Possible Unintended Population Effects?

- Limiting access to tobacco interested adults, especially current adult smokers, addresses:
  - "Initiation"
  - "Gateway" issues
  - Use of tobacco by minors

Focused Communications On Comparative Risk: Age-Verified Internet Sites

Technology could limit communications:

- Internal age-verification methods
- Passwords
- Third-party age-restriction filtering





#### Sign Up for Access to FreshCope.com

OF

Please select from the following options to enter the site: Registered Visitor? Log in Here.

#### Did you receive a mailing from us?

If so, please verify your date of birth, and enter your ID number from the mailing (it's the 10 digit number found above your name on the address label).

Date of Birth:

ID Number (10-digit ID):

🕢 SUBMIT

Didn't receive a mailing? Verify that you're an adult and sign up for our mailing list now.

✓ VERIFY YOUR AGE

Questions about verifying your age?







To enter this website, fill out the form below allowing us to verify your adult age, then answer a few questions on the following page.

#### Step 1: Age Verification

Please provide the following information exactly as it appears on your government-issued identification (driver's license or voter registration card).

#### Questions about verifying your age?

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Sample Government **Issued Identification** 



John Smith 21 Thunder Road Paris, TX 00000

We use this information to ensure that we are in compliance with both the law and our company policy that we market our products only to adults.

WARNING This product May cause gun TOOTH LOSS



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By signing below, I certify that I am at least 18 years old (at least 19 years old if a resident of AL, AK, NJ, UT, or Nassau or Suffolk County, NY) and wish to view and receive smokeless tobacco-related material. I understand that giving false information in order to accept this offer may constitute a violation of law.

Please sign your name below by using your mouse in the signature space. IT IS AGAINST THE LAW TO FORGE ANOTHER'S SIGNATURE OR TO IMPERSONATE SOMEONE TO GAIN ACCESS TO A RESTRICTED WEB SITE.

#### \*Signature:

Clear Signature

By clicking 'I Agree', you are authorizing U.S. Smokeless Tobacco Co. and its agents to confirm the accuracy of the information you have submitted against a government-issued ID.



Questions about verifying your age?



Focused Communications On Comparative Risk: Age-Verified Internet Sites

Restricted forum for communications

Enables collection and data monitoring

# Focused Communications On Comparative Risk: Age-Verified Direct Mail



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Focused Communications On Comparative Risk: Age-Verified Direct Mail

- Method of transmitting information to ageverified adults re comparative health risks
- Enables company to collect and monitor data
- Synergy with AOFs, age-verified internet sites and age-verified direct mail
  - Responsible, age-verified communication vehicles

How Do Age-Verified Internet Sites And Direct Mail Minimize Possible Unintended Population Effects?

- Limiting communications to tobacco interested adults, especially current adult smokers, addresses:
  - "Initiation"
  - "Gateway" issues
    - Limiting communications to age-verified adults

### Conclusion

- General agreement in the public health literature that cigarette smoking is substantially more dangerous than the use of smokeless tobacco
- According to public health officials, adult smokers are misinformed about comparative health risks
- Current debate is whether tobacco harm reduction information can be communicated responsibly without causing unintended population effects
  - Mechanisms currently exist that could minimize possible effects

## Conclusion

- Mechanisms that could minimize the possible unintended population effects include:
  - Adult-Only Facilities ("AOFs")
  - Age-Verified Internet Sites
  - Age-Verified Direct Mail