Reducing the Harms of Tobacco in Oklahoma

Testimony of:
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Mr. Chairman, Members of the Committee:

Thank you for the opportunity to present testimony on reducing the harm of tobacco use in Oklahoma.¹

In addition to my role as director of the Tobacco Settlement Endowment Trust, I am also a former smoker. There are probably many of us in the room who’ve never used tobacco products, others who’ve quit, like me, and still others who may be using tobacco products today. Whatever your tobacco use status, I think we can all agree that we want a better life for our children, and we certainly don’t want them to become addicted to tobacco. Everyone - except the tobacco companies and their supporters - wants to see tobacco use and its harms reduced. Of course, the best way to reduce harm is to stop kids from starting in the first place and support and encourage all tobacco users to quit.

We have to keep in mind that virtually all of the adult smokers Dr. Rodu referred to started smoking or using other tobacco products in their youth.² This is largely due to the tobacco industry’s marketing practices.³,⁴ So what we’re talking about today absolutely DOES impact children.

As we’ve heard in Keith Reed’s testimony, we know from the science what works to prevent kids from starting to use tobacco and to help adult users to quit.⁵ These proven strategies include smoke-free laws⁶ increasing the price of tobacco products⁷, funding for evidence-based tobacco prevention and cessation programs⁸,⁹,¹⁰,¹¹ and public and private health plan coverage for tobacco cessation.¹²

Oklahoma has put some of these strategies in place and IS making progress in reducing tobacco use.¹³,¹⁴ However, we still have one of
the highest rates of tobacco use in the country, including both cigarettes and smokeless products. A recent article by Dr. Rodu may have given you the impression that those of us who work to reduce tobacco are “prohibitionists” and we don’t care about smokers, nothing could be further from the truth. We all learned the lessons from alcohol prohibition in the past and don’t want to repeat them. But we can – and should – do all we can to reduce smoking and smokeless tobacco use to minimal levels. Certainly we should not be encouraging an increase in the uptake of smokeless products!

It is unfortunate that Dr. Robert McCaffree couldn’t be here today to provide testimony. As he has said in the past, if we were to compare this harm reduction strategy to drunk driving, it would be like telling the drinker to just drive slower!

And what about supporting and encouraging smokers?

The Oklahoma Tobacco Helpline, at 1-800-QUIT-NOW, provides counseling and medications for all Oklahomans with a desire to quit tobacco. This was the very first program funded by the Tobacco Settlement Endowment Trust, and remains among the top five quitlines in the country in terms of reach and effectiveness. The Helpline serves nearly 40,000 tobacco users each year, and independent evaluation results indicate a quit rate of approximately 35 percent.

I often hear physicians and other health professionals say they would love to see such a success rate with any other chronic condition.

In Oklahoma, our Medicaid Program (including SoonerCare and Insure Oklahoma) as well as our HealthChoice insurance plan for government
employees have begun to provide their beneficiaries with state-of-the-art cessation treatments.\textsuperscript{19, 20}

As a result of these and other strategies, including the voter-approved tobacco tax of 2005 and the restrictions on smoking in restaurants and some workplaces, Oklahoma has more former smokers than current smokers for the first time in history.\textsuperscript{21}

But given our high rates of tobacco use, we can and should do more to accelerate progress - based on strategies that have been proven effective in other states.

Keith Reed’s testimony described many of those strategies so I won’t repeat them in the interest of time.

In the testimony you’ve heard today from those representing the interests of tobacco companies, they are proposing harm reduction strategies that they claim would drive smokers to use unregulated smokeless tobacco products instead of cigarettes, cigars and the like.

These gentlemen are traveling from state to state asking state legislatures like ours to pursue strategies such as promoting smokeless tobacco as a safe alternative to smoking, taxing smokeless products at a lower rate, and incentivizing smokeless tobacco users over smokers when insurance differentials are implemented.\textsuperscript{22, 23, 24, 25}

These untested harm reduction proposals are a distraction from doing what works. I should mention that the Heartland Institute, which Dr. Rodu referred to as have paid his travel today, has opposed nearly every proven strategy, so it is no surprise that they’re endorsing this unproven strategy.\textsuperscript{26, 27}
Putting in place the interventions that have been proven to work in other states and around the globe is the best way to address the tobacco problem in Oklahoma.

We should also keep in mind that several large tobacco companies are now in the smokeless tobacco business. For example, RJ Reynolds makes Camel Snus, and Philip Morris owns U.S. Smokeless Tobacco, the company that has funded so much of Dr. Rodu’s work, and as someone mentioned earlier today, Lorillard now owns an e-cigarette company. So, the same companies that produced flavored cigarettes that lure our youth to begin smoking and made false claims of “light” and “low tar” cigarettes to keep smokers smoking – are now proposing that smokeless products are the cure for smoking!

You’ve heard today that the tobacco companies are so very concerned about Oklahomans who are addicted to their cigarettes. If this is the case, why do these harm reduction proposals come on the heels of some of the largest declines in cigarette consumption in U.S. history?

The fact is that smokers already have access to smokeless products today and the industry is vigorously promoting them. And the reason the smoking prevalence has “flat-lined” is because so many states have gutted their effective tobacco prevention programs.

You’ve already heard testimony that Smokeless tobacco, as sold in the United States, is harmful to health.

Unlike in Sweden, U.S. tobacco companies also spend billions of dollars each year marketing tobacco products. They don’t need
Oklahoma or any other states help in marketing their products. While I wouldn’t presume to speak for the people of Oklahoma, I think reasonable people could agree that promoting the products of an industry that chooses to engage in ethical business practices would be preferable to those of an industry that has been found guilty of racketeering 52, 53, 54, 55, 56 under the Racketeer Influenced and Corrupt Organizations Act. I don’t believe this is in Oklahoma’s best interest.

In addition, the majority of the $8 billion tobacco companies spend in marketing cigarettes in the U.S. is in the form of retailer discounts and couponing.57, 58, 59. The speakers here today suggest that if smokeless products are taxed lower than cigarettes, smokers will switch. The fact is, if tobacco companies want to pursue a price disparity between cigarettes and smokeless products, it is within their power to do so today. They could simply reduce or eliminate these cigarette discounting and couponing strategies, which would have the effect of increasing the price of cigarettes, reduce smoking, and keep the price lower on smokeless products. This can be accomplished without any help from state governments, or the federal government, and without an impact on state revenue from tobacco taxes.

The Campaign for Tobacco-Free Kids estimates that a one dollar increase in Oklahoma’s cigarette prices would prevent almost 30,000 Oklahoma kids from becoming smokers and encourage more than 20,000 adult smokers to quit.60

Now, I’m not saying that we should dismiss harm reduction strategies outright. But they must be conducted ONLY after being subjected to rigorous scientific scrutiny. And after we have put in place all of the proven strategies available to us today.
As Keith mentioned, the Clinical Practice Guidelines state that “the use of smokeless tobacco products is not a safe alternative to smoking, nor is there evidence to suggest that it is effective in helping smokers quit.” In fact, many new smokeless tobacco products are being marketed as a way to get a nicotine fix when smokers can’t smoke.

So which is it? Switch to smokeless to reduce harm? Or use smokeless when you can’t smoke? I’m confused.

Far from reducing the harm from smoking, this kind of marketing perpetuates harm by discouraging smokers to take the one step that WILL improve their health, which is to quit smoking entirely.

I’d like to address the comment about smokers experiencing sticker shock when they purchase a $5 pack of cigarettes versus a $35 box of nicotine replacement products. A box of nicotine replacement products is not used in a day, but a pack of cigarettes is. $5 time seven days equals $35.

If the tobacco companies want to promote smokeless tobacco or anything else as a smoking cessation product, they can do this through the Food and Drug Administration like other cessation products by demonstrating with science that their products are a safe and effective way to quit smoking. If the evidence is anywhere near what they claim, this should not present a problem for them.

The tobacco industry is one of the wealthiest and most influential industries in the world. I find it difficult to believe that they can’t find a way to navigate a federal system, when other industries manage to do so every day.
And while they complain about the costs of conducting such research, they spend billions of dollars marketing their products,\textsuperscript{67, 68} and countless other dollars on lobbying and other efforts to stop those interventions that DO work to reduce smoking.\textsuperscript{69, 70, 71, 72, 73, 74}

Even if they believe they don’t have the money, a small price increase, or reducing their discounting and couponing practices, would easily bring in additional revenue, and reduce smoking at the same time.

**Every other smoking cessation product goes through this FDA process; so the makers of the products that disable and kill people should bear at least this much responsibility.**

In addition if tobacco companies don’t want to claim safety and effectiveness for smoking cessation but want to claim that some product is less harmful, the FDA has a process for that.\textsuperscript{75}

Part of that process for “modified risk” claims requires them to demonstrate conclusively that these products, as marketed will benefit public health.\textsuperscript{76, 77}

As I mentioned earlier, tobacco companies market smokeless products as a “nicotine bridge” in those places where they cannot smoke. That is why this public health standard is so important. Even if smokeless tobacco is less harmful, if marketing it that way only serves to initiate more into tobacco use\textsuperscript{78, 79, 80, 81} create more dual product users\textsuperscript{82, 83, 84, 85, 86} and discourage quitting\textsuperscript{87, 88, 89, 90, 91} there will be no benefit to public health.

By asking Oklahoma and other states to pursue a harm reduction strategy for them, the tobacco companies are attempting an end run around the FDA law and its provisions on modified risk claims.\textsuperscript{92} If they
want to pursue such a strategy, the tobacco companies should use their own resources to meet the standard in the FDA law.

Tobacco harm reduction is a complicated and risky strategy. It is incumbent on the tobacco companies to produce the evidence base if they wish to pursue such a strategy, and the new Center for Tobacco Products at the FDA has the resources and authority to review and evaluate applications for modified risk claims.

Oklahoma resources should NOT be used to the tobacco companies’ bidding in this area, especially when the tobacco companies and the FDA have the resources and the authority to pursue this strategy to the degree that it is merited.

If a harm reduction strategy is ever pursued, the U.S. should follow Sweden’s lead with strict product standards\textsuperscript{93, 94, 95} (which U.S. states are preempted by federal law from enacting)\textsuperscript{96}, rigorous review of the science to ensure a public health benefit, and strict limits on marketing. Proponents of harm reduction in the U.S. are not promoting any of these standards or marketing limits.

In closing, given our high rates of tobacco use in Oklahoma, we should do everything we can to implement the tobacco prevention and cessation strategies that are based in science rather than on those lacking evidence. This is the commonsense approach to reducing the dramatic toll that tobacco takes on the health and economy of Oklahoma.
Questions and Answers

During questions and answers, I commented that internal industry documents describe the “graduation strategy” (encouraging young non-users to experiment with low nicotine starter products with the intent of graduating new users up to higher nicotine brands as dependency progresses). 97, 98, 99, 100

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