

# BRYAN CAVE LLP

700 THIRTEENTH STREET, N.W.  
WASHINGTON, D.C. 20005-3960

(202) 508-6000

FACSIMILE: (202) 508-6200

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IN ASSOCIATION WITH BRYAN CAVE,  
A MULTINATIONAL PARTNERSHIP.  
LONDON, ENGLAND

EMAIL ADDRESS  
DCSCHWARTZ@BRYANCAVE.COM

DANIEL C. SCHWARTZ

DIRECT DIAL NUMBER  
(202) 508-6025

May 20, 2002

The Honorable Donald S. Clark  
Secretary  
The Federal Trade Commission  
600 Pennsylvania Avenue, NW  
Washington, DC 20580

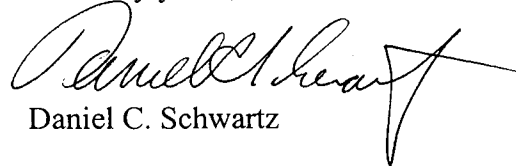
Re: U.S. Smokeless Tobacco Company's  
Request For Advisory Opinion

Dear Secretary Clark:

Attached is an article dated February 14, 2002 by Dr. Elizabeth Whelan, President of the American Council on Science and Health (ACSH), addressing the February 5, 2002 request by U.S. Smokeless Tobacco Company's (USSTC) for an FTC advisory opinion. This article, which appears on the ACSH website at [www.acsh.org/forum/smokedout/chaw.html](http://www.acsh.org/forum/smokedout/chaw.html), is followed by several comments from interested consumers.

Because we believe that Dr. Whelan's views, and the views communicated in the comments to the article, may add to the Commission's consideration of USSTC's request for an advisory opinion, we request that this letter and the attachment be placed on the Commission's public record pertaining to this matter.

Sincerely yours,



Daniel C. Schwartz

**BRYAN CAVE LLP**

The Honorable Donald S. Clark

May 20, 2002

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cc: Chairman Timothy J. Muris  
Commissioner Sheila F. Anthony  
Commissioner Thomas B. Leary  
Commissioner Orson Swindle  
Commissioner Mozelle W. Thompson

J. Howard Beales, III, Director, Bureau of Consumer Protection  
Lydia B. Parnes, Deputy Director, Bureau of Consumer Protection  
C. Lee Peeler, Deputy Director, Bureau of Consumer Protection  
Mary K. Engle, Associate Director, Division of Advertising Practices  
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AMERICAN COUNCIL ON SCIENCE AND HEALTH and HealthFactsAndFears.com  
present

## Smoked Out

### The Case for Chaw (Sort of)

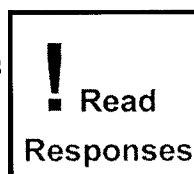
February 14, 2002

By Elizabeth Whelan, Sc.D., M.P.H.

Currently the media is covering two "safer tobacco stories," one dealing with the claim by Vector Tobacco that its Omni cigarette is "the first reduced carcinogen cigarette" (a topic addressed on HealthFactsAndFears.com last week), the other dealing with claims that chaw use is safer than cigarette smoking. Indeed, U.S. Tobacco, the maker of the chewing tobaccos Skoal and Copenhagen, is currently asking the Federal Trade Commission for permission to advertise that its products could be a safer way to consume tobacco than cigarettes.

Regarding Vector's claim of a "safer cigarette"—there is absolutely no basis for such a claim. Since we have never fully identified the precise components of a cigarette that make the product inherently dangerous, and since there are so many mechanisms that make cigarette smoking deleterious (and so many anatomical sites affected), Vector cannot possibly have proof that their Omni product will do less health harm.

On the other hand, UST's argument that the use of chaw is safer than cigarette smoking is scientifically sound (though chaw has its own lesser risks).



Of course, we now need to repeat the mantra: Giving up tobacco entirely would be the safest route of all. But we do not live in an ideal world. And there is much to be said for "risk reduction" even when perfect safety is not an option. Two reminders of why the idea of risk reduction applies in this case:

First, cigarettes became a commercially viable product only about ninety years ago. Prior to the development of the cigarette, tobacco was used for centuries in a relatively safe manner. Prior to the commercial introduction of cigarettes (around 1914), tobacco was not regularly inhaled, nor was it used on a round-the-clock basis. Tobacco use was more ceremonial, for use after dinner, for example. And constant use was an impossibility because matches which one could carry around safely (the "safety match") were not available before the turn of the century. Thus,

cigar and pipe smokers lit up by the candle or fireplace. This is quite different from the "freedom" cigarette smokers have to light up anywhere, anytime.

Second, the "chewing" and "spitting" of yesteryear was far less harmful than cigarette smoking, largely because its more dangerous effects tended not to be spread throughout entire bodily systems. Indeed, Drs. Philip Cole and Brad Rodu from the University of Alabama at Birmingham have compared the annual mortality of 46 million smokers and an equal number of smokeless tobacco users. The number of deaths from smoking was almost seventy times higher in the smoking group than in the smokeless tobacco group. In terms of life expectancy, the smokeless tobacco user loses only fifteen days on average compared to eight years lost by the average smoker.

The researchers concluded that smokeless tobacco use is 98% safer than cigarette smoking and still gives users the nicotine kick they crave. In terms of mortality figures, the authors conclude that if all current cigarette smokers switched to smokeless tobacco, instead of over 400,000 tobacco-related deaths annually in the U.S., there would be approximately 6,000, almost all from oral cancers. The authors point out another benefit of smokeless forms over cigarettes: The chewer does not pose a threat to other people comparable to the threat from environmental tobacco smoke. And as a bonus, several hundred fire deaths per year would be avoided.

While those of us in public health would like a tobacco-free society in our future, any improvement is welcome. If ads for chew were specifically and exclusively aimed at current, adult cigarette smokers (in an imaginary world where smokers could be converted to chew without turning non-smokers into chew users), the FTC would be morally obligated to approve U.S. Tobacco's petition to claim that smokeless tobacco is safer than smoking cigarettes.

(For Rodu and Cole's comparison of mortality rates between smokers and chewers, see their article in Vol. 7, issue 4, 1995 of ACSH's journal *Priorities for Health*, the precursor of HealthFactsAndFears.com.)

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**Would you like to post to this discussion, or start a new thread?**

E-mail your comments to [forum@acsh.org](mailto:forum@acsh.org).

**What do you think?**

Please indicate in your post what piece you are replying to.

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## Responses:

February 22, 2002

This information (funded by a spit tobacco company) has been known for years. Dr. Whelan unfortunately chooses to focus only on deaths. As most dentists know, spit tobacco users have a wide variety of dental problems, not to mention oral cancer.

This is not a perfect world, and to promote spit tobacco as a "safe" alternative to smokes would unleash this company on our youth unfettered! If Dr. Whelan is interested in promoting safer alternatives, a much better option is nicotine patches. I would encourage these researchers to talk with Mrs. Marsee, Mrs. Tuttle, and the thousands of others who have had to deal with seeing family members coping with oral cancer promoted by these companies.

I get the feeling that Dr. Whelan feels that spit tobacco and Twinkies are more alike than spit tobacco and smokes.

—George Sedlacek  
Marquette County Health Dept, Michigan

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**February 22, 2002**

Just read your commentary on chewing tobacco versus cigarettes.

I'm pleased that you're advocating harm reduction in nicotine delivery devices, which could occur if the vast majority of new spit tobacco users were previously addicted cigarette smokers.

Unfortunately, during the past decade (while spit tobacco companies touted Rodu's research, which they funded), the vast majority of spit tobacco marketing targeted white rural and suburban boys (primarily via family-based rodeos), and the vast majority of new spit tobacco users were white rural and suburban teenage boys. Before that, spit tobacco companies marketed to white male teens and preteens primarily via ads starring professional baseball players.

Regarding UST's petition to the FTC to approve UST's newly proposed warning, label, or slogan indicating spit tobacco is less hazardous than cigarettes, I'd bet that UST has already focus-tested this and other potential government labels in conjunction with their proposed advertising campaigns with teenage boys. Would you still endorse the FTC spit tobacco label if UST's new ad campaign for Skoal showed young cowgirls admiring a young cowboy with chaw in his mouth, with the slogan "looks sexy, tastes great, doesn't make you winded, and is safer than cigarettes according to the government"?

I have no confidence in government-approved and mandated labels on tobacco packages that have been researched, developed, and then proposed by the tobacco companies themselves.

—Bill Godshall

*Dr. Whelan replies:*

Mr. Godshall makes some excellent points. No, I would not support smokeless ads that appealed to youth. Indeed, I emphasized that in my editorial. And I, too, do not trust the tobacco companies. But the data contrasting the mortality figures between smoking and chewing are so staggering — over 400,000 tobacco deaths from cigarettes, an estimated 6,000 if all current

smokers eventually switched to smokeless — that I do not see how in good conscience we can forbid the manufacturers of smokeless brands to make that point. You and other correspondents mentioned that the authors I cited, those documenting the reduced risk of smokeless, were funded by the manufacturers. Do you know of any studies, funded by more neutral parties, which showed that smokeless was not safer than cigarettes?

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**February 26, 2002**

On February 22 this forum received comments from George Sedlacek and Bill Godshall, both of whom stated that the harm-reduction research conducted by my research group at the University of Alabama at Birmingham was funded by a tobacco company. This is incorrect. The research to which Dr. Whelan referred—419,000 annual deaths from smoking versus 6,000 deaths from a comparable number of smokeless tobacco users—was developed in a series of epidemiologic research papers appearing in peer-reviewed scientific literature and supported solely by university funds. Furthermore, some of our findings appeared almost eight years ago; to our knowledge none of our conclusions have been challenged. Abstracts of all of our research, as well as funding of current projects, appears at the university web site below.

<http://www.dental.uab.edu/patientInfo/smokers%20only/research.html>

Brad Rodu  
Professor, Department of Pathology  
School of Medicine  
University of Alabama at Birmingham  
Senior Scientist  
UAB Comprehensive Cancer Center

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