Exchange with Cancer Research UK chief scientist on the ban on snus

On 10 July 2012 11:04, Clive Bates wrote:
To: Nic Jones
Subject: Cancer Research UK - approach to tobacco harm reduction

Dear Professor Jones

In your capacity as Cancer Research UK's Chief Scientist, I would be grateful if you could consider for a moment a crucial issue in cancer prevention, namely the continuum of risk in nicotine and tobacco products, and the potential to reduce cancer through 'harm reduction' approaches. By that I mean allowing or encouraging smokers who can't or won't quit to switch to much lower risk products than cigarettes. I am afraid Cancer Research UK, in opposing this and seeking to have reduced risk products banned in Europe, is firmly on the wrong side of the evidence in this area. Other organisations, including the Royal College of Physicians, have come to a wholly different view. I have set out arguments and a summary of the evidence in the following article: http://www.clivebates.com/?p=434

I write to you as a former director of Action on Smoking and Health (1997-2003) and I believe passionately in cancer prevention through public health approaches. It is just that what works may not always be what one expects or would prefer in an ideal world. We see the lowest rates of smoking related disease by far in Sweden, but this is almost entirely down to high levels of tobacco use through smokeless tobacco rather than smoking. Yet Cancer Research UK continues to campaign for this much lower risk alternative cigarettes to be banned in the EU outside Sweden, and hence denied to smokers who could use it to substantially reduce their cancer risk - these products carry properly regulated carry very low cancer risks.

Given 40% of cancers are preventable and one third of cancers are smoking related, I hope that you would recognise harm reduction strategies as an important theme for properly rigorous scientific inquiry, not just subject to arbitrary or historical position-taking. I am no expert on the internal machinery, but my suggestion is that the CR-UK Scientific Executive Board makes an assessment of this issue, with a view to ensuring that CR-UK's influencing strategy is robustly evidence-based and can be justified. I have asked CR-UK for an evidence-based reasoned argument for its position on banning smokeless tobacco, but none has been forthcoming and I believe none exists.

Regards

Clive Bates

Disclosure: no links or funding from any tobacco or related interests, and no competing interests at all.

From: Nic Jones
From: Clive Bates
Sent: 31 July 2012 8:55 AM
To: Nic Jones
Subject: Re: Cancer Research UK - approach to tobacco harm reduction

Dear Professor Jones

I hope it's an oversight rather than calculated, but I'm a little surprised not to have heard back from you. It is now three weeks since I sent you the e-mail below, concerning a serious scientific weakness in the approach Cancer Research UK takes to reducing the harms caused by tobacco. It is not as if this is a peripheral issue in the fight against cancer, given the role played by smoking and the importance of preventative approaches. Let me reiterate, perhaps more bluntly: based on little more than dogma, Cancer Research UK is taking unscientific and unethical positions that will cause more cancer while denying effective harm reduction strategies to those most at risk. I realise this area isn't your professional speciality, but surely this is a well-founded allegation that the Chief Scientist, a trustee of the charity, should take seriously and investigate independently whatever staff at the charity might think?

Yours sincerely

Clive Bates

Sent: 20 August 2012 14:39
To: 'Clive Bates'
Subject: RE: Cancer Research UK - approach to tobacco harm reduction

Dear Clive

I am responding to your recent email concerning CRUK's stance on reducing smoking. I appreciate that you feel strongly about this issue but Cancer Research UK does not support removing the EU ban on snus as a harm reduction strategy.
Although the risks are greatly reduced in snus as compared to other oral types of tobacco and to smoked tobacco, it remains unclear whether, in a new market like the UK, smokers would in fact use it to quit smoking, or would continue to smoke and use snus alongside cigarettes, weakening their motivation to quit and maintaining their addiction to tobacco including the most harmful, smoked form. We also do not know whether a new group of snus users might appear who would not have become smokers, but who, due to their addiction to tobacco, might also become dual users in time. Tobacco companies are keen to promote snus as a 'safer' form of tobacco and are often manufacturing snus under the same brand names as smoked tobacco, which could confuse consumers.

Therefore Cancer Research UK, along with the majority of public health groups in the UK, supports a harm reduction strategy involving more effective non-tobacco nicotine products for smokers who cannot or will not quit (with quitting remaining the gold standard) and with tight restrictions on the marketing of such products. Along with our coalition partners, we will be encouraging the Government to pursue such a policy as set out in the Tobacco Plan for England.
Yours sincerely
Nic

From: Clive Bates
Date: 27 August 2012 20:25
Subject: RE: Cancer Research UK - approach to tobacco harm reduction
To: Nic Jones

Dear Professor Jones

Thank you for your considered response. The lines taken by CR-UK are familiar and often repeated as a rationale for a ban on oral tobacco. Whilst they work reasonably well in media and public commentary, they do not provide a robust science-based public health justification, which is what I hope CR-UK would aspire to. Let me make a few comments, picking up your points:

"Although the risks are greatly reduced in snus as compared to other oral types of tobacco and to smoked tobacco, it remains unclear whether, in a new market like the UK, smokers would in fact use it to quit smoking, or would continue to smoke

and use snus alongside cigarettes, weakening their motivation to quit and maintaining their addiction to tobacco including the most harmful, smoked form. We also do not know whether a new group of snus users might appear who would not have become smokers, but who, due to their addiction to tobacco, might also become dual users in time."

There are several points in this:

1. This position focuses on potential unintended consequences arising from lifting a ban. The problem is that it takes no account at all of the potential unintended consequences of the ban itself. In banning a much safer alternative to cigarettes some smokers are denied a potential attractive pathway to quitting and reducing harm – an effect we know to be large where the product is not banned. The asymmetry in this position is a fundamental flaw.

2. It is hard to see what evidence would be satisfactory, given the framing of CR-UK's position. The only way to find out if there is a harm or benefit would be to release the product in 'a new market like the UK' – something CR-UK is set against. So not only does the organisation ignore the unintended consequences of ban, it is prepared to do this on the basis of theoretical problems that cannot be investigated while the product is banned. To my knowledge, CR-UK has not attempted to research these important issues. It's worth remembering just how much cancer, lung and heart disease is involved in this position-taking, so it certainly shouldn't be something too minor to warrant CR-UK's scientific investment. I believe the right way to approach this is to allow the product to be sold and to conduct market surveillance, modifying regulation or banning the product in response to any significant unwanted consequences that outweigh observed benefits.

3. To the extent that there is evidence, virtually nothing points to the unintended 'smoking maintenance' consequences feared by CR-UK and there is much that points to a substantial benefit by enabling substitution to much less dangerous product and as a pathway for quitting. The experience of Sweden and Norway should not simply be ignored.

4. There is an important ethical dimension to this too. Why does CR-UK presume to know better than smokers how to address their risk? There is much to suggest that adults tend to make good decisions when provided with truthful information on risks and benefits of different courses of action and are also given access to choices that allow them to act on that information. But the truly unethical approach is to prevent people making good decisions based on good truthful information because CR-UK is worried that others might not be so wise (based on a worry for which CR-UK has no evidence). Even if they don't

make good decisions, that is for them – not a reason for stopping others protecting themselves.

5. Finally, magnitudes and quantification do matter. Snus may be two orders of magnitude less hazardous than smoking and almost indistinguishable from NRT in risk. Other smokeless tobacco products may be more hazardous – in particular some Asian and African tobaccos for 'traditional' community use, but nothing like as dangerous as smoking. The point is that there is a continuum of risk, with smokeless tobacco clustered at the lower end, close to NRTs. The regulatory formwork should be designed accordingly.

Tobacco companies are keen to promote snus as a 'safer' form of tobacco and are often manufacturing snus under the same brand names as smoked tobacco, which could confuse consumers.

6. Snus (and all smokeless) is a safer form of tobacco use than cigarette smoking – and tobacco companies would be providing a substantial public health benefit if they reliably communicated this to smokers and used their brand appeal to promote switching. The 'medicalisation' of quitting and harm reduction strategies is deeply unappealing to many tobacco users and a switch within the tobacco category may work for better for some. Why would CR-UK stop this?

7. The most prominent source of confusion for smokers is false alarmism and blatant untruths about risk, much of which emanates from the public health community, along with the misleading negative signals sent by banning a much safer product.

"Therefore Cancer Research UK, along with the majority of public health groups in the UK, supports a harm reduction strategy involving more effective non-tobacco nicotine products for smokers who cannot or will not quit (with quitting remaining the gold standard) and with tight restrictions on the marketing of such products.

8. Most public health groups are capable of being completely wrong on this, because they have (improperly) defined their 'enemy' as tobacco rather than disease and death. When it comes to tobacco related disease, CR-UK is amongst these misguided groups. It is an easy, and intellectually lazy, approach to take. Further, many look to CR-UK for leadership and expect to follow science-based policy positions from such a well-resourced charity. Finally, there is the influence of CR-UK's grants and research funding – some groups simply toe the line. Understandable, but not healthy.

9. Good public health measures often take authorities (and charities) into

uncomfortable territory. Much of what you say above could apply to any harm reduction approach For example, needle exchanges to reduce HIV infection or selling alcohol in plastic glasses to reduce injury during fights – do these condone and encourage the harmful behaviour? The point is that it is necessary to weigh the pros and cons and take a view as to the overall harm-minimizing approach, assuming that is what CR-UK wants.

10. There is a an obvious contradiction in supporting a 'harm reduction involving more effective non-nicotine products for smokers who cannot or will not quit'. Such products are just as capable of having the same unintended 'smoking maintenance' consequences that you cite for smokeless tobacco. To me this suggests expediency in the use of arguments to support a pre-ordained point, not a genuine pursuit of the best thing to do.

11. Tight restrictions on marketing may well be counter-productive, if excessive. It is important to encourage switching, and that requires some sort of communication and incentive. The 'gold standard' of quitting altogether is undoubtedly the best outcome, but is not necessarily a gold standard when it comes to intervention. As you probably know, quitting is common from mid twenties onwards, but is disproportionately concentrated among better off smokers, causing a strong social class gradient to develop in smoking, which in turn becomes a key driver of health inequalities. The problem is really about what we do for 40-something poor smokers who cannot or will not quit altogether – for which 'quitting' would be good, but just doesn't work . If CR-UK promotes quitting at the expense of other harm reduction strategies, it is these smokers – the poorest and those at greatest risk of smoking for life that will be the victims.

Along with our coalition partners, we will be encouraging the Government to pursue such a policy as set out in the Tobacco Plan for England.

12. I can't see CR-UK (and anyone else) calling for the lifting of a ban on snus – it isn't realistic to expect that, and too difficult to explain publicly. I think the answer is to advocate a regulatory framework that embraces all types of nicotine products, including tobacco and non-tobacco, that is sensitive to the continuum of risk they present. The current ban (incredibly) allows more harmful smokeless tobacco to be sold in the UK – under a less irrational framework, some of these might be removed from the market, and it could amount to a tightening. If CR-UK wanted to investigate this route further, I would suggest a scientific meeting with the Royal College of Physicians, Tobacco Advisory Group. That group has carefully weighed the evidence and policy choices and I think the exchange would be valuable.

13. Though there is more to say, I think I have said enough. You are right that I 'feel

strongly about this issue' because the approach adopted by the public health community and EU is unscientific, unethical and counter-productive – almost certainly responsible for more cancer, lung and heart disease than there would otherwise be. For that reason, I hope you feel strongly too.

Yours sincerely

Clive Bates

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