

**Empiricism, Social Justice,
Moral Outrage,
and the use of smokeless tobacco to
reduce cigarette harm**

Lynn T. Kozlowski, Ph.D.

Interim Dean

Professor of Health Behavior

School of Public Health and Health Professions

University at Buffalo, SUNY

Empirical, scientific Context

Now

ST = fact of commercial life and used by adults
as they see fit or as their addictions dictate--

- Without cigarettes
- With cigarettes
- To cope with smoking restrictions
- To help quit smoking
- To enjoy “real tobacco pleasure”
- To satisfy real nicotine addiction

ST products vary.

- Not all “spit” tobacco.
- Some not “messy” tobacco products.
- Some very low in nitrosamines.

Premature death and disability

- High-tar cigarettes Huge
- Lower-tar cigarettes Huge—NOT safer
- Lowest-tar cigarettes Huge—NOT safer

- Smokeless Tob in U.S. Much safer

- NRT Safer-est

Undoubtedly smokers can use ST to help quit smoking or substitute for smoking.

Effect size a function of--

– Product

- Nicotine dose
- Taste (flavors—apple, cherry, cinnamon, vanilla, etc.)
- Convenience factors (e.g., spit, teeth staining)
- Disease risks

– Price (often, the cheaper the better)

– Placement (readily available)

– Promotion (e.g, perceived pleasures, values & risks & for quitting, cultural identity)

Evidence

If oral NRT works*, then ST works.

*Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev. 2004;(3):CD000146.

FDA procedures for generic drugs

Bioavailability of active ingredient is key issue

A Substitute for Tobacco Smoking

Ove Fernö

Aktiebolaget Leo, Helsingborg, Sweden

Stefan J. A. Lichtneckert, and Claes E. G. Lundgren

Institute of Physiology, University of Lund, Lund, Sweden

Received March 6, 1973

Psychopharmacologia, 31 :201-204, 1973.

“Chewing Gum and Smoking – the Background to Nicorette”

http://www.med.lu.se/english/about_the_faculty/faculty_milestones/nicorette

Population Harm and Smokeless Tobacco— Using the Risk/Use Equilibrium

A lower-risk product could increase population risks, as a function of the increase in use and the level of decreased danger from the product.

**Kozlowski, L.T., Strasser A.A., Giovino, G. A., Erickson, P.A., Terza, J.V.
Applying the risk/use equilibrium: Use medicinal nicotine now for harm reduction.
Tobacco Control, 2001;10:201-203.**

Concerns

- *“But what if ST in youth leads to smoking in adulthood?”*
- Some evidence indicates ST could help to prevent cigarette smoking in high-risk youth.
- **The overwhelming cause of smoking in adulthood is smoking in youth!**

Patient Care?

- The use of ST is often in lower SES people often without health insurance or regular health care.
- That a medical professional prefers not to “recommend” ST as a smoking cessation aid may be of little relevance to the uninsured consumer considering a purchase in the corner store.

Established research-based measures to reduce cigarette demand from World Bank Report*, 1999

- Higher cigarette taxes < **Most Effective Measure**>
- Non-price measures:
 - consumer information,
 - research,
 - cigarette advertising and promotion bans,
 - warning labels
 - and restrictions on public smoking
- Increased access to nicotine replacement (NRT) and other cessation therapies

*<http://www1.worldbank.org/tobacco/>

World Bank modified → My Policy for ST

- Higher cigarette taxes →
Higher taxes for higher risk tobacco products.
- Consumer information →
Accurate & responsive consumer risk information and warning labels on ST that go beyond “not safe” or “not safe alternative to cigarettes.”
- Increased access to nicotine replacement (NRT) and other cessation therapies →
Use ST now as *another* option for smoking cessation.

Key references

- Royal College of Physicians. Smoking and health. London: Pitman Medical Publishing, 1962.
- Ohsfeldt RL, Boyle RG, Capilouto E. Effects of tobacco excise taxes on the use of smokeless tobacco products in the USA. *Health Econ* 1997;6:525–31.
- Chaloupka FJ. Macro-social influences: the effects of prices and tobacco-control policies on the demand for tobacco products. *Nicotine Tob Res* 1999;1 (Suppl. 1):S105–9.
- Chaloupka F, Hu T, Warner KE, Jacobs R., Yurekli A. The taxation of tobacco products. In: Jha P, Chaloupka F, eds. *Tobacco control in developing countries*. New York: Oxford University Press, 2000. pp. 237–272.
- Tauras JA, Chaloupka FJ. The demand for nicotine replacement therapies. *Nicotine Tob Res* 2003;5:237–243

October, 2007



Harm reduction in nicotine addiction

Helping people who can't quit

A report by the Tobacco Advisory Group
of the Royal College of Physicians

October 2007



Chapter 11: Ethics, human rights and harm reduction for tobacco users

“The Royal College of Physicians favours an approach which would make smoking easier to give up, while discouraging people from starting to smoke in the first place, by making alternatives to smoking tobacco more widely available and by regulating smoking products more tightly through pricing, marketing controls and formal regulation of the production and sale of tobacco products. It believes that this offers the best balance of the ethical considerations surveyed in this chapter.”

- <http://www.rcplondon.ac.uk/pubs/contents/e226ee0c-ccef-4dba-b62f-86f046371dfb.pdf>

Contributors

- **Richard Ashcroft** *Professor of Bioethics, School of Law, Queen Mary, University of London*
- **Lynn Kozlowski** *Professor of Health Behavior, University at Buffalo, State University of New York*

But the ethical analysis could have considered additional issues . . .

Social Justice vs. Moral Outrage

Five psychological foundations of morality

Haidt, The new Synthesis in Moral Psychology, *Science*, 18 May, 2007.

Two psychological foundations of social justice morality

1. Harm/care

- Whether someone is harmed
- Or the extent of harm
- Reduced harm is therefore a positive value

2. Fairness/reciprocity

- Whether someone is treated fairly

Three other psychological foundations of morality

1. Ingroup/loyalty

Whether someone betrayed his or her group.

“A physician cannot say someone should use Snus.”

2. Authority/respect

Whether people of the same rank are involved.

3. Purity/sanctity

Whether someone did something disgusting.

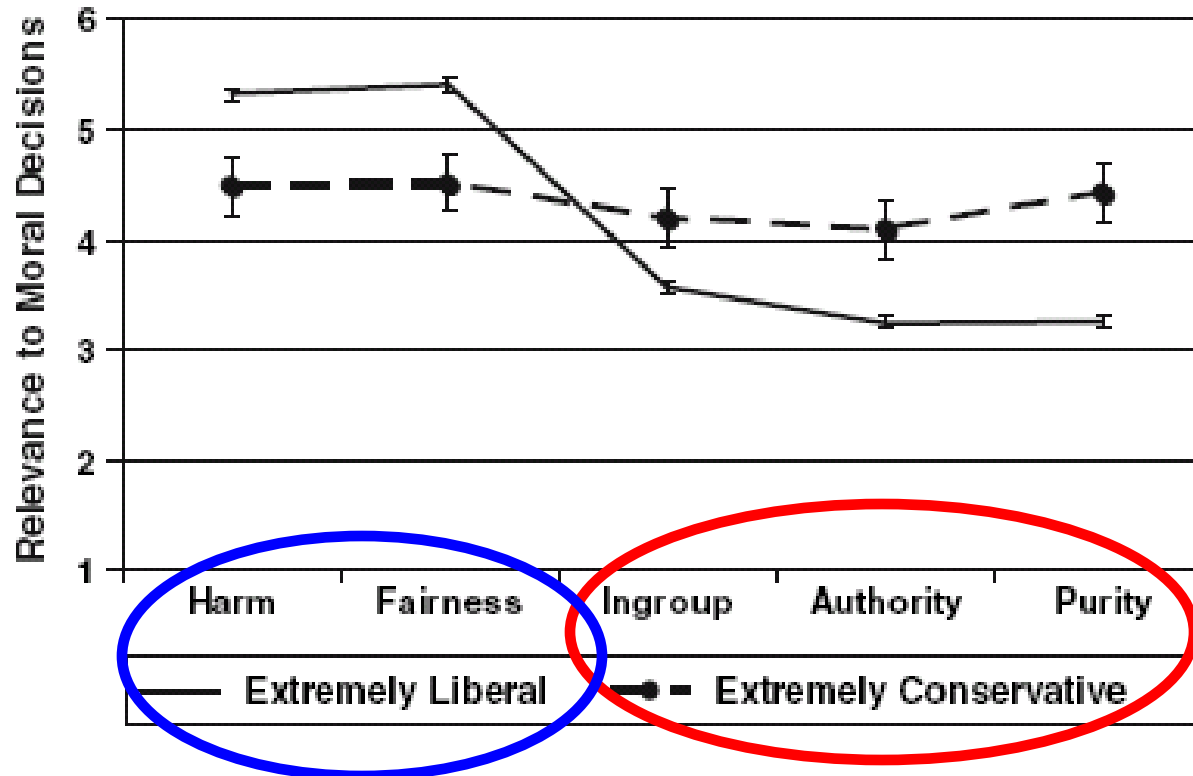


Fig. 1. Moral relevance by foundation for extreme liberals and conservatives. 1 = not relevant at all, 6 = always relevant.

“When morality opposes justice: Conservatives have moral intuitions that liberals may not recognize”

Jonathan Haidt & Jesse Graham *Social Justice Research*, 2007.

Sinead O'Connor

What is she most remembered for?

Saturday Night Live October 3, 1992



Bob Marley's "War"

"Until the philosophy,
Which holds one race superior
And another inferior,
Is finally and permanently
Discredited and abandoned,
Everywhere is war.

....

"That until the basic human rights,
Are equally guaranteed to all,
Without regard to race,
I'll say "war""



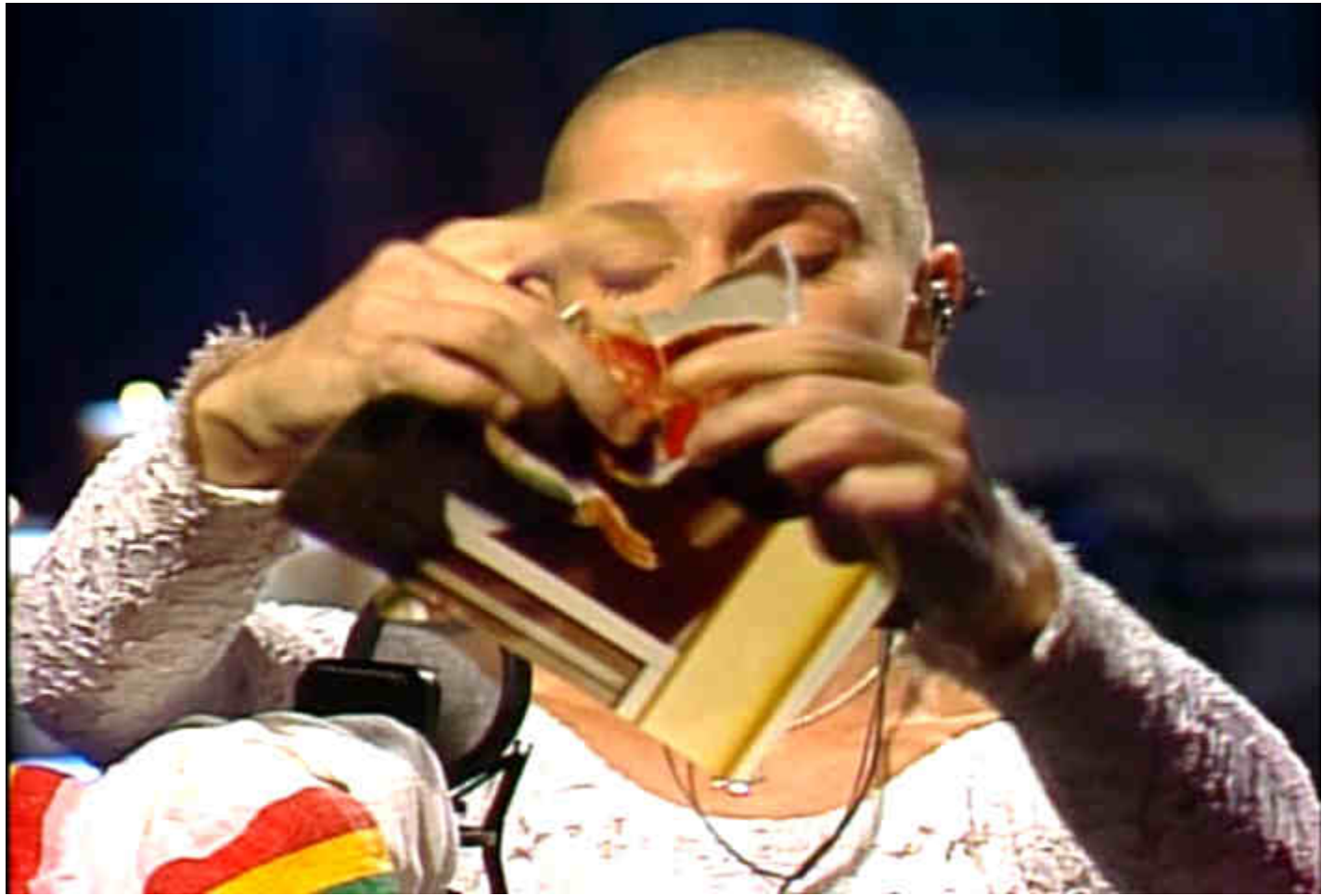


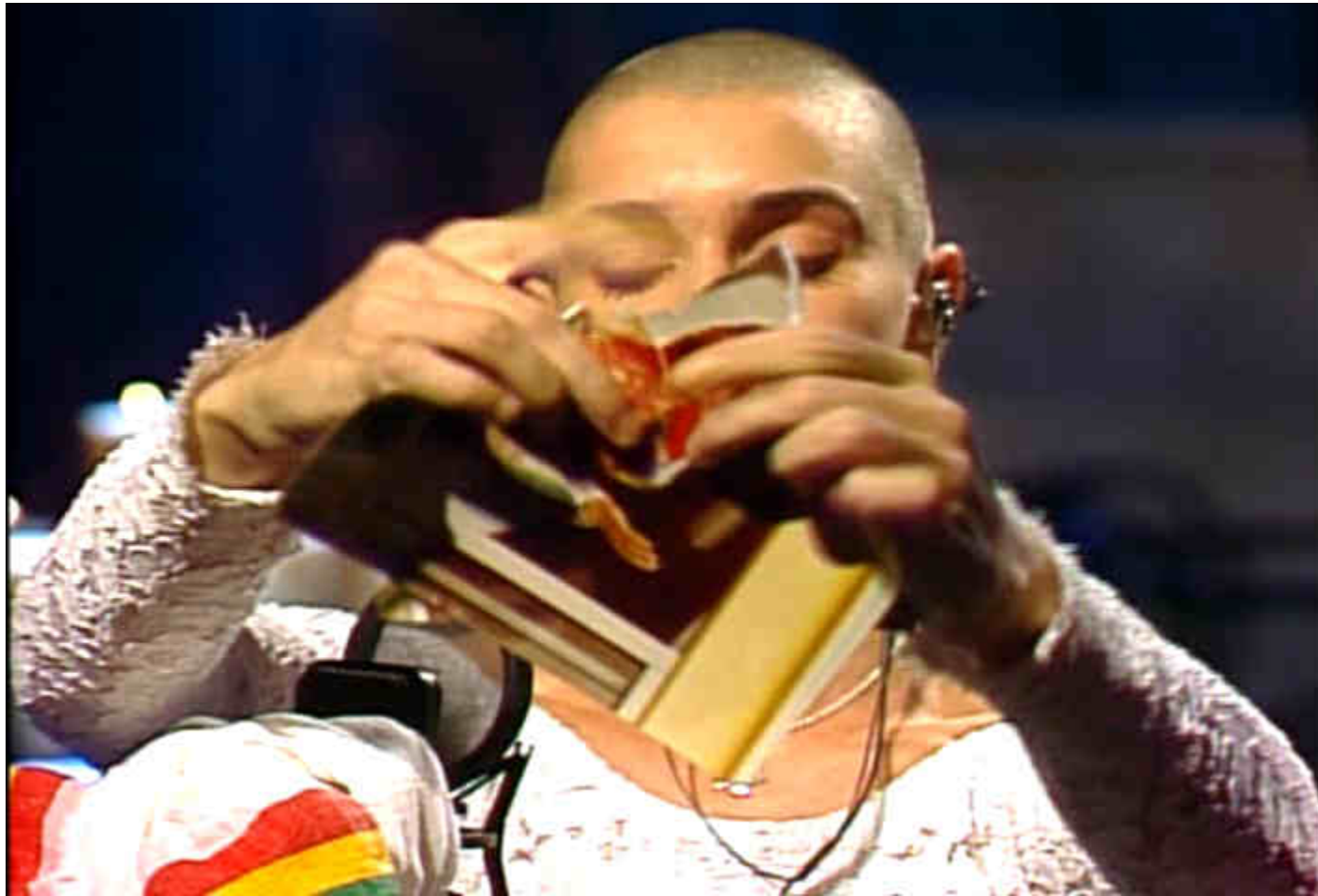












**For the devoted anti-tobacco advocate,
proposing ST for harm reduction is like
tearing up the picture of the Pope
for a Catholic.**





5 to 4 U.S. Supreme Court Decision, 1989

Rozin, P., Haidt, J., & McCauley, C. R. (2000). Disgust. In M. Lewis & J. M. Haviland-Jones (Eds.), Handbook of emotions, 2nd Edition (pp. 637-653). New York: Guilford Press.

- Asked to list “disgusting” things
- Majority of list = moral offenses:
 - Racists
 - Child abusers
 - Hypocrites
 - Democrats
 - Republicans

“Ethics of Autonomy”

- Encompasses issues of rights and justice.
- **Anger is the emotional response to injustice.**

Shweder, R. A., Much, N. C., Mahapatra, M., & Park, L. (1997). The “big three” of morality (autonomy, community, divinity), and the “big three” explanations of suffering. In A. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 119-169). New York: Routledge.

“Ethics of Divinity”

- Seeks to protect from polluting or degrading acts.
- **Disgust is the emotional response.**

Despite considerable scientific consensus that smokeless tobacco products as sold in the United States, although not safe, are less dangerous than cigarettes to physical health,¹ there has been fractious dissension within tobacco control, sometimes bitter and personal, on whether smokeless tobacco can be or should be used to help reduce population tobacco harm. Even if disagreed with, the perspectives

Effect of Smokeless Tobacco Product Marketing and Use on Population Harm From Tobacco Use Policy Perspective for Tobacco-Risk Reduction

Lynn T. Kozlowski, PhD

AJPM, in press

The New York Times

nytimes.com

April 6, 2004

COMMENTARY A Smokeless Alternative to Quitting

By SALLY SATEL, M.D.

.....

“Smoking opponents should herald snus. But instead, the very notion of harm reduction inflames them.”

“It's like trying to play God trading oral cancer for lung cancer,” said Dr. Gregory Connolly of the Massachusetts Tobacco Control Program.”

OCTOBER 3, 2007, 1:43 AM

**Smokeless Tobacco Aims at U.S.
Market**

Acknowledging reduced risks to health—

What do you think of using smokeless tobacco
as an alternative to smoking?

Disgust

- “Another harmful and disgusting addiction. Yecch. “ 10
- “An absolutely, unequivocally disgusting and revolting habit. “ 53
- “At least a girl smoking a cigarette can have a sexy and mysterious element to it, chewing and spitting is disgusting no matter how you want to look at it “ 65

Disgust

- “Smokeless tobacco is disgusting and no substitute. I’d rather quit than spit. “ 136
- “Another plague! Don’t we have enough problems? This stuff is repulsive, and the quantity of readers telling us not to touch it should spon a reaction from NYTimes HEALTH writers.” 135

Rights

- “if anyone wants to stuff a known carcinogen in their mouths, let them have at it. this way at least i am not forced to breathe in their second hand smoke. “ 48
- “If it means addicts can enjoy themselves without impacting others with second-hand smoke, I’m all for it. I believe in free will, and the rights of an individual to do as they please, so long as it hurts no one else. My only concern is these nasty packets will end up on the ground next to those cigarette butts. Ironically, I’m a smoker. “ 55

Rights

. . . . Why is it that everything that is a “habit” is deemed evil? I’m hooked on many things and, you know something? I don’t give a damn about most of them. Among them are work, religion, and thinking for myself rather than following the news media.

If you don’t want me smoking around you, say so. But you have no intrinsic right to tell me or force me to quit tobacco altogether.

If I try Snus and like it or not, that should be my decision, not yours. “ 94

So,
Harm reductionists may be viewed as
wrong,
neither because of errant science
nor because of misapplication of human
rights arguments,
but because their idea is disgusting!

But Yuck

- But wait a minute— isn't Smokeless Tobacco of all things really disgusting!!!!
- Don't be so sure—
 - Many ST users prefer the product to cigarettes.
 - ST users really like the taste and use of even the “disgusting” spit-producing types of tobacco.

- Prevailing value systems more than relative risks of premature mortality or physical disability will likely be determining of action.
- Are you more angry about violations of social justice?
- Or more disgusted by the use of smokeless tobacco products??

- Rapprochement (bringing together) on these conflicting values may in fact not be above reproach.
- And, those “with the most votes,” may win.

Thanks

- And apologies to those angered, disgusted, or bored.