

Why EU should backtrack on snuffing out cigarette substitutes.

By **Dominic Standish.**

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IT IS known as 'Spit', 'plug', 'dip' and 'chew'. But what is smokeless tobacco, and why are types of it banned in most European countries?

The most popular kinds of smokeless tobacco are chewing tobacco and oral snuff. Nasal snuff was widely ditched for smoking during the twentieth century and is now rare. These days snuff is usually placed under the lip or in the cheek. Nicotine is absorbed into the blood through the mouth.

Snuff is especially popular among men in Scandinavia, where it is called 'snus'.

However, the precautionary principle of 'better safe than sorry' has been invoked to ban its sale in all EU countries - except Sweden.

On 1 December, an article was published in the journal Tobacco Control that suggested "smokeless tobacco is substantially less harmful than smoking and evidence from Sweden suggests it is used as a substitute for smoking and for smoking cessation".

Remarkably, the article was co-authored by anti-smoking experts, such as Clive Bates from Action on Smoking and Health (ASH).

Smokeless tobacco was also discussed at the fifth European conference of the Society for Research on Nicotine and Tobacco, held in Padua, Italy, from 20-22 November. The conference examined various suggestions for nicotine replacement therapy, such as the use of nicotine patches and chewing gum.

Dr Philip Tonnesen, from Denmark, advocated the use of snuff for smoking reduction by hard core smokers with chronic obstructive pulmonary disease when safer methods of treatment fail.

Snuff increases the heart rate, blood pressure and is addictive. But this is also true of caffeine. Many other health risks from smokeless tobacco have been debated, including gum disease, dental problems, leukoplakia (a white patch on tongues, gums, cheeks, or roof of the mouth that is frequently a pre-cancerous condition), mouth lesions and oral cancers.

The chances of mouth cancer from smokeless tobacco are less than half those from smoking, according to Dr Brad Rodu, professor of pathology at the University of Alabama in Birmingham, US. He co-authored an article in the Journal of Internal Medicine in 2002.

It stated that the use of snus was the major factor in smoking cessation among men in a study in northern Sweden between 1986 and 1999.

Swedish males experience much lower rates of lung cancer than in other European Union countries. Swedish females have lung cancer rates comparable to other females from the same region and rarely use snus.

More research on smokeless tobacco is clearly needed. In response to a question at the Padua conference, Dr William McNee, from the UK, indicated that there is a lack of research into the impact of snuff on oxidative stress. Indeed, too little research on smokeless tobacco has been used as a reason for restricting it in Europe. In particular, many European politicians have argued that the precautionary principle should be applied to snus due to the lack of research into its effects.

The ban on snus has been challenged by its main producer, Swedish Match. Whatever the health risks of snus, people should have the right to choose whether they use it. Banning snus according to the precautionary principle is irrational.

It is also ironic when types of Indian chewing tobacco that are widely acknowledged as more damaging for health are legal in the Union.

Ending the EU ban on snus does not mean it will become widely used. Cultural factors have evidently been influential with many types of smokeless tobacco. Dr Raka Jain spoke at the Padua conference about the extensive use of smokeless tobacco in India. She quoted figures estimating that there are 112 million smokers and 96 million users of smokeless tobacco in the country.

In Sweden, miners and fishermen have historically used snus, whereas in the US baseball players have traditionally chewed tobacco. Chewing tobacco and spitting has understandably been perceived as anti-social in many societies.

Yet the US Smokeless Tobacco manufacturer has recently produced a more socially acceptable smokeless tobacco, Revel, that does not stimulate frequent spitting. It comes in packets that look like tea bags and is available in non-tobacco flavours, such as mint and cherry.

There are other forms of nicotine that are healthier than smokeless tobacco. Dr Jacques Le Houezec, from France, suggested at the Padua conference that the development of inhaled nicotine using sprays has been too slow to compete with tobacco.

But that may change with new technologies emerging. Consumers should be free to choose nicotine alternatives to smoking and smokeless tobacco should not be snuffed out in Europe by the precautionary principle.

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