



FREQUENTLY ASKED QUESTIONS

1. What is Switch and Quit Owensboro?

Switch and Quit Owensboro is a University of Louisville-based program to inform smokers about a scientifically credible option for quitting: substituting vastly safer smoke-free tobacco products for cigarettes.

Smoke-free tobacco use is 98 percent safer than cigarette smoking. In fact, the health risks associated with long-term smokeless tobacco use are so low that they are barely measurable with modern epidemiologic methods.

Smoke-free tobacco effectively provides the nicotine kick smokers crave, which is why it has been shown to be a successful cigarette substitute in American and Swedish research studies.

Modern smoke-free tobacco products can be used discreetly – much like a breath mint – in any social situation.

2. Why are you running this program in Owensboro?

Switch and Quit Owensboro is an extension of the James Graham Brown Cancer Center's commitment to the prevention and treatment of cancer in Owensboro. It aims to prevent the estimated 220 smoking-related deaths that occur in Daviess County every year. Many smokers are unable or unwilling to abstain completely, and Switch and Quit offers smokers tobacco harm reduction by substituting vastly safer smoke-free tobacco products for deadly cigarettes.

As a smoking cessation program, Switch and Quit Owensboro is in very good company. The National Cancer Institute has funded a national clinical trial based at the Medical University of South Carolina that will measure the impact of a smokeless tobacco product as a quit-smoking aid (http://projectreporter.nih.gov/project_info_description.cfm?aid=8023918&icde=8004341).

3. Who is responsible for this program?

Switch and Quit Owensboro is directed by Dr. Brad Rodu, professor of medicine and an endowed chair in tobacco harm reduction research at the University of Louisville. Dr. Rodu has been an internationally recognized investigator of, and advocate for, tobacco harm reduction for more than 15 years.

4. How will you measure this program's success?

We'll be tracking Owensboro cigarette consumption, which now stands at an astounding 15,000 cartons per week. Consumption should drop when Owensboro smokers are educated about safer, satisfying smoke-free substitutes.

5. Who funded the research behind Switch and Quit Owensboro?

All of the developmental work for this harm-reduction strategy and resultant published research was accomplished from 1993 to 1999 with only very limited financial support from general accounts at the University of Alabama at Birmingham (UAB), and no external support whatsoever. During that time, Dr. Rodu and colleagues established the scientific foundation of the strategy with publications in professional medical journals and in the general-interest press.

From 1999 to 2004, the University of Alabama at Birmingham received a five-year unrestricted research grant from the United States Smokeless Tobacco Company (USSTC) of Greenwich, Connecticut. The award supported the UAB Tobacco Research Fund, and the principal investigator was Brad Rodu. The agreement between USSTC and UAB broke new ground with regard to industry-sponsored university research. The award was completely unrestricted; the agreement specified that UAB had no obligation to USSTC regarding consequential work products. The grantor had no scientific input or other influence regarding the nature of the research projects or activities and did not have access to research reports prior to their publication. In other words, the structure of this agreement exceeded UAB guidelines with regard to financial support from external sources, and it imposed absolutely no restrictions on academic freedom in the undertaking and communication of funded research. A scientific advisory board oversaw the program.

In 2005, Dr. Rodu joined the University of Louisville (UofL) as a professor of medicine and the first holder of an endowed chair in tobacco harm reduction research. Financial support for the endowed chair and research activities was made possible by grants from USSTC and Swedish Match (based in Stockholm, Sweden with North American operations based in Richmond, Virginia). In 2009, UofL received separate grants from Reynolds American Inc. Services Company and Altria Client Services; in 2010 UofL received a grant from British American Tobacco. All UofL grants are unrestricted, which ensures the scientific independence and integrity of research projects and activities.

The chair was also funded in part by the State of Kentucky Research Challenge Trust Fund, a program that makes it possible for public universities in Kentucky to attract and retain the nation's top scholars and researchers.

6. All tobacco products contain nicotine, so aren't all tobacco products hazardous?

Nicotine is the addictive drug in tobacco, but it is not the major cause of any disease associated with smoking. Smoke-free tobacco also contains nicotine, which is why it is a satisfying cigarette substitute. Nicotine can be compared to caffeine, which is similarly addictive but safely consumed in coffee, tea and cola drinks. Science shows us that it's the smoke that kills, so smokers need to know that they can consume nicotine in far safer ways.

7. Are you saying smokeless tobacco is safe? What about mouth cancer?

No tobacco product is absolutely safe, but the health risks of smokeless tobacco have been grossly exaggerated for more than 30 years. It is a fact that the lifetime risk of dying from smokeless tobacco use is similar to the risk of dying in an automobile accident. In contrast, the risk of dying from smoking is 50 to 100 times higher.

Americans have been terribly misinformed about mouth cancer: The fact is, the risk from smokeless tobacco use is so low that it is difficult to measure accurately. Smokers who switch to smokeless have much lower risks for all smoking-related diseases, including mouth cancer.

8. Are you recommending specific products?

Any smoke-free product that delivers nicotine is vastly safer than cigarettes. But smokers also need substitutes that are satisfying, enjoyable and socially acceptable in order to stop smoking. We have a list of products available in Owensboro at www.smokersonly.org/Owensboro (later www.SwitchandQuitOwensboro.org).

9. Who supports the concept behind Switch and Quit?

The following prestigious professional groups have endorsed tobacco harm reduction as a credible option:

- The British Royal College of Physicians concluded in 2007 that "...smokers smoke predominantly for nicotine, that nicotine itself is not especially hazardous, and that if nicotine could be provided in a form that is acceptable and effective as a cigarette substitute, millions of lives could be saved." (RCP Report)
- The American Association of Public Health Physicians in 2008 formally adopted a policy "...encouraging and enabling smokers to reduce their risk of tobacco-related illness and death by switching to less hazardous smokeless tobacco products."
(www.aaphp.org/special/joelstobac/20081026HarmReductionResolutionAsPassed1.pdf)
- The American Council on Science and Health concluded in 2006 that "There is a strong scientific and medical foundation for tobacco harm reduction, which shows great potential as a public health strategy to help millions of smokers." (http://www.acsh.org/publications/pubid.1403/pub_detail.asp)

10. Why haven't more health groups and organizations endorsed this strategy?

Most American medical organizations believe that total tobacco and nicotine abstinence is the only cessation option. The problem is that abstinence is unachievable for millions of smokers. It is also unnecessary, because smokers who switch to smoke-free products get almost all of the health benefits of complete tobacco abstinence.

11. Is my doctor aware of the benefits of switching to smoke-free products?

Unfortunately, health professionals have been badly misinformed about the relative risks of smoke-free tobacco versus cigarettes. If you discuss this with your doctor, ask him or her to visit our website, www.smokersonly.org/Owensboro for information about this life-saving strategy.

12. What about tobacco use by children?

All tobacco products are legal only for adults age 18 or over. We strongly support all measures to keep tobacco away from children.

Switch and Quit Owensboro isn't about children. It's about the 4,400 people in Daviess County (and 8 million nationwide) who will die from smoking-related illnesses in the next 20 years. Today they are adult smokers who are at least 35 years old. Preventing youth access to tobacco is vitally important, but that concern should not bury the facts, and condemn nicotine-addicted parents and grandparents to premature death.

Research from the U.S. and Sweden (where men smoke less, and use more smokeless tobacco than in any other developed country) shows that smokeless tobacco use is not a gateway to smoking among adolescents. For adult inveterate smokers (both men and women), it can be a gateway to longer and healthier smoke-free lives.

13. What if I want to smoke AND use smoke-free products? Is that a problem?

An extensive study on the topic of dual use (smoking and using smoke-free products) was conducted by Kimberly Frost-Pineda and colleagues and published online in *Nicotine & Tobacco Research*. In a review of 17 published research studies that had data on the health risks from dual use versus those from smoking, Kimberly-Pineda

conclude that "...there are not any unique health risks associated with dual use of smokeless tobacco products and cigarettes, which are not anticipated or observed from cigarette smoking alone." The authors further commented, "some data indicate that the risks of dual use are lower than those of exclusive smoking."

Frost-Pineda and colleagues also found evidence from both American and Swedish studies that dual users were more likely than exclusive smokers to quit smoking, but less likely to become completely tobacco-abstinent. For example, one American study found that 11% of dual users were tobacco-abstinent after 4 years of follow-up, compared with 16% of exclusive smokers. However, 80% of exclusive smokers were still smoking at the 4-year follow-up, while only 27% of dual users were smoking; 44% were still dual users and 17% were exclusive smokeless users. The differences between smokers and dual users in Swedish follow-up studies are even more impressive.

Despite the evidence from these studies, Switch and Quit Owensboro encourages smokers to switch to smoke-free products completely. Even occasional smoking can do harm.