



Should Smokeless Tobacco Be Promoted as an Alternative to Cigarette Smoking?

YES: John Britton and Richard Edwards, from "Tobacco Smoking, Harm Reduction, and Nicotine Product Regulation," *The Lancet* (February 2, 2008)

NO: Adrienne B. Mejia and Pamela M. Ling, from "Tobacco Industry Consumer Research on Smokeless Tobacco Users and Product Development," *American Journal of Public Health* (January 2010)

ISSUE SUMMARY

YES: Professors John Britton and Richard Edwards advocate the use of smokeless tobacco as an alternative to tobacco smoking because the harm from tobacco is rooted more in the act of smoking than from nicotine. They recognize that smokeless tobacco carries certain risks, although they note that nicotine is neither a known carcinogen nor does it reduce birthweight as much as tobacco smoking.

NO: Adrienne Mejia and Pamela Ling maintain that tobacco manufacturers are marketing smokeless tobacco products as a way to counter smoke-free laws at the workplace and in bars and restaurants. They feel that smokeless products are especially targeted toward younger smokers. Mejia and Ling argue that smokeless tobacco is not a healthy alternative to smoked tobacco.

There is no debate as to whether cigarette smoking is deadly. On a worldwide basis, it is estimated that 100 million people die annually from this addiction. In the United States, over 400,000 die each year from cigarette smoking. Besides causing premature death, millions more people are afflicted with diseases such as bronchitis, lung cancer, and emphysema. Cigarette tobacco emits secondhand smoke that has an impact on coworkers as well as spouses and children living with smokers. Health care professionals are adamant about the need to reduce cigarette smoking. Clearly, cigarette smoking interferes with one's quality of life. The issue being debated is not whether smokeless tobacco is beneficial, but whether or not it should be promoted as an alternative to cigarette smoking.

There are a number of adverse health effects associated with smokeless tobacco. Because there is more nicotine in smokeless tobacco than in cigarettes, the potential for addiction is high. Conversely, frequent use of smokeless tobacco greatly hinders one's ability to stop its use. According to its detractors, smokeless tobacco can be carcinogenic. Although, oral cancer has been associated with its use, the risk of lung cancer from cigarette smoking is greater. Other oral health effects include dental cavities, gingivitis, and periodontitis.

Proponents of smokeless tobacco as an alternative to cigarette smoking agree that it is best for smokers to stop smoking altogether. However, in light of the fact that many people cannot quit smoking, despite numerous attempts, they maintain that smokeless tobacco is less harmful. In essence, the use of smokeless tobacco is a harm reduction strategy. Cigarette smoking is simply more deleterious than using smokeless tobacco. Smokeless tobacco is the lesser of two evils.

Those individuals who support smokeless tobacco as an alternative to cigarette smoking note that nicotine is not a recognized carcinogen and that it does not impair lung functioning. As noted previously, opponents of smokeless tobacco claim that smokeless tobacco may cause cancer. Currently, many people use nicotine patches and gums to reduce cigarette smoking. One could argue that smokeless tobacco is another example of nicotine replacement.

Opponents of the harm reduction strategy argue that smokeless tobacco use discourages individuals from stopping all tobacco use. Their position is that although smokeless tobacco may be less harmful than cigarette smoking, all tobacco use should be discouraged. Opponents dispel the notion of "harmful but safer" when discussing the use of smokeless tobacco. Any tobacco use is a public health problem. To stop or reduce the level of cigarette smoking, opponents would rather increase the tax on cigarettes or place other restrictions on its use.

It is believed that young people who start out using smokeless tobacco may eventually smoke cigarettes. Also, one could question whether young people get the wrong message if smokeless tobacco was advocated in lieu of cigarette smoking? Teenagers are influenced by the media. It has been shown that movies portraying cigarette smoking result in an increase in adolescents smoking. Perhaps young people may get the impression that it is okay to use smokeless tobacco if it is advocated as an alternative to cigarette smoking.

In the YES selection, John Britton and Richard Edwards advocate the use of smokeless tobacco as a safer alternative to cigarette smoking. They maintain that the hazards associated with smokeless tobacco may be exaggerated. In the NO selection, Adrienne Mejia and Pamela Ling argue that smokeless tobacco should not be promoted as a safer alternative to cigarette smoking. They believe that smokeless tobacco is promoted by tobacco companies as a way to circumvent anti-tobacco forces.

Tobacco Smoking, Harm Reduction, and Nicotine Product Regulation

Cigarette smoking is highly addictive, widely prevalent, and very hazardous. Smoking killed 100 million people in the 20th century, and is predicted to kill 1 billion in the 21st century. Worldwide, there are about 1.1 billion smokers, and there are expected to be 1.6 billion by 2025. Half of all smokers will die prematurely, unless they stop smoking.

In the 50 years since the health risks of smoking first became widely recognised, the political and public health responses to smoking at national and international levels have been grossly inadequate. Although the main components of current recommended tobacco control policy (panel 1) have changed little from those first proposed in 1962, they have still not been widely applied and, in any case, achieve a reduction in smoking prevalence of typically about 0.5, and at best 1.0, percentage point per year. Full implementation of these policies might be sufficient to prevent smoking in countries in which the smoking epidemic has yet to take hold, but this is only part of the necessary solution for countries with an established smoking population. In the UK, for example, where 24% of adults still smoke, at a reduction rate of 0.5 percentage point per year it would take more than 20 years to reduce the prevalence of smoking by half. Even then, there will be more than 5 million smokers in the UK alone, predominantly from the most socioeconomically disadvantaged sectors of society, bearing a vast burden of avoidable morbidity and mortality. In fact most of the 150 million deaths from smoking that are expected over the next 20 years will occur in current smokers who are alive today. Since millions of these are unlikely to stop smoking in the near future, we argue, on the basis of a new report from the Royal College of Physicians, that in addition to conventional tobacco control policies, the application of harm reduction principles to nicotine and tobacco use could deliver substantial reductions in the morbidity and mortality currently caused by tobacco consumption. However, achievement of these reductions will require radical structural reform of the way in which nicotine and tobacco products are regulated and used.

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Panel 1: Essential components of tobacco control policy

- Use of price, tax increases, or both to reduce consumption
- Prevent smoking in public places and in workplaces
- Health warnings on packets of tobacco products
- Health promotion and public information campaigns
- Prohibition of advertising and other promotion
- Provision of smoking cessation services
- Prevention of smuggling
- Prohibition of sales and reduction of availability to people under age 18 years

Most people continue to smoke because they are addicted to nicotine. Inhaled tobacco smoke is especially addictive because it delivers high doses of nicotine to the brain very rapidly, and because nicotine confers rewarding properties on other stimuli associated with smoking. Exposure to high nicotine concentrations at an early age might also determine the intensity of addiction through effects on nicotinic receptor numbers in the brain.

Nicotine is available from a wide range of products: smoked tobacco, of which the cigarette is pre-eminent; medicinal nicotine, currently available as nicotine replacement therapy; and smokeless tobacco products, of which oral tobacco is the most widely used. Cigarettes and other smoked tobacco products, such as cigars and pipes, are by far the most harmful because they deliver nicotine in conjunction with hundreds of other toxins and carcinogens. It is these toxins and carcinogens that are mainly responsible for the major adverse health effects of smoking—particularly lung cancer, chronic obstructive pulmonary disease (COPD), heart disease, and stroke. By contrast, the safety record of medicinal nicotine products is very good.

Nicotine is not a recognised carcinogen and does not cause COPD. It has effects on blood pressure and heart rate that might be expected to increase risk of cardiovascular disease, but these effects are not seen in practice. Nicotine reduces placental blood flow, but medicinal nicotine does not reduce birth-weight as much as smoking does. Therefore, although medicinal nicotine is not wholly safe, for practical purposes, and certainly when compared with smoking, the hazard associated with medicinal nicotine use is very low.

The risk profile of smokeless tobacco products is more wide ranging and includes oral cancer, other gastrointestinal cancers, and heart disease. These risks vary substantially between different smokeless products, but are low for products low in nitrosamine, such as Swedish snus. Snus use increases the risk of pancreatic cancer, but not of lung and oral cancers, or COPD. Use of other smokeless products has been linked to an increased risk of cardiovascular disease, but snus has little, if any, effect. The risk of adverse effects associated with snus use is lower than that associated with smoking, overall by an estimated 90%. Whatever the true overall hazard, use of low nitrosamine smokeless products is clearly substantially less harmful than tobacco smoking.

The rationale behind harm reduction is that although the best option would be to avoid the harmful behaviour completely, the next best option, if the behaviour is likely to continue, is to ensure that the harm caused is kept to a minimum. A logical harm reduction approach for the millions of smokers who are unlikely to achieve complete abstinence in the short-term or medium-term

future is to promote the substitution of tobacco smoking with an alternative, less hazardous means of obtaining nicotine.

The least hazardous alternative is medicinal nicotine. Since their development around 20 years ago, medicinal nicotine products have been promoted as cessation therapies, for use as short-term substitutes for smoking in the context of attempts to stop smoking. In clinical trials, use of medicinal nicotine increases the likelihood of stopping smoking by around 80%, but the absolute increase in quit rates is modest because the baseline success rates are low. Thus, in a quit attempt using medicinal nicotine in conjunction with best-practice behavioural support, only about one in five smokers succeed in stopping for 6 months. These products are not strongly effective or competitive substitutes for smoking because they deliver nicotine in lower doses and more slowly than do cigarettes. Medicinal nicotine products are also much less available than cigarettes in most countries; are marketed and advertised as smoking cessation therapies (rather than long-term smoking substitutes); are expensive to buy, and are widely perceived as harmful by smokers.

Anecdotally, smokeless tobacco products have a history of use as temporary substitutes for smoking by occupational groups, such as coal miners, who cannot smoke while at work. In Sweden at least some of the substantial reduction in daily smoking prevalence in the past 20 years or so seems attributable to substitution of smoking by snus use, especially by men. Although there has been uptake of regular smoking by smokeless users who might not otherwise have smoked (gateway progression), the extent to which this progression has happened is much less than that from regular smoking to snus. However, this pattern of use has not been replicated elsewhere. In the USA, where other forms of smokeless tobacco have also been available for some time, the prevalence of smokeless tobacco use has fallen progressively in conjunction with that of smoking—to below 5% in men and 1% in women by 2000. In Norway, snus use has increased recently to about 11% of all men, and 18% of men aged 16–24 years, with no evidence yet of effect on the rate of decline in smoking prevalence [Erik Dybing, personal communication].

The effectiveness of smokeless tobacco as a substitute for smoking, and the relative extent to which wider availability and promotion of smokeless products would result in gateway progression into or out of smoking, are controversial topics. Some argue that health professionals should not condone any use of nicotine, and also that encouraging use of alternative nicotine products, particularly smokeless tobacco, would invite abuse of the market by their commercial producers. Others argue that if smokeless products are an effective and less hazardous substitute for smoking it would be in the public interest to harness that potential to public health benefit, particularly if the Swedish pattern of predominant gateway progression from smoking to smokeless use could be realised in other countries.

The arguments are finely balanced. However, on the basis of the Swedish data we believe that the potential role of smokeless products at least merits further consideration and investigation to find out whether and to what extent these products can act as substitutes for smoking; whether tobacco products are more effective smoking substitutes than medicinal nicotine; and, if so,

whether the product characteristics responsible can be identified and used to develop more acceptable low-risk medicinal products. We also believe that the development of such products should happen only within an overall strategy of radical reform of the regulatory systems that apply to nicotine products, including much stronger regulation of smoked tobacco, to ensure that the harm caused by all nicotine use is kept to a minimum.

Effective harm reduction strategies, and particularly the option of providing nicotine without smoke as an acceptable long-term or even lifelong substitute for smoking, have not been widely applied to tobacco smoking. The pharmaceutical companies have not evidently engaged in the development of medicinal devices that are strongly competitive with cigarettes. Use of smokeless tobacco is actively discouraged by many health professionals and by WHO. This opposition to smokeless products is despite predicted benefits from modelling studies. If a product such as snus were marketed in the USA with a health warning stating that it is addictive and might increase risk of disease, but that it is substantially less harmful than cigarettes, the prevalence of smoking in the USA would be reduced by an estimated additional 1.3% to 3.1% over 5 years (ie, by about 0.44% per year). In a study modelling the effect of the introduction of snus as an alternative to smoking in Australia, the investigators concluded that the overall net effect would be beneficial to public health.

We believe that the absence of effective harm reduction options for smokers is perverse, unjust, and acts against the rights and best interests of smokers and the public health. Addicted smokers have a right to choose from a range of safer nicotine products, as well as accurate and unbiased information to guide that choice. There are, however, several obstacles to the development of an effective harm reduction strategy for tobacco smoking in the UK and many other countries, and particularly to the development and marketing of more effective medicinal products. Paramount among these is the current system of regulations that apply to different nicotine products in most countries.

A major reason why tobacco products have remained exempt from consumer protection regulation in most countries is that the logical and proportionate application of existing regulations would result in their immediate withdrawal from sale. Thus, the most dangerous and addictive nicotine products remain only slightly regulated, in great disproportion to their hazard, and are freely available and widely used. Tobacco companies are also free to develop or modify, and bring to market, new smoked tobacco products and other tobacco derivatives with little regulatory control.

By contrast, medicinal nicotine products, which are the safest source of nicotine, are generally subject to the highest levels of regulation since they are generally classified as drugs. This is almost certainly a major disincentive to new product development and innovation, and to market competition to create better and more effective cigarette substitutes. The present regulatory system also discourages innovation through the real or perceived likelihood that most effective smoking substitutes, which would almost certainly be more addictive than the present range of medicinal products, would be subject to even stricter controls on marketing and supply, or perhaps even prevented from coming to market.

Current regulation of smokeless tobacco products is also inconsistent, since most products are subject to minimal regulatory controls, whereas the supply of snus, which is one of the least hazardous of such products, is prohibited in most European countries. Extension of that prohibition across the range of smokeless products would resolve this inconsistency, but at the expense of the loss of a potentially effective alternative to smoking. On the other hand, removing the prohibition on snus would deal the tobacco industry a free hand to exploit the smokeless tobacco market with apparent endorsement by legislators. Neither of these options is ideal; hence, an alternative approach, designed to benefit public health rather than industry profit, is needed.

Our argument is that nicotine products should all be regulated rationally in relation to each other, in proportion to their level of hazard, in a system designed to reduce the overall harm caused by nicotine dependence and use. The regulatory framework should promote complete cessation of nicotine product use as the preferred option, but also encourage existing smokers who are unable to stop smoking to adopt a less hazardous source of the drug. An obvious prerequisite of this change would be an acceptance by society in general, and particularly by health professionals, that use of low-hazard nicotine products might be prevalent for many years.

Achievement of a rational nicotine regulatory framework needs a radical overhaul of existing systems to encourage the innovation, development, and use of new medicinal nicotine products at the least hazardous end of the spectrum, and to achieve the fastest possible reductions in use of products at the smoked tobacco extreme. The regulatory framework should therefore apply the levers of affordability, promotion, and availability in direct inverse relation to the hazard of the product, thus creating the most favourable market environment for the least hazardous products while also strongly discouraging the use of smoked tobacco. The anomalies that inhibit market competition to develop new and better rapid delivery, user-friendly medicinal nicotine products (eg, inhaled nicotine) that can compete with cigarettes for long-term use need to be removed; and there needs to be more widespread promotion and sale of existing or new lower-hazard products. The regulatory system should include a robust surveillance function so that potentially counterproductive trends in marketing or use of all nicotine products—particularly those that are tobacco-based—are promptly detected and resolved. The regulatory system should ensure that alternative nicotine products, medicinal or tobacco-based, are marketed with appropriate health information and, where appropriate, professional endorsement. Nicotine product regulation should also be applied over time to ensure that smoked tobacco products are subject to progressively increased restrictions—on availability and marketing, with the long-term objective of reducing and, in due course, eradicating all smoked tobacco use.

The options for rationalising nicotine regulation include making all nicotine product regulation the responsibility of an existing agency, such as a food or drug regulation agency, or by coordination and rationalisation of the activities of the different agencies that regulate nicotine products. We conclude, however, that meeting the challenges of implementing effective tobacco control and nicotine harm reduction policies (panel 2), both

nationally and internationally, needs the creation of dedicated, autonomous, and fully resourced national (and where appropriate international) nicotine and tobacco product regulatory authorities. This approach might be unrealistic in many resource-poor countries, and less of a priority in those at the earliest stages of the smoking epidemic, but that is certainly not the case in those that already have a substantial population of established smokers, and hence the most to gain from this strategy.

Panel 2: Suggested roles and functions of a national nicotine regulatory authority

Functions at initiation

- Baseline measurement of all current nicotine product use
- Ensure full implementation of conventional tobacco control policies (panel 1)
- Permissive licensing of medicinal nicotine products for use as smoking substitutes
- Substantial relaxation of restrictions on marketing and sale of medicinal nicotine products
- Removal of tax on medicinal nicotine products
- Communication of objective health risk information for nicotine products and promotion of harm reduction principles to smokers and the public
- Establishment of ground rules for monitoring the use of health messages in promoting the use of lower hazard nicotine products as substitutes for smoking
- Imposition of generic packaging for all tobacco products
- Prohibition of retail display of smoked tobacco products
- Strong graphic health warnings on smoked tobacco products
- Setting of tax and consequently retail price of all nicotine products in relation to their probable relative risk to health
- Prohibition of all sale of nicotine products to individuals under age 18 years
- Introduce licensing of retailers of all smoked tobacco products
- Assume responsibility for overseeing nicotine product delivery and toxicity monitoring
- Mandate the introduction of reduced ignition propensity cigarettes
- Take expert advice on how current restrictions on smokeless nicotine products could be reformed to public health benefit

Continuing functions

- Regular monitoring of trends in nicotine product use, promotion, and availability
- Monitoring of effect of licensing and marketing relaxation on medicinal nicotine use, and revision as necessary to promote public health
- Progressive increases in tax on the most hazardous products
- Continued promotion of health information on different nicotine products and development and monitoring of mass communication strategies to prevent uptake, promote cessation, and reduce harm
- Progressive reduction in retail licences for smoked tobacco products
- Monitoring and policing of illicit and underage tobacco and nicotine trade
- Work with the commercial sector to promote competition and innovation in the medicinal nicotine market
- Monitoring and prevention of smoked product placement and new methods of marketing (eg internet, viral marketing)
- Act on expert advice to set framework for licensing of low-hazard smokeless products and possible test marketing
- Progressively incentivise minority, high risk smokeless tobacco users to quit or else migrate to safer products
- Identify and respond to new developments or threats to health from new or existing product development or promotion
- Control of expenditure on tobacco control interventions to ensure evidence-based and cost-effective interventions are used
- Support nicotine regulation and tobacco control approaches in resource-poor countries

The consequence of failing to intensify tobacco control efforts, and to address the current imbalance in nicotine product regulation, will be the unnecessary perpetuation of current smoking by millions of people, especially

in disadvantaged communities, and a continued epidemic of avoidable death and disability. Specifically, cigarettes and other smoked tobacco products will continue to be freely available with few restrictions on their safety or content; the medicinal nicotine market will continue to focus on low-addiction, low-dose, low-effectiveness products while also stifling competition and innovation; and the current irrational regulation of smokeless products will continue. Most of the millions of smokers alive today will therefore continue to smoke tobacco, and half will die as a result.

**Adrienne B. Mejia and
Pamela M. Ling**



Tobacco Industry Consumer Research on Smokeless Tobacco Users and Product Development

Since 2006, RJ Reynolds (RJR) and Philip Morris have both introduced new smokeless "snus" tobacco products. We analyzed previously secret tobacco industry documents describing the history of RJR and Philip Morris's consumer research, smokeless product development, and marketing strategies. We found that RJR had invested in smokeless research, development, and marketing since 1968. RJR first targeted low-income males through sampling and sponsorship at fishing, rodeo, and baseball events, and through advertising portraying the user as "hard working." In the early 1990s, Philip Morris and RJR hoped to attract more urban, female smokeless users. The current "snus" campaigns appear to appeal to these targeted consumers and smokers in smoke-free environments. These efforts may expand the tobacco market and undermine smoking cessation. (*Am J Public Health*. 2010;100:78-87, doi:10.2105/AJPH.2008.152603)

The debate over the health community and tobacco companies promoting tobacco "harm reduction" by encouraging smokers to switch to smokeless tobacco products has primarily centered on a product resembling a Swedish smokeless tobacco called "snus," which is finely ground oral tobacco (moist snuff) packaged in small porous pouches. In 1982, RJ Reynolds (RJR) recognized moist snuff as the "most profitable and fastest growing segment of the non-cigarette tobacco industry," and from 1982 to 2008, moist snuff remained the only growing segment of the smokeless tobacco market. Smokeless tobacco products are addictive, and their use has been linked to oral cancer, oropharyngeal cancer, heart disease, and pancreatic cancer. Dual use of cigarettes and smokeless tobacco, given that their associated health effects are different and may be additive, may increase the risk of tobacco-related diseases and mortality above single-product use. Through increased dual use and new uptake, smokeless tobacco promotion may actually lead to an increase in tobacco-related harm at the population level (A.M. Mejia, MPH; P.M. Ling, MD; and S.A. Glantz, PhD, unpublished data, 2009).

Leading cigarette companies are entering the smokeless tobacco market, perhaps because of continuing declines in US cigarette consumption and increases in smoke-free ordinances. Between 2006 and 2007, both RJR and

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Philip Morris leveraged their strongest cigarette brands to promote new moist snuff products, such as Camel Snus, Marlboro Snus, and Marlboro Moist Snuff, in test markets around the United States. The new products are line extensions of well-known cigarette brands, giving them a sense of familiarity that may increase their appeal to smokers, and they may promote the dual use of both cigarettes and smokeless tobacco products that share the same brand name.

In March 2008, RJR announced plans to expand Camel Snus into 10 additional major US metropolitan areas. In the second quarter of 2008, the Liggett Group began test marketing Grand Prix Snus, an addition to the Grand Prix cigarette brand, in 7 of the 8 test markets where Camel Snus was available. Most of the cities where snus was introduced have 100% smoke-free laws in workplaces, bars, or restaurants. Advertisements for Camel and Marlboro Snus tout it as a temporary way to deal with smoke-free policies in public places, bars, workplaces, and airplanes. Such messages may undermine the effectiveness of smoke-free environments in motivating smoking cessation. The style and content of the advertising also appears designed to attract young people and other new users. There is concern that promotion of smokeless tobacco could lead to (1) previous nontobacco users becoming users of smokeless products, (2) smokeless tobacco serving as a potential gateway product to smoking, and (3) smokers who would have quit using tobacco entirely instead becoming dual users of cigarettes and smokeless tobacco.

Understanding how tobacco companies have profiled, targeted, and marketed to smokeless tobacco users in the past provides a valuable context for understanding current marketing activities. Although tobacco industry documents may not contain direct information about marketing the newest products, many current efforts resulted from years of past research. Cigarette companies conducted consumer research on the demographic and psychological characteristics of smokeless tobacco users, what factors motivated them to use smokeless products, their beliefs about smokeless tobacco and its harms or benefits, and what product characteristics (such as flavoring or nicotine levels) or advertising messages appeared to motivate purchase or use behaviors. Industry documents also show how consumer research was applied to develop new products and marketing strategies.

We analyzed previously secret documents from Philip Morris and RJR to better understand their current marketing activities, asking the following research questions: How have tobacco companies characterized and understood smokeless tobacco users? How have target user profiles been developed and matched to advertising appeals? What have been the main "selling" messages for smokeless products over time? How do these profiles and message strategies compare with current marketing activities?

Methods

We searched tobacco industry document archives from the University of California, San Francisco Legacy Tobacco Documents Library (<http://legacy.library.ucsf.edu>) between June 2007 and August 2008. Initial search terms included the following: smokeless tobacco, chewing tobacco, snus, specialty tobacco

products, marketing development, smoke-free, R&D, moist snuff, Skoal, Copenhagen, and US Tobacco. Initial searches yielded thousands of documents; we reviewed documents relevant to chewing tobacco, moist snuff, and related consumer research or marketing activities. We repeated and focused searches using standard techniques. In addition, we conducted "snowball" searches for contextual information on relevant documents using names, project titles, brand names, document locations, dates, and reference (Bates) numbers.

This analysis was based on a final collection of 234 research reports, presentations, marketing development proposals, and project status reports. We reviewed the documents, organized them thematically, and wrote summary memoranda. Common themes were identified and discussed. Information found in industry documents was triangulated with data from searches of the tobacco company annual and quarterly reports and investor webcasts, online search engines, and official company Web sites (US Smokeless Tobacco, RJ Reynolds, Conwood, and Philip Morris), brand Web sites (Camel Snus, Marlboro Snus), news stories, and promotional materials such as print and Internet advertisements.

Results

RJR has manufactured smokeless tobacco products since the early 1900s and has invested in chewing tobacco consumer research, marketing, and advertising since at least 1968.

Traditional Smokeless Tobacco Users

The 1968 National Tobacco Chewing Survey (a section of a tobacco usage survey mailed to National Family Opinion Inc panels), as reported by William Esty Company to RJR, reported that (1) the heaviest concentrations of chewers were in the lowest income groups, (2) chewing tobacco use was higher among farmers and unskilled blue-collar workers than among white-collar and professional men, and (3) chewing tobacco use was highest in rural areas and lowest in the largest cities.

In January 1970, Edward Simon, a qualitative researcher, conducted focus groups of chewers in Charleston, West Virginia, for RJR to provide "in-depth background information on consumer experience with and attitudes toward [the product]." Simon found that most participants had taken up chewing because they worked in factories or mines that prohibited smoking, although some used chewing tobacco in dusty environments to keep their mouths and throats moist. Chewing tobacco was thought to be a calming, relaxing, and tension-reducing experience, pleasantly associated with outdoor activities.

A 1978 Philip Morris smokeless consumer profile described the typical consumer as a male farmer, athlete, or factory worker whose average age was between 40 and 50; the Philip Morris document stated that this profile was supported by a series of interviews conducted by the Department of Health, Education, and Welfare in 1970, which found that twice as many men used smokeless tobacco as did women. A 1983 Philip Morris memo stated that although traditional smokeless users were primarily older farmers and factory

workers in the Midwest and Northwest, market growth throughout the early 1980s was among those aged 18 to 35 years:

Recent evidence indicates that almost 60% of consumers are below the age of 24 and . . . the product is used by growing numbers of women. In addition many users are first-time tobacco users. A 1981 study by Simmons Market Research Bureau indicated that . . . the typical user was a married 18–34 year old male, had an annual income of less than \$25,000 and had no more than a high school education.

Philip Morris collected data from Simmons Market Research Bureau on smokeless tobacco from 1980 to 1984; a report for J.E. Lincoln (vice president for planning at Philip Morris International) included profiles of dual users of chewing tobacco, snuff, and cigarettes. The 1983 Simmons data were cited in a 1984 Philip Morris memo to Hugh Cullman, vice chairman of the board of directors, for him to weigh when considering entering the smokeless market. The attached data described the majority of chewing tobacco users as White, from the South, non-high school graduates, and with a household income under \$25000.

Potential New Smokeless Tobacco Users

As early as 1968, a report prepared by William Esty for RJR noted that "scrap tobacco" (loose leaf) was more popular among the highest income group and those in white-collar occupations. A report by David E. Rawson of Rawson Associates (a marketing firm) summarizing qualitative research for RJR emphasized the increasing popularity of moist snuff in urban settings: "[T]here seems to be a growing desire among city folks to emulate cowboys, freedom, the wild west." Although tobacco users participating in the research associated moist snuff with outdoor men, with rugged, individualistic people who worked in places where they could not smoke, and with farm or rural backgrounds, they did not perceive moist snuff to be as "low class" as other chewing tobacco. They considered moist snuff to be the only form of tobacco that could be used discreetly, as it reportedly did not interfere with speech, hands, or other activities, and did not require spitting.

In late 1971, Claude E. Teague Jr, assistant chief in research and development at RJR, wrote a confidential research-planning memorandum on modified chewing tobacco-like products. Teague proposed solutions to the problems with chewing tobacco that he saw as barriers to making chewing and snuff tobacco "a potentially large, profitable market." The major problems with spit tobacco products were as follows: they required saliva flow and expectoration, they contained high amounts of nicotine (which may be "undesirable to the general public"), and they were messy and bulky in the mouth. The modified products Teague proposed were based on controlled nicotine levels, so that "juices can be swallowed and not spit out," and would be packaged in small units that were not "messy or unsightly to dispose of."

RJR's 1970 consumer research revealed that many chewers did not perceive chewing tobacco as harmful to their health. In 1971, Teague asserted that

chewing tobacco was the "most free of alleged health hazards" of all tobacco products and cited surveys indicating that chewing tobacco provided most of smoking's "physiological satisfactions." Teague also recommended that any modified smokeless tobacco be advertised as though it was an existing chewing tobacco or snuff product, which should "minimize legal or regulatory problems, and should avoid scrutiny by the Food and Drug Administration." By 1978, Rawson's report summarizing RJR's qualitative consumer research noted that with heightened health concerns about smoking, snuff was perceived as a good, safer alternative. Rawson also suggested that RJR promote the "safety and smokeless feature, but stress the less macho, more sophisticated upscale image more compatible with newer types of users for the milder versions."

Early Product Development and Testing

In 1978, RJR established a Specialty Tobacco Products division that included little cigars, pipe tobacco, roll-your-own (loose) tobacco, wet snuff, and chewing tobacco. In 1980, the total approved Specialty Tobacco Products budget was \$8222000 for advertising, promotion, and marketing development; in 1981, total Specialty Tobacco Products spending on marketing was \$13.5 million. Specialty Tobacco Products marketing activities emphasized "primary product and psychological benefits" and focused on consumer research and competitive product testing with other brands. New brand families were planned to compete directly with established brands in the market (Table 1).

RJR's 1982 marketing plans emphasized that the "highest Specialty Tobacco Products priority [would be] to position RJR as a major competitor in the moist snuff category, the most profitable and fastest growing segment of the non-cigarette industry." For example, RJR's consumer research with users of flavored moist snuff who were aged 18 to 34 years led to a highly winter-green flavored, fine-cut prototype (internally called "Project WSH" by RJR) to compete with Hawken moist snuff. In January 1982, WSH was introduced as Timberline to test markets; it targeted young males at "country and western night clubs, [and] sports arenas." Additional qualitative research conducted for RJR found that fancy packaging appealed more to new users: "the association of colorful package graphics to the newer, milder and 'candy-like' brands, suggests that new moist snuff packaging should be basic with sharp and simple graphics if it is to appeal to experienced Skoal and Copenhagen users."

The Assessor Testing System was a laboratory test market simulation procedure that RJR used to evaluate new brands; it included a laboratory phase (simulated shopping situation) in a shopping mall and 3 telephone callbacks. Demographic data were collected along with brand preference, brand awareness, and product attributes. Advertising recall, like-ability, believability, and meaningfulness were assessed through exposure to a portfolio of television commercials.

In March 1982, an assessor experiment on Timberline was conducted with 445 males aged 18 years and older who used flavored moist snuff. The main conclusions were as follows: (1) most smokeless tobacco users participating in the research were young (aged 18–24 years) single men, with at least

Table 1

RJ Reynolds Specialty Tobacco Products Projects, With Positioning Concepts and Summaries: 1985

Project	Product Name	Key Competitor Products	Positioning Concept	Prime Prospect Demographics	Prime Prospect Psychographics
WSS ("Wet Snuff-Skoal" type); solo entry	High Country	Skoal (US Tobacco), Kodiak (Conwood)	"[A] new wintergreen flavor snuff that refreshes you. Whether you're working or playing, you want to get the most out of each day. This snuff provides tobacco satisfaction, with a refreshing wintergreen flavor that keeps you going all day long . . . satisfies the active man—a user perceived as out-going, energetic."	Males aged 18-34 y Middle income Blue-collar occupation High school education Rural residence West Central, Southwest, Southeast regions	Outgoing, fun loving, makes friends easily Susceptible to peer influence Leisure activity centers around outdoor sports
WSC ("Wet Snuff-Copenhagen" type); solo entry	Calliber	Copenhagen (US Tobacco)	"[A] new natural flavor snuff for the man who thinks for himself. Unlike those who follow the crowd, he is known by his friends as one who thinks things through, and then does what's right for him. Knowing he is true to himself gives him a lot of satisfaction."	Males aged 18-34 y Middle income Blue-collar occupation High school education Rural residence West Central, Southwest, Pacific regions	Confident, goal-driven, self-reliant, proud of individuality Selective at establishing close friendships Leisure time centers on outdoor sports
WSS and WSC Brand Family	High Country	Hawken (Conwood) Gold River (General Cigar) Skoal and Copenhagen (US Tobacco) Kodiak (Conwood)	"[H]elps keep the active man going—user perceived as outgoing, energetic and striving to get the most out of each day."	Males aged 18-34 y Middle income Blue-collar occupation High school education Residence in West Central, Southeast, Southwest, and Pacific regions	Traditional family values Strong family ties Considerate of others Leisure time interests center around outdoor sporting activities
GC ("Good Chew")	Woodsmen	Redman (Conwood)	"[U]ser to be perceived as self-confident, masculine individual who as an avid sportsman enjoys an active, participative outdoors life-style."	Males aged 18-49 y Midscale or above income and education Blue-collar occupation Residence in East Central, Southeast, and Southwest	Self-confident Leisure time interests center around sporting activities

Note. Data are from an RJ Reynolds 1985 marketing plan review for Specialty Tobacco products and brand positioning statement documents.

some college education and incomes of at least \$15000 per year, and (2) participants rated product attributes (e.g., the product being "fresh," "moist," or "satisfying") more important than how they perceived the users of smokeless products (e.g., users being "experienced" or "outdoorsmen," having a "physical job" or being "action oriented"). Positive Timberline product attributes were its moistness, wintergreen flavor, and plastic pack; repeat buyers were somewhat older and more affluent than nonrepeaters. The test predicted an 11.6% market share projection; shortly thereafter, RJR made plans for "Timberline Natural" prototype blends.

Consumer Profiles, Brand Positioning, and Communications

RJR Research on Smokeless Consumers' Wants and Motivations

Throughout the 1970s, RJR conducted and commissioned qualitative research on the moist snuff market. In 1978, David E. Rawson reviewed the results of various focus groups and one-on-one interviews among men with varying levels of chewing tobacco experience and use patterns to understand consumer segments and wants (Table 2). Although Rawson observed that some smokeless tobacco users were cigarette smokers who were trying to reduce or quit smoking, this was clearly not the only motivation to use

Table 2

Different Types of Smokeless Tobacco Users, as Described in a 1978 Qualitative Analysis for RJ Reynolds

	Substitutors	Variety People	Role Players	Sensors
Needs and values	Wish to reduce cigarette consumption or quit altogether	Need variety in their tobacco usage, either for the sake of variety or due to situations	Wish to fulfill or project a specific image that is associated with the use of moist snuff	Desire the unique taste, oral, or physiological experience they believe moist snuff provides
Possible hierarchy of wants	Freshness, satisfaction, taste or flavor, ease of control, low price	Freshness, taste or flavor, satisfaction, ease of control, low price	Freshness, image, taste or flavor, ease of control, low price	Freshness, taste or flavor, ease of control, satisfaction, low price
Subdivisions	Triers or beginners, occasional users, heavy users	Triers or beginners, occasional users	Triers or beginners, occasional users	Triers or beginners, occasional users, heavy users

Note. The column headings and content in table fields are original terms from the report.

Source. RJ Reynolds.

smokeless tobacco. Those trying to substitute smokeless tobacco for cigarettes were not motivated by image and were less motivated by taste or flavor than by "satisfaction" (a common tobacco industry euphemism for the physiological effects of nicotine).

Brand Positioning

RJR defined "positioning" as the basic selling concept used to motivate consumers to select a given product over that of the competition. Results from qualitative studies were used to create brand positioning statements. For example, a 1985 internal strategic document stated that Work Horse would be positioned as the "loose-leaf chewing tobacco that provides longer lasting flavor for the working man." The Timberline target was males 18 to 34 years old, and positioning aimed to have the product "perceived as a wintergreen flavored smokeless tobacco . . . unsurpassed in delivering consistently good taste for masculine, self-reliant moist snuff users."

Twenty consumer-oriented positioning concepts were developed and tested in focus groups for moist snuff projects WSS, WSC, and GC, which would later become the products High Country, Caliber, and Woodsman (Table 1). The positioning with the strongest purchase intent was "satisfaction," which promoted WSC as the snuff that "provides you with the real tobacco taste that keeps you going all day."

Philip Morris In-store Market Research

Philip Morris conducted 3 consumer research studies in collaboration with Marketing Information Systems Inc, a market research company, to determine the incidence of smokeless tobacco use among males and to profile the users. Interview questions included the length of time the interviewee had used smokeless tobacco, his regular brand of smokeless tobacco, terminology for the amount of smokeless tobacco placed in the mouth (such as "dip" or "pinch"), how the user was first introduced to smokeless tobacco, cigarette usage, and occasions when cigarettes were used in place of smokeless tobacco and vice versa.

Philip Morris found that fine-cut moist snuff appeared to be the most popular type of smokeless tobacco and that "45 percent of smokeless tobacco users had never smoked, 26 percent were current smokers and 29 percent former smokers. Within the former smokers group, almost 60 percent stated that smokeless tobacco was a replacement for cigarettes." Philip Morris continued to request market research on smokeless tobacco over time. Results of 272 interviews with male smokeless tobacco users in Atlanta, Georgia; Tallahassee, Florida; and Jacksonville, Florida, found age and regional preferences for different types of smokeless tobacco. They also found significant rates of dual smokeless and cigarette use: in addition to using smokeless tobacco, more than half of the men interviewed in each market had experience with cigarettes, and among dual users in Atlanta, Georgia, a higher proportion claimed that smokeless was more enjoyable than cigarettes.

Early Marketing Activities

The marketing activities that RJR pursued for its smokeless products appeared to target men of lower socioeconomic status, rural backgrounds, and young age; they included sampling, television commercials, and sports sponsorship. For example, in 1981 and 1982, the Work Horse brand was promoted with sampling at "opportunistic events" such as tractor pull contests, spitting contests, and fishing tournaments. The 1981 RJR public relations strategy included plans to write a feature article about supplying free chewing tobacco products to "college baseball teams" and about how there were now "a larger number of young people chewing." Other promotional items and contests included R.J. Gold (a brand of smokeless tobacco) banners, logo-bearing hats and shirts, and cash giveaways. Sporting events provided a fun, exciting atmosphere that built positive associations with tobacco products and encouraged trial of free samples. An RJR special events document from 1989 noted that although sampling was becoming less acceptable to the general public, attendees of special events "actively seek out the samplers . . . and the surroundings provide an attractive trial-inducing climate."

In 1982, RJR advertised Work Horse and R.J. Gold on the radio and on television and made plans for Timberline television advertising. A 1982 Marketing Development Department document written to J. W. Johnston, a one-time RJR president, chairman, and chief executive officer (CEO), reported that WSH [Timberline] commercials under development were tested for their "ability to attract attention to and communicate the desired user image attributes of masculinity and self-reliance." A 1982 weekly status report written to Johnston confirmed that R.J. Gold marketing plans included fishing tournament sponsorship and associated television coverage on ESPN.

Despite the marketing, RJR's product test results revealed that regular users rated all of the Specialty Tobacco Products products inferior to competitors' products in terms of tobacco taste or flavor. In 1983, following a 2-year period of stagnation and decline, RJR reduced support for Work Horse and R.J. Gold. RJR failed to develop a moist snuff-product that competed successfully with existing smokeless products at the time, and the Specialty Tobacco Products Brands Division was dissolved in February 1985.

Renewed Interest in the Smokeless Tobacco Market

The cigarette companies' interests in expanding the smokeless tobacco market that were first expressed in the 1980s were revisited a decade later. During the 1990s, RJR assigned a task force to conduct surveys and interviews to explore the appeal of RJR's cigarette trademarks among moist snuff users who smoked and moist snuff users who did not smoke, to explore consumer expectations of a moist snuff product, and to understand the purchase behavior of current users. In the early 1990s, the consumer profile of smokeless tobacco users as reported by RJR continued to center on White males with low education and low socioeconomic status.

Philip Morris also monitored and collected data from industry analysts' reports on the demographic profile associated with smokeless tobacco use, with an interest in acquiring new users. In 1989, a Philip Morris historical review of the US Tobacco Company asked, "Will women or professionals provide viable markets for expansion?" and "Is there room for international expansion?" A 1993 document written for William Campbell (Philip Morris president and CEO) stated that "the three primary groups driving current growth [of the moist snuff category] are young adult males who choose moist snuff over loose leaf, college males who choose snuff over cigarettes, and converted or dual usage smokers." Although the heaviest smokeless tobacco users were adult males and blue-collar workers, a 1992 planning document written by Philip Morris manager Louis Lembo noted

[R]ecent studies cited by industry analysts indicate that smokeless tobacco is expanding its base to include active outdoor oriented adult males and more college educated white collar workers. UST [US Tobacco Company] feels the increase in smoking restrictions and the health controversy surrounding cigarettes is a major factor in improving smokeless tobacco's demographics. UST estimates that at least 25% of their customers also smoke cigarettes, and might be using moist snuff when smoking is inconvenient or prohibited.

A 1993 smokeless tobacco industry analysis written by Lembo for Campbell stated, "UST claims its moist snuff consumers are younger, better educated, less rural and have a higher income than traditional smokeless tobacco users." Furthermore, Lembo cited data from a 1990 study by the National Collegiate Athletic Association (NCAA), which showed that the percentage of athletes using smokeless tobacco "rose dramatically" in all sports surveyed from 1985 to 1988, as an "indicator of smokeless tobacco's improving image among young, educated adult males." Throughout the 1990s, industry analysts noted that increasing "smoking restrictions in the workplace and cultural changes" worked to expand the consumer base for smokeless tobacco.

In 2006, RJR saw the moist snuff category as representing an "increasingly acceptable alternative to cigarettes" because of perceptions of less risk, fewer regulations, and lower price than for cigarettes, and "an expanding customer base, many of whom are 'dual-users' of moist snuff and cigarettes."

New Smokeless Tobacco Product Marketing

In May 2006, RJR began test marketing Camel Snus in Portland, Oregon, and Austin, Texas, presenting it as a smoke-free, spit-free product in small pouches that originated in Sweden. A Camel Snus fact sheet said that as part of "direct-to-consumers (one-on-one)" marketing for Camel Snus at bars and nightclubs, those who wished "to participate in the promotion and receive communications from a tobacco company, will be given two

tins of Camel Snus." At these marketing events, participants provided proof of age (most often a driver's license), which was scanned and used to generate mailing lists for Camel promotions, coupons, and other direct mail marketing.

The Camel Snus promotions appear to have shifted in focus from the traditional rural, blue-collar target markets to a more sophisticated, urban, professional market. Although the basic marketing strategies employed (giveaways, free samples, promotions, free tickets, etc.) have stayed fairly constant, the venues for these strategies have changed from rodeos, sports events, and car races to concerts and urban nightclubs.

Tobacco Company Webcasts and Conference Calls for Investors

In the 2007 annual analysts' day presentation for Reynolds American Inc (the parent company for RJR), Susan Ivey, chairman and CEO, stated that their strategic vision included positioning themselves as a "total tobacco company." Daan Delen, CEO of RJR Tobacco Co, stated, "Camel isn't just for smokers anymore," and explained that "consumer experience marketing"—in the form of one-on-one dialogue with consumers at retail outlets, bars, nightclubs, and Camel promotional events—was a focus for Camel Snus. "Consumer experience marketing" was described as "word of mouth marketing in retail, in bars, and in night clubs," which also allowed the company to respond to consumer feedback. Delen stated that RJR's snus product appealed mostly to smokers ("really, the adult smoker under thirty"), and that the product had some appeal to women, as about 15% of Camel Snus users in 2006 were women, whereas historically fewer than 10% of smokeless tobacco users were women. The 2007 presentation also included plans to improve Camel and other RJR brands' visibility at the retail level, with vertical and electronic displays, new Camel Snus packaging, and plans to use refrigerated display cases to help differentiate Camel Snus from moist snuff.

In concluding remarks, it was also stated that "RJR feels they are best in position to deal with the migration trends around smokers switching to alternative means in the face of indoor smoking restrictions, [and] a 3.5% decline in cigarette consumption." In a Reynolds American Inc third-quarter-earnings conference call on October 25, 2007, it was reported that RJR was pleased with responses from Camel Snus test markets, with "good repeat business," and that RJR planned to expand test marketing.

Discussion

Since the 1980s, cigarette companies have spent millions of dollars annually on consumer research for smokeless tobacco product development, marketing, and advertising. RJR and Philip Morris developed profiles of the demographics, lifestyles, attitudes, behavior patterns, and preferences of smokeless tobacco consumers; produced tailored product positioning statements, advertising copy, and message tone for these audiences; and took into account the media channel preferences of each group. They found that, historically, the heaviest use of smokeless tobacco products has been concentrated among low-income,

blue-collar, less-educated, White adult males, with an increase in usage among active, outdoor-oriented males occurring in the 1990s.

RJR and Philip Morris also observed consumption pattern shifts in the 1990s, during changing social and legislative attitudes toward cigarettes and smokeless tobacco. Both companies have attempted to expand beyond the traditional user groups, and are currently test marketing cigarette-branded "smokeless, spitless" snus tobacco products that employ their most popular brand names (Camel and Marlboro) and appeal more to upscale, urban, and female users. The appearance and packaging of Camel Snus are unique: the product comes in an "oblong tin" (resembling a package of pocket mints) and is sold in refrigerated cases, whereas chewing tobacco has long been sold in round cans on convenience store shelves. Camel Snus is also sold in bars and clubs in most of the largest US metropolitan areas, including New York City, New York; Los Angeles, California; Miami, Florida; Washington, District of Columbia; Chicago, Illinois; Atlanta, Georgia and San Francisco, California.

In general, smokeless tobacco advertising has focused either on product characteristics or on establishing the image of the user. Although the primary venues for the new cigarette-branded smokeless tobacco advertising campaigns have changed from fishing tournaments and rodeos to urban bars and nightclubs, the core promotional elements are similar: event promotions and sponsorships, colorful packaging and free samples to promote trial by new users and to "teach" people how to use the product, coupons or "buy one, get one free" promotional offers at the point of sale, and hired spokespeople to "educate" consumers about the product one-on-one.

The new Camel Snus advertising emphasizes the novelty of snus and its Swedish origins; the Web site features a Swedish model who demonstrates how to translate Swedish phrases and "how to snus" "on the plane from Miami to L.A." or how to "snus while doing the samba." The Marlboro Snus Web site, on the other hand, mentions that snus was "invented in Sweden, perfected in Marlboro Country." The Camel Snus images appear to be more unisex and upscale, with a tone of glamour and sophistication (featuring scenes from Sweden, nightclubs, business meetings, and airplanes) than Marlboro Snus advertising. The Marlboro Snus marketing has a more masculine edge and highlights how one can use snus on "an adventure," on a road trip, or while fishing. Both the Camel and Marlboro Snus Web sites provide educational, step-by-step guides on "how to snus." [A] direct-mail piece . . . reads, "you can Snus virtually anywhere, from work to bars to trains to your fussy friend's party," and it emphasizes that "snus is NOT dip," suggesting that the targeted users are not already using spit tobacco.

With increasing denormalization of smoking and smoke-free policies, smokeless tobacco marketing messages have also shifted. The current focus for smokeless tobacco markets is on settings with clean indoor air laws. Throughout the 1980s, RJR's Specialty Tobacco Products advertising campaigns centered around messages that their moist snuff products provided a user with "the satisfaction that keeps you going while working hard," or "a way to enjoy outdoor activities for young energetic independent masculine men." The newest marketing messages promote new moist smokeless products as follows: as a

way to enjoy indoor, social activities where one cannot smoke; as a product for smokers to use temporarily; as a trendy, popular, urban, sophisticated activity; and as a product for adventurous women and young men highly concerned with their image. Camel Snus is advertised as "pleasure for wherever" and Marlboro Snus is advertised as "flavor anytime." Both messages center on the promotion of tobacco use without restrictions.

Tobacco companies have a long history of developing initiation or "starter" products. Flavored smokeless tobacco products have consistently been perceived by current smokeless tobacco users as "for beginners" or a way to recruit younger men to try the product (e.g., Wintergreen refreshment positioning). RJR focus group research showed that flavored products were not popular among older or more experienced users, who saw them as being for beginners. In 2009, Camel Snus was available in Original, Frost, and Spice varieties, while Marlboro Snus was sold in Mild, Mint, Spice, and Rich flavors. Similarly, nicotine content was tailored to the user, with lower nicotine content continuing to be typically for starters or new users. Marlboro Snus is reported to contain very low levels of nicotine.

Current smokeless marketing strategies may undermine effective public health practice such as taxation, smoke-free policies, and the denormalization of tobacco use. The audience for the advertising and promotional activity of new snus products appears not to be inveterate smokers; instead, these messages are likely to encourage new users to try the products, and may lead smokers who would have quit tobacco use to defer quitting. Camel and Marlboro Snus advertisements may promote dual use of cigarettes and smokeless tobacco, with snus used as a temporary aid only where smoking is not permitted or acceptable. Dual use is a problem largely ignored by pro-snus advocates, but it leads to maintenance of smoking behavior and increased exposure to toxicants.

Cigarette advertising is associated with increased use, especially among youth. Results from a 2008 study indicate that youths' exposure to smokeless tobacco advertisements, through popular magazines with significant adolescent readership, has increased since 1998. A 1982 RJR marketing intelligence report includes quotes from articles relating to smokeless tobacco and states, "Rising popularity of smokeless tobacco can also be attributed to better advertising and new packaging," both of which are a major focus of the Camel Snus campaign today. Our study suggests that marketing activities appealing to new users or encouraging dual use, including distribution of free samples, "teaching" new consumers how to use the product, messages suggesting temporary smokeless product use, new flavors and low nicotine levels, and advertising that appeals to teens, such as sports sponsorship, should be curtailed to prevent increases in overall harm from tobacco use in the population. If public health researchers can gain understanding of snus marketing strategies and identify effective countermarketing messages soon, there is an opportunity to avoid a major expansion in smokeless tobacco use and avert a potential increase in dual use. The medical and public health communities need to be proactive to prevent this next phase of the tobacco epidemic.

POSTSCRIPT



Should Smokeless Tobacco Be Promoted as an Alternative to Cigarette Smoking?

To address the problem of cigarette smoking and the numerous health consequences associated with it, some people advocate that smokeless tobacco be promoted as an alternative. Britton and Edwards believe that smokeless tobacco causes less harm and should be explored as a means to get people from continuing their addiction to cigarettes. They maintain that cigarette smoking represents an economic burden to society and that everyone would benefit from a reduction in cigarette smoking. They believe that smokers are deprived of the right to choose safer alternatives if that information is withheld. In addition, smokers who switch to smokeless tobacco may eventually cease use of all tobacco products.

From the perspective of Mejia and Ling, promoting smokeless tobacco as an alternative to cigarette smoking would be a mistake because any tobacco use is harmful. They maintain that the risks of smokeless tobacco outweigh its benefits. Critics of smokeless tobacco believe that all tobacco use should be eliminated. Moreover, they see an ethical dilemma in promoting smokeless tobacco. Although the health dangers of smokeless tobacco may be less significant as compared with cigarette smoking, they feel that it is not a good alternative because it is addicting and carries health risks. Opponents to smokeless tobacco question whether the average person can distinguish between "safe" and "safer."

One concern of promoting smokeless tobacco is that some people may misinterpret its promotion as being a safe product. Marketing smokeless tobacco as a desirable alternative to cigarette smoking may give one the impression that it is safe. An additional concern is that the use of smokeless tobacco may lead to the use of other forms of tobacco. The use of any tobacco products, opponents argue, is antithetical to good health.

The concept of harm reduction is not new. For example, methadone has been given to heroin addicts as a way to wean them off heroin. Given drug addicts clean hypodermic needles as a way of preventing the spread of HIV/AIDS is another harm reduction strategy. Parents who agree to drive their children home after drinking alcohol, without interrogating their children, is a harm reduction strategy. Parents do not want their teenage children drinking alcohol, but they are also worried about their safety. When one balances out the pros and cons of giving children rides home after drinking, many parents opt for their children's safe return home. One weighs the relative harm of smokeless tobacco against that of cigarette smoking. Again, one is not in

favor of a potentially unhealthy behavior, but one may be in favor of a less unhealthy behavior.

The extent of smokeless tobacco use is described in "Smokeless Tobacco Use, Initiation, and Relationship to Cigarette Smoking: 2002 to 2007" (*The NSDUH Report*, May 5, 2009). The merits of promoting smokeless tobacco as an alternative to cigarette smoking are discussed in "You Don't Smoke It, But It's Still Tobacco" (*Harvard Health Letter*, November 2007). Research regarding the switch from cigarettes to smokeless tobacco in the military was conducted by Robert C. Klesges and others in "Tobacco Use Harm Reduction, Elimination, and Escalation in a Large Military Cohort" (*American Journal of Public Health*, December 2010). The advertising of smokeless tobacco is the focus of "Under the Radar: Smokeless Tobacco Advertising in Magazine with Substantial Youth Readership," by Margaret Morrison, Dean Krugman, and Pumsoon Park (*American Journal of Public Health*, 2008).

