October 11, 2011

Office of Policy and Strategic Planning  
Controlled Substances and Tobacco Directorate (CSTD)  
Healthy Environment and Consumer Safety Branch  
Health Canada  
123 Slater Street  
Ottawa, Ontario K1A 0K9  
Address Locator: 3509D


Dear Sir or Madam:

Altria Client Services Inc. (ALCS), on behalf of U.S. Smokeless Tobacco Company LLC (USSTC) and National Smokeless Tobacco Company, Limited (NSTC), provides the following comments in response to the consultation document “Looking Forward: The Future of Federal Tobacco Control” published by Health Canada on September 12, 2011 (Consultation Document).

We support the vision of the Federal Tobacco Control Strategy (FTCS), introduced in 2001, “to significantly reduce disease and death due to tobacco use.” The FTCS established “a framework for a comprehensive, fully integrated and multi-faceted approach to tobacco control,” that focused on “four mutually reinforcing components: protection, prevention, cessation and harm reduction.”

Not all tobacco products are the same – nor should they be regulated as if they are. This means unique product considerations should be factored into all government tobacco control efforts, including fiscal and health policy efforts. The Consultation Document replaces the strategic pillar of ‘harm reduction’ with ‘product regulation’. This change suggests a potential disregard of the important complementary strategy of harm reduction. The scientific evidence clearly

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1 U.S. Smokeless Tobacco Company LLC (USSTC) is a wholly-owned subsidiary of Altria Group, Inc. National Smokeless Tobacco Company, Limited (NSTC) is the Canadian affiliate of USSTC. Altria Client Services Inc. (ALCS) is making this submission on behalf of USSTC and NSTC. ALCS provides certain services, including regulatory affairs and tobacco regulatory sciences, to the Altria family of companies. “We” is used throughout to refer to USSTC and NSTC.

demonstrates there is a continuum of risk associated with tobacco products. We urge Health Canada to recognize this continuum of risk and to consider a tobacco control approach that complements effective prevention and cessation strategies with a focus on transitioning adult smokers to less hazardous products.³

The Major Hazards of Tobacco Use

The U.S. Surgeon General, Health Canada and other public health authorities have determined that tobacco products are addictive and cause serious diseases. Cigarette smoking is the most hazardous form of tobacco consumption.⁴ The weight of scientific evidence establishes the following conclusions about the harm caused by tobacco use. First, the harm caused by tobacco use is primarily attributable to cigarette smoking. The U.S. Surgeon General has described cigarettes smoking as “the single greatest cause of avoidable morbidity and mortality in the United States.”⁵ Second, the harm caused by cigarette can be reduced in the following ways, listed from greatest impact to least impact:

- Not smoking,⁶
- Decreasing the number of years smoked,⁷
- Decreasing the number of cigarettes per day,⁸ and
- Decreasing smoke exposure per day⁹

Discouraging initiation and promoting cessation, particularly among those not legally permitted to buy tobacco products because they are underage, are and should remain core strategies to reduce tobacco-related harm. However, there is growing consensus that public health policies based solely on prevention and cessation are not sufficient in the real world. Millions of adults are likely to continue using tobacco products, notwithstanding efforts by government, public health, and others to encourage them not to use tobacco at all.¹⁰

Harm Reduction

A harm reduction approach can complement smoking prevention and cessation strategies. This approach focuses on reducing tobacco-related morbidity and mortality by making available, and

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providing accurate information about, consumer-acceptable tobacco products that are proven to be lower on the risk continuum of tobacco products. This continuum can be represented as follows:

![Risk Continuum Diagram]

Conventional cigarettes are at one end of the risk continuum, presenting the highest risk due to the combustion and inhalation of tobacco smoke. Smoking cessation is at the opposite end of the continuum.\(^\text{11}\)

**Smokeless Tobacco as a Means to Reduce Cigarette Smoking Harm**

There is an overwhelming scientific, medical, and public health consensus that moist smokeless tobacco products, including those widely available in North America and Sweden (snuff and snus), are substantially less hazardous than cigarettes. Transitioning adult smokers from cigarettes to demonstrably less hazardous smokeless tobacco products could impact both smoking cessation (number of years smoked) and number of cigarettes per day, thereby significantly reducing risk and harm.

As early as 2001, the Institute of Medicine (IOM) observed that smokeless tobacco products pose a lower overall risk than cigarettes.\(^\text{12}\)

In a 2002 report, the Royal College of Physicians (RCP) concluded that “the consumption of non-combustible tobacco is of the order of 10-1,000 times less hazardous than smoking, depending on the product,” and that “[s]ome smokeless tobacco products … may offer substantial reductions in

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harm compared to smoking.” The RCP followed up with a second study in 2007, again concluding that the overall health risks of using smokeless tobacco are “considerably” and “substantially” less than those of cigarette smoking.

The American Council on Science and Health (ACSH), a public health-oriented consumer education consortium with a board of 350 physicians, scientists, and policy advisors, concluded in a 2006 report that, “[o]verall, the use of smokeless tobacco confers only about 2% of the health risks of smoking,” emphasizing that in contrast to cigarette smoking, smokeless tobacco poses no risk of lung cancer or other chronic pulmonary diseases and little risk, if any, of other cancers.

In 2008, an international group of experts that provides scientific and technical advice on tobacco products to the World Health Organization (WHO) – the WHO Study Group on Tobacco Product Regulation (TobReg) concluded, “[u]ses of smokeless tobacco products generally have lower risks for tobacco-related morbidity and mortality than users of combustible tobacco products such as cigarettes.”

The Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) – an advisory body to the European Commission’s Health & Consumer Protection Directorate-General, issued a report in 2008 concluding that the overall health risks of smokeless tobacco products of the types found in Sweden and North America are “clearly” and “substantially” less than the overall health risks of cigarettes.

In 2009, the “Strategic Dialogue” (a consensus by twenty-six scientists and researchers) concluded that cigarette smoking is “undoubtedly” more hazardous than smokeless tobacco, and that “[c]igarette smoking is undoubtedly a more hazardous nicotine delivery system than various form of non-combustible tobacco products for those who continue to use tobacco, which in turn are more hazardous than pharmaceutical nicotine products.”

In sum, these and many other scientific reports demonstrate beyond credible dispute that the health risks of moist smokeless tobacco products, including U.S. and Swedish moist smokeless tobacco (snuff and snus), are substantially less hazardous than cigarettes.

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Conclusion

Health Canada has an opportunity to reduce tobacco-related harm by helping individuals who would otherwise continue to smoke cigarettes move to demonstrably less hazardous products like smokeless tobacco. Health Canada can accomplish this by acknowledging and incorporating harm reduction in its future regulatory framework and actions. Failure to take advantage of this opportunity could have the consequence of preserving cigarette smoking as the dominant form of tobacco use in Canada.

We appreciate this opportunity to provide our views and look forward to future opportunities to engage in discussions with Health Canada on tobacco regulation. If you have questions, please feel free to contact me. I can be reached at (804) 335-2610.

Sincerely,

Jeffrey P. Walker