



TOBACCO FREE KANSAS COALITION

Written Testimony in Opposition to HR 6026
By Mary Jayne Hellebust, Executive Director of the Tobacco Free Kansas Coalition
before the House Federal and State Affairs Committee
April 26, 2012

Dear Chairman Brunk and Members of the Committee:

Tobacco Free Kansas Coalition represents over 200 individuals, health agencies, prevention services, and health organizations and associations with a mission to reduce the economic and health damages caused by tobacco use, particularly in relation to children. **We come today to speak in opposition to HR 6026 which is designed to make the Kansas Department of Health and Environment a partner in promoting smokeless tobacco products as a way of promoting health in Kansas.** There is no safe form of tobacco and there is no safe level of such use. Both cigarette smoking and use of tobacco products are known to have serious health implications.

Smokeless Tobacco's Health Effects

Smokeless tobacco, which is an addictive product, is not harmless. **Such products contain at least 28 carcinogens and have been linked to oral cancer, esophageal cancer, pancreatic cancer, fatal heart attacks, premature birth and low birth weight.** In addition, the American Dental Association cites periodontal disease, dental decay and erosion as consequences of such use.

The study proposed by HR 6026 would waste Kansas financial resources.

No funding is currently allocated to Kansas Department of Health and Environment to undertake an extensive study on the advisability of including smokeless tobacco products in its listings of "best practices" that reduce smoking or smoking initiation. Such a project would duplicate research that is the responsibility of the Food and Drug Administration, under the authority of the 2009 Family Smoking Prevention and Control Act.

KDHE has no research capacity to conclude that tobacco products are reduced risk products.

The FDA is now establishing the process for analyzing potential reduced harm products by requiring original research based on rigorous scientific standards. Under the Smoking Prevention Act, tobacco companies must prove their claims that their tobacco products have a reduced harm benefit for public health as a

President
James Gardner, MD

Tobacco Free Kansas Coalition Off
Vice-President
Ken Davis

House Federal & State Affairs

Date: 4-26-12

Mary Jayne Hellebust, Executive Di
5375 SW 7th Street, Ste. 100; Topeka, I
Phone (785) 272-8396 * Fax (785) 272-5870 * www.tobaccofreekansas.org

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whole, not just for individual tobacco users. Currently the Institute of Medicine, which is working with FDA on this topic, recommends such research be conducted by FDA approved independent researchers free from tobacco industry affiliation or funding because tobacco industry research has a longstanding reputation for fraudulent claims.

KDHE's mission is to provide or promote best practices for eliminating disease risks.

Currently no major American medical or health association recommends reducing smoking by substituting another addictive tobacco product. The Tobacco Use Prevention Program at KDHE is based on complete cessation standards established by the U.S. Department of Health and Human Services, the U.S. Surgeon General, and the Centers for Disease Control. **Kansas dentists who treat gum and teeth problems do not recommend using chew or snus as a way to cut down on smoking. It would be hypocritical of the state health department to be forced to include a "reduced harm" product recommendation when so many diseases are caused by tobacco use whether cigarettes or smokeless.**

Smokeless tobacco is already a major addiction for Kansas teen boys

Currently 17.1% of Kansas youth smoke cigarettes; **however 15.5% of Kansas high school boys now already use smokeless tobacco.*** Promotional materials on smokeless tobacco products highlight different flavors and strengths that appeal to boys, particularly in states like Kansas with its farming and ranching traditions. **Any tobacco marketing or promotions on the "safeness" of snus and spitless tobacco would only reinforce and increase this high rate of smokeless use by Kansas boys.** KDHE's main message is that everyone, adults and children, should either avoid starting any tobacco use or stop using it completely. A Kansas health standard that says adults could use tobacco products more "safely", gives a mixed message, particularly to boys, and would encourage youth use of these products. *2009-10 Kansas Youth Tobacco Survey.

Dual use of both tobacco products and cigarettes creates additional hazards.

Many tobacco users use several forms of tobacco. **In fact, nationally 51.8% of 12-17 year olds currently smoke and use smokeless tobacco.*** Dual use of several tobacco products decreases the ability for users to stop using these products because the additive component of nicotine is continually craving satisfaction. Because of the addictive qualities in tobacco, many addicted adults and youth smoke where they are allowed to smoke and then use smokeless when they cannot smoke. Such dual use maintains the addictive process with a wide variety of medical and dental health consequences resulting. *Source SAMSHA, 2000-2009, *The National Survey on Drug Use and Health*

Kansas does not need to help the tobacco industry promote a "harm reduction" campaign that would increase their profits through the sale of more of tobacco products, keep more Kansans addicted to tobacco, and undermine Kansas public health initiatives to reduce behaviors that have such profound health consequences.

HR 6026 is not a good public health policy for Kansas.