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R Street Policy on Tobacco Harm Reduction (THR)

Tobacco Harm Reduction (THR) is a policy and process by which smokers who are unable or unwilling to quit smoking are enabled and encouraged to switch to a lower risk tobacco/nicotine product to reduce their future risk of potentially fatal cancer, heart and lung disease.

All of the illness and death used to justify tobacco control programming in the USA is due to a single tobacco product – the cigarette. Despite lip service to the contrary, American tobacco control policy has the practical effect of reinforcing the cigarette as the primary means of nicotine delivery by protecting cigarettes against competition by far less hazardous non-prescription alternatives.

R Street's founding staff began work on THR when they worked for the Heartland Institute which, in turn, had worked on the issue since the early 1990s. On many issues—such as restrictions on sales of tobacco to minors and the overall dangers of smoking—the two organizations hold the same positions. That being said, R Street and Heartland do not have identical positions on tobacco-related policy or THR. For example, R Street generally supports laws that ban smoking in public places whereas Heartland generally opposes them.

THR policy in the United States should be at least partly based on the research now completed showing that the smoke-free products that have been commonly available on the American market since the mid-1980s pose a risk of potentially fatal cancer, heart and lung disease that is less than 2 percent of the risk posed by cigarettes.

THR in the United States is currently strongly opposed by the major public-health-related federal agencies (Centers for Disease Control, Food and Drug Administration and the National Institutes for Health), and by public health and medical communities on the basis of the following demonstrably incorrect beliefs:

1. That all tobacco products pose a similar risk of potentially fatal tobacco-attributable illness.
2. That all manufacturers and vendors of non-pharmaceutical tobacco-related and nicotine products are dishonest, deceitful, corrupt and criminally guilty of making a profit from products that kill, maim and enslave.
3. That American chewing tobacco and other smoke-free alternatives to cigarettes are major causes of mouth cancer.
4. That any THR initiative, no matter how configured, would result in many more teens initiating tobacco/nicotine use.
5. That once so initiated, many of these teens would then progress to cigarette smoking, and by that means, cause future tobacco-attributable illness and death greater than would have occurred without the THR initiative.
6. That a tobacco free society is achievable and is the only practical way to substantially reduce nicotine addiction and tobacco-attributable illness and death.

These beliefs have been written into the 2009 FDA/tobacco law known as the Family Smoking Prevention and Tobacco Control Act. These beliefs are apparent in provisions that do not recognize the differences in risk between different classes of tobacco products and provisions that require a burden of proof of lower risk that is all but impossible for any manufacturer or vendor to meet. The practical effect of these provisions in the FDA/tobacco law is to protect cigarettes from competition by less hazardous alternative products.

R Street believes that a properly designed and carefully implemented THR initiative, if well-coordinated with restrictions on sales to minors, taxation, smoking restrictions, and other sensible tobacco-control policies, could result in substantial reductions in tobacco-attributable illness and death in the United States and do so without increasing the overall percentage of teens initiating tobacco/nicotine use. This stance, in turn, is based on the following:

1. The fact that all tobacco-attributable mortality referenced as the justification for tobacco control programming is due to a single product – cigarettes. This one product stands as the most hazardous and likely most addictive of tobacco/nicotine products.
2. A tobacco-free society is neither achievable nor desirable. This was confirmed in 2009, when Congress passed and the president signed an FDA/tobacco law strongly endorsed by America's most prominent cigarette company. America's prior experience with prohibition of alcoholic beverages and more recent experience with marijuana, cocaine and other addictive substances also speak to the impracticality of trying to eliminate access to a substance desired by large numbers of Americans.
3. The current American tobacco control policy of treating all non-prescription tobacco nicotine products as equal in risk reinforces the use of cigarettes as the dominant tobacco/nicotine product on the American market.
4. Scientific research shows that the smoke-free products that have been most widely available on the American market since the mid-1980s presents a risk of tobacco-attributable illness and death that is less than 2 percent of the risk posed by cigarettes, pose no danger to non-users, and no risk of fire- related property damage.
5. Scientific research shows that these same products do not significantly increase the risk of mouth cancer, as compared to non-users of tobacco products.
6. Recent experience with e-cigarettes shows that the vast majority of sales are to current adult smokers, not to teen non-smokers.
7. Research conducted in Sweden shows no evidence that snus use is a gateway to cigarettes. Other research suggests that smoke-free tobacco products do not have a significant gateway effect in the United States.
8. A well-crafted THR policy that informs Americans of the differences in risk between classes of tobacco/nicotine products has the potential to lead the way to a rapid and substantial market-based reduction in tobacco-attributable illness, death and property damage, and to do so in a manner compatible with America's love of freedom and consumer choice.

R Street believes that THR is simply the right thing to do.