

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, March 25, 2013

**TIME:** 2:00 P.M.

**PLACE:** Room WW17

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Nuxoll, Senators Guthrie, Martin and Schmidt

**ABSENT/ EXCUSED:** Senators Lodge, Hagedorn, Lakey and Bock

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Heider** called the meeting to order at 2:07 p.m. and welcomed the audience. He asked the secretary to take a silent roll. He introduced the first speaker, Dr. Brad Rodu, professor of the Department of Medicine, James Graham Brown Cancer Center, University of Louisville. **Chairman Heider** stated that Dr. Rodu is from Louisville, Kentucky, and that he is a dentist and oral surgeon.

**PRESENTATION:** **Dr. Rodu** presented Tobacco Harm Reduction. He stated that his research is supported by unrestricted grants from tobacco manufacturers to the University of Louisville. The university administers those grants according to all the routine procedures, and the university protects the integrity of his research. When he started research twenty years ago, he decided that he would eliminate all consulting activities. He lives on a university professor's salary and will retire on a university professor's pension. He stated he will not compromise the integrity of this idea by any outside consultant. The campaign to end smoking in the United States is approaching 50 years. There are 45 million smokers in this country, and over 400,000 of them die each year from smoking related illnesses, and that encompasses 1,500 deaths in the state of Idaho.

He furthered that the lung cancer rate among men and women in the state of Idaho is below the national average. In the next twenty years, 8 million Americans will die from smoking, and all of them today are age 35 or older, so this is about saving smoking adults, and not so much about children. The anti-smoking campaign is basically informing smokers to totally quit or die. The campaign's only current tactics are behavioral therapy and nicotine. The pharmacy offers nicotine patches or gum, but the problem is the smokers who buy them encounter issues: the FDA states these products can only be used 6-12 weeks; the products are expensive; the dose is low and therefore unsatisfying to users; and the success rate of these products is only 7 percent of smokers. In other words, these products offer a 93 percent failure rate.

**Dr. Rodu** compared nicotine to caffeine. Both provide somewhat similar properties to the adults who use them. They provide a sense of wellbeing, elevate mood, enhance concentration and performance, and they both are addictive (nicotine more so than caffeine), but they can be used safely. Neither drug causes cancer, emphysema or heart disease. The other 3,000-5,000 chemical agents that are created when something is burned that actually cause the diseases over time. While we have safe delivery systems for caffeine (cola, coffee and tea), we are stuck on the most dangerous delivery system for nicotine, and that is smoke.

Tobacco harm reduction encourages people to use nicotine in a safer way. Smokeless tobacco is a viable option for smokers because it provides comparable nicotine levels, and is vastly safer than smoking (98 percent less hazardous than smoking). There is evidence from Sweden and the U.S. that smokeless tobacco is a good substitute. Most people are familiar with smokeless tobacco, commonly thought of as moist snuff in round cans or chewing tobacco products. Less familiar is the powdered dry snuff product that is mostly available in the South, and used mainly by women.

**Dr. Rodu** furthered that smokeless tobacco is 98 percent safer because it doesn't drive the risk for emphysema, lung cancer and heart disease. The mouth cancer risk among smokeless tobacco users is very, very low in absolute terms. He furthered that he is a dentist and oral pathologist, and is a mouth cancer expert. He lived in Birmingham, Alabama, and taught his medical and dental students that smokeless tobacco is a cause for mouth cancer, and yet under the microscope, he wasn't seeing that. Most of the cases of mouth cancer that he diagnosed were in heavy smokers and/or heavy drinkers. There was a disconnect between what he was seeing and what he was teaching. After researching, he found epidemiologic evidence that showed smokeless tobacco risks are very low. In 1994, he published his first scientific paper on this subject, advocating that if smokers couldn't quit, they should switch to a less hazardous product.

He stated that for people who use tobacco products, the relative risk for mouth cancer has a tenfold higher risk than among people who don't use tobacco products. Alcohol abuse also has a relative risk of a multiplier of four. Added together, and the risks grow higher. Many snuff and chewing tobacco products have very low risks. The incidence rate of mouth cancer in a population of 100,000 due to powdered dry snuff among adult users are 26 new cases per year. That number comes from a 1981 New England Journal of Medicine study. Of these 26 people, 12 will die. In comparison, according to the National Highway Traffic Safety Administration in 2009, the number of people killed on automobile related accidents was 11 per 100,000. Cigarette smokers had a mortality rate of 600 per 100,000 users per year, according to American Cancer Society data in 1999.

Swedish men have proven the idea over the past 50 years that smokeless tobacco works. Swedish men have the highest rate of smokeless tobacco use. Snus is a smokeless tobacco product that is produced in Sweden and has replaced smoking among Swedish men. **Dr. Rodu** stated that if all men in the European Union smoked at the rate of Swedish men, almost 274,000 lives per year would be saved.

He furthered that the Royal College of Physicians Report in 2002 documented the difference in the risk between smokeless tobacco and smoking. In 2007, the Royal College challenged governments all over the world to look at tobacco harm reduction to potentially save millions of lives. **Dr. Rodu** stated that he also endorses electronic cigarettes (e-cigarettes), which provides a cloud of nicotine-carrying vapor, with none of the toxic by-products of burning tobacco, that is satisfying. E-cigarettes were introduced in the U.S. in 2006, and their sales have doubled every year. In 2012, their sales were estimated to be \$500 million in the U.S., and it is projected that they will be a billion-dollar market in 2013.

**Dr. Rodu** stated that on the Idaho state web page it says that snus is not a safe alternative to cigarettes, which is not correct information. We would like to provide smokers with the correct information which would allow them to make better choices. You will see pressure to equalize taxes on all tobacco products, whereas we think that providing tax differences relative to risk would be a more rational approach.

**Senator Guthrie** asked Dr. Rodu that as a dentist, does he see more tooth decay or mouth disease with a smokeless product.

**Dr. Rodu** said that as a dentist, he is very concerned with mouth problems, such as mouth disease and cavities. The single biggest risk factor for serious gum disease, after heredity and level of care taken, is smoking. Smoking is a devastating risk factor for gum disease. Smokeless tobacco causes irritation locally where it is placed in the mouth. So if a smokeless tobacco user concentrates on a single spot, it will cause a recession of the gum from the tooth; but the studies don't provide good evidence that there is actually destruction of the gums and bone, so there is no periodontal disease. We counsel our patients that if they are having some of that gum recession, they should move it around to avoid any one particular site. With respect to cavities, tobacco products contain sugar. Sugar causes the potential to develop cavities. Chewing tobacco is associated with cavities. The moist snuff products do not have any sugar and are not associated with cavities.

**Senator Guthrie** commented that Dr. Rodu's presentation sounds a lot like an advertisement for smokeless products.

**Dr. Rodu** replied that he does not want anyone to start using tobacco. He is not promoting tobacco. He stated that he has seen many patients who were in the last stages of lung cancer, and everyone of those patients regret not quitting smoking in time to avoid that deadly illness. He was trying to give people another alternative who won't practice abstinence.

**Senator Martin** stated that he has reservations about a governmental agency doing a campaign to encourage people to participate in buying tobacco products, even though it may do less harm. How does one proceed to get this information out to the public?

**Dr. Rodu** replied that the first step, which is the one he is most actively engaged in and which is his main mission, is education. His purpose is to share ideas and not promote particular policies. In most states, there is a high Medicaid population with high smoking rates. Legislators of those states know that they have reached out to Medicaid patients, offering them all types of opportunities to quit, and there has been very limited success. If a Medicaid smoker switches to smokeless tobacco or an e-cigarette, that smoker will likely have the same health care dollar consumption profile as if they had completely quit all tobacco products. He stated that there are some ideas that may be developed into rational approaches to what remains a very significant public health problem.

**Chairman Heider** thanked Dr. Rodu for coming to speak before the committee.

**HCR 30**

**Representative Rusche** presented **HCR 30**, processed by the Pancreatic Cancer Action Network. He stated that this organization is serving the pancreatic cancer community in Idaho and nationwide through a comprehensive approach that includes public policy, research funding, patient services and public awareness and education related to developing effective treatments and a cure for pancreatic cancer. November has been declared "Pancreatic Cancer Awareness Month" in Idaho. Because pancreatic cancer is such a silent killer, has a higher mortality rate with a later diagnosis than most cancers, and its prevalence as one of the biggest causes of cancer death in the U.S.; it is certainly worthy of our attention, and he asked for support in making November pancreatic cancer awareness month.

**MOTION:**

**Senator Martin** moved to send **HCR 30** to the floor with a **do pass** recommendation. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**. Senator Schmidt will carry **HCR 30**.

**MOTION:**

**Senator Martin** moved to approve the March 4, 2013 minutes as written. The motion was seconded by **Vice Chairman Nuxoll**. The motion carried by **voice vote**.

**MOTION:**

**Senator Martin** moved to approve the March 12, 2013 minutes as written. The motion was seconded by **Vice Chairman Nuxoll**. The motion carried by **voice vote**.

**Chairman Heider** asked if there was any further business to come before the committee, or if there was anyone who wished to speak on any of the topics presented today.

**Steve West**, President of Centra Consulting, thanked the committee for the opportunity to present advice and information before this committee. **Chairman Heider** thanked Mr. West for bringing Dr. Rodu before the committee, and that it was a pleasure to hear from him.

**ADJOURNED:** There being no further business to come before the committee, **Chairman Heider** adjourned the meeting at 2:36 p.m.

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Senator Heider  
Chairman

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Linda Hamlet  
Secretary