Letters on smokeless tobacco and fluorosis

By ACSH Staff — January 11, 2011

ACSH takes great pride in the distinction won by our remarkable roster of friends and advisors. Their knowledge and insight informs our work. Today we take delight in offering the perspectives of two men who contacted us about recent subjects of our Dispatch.

Bill Godshall, head of Smokefree Pennsylvania and co-author of ACSH's publication on tobacco harm reduction, writes with regard to a controversy over Star Scientific's new smokeless tobacco product [1]:

> While all smokeless tobacco products are far less hazardous than cigarettes (since they emit no smoke), smokeless products that contain the highest levels of carcinogens (i.e. Asian and African products) have the highest cancer risks, while smokeless products that contain the lowest levels of carcinogens (i.e. Swedish snus) have the lowest cancer risks. In the US, smokeless products with the highest levels of carcinogens (i.e. dry snuff) have significantly higher cancer risks than does snus, while cancer risks for moist snuff appear slightly higher than for snus.

Also, various members of the FDA's Tobacco Products Scientific Advisory Committee (TPSAC) and the harm reduction opponents who negotiated and/or lobbied for the recent law [which gives authority over tobacco to the FDA] and its "modified risk tobacco product" clause have long argued that nitrosamines in smokeless tobacco products pose cancer risks.

I don't see any downside for tobacco harm reduction being caused by Star (or other companies that make low nitrosamine smokeless products) applying to the FDA for a "modified risk" classification (especially if the application seeks to compare it to cigarettes), even if the FDA rejects all such applications.

But a low nitrosamine smokeless tobacco product manufacturer that wants to compare it to higher nitrosamine smokeless products is probably more likely to receive FDA approval if the application is for a "modified exposure" claim instead of a "modified risk claim."

And Chic Schissel, a dentist and expert on the fringe anti-fluoridation groups, writes in response to our coverage [2] of the recent controversy over water fluoridation levels and fluorosis:

> This seems to be just another episode of the ongoing scientifically illiterate anti-chemical crusade. The activists, possibly using powerful magnifiers, are able to detect, so they claim, "some level of fluorosis" in youngsters, (much less in adults).

> “Some level” doesn’t mean anything; only the dose makes the poison. A tiny bit of fluorosis does not look bad, does not require a cosmetic correction, does not damage the teeth (exactly the opposite).

> It may be that the higher percentage of “fluorosis” claimed to be observed in younger people than in adults is because ordinary toothbrushing over time may be enough to remove very slight “fluorosis”.

> I doubt that the levels of fluoride in community water supplies are too high. In nearly a half century of...
examining and treating teeth in fluoridated New York I don’t recall seeing an example of significant tooth fluorosis.

Moreover, even significant fluorosis does not damage the teeth at all, but merely produces a cosmetic blemish easily corrected, a procedure I never had to do because of fluorosis....

The quotation below is the only significant part of this Bloomberg Businessweek article [3], the only part worth paying attention to: “At the start of the 20th century, most Americans lost a majority of their teeth by the time they were 40 years old, according to the National Institutes of Health. Today, the CDC calls fluoridated water one of the 10 greatest public health advances of the 20th century.”


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