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TIP SHEET #1

Spit Tobacco: Product Types, Marketing, and Health Effects

1. Spit tobacco use: who, what and how

- Snuff is moist, finely chopped tobacco, and is the most popular type of spit tobacco. The user takes a small pinch of loose snuff between the thumb and finger, and puts it between the cheek and gum, keeping it in one spot without chewing it. Snuff is sometimes packaged in single-dose servings resembling small tea bags, which allow the user to chew without spitting.
- Chewing tobacco comes in three forms: loose leaf, plugs and twists. Loose leaf is shredded tobacco leaves made into strips. Plugs are pressed into small, soft blocks flavored with licorice and sugar and dried. Chewing tobacco can also be dried and twisted into hard spirals called twists.
- When spit tobacco is mixed with saliva, nicotine is released into the mouth and absorbed into the bloodstream.
- In 1999, 8% of U.S. students in grades 9 through 12 had used spit tobacco during the 30 days before they were surveyed.¹
- Males are far more likely than females to use spit tobacco.²

2. Marketing of spit tobacco

- Smokeless tobacco is marketed as a “cool” product that is claimed to be a safe and polite alternative to smoking.
- The US Smokeless Tobacco Company (USSTC) spent \$80 million on advertising in 1985. That expenditure increased to \$237 million in 2001, including \$17.9 million for distribution of free smokeless tobacco samples. In addition, a separate expenditure of \$17.8 million for sports and sporting events (including rodeo) occurred in 2001.³
- Sales of smokeless tobacco increased from \$731 million in 1985 to \$2.1 billion in 2001.⁴
- Smokeless tobacco is often not covered in smoke-free policies at public venues because it does not produce secondhand smoke. This may be one enticement for smokers to switch to chewing tobacco. Indeed, in 2002, in an effort to position its product as a safer alternative to cigarettes, USSTC asked the Federal Trade Commission (FTC) for an advisory opinion regarding the acceptability of communicating in their advertising to adult smokers that smokeless tobacco products offer a reduced risk alternative to cigarettes.⁵
- USSTC has used a “graduation” method to market its products to young people. Products with sweeter flavors (such as cherry and mint) and lower nicotine content are designed to be used first, with “graduation” to stronger blends.⁶

3. Health effects of spit tobacco

- **Addiction:** The Mayo Clinic states that “One average-size pinch or pouch held between your cheek and gum for about 30 minutes delivers about the same amount of nicotine as three or four cigarettes.” Although nicotine is absorbed more slowly from spit tobacco than from cigarettes, it stays in the body longer.⁷
- **Cancer:** According to the Mayo Clinic, spit tobacco users are at an increased risk of oral cancers, including “cancers of the mouth, throat, cheek, gums, lips and tongue. Surgery to remove the cancer from any of these areas can leave your jaw, chin, neck or face disfigured. Only 56 percent of people with mouth or throat cancer live more than five years beyond the time of diagnosis.” Oral leukoplakia — small white patches that may become cancerous — can appear in the mouths of spit tobacco users as early as one week after starting to use spit tobacco.⁸

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- The American Cancer Society estimates that in 2004, there will be 28,260 new cases of oral cavity and oropharyngeal (mouth and throat) cancer in the United States, and that 7,230 people will die from these diseases.⁹
- **Heart disease:** Spit tobacco use is associated with increased blood pressure or heart rate, a risk factor for cardiovascular disease.¹⁰

¹ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Chapter 27, Tobacco Use in Population Groups. Washington, DC: U.S. Government Printing Office, November 2000.

http://www.healthypeople.gov/document/html/volume2/27tobacco.htm#_Toc489766222

² Ibid.

³ FTC Report to Congress: *Federal Trade Commission Smokeless Tobacco Report for the Years 2000 and 2001*, available at <http://www.ftc.gov/os/2003/08/2k2k1smokeless.pdf>.

⁴ Ibid.

⁵ USSTC. *Why U.S. Smokeless Tobacco Company Is Asking the FTC for Advertising Guidance Regarding Cross-Category Comparative Risk Statements*, February 5, 2002. <http://www.ussmokelesstobacco.com/content.cfm?id=8>

⁶ Connolly, GN. "The marketing of nicotine addiction by one oral snuff manufacturer." *Tobacco Control*. March 1995. 4(1):73-75. <http://tc.bmjournals.com/cgi/reprint/4/1/73>

⁷ Mayo Clinic. "Smokeless Tobacco: Addictive and Harmful." Mayo Foundation for Medical Education and Research (MFMER), June 10, 2004. <http://www.mayoclinic.com/invoke.cfm?id=CA00019>

⁸ Ibid.

⁹ American Cancer Society. "Detailed Guide: Oral Cavity and Oropharyngeal Cancer: What are the Key Statistics About Oral Cavity and Oropharyngeal Cancer?" Revised 4-04.

http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_oral_cavity_and_oropharyngeal_cancer_6o.asp?sitearea=

¹⁰ Hatsukami, D.K. and Severson, H.H. (1999). Oral spit tobacco: addiction, prevention and treatment. *Nicotine & Tobacco Research* 1(1):21-44.