

CAMPAIGN For TOBACCO-FREE Kids[®]

Spit (Smokeless) Tobacco and Kids

Since 1970, smokeless or spit tobacco has gone from a product used primarily by older men to one used predominantly by young men and boys. In 1970, males 65 and older were almost six times as likely as those ages 18-24 to use spit tobacco regularly (12.7% vs. 2.2%). By 1991, however, young males were 50 percent more likely than the oldest ones to be regular users. (8.4% vs. 5.6%).¹ This pattern holds especially true for moist snuff, the most popular type of smokeless tobacco. From 1970 to 1991, the regular use of moist snuff by 18-24 year old males increased almost ten-fold, from less than one percent to 6.2 percent. Conversely, use among males 65 and older decreased by almost half, from 4 to 2.2 percent.² Among all high school seniors who have ever used spit tobacco, almost three-fourths began by the ninth grade.³

Despite some recent declines in youth spit tobacco use, 14.8 percent of all boys in U.S. high schools – and 1.9 percent of high-school girls – currently use spit tobacco products.⁴ In some states, spit tobacco use among high school males is particularly high, including Montana (25.2%), Wyoming (28.6%), West Virginia (33.0%), and Arkansas (24.9%).⁵

UST (the parent company of the U.S. Smokeless Tobacco Company) is the biggest spit tobacco company in the United States. It controls about 40 percent of the total U.S. smokeless tobacco market, including 75 percent of the moist snuff tobacco market, which is both the largest segment of the spit tobacco market and the only segment that has recently grown.⁶

Marketing Spit Tobacco to Kids

According to internal company documents, UST developed a strategy some time ago for hooking new spit-tobacco users, which means kids. As one document states:

New users of smokeless tobacco -- attracted to the product for a variety of reasons -- are most likely to begin with products that are milder tasting, more flavored, and/or easier to control in the mouth. After a period of time, there is a natural progression of product switching to brands that are more full-bodied, less flavored, have more concentrated "tobacco taste" than the entry brand.⁷

Following this strategy, in 1983-84, UST introduced Skoal Bandits and Skoal Long Cut, designed to "graduate" new users from beginner strength to stronger, more potent products. A 1985 internal UST newsletter indicates the company's desire to appeal to youth: "Skoal Bandits is the introductory product, and then we look towards establishing a normal graduation process."⁸ In 1993, cherry flavoring was added to UST's Skoal Long Cut, another starter product. A former UST sales representative revealed that, "Cherry Skoal is for somebody who likes the taste of candy, if you know what I'm saying."⁹

Spit tobacco products have been marketed to youth through a number of channels, including sports events like auto racing and rodeos that are widely attended by kids. Although the state

* UST and other tobacco companies like to use data from the National Household Survey on Drug Abuse (NHSDA), which shows lower youth spit tobacco rates than other national and state surveys, such as the ones cited here. But the NHSDA regularly obtains lower youth rates because it is conducted in the home, which leads to less candid responses. Other surveys, done in schools, are much more accurate.

tobacco settlement agreements will soon limit UST's ability to continue to do brand-name sponsorships of events and teams, the Skoal race car has been a prominent participant at many auto races, and Copenhagen Skoal has been one of only two exclusive sponsors of Professional Rodeo Cowboy Association (PRCA) rodeos.¹⁰ UST's snuff products have not only been advertised at hundreds of PRCA events, but local PRCA-sanctioned rodeos were *required* to accept this sponsorship. UST has also donated thousands of dollars in scholarships to college rodeo programs and has been the primary sponsor of the National College Rodeo Finals. As the general manager of the College Finals said, "U.S. Tobacco is the oldest and best friend college rodeo ever had."¹¹ Currently, UST's Skoal Racing Team also sponsors two cars in the National Hot Rod Associations' Funny Car Class.¹²

Continuing its efforts to lure and maintain young users, in February 1999, UST ran a full-color advertising insert for its Rooster brand spit tobacco in the Daily Aztec, the college paper at San Diego State University. The ad offered a sweepstakes for an all expenses paid trip to the Playboy mansion and, in direct violation of California law, included a \$1.00 coupon. State enforcement efforts related to the ad forced UST to pay a fine of \$150,000 and also pay for a parallel ad insert opposing spit tobacco use.

From 1985 to 1999 (the most recent year with available data), the total marketing expenditures of the top-five smokeless tobacco companies in the United States have more than doubled, as have their sales revenues. In 1999, these spit tobacco companies spent more than \$170 million to advertise and market their deadly products.¹³ Some of these funds pay for spit-tobacco ads in magazines with high youth readership, such as *Sports Illustrated* and *Rolling Stone*.¹⁴

In August 2001, UST announced plans to market a brand new "spitless" smokeless tobacco product called Revel. UST is marketing the new product as a way to consume tobacco in places or situations when smoking is not allowed or is not socially acceptable.¹⁵ Public health organizations and others are concerned that this new product may lure even more kids into spit tobacco use and addiction – both because of its novelty and the misconception that it is a safe form of tobacco use, and because it can be consumed much less conspicuously than either cigarettes or existing spit tobacco products at home, in school, and in other locations. There is also a concern that some current cigarette smokers who might ultimately quit because of the social stigma associated with smoking, the inconvenience caused by smoking restrictions at work and elsewhere, or a desire to protect their family and friends from secondhand smoke will switch to Revel or other spit-free smokeless products, instead.*

These public health risks are significant, especially since the Star tobacco company has also begun selling a spit-free smokeless product, and has sold Brown & Williamson (the third largest U.S. cigarette company) the right to market Star's new product under B&W's own brand name.¹⁶

Harms from Spit Tobacco Use

* At present, new tobacco products that do not make explicit health-promotion claims are not subject to any government oversight, even to the extent of other consumable products such as foods or beverages. Accordingly, the new spitless tobacco products will enter the market without any independent testing regarding either their inherent harmfulness or their likely impact on overall tobacco use levels or public health. To remedy this problem, the public health community has urged Congress to provide the U.S. Food and Drug Administration (FDA) with the authority it needs over tobacco products and their marketing to prevent and reduce associated harms. So far, however, the U.S. Congress has not done so.

Smokeless tobacco use can lead to oral cancer, gum disease, and nicotine addiction; and it increases the risk of cardiovascular disease, including heart attack.¹⁷ More specifically:

- Spit tobacco causes leukoplakia, a disease of the mouth characterized by white patches and oral lesions on the cheeks, gums, and/or tongue. Leukoplakia, which can lead to oral cancer, occurs in more than half of all users in the first three years of use. Studies have found that 60 to 78 percent of spit tobacco users have oral lesions.¹⁸
- Constant exposure to tobacco juice causes cancer of the esophagus, pharynx, larynx, stomach and pancreas. Spit tobacco users are up to 50 times more likely to get oral cancer than non-users. These cancers can form within five years of regular use.¹⁹
- Spit tobacco contains nitrosamines, proven carcinogens, as well as 30 metals and a radioactive compound called polonium-210.²⁰ A study by the American Health Foundation for the State of Massachusetts found that the level of cancer causing tobacco specific nitrosamines (TSNAs) in U.S. oral snuff brands were significantly higher than comparable Swedish Match brands. These data suggest that it is possible for spit tobacco companies to produce oral snuff with significantly lower TSNA levels.²¹
- This same study found that the two leading U.S. snuff brands, Copenhagen and Skoal, had large increases in TSNA levels when placed on a shelf at room temperature over a six-month time period. The TSNA levels increased 20 percent in Skoal and by 137 percent in Copenhagen, while no significant changes were observed in Swedish match brands.²²
- Chewing tobacco has been linked to dental caries. A study by the National Institutes of Health and the Centers for Disease Control and Prevention found chewing tobacco users were four times more likely than non-users to have decayed dental root surfaces. Spit tobacco also causes gum disease (gingivitis), which can lead to bone and tooth loss.²³

Despite all this evidence, in April 1999, a spokesperson for UST, quoted in the *Providence Journal*, claimed that it has not been "scientifically established" that spit or smokeless tobacco is "a cause of oral cancer." The Rhode Island Attorney General subsequently filed a legal action against U.S. Tobacco for violating the multistate settlement agreement's provisions prohibiting false statements about the health effects of tobacco products. As a result, UST was required to formally acknowledge that the Surgeon General and other public health authorities have concluded that smokeless or spit tobacco is addictive and can cause oral cancer and to pay \$15,000 to the Attorney General's office for efforts to prevent Rhode Island youths from using tobacco.

Spit Tobacco and Other Drugs

High school students who use spit tobacco 20 to 30 days per month are nearly four times more likely to currently use marijuana than nonusers, almost three times more likely to ever use cocaine, and nearly three times more likely to ever use inhalants to get high. In addition, heavy users of smokeless or spit tobacco are almost 16 times more likely than nonusers are to currently consume alcohol, as well.²⁴

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Types of Spit Tobacco

Oral (moist) snuff is a finely cut, processed tobacco, which the user places between the cheek and gum, that releases nicotine which, in turn, is absorbed by the membranes of the mouth.

Looseleaf chewing tobacco is stripped and processed cigar-type tobacco leaves that are loosely packed to form small strips. It is often sold in a foil-lined pouch and usually treated with sugar or licorice.

Plug chewing tobacco consists of small, oblong blocks of semi-soft chewing tobacco that often contain sweeteners and other flavoring agents.

Nasal snuff is a fine tobacco powder that is sniffed into the nostrils. Flavorings may be added during fermentation, and perfumes may be added after grinding.

For more information on the problem of spit tobacco use, especially among kids, see the websites of the National Spit Tobacco Education Network (www.nstep.org/nstep.htm) and the Texas Spit Tobacco Prevention Network (<http://home.flash.net/~stopn/NonHome.html>).

¹ U.S. Centers for Disease Control and Prevention (CDC), "Surveillance for Selected Tobacco-Use Behaviors – United States, 1900-1994," *Morbidity and Mortality Weekly Report (MMWR)*, 18 November 1994, 43(SS-03).

² CDC, "Surveillance for Selected Tobacco-Use Behaviors – United States, 1900-1994," 18 November 1994.

³ U.S. Department of Health and Human Services (HHS), *Preventing Tobacco Use Among Young People: A Report of the Surgeon General, 1994*.

⁴ CDC, "Youth Risk Behavior Surveillance - United States, 2001," *MMWR*, 28 June 2002, 51(SS-4).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm> Using a different survey methodology, the 2000 Youth Tobacco Survey, done every other year by CDC, found that 11.8 percent of all boys in U.S. high schools and 1.4 percent of high-school girls currently use spit tobacco products.⁴

⁵ CDC, "Youth Risk Behavior Surveillance - United States, 2001," *MMWR*, 28 June 2002, 51(SS-4).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm>

⁶ Maxwell, John. "Smokeless Dips," *Tobacco Reporter*, August, 2000, 20(3).

⁷ "The Marketing of Nicotine Addiction by One Oral Snuff Manufacturer," *Tobacco Control*, Spring, 1995, 4(1).

⁸ "The Marketing of Nicotine Addiction by One Oral Snuff Manufacturer," *Tobacco Control*, Spring, 1995, 4(1).

⁹ "How a Tobacco Giant Doctors Snuff Brands to Boost Their Kick," *The Wall Street Journal*, 26 October 1994.

¹⁰ *Sponsorship Report*, IEG, 16 September 1996.

¹¹ *Rocky Mountain News*, 22 June 1996.

¹² <http://www.nhra.org/2001/events/race17/results/fc.html> - [sufinal4results](http://www.nhra.org/2001/events/race17/results/sufinal4results)

¹³ Federal Trade Commission, *Report to Congress Pursuant to the Comprehensive Smokeless Tobacco Health Education Act of 1986* (1997).

¹⁴ See *Sports Illustrated*, July 30, 2001 and *Rolling Stone*, July 5, 2001.

¹⁵ UST press release, "U.S. Tobacco Introduces 'Revel', A New Anytime, Anywhere Tobacco Brand," August 1, 2001.

¹⁶ Blackwell, J., "Cigalett' may be smoker's answer," *Richmond Times-Dispatch*, April 28, 2001.

¹⁷ HHS, *The health consequences of involuntary smoking: A Report of the Surgeon General, 1986*. "Smokeless tobacco use and increased cardiovascular mortality among Swedish construction workers." *American Journal of Public Health*, 1994; Vol 84, No. 3.

¹⁸ The S.T.O.P. Guide (The Smokeless Tobacco Outreach and Prevention Guide): A Comprehensive Directory of Smokeless Tobacco Prevention and Cessation Resources. Applied Behavioral Science Press, 1997; Hatsukami, D. & H Severson, "Oral Spit Tobacco: Addiction, Prevention and Treatment." *Nicotine and Tobacco Research*, 1999, 1:21-44.

¹⁹ S.T.O.P. Guide, 1997; Hatsukami, D. & H Severson, *Nicotine and Tobacco Research*, 1999.

²⁰ S.T.O.P. Guide, 1997; Hatsukami, D. & H Severson, *Nicotine and Tobacco Research*, 1999.

²¹ Brunnemann KD, et al., "Aging of Oral Moist Snuff and the Yields of Tobacco -Specific N-Nitrosamines."

American Health Foundation, Massachusetts Tobacco Control Program, June 22, 2001.

²² Brunnemann KD, et al., June 22, 2001.

²³ Tomar SL., "Chewing Tobacco Use and Dental Caries Among U.S. Men," *Journal of the American Dental Association*, 1999, 130: 160.

²⁴ Everett, Sherry et al. "Other Substance Use Among High School Students Who Use Tobacco." *Journal of Adolescent Health* (November 1998).