

Top Facts: Spit / Smokeless Tobacco

(also known as chew, snuff, or dip)

Spit Tobacco Facts¹

There are two kinds of spit tobacco: snuff and chewing tobacco. The main difference is in how the tobacco is prepared.

- The most common form of snuff is moist snuff. Moist snuff is a fine-grain tobacco, kept moist in tins or plastic cans.
- Snuff may also come prepared in small teabag-like pouches called sachets.
- Other snuff is dry and powdery and can be snorted or used orally.
- Chewing tobacco is most often a shredded or leafy form of tobacco usually available in pouches. Chew tobacco may also come as a “plug” or a “twist.” The plug and twist are not common.

Spit Tobacco Health Facts

- Spit tobacco contains nicotine and can become addictive when used.
- Adolescents who use spit tobacco are more likely to become cigarette smokers.
- Spit tobacco contains at least 28 cancer-causing chemicals such as benzopyrene and formaldehyde.
 - Formaldehyde is a chemical used to preserve dead bodies and dead animals.
 - Spit tobacco contains 3,000 other chemicals such as acetone (paint stripper), ammonia (toilet bowl cleaner), and cadmium (battery acid).²
- Spit tobacco produced by American tobacco companies is traditionally fire cured, thus increasing the presence of nitrosamines (the organic chemicals that are cancer-causing).³

Possible Effects of Spit Tobacco Use³

- Immediate effects:
 - Bad breath
 - Stains on teeth
 - Mouth sores
- Possible long term-effects (however, some symptoms can occur earlier):
 - Cancer of the lips, tongue, floor of mouth, cheeks, gums, throat, voice box, and/or esophagus
 - Receding gums
 - Tooth loss (particularly caused by the high sugar content in snuff)
 - Lips and gums crack and bleed
 - Spit tobacco use has been associated with cardiovascular risk and sexual dysfunction.⁴

Symptoms of the Harmful Effects of Spit Tobacco³

- A sore that will not heal in your mouth, on the inside of your cheek, or on your tongue
- A lump or white patch in your mouth or your gums
- Difficulty chewing food
- Difficulty moving your tongue and/or jaw
- Constant feeling of something in your throat that you cannot clear out

Spit Tobacco vs. Cigarettes

- One dip contains three to five times the amount of nicotine as one cigarette.
- Ten dips a day equals the same amount of nicotine a smoker gets in 30-40 cigarettes a day.
- Nicotine uptake in the body is much slower with spit tobacco than with cigarettes.
 - Cigarettes produce a nicotine high within 10 seconds.
 - Spit tobacco produces a nicotine high after 15-20 minutes, though it usually lasts longer than with cigarettes.³

Who Uses Spit Tobacco?

- Males have the highest rates:
 - College students: 7% males; 1% females⁵
 - High school students: 13.6% males; 2.2% females⁵
- In the general adult population, 3% use spit tobacco.³
 - Though the nationwide average is low, some rural areas have a higher-than-average spit tobacco use rate, both male and female.
- Do most athletes use spit tobacco?
 - No. According to data from the National Collegiate Athletic Association, 84% of athletes do not use spit tobacco.⁶

What is Snus?

Snus (Swedish for 'snuff') is a new product to American tobacco retailers. Snus is a form of smokeless tobacco that comes in small pouches, similar to sachet snuff. Snus has been available in Sweden for years, though it is a different product than the kind now available in the U.S. The key selling point to the American market is that the user does not need to spit while using the tobacco.

Swedish snus is prepared differently than traditional American snuff, such as Skoal and Copenhagen. In Sweden, the tobacco is first sanitized, before undergoing steam processing. The product is refrigerated, which keeps the nitrosamine levels at or below a government-regulated level. Currently in the U.S., tobacco is neither regulated, nor monitored like it is in Sweden. Though American snus is sold in refrigerated cases, the accompanying marketing mentions that users do not need to keep it refrigerated after purchase. There is also no mention of nitrosamine levels and the impact upon them by refrigeration. This is a key difference between the two countries. Less is known about the process for creating American snus, given that the product is new and the industry is not regulated.⁷

Some people suggest that cigarette users switch to snus, as a way to reduce one's health harm. All smokeless products still have potential for harm. It is unclear whether a person that is used to the quick nicotine high of cigarettes will find smokeless tobacco to be an acceptable substitute. There is evidence that smokeless tobacco users may go on to become smokers, but less evidence that the reverse is true.

¹ Centers for Disease Control and Prevention. (2007). Fact Sheet: Smokeless Tobacco. Retrieved February 11, 2009, from the World Wide Web at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/smokeless_tobacco.htm

² National Cancer Institute. (2003). "Fact Sheet: Smokeless Tobacco." Retrieved February 11, 2009 from the World Wide Web at <http://www.cancer.gov/cancertopics/factsheet/Tobacco/smokeless>

³ Glover, Elbert D., Ph.D., "Current Smokeless Tobacco Use in the United States." Presented October 16, 2006 at 3rd Spit Tobacco Summit, Rochester, MN.

⁴ Ebbert, Jon O., M.D., "Nicotine Lozenge for Smokeless Tobacco Use." Presented October 16, 2006 at 3rd Spit Tobacco Summit, Rochester, MN.

⁵ American College Health Association. American College Health Association--National College Health Assessment: Reference Group Data Report Spring 2007. Baltimore. American College Health Association; 2007.

⁶ NCAA Research Staff. *NCAA Study of Substance Use Habits of College Student-Athletes*. The National Collegiate Athletic Association, 2001.
http://www.ncaa.org/library/research/substance_use_habits/2001/substance_use_habits.pdf

⁷ Campaign for Tobacco Free Kids. (2006). "The United States Isn't Sweden." Retrieved February 11, 2009 from the World Wide Web at <http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=33>