



## THE DANGER FROM DISSOLVABLE TOBACCO AND OTHER SMOKELESS TOBACCO PRODUCTS

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In January 2009, R.J. Reynolds introduced Camel Orbs, Strips, and Sticks, its newest dissolvable, smokeless tobacco products, into three test market cities: Portland, OR, Indianapolis, IN, and Columbus, OH. Currently, under the Family Smoking Prevention and Tobacco Control Act of 2009 (FSPTCA), the U.S. Federal Drug Administration is studying these and other dissolvable tobacco products for their potential appeal to children and other health impacts.<sup>1</sup> While not the first dissolvable tobacco products on the market (ARIVA and Stonewall preceded them), the novel configuration, packaging, and flavoring of Camel's new dissolvables prompted Congress to include a requirement for a study of these and other dissolvables in the FSPTCA.

### Attracting Kids to Tobacco Use

The new Camel dissolvables have a clear appeal to children. They look like candy, are flavored like candy, and are easily concealed so could be used easily by kids, even in school, without being detected.

The Orbs are pellets of ground tobacco resembling tic tacs, while the Strips are flat sheets of ground tobacco that work like dissolvable breath strips or even dissolvable medication strips for children (i.e., Tylenol Meltaways or Triaminic Thin Strips). The Sticks are thin sticks of ground tobacco that resemble toothpicks. The products come in flavors such as "fresh" – a minty option – and "mellow." The supposedly child-proof containers can easily be bypassed by teens and may lead adults to remove extra products from the packages, leaving them easily accessible to children.



The tobacco companies know that almost all tobacco users start as children and have a long history of developing novel products, with kid-friendly flavors (e.g. Cherry Skoal) and packaging (Skoal Bandits) to attract new users. Indeed, their own documents demonstrate how to use "starter products" to entice kids before "graduating" them to stronger versions.<sup>2</sup>

These dissolvable tobacco products are just the latest in a plethora of novel smokeless tobacco products introduced and marketed aggressively in the past few years. In 2006, the year that R.J. Reynolds and Philip Morris USA began test-marketing their own smokeless tobacco products, advertising and marketing for smokeless tobacco reached a record \$354 million.<sup>3</sup>

### Youth Smokeless Tobacco Use Has Increased

Given the number and variety of novel smokeless tobacco products introduced in recent years, record marketing spending levels for smokeless tobacco,<sup>4</sup> and the entry of major cigarette companies R.J. Reynolds and Philip Morris into the smokeless market, it is no surprise that youth use of smokeless tobacco (e.g., snuff and chewing tobacco) has increased after a long period of decline:

- According to the 2009 Youth Risk Behavior survey, 15.0 percent of U.S. high school boys currently use smokeless tobacco products – a 12 percent increase from 2007. In some states, smokeless tobacco use among high school boys in 2009 was particularly high, including Alabama (20.5%), Alaska (19.3%), Arkansas (19.9%), Kentucky (24.7%), Montana (24.1%), North Dakota (23.2%), South Dakota (23.4%), Tennessee (21.3%), West Virginia (24.2%), and Wyoming (24.7%).<sup>5</sup>
- Similar trends are evident in the Monitoring the Future survey, which found a 33 percent increase in smokeless tobacco use among 12<sup>th</sup> grade males (from 11.8% to 15.8%) and a 37 percent increase among 10<sup>th</sup> grade males (from 8.2% to 11.1%) from just one year earlier.<sup>6</sup>

These increases in youth smokeless use do not appear to reflect a substitution of smokeless tobacco for cigarettes, as declines in youth smoking have slowed at the same time that smokeless use has increased. This suggests smokeless is *not* substituting for smoking but is adding to the number of tobacco users and contributing to dual use of tobacco products. From 2002 to 2007, more than half (52.8%) of smokeless users aged 12 to 17 and 66.9 percent of those aged 18 to 25 also reported cigarette smoking.<sup>7</sup> In contrast, among smokeless users over age 25, only 37 percent also reported cigarette smoking.

Indeed, smokeless tobacco use appears to be an important predictor of smoking among high school males. A 2010 study found that while 17 percent of non-smokeless using high school males had smoked in the past month, almost 60 percent of male high school smokeless users had smoked cigarettes in the past month.<sup>8</sup> Thus, in addition to its own harms, smokeless tobacco use can serve as a gateway to cigarette smoking.

### **Health Harms of Smokeless Tobacco**

Smokeless tobacco use is not a safe alternative to smoking. While data specific to dissolvables are not yet available, smokeless tobacco use can lead to oral cancer, gum disease, and nicotine addiction; and it increases the risk of cardiovascular disease, including heart attacks.<sup>9</sup> More specifically:

- Constant exposure to tobacco juice causes cancer of the esophagus, pharynx, larynx, stomach and pancreas. Smokeless tobacco users are at heightened risk for oral cancer compared to non-users and these cancers can form within five years of regular use.<sup>10</sup>
- A 2008 study from the World Health Organization's International Agency for Research on Cancer concluded that smokeless tobacco users have an 80 percent higher risk of developing oral cancer and a 60 percent higher risk of developing pancreatic and esophageal cancer.<sup>11</sup>

### **Discouraging Smokers from Quitting**

As more and more smokers respond to smoke-free laws by trying to quit smoking, many smokeless products are being marketed as a way for smokers to fulfill their need for nicotine at times and in places when they cannot smoke. The marketing for Camel dissolvables encourages smokers to use them when they cannot smoke by stating, "Enjoy Anywhere. Anytime. Anyplace." This can serve to undermine quit attempts by smokers, leading to higher smoking rates and dual use of cigarettes and smokeless tobacco.

### **Possible Ingestion by Children**

In addition to being attractive to children, the size and shape of Camel dissolvables makes them easy for children to ingest. An April 2010 study of Camel Orbs found that the pH level in the product makes them potentially more toxic than traditional moist snuff or cigarettes if ingested.<sup>12</sup> In January 2009, the Indiana Poison Center issued a warning to parents that the products' resemblance to non-tobacco products put children at risk for accidental poisoning.

As the FDA begins its research into these novel products, it is critical that it reviews all of the possible public health impacts of these products and their marketing. These include not only the health harms from these products, but also their impact on tobacco use initiation (both smokeless and cigarettes), discouraging smoking cessation, and creating dual use of tobacco products.

*Campaign for Tobacco-Free Kids, June 7, 2010 / Ann Boonn*

More information on smokeless tobacco products is available at  
<http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=33>

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- <sup>2</sup> Freedman, AM, "How a Tobacco Giant Doctors Snuff Brands to Boost Their Kick," *The Wall Street Journal*, October 26, 1994.
- <sup>3</sup> Federal Trade Commission (FTC), *Federal Trade Commission Smokeless Tobacco Report for the Years 2002-2005*, 2007, <http://www.ftc.gov/reports/tobacco/02-05smokeless0623105.pdf>.
- <sup>4</sup> FTC, *Federal Trade Commission Smokeless Tobacco Report for the Years 2002- 2005*, 2007, <http://www.ftc.gov/reports/tobacco/02-05smokeless0623105.pdf>.
- <sup>5</sup> Centers for Disease Control and Prevention (CDC), "Youth Risk Behavior Surveillance—United States, 2009," *Morbidity and Mortality Weekly Report (MMWR) Surveillance Summaries* 59(SS-5), June 4, 2010, <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>.
- <sup>6</sup> Johnston, LD, et al., "Smoking continues gradual decline among U.S. teens, smokeless tobacco threatens a comeback," *Monitoring the Future*, December 14, 2009, <http://monitoringthefuture.org/data/09data/pr09cig4.pdf>.
- <sup>7</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), *The NSDUH Report: Smokeless Tobacco Use, Initiation, and Relationship to Cigarette Smoking: 2002 to 2007*, Rockville, MD: Office of Applied Studies, March 5, 2009, <http://www.oas.samhsa.gov/2k9/smokelessTobacco/smokelessTobacco.pdf>.
- <sup>8</sup> Tomar, SL, Albert HR, & Connolly, GN, "Patterns of dual use of cigarettes and smokeless tobacco among US males: findings from national surveys," *Tobacco Control* 19:104-109, 2010.
- <sup>9</sup> HHS, *The health consequences of using smokeless tobacco: A Report of the Surgeon General*, 1986. "Smokeless tobacco use and increased cardiovascular mortality among Swedish construction workers," *AJPH* 84(3), 1994. See also TFK Factsheet, *Health Harms from Smokeless Tobacco Use*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0319.pdf>.
- <sup>10</sup> 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 & Severson, H, "Oral Spit Tobacco: Addiction, Prevention and Treatment," *Nicotine & Tobacco Research* 1:21-44, 1999.
- <sup>11</sup> Boffetta, P, et al., "Smokeless tobacco and cancer," *The Lancet* 9:667-675, 2008.
- <sup>12</sup> Connolly, GN, et al., "Unintentional Child Poisonings Through Ingestion of Conventional and Novel Tobacco Products," *Pediatrics* 125(5):896-899.