

Dissolvable Tobacco Products: A new threat

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RJ Reynolds has introduced three variations of dissolvable tobacco products all grouped under the “Camel Dissolvables” banner, in test markets including: Columbus, OH; Portland, OR; and Indianapolis, IN. The three products are smokeless, spit-free, made from finely milled tobacco, and held together by food-grade binders. It is designed to be placed in the mouth, on the tongue or between the cheek and gum where it dissolves to release tobacco. Orbs were introduced to Indianapolis retail markets in January 2009.

Marketing material and website content indicates that these products are being marketed as an “alternative” to smoking when the user is in a situation where they cannot smoke (a smoke free school, workplace, restaurant, on an airplane, while riding a bike). There is the potential for “dual use” of these smokeless products with cigarettes or other smokeless tobacco products. The health impact of such dual such has not been studied. It is difficult to evaluate these new products, as there are no governmental regulations or legislative guidelines allowing for the independent testing of such products, illustrating the need for FDA authority to regulate all tobacco products.

Orbs:

A “pellet” or tablet that looks like a breath mint
Lasts about 15 minutes
Flavors: Mellow (original) & Fresh (mint)

Strips:

An opaque strip similar to Listerine brand breath-freshening strips
Lasts about 3 minutes
Flavor: Fresh (mint)

Sticks:

A toothpick-like stick that can be placed in the mouth whole or broken into pieces
Lasts about 10 minutes
Flavor: Mellow (original)



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Harm Concerns

Dissolvable tobacco products may contain up to three times the amount of nicotine found in one cigarette. A cigarette smoker typically takes in about 1 milligram of nicotine. Camel dissolvables are said to deliver about 0.6 to 3.1 milligrams of nicotine each. Therefore the nicotine delivery of the products is high.

Smokers who use these products may get a higher dose of nicotine than they are used to, possibly resulting in nicotine poisoning which manifests through adverse reactions such as tremors, nausea, vomiting, agitation, and in more extreme cases, seizures, coma, and death. The high nicotine content combined with the nature of the products and the ease of use is a potentially deadly combination. For example, users may be tempted to ingest multiple Orbs at one time, like they would “tic-tacs” or any other breath mints.

Dissolvable tobacco is not a safe alternate to cigarettes. People who use spit tobacco are at risk of many health problems including cancers (lip, esophagus, pharynx, larynx, pancreas and stomach) and mouth diseases (leukoplakia, a disease of the mouth characterized by white patches and oral lesions on the cheeks, gums, and tongue).

An Especially Escalated Risk for Children and Adolescents

These products are likely to appeal to children and adolescents because they are flavored and packaged like candy or “tic tacs”, and are easy to conceal (at school, at home, and in public places). They are labeled with the Camel brand and logo, which is already one of the three top selling brands with underage smokers. Data just release from the Centers for Disease Control and Prevention show that the most preferred brands of cigarettes are Marlboro, Came and Newport, also the most heavily advertised brands¹.

While these products are sold in “child-resistant” packaging, their resemblance to candy and breath mint strips and the likelihood that adults will carry the small packages in their pockets or leave them in other unsecured places, means that children may have easy access to them. The packaging is so difficult for even adults to open, that another possible scenario may involve an adult emptying the entire contents of the dissolvable tobacco product into a baggie or alternate container, or simply leaving the child-proof container open, thus posing a great risk that a child may ingest a lethal amount of nicotine.

¹ Centers for Disease Control and Prevention Cigarette Brand Preference Among Middle and High School Students Who Are Established Smokers — United States, 2004 and 2006. MMWR 2009; 58:112-115.