Top Ten Things To Know
Smokeless Tobacco (ST) and Cardiovascular Disease

1. In the United States, smokeless tobacco (ST) products include snuff and chewing tobacco in various forms.

2. Worldwide, approximately 1.3 billion individuals smoke or use other tobacco products, including ST.
   - In the U.S. there are an estimated 8.1 million (3.2%) ST product users.
   - Among adults 18 and older in the U.S., ST product use is more prevalent in men than women and overall individuals between 18 and 25 years of age are most likely to be users of ST products.
   - In the U.S. chewing tobacco use has declined, while snuff use and production is increasing.

3. A critical review and summary of the scientific evidence regarding ST product use and the associated cardiovascular effects and risks are provided. The evidence can inform tobacco control policy and strategies for harm reduction.

4. Although evidence is consistent with the suggestion that the CV risks are lower with ST products, ST products are not without harm.

5. ST products contain many carcinogens. ST use is associated with cancers of the oral cavity and pancreas, as well as potential adverse effects on reproductive organs. Nicotine is the main alkaloid in ST products and it is addictive. While “regular users of ST products take in as much nicotine per day as do regular smokers, it is likely that the same daily dose of nicotine from cigarette smoking would cause more injury than from ST.

6. Recent reports suggest that long-term ST use might be associated with increased risk of mortality due to MI and stroke, suggesting that ST product use may complicate or reduce the chance for survival after a MI or stroke.

7. A specific policy question is whether ST products should be recommended to smokers instead of cigarettes to reduce the morbidity and mortality associated with smoking and/or as an approach to enhance smoking cessation. ST’s are one group of the potentially reduced exposure products (PREP’s) being currently marketed. Nicotine replacement therapies represent another group.

8. Because there is inadequate evidence of smoking cessation efficacy and safety, promoting ST as a way for smokers to reduce risk for smoking-related diseases is not appropriate.

9. The American Heart Association does not recommend the use of ST as an alternative to cigarette smoking or as a smoking cessation product.

10. Clinicians should continue to discourage use of all tobacco products and emphasize prevention of smoking initiation and smoking cessation as primary goals for tobacco control.