

Smokeless Tobacco: a Gender Analysis and Nursing Focus

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- Smokeless tobacco • Harm reduction

A mercurial feature of the tobacco landscape during the last quarter of the twentieth century through to the present has been the resurgence in the consumption of smokeless tobacco by men.^{1–3} Historically, the main type of smokeless tobacco used in North America has been loose-leaf chewing tobacco, made from cut tobacco leaves. Chewing tobacco involved a great deal of spitting (expectorating) and was symbolically associated with the masculine virtues of settling the frontier, including a capacity for rough and physically demanding work. Chewing tobacco was so prominent that it was described as the “American Habit.”⁴

The more recent resurgence in the consumption of smokeless tobacco has been marked by a shift from chewing tobacco and by a dramatic increase in the popularity of moist snuff, a granulated tobacco product that is also consumed orally. A small amount (a pinch) is placed between the lip and the teeth. The flavor and nicotine is released by sucking, rather than by chewing. Historically, moist snuff was only ever a marginal form of tobacco in North America. Its use was never widespread, and it was generally seen as dandified.⁵ The contemporary popularity of moist snuff is therefore somewhat unprecedented, perhaps especially among men.

The rise of moist snuff can be understood as the result of 3 qualities or attributes. The first is that it is a spitless form of oral smokeless tobacco (ie, it requires no expectoration). The spitless aspect of moist snuff enables it to address social and moral concerns about spitting in public (historically associated with chewing tobacco) as well as concerns about the expulsion of smoke in public, which is widely viewed in

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contemporary society through a moral lens as inconsiderate and unsanitary as well as unhealthy.⁶ The second aspect of the rise of moist snuff has been the way it has been promoted by the tobacco industry as less dangerous than cigarettes.⁷ The third attribute of moist snuff has been its capacity to draw on the myths of masculinity associated with chewing tobacco. Thus, despite its historically marginalized position, moist snuff has come to be associated with genuine and authentic masculine ideals, perhaps especially within rural contexts.

In some respects, the qualities of moist snuff, its authentic masculinity on one hand and its cleanliness and health orientation on the other, seem to contradict each other. Yet, as this article argues, it is precisely the capacity of moist snuff to address these seemingly contradictory tendencies at the same time that have made it (1) extremely popular and (2) a significant health care challenge.

Many working in health care have responded to the rise of moist snuff by emphasizing that even if moist snuff is less dangerous than cigarette use, this in itself is no guarantee of safety. Given the massive global harms caused by cigarette smoking,⁸ the legitimacy of espousing cigarette smoking as the benchmark against which to gauge the relative harm of smokeless tobacco, or anything else for that matter, is at best uncertain. Mejia and Ling⁹ suggest that “Smokeless tobacco products are addictive, and their use has been linked to oral cancer, oropharyngeal cancer, heart disease, and pancreatic cancer.” Others have argued that smokeless tobacco is a problem because its use encourages people to remain tobacco users who might otherwise have quit smoking in response to smoke-free environments.^{10–12}

In light of the steady increase in the popularity of moist snuff, this article argues that the focus on the health concerns associated with moist snuff use can and should be supplemented with a gendered approach to the issue, whereby the prominence of men’s consumption might be usefully addressed by men-centered nursing interventions.

LOCATING SMOKELESS TOBACCO

In the nineteenth century, smokeless tobacco, in the form of chewing tobacco, was by far the most prevalent form of tobacco use in the United States. In 1880, for example, chewing tobacco represented more than 58% of all forms of tobacco consumed in America (followed by cigars at 25% and smoking tobacco at 13.5%).¹³

Chewing tobacco was used almost entirely by men. It was characterized by expectorating or spitting and was strongly associated with male locales, such as workplaces and sports fields (especially baseball fields), where there was easy access to spittoons and/or an abundance of open space.¹⁴ The spitting that accompanied the practice was seen as inappropriate for, as well as around, women and was looked down on by the etiquette writers of the middle and upper classes.¹⁵

Chewing tobacco was differentiated according to the type of leaf used, the region it was grown, and method of production. The market was characterized by fierce competition and a high degree of brand loyalty. As one commentator put it, “Men may be argued with as to the steel they will put into their buildings, or the coal they will put into their furnaces, or the oil they will put into their lamps, or even the clothes they will wear, but argument cuts no figure with respect to the tobacco they chew.”¹⁶

During the first half of the twentieth century, however, rates of consumption of chewing tobacco in the United States declined considerably. This decline was, in part, driven by the association between spitting and the spread of tuberculosis.^{17,18} Slogans popularized by tuberculosis workers, such as “Spitting is dangerous, indecent and against the law” and “No spit, no consumption,” took the attack against

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