The adverse health effects caused by the use of spit/smokeless tobacco have been well documented. Smokeless tobacco, which contains 28 carcinogens according to the Centers for Disease Control and Prevention, causes receding gums, gingivitis, caries at the roots due to the sugar content of smokeless tobacco, as well as pre-cancerous lesions of the mouth (leukoplakia), which affects anywhere from 60 to 78 percent of all spit tobacco users. Smokeless tobacco is four to seven times more likely to lead to cancer of the oral cavity, including cancer of the lip, tongue, cheeks, gums and the floor and roof of the mouth, and has been strongly linked to cancer of the larynx, pharynx, esophagus, stomach and pancreas.¹

According to the Centers for Disease Prevention, each year about 30,000 Americans are diagnosed with mouth and throat cancers, and nearly 8,000 die from these diseases. The treatment for these diseases is difficult and often disfiguring. Despite efforts encouraging early detection and treatment, the five-year survival rate for people diagnosed with these types of cancers is only 50%. Furthermore, a 2008 study released by the WHO International Agency for Research on Cancer concluded that spit/smokeless tobacco users have an 80 percent greater chance of developing oral cancer than a nonuser. Preventing and encouraging spit/smokeless tobacco cessation is an important public health strategy to reduce oral diseases and oral cancer.

When examining these statistics and harmful effects what is most alarming is that spit/smokeless tobacco is primarily a young person's habit. According to the American Cancer Society, in 2012, nearly nine million people aged 12 and older in the U.S. used smokeless tobacco and almost half of all new users were younger than 18 when they started.

In the mid 90's to the early 2000's, large-scale public health campaigns were initiated around tobacco use, including spit tobacco. During this time, there was substantial decline in adolescent spit tobacco use, with monthly prevalence falling by one third to one half. ² These declines ended from the mid 2000's to 2010 and use of smokeless tobacco was once again on the rise, as was the perceived lack of risk among adolescents during the same period. While the CDC reports that no change in usage rates occurred between 2012 and 2013, the stagnate state of usage, in comparison to the continuing decline in cigarette use among adolescents, highlights the need for renewed education and communication.

One potential reason for the recent increase in use of smokeless tobacco may be due in part to the rise in marketing efforts by many of the largest tobacco companies, which in turn may be a result of the ban on smoking in public venues. According to a recent report published by Tobacco Free Kids, from 2005 – 2010, the five largest smokeless tobacco companies increased

¹ Smokeless Tobacco and Kids, <u>www.tobaccofreekids.org</u>

² Monitoring the Future Survey

marketing expenditures by more than 77%. Slogans such as "Anytime, Anywhere" and "No Smoking, No Problem" are sure to have an impact on the number of smokeless tobacco users over time. Furthermore, the tobacco industry is promoting the idea that switching to smokeless products is a good way to quit smoking and as a 'healthier' alternative. These claims however, have not been substantiated by the tobacco industry and the negative effects of smokeless tobacco from cavities and tooth decay to cancer are real and impact thousands.

FOR MORE INFORMATION

For more information about Oral Health America's work to reduce spit tobacco use and improve oral health, please visit nstep.org or contact Brittany Wright at 312-836-9900 or brittany.wright@oralhealthamerica.org.

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