



SPIT: TOBACCOS DEADLIEST SECRET

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OBJECTIVES

BY THE END OF THIS TALK YOU WILL BE ABLE TO

- RECALL THE VARIOUS KINDS OF SMOKELESS TOBACCO.
- RECALL THE LOCAL STATISTICS ON SMOKELESS TOBACCO USE
- STATE THE HEALTH EFFECTS OF SMOKELESS TOBACCO USE
- DEMONSTRATE A PROPER ORAL EXAM FOR PATIENTS WHO USE SMOKELESS TOBACCO
- RECALL HOW TO COUNSEL A PATIENT TRYING TO QUIT SMOKELESS TOBACCO USE ESPECIALLY AS IT PERTAINS TO SMOKELESS TOBACCO ALONGWITH GUIDELINES ON PHARMACOTHERAPY

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WHAT IS SMOKELESS TOBACCO

- IS NOT BURNED. MEANS IT IS TOBACCO THAT IS NOT SMOKED
- INCLUDES TOBACCO THAT CAN BE SUCKED ON OR CHEWED
- CAN BE SPIT, SWALLOWED OR BE SPITLESS DEPENDING UPON THE PRODUCT
- CONTAINS NICOTINE AND IS HIGHLY ADDICTIVE
- MAY APPEAL TO YOUTH SINCE IT COMES IN FLAVORS SUCH AS CINNAMON, BERRY ETC



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**SMOKELESS IS NOT
HARMLESS !**



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SMOKELESS TOBACCO IS A **NOT
A SUSBSITUTE FOR SMOKING —
AS PROPOSED IN THE
HARM REDUCTION STRATEGY**

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THE NEW BUZZ WORD HARM REDUCTION STRATEGY

HARM REDUCTION IS A TERM USED BY THE TOBACCO INDUSTRY
REFERRING TO A

**“ STRATEGY THAT ENCOURAGES TOBACCO USERS WHO CANNOT OR
WILL NOT QUIT SMOKING TO SWITCH TO AN ALTERNATIVE NICOTINE-
DELIVERY PRODUCT THAT IS POTENTIALLY LESS HARMFUL THAN THEIR
REGULAR PRODUCT”.**

(Robins R, ed. The Seduction of Harm Reduction: Proceedings from the September 2004 Summit.
Sacramento, CA: Department of Health Services; 2005)



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TYPES OF SMOKELESS TOBACCO

- **CHEWING TOBACCO**
 - LOOSE LEAF
 - PLUG
 - TWIST
- **SNUFF**
 - MOIST
 - DRY
- **DISSOLVABLE**
 - LOZENGES
 - STRIPS
 - STICKS
 - ORBS

TYPES OF SMOKELESS TOBACCO

CHEWING TOBACCO

USER PLACES A WAD OF TOBACCO INSIDE THE CHEEK



LOOSE LEAF



PLUG



TWIST

TYPES OF SMOKELESS TOBACCO

SNUFF

FINELY GROUND OR SHREDDED TOBACCO. TYPICALLY THE USER PLACES A PINCH OR DIP BETWEEN THE CHEEK AND GUM



Moist snuff

MOIST SNUFF



Dry snuff

DRY SNUFF



Snus

SNUS



TYPES OF SMOKELESS TOBACCO

SNUFF

- SNUFF IS FINELY GROUND TOBACCO THAT CAN BE DRY, MOIST, OR PACKAGED IN POUCHES OR PACKETS (DIP, U.S. SNUS)
- SOME TYPES OF SNUFF ARE SNIFFED OR INHALED INTO THE NOSE, OTHER TYPES ARE PLACED IN THE MOUTH
- SNUS IS NEWER FORM OF MOIST SNUFF USED IN THE UNITED STATES



TYPES OF SMOKELESS TOBACCO

DISSOLVABLE TOBACCO PRODUCTS

- DISSOLVABLES ARE FINELY GROUND TOBACCO PRESSED INTO SHAPES SUCH AS TABLETS, STICKS OR STRIPS
- DISSOLVABLE TOBACCO PRODUCTS SLOWLY DISSOLVE IN THE MOUTH
- THESE PRODUCTS MAY APPEAL TO YOUTH BECAUSE THEY COME IN ATTRACTIVE PACKAGING, LOOK LIKE CANDY OR SMALL MINTS AND CAN BE EASILY HIDDEN FROM VIEW
- HIGHER RISK OF POISONING WITH THESE PRODUCTS FOR CHILDREN DUE TO THEIR CANDY LIKE APPEARANCE

TYPES OF SMOKELESS TOBACCO

DISSOLVABLES

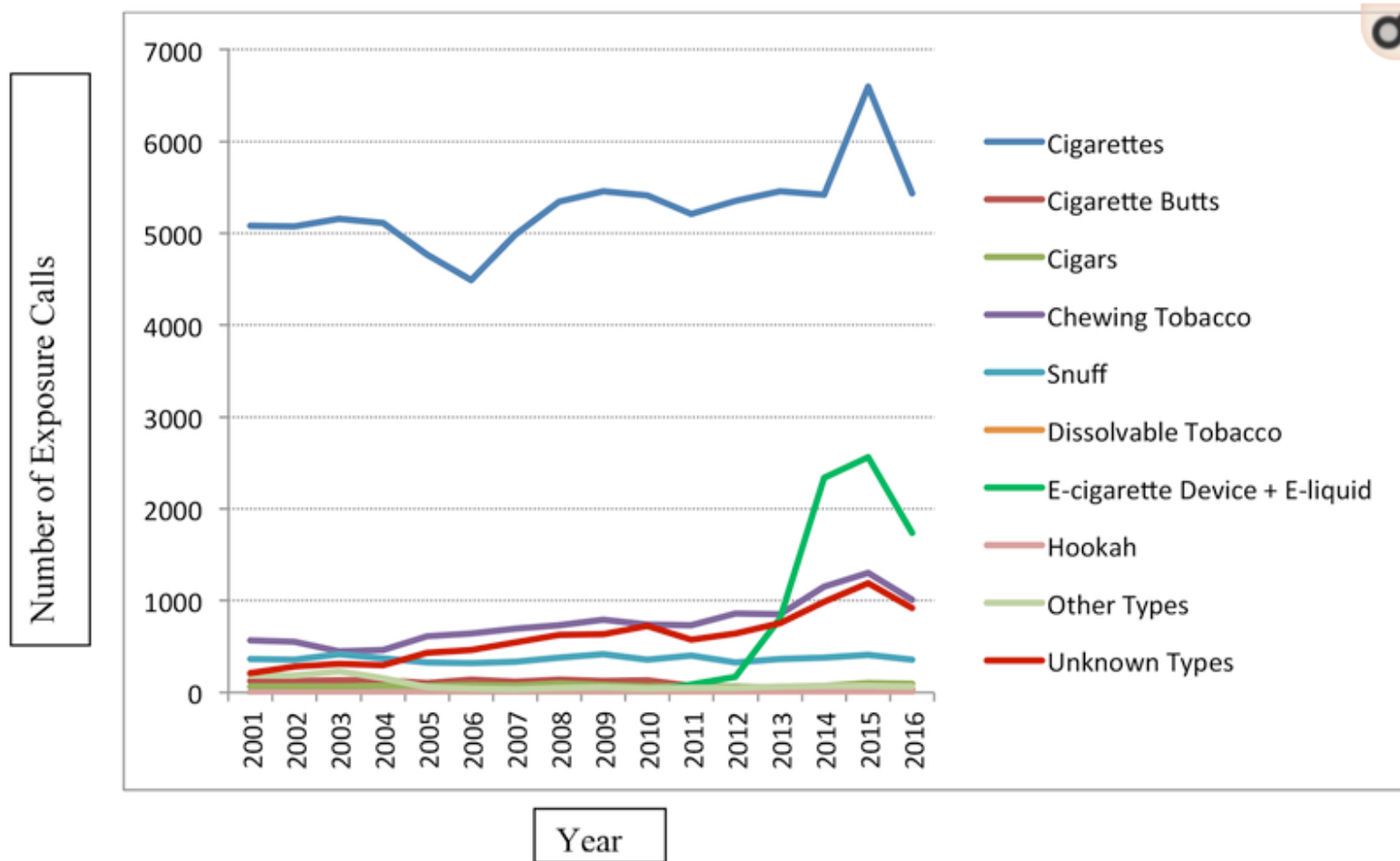


TYPES OF SMOKELESS TOBACCO

DISSOLVABLE SMOKELESS PRODUCTS

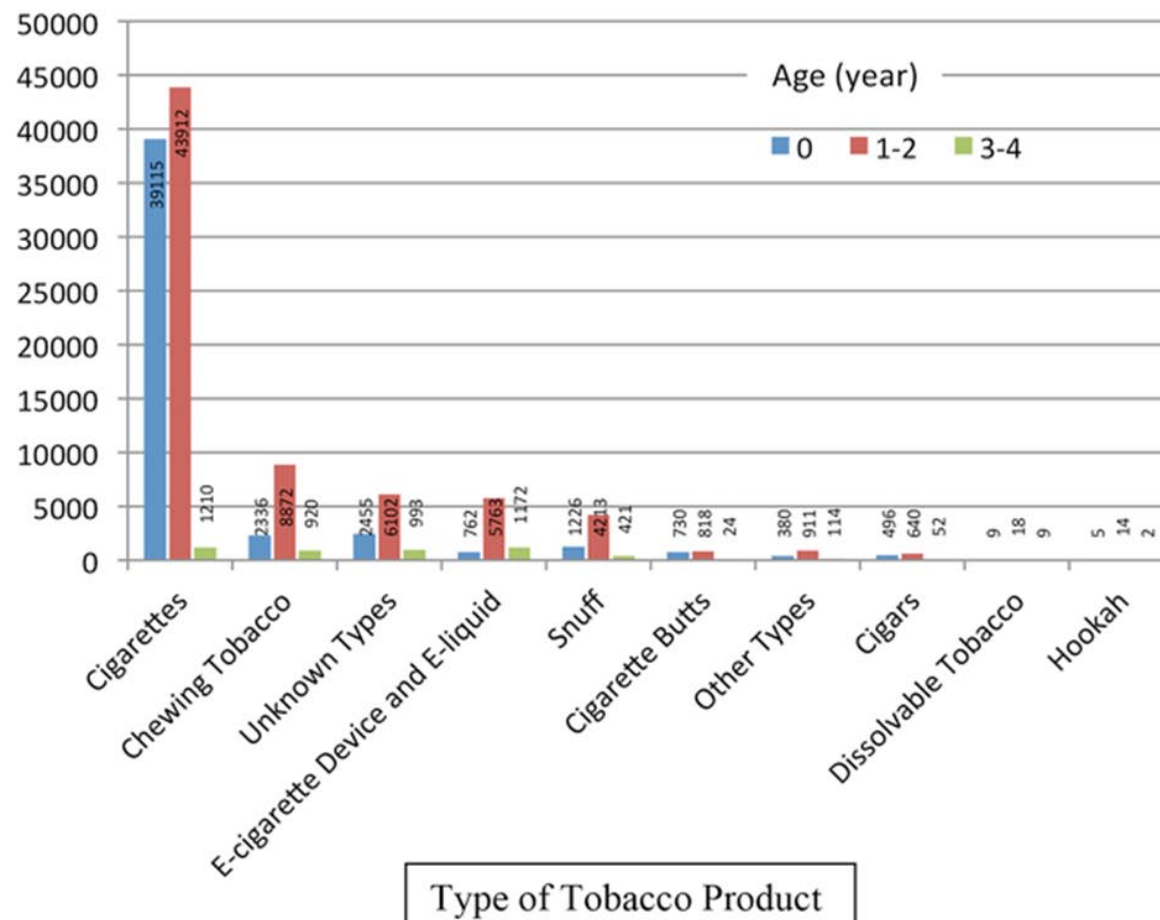
- MARKETING BY TOBACCO MANUFACTURERS THESE PRODUCTS DISSOLVE IN THE MOUTH IN THREE TO SIX MINUTES DELIVERING .6MG TO 3.1MG OF NICOTINE.
- AN AVERAGE CIGARETTE DELIVERS ABOUT 1 TO 2MG OF NICOTINE
- HIGH AMOUNT OF NICOTINE AND CANDY LIKE APPEARANCE OF THESE PRODUCTS AND EASE OF USE COULD BE DEADLY IN BOTH ADULTS AND CHILDREN
- OVERALL, PCCS ACROSS THE US RECEIVED 123,876 TOBACCO-RELATED EXPOSURE CALLS INVOLVING CHILDREN YOUNGER THAN 5 YEARS OLD BETWEEN JANUARY 1, 2001 AND OCTOBER 31, 2016
- LETHAL DOSE OF NICOTINE FOR HUMANS IS AVERAGE ABOUT 40MG AND ABOVE AND FOR CHILDREN 1MG/KG -

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5300914/>



Exposure Calls Involving Children Younger than 5 Years Old by Type of Tobacco Product and by Year, United States, January 1, 2001 – October 31, 2016

Number of Exposure Calls



Number of Tobacco-related Poison Exposure Calls Involving Children Younger than 5 Years Old by Age and Type of Tobacco Product, United States, January 1, 2001 – October 31, 2016

Market Share of Types of Snuff

Form	Description	Use	Market Share (in 2011)* ⁵
Moist	Cured (aged) and fermented tobacco processed into fine particles and often packaged in round cans	Pinch or “dip” is placed between cheek or lip and gums; requires spitting	80.7%
Dry	Fire-cured tobacco in powder form	Pinch of powder is put in the mouth or inhaled through the nose; may require spitting	1.1%
U.S. snus	Moist snuff packaged in ready-to-use pouches that resemble small tea bags	Pouch is placed between cheek or teeth and gums; does not require spitting	Data unavailable
*Market share is the percentage of the U.S. smokeless tobacco market for a specific product. For example, more than 8 of every 10 snuff products sold in the United States in 2011 were moist snuff products. ⁵			

Market Share of Types of Chewing Tobacco

Form	Description	Use	Market Share (in 2011)* ⁵
Loose leaf	Cured (aged) tobacco, typically sweetened and packaged in foil pouches	Piece taken from pouch and placed between cheek and gums	17.5%
Plug	Cured tobacco leaves pressed together into a cake or “plug” form and wrapped in a tobacco leaf	Piece taken from pouch and placed between cheek and gums	0.5%
Twist or roll	Cured (aged) tobacco leaves twisted together like a rope	Piece cut off from twist and placed between cheek and gums	0.2%

*Market share is the percentage of the U.S. smokeless tobacco market for a specific product. For example, almost 2 of every 10 smokeless products (17.5%) sold in the United States in 2011 were loose-leaf smokeless tobacco products.⁵



Market Share of Other Types of Tobacco

Form	Description	Market Share (in 2011)
Lozenges	Resemble pellets or tablets	Data unavailable
Orbs	Resemble small mints	Data unavailable
Sticks	Have a toothpick-like appearance	Data unavailable
Strips	Thin sheets that work like dissolvable breath strips or medication strips	Data unavailable

ELECTRONIC CIGARETTES

PAAN





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SMOKELESS TOBACCO IS VERY ADDICTIVE

- THE NICOTINE CONTENT IN A CAN OF DIP OR SNUFF IS APPROXIMATELY 144 MILLIGRAMS, WHICH IS EQUAL TO ABOUT 80 CIGARETTES.
- IN OTHER WORDS, **ONE CAN OF SNUFF OR DIP EQUALS ABOUT FOUR PACKS OF CIGARETTES**
- A CIGARETTE HAS ABOUT 1.8 MG OF NICOTINE
- AN AVERAGE DOSE OF SNUFF HAS ABOUT 3.6 MG
- AND CHEWING TOBACCO IS 4.6 MG



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CIGARETTE COMPANIES AND SMOKELESS TOBACCO

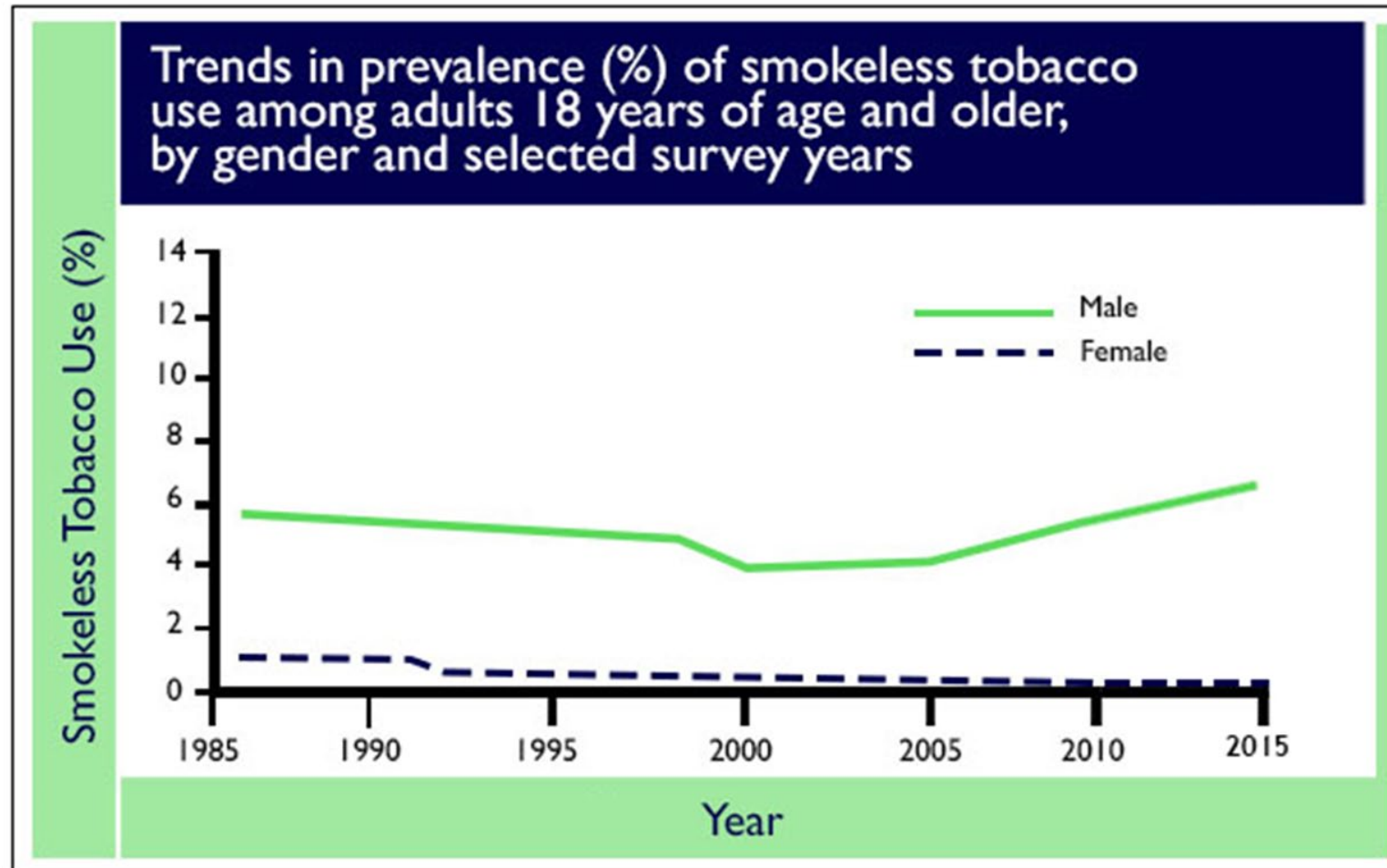
- SOME CIGARETTE COMPANIES NOW MAKE AND SELL SMOKELESS TOBACCO PRODUCTS
- IN 2016, **\$759.3 MILLION** WAS SPENT ON ADVERTISING AND PROMOTION OF SMOKELESS TOBACCO PRODUCTS, AN INCREASE FROM \$684.9 MILLION SPENT IN 2015.
- SOME CIGARETTE COMPANIES ADVERTISE THAT SMOKELESS TOBACCO CAN BE USED IN PLACES WHERE TOBACCO SMOKING IS NOT ALLOWED.
- ADDITIONAL RESEARCH IS NEEDED TO EXAMINE LONG-TERM EFFECTS OF NEWER SMOKELESS TOBACCO PRODUCTS, SUCH AS DISSOLVABLES AND U.S. SNUS.



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ADULT SMOKELESS TOBACCO USE NATIONALLY 2016

- ADULTS AGED 18 YEARS AND OLDER: ABOUT 3 IN EVERY 100 (3.4%)
- MEN: NEARLY 7 IN EVERY 100 (6.6%)
- WOMEN: NEARLY 1 IN EVERY 100 (0.5%)



Among males, use decreased during 1986-2000 but has been increasing since then.¹



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ADULT SMOKELESS TOBACCO USE IN WV 2016

**WEST VIRGINIA RANKED
SECOND HIGHEST IN THE NATION
IN ST USE AT
8.5%**

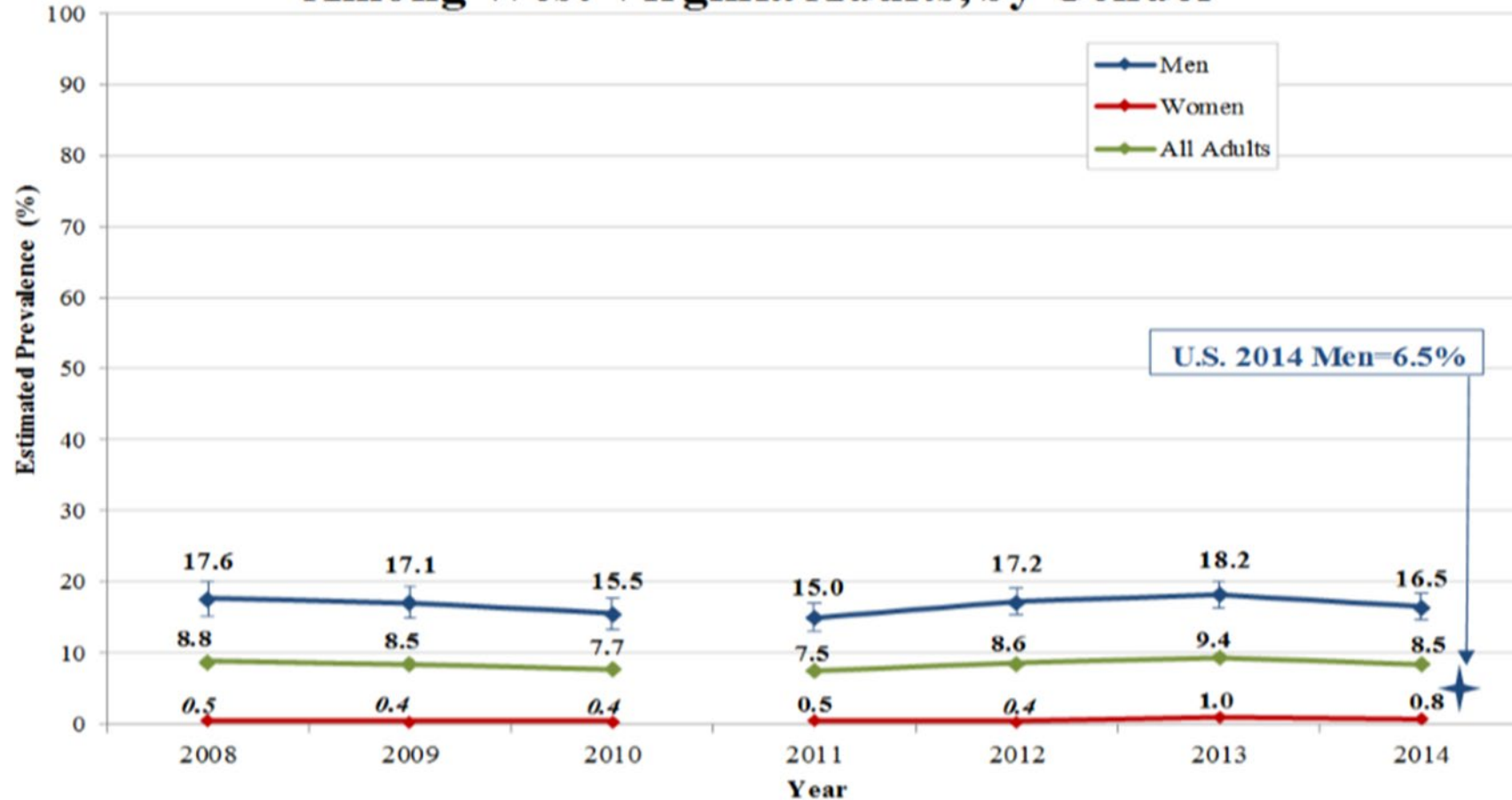


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ADULT SMOKELESS TOBACCO USE IN WV 2016

- PREVALENCE – WEST VIRGINIA: 8.5% AND U.S.: 3.7% (IN 2014)
- GENDER - MEN: 18.2% AND WOMEN: 0.8%
- RACE/ETHNICITY (SMOKELESS TOBACCO USE AMONG ALL ADULTS IN WEST VIRGINIA):
 - White, Non-Hispanic: 8.7%
 - Black, Non-Hispanic: *5.6%
 - Other, Non-Hispanic: *4.5%
 - Multiracial, Non-Hispanic: *6.7%
 - Hispanic: *1.8%
- *Note: Caution that this data may be unreliable; small sample sizes (< 50 responses).
- Addressing Tobacco Use and its associates Diseases in West Virginia (updated 05-24-16)

Prevalence of Current Smokeless Tobacco Use Among West Virginia Adults, by Gender



Current smokeless tobacco use is defined as the use of smokeless tobacco every day or some days.

Italics indicates that the data may be unreliable due to $n < 50$, $CI \text{ width} > 20$, or $RSE > 30$, and should be interpreted with caution.

Confidence Interval brackets are indicated around each value for prevalence among Adult Men.

Note: In 2011 there were changes made to the weighting methodology and the sample composition in the Behavioral Risk Factor Surveillance System (BRFSS), therefore the 2011 prevalence data and beyond is not directly comparable to previous years of BRFSS data.

Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System.



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ADULT SMOKELESS TOBACCO USE STATE RANKINGS

- In 2016, current smokeless tobacco use was highest in:
 - **Wyoming:** nearly 10 in every 100 people (9.8%)
 - **West Virginia:** nearly 9 in every 100 people (8.5%)
 - **Arkansas:** nearly 8 in every 100 people (7.8%)
 - **Montana:** nearly 8 in every 100 people (7.7%)
- In 2016, current smokeless tobacco use was lowest in:
 - **District of Columbia:** about 1 in every 100 people (1.3%)
 - **Rhode Island:** nearly 2 in every 100 people (1.5%)
 - **Maryland:** nearly 2 in every 100 people (1.6%)
 - **California:** nearly 2 in every 100 people (1.7%)

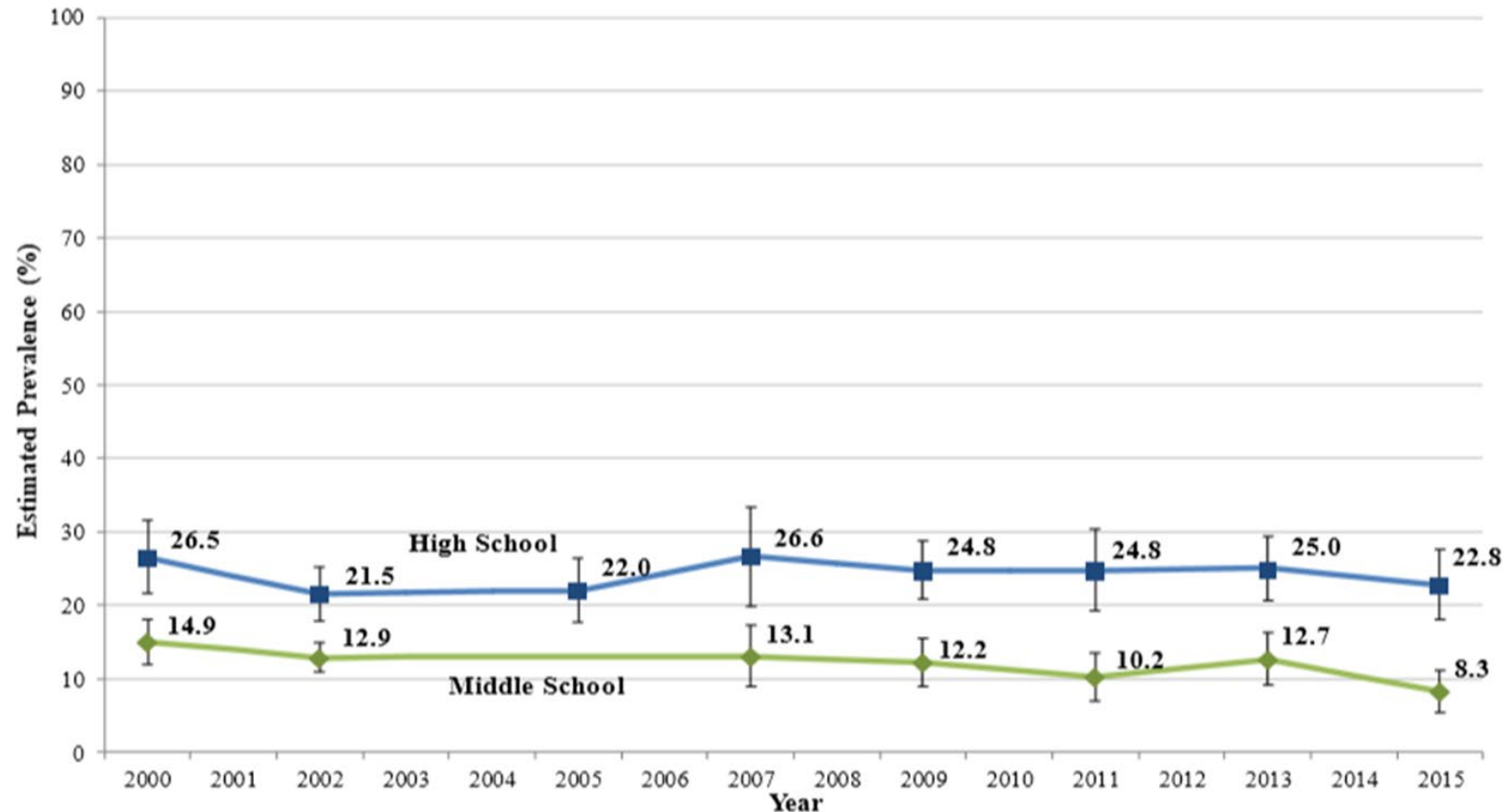
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SMOKELESS TOBACCO USE AMONG YOUTH NATIONALLY

Smokeless Tobacco Use Among Youth

High School Students in 2017 ⁴	Current Use of Smokeless Tobacco
Overall	5.5%
Males	7.7%
Females	3.0%
White non-Hispanic	7.2%
Black non-Hispanic	1.8%
Hispanic	3.7%

Prevalence of Current Smokeless Tobacco Use Among West Virginia Youth Males



The West Virginia Youth Tobacco Survey (WVYTS) was conducted in 2000, 2002, 2005, and subsequent odd-numbered years. The WVYTS was conducted in 2005 only for high school. Current smokeless tobacco use is defined as use of smokeless tobacco on one or more days in the past 30 days. The WVYTS population for this graph is sampled from public high school students, grades 9-12, and middle school students, grades 6-8, males only.

Confidence Interval brackets are indicated around each value.

Data Source: West Virginia Division of Tobacco Prevention, West Virginia Youth Tobacco Survey.

Graph prepared by the West Virginia Health Statistics Center.

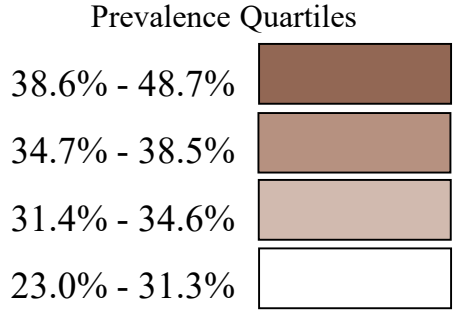


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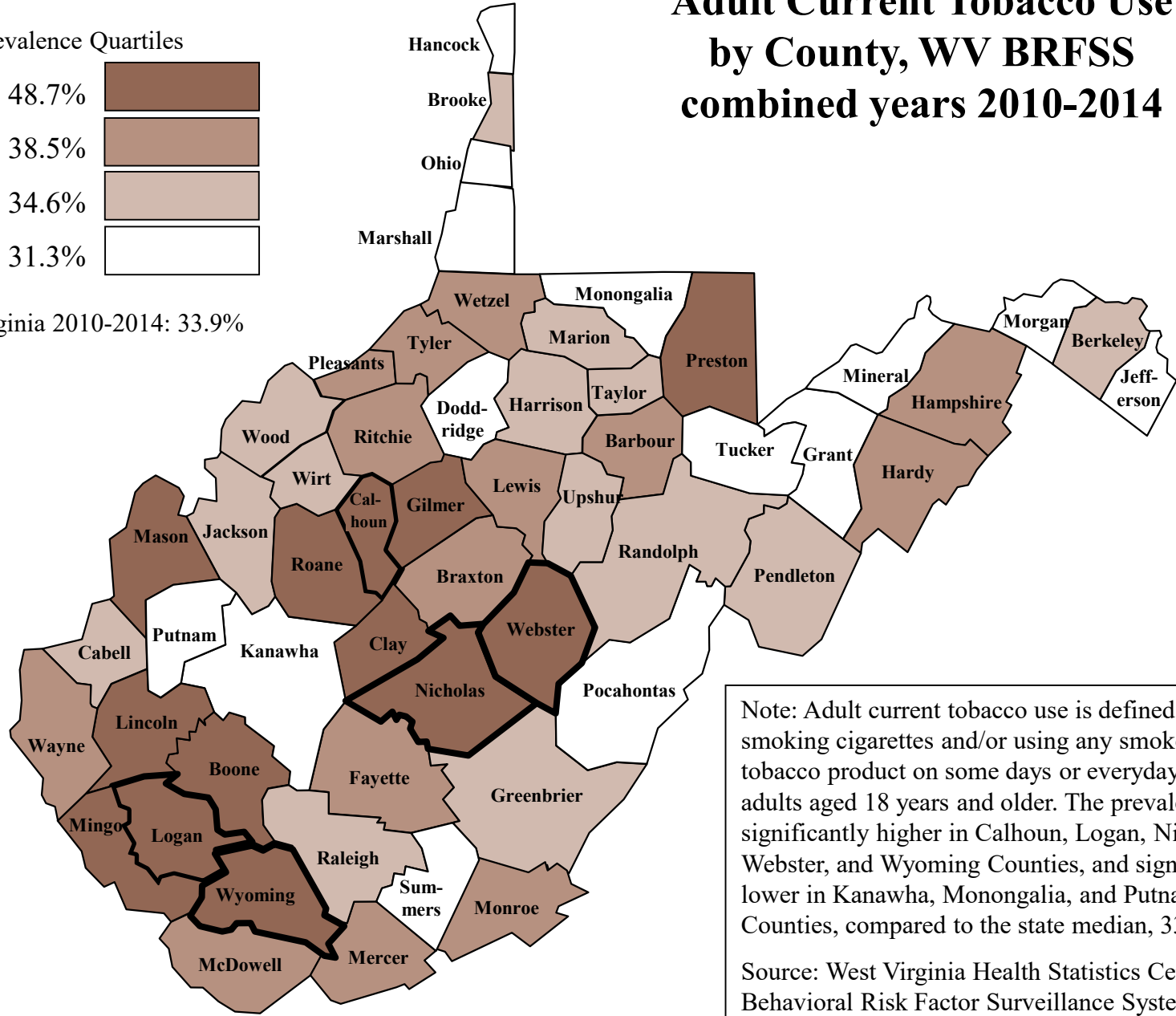
MULTIPLE PRODUCT USE

- ACCORDING TO THE 2012 NATIONAL SURVEY ON DRUG USE AND HEALTH:1
 - ABOUT 1 IN EVERY 100 YOUTH AGED 12–17 YEARS (1.1%) AND NEARLY 4 IN EVERY 100 YOUNG ADULTS AGED 18–25 YEARS (3.9%) WERE CURRENT USERS OF SMOKELESS TOBACCO AND AT LEAST ONE OTHER TOBACCO PRODUCT.
 - ABOUT 1 IN EVERY 100 ADULTS AGED 26 YEARS OR OLDER (1.2%) WERE CURRENT USERS OF SMOKELESS TOBACCO AND AT LEAST ONE OTHER TOBACCO PRODUCT.

Adult Current Tobacco Use by County, WV BRFSS combined years 2010-2014



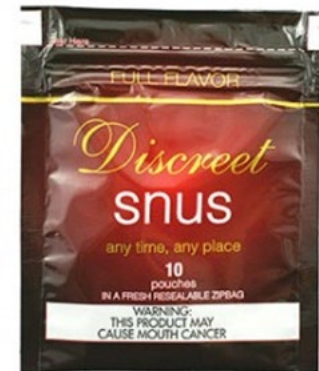
West Virginia 2010-2014: 33.9%



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WHAT IS IN SPIT TOBACCO

?



WHAT IS IN SPIT TOBACCO

NICOTINE



NEUROCHEMICAL AND RELATED EFFECTS OF NICOTINE

**N
I
C
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T
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N
E**

→ DOPAMINE

→ PLEASURE, APPETITE SUPPRESSION

→ NOREPINEPHRINE

→ AROUSAL, APPETITE SUPPRESSION

→ ACETYLCHOLINE

→ AROUSAL, COGNITIVE ENHANCEMENT

→ GLUTAMATE

→ LEARNING, MEMORY ENHANCEMENT

→ SEROTONIN

→ MOOD MODULATION, APPETITE SUPPRESSION

→ β -ENDORPHIN

→ REDUCTION OF ANXIETY AND TENSION

→ GABA

→ REDUCTION OF ANXIETY AND TENSION

NICOTINE

IS IT ALARMING ?

**A 30 MINUTE DIP GIVES THE USER THE SAME
AMOUNT OF NICOTINE AS 3 CIGARETTES**



NICOTINE

NICOTINE CONTENT OF VARIOUS TOBACCO PRODUCTS

Product	Nicotine content
Cigarettes	1.1mg to 1.8mg per cigarette (22mg to 36mg/pack)
Cigars	13.3mg average
Mini-cigars (i.e. 'Swishers or Dark Horse)	3.8mg per mini-cigar = 76mg/pack
Pipe	5.2mg average per bowl
Chewing/dipping can (i.e. Skoal, Copenhagen)	88mg per can of dip/chew
Loose leaf pouch (i.e. Redman)	144mg per pouch
Hookah (water pipe)	One 45-60 minute session = approximately one pack of cigarettes in nicotine and tar content
Bidi's (hand rolled cigarettes imported from India)	One bidi contains 3 to 5 times as much nicotine as a regular cigarette
Kretek (Clove cigarette)	Little research available. Increased risk of acute lung injury, especially with asthma or respiratory infections.

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BUT DID YOU ALSO KNOW ?
THERE ARE ATLEAST
28 KNOWN CARCINOGENS
FOUND IN SMOKELESS TOBACCO



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THESE CARCINOGENS INCLUDE

- TOBACCO SPECIFIC NITROSAMINES
- CADMIUM (CAR BATTERIES)
- POLONIUM 210 (NUCLEAR WASTE)
- LEAD
- FORMALDEHYDE (EMBALMING FLUID)
- ARSENIC (RAT POISON)
- CYANIDE (!)



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WHAT IS IN SPIT TOBACCO ?

THE MOST HARMFUL ARE THE TOBACCO SPECIFIC NITROSAMINES (TSNAs) THAT ARE FORMED DURING THE GROWING, CURING, FERMENTING AND AGING OF TOBACCO. THESE ARE RESPONSIBLE FOR ORAL CANCER





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EVER WONDER WHY ?
SMOKELESS TOBACCO CONTAINS
100 TIMES THE AMOUNT OF NITROSAMINES
ALLOWED IN PRODUCTS SUCH AS
BACON AND BEER



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**WERE YOU AWARE
SMOKELESS TOBACCO USERS
ARE AT VERY HIGH RISK
FOR DEVELOPING SOME TYPE OF
OROPHARYNGEAL CANCER**



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HARM FROM SMOKELESS TOBACCO

SMOKELESS TOBACCO IS ASSOCIATED WITH MANY HEALTH PROBLEMS.
USING SMOKELESS TOBACCO:

- CAN LEAD TO NICOTINE ADDICTION
- CAUSES CANCER OF THE MOUTH, ESOPHAGUS (THE PASSAGE THAT CONNECTS THE THROAT TO THE STOMACH), AND PANCREAS (A GLAND THAT HELPS WITH DIGESTION AND MAINTAINING PROPER BLOOD SUGAR LEVELS)
- IS ASSOCIATED WITH DISEASES OF THE MOUTH
- CAN INCREASE RISKS FOR EARLY DELIVERY AND STILLBIRTH WHEN USED DURING PREGNANCY
- CAN CAUSE NICOTINE POISONING IN CHILDREN
- MAY INCREASE THE RISK FOR DEATH FROM HEART DISEASE AND STROKE

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SMOKELESS TOBACCO ORAL IMPLICATIONS



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SMOKELESS TOBACCO ORAL LESIONS

- LEUKOPLAKIA/ERYTHROPLAKIA
- ORAL CANCER
- DENTAL DISEASES
 - EROSION OF ENAMEL
 - DENTAL CARIES
- PERIODONTAL DISEASE
 - GINGIVAL RECESSION
 - GINGIVITIS AND PERIODONTAL DISEASE
 - BONE LOSS

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LEUKOPLAKIA



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LEUKOPLAKIA

LEUKOPLAKIA IS A WHITE LEATHERY PATCH WHICH FORMS IN THE MOUTH AND IS CONSIDERED PRECANCEROUS. WHEN IT HAS MIXED RED PATCHES IT IS CALLED ERYTHROPLAKIA.



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ERYTHROPLAKIA





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LEUKOPLAKIA VS ERYTHROPLAKIA

- 5% OF LEUKOPLAKIAS ARE CARCINOMA IN SITU AT INITIAL EXAM AND
- ANOTHER 5% WILL EVOLVE INTO CARCINOMAS
- 25% OF ERYTHROPLAKIAS ARE DYSPLASIA OR CARCINOMA AT INITIAL EXAM AND
- ANOTHER 30% WILL BECOME CARCINOMAS
- LOCATION OF LEUKOPLAKIAS/ERYTHROPLAKIAS RELATES TO ITS PROBABILITY OF REPRESENTING DYSPLASIAS OR CARCINOMA
- LEUKOPLAKIAS/ERYTHROPLAKIAS ARE ALWAYS CONSIDERED PREMALIGNANT UNLESS PROVEN OTHERWISE



RANKING OF LEUKOPLAKIA PROBABILITY RELATED TO OCCURRENCE AND PROBABILITY OF LEUKOPLAKIA REPRESENTING DYSPLASIA BY LOCATION

OCCURENCE

- BUCCAL GINGIVA
- MANDIBULAR VESTIBULE
- MAXILLARY GINGIVA
- MANDIBULAR GINGIVA
- TONGUE
- FLOOR OF MOUTH
- LOWER LIP

PROBABILITY OF DYSPLASIA

- FLOOR OF MOUTH
- TONGUE
- LOWER LIP
- MANDIBULAR GINGIVA
- BUCCAL MUCOSA
- MANDIBULAR VESTIBULE
- MAXILLARY GINGIVA

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PERIODONTAL DISEASE



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DENTAL DISEASE



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DENTAL CARIES

- USERS OF CHEWING TOBACCO ARE FOUR TIMES MORE LIKELY TO HAVE DENTAL CARIES THAN NONUSERS
- USERS OF CHEWING TOBACCO ARE MORE LIKELY TO HAVE ROOT CARIES AND EROSION
- THERE IS A DOSE DEPENDENT RELATIONSHIP BETWEEN TOBACCO USE AND DENTAL ROOT CARIES
- THIS IS DUE TO THE HIGH SUGAR CONTENT OF CHEWING TOBACCO



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ORAL CANCER



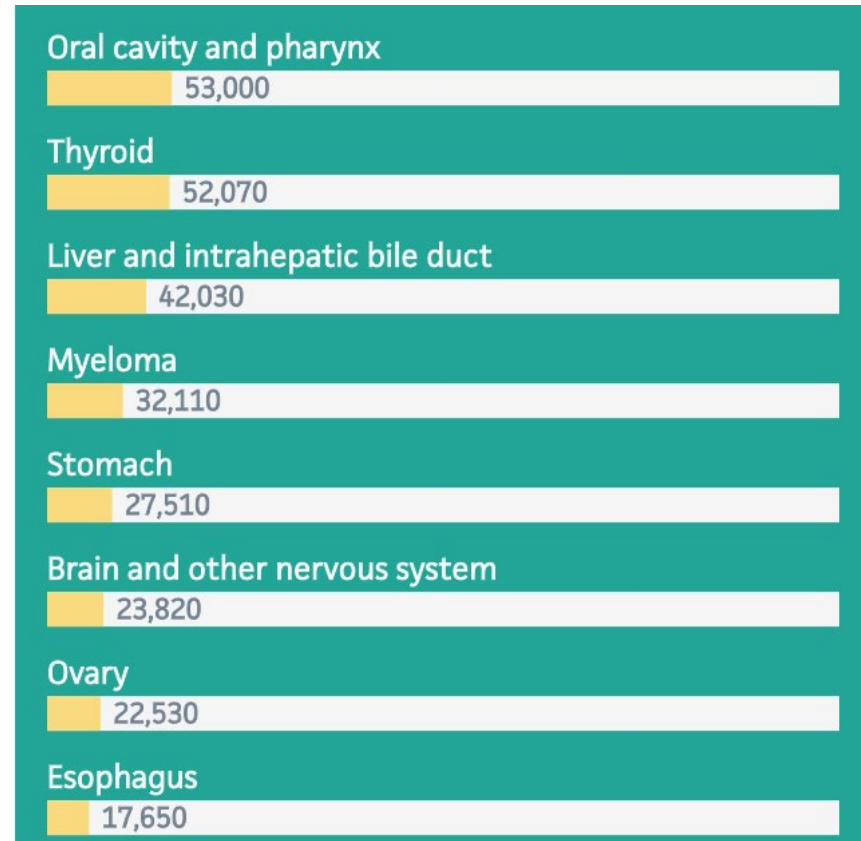
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U.S. OROPHARYNGEAL CANCER STATISTICS

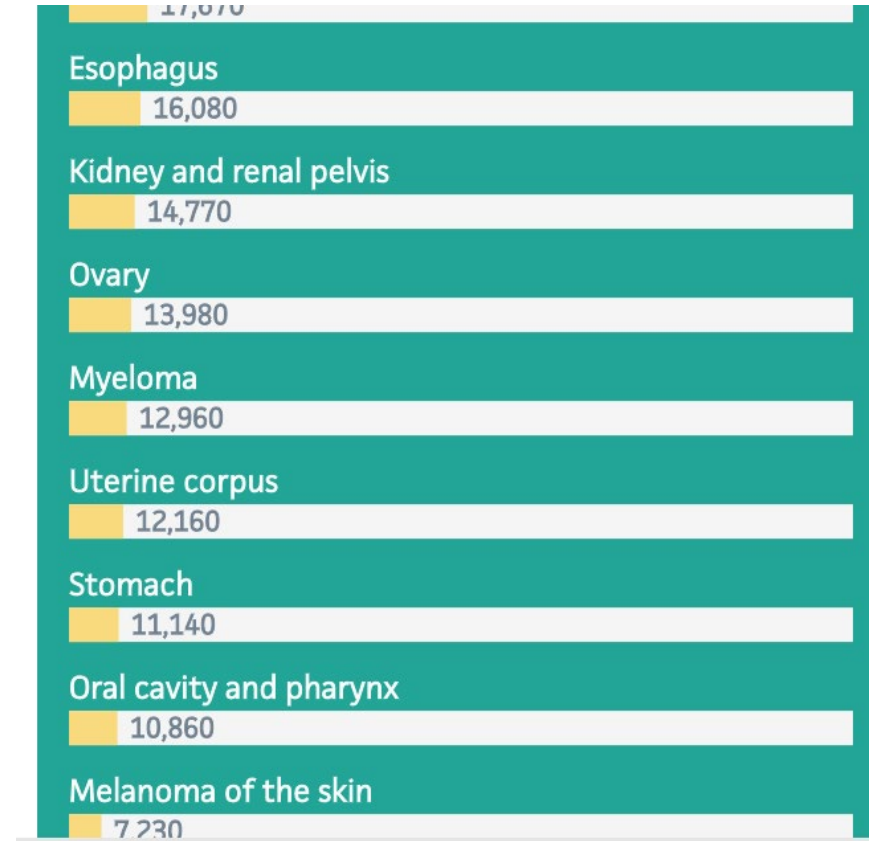
- ACCORDING TO THE AMERICAN CANCER CENTER SOCIETY 53000 AMERICANS WILL GET ORAL CANCER 2019
- AN ESTIMATED 10,860 OF THESE PATIENTS WILL DIE OF THESE CANCERS
- MORE COMMON THAN BRAIN, STOMACH, OVARY CANCER
- OVER 8000 DEATHS YEARLY, A PERSON PER HOUR, 24 HOURS PER DAY
- FIVE YEAR SURVIVAL RATE LESS THAN 65% (2008-2014)
- MORTALITY RELATIVELY UNCHANGED FOR OVER 5 DECADES

2019 ESTIMATES FOR CANCER BY AMERICAN CANCER SOCIETY

ESTIMATED NEW CASES 2019 BY CANCER TYPE BOTH SEXES COMBINED



ESTIMATED DEATHS 2019 BY CANCER TYPE BOTH SEXES COMBINED



ELECTRONIC CIGARETTES

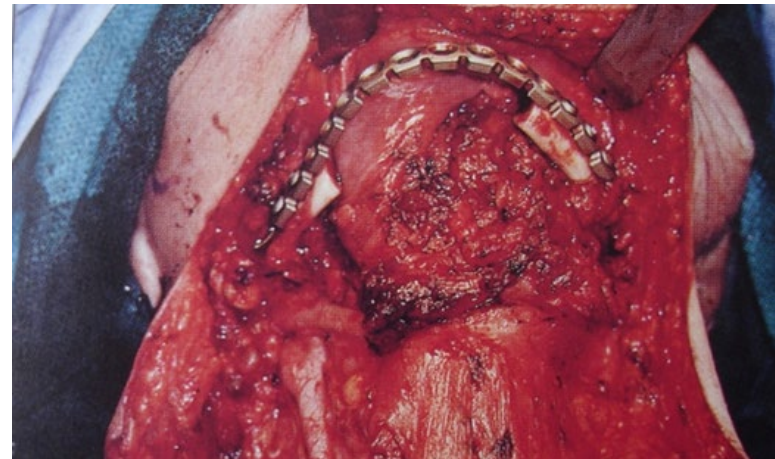
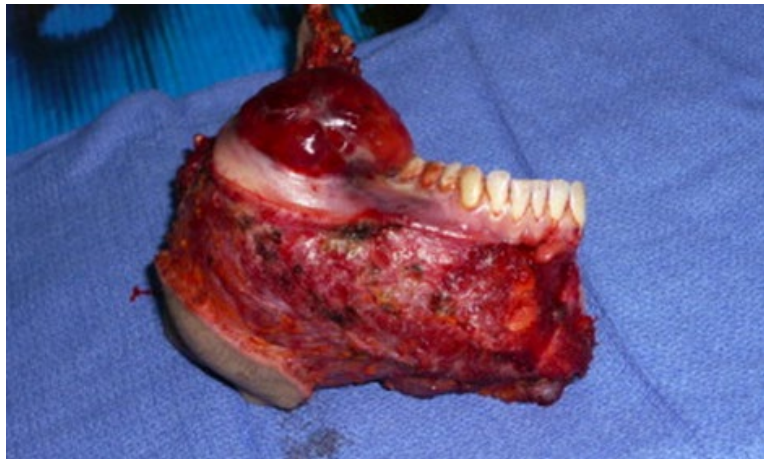
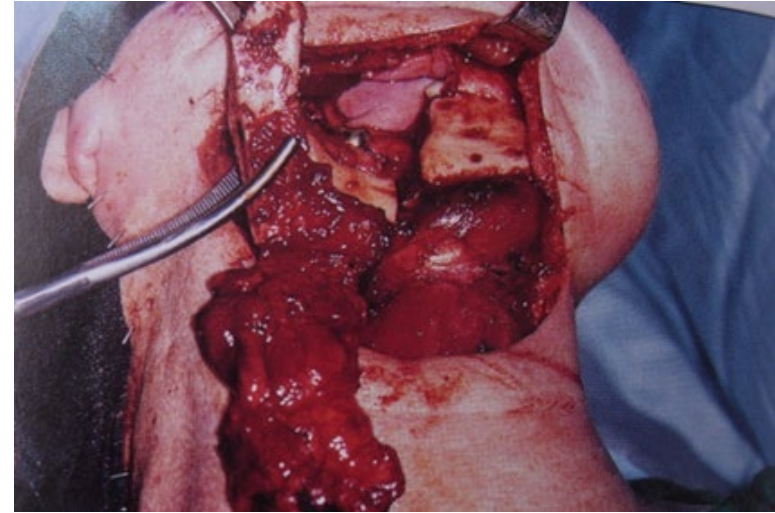
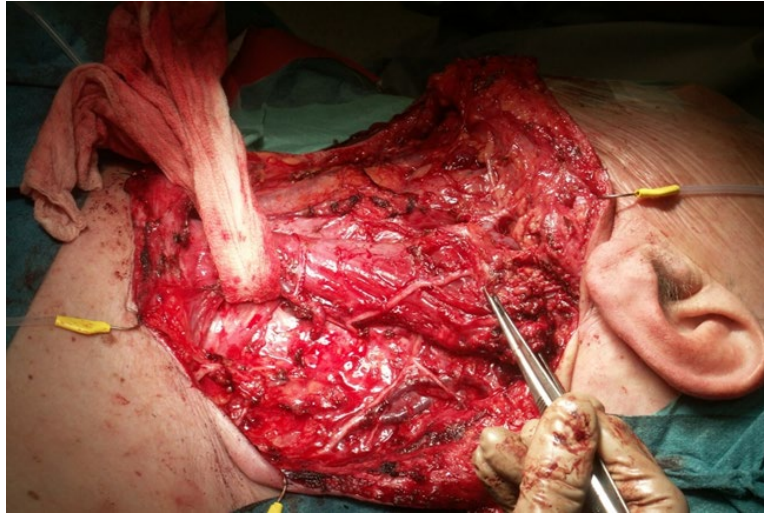
VAST VAPING CHART

Vast Vaping

Electronic cigarettes dollar sales worldwide from 2008 to 2017 (in million U.S. dollars)



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HEALTH CARE PROVIDERS ROLE

- IDENTIFY SIGNS OF TOBACCO USE
- PROVIDE A THOROUGH EXAMINATION
- EDUCATE PATIENTS ABOUT RISKS OF CONTINUED USE
- TREAT/REFER PATIENTS FOR APPROPRIATE CARE OF EXISTING PATHOLOGY
- ASSIST PATIENT IN CESSATION EFFORTS
- PROVIDE SUPPORT AND RESOURCES FOR PATIENTS DESIRING TO QUIT



IMPORTANCE OF PROPER TRAINING OF ORAL HEALTHCARE PROVIDERS

- VERY CRUCIAL ASPECT OF SMOKELESS TOBACCO CESSATION
- ALL ORAL HEALTHCARE PROVIDERS SHOULD BE PROFICIENT IN DIAGNOSIS AND COUNSELLING FOR SMOKELESS TOBACCO USE. THEY SHOULD ALSO BE AWARE OF THE RESOURCES AVAILABLE TO HELP WITH CESSATION AND APPROPRIATE REFERRAL WHERE NEEDED.



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PROVIDE THOROUGH EXAMINATION

- FACE AND NECK
- LIPS AND GUMS
- ROOF OF MOUTH
- FLOOR OF MOUTH
- TONGUE

FACE AND NECK

- VISUAL INSPECTION FOR ASYMMETRY
- BILATERAL COMPARISON
- EXTRA-ORAL PALPATION
- FEELING FOR LUMPS AND MASSES OR COMPLAIN OF TENDERNESS FROM PATIENT



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LIPS AND GUMS

- PULL THE LOWER LIP DOWN TO INSPECT
- INSPECT FOR RED OR WHITE PATCHES, EROSION OR BLEEDING
- INSPECT AREAS OF TOBACCO CONTACT FOR CHANGES IN COLOR AND TEXTURE
- PALPATE LIPS AND CHEEKS FOR LUMPS AND/OR SORENESS



ROOF OF MOUTH

- VISUALLY INSPECT FOR DISCOLORATION, SORES, BUMPS OR SWELLING
- PALPATE FOR SYMMETRY OR SORENESS



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FLOOR OF THE MOUTH

- HAVE PATIENT PLACE TIP OF THE TONGUE IN THE ROOF OF MOUTH
- COMPRESS THE FLOOR OF THE MOUTH FOR FIRMNESS AND SORENESS
- VISUALLY INSPECT FOR SWELLING, SORES AND DISCOLORATION



TONGUE

- GRAB TIP OF TONGUE WITH 2X2 AND EXTEND IT FOR VISUAL INSPECTION OF BOTH SIDES
- CAREFULLY INSPECT LATERAL BORDER AND BASE OF THE TONGUE
- RECORD VARIATIONS OF TEXTURE, COLOR, BLEEDING OR SIZE
- PALPATE THE TONGUE BILATERALLY FOR LUMPS AND SORENESS





SPIT: TOBACCOS DEADLIEST SECRET

EDUCATE ABOUT THE RISKS OF CONTINUED USE

- DISCUSS ORAL CANCER ESPECIALLY
 - COSMETIC EFFECTS OF SURGERY
 - EFFECTS OF CHEMOTHERAPY AND RADIATION
 - FINANCIAL TOLL FROM TREATMENT AND WORK RELATED ISSUES
 - EMOTIONAL EFFECTS ON PATIENT AND FAMILY MEMBERS
 - QUALITY OF LIVING AFTER SURVIVAL
 - SURVIVAL RATE



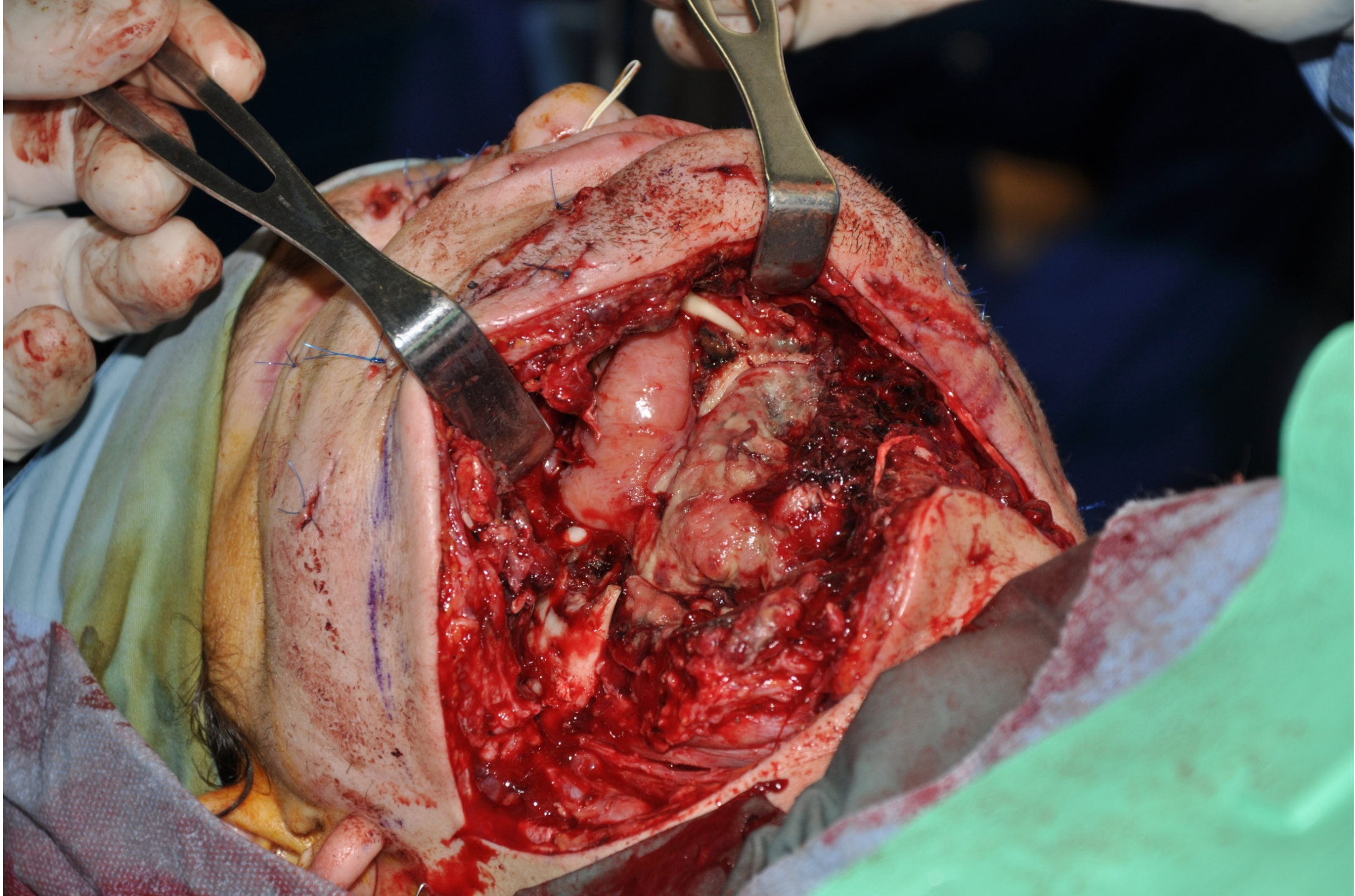
SPIT: TOBACCOS DEADLIEST SECRET

CHEWING TOBACCO IS A
“LIFE ALTERING”
DECISION

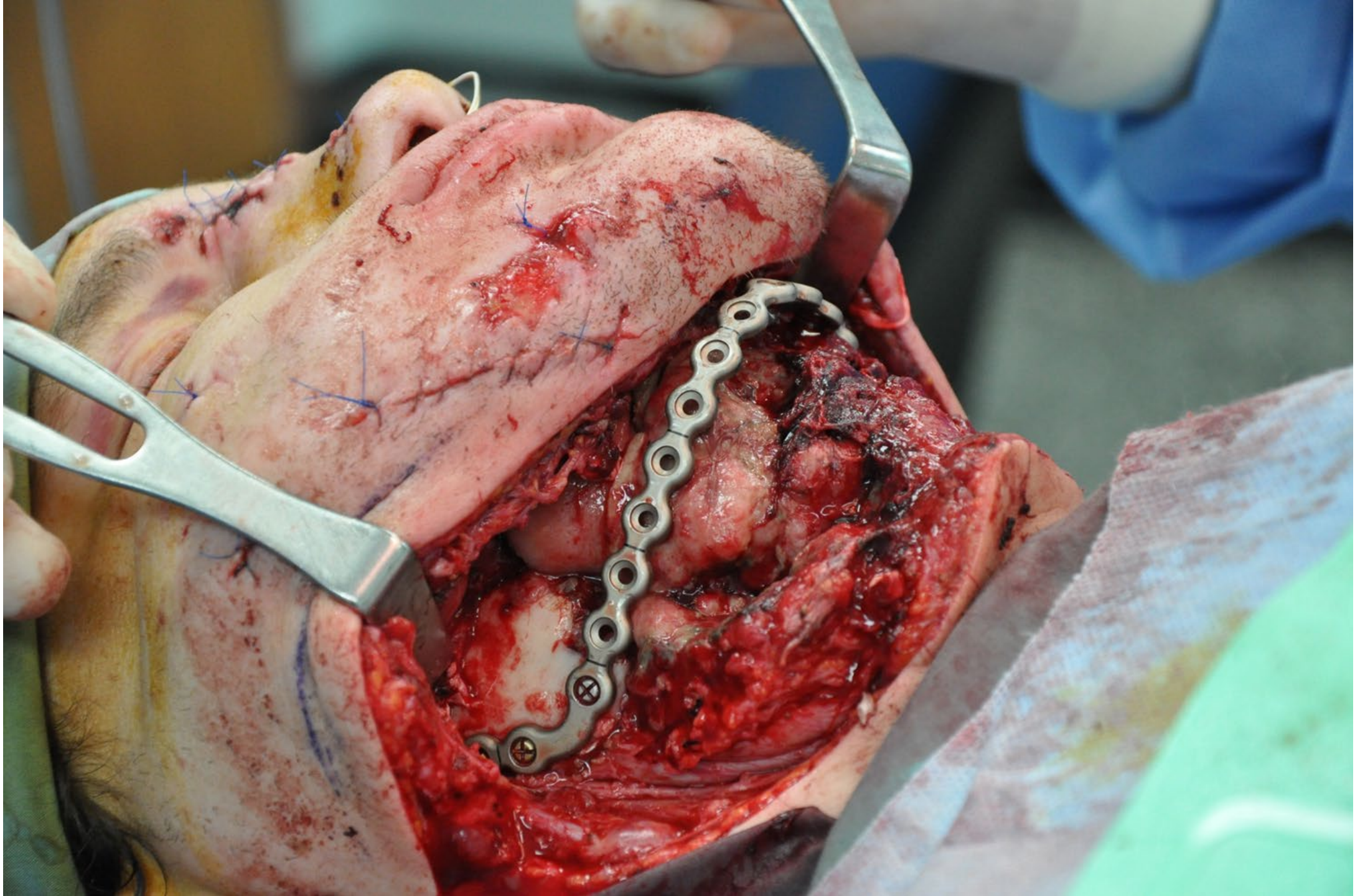


SPIT: TOBACCOS DEADLIEST SECRET

MAKE THEM AWARE
“LIFE WILL NEVER BE
THE SAME AGAIN”

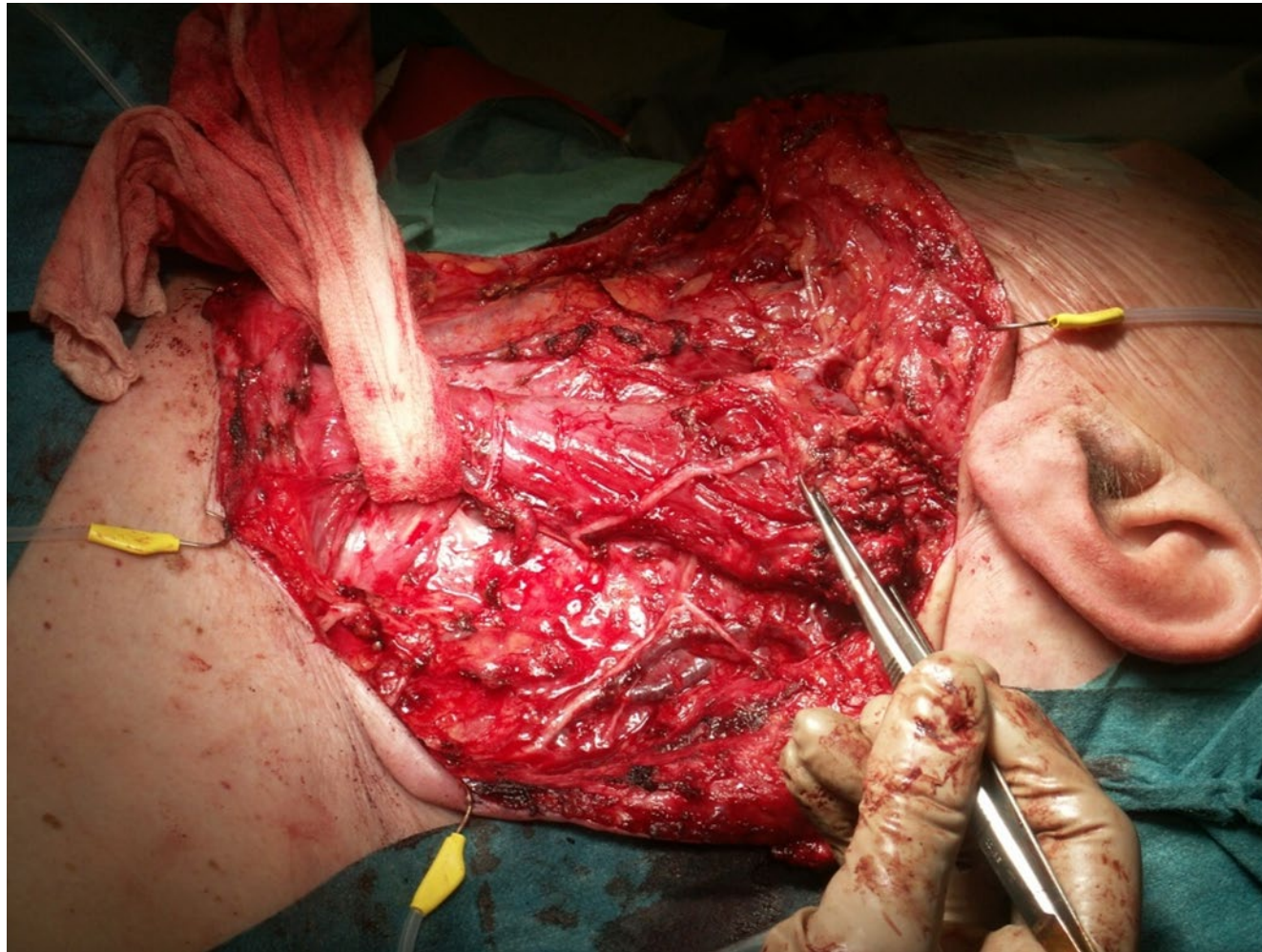






SPIT: TOBACCOS DEADLIEST SECRET

EDUCATE ABOUT THE RISKS OF CONTINUED USE







COUNSELLING PATIENTS ABOUT RISKS WITH USING SMOKELESS TOBACCO AND TOBACCO PRODUCTS IN GENERAL

- COUNSEL PATIENTS ABOUT THE HARMFUL EFFECTS OF SMOKELESS TOBACCO IN THE CONTEXT THEY UNDERSTAND AND RELATE TO
- I USE COUNSELLING BASED ON AGE
 - YOUNGER POPULATION GROUP
 - MIDDLE AGED AND OLDER POPULATION GROUP



SPIT: TOBACCOS DEADLIEST SECRET

OLDER POPULATION

- CANCER SURGERY FOR ORAL CANCER IS DISFIGURING AND DISABLING
- RECONSTRUCTION IS NEVER GOOD ENOUGH
- MAY NOT WORK THE REST OF THEIR LIFE
- EMOTIONAL TOLL ON PATIENT AND FAMILY MEMBERS
- FIVE YEAR SURVIVAL RATE IS ONLY 50%



SPIT: TOBACCOS DEADLIEST SECRET

OLDER POPULATION

- DISCUSS THE MORBIDITY AND MORTALITY INVOLVED
- EMPHASIZE THE DRAMATIC CHANGES IN QUALITY OF LIFE AND LIFESTYLE ITSELF
- LOSS OF INCOME
- LOSS OF SAVINGS
- POSSIBLY LIFELONG PROBLEMS WITH EATING, SPEECH



SPIT: TOBACCOS DEADLIEST SECRET

YOUNGER POPULATION

- USUALLY HAVE NO CONCEPT OF MORTALITY
- MORE CONCERNED ABOUT COSMETICS
- EMPHASIZE COSMETIC ISSUES WITH ORAL CANCER
 - LACK OF TEETH
 - FACIAL DISFIGUREMENT
 - SPEECH PROBLEMS
 - SHOW PICTURES
 - EMPHASIZE LOSSES THAT RELATE TO THEM



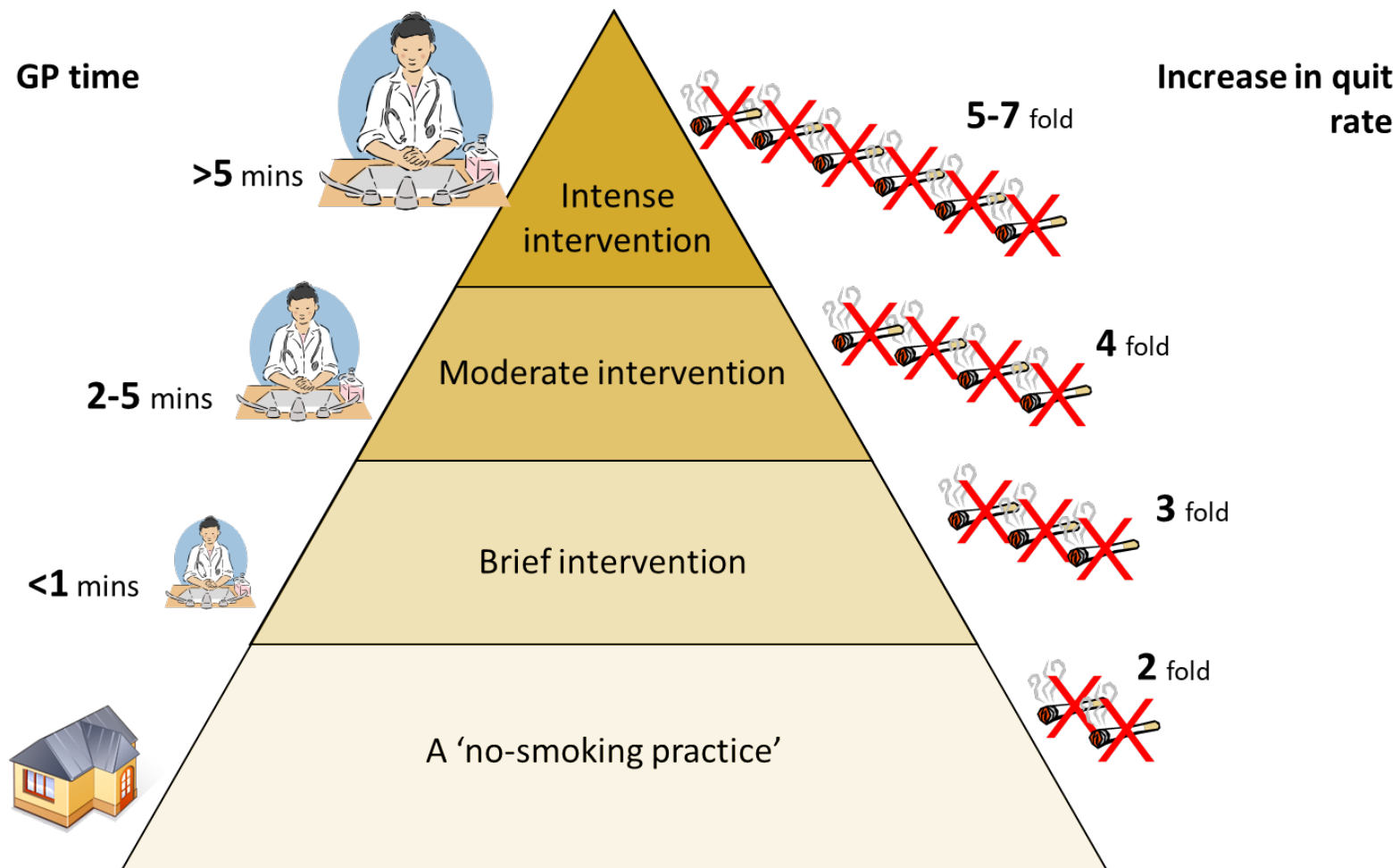
SPIT: TOBACCOS DEADLIEST SECRET

**NOW THAT YOU
HAVE THEIR ATTENTION**

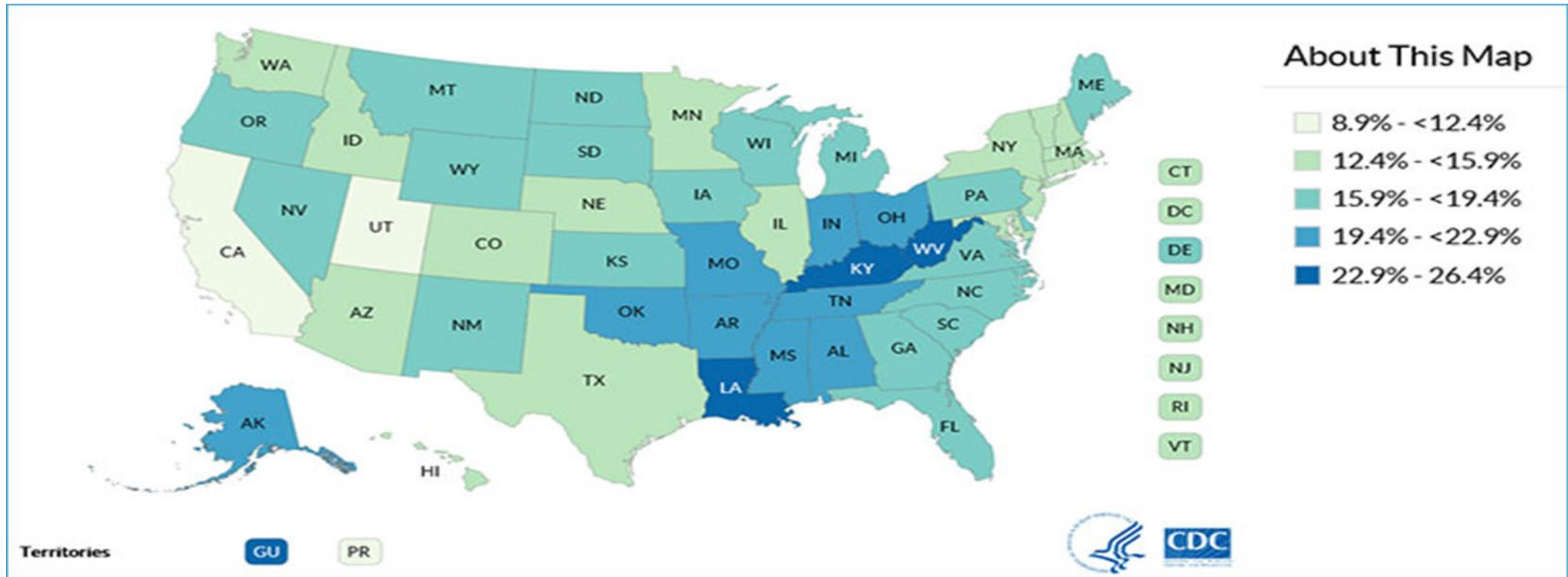
**HOW DO YOU HELP
PATIENTS QUIT**

SPIT: TOBACCOS DEADLIEST SECRET

A TOBACCO USE AWARE PRACTICE



CURRENT CIGARETTE SMOKING AMONG ADULTS IN THE UNITED STATES



Centers for Disease Control and Prevention. State Tobacco Activities Tracking & Evaluation (STATE) System. Map of Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2017 [accessed 2019 November].

Vapingdaily.com/What is Vaping/Vaping&Pregnancy/The Beginning of a New Life; accessed 11/06/2019

SPIT: TOBACCOS DEADLIEST SECRET

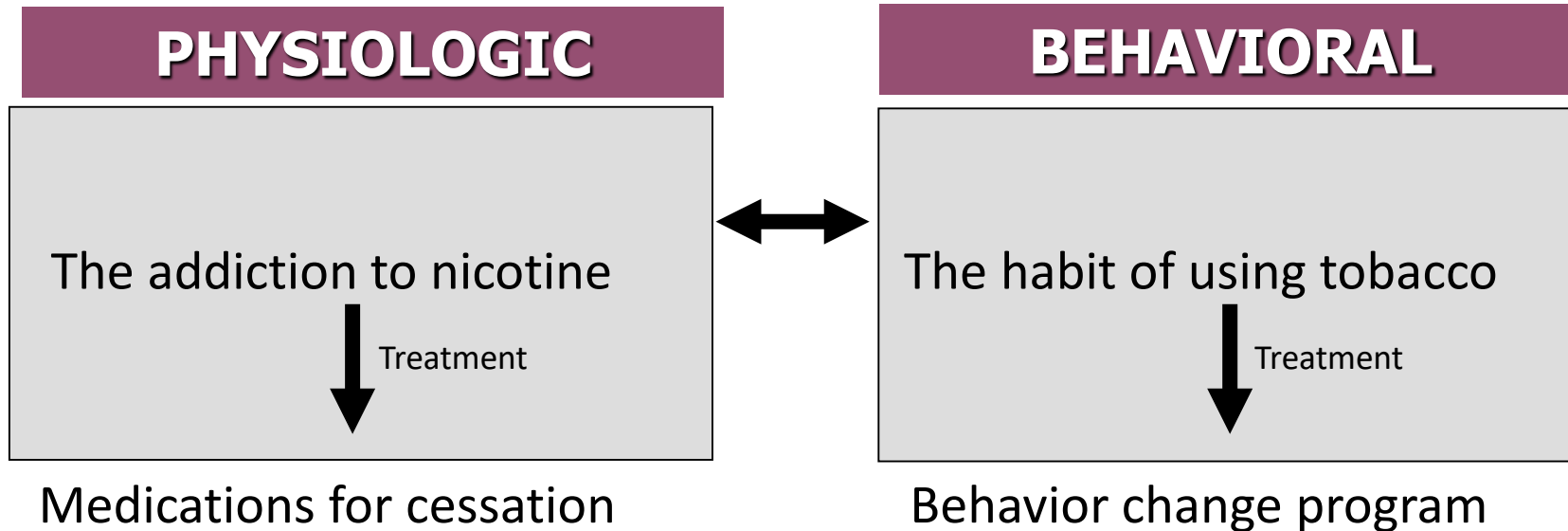
EDUCATE YOUR STAFF

- HAVE STAFF REVIEW AND BE AWARE OF THE EDUCATIONAL MATERIAL AVAILABLE IN YOUR OFFICE.
- MAKE SURE STAFF ARE KNOWLEDGEABLE ABOUT THE PHYSICAL AND PHYSIOLOGIC WITHDRAWAL SYMPTOMS
- PICK THE RIGHT STAFF TO COUNSEL/ EDUCATE YOUR PATIENTS.
- CHANGE YOUR OFFICE SYSTEM –
 - A. ASK EVERY VISIT ABOUT TOBACCO USE
 - B. HAVE HANDOUTS AVAILABLE
 - C. QUITLINE FAX FORMS
 - D. DESIGNATED SUPPORT PERSON

SPIT: TOBACCOS DEADLIEST SECRET

TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence



TREATMENT SHOULD ADDRESS THE PHYSIOLOGIC AND THE BEHAVIORAL ASPECTS OF DEPENDENCE.



SPIT: TOBACCOS DEADLIEST SECRET

ADDRESSING BEHAVIORAL DEPENDENCE COUNSELLING

- FEWER THAN 5% OF PEOPLE WHO QUIT WITHOUT ASSISTANCE ARE SUCCESSFUL IN QUITTING FOR MORE THAN A YEAR
- MANY PATIENTS UNDERESTIMATE THE IMPACT THAT COUNSELING CAN HAVE ON THEIR ABILITY TO QUIT
- FEW PATIENTS ADEQUATELY PREPARE AND PLAN FOR THEIR QUIT ATTEMPT
- MANY PATIENTS ASSUME THEY CAN JUST “MAKE THEMSELVES QUIT” WHEN THEY ARE READY TO DO SO

**BEHAVIORAL COUNSELING IS A KEY COMPONENT OF
TREATMENT FOR TOBACCO USE AND DEPENDENCE.**



HELPING PATIENTS QUIT IS A CLINICIAN'S RESPONSIBILITY

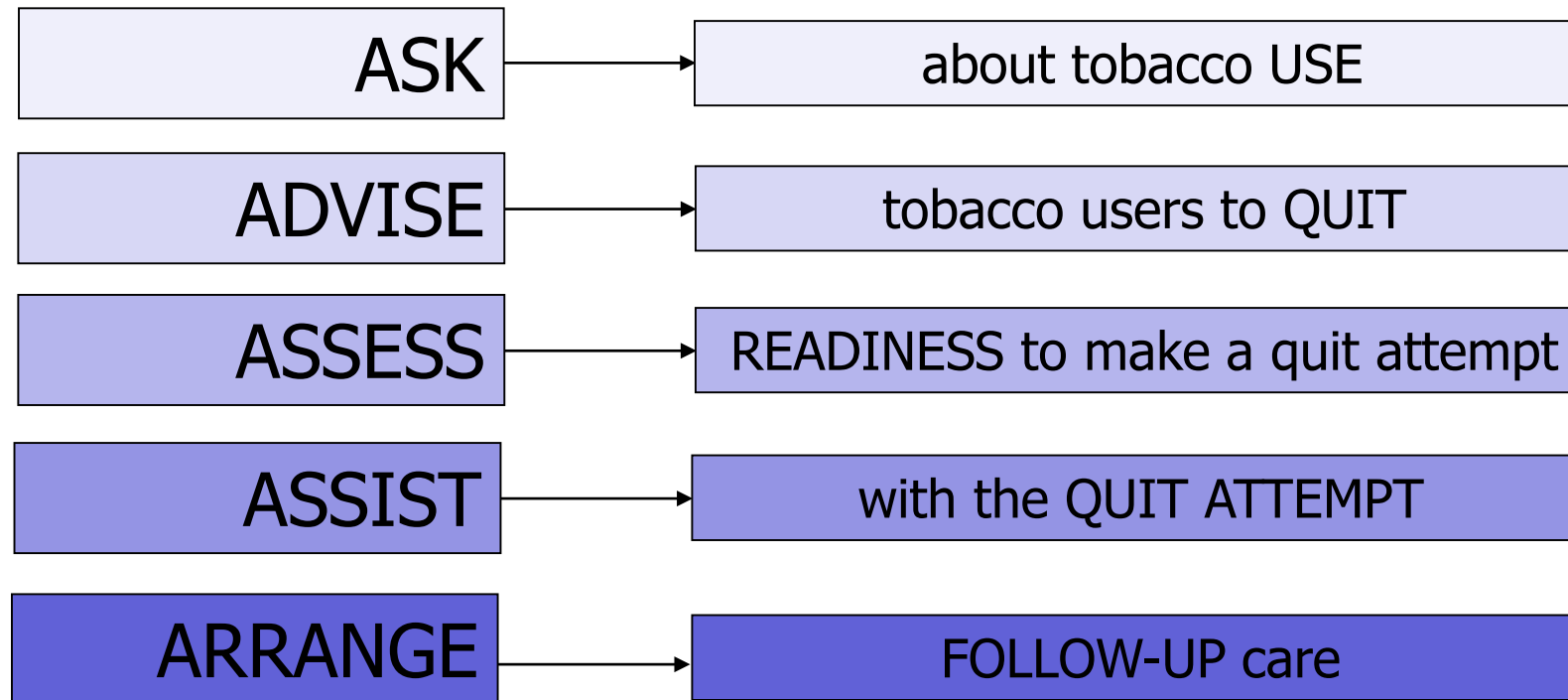
**TOBACCO USERS DON'T PLAN TO FAIL.
MOST FAIL TO PLAN.**

Healthcare providers have an ethical obligation to help their patients plan to SUCCEED instead of fail. They should be comfortable counseling a tobacco addict to quit.

**THE DECISION TO QUIT is the patient's choice
but we can increase the odds**

SPIT: TOBACCOS DEADLIEST SECRET

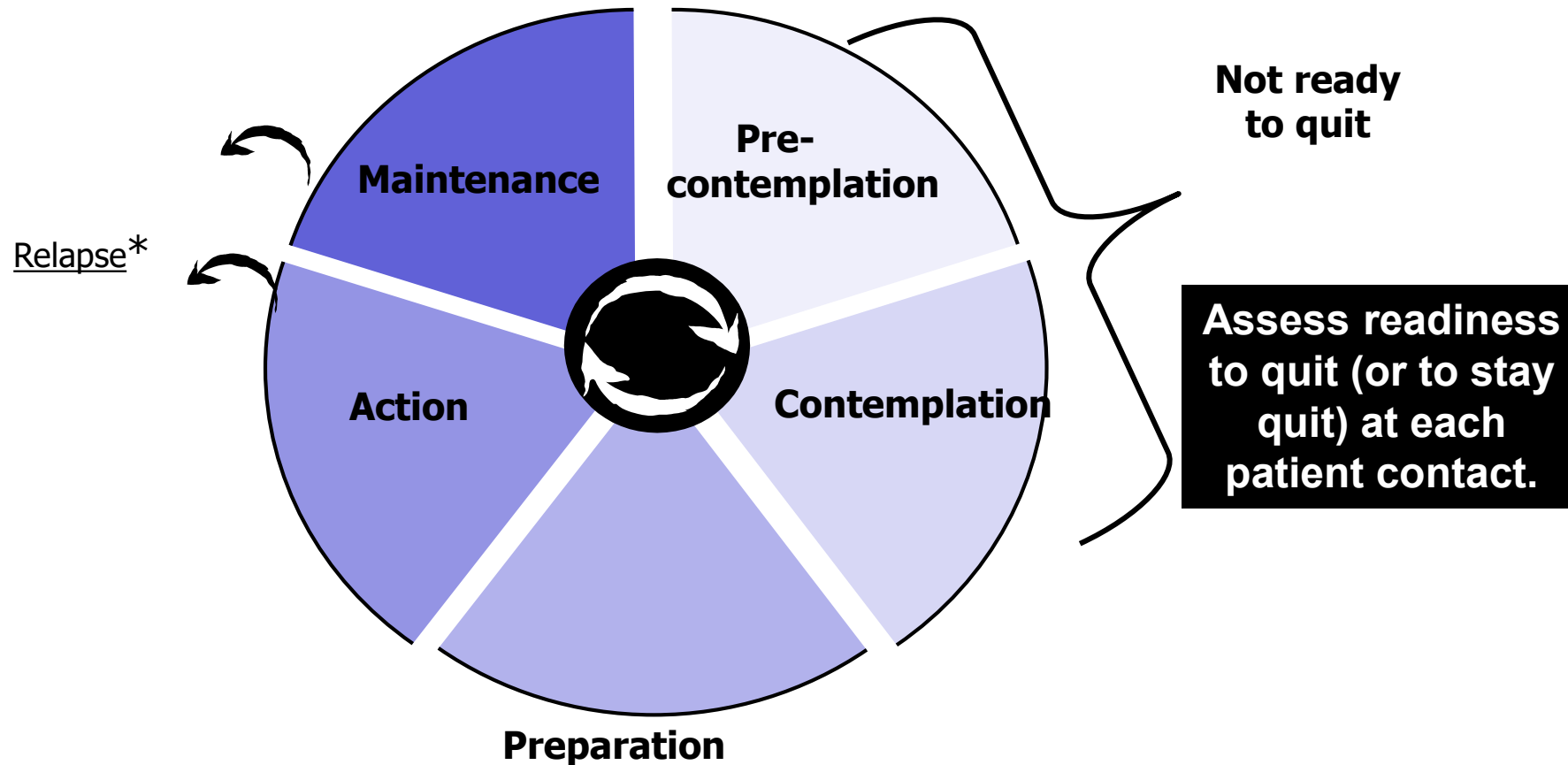
THE 5 A'S OF TOBACCO CESSATION



SPIT: TOBACCOS DEADLIEST SECRET

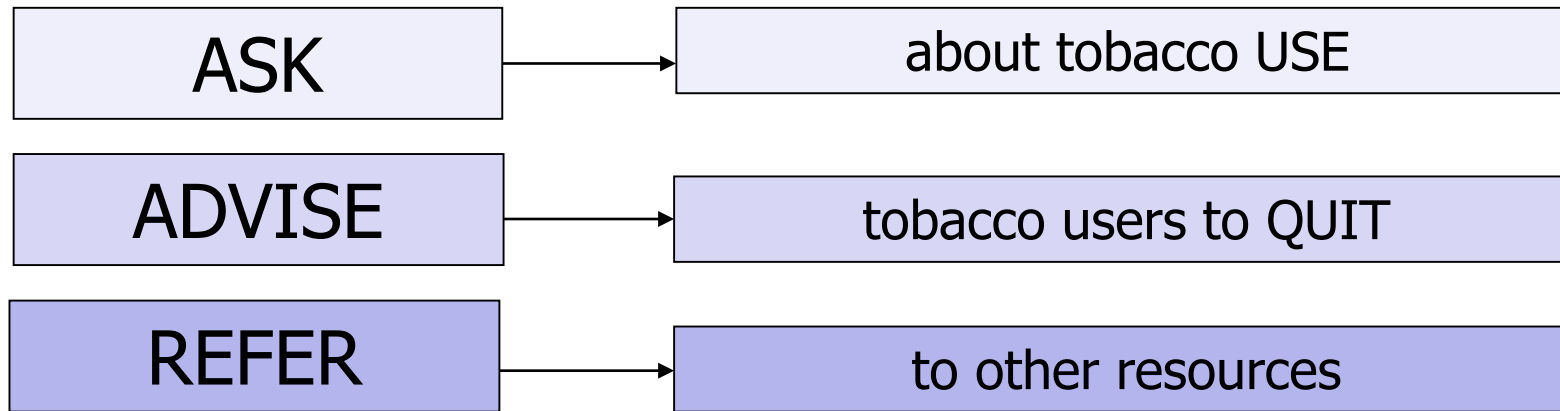
ASSESSING READINESS TO QUIT

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.



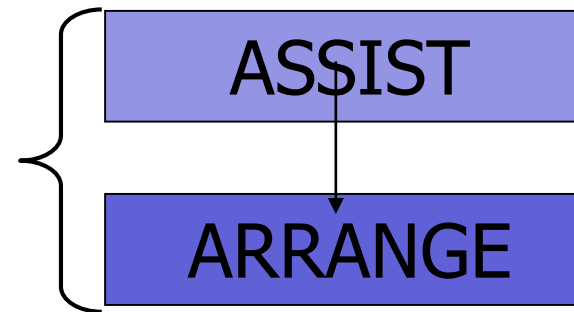
SPIT: TOBACCOS DEADLIEST SECRET

BRIEF COUNSELING: ASK, ADVISE, REFER



Patient receives assistance,
with follow-up counseling
arranged, from other
resources such as the **WV**
Tobacco Quitline

1-877-966-8784



SPIT: TOBACCOS DEADLIEST SECRET

WV TOBACCO CESSATION QUITLINE

- FREE NICOTINE REPLACEMENT
(8 WEEKS)—GUM, PATCHES,
LOZENGES FOR ALL WV RESIDENTS
- FREE TELEPHONE COUNSELING
SESSIONS
- FREE EDUCATIONAL MATERIALS
- 1-877-966-8784 1-800-QUIT-NOW
- www.wvquitline.com



SPIT: TOBACCOS DEADLIEST SECRET

ADDRESSING PHYSIOLOGICAL DEPENDENCE

- LOW SUCCESS RATES WITH COUNSELING ALONE
- MAYBE DOUBLE IF PHYSICIAN HAS SPECIAL TRAINING IN TOBACCO CESSATION COUNSELING
- MORE WITH DRUGS AND COUNSELING TOGETHER; CAN APPROACH 40%
- ALL PATIENTS SHOULD BE OFFERED PHARMACOTHERAPY TO ASSIST IN QUITTING (UNLESS MEDICALLY CONTRAINDICATED)

SPIT: TOBACCOS DEADLIEST SECRET

ADULT SMOKELESS TOBACCO USERS

■ MOST NICOTINE REPLACEMENT DOESN'T HELP WITH ABSTINENCE (2 PATCH STUDIES, 1 GUM), BUT HELPS WITHDRAWAL SYMPTOMS*

■ **NEW STUDY WITH NICOTINE LOZENGE SHOWS IT IS EFFECTIVE!****

*Howard-Pitney et al. Exp and Clin Psych. 1999 7(4):36-37

**Ebbert J et al. Nicotine Tob Res. 2007 Feb;9(2):233-40.

SPIT: TOBACCOS DEADLIEST SECRET

SMOKELESS TOBACCO

- BUPROPION INCREASES SHORT TERM ABSTINENCE IN 2 PILOT STUDIES (DOUBLES THE RATE AT 3 MONTHS COMPARED TO PLACEBO) BUT LONG TERM DATA IN RECENT TRIAL SHOWED **NO DIFFERENCE IN ABSTINENCE** BUT DECREASED CRAVING AND WEIGHT GAIN
- NO STUDIES WITH VARENICLINE

Dale et al. Nicotine and Tob Res 2002;4(3):267-274

Glover et al. Am J Health Behav 2002;26(5):386-393

Dale et al. Drug Alcohol Depend 2007;90(1):56-63

SPIT: TOBACCOS DEADLIEST SECRET

SMOKELESS TOBACCO – RECOMMENDATIONS FOR RX

- **MAYBE HIGHER DOSES OF NICOTINE REPLACEMENT ARE NEEDED**
- **GUM AND LOZENGE – SAME DOSE AS FOR SMOKERS**
- **PATCH**
 - **REC. IF > 3 CANS/POUCHES PER WEEK 42MG PATCH, TAPERING BY 7 MG EVERY 2 WEEKS BASED ON SYMPTOMS**
 - **IF 2-3 CANS PER WEEK START AT 21MG**
 - **IF LESS THAN 2 CANS START AT 14 MG**

American Cancer Society Smokeless Tobacco Summit 2007 Lowell et al.
Mayo Clinic College of Medicine

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SPIT: TOBACCOS DEADLIEST SECRET

HINDERANCES AND PITFALLS

- LACK OF TRAINING AND AWARENESS
- OVERBOOKED SCHEDULES
- FINANCIAL ISSUES
- PATIENTS DON'T SEEM INTERESTED
- FEAR OF LOSING PATIENT

SPIT: TOBACCOS DEADLIEST SECRET

OVERCOMING BARRIERS

- TRAINING PROVIDERS AND THEIR STAFF. CLINICAL AND ANCILLIARY STAFF
- CREATING ENVIRONMENT IN THE OFFICE TO MAKE PATIENTS THINK ABOUT HARMFUL EFFECTS OF TOBACCO USE – HANDOUTS ETC.
- ENCOURAGING OWN STAFF TO BE TOBACCO FREE
- APPROPRIATE AUDIOVISUAL AIDS
- IT DOES NOT HAVE TO BE ALWAYS ABOUT REIMBURSEMENT – ENCOURAGING PATIENTS TO QUIT TOBACCO CAN BE A GREAT PRACTICE BUILDER. IT SHOWS THE PATIENTS YOU CARE.



IN SUMMARY

- WEST VIRGINIA HAS ONE OF THE HIGHEST SMOKELESS TOBACCO USE RATES IN THE COUNTRY
- SMOKELESS TOBACCO CAUSES CANCER AND IS NOT A SAFE ALTERNATIVE TO SMOKING
- SMOKELESS TOBACCO HAS HIGH LEVELS OF NICOTINE AND IS HIGHLY ADDICTIVE AND HARD TO QUIT
- HEALTHCARE PROVIDERS NEED TO PLAY AN ACTIVE ROLE IN EARLY DETECTION OF CANCER WITH PROPER ORAL EXAMS AND CESSATION AND PREVENTION EFFORTS



THANK YOU

RAJ K. KHANNA DMD, MD
PROFESSOR AND CHAIR

DEPT. OF DENTISTRY & ORAL MAXILLOFACIAL SURGERY
MUSOM

