

Smokeless Tobacco products: chewing and moist snuff

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Introduction

Studies revealed significant morbidity and mortality caused by cigarette smoking and smokeless tobacco products in the United States. In this stance, smoking cessation counseling is essential, and it is the need of time because, at present, there are not only cigarettes that are a harmful source of tobacco intake, but there are multiple sources that are easily accessible. These sources are causing severe damage to the health of individuals. Studies revealed that smokeless tobacco is a noncombustible form of tobacco (FDA, 2020). A survey conducted in 2019 explored around 4.8% of high school students and 1.8% of middle school students consumed smokeless tobacco in the United States (FDA, 2020). In this stance, this paper will discuss the cessation of smoking and what is essential to address while working with the patients who smoke, including the adverse impact on their health.

Part 1

The oral cavity or mouth is the first body part introduced to the smoke when a person consumes tobacco in any form. It is observed that people think if they are consuming smoke-free tobacco, then it will not harm them, but still using tobacco in any form causes multiple risks. The oral cavity is the common site for microbial, immunologic, carcinogenic, and clinical effects of using tobacco. Smokeless tobacco (ST) is a broad category of tobacco product that is non-combusted and consumed orally but not inhaled nasally. ST products are the cause of cancers in humans, specifically the pharynx and oral cavity cancer. According to the cross-sectional studies, there is a higher prevalence of dental attrition and abrasion among the ST users than the nonusers. Around 40% of the high school males and 15% of adult males consume ST daily, and they are also reported to be current smokers (Tomar et al., 2019). Several scientific evidence has described the smoking cessation program used in dentistry and supports effectiveness. These are the brief interventions supplemented by the pharmacological treatment in which the entire dental team participates (Omaña-Cepeda et al., 2016). A substantial risk of oropharyngeal cancers is associated with chewing tobacco and betel quid. According to the concluding remarks of the US Surgeon General report in 1986, sniff use is causing cancer in humans, and the excess risk of cheek and gum cancer is reaching 50-folds among the long-term users of snuff (Critchley & Unal, 2003). There is the possibility that ST use can be addictive and lead to oral mucosal lesions and gingival recession. It plays a contributory role in expanding peripheral vascular disease, cardiovascular disease, peptic ulcers, hypertension, and fetal mortality and morbidity in this stance (Critchley & Unal, 2003).

Part 2

Smokeless tobacco is now getting popular among every age group. Students, adults, and women, even pregnant women, are consuming this tobacco product because it replaces the smoke. People think it can also help them quit the habit of smoking cigarettes. But this is a false assumption as the people who are chain smokers or usually have a particular tradition of consuming cigarettes and other tobacco-based products when switch towards smokeless tobacco are getting addicted to chewing and moist snuff. In this stance, FDA declared the first-ever modified risk orders to Swedish Match USA, Inc. for eight snus smokeless tobacco products on October 22, 2019 (FDA, 2020). It is an alarming situation for society because smokeless tobacco is reported to have the same adverse effects as other smoking aids. Therefore, it is essential to address smokeless tobacco products and related health threats. Smokeless tobacco includes chewing, snuff and snus. All these are taken through the mouth and mixed with the mucus.

The chewing tobacco comes in the shredded tobacco leaves' strips and in the plug form where tobacco is pressed together in tobacco leaf. Chewing tobacco is consumed by placing it in between the cheeks and gums. Snuff is called the dip or pinch. It is the finely-ground form of smoking. It can be dried or moist and consumed like chewing tobacco. Another form is spotless tobacco; it is in small teabag pouches. It is called snus, and it's a kind of moist snuff. It is made to eradicate the need to spit out the juice, and it provides an ease to those in smoke-free settings.

The chemical composition of the ST products is considered the critical contributing factor in the negative impact on health. The principal known addictive agent in tobacco is nicotine. Biological availability is defined as how much of the total content is available in the protonated form (Tomar et al., 2019). Using the ST products results in exposing the consumers to high levels of carcinogens, leading to oral human cancers. There is also evidence regarding the mucosal immunity that triggers the pathophysiology of many kinds of diseases related to smoking. A study based on the large population-based on cancer in Florida has shown a strong association between mouth and gum cancer, larynx, salivary glands, and use of ST. Studies based on pharyngeal and oral cancers in North Carolina women are also strongly associated with ST's help (Critchley & Unal, 2003).

US food & drug administration declared that about 840 youth under 18 used smokeless tobacco for the first time each day in the United States (FDA, 2020). There is a strong dose-response relationship between the development of precancerous conditions and oral cancer, and smoking tobacco. Smokers are 5 to 20 times more immune to the development of oropharyngeal cancer as compare to non-smokers. It has been confirmed that quitting smoking supports reducing the risk of oral cancers to 50% within five years (Omaña-Cepeda et al., 2016). It is observed that these ST causes cardiovascular and other oral and lung cancer. It also disturbs systematic health because the excess intake of nicotine has an adverse impact.

During dental hygiene, the provision of smoke counseling during dental hygiene visits will positively impact the clinician and motivate the patient to quit smoking. However, it is a slow process of continuous motivation. Making the patient aware of the adverse effects on health like oral cancer can bring the individuals close to quitting their habit. When the clinician is talking about smoking to the teenager who started intake of tobacco two months earlier, then he/she must consider that teenagers are mostly conscious of their appearance and physical wellbeing. The clinician can tell a teenager about the adverse effects like lack of mental and physical development, bad breath, an unpleasant smell coming from the smoker's clothes, and an increased risk that sports and physical activity participation may be impacted. One of the essential things to inquire about the teenager is smoking because an individual may be suffering from depression, stress or anxiety, or any family issue. This same question is also needed to ask by the person who is 30 years old and is smoking for 12 years. It is observed that adults often adopt smoking when facing trauma, are lonely, have low self-esteem, or have pressure or stress in their work life.

With both the categories of patient “5 A’s” technique is best effective. Clinicians can utilize the 5 A’s framework that consists of ask, advising, assess, assist, arrange. It will help in the promotion of smoking cessation. All the patients should be inquired regarding tobacco use, and they must be assessed for motivation to quit at each clinical encounter. Clinicians need to advise patients to quit smoking. For the patients who are not yet willing to quit smoking, motivational interviewing techniques must be used. Clinical contacts with unmotivated patients must focus on the relevance and rewards of stopping. They should also consider the smoking risk and expected barriers to self-denial. The clinicians should repeat these messages at every opportunity.

Part 3

This assignment is an important and valuable step in understanding that not only tobacco that is inhaled is hazardous to health, but also other types of tobacco leaf used to bring enormous harm to human health. An assignment is really beneficial as awareness of this danger gives rise to reflection on the question of the education of my future patients about this danger and the development of motivational methods to help them quit that habit.

Fortunately, nobody in my family ever smoked. At least from the close relatives with whom I constantly communicated with no one suffered from this addiction and I hope I can save my children from this danger. Studying this issue helped me feel more competent in this area and now I will be more comfortable talking with prospective patients about smoking cessation.

Conclusion

It is the dire need of today that products that are alternative sources of tobacco must be strictly forbidden because people who try to give up smoking cigarettes are going for alternative options. Then they are becoming addicted to all these alternatives. Either way, the tobacco or nicotine are being consumed in a very inappropriate manner. The studies mentioned earlier have stated that these alternatives are causing harmful diseases, and the intake and production of tobacco products must be controlled.

References

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