One-Hour Power Break webinar -
Rather wreck my gums than my lungs: Smokeless tobacco and California rural adolescent males

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Moderator

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Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

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Robert Wood Johnson Foundation

truth initiative
INSPIRING TOBACCO-FREE LIVES

National Behavioral Health Network
For Tobacco & Cancer Control
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Presenter

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Rather Wreck My Gums Than My Lungs: Smokeless Tobacco and California Rural Adolescent Males

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Dr. Margaret (Peggy) Walsh

Dr. Walsh was a visionary leader in education and research
Smokeless Tobacco: Adverse Health Effects

<table>
<thead>
<tr>
<th>Oral conditions</th>
<th>Other conditions</th>
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<tbody>
<tr>
<td>Oral and pharyngeal cancer</td>
<td>Pancreatic cancer</td>
</tr>
<tr>
<td>Mucosal lesions</td>
<td>Stomach cancer</td>
</tr>
<tr>
<td>Gingival keratosis</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Periodontal disease</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>Tooth discoloration</td>
<td>Smoking initiation</td>
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<tr>
<td>Enamel erosion</td>
<td>among young users</td>
</tr>
<tr>
<td>Gingival recession</td>
<td></td>
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<td>Dental caries</td>
<td></td>
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</tbody>
</table>
Conventional Smokeless Tobacco (ST)

**Oral moist snuff** ("dip")
Finely ground tobacco
Typically placed between buccal mucosa and gingiva and held in place

**Chewing tobacco** ("chew")
Coarsely shredded tobacco
Sold in bricks, twists, or loose-leaf
Placed in mouth and chewed
The Changing (Smokeless) Tobacco Landscape
The Changing (Smokeless) Tobacco Landscape

Acquisition of ST manufacturers by major cigarette companies
The Changing (Smokeless) Tobacco Landscape

ST Industry Marketing Expenditures Spike After Acquisition by Cigarette Makers

Source: Federal Trade Commission
The Changing (Smokeless) Tobacco Landscape

Major growth in marketing expenditures on magazine ads & price discounts

The Changing (Smokeless) Tobacco Landscape

Greater diversity in ST product types and varieties

Options in price, flavor, cut & nicotine content may appeal to youth
The Changing (Smokeless) Tobacco Landscape

Rising popularity and normalization of other non-cigarette products (e.g. e-cigarettes, marijuana)
Adolescent Tobacco Use, United States (males, grade 9 -12)

Past Month Use, %

Source: Youth Risk Behavior Survey
Adolescent Tobacco Use, United States (males, grade 9 -12)

Source: Youth Risk Behavior Survey
Populations at risk of smokeless tobacco use

- Male
- Young adult
- Non-Hispanic White
- Lower-income & education
- Rural
Populations at risk of smokeless tobacco use

- Male
- Young adult
- Non-Hispanic White
- Lower-income & education
- Rural

trinketsandtrash.org
United States 2016 Presidential Election: Voting by County

Map credit: Mark Newman    http://www-personal.umich.edu/~mejn/election/2016/
Why Study Smokeless Tobacco Use in California?
1.9 million Californians live in rural areas
California Counties: Population Density

California Counties: % ST Ever-Use 11th Grade

Data Source: California Healthy Kids Survey
Smokeless Tobacco Use Among Rural High School Baseball Players in California

Baseball teams at 36 rural California high schools (Recruited: 2014-2016)

Assess:
- ST use patterns
- Risk perceptions
- Decision-making
- Biological markers of nicotine and carcinogen exposure
Smokeless Tobacco and Sports

Elevated ST use in baseball, hockey, football, rodeo, wrestling, auto racing
Smokeless Tobacco and Sports

Elevated ST use in baseball, hockey, football, rodeo, wrestling, auto racing

Exceedingly high in organized baseball

Modeled use by admired athletes during widely broadcast games

Tobacco marketing infiltrates baseball culture and tradition
Ever tried tobacco products (at least one time)

- Any Tobacco: 57%
- Dip/Chew: 37%
- E-Cigarettes: 36%
- Cigars: 31%
- Hookah: 31%
- Cigarettes: 22%
- Snus: 12%

Rural California High School Males (N = 594)
Current (past month) tobacco use

Rural California High School Males (N = 594)
Past month tobacco use & daily use

- Dip/Chew: 18%
- Cigars: 9%
- E-Cigarettes: 9%
- Hookah: 8%
- Snus: 6%
- Cigarettes: 4%

Rural California High School Males (N = 594)
Correlates of Past Month Smokeless Tobacco Use

Race/Ethnicity

- Other: 13%
- Non-Hispanic White: 22%

Grade in School

- 9th: 9%
- 10th: 13%
- 11th: 21%
- 12th: 33%

Parental Education

- < College Degree: 16%
- College Degree: 17%

Other Tobacco Use

- No Combustible Use: 14%
- Combustible Use: 51%
Correlates of Past Month Smokeless Tobacco Use

Family Member ST Use

- None: 13%
- ≥1 Family Member: 27%

Perceived Number of Teammates Who Use ST

- None: 4%
- Few: 14%
- Some: 30%
- Half: 37%
- Most: 36%
Smokeless Tobacco in Major League Baseball
Smokeless Tobacco in Major League Baseball

Officially banned in minor leagues (1993)
Cannot be carried in uniform (2012)
Some cities ban tobacco in ballparks (2015-2016)
New major leaguers cannot use in games (2017)
Smokeless Tobacco in Major League Baseball

- Officially banned in minor leagues (1993)
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- Some cities ban tobacco in ballparks (2015-2016)
- New major leaguers cannot use in games (2017)

*Momentum encouraging, but...* 
*Rules are patchwork and practically unenforceable*
2015 National League Most Valuable Player
2015 National League Most Valuable Player
Do you think your favorite Major League Baseball player uses smokeless tobacco (dip or chew)?
Do you think your favorite Major League Baseball player uses smokeless tobacco (dip or chew)?

- Definitely Yes
- Definitely No
- Probably Yes
- Probably No
Do you think your favorite Major League Baseball player uses smokeless tobacco (dip or chew)?

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No

Ever-tried ST: 25%
Current ST: 8%
Do you think your favorite Major League Baseball player uses smokeless tobacco (dip or chew)?

- Definitely Yes
- Probably Yes
- Definitely No
- Probably No

Ever-tried ST: 25%
Current ST: 8%

Ever-tried ST: 38%
Current ST: 18%
Susceptibility to ST initiation
High school baseball players (ST never-users)

Would Try ST if Best Friend Offered

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Definitely Not</th>
<th>Probably Not</th>
<th>Probably Yes</th>
<th>Definitely Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td></td>
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<td></td>
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<tr>
<td>30%</td>
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<tr>
<td>20%</td>
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<tr>
<td>40%</td>
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</tbody>
</table>

Does Your Favorite MLB Player Use ST?

- Definitely Not
- Probably Not
- Probably Yes
- Definitely Yes

Think You Will Use ST a Year from Now
Susceptibility to ST initiation
High school baseball players (*ST never-users*)

Would Try ST if Best Friend Offered

- 10% Probably Not
- 20% Definitely Not
- 30% Definitely Yes
- 40% Probably Yes

Think You Will Use ST a Year from Now

- 10% Definitely Not
- 20% Probably Not
- 30% Probably Yes
- 40% Definitely Yes

Does Your Favorite MLB Player Use ST?
- Definitely Not
- Probably Not
- Probably Yes
- Definitely Yes
Qualitative Study of Smokeless Tobacco Decision-Making
Qualitative Study of Smokeless Tobacco Decision-Making

Interviews with high school males (ST users and non-users)

Perceived acceptability, health risks, and social context of ST use
"Country" Culture

ST related to rural or country way of life
Part of community tradition and culture
"Country" Culture

ST related to rural or country way of life
Part of community tradition and culture

“The group I hang out with, like boots, blue jeans...they're like cowboys, like country kids – [ST] is really accepted. It's just like a thing that happens. No one even takes a second look at it.”
(current-user, age 17)
Family Influences

**Never-users:** Strong anti-tobacco expectations from parents motivated avoidance
Family Influences

**Never-users:** Strong anti-tobacco expectations from parents motivated avoidance

**ST Users:** Modeling by family members reinforced acceptance
Family Influences

Never-users: Strong anti-tobacco expectations from parents motivated avoidance

ST Users: Modeling by family members reinforced acceptance

ST Users: Parents superficially disapproving yet permissive or reluctantly accepting

“[My parents] think [ST is] gross, but they also think that I'm old enough to make my own decisions.”

(current-user, age 17)
Maturity and Independent Choice

ST use a way to express newly earned independence

Chewing in light of health risks signaled reaching an age that required less protection from potential dangers
Maturity and Independent Choice

ST use a way to express newly earned independence

Chewing in light of health risks signaled reaching an age that required less protection from potential dangers

“I'm doing it at my own risk, and it's something I decided to do.”

(current-user, age 18)
Perceived Health Risks

High awareness of oral health risks:
  mouth cancer, tooth loss, and gum disease
Perceived Health Risks

High awareness of oral health risks:
mouth cancer, tooth loss, and gum disease

“Your teeth rot away.
Makes your breath smell bad.
Makes your teeth turn different colors. Gums, you lose your gums. Teeth start to fall out.”
(experimenter, age 17)
Many users framed ST as an alternative to cigarettes with greatly reduced risk of systemic disease.

“Cigarettes, it goes into your body and through your lungs and into everything like that... chewing tobacco just stays in my mouth.”

(current-user, age 16)

“Cigarettes, you have lung damage. Makes your skin all wrinkly. Chew, just your gums and teeth. Your lungs are fine still.”
Exceptionalism and Avoidable Risk

Many users viewed health risks as distant and avoidable

Risk mitigation strategies: Stay below a threshold of intensity or duration, practice good oral hygiene, not swallow tobacco juices

“I haven't had any health problems with [ST] since I have been chewing... I know that if I did have a health problem, that would probably motivate me to quit.”

(current-user, age 16)
Smokeless Tobacco and Carcinogens

Tobacco-Specific Nitrosamines (TSNAs):

NNN - oral cancer

NNK - lung and pancreatic cancer
Smokeless Tobacco and Carcinogens

Tobacco-Specific Nitrosamines (TSNAs):

**NNN** - oral cancer

**NNK** - lung and pancreatic cancer

Swedish snus is a pasteurized, low-nitrosamine moist snuff smokeless tobacco

Standards set the maximum allowable level of TSNAs
Smokeless Tobacco and Carcinogens

Tobacco-Specific Nitrosamines (TSNAs):

- **NNN** - oral cancer
- **NNK** - lung and pancreatic cancer

*Smokeless tobacco products sold in the United States, including snus products, contain much higher TSNA levels*

Stepanov, et al. (2014) Nicotine Tob Res
Smokeless Tobacco and Carcinogens

Tobacco-Specific Nitrosamines (TSNAs):

**NNN** - oral cancer

**NNK** - lung and pancreatic cancer

*Similar (or higher) levels of NNAL (urinary marker of NNK) in adult smokeless users vs. cigarette smokers*

Hecht, et al. (2007) Cancer Epidemiol Biomarkers
FDA estimates:

12,700 cases of oral cancer prevented
2,200 oral cancer deaths prevented
in 20 years after implementation
Tobacco Product Standard for N-Nitrosonornornicotine Level in Finished Smokeless Tobacco Products

A Proposed Rule by the Food and Drug Administration on 01/23/2017

Reducing Regulation and Controlling Regulatory Costs

A Presidential Document by the Executive Office of the President on 02/03/2017
Quantifying Tobacco Risk Perceptions
Quantifying Tobacco Risk Perceptions

In your opinion, how harmful is using dip or chew to general health?
Quantifying Tobacco Risk Perceptions

In your opinion, how harmful is using dip or chew to general health?

Use this scale from 0 to 100 to demonstrate

100 = extremely harmful

0 = not at all harmful
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Perceived Harm Differs by Tobacco Product

<table>
<thead>
<tr>
<th>Tobacco Product</th>
<th>Perceived Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>90</td>
</tr>
<tr>
<td>Dip/Chew</td>
<td>74</td>
</tr>
<tr>
<td>Cigars</td>
<td>74</td>
</tr>
<tr>
<td>Hookah</td>
<td>61</td>
</tr>
<tr>
<td>E-Cigarettes</td>
<td>57</td>
</tr>
</tbody>
</table>

100 = extremely harmful
0 = not at all harmful

standardized for age, race/ethnicity, parental education, and intra-school clustering
Perceived Harm Differs by Tobacco Product & Use Status

Product Use:
- Never
- Tried/Former
- Current

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Product Use (ST):
- Never
- Tried/Former
- Current

standardized for age, race/ethnicity, parental education, and intra-school clustering
Perceived Harm Differs by Tobacco Product & Use Status

Product Use:
- Never
- Tried/Former
- Current

Product Use (ST):
- Never
- Tried/Former
- Current

standardized for age, race/ethnicity, parental education, and intra-school clustering
Perceived ST Harm Declines with Use Frequency

Smokeless Tobacco Use:
- Never
- Tried/Former
- 1-9 days/mo.
- >9 days/mo.
- Everyday

Graph showing the decline in perceived harm of smokeless tobacco use frequency.
Perceived ST Harm Declines with Use Frequency

- **Cigarettes**
- **Smokeless Tobacco**
- **E-Cigarettes**

Smokeless Tobacco Use: Never, Tried/Former, 1-9 days/mo., >9 days/mo., Everyday
Perceived ST Harm Declines with Use Frequency

- Cigarettes
- Smokeless Tobacco
- E-Cigarettes
Quantifying *Specific* Tobacco Risk Perceptions

Imagine you used dip/chew.

How likely will _______ happen to you?
Quantifying Specific Tobacco Risk Perceptions

Imagine you used dip/chew.
How likely will ________ happen to you?

Use this scale from 0% to 100% to demonstrate:

- Get into Trouble
- Brown Teeth
- Mouth Cancer
Quantifying *Specific* Tobacco Risk Perceptions

How likely will mouth cancer happen to you?

78

ST never-user
Quantifying *Specific* Tobacco Risk Perceptions

How likely will happen to you?

How do users and non-users perceive each individual risk?
Quantifying *Specific* Tobacco Risk Perceptions

How likely will ____ happen to you?

- ST never-user
- ST ever-user

---

**How do users and non-users perceive each individual risk?**

**Are different types of risks perceived in the same way?**

mouth cancer

78

68
Quantifying *Specific* Tobacco Risk Perceptions

How likely will this happen to you?

- **mouth cancer**
  - ST never-user: 78
  - ST ever-user: 68

*How do users and non-users perceive each individual risk?*

*Are different types of risks perceived in the same way?*

*How are different types of risks perceived across tobacco products?*
Smokeless Tobacco Risk Perceptions: Two Classes

How likely will it happen to you?

- Mouth cancer
- Upset family
- Bad breath

“BELIEVABLE RISKS”
Smokeless Tobacco Risk Perceptions: Two Classes

How likely will happen to you?

“BELIEVABLE RISKS”

“UNCERTAIN RISKS”

- Heart attack
- Lung cancer
- Harm someone nearby

- Mouth cancer
- Upset family
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ST never-user
ST ever-user

90
Smokeless Tobacco Risk Perceptions: Two Classes

How likely will happen to you?

Mouth cancer
Upset family
Bad breath

Heart attack
Lung cancer
Harm someone nearby

“BELIEVABLE RISKS”

“UNCERTAIN RISKS”

Cigarettes
Smokeless

Cigarettes
Smokeless
Variation in Smokeless Tobacco Products

- Form, brand, flavors, price
- Available nicotine & carcinogen content
- Positioning of specific products to appeal to novice users
Flavor Associations

Flavored ST associated with appealing non-tobacco products: chewing gum, breath mints, fruit, candy, and alcohol
Flavor Associations

Others had negative perceptions of ST flavors, viewing them as unnatural in comparison to “regular” or “straight” ST.
Flavor Associations

Others had negative perceptions of ST flavors, viewing them as unnatural in comparison to “regular” or “straight” ST:

“Flavored [ST]... makes me feel like it's not real....The stuff that I used the most when I was on it a lot was straight, because in my mind it was just straight tobacco. It didn't have all this other stuff in it.”
(former-user, age 16)
Product Switching & Special Offers

Users sampled brands, flavors out of curiosity or to “switch things up”

Special or seasonal offers generated buzz and created urgency to purchase. Some followed ST websites to track new products.
Perceived Product Qualities

Users perceived higher “strength” and nicotine content based on brand, type, or flavor.
Perceived Product Qualities

Users perceived higher “strength” and nicotine content based on brand, type, or flavor.

“Copenhagen Wintergreen will give you a real big head rush. It will make you feel different than Copenhagen Straight.”

(former-user, age 16)
Perceived Brand Qualities

Social pressure was associated with using certain ST products, partly based on perceived product strength (and user toughness)
Perceived Brand Qualities

Social pressure was associated with using certain ST products, partly based on perceived product strength (and user toughness)

“They say if you chew Skoal, you're a little girl.”
(current-user, age 17)
Perceived Brand Qualities

Many users also expressed loyalty when discussing their usual brand

“I think Copenhagen just doesn't need to advertise really. They're just like Marlboro is for cigarettes... Like Nike is for shoes. They're just like the top of the top.”

(current-user, age 17)
Implications

Smokeless tobacco is a sizeable, persistent public health problem; even in California

Don’t overlook rural communities in policy & research
Implications

Smokeless tobacco is a sizeable, persistent public health problem; even in California

*Don’t overlook rural communities in policy & research*

Aggressive, highly effective industry marketing targets young rural males

*Forceful public health action needed as industry seeks profits beyond smoking*
Implications

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Perceived community norms and use by others puts youth at risk

*Go beyond half-measures: full ban with enforcement in professional baseball*
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Awareness of oral health risks, but these risks dismissed & related to smoked tobacco

*“Wrecks your gums” cannot be only message: emphasize addiction, chemicals*
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Relative harm beliefs associated with youth ST use

To achieve harm reduction: make a less harmful product with less youth appeal

*NNN limit*

*Eliminate flavors*

*Restrict ads in youth-oriented magazines*

*Sever connection with sports*
Implications

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Today, nearly 1,000 males below age-18 will use ST for the first time
Q&A

• Submit questions via the chat box
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American Association for Respiratory Care (AARC)

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Save the Date

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“The Power of Partnerships: Behavioral health and public health working together to combat smoking in Kentucky”

with the National Behavioral Health Network for Tobacco & Cancer Control and the American Lung Association and the State of Kentucky

Tuesday, September 19, 2017 at 1pm EDT

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Contact us for technical assistance

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