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## DON'T RISK ORAL CANCER THROUGH TOBACCO USE

### ADA sends alert to all tobacco users

For World No Tobacco Day this **Sunday (May 31)** the Australian Dental Association (ADA) is sending an alert to tobacco users of all ages – with oral cancer a known risk of tobacco use, it's never too late to quit.

Around 2.6 million Australian adults or nearly 14% of over 18s are daily smokers. Smoking claims the lives of 15,500 Aussies every year and remains the leading preventable cause of death and disease here.\*

Giving up now significantly lengthens your life: statistics from an Oral Oncology study\*\* found that stopping smoking contributes to reducing the risk of developing oral cancer, with a 35% reduction in risk within 1 to 4 years and 80% reduction of risk by 20 years, reaching the level of lifelong non-smokers.

“Stopping smoking even after being diagnosed with oral cancer significantly improves the response to cancer treatment, and reduces the risk of other new cancers developing,” said Dr Sue-Ching Yeoh, an Oral Medicine Specialist at Sydney's Royal Prince Alfred Hospital and on the ADA's Dental Therapeutics Committee.

However it's not just cigarettes causing oral cancers.

“When we talk about tobacco most people think about cigarettes. But across Australia there are a whole range of other ways people take in tobacco, and the use of smokeless tobacco products such as moist snuff is increasing.

“Many people don't realise that the nicotine content of 8-10 chews/dips per day of smokeless tobacco is equivalent to smoking 30 to 40 cigarettes per day.

“In fact smokeless tobacco is thought to be more addictive than cigarettes due to the higher nicotine levels in these products.

“Also, shisha or waterpipes have become quite accessible in Australia. These products may also contain nicotine, and there's a common misconception that inhaling smoke that has been passed through water is less harmful than smoking cigarettes.

“Unfortunately this is not the case. People who use waterpipes tend to take deep puffs, and smoke for a longer session, making the overall amount of smoke inhaled significantly higher than if they were to smoke a cigarette.”

Whether it's smoking cigarettes, cigars or cigarillos, chewing betel quid, smoking a shisha, having a joint mixed with tobacco, chewing tobacco, or using smokeless tobacco with products like snuff taken nasally or orally, tobacco's multifarious harms include:

- Oral cancer and oral potentially malignant disorders such as leukoplakia (white patches on the soft tissue inside the mouth) or erythroplakia (red patches). Tobacco use significantly increases the risk of these diseases developing. Treatment usually involves surgery to cut out the affected areas of the mouth, and often this is followed by chemotherapy and/or radiotherapy. Speech, eating and appearance are almost always affected.
- Heart disease and stroke, chest and lung illnesses, including lung cancer and stomach ulcers.
- Other oral lesions – smoker’s melanosis (dark brown patches on the soft lining of the mouth), smoker’s palate (white lesions on the roof of the mouth) and black hairy tongue (thick, dark hair-like appearance on the top surface of the tongue).
- Other oral health by products include periodontal or gum disease which if left untreated can result in tooth loss, increased rates of dental implant failure, impaired and delayed wound healing after oral surgical procedures, halitosis and changes in taste and smell.

“The harmful effects of tobacco use, whether this is smoked, or through various smokeless products, are very well documented and clear,” said Dr Yeoh.

“Australians need to take this message seriously. Seek advice and help. Take steps to reduce and quit smoking. It’s about improving your health, and the health of the people around you.”

Dentists are trained to spot the early signs of cancer in the mouth, so if you have any concerns or if your regular review is overdue due to Covid-19, make a time to go and see your dentist.

Most of the restrictions around access to dental services have been lifted, though patients are still being carefully screened for signs of illness. If you don’t have a dentist, find one in your area at the ADA’s [Find a Dentist facility here](#)

Signs of oral cancer to look out for, warns Dr Yeoh, include an ulcer or sore lasting longer than two weeks, possibly with a raised border, any firm lump, patches of red, white or mixed colour on the soft lining of the mouth, an altered sensation in the mouth especially with progressive numbness. However some early cancers may not cause any symptoms, she added.

**To interview Dr Yeoh, call ADA Media Advisor Jenny Barlass 0484 869 086.**

**For advice on ways to give up tobacco use, call the national Quitline on 13 78 48.**

**Sources and notes to editors:**

\*<https://www.cancer.org.au/policy-and-advocacy/position-statements/smoking-and-tobacco-control/>

\*\*Living with oral cancer: Epidemiology with particular reference to prevalence and life-style changes that influence survival. Saman Warnakulasuriya. Department of Oral Medicine and Pathology, King’s College Dental Institute, UK.

**Snuff** is finely ground tobacco purchased moist or dry. It is available loose, in dissolvable lozenges or strips, or in tea bag-like sachets. Moist snuff is placed between the user’s cheek and gums or the upper or lower lip allowing nicotine to be absorbed through the oral mucosa. Dry snuff can be inhaled into the nose.

**Nicotine** makes up 5% of the tobacco plant. Nicotine is not itself considered to be carcinogenic, however it is toxic and addictive. This addiction promotes ongoing use of tobacco products, which contain carcinogens, particularly polycyclic aromatic hydrocarbons (PAHs), nitrosamines and aromatic amines, and also some weak carcinogens such as acetaldehyde.