

Switching from Cigarettes to Oral Tobacco Products a Poor Substitute for Quitting

American Cancer Society Study Finds Higher Risk of Tobacco-Related Disease among Switchers

ATLANTA - February 13, 2007 - An American Cancer Society study of more than 116,000 men finds that cigarette smokers who switched to spit tobacco products had a higher risk of dying prematurely from tobacco-related diseases than former smokers who stopped using all forms of tobacco. The study is the first to compare death rates among those who quit using tobacco entirely with those who switch (switchers). Previous studies have examined morbidity and mortality among the two groups separately but have not compared them.

In the United States, tobacco use is responsible for one in five deaths, and an annual toll of 438,000 deaths. Smoking accounts for at least 30 percent of all cancer deaths, and is associated with increased risk for 15 types of cancer. It is also a major cause of heart disease, cerebro-vascular disease, chronic bronchitis and emphysema and is associated with gastric ulcers. In 2003, about three percent of U.S. adults used spit tobacco in the past month.

In the new study, Jane Henley, MSPH, and colleagues from the American Cancer Society and Centers for Disease Control and Prevention's Office on Smoking and Health used data from the massive Cancer Prevention Study II (CPS-II) to compare tobacco-related disease among male smokers who quit using tobacco entirely to men who quit smoking cigarettes but switched to using spit tobacco. The authors also compared mortality rates of men who never used any tobacco products to those of switchers and smokers who quit using tobacco entirely.

The study's principal finding was that the men who switched from smoking cigarettes to using spit tobacco had higher death rates from lung cancer, stroke, heart disease and all causes combined than men who quit using tobacco entirely. Switchers also had more than twice the death rate from cancers of the mouth and throat.

"Smokers who switched to snuff or chewing tobacco had considerably worse health outcomes than those who quit entirely," said Michael Thun, MD, vice president of Epidemiology and Surveillance Research, American Cancer Society. "Any smoker who is trying to quit should use proven methods such as nicotine replacement, antidepressants, and behavioral counseling rather than other tobacco products if they do not succeed in quitting without assistance. The treatments that have been proven to work should be provided inexpensively to all smokers. There is currently no reliable evidence to support the promotion of alternative tobacco products for smoking cessation."

The American Cancer Society is dedicated to eliminating cancer as a major health problem by saving lives, diminishing suffering and preventing cancer through research, education, advocacy and service. Founded in 1913 and with national headquarters in Atlanta, the Society has 13 regional Divisions and local offices in 3,400 communities, involving millions of volunteers across the United States. For more information anytime, call toll free 1-800-ACS-2345 or visit www.cancer.org.

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Background: Until the above study, although several epidemiological studies have examined the mortality among users of spit tobacco, none have compared mortality of former cigarette smokers who substitute spit tobacco for cigarette smoking ("switchers") and smokers who quit using tobacco entirely.

Conclusions: The risks of dying from major tobacco-related diseases were higher among former cigarette smokers who switched to spit tobacco after they stopped smoking than among those who quit using tobacco entirely.

- * Oral tobacco is not safe
- * Using oral tobacco as a substitute for smoking cigarettes is more hazardous than quitting all forms of tobacco
- * Male switchers had statistically higher death rates from all causes-lung cancer, coronary heart disease and stroke-than men who quit smoking and did not begin using smokeless tobacco
- * People wanting to quit tobacco use completely should use clinically proven therapies for smoking cessation, including telephone, individual or group counseling, nicotine replacement therapy, and/or non-nicotine medications