The rates of tobacco use in the United States are declining, but it continues to pose a significant threat to people’s oral health. In 2014, the U.S. Surgeon General issued a report on tobacco use in America. The report noted, “The evidence is sufficient to infer a causal relationship between maternal smoking in early pregnancy and orofacial clefts.” The link between oral health and smokeless tobacco is also strong. Only three percent of American adults use smokeless tobacco. Yet, they have the same risk of gum disease, heart disease, and addiction as smokers. They also have an even greater risk of oral cancer. People who contract oral cancer run a 27% risk of death from the disease. Only slightly more than half of people newly diagnosed with oral cancer this year will be alive in five years. According to the MD Anderson Cancer Center, most people who are diagnosed with oral cancer are tobacco users.

Generally smokeless tobacco users keep tobacco in their mouths for several hours at a time. Keeping tobacco in the mouth for just thirty minutes is equivalent to smoking four cigarettes. The chemicals used in smokeless tobacco are highly addictive, and every time the tobacco is used, the body adjusts to the amount of tobacco that is needed. This means people need a little more tobacco all the time to get the feeling they desire.

Kansas faces a challenge in preventing the use of tobacco products and the subsequent acquisition of chronic diseases like periodontal disease. When the price of tobacco increases, such as when taxes are raised, the rate of tobacco use decreases. According to the National Conference of State Legislatures, Kansas currently has one of the lower tobacco tax rates in the country. We are ranked 32nd in the nation, with the average cigarette tax rate of $1.71 per pack. The tax rate in Kansas on smokeless tobacco and other tobacco products has not increased since 1972. Kansas is the only state that has waited that long to adjust the other tobacco products tax rate.

There is hope to make a difference in affecting the rates of dental disease associated with tobacco use, though. The Kansas Department of Health and Environment manages a program called the Tobacco Quitline, www.kanquit.org. The Quitline has resources to help dental and medical professionals make referrals for their patients to learn to stop using tobacco products. It also has resources to help people when they decide they are ready to quit.

Brief Tobacco Intervention Online Training at www.KSTobaccoIntervention.org

The Quitline also has an online training available for providers to learn how to effectively talk with patients about tobacco use in less than 3 minutes. The training also covers: Nicotine Replacement Therapy (NRT) and Medications, Counseling, Options for pregnant women, Kansas Medicaid tobacco cessation coverage, and making a referral to the Kansas Tobacco Quitline. The training has been approved by the Kansas Dental Board for 1.0 hour of continuing education credit.

Advocacy organizations, including members of Kansas Oral Health Connections, are working to raise awareness among lawmakers about the benefits of increasing taxes on cigarettes and other tobacco products. Studies show over and over again that when tax rates increase, not only does tobacco use decrease, but more young people avoid starting to use tobacco in the first place. To learn more, visit Oral Health Kansas’ website and click on “Advocacy.”