

LETTERS TO THE EDITOR

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SMOKING

Tobacco trends

Sir, substantial evidence implicates tobacco use in multiple oral and systemic diseases, and oral health professionals are well positioned to provide tobacco cessation education and counselling for patients.¹ Cigarette smoking has declined in many high-income nations, however, several other new and conventional tobacco products appear to be rising in popularity, including cigars, waterpipes, snus, dissolvable tobacco and electronic cigarettes. This recent trend could have significant health implications, particularly for adolescents, who might view certain tobacco products as 'safe' and for whom use might lead to nicotine dependence, smoking initiation, and/or dual use of multiple tobacco products.

Studies have reported that, despite the EU sales ban on smokeless tobacco, over 15% of young Finnish military recruits used snus daily,² while in Norway, adolescent users of snus alone were more likely than non-tobacco users to be dual users of cigarettes and snus three years later.³ In the US, youth cigarette smoking declined to 14.0% of high school students in 2012, but use of hookahs (5.4%), other pipes (4.5%), electronic cigarettes (2.8%), and dissolvable tobacco (0.8%) all increased from 2011 estimates.⁴ It is plausible that rises in use will continue; for example, growth in awareness and use of electronic cigarettes among American adults has been rapid.^{5,6}

We completed an IRB-approved pilot survey at a rural high school in California, USA, in which we asked male students ($n = 22$) about their tobacco-related experiences and beliefs. Use in the past 30 days of electronic cigarettes ($n = 7$) and waterpipes ($n = 7$) both exceeded that of cigarettes ($n = 4$) and smokeless (spit) tobacco ($n = 4$). Snus ($n = 1$) and dissolvable tobacco ($n = 0$) were not commonly used. More than half the students reported current tobacco use ($n = 12$). Among the 15 non-users of cigarettes and spit tobacco, five reported use of electronic cigarettes or hookah, of whom four had never smoked cigarettes or used spit tobacco. Of those who recognised

the products, most believed spit tobacco (81%) and snus (88%) to be as harmful or more harmful than cigarettes; fewer shared the same belief for hookahs (68%) and electronic cigarettes (5%). While 100% of respondents thought cigarette users do 'some' or 'a lot' of harm to themselves by smoking, this percentage was lower for spit tobacco (90%), hookahs (68%), snus (56%), and electronic cigarettes (42%). Findings from our pilot survey suggest that a substantial percentage of adolescents are using new and conventional tobacco products. Much further research is needed to better describe global trends and to define the long-term oral and systemic health risks of new smokeless tobacco and non-combustible tobacco products, especially among adolescents. We urge oral health professionals to remain cognisant of current trends in adolescent tobacco use and to continue to serve as well-informed advocates for oral and general health.

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1. Albert D, Ward A. Tobacco cessation in the dental office. *Dent Clin North Am* 2012; **56**: 747-770.
2. Hamari A K, Toljamo T I, Kinnula V L, Nieminen P A. Dual use of cigarettes and Swedish snuff (snus) among young adults in Northern Finland. *Eur J Public Health* 2013; **23**: 768-771.
3. Grøtvedt L, Forsén L, Stavem K, Graff-Iversen S. Patterns of snus and cigarette use: a study of Norwegian men followed from age 16 to 19. *Tob Control* 2013; **22**: 382-388.
4. Centers for Disease Control and Prevention (CDC). Tobacco product use among middle and high school students - United States, 2011 and 2012. *MMWR Morb Mortal Wkly Rep* 2013; **62**: 893-897.
5. Regan A K, Promoff G, Dube S R, Arrazola R. Electronic nicotine delivery systems: adult use and awareness of the 'e-cigarette' in the USA. *Tob Control* 2013; **22**: 19-23.
6. Zhu S H, Gamst A, Lee M, Cummins S, Yin L, Zoref L. The use and perception of electronic cigarettes and snus among the US population. *PLoS One* 2013; **8**: e79332.

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HPV

Snoggers jaw

Sir, in the light of a society that may seem to some increasingly focused on superficiality and appearance than on substance and principles, I was personally impressed to read the editorial *HPV vaccine for boys* (*BDJ* 2014; **216**: 1) that

in my view so clearly demonstrated the leadership needed in terms of endeavouring to promote general as well as oral health, and oral healthcare, and to promote the latter (dentistry) as a healthcare profession. Such leadership may require some frank discussion stepping outside conventions into areas rarely discussed openly previously, as was noted in this editorial which mentioned oral sexual practices.¹

For example, there have been clinicians who for years recognised and termed some temporomandibular pain dysfunction colloquially as 'snoggers jaw', though totally unsupported by evidence, for example from a MEDLINE search on 'temporomandibular pain dysfunction and kissing'. Many authors, including us, have ventured into the area from time to time not only in relation to recognised sexually shared infections,² where there are multiple publications on the oral manifestations and management, but we have also reported on the possible sexual undertones of the then novel fashion of body art,³ a minority of mouth/throat cancer associated with HPV,⁴ and even some unexplained burning mouth sensations;⁵ always at the risk of those who might perceive this approach as salacious.

Fortunately, with the recognition of such practices, more open discussion and the breaking of taboos, the causes of some hitherto unexplained oral symptoms and signs may now become more evident to all, the recognised aetiological agents will be taken even more seriously, and there could be positive moves to obviate the potential damage that may follow - such as minimising trauma, immunising against implicated agents, or avoiding infection transmission in other ways.

C. Scully, by email

1. Hancocks S. HPV vaccine for boys. *Br Dent J* 2014; **216**: 1.
2. Samaranayake L P, Scully C. Oral disease and sexual medicine: 1. Common oral conditions. *Br J Sex Med* 1988; **15**: 138-143.
3. Chen M, Scully C. Tongue piercing: a new fad in body art. *Br Dent J* 1992; **172**: 87.
4. Scully C. Oral squamous cell carcinoma; from an hypothesis about a virus, to concern about possible sexual transmission. *Oral Oncol* 2002; **38**: 227-234.
5. Scully C. Sexual history. *Br Dent J* 2008; **205**: 468.

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