



## Curbing the tobacco menace – An oral diagnostician's responsibility

Tobacco was introduced by the Portuguese to India 400 years ago and many years after that the British reintroduced it to our country. India is the third largest tobacco grower in the world and 65% of the men and 38% of the women consume tobacco.<sup>[1]</sup>

A survey conducted in the year 2007–2010 in India (Global Adult Tobacco Survey) estimated that the number of tobacco users in India was around 275 million and also showed that Indians consume more of smokeless forms of tobacco than smoking form of tobacco.

Health hazards related to tobacco use in the form of cigarettes, bidis, and smokeless tobacco (SLT) are plenty and are the leading cause of mortality rate in the country. Risks of potentially malignant disorders such as oral submucous fibrosis, periodontitis, staining of teeth, snuff dippers keratosis, lichenoid reactions, malignant ulcers, and cardiovascular disease can be reduced by cessation of SLT consumption. The incidence of lung cancers, cardiovascular diseases, and chronic obstructive pulmonary diseases can be reduced by smoking cessation and hence increasing the quality of life of patients.<sup>[2]</sup>

It is thus the need of the hour for establishing tobacco cessation clinics or centers in dental/medical institutions where a health-care professional does the behavioral counseling during which patients are advised to stop the habits, with customized structured counseling methods. The severity of addiction is assessed using Fagerstrom scale, i.e., the patient is asked a series of 6–10 questions and scores are given based on the patient responses. A quit date is set for the patient after which the patient should not perform the habit at all. Based on the scoring on the Fagerstrom scale, the patient is prescribed pharmacotherapy in the form of nicotine replacement therapy (NRT) or non-NRT such as bupropion and varenicline to reduce the cravings and withdrawal symptoms associated with stopping the habits.<sup>[3,4]</sup>

Conducting camps for screening and raising awareness of lesions in the oral cavity due to smoking and chewing tobacco, educating the patients of the seriousness of potentially malignant disorders transforming into cancer, increasing the tobacco litigation laws, and conducting camps in schools to bring awareness to the children about the ill effects of tobacco. Sensitizing and educating all health-care professionals for tobacco control and cessation by suggesting the medical and dental councils for including tobacco cessation in the curriculum at the MBBS/BDS levels, various

CDEs, conferences, scientific meetings, and workshops, providing monetary benefits for the dental professional for their tobacco cessation services to the patients will encourage the dentists to take their time in educating the patients to stop the habit are important.<sup>[5]</sup>

All health-care professionals must participate in tobacco cessation practices, to reduce the mortality and morbidity caused by the ill effects of tobacco on public health. This will make a big difference. Setting up tobacco cessation centers in the rural areas, making these centers more easy to reach for the patients. General public in the villages should be educated about the ill effects of consuming tobacco as a tradition or cultural trend, which can lead to becoming a very hazardous and addictive substance of abuse.<sup>[6]</sup>

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