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Role and Prevention of Tobacco for Oral Health Care. Where Are We Now???

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ABSTRACT

Tobacco use in India continues to promote various diseases and kill several individual but still no significant steps are been taken to get rid of this threat. Not only cancer but tobacco plays as the key factor for various diseases. While the impact of tobacco use on health is alarming, being free from tobacco use and its various form can let us away from several effects. Quitting tobacco and getting away from chronic oro-facial pain, oral and pharyngeal (throat) cancer, oral tissue lesions, birth defects such as cleft lip and palate, and other diseases are going our major goal in near future.

KEYWORDS:- *Tobacco, oro-facial pain, pharyngeal cancer, lesions.*

INTRODUCTION

Oral diseases have direct impact on individuals & communities which results to pain, suffering, impairment of function and even reduced quality of life and all these factors are considerable.[1] Clinical and public health research has shown that a number of individual, professional and community preventive measures are effective in preventing few oral diseases. But still oral and pharyngeal cancers is most common cancer worldwide among men and still remain a major challenge to deal with. Tobacco use, both smoking and chewing tobacco, seriously affects general and oral health. Several diseases are caused by

tobacco use including various types of cancers, ischemic heart disease, strokes and chronic lung disease. There are more than 3 million people die each year from smoking, and about more than one third have cardiovascular events that often lead to permanent disability. The most significant effects of tobacco use on the oral cavity are oral cancers and pre-cancers, increased severity and extent of periodontal diseases, tooth loss and poor wound-healing post operatively.

WHERE WE STAND NOW

Tobacco use play a major public health threat particularly for adolescents in India, with the current prevalence of tobacco use being 35.7% among 15-24 years old adolescents and youth as determined by global adult tobacco survey (GATS).[2] In a study by World Health Organization (WHO), the gender empowerment measure (GEM) has been shown to be positively and significantly correlated to gender smoking ratio (GSR). In addition, the GEM was the strongest predictor of the GSR (β, adjusted: 0.47; $P < 0.0001$), after controlling for gross national income (GNI) per capital and for Gini coefficient. But in India, tobacco consumption continues to rise, even though the evidences mount regarding its hazards. Young people are smoking earlier and more heavily. A recent study of mortality associated with smoking in India (2008), estimates that at least 930,000 adult deaths in India could be attributed to smoking, and this is almost raised to over one million annually from 2010.

CLASSIFICATION AND ITS VARIOUS TYPES

Smokeless or Chewing tobacco

Smokeless tobacco is normally defined as any tobacco product that is placed in the mouth or nose and not burned. Smokeless tobacco goes by many different names, such as paan masala (gutkha), khaini, snuff, mawa, supari, zarda, chaw, misheri, toombak. Smokeless tobacco is mainly used by people of South Asia, Southeast Asia, the Middle East Asia and East Asia. One of the most dangerous and popular ingredients in smokeless tobacco is areca nut or betel nut. Various research has shown that people who use areca nut have a bigger risk of cancer of mouth, pharynx, oesophagus, stomach and pancreas.

Smoking Tobacco

Smoking tobacco is defined as any product that produces smoke during or after its use like for example bidi, cigar, cigarette, hokkah, pipes and so on. Tobacco specially in the form of smoked tobacco, is also associated with various changes and diseases in oral cavity.[3]

WHAT MAKES ONE WEAK TOWARDS TOBACCO

As the majority of tobacco take up the habit during their teenage thinking that it will help them cope up with the everyday stress to facilitate easier contact with opposite sex and especially girls smokes thinking it will control or reduce body weight.[4]

Use of tobacco or smoking starts with the formation of attitude and beliefs on smoking,

trying experimenting and gradually becomes addicted to it.

Not only this different factors like behaviors, attitude and expectation of parents and society are responsible to make one closer to use of tobacco. Education and up bringing environment plays an important role in acquiring the habit at an early age.

EFFECTS OF THIS THREAT

Although one is well aware of the adverse affect of tobacco use, one tend to underestimate the virulence of its consequences. The most common and visible manifestation of tobacco use is discoloration. The general health risk of tobacco have been well-documented. Tobacco influences the immune system (i.e., neutrophils, macro-phages, lymphocytes, and exposure to oxidative stressors. Moreover, several studies have shown that rheological alteration and circulatory procoagulant and hypofibrinolytic activity occurred in tobacco users. Not only we are limited to above mentioned effects but the sequelae are, cardiovascular disease, respiratory disease, reproductive effects, oral cancer as so on.[5,6]

HURDLES IN THE WAY TO KEEP SOCIETY HEALTHY AND TOBACCO FREE

As we have came in 21st century, science is advancing day by day. This is not only limited to the positive side for human being but also creating a negative side. From last few days we have come across the invention of new devices of using tobacco such as electronic cigarette (E-CIGARETTE) or electronic nicotine delivery system(ENDS). These devices have overcome the using of the traditional tobacco products but their marketing is not been ban because of different reasons.[7] In addition, India is the world's third largest tobacco growing industry with a great impact on economy.[8] More than 400,000 hectares of land are harvested for tobacco and nearly 3.5 million people are estimated to be engaged in full time tobacco manufacturing.[9] Above all in there is no proper screening of tobacco use & treating its dependence & preventing its use among children and adult. Our media plays an important role to make the society knows the harmful effects of tobacco but on the same hand the eye catching aids have even increased its sale and use.

HOW ONE SHOULD OVER COME ITS USE

Self dedication and motivation is very important for a individual to give up tobacco use. Still the 5 A's adapted from the PHS clinical practice guidelines. Treating tobacco use and dependence. (Chart no. 1). Delivering different types of health education and promotion is one of the key roles for health care professionals. Various policies for prevention of tobacco use and its cessation have to be bring into light. India have to work together to organize and support anti-tobacco campaigns for the prevention or avoiding its addiction. Increasing or implementing heavy taxes will also reduce its sale to some extent. Negative aids from different source should also be taken care. Prevention of its sale near educational institutes or underage will restrict it approach to upcoming new generation.

CHART NO.1

5 A'S	Brief tobacco cessation intervention(dental hygiene/ dental visit)
Ask	• Identify all tobacco users-new and existing patients. • Health history should include frequency of tobacco use, amount, type and if they have thought about quitting • Verbally clarify the tobacco use information on the health history Establish the stage of change Precontemplation: Not interested in quitting Contemplation: Planning to quit in next six months Preparation: Planning on quitting in next 30 days Action: has quit within the past month Maintanence: has not used tobacco for at least six months • Flag the patient's record to indicate tobacco use-sticker, symbol
Advice	• Advice the tobacco user to quit • This could be done during the health history review, during oral cancer screening or periodontal evaluation. Sensitivity, empathy, active listening and personalizing the message are key elements when advising a patient to quit.
Assess	• Assess the patient's wiliness to quit using the stage of change section of the health history or verbal inquiry: Precontemplation: Utilize the 5R's or discontinue intervention Contemplation: Utilize 5R's and provide information Preparation: Provide assistance Action: Provide assistance Maintenance: Congratulate and encourage them on a great choice
Assist	• Help the patient with a quit; set a quit date before the appointment is made: make a note in their chart. • Give them a resource packet(how to quit pamphlets, quit assistance in the community, quit hotline or website, problem solving strategies). • Discuss the use of nicotine replacement therapies or bupropion SR. • Offer this information as a part of the educational component of the dental hygiene appointment. • If more assistance is needed, refer to tobacco dependence professional.
Arrange	• Provide follow-up in approximately one week after the appointment by phone or letter • Follow up intervention at the next dental appointment. If the patient is using tobacco again, encourage them and continue to provide assistance.

CONCLUSION

India has achieved remarkable results in making the adolescent and adult cutting down the use of tobacco. Present state of oral health as a public health problem and existence and efficiency of current oral health programs should be taken care at local and national level. Not only the professionals and social workers but also the individual should be aware of this life treating material. Our government is also playing an important role in its prevention but still we are lacking somewhere or the other. Keeping in mind

about its deadly effects one should say no to it and we all have to stand hands in hands for making our society tobacco free.

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