

Public Health And Dentistry Concerns Over Tobacco Cessation In India

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ABSTRACT

The significant expenditures incurred by the public health system in treating tobacco-related disorders in India can be attributed to tobacco use's strong correlation with poverty. In order to prevent significant morbidity and mortality, dental public health programs help in the early detection of tobacco-related periodontal diseases, oral cancers, etc., the majority of which are found in the submerged portion of the iceberg. Furthermore, via various forms of health education and counseling, public health dentists assist in the identification of both clinical and subclinical instances as well as in the cessation of tobacco use. Therefore, it is believed that the most economical method for quitting smoking is community-based intervention.

Key words: Oral cancer, public health dentist, tobacco, tobacco cessation

INTRODUCTION

One of the top five causes of death and the leading cause of death that may be prevented is tobacco usage. [1-4] The burden of disease, health care expenses, and other financial losses brought on by premature deaths linked to tobacco use are rising quickly in developing nations like India. According to predictions from the World Health Organization (who) in 2004, there would be 58.8 million fatalities worldwide, of which 5.4 million are related to tobacco usage. 70% of deaths as of 2002 were in poor nations. In 2025, there will be 1.5 to 1.9 billion smokers worldwide. [2,3]

India is the world's second-largest tobacco consumer. In most regions of the nation, men are reported to use tobacco products often (usually in excess of 50%). [5] In addition, a nationwide assessment on tobacco use in India found that 20.5% of people chew tobacco and 16.2% of smokers currently smoke. According to this survey, beedi is the most common way to smoke tobacco, followed by cigarettes, while pan with tobacco is the most common way to chew tobacco. [6]

This has contributed to the sharp rise in oral health issues caused by tobacco use, including precancerous lesions in the mouth and diseases including leukoplakia, erythroplakia, oral submucous fibrosis, periodontal disorders, tooth loss, and oro-pharyngeal cancer.

[3,7,8]

In 2002–2003, the conservative cost of treating a subset of tobacco-related malignancies, dental issues, heart conditions, and lung diseases was \$30,833 crores. Due to increasing illness, tobacco

users are also less productive, and those who pass away too soon deprive their families of much-needed cash. Many Indian communities have a bad attitude toward tobacco control and don't know what smoking does to one's health and finances. As a result, India's "tobacco pandemic" has become one of the country's most pressing public health issues. The WHO has been prompted by this to start cigarette cessation programs in India. [3,8-11]

In India, tobacco control has just recently begun to address tobacco cessation (quitting). Compared to other tobacco control programs, it is regarded as the most cost-effective intervention. [7,8,10,11] On May 31, 2002, in honor of "World No Tobacco Day," WHO and the Government of India recognized 13 tobacco cessation centers, which were put into operation using a multidisciplinary approach. As a result of this strategy, the role of public health dentists in helping tobacco users stop using tobacco has received significant attention and has emerged as a current concern in the area of public health dentistry in the pursuit of a "Tobacco Free Oral Environment." [12-14]

PUBLIC HEALTH DENTIST AND TOBACCO CESSATION

The responsibilities of public health dentists are continually expanding, and their efforts can go as far as their creativity and sense of duty will allow. This is because to their knowledge of dental and oral health; they are well-liked, dependable, and powerful community leaders in any society. In a wide spectrum of social, economic, and political spheres, their views are heard. As a result, they serve as "teachable moments" for the community and can play a special role in efforts to reduce tobacco usage. [1,8,10]

TOBACCO-RELATED ORAL DISEASES: AN ICEBERG PHENOMENON

A community's sickness can be compared to an iceberg. What the doctor observes in the community, which is formed by the clinical cases, is like the floating tip of an iceberg. The large submerged portion of the iceberg stands in for the hidden mass of disease, which is made up of unnoticed, undiagnosed, and presymptomatic cases and carriers in the population. The dividing line between visible and invisible sickness is represented by a water line. [15]

The cases that are the tip of the iceberg are the subject of much of the evidence. At this point, the majority of oral lesions are discovered much too late, increasing the risk of morbidity and mortality as well as the cost of treatment. When it comes to incidents involving tobacco, a similar picture is portrayed.

Public health dentists have the opportunity to detect cases that are not only at the tip of the iceberg but also in the submerged region of the iceberg, such as tobacco-related oral lesions, smokers, attitudes toward tobacco use, and risk groups, as part of community outreach programs. Therefore, a public dentist has many opportunities to educate the public and get tobacco smokers ready to quit. One strategy used to help people stop smoking is counseling. [7,14,16]

However, the majority of public health dentists are not conversant with cigarette cessation counseling methods. They might doubt the efficacy of cessation efforts. Additionally, research from other nations has demonstrated that seeking a dentist's guidance can enhance a patient's odds of quitting, motivate them to do so, and boost their motivation. Thus, a public health dentist can support programs to help people stop using tobacco, which can enable them to have fulfilling lives on both a social and economic level. [8,16]

Two levels have been highlighted for the public health dentist's role: the individual level and the community level.

Individual level

The public health dentists approach this from the patient's side, where they can observe the negative effects of tobacco smoking and spend more time with the patient than other medical professionals. They ought to use this opportunity to counsel the patient, emphasizing oral health and good living. This can be done by having a brief but concentrated conversation with the patient during the oral examination to make them aware of the negative effects of smoking. As a result, every encounter a public health dentist has with a patient during a visit can result in a substantial shift in the patient's attitude and behavior regarding quitting smoking. [3,8]

In the community

A public health dentist can greatly aid in the community's efforts to reduce tobacco use by doing a variety of things, including serving as a role model by abstaining from tobacco use or By successfully quitting, holding regular one-on-one or group meetings about the significance of tobacco use cessation, creating and implementing school intervention models for tobacco cessation, displaying educational materials during outreach programs or in urban and rural health centers where the majority of the population visits to receive medical care, as well as writing articles about the advantages of tobacco control policies, appearing on talk shows, and collaborating with non-governmental organizations [1,3,8,16]

Therefore, a public health dentist should have a strong commitment to the campaign to stop smoking in order for it to be successful. The identification of tobacco-related lesions, clinical diagnosis of those lesions, individualized methods for quitting smoking, and knowledge of how to refer cases to the right facilities are all ways to achieve this. Interdisciplinary instruction should be provided to staff employees, undergraduate and graduate dental public health students, and both levels of dentistry students.

THE ADVANTAGES OF INTERVENTION FOR TOBACCO USE

According to studies, patients prefer tobacco-cessation programs that are tailored to them personally and in which their dentists are open and honest with them. The patients can be made aware of their cigarette usage with as little as three to five minutes of focused conversation during the assessment. [10,16-18] Additionally, public health dentists' efforts to promote tobacco use cessation are unlikely to convert more than 1 or 2 percent of their patients who currently use tobacco each year, but over the long term, such efforts could have a significant influence. [1]

CHALLENGES IN TOBACCO CESSATION

Despite the public health dentist's crucial role in cigarette cessation, there are some obstacles that prevent them from doing their jobs. The poor socioeconomic circumstances, stress, and other related factors of tobacco users prevent them from having particularly strong internal motivation. This mostly hinders community involvement in cigarette cessation programs. [19] Due to their perception that smoking is a masculine habit, the majority of society's members vehemently oppose tobacco cessation. To help people stop using tobacco in India, where socio-cultural traditions have a strong influence on behavior, is the public health dentist's most difficult assignment. [19] Additionally, tobacco is regarded as one of the farmers' cash crops, making it difficult for all sectors, including the public health dentist, to suggest an alternate crop to them.

CONCLUSION

As a result, a public health dentist participates in various tobacco use cessation programs as a part of community-based programs, where they identify cases, provide health education, and make appropriate referrals in order to help manage the tobacco epidemic. This may aid in lowering the morbidity and mortality brought on by smoking.

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