



Tobacco cessation – Role of medicine expert

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Abstract:

Tobacco is the single most important avoidable cause of premature morbidity and mortality in the world. The World Health Organization (WHO) has estimated that there are about 1100 million smokers worldwide, which represents about one-third of the global population aged over 15 years. About 73% of smokers are in developing countries, and in industrialized countries there are about 200 million male smokers and 100 million female smokers. In the 15-year-old population of developing countries, it is estimated that about 48% of males and 7% of females are smokers. In India, tobacco consumption is responsible for half of all the cancers in men and one fourth of all cancers in women.² India also has one of the highest rates of oral cancer in the world, partly attributed to the high prevalence of tobacco chewing.

Role of Oral Medicine Expert

An ideal tobacco use cessation programme must be individualized, that should account for the reasons a person uses tobacco, the environment in which the use occurs, available resources to quit and individual preferences about how to quit. The clinician should always bear in mind that cessation can be very difficult to achieve, and it is important to be patient and persistent in developing, implementing and providing each patient with an individual cessation-programme. There is increasing evidence that the success of any tobacco use cessation strategy or effort cannot be divorced from the health care system in which it is embedded. Several behavioral and pharmacologic interventions are recognized as having high levels of supporting evidence of effect. These include counseling by various health care providers including oral health professionals, nicotine replacement



and bupropion therapies. Tobacco smoking and chewing is one of the prime factors responsible for oral pre-cancer and cancer. The incidence and prevalence of such lesions in South Asian countries like India is high owing to the increased production and consumption of tobacco. The relative lack of awareness regarding the harmful effects of tobacco is a major reason for the same. Preventive measures should begin at grass root levels aimed at individuals who are at high risk for tobacco usage along with intervention at community level and policy level interventions by the concerned policy makers. Oral Medicine Experts should play an active role in prevention and control of tobacco induced lesions due to the direct contact with patients who are at increased.

Biography:

Santosh Jadhav is a dental surgeon at Department of Oral Medicine and Radiology, Bharati Vidyapeeth Deemed University Dental College and Hospital, India.

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