

Role of Oral Physician in Tobacco cessation

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Abstract

Tobacco use is a global health care problem. Health professionals play an essential role in tobacco control. Mark Twain once said, "Quitting smoking is easy. I've done it a thousand times". Quitting tobacco is difficult because all forms of it-cigarettes, cigars and spit (chewing) tobacco-contain nicotine and nicotine is the agent in tobacco that's capable of causing addiction or dependence. Dentists and dental professionals can help their patients quit once and for all. Stopping tobacco has major health benefits. Quitting at any age provides both short and long term benefits.

Keywords: Tobacco; World Health Organization; Health Professionals

Globally, one of the greatest health challenges of today is the tobacco epidemic. Worldwide, the number who dies from tobacco-related diseases each year is higher than the number of victims of tuberculosis, malaria, and HIV/AIDS added together [1]. In developing countries, the situation is even worse than in today's developed countries [2]. Economically, the expenses associated with tobacco, that is, treatment of tobacco-related diseases together with tobacco production and import, constitute a considerable cost for society. Furthermore, individuals and families have high expenditures from smoking [3].

Health professionals' involvement in the tobacco epidemic is an essential and effective way of dealing with it. Even a brief advice from health professionals to tobacco patients can significantly increase the quit rate. One way to make health professionals' involvement even more effective in tackling tobacco use is a multi-professional approach which has been advocated by the World Health Organization (WHO) [4,5].

Physicians usually undertake more cessation counselling than do the other health professionals, but other groups of health professionals can be effective, as well. Research has shown that a clear majority of dental, medical, and nursing students consider health professionals to play a role in giving patients advice about smoking cessation [6].

However, all health professionals can, in addition to the brief intervention of asking, advising and assessing in their clinical practice, have available references to more resources that allow them to add referral to more intensive counselling work in their daily health-care services routine. Even with the lack of these, every health professional has a duty to implement the minimal intervention steps of asking about tobacco use, assessing willingness to quit, advising quitting and further referring and arranging for cessation services. Health professionals should also be instrumental in developing and disseminating science-based and practical materials about cessation, adapted to the culture, ethnic background, age, language, and health status of the patient, or predisposition and timeframe attitude towards quitting tobacco use. Whenever possible, health professionals need to make the cessation advice relevant to the patient's current situation by linking it with the existing diagnosis or current lifestyle [6].

ASK all patients about tobacco use and assess user's readiness to quit. Tobacco use status should be documented in the medical record.

ADVISE all tobacco users to seriously consider making a quit attempt using a clear and personalized message. Advice as brief as 3 minutes is effective.

ASSESS all tobacco users' willingness to make a quit attempt. If not yet ready to quit, offer motivational intervention using the 5 "R's" - relevance, risks, rewards, roadblocks, repetition.

REFER patients interested in quitting within 30 days to a Tobacco Treatment Specialist or other appropriate tobacco treatment program.

Alternatively, health care providers can directly provide the following treatment.

Treatment options

- ASSIST those ready to make a quit attempt.
 - Set a quit date. Quit date abstinence is a strong predictor of long term success.
 - Give advice on quitting and provide supplementary materials.
 - Prescribe pharmacologic therapy as appropriate. Nicotine replacement therapies, bupropion hydrochloride, and varenicline have been proven effective.
- ARRANGE follow-up either with phone call or office visit.
 - Prevent relapse by congratulating successes and reinforcing reasons for quitting.
 - Assess any difficulties with pharmacologic therapy [7].

Conclusion

Health professionals have a prominent role to play in tobacco control. They have the trust of the population, the media and opinion leaders, and their voices are heard across a vast range of social, economic and political arenas. At the individual level, they can educate the population on the harms of tobacco use and exposure to second-hand smoke. They can also help tobacco users overcome their addiction. At the community level, health professionals can be initiators or supporters of some of the policy measures described above, by engaging, for example, in efforts to promote smoke-free workplaces and extending the availability of tobacco cessation resources. At the society level, health professionals can add their voice and their weight to national and global tobacco control efforts like tax increase campaigns and become involved at the national level in promoting the WHO Framework Convention on Tobacco Control (WHO FCTC). In addition, health professional organizations can show leadership and become a role model for other professional organizations and society by embracing the tenants of the Health Professional Code of Practice on Tobacco Control.

All the dental professionals must impart training and education so as to ensure that they should have the knowledge, skills and support systems necessary to inform the public about the health hazards of tobacco products and to provide effective tobacco cessation strategies.

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