TOBACCO CESSATION – AWARENESS, COUNSELING AND LAWS

Jaishri Pagare* and Satyapal Johaley
Department of Oral Medicine and Radiology, Government Dental College and Hospital, Aurangabad, Maharashtra, India

DOI: http://dx.doi.org/10.24327/IJRSR.2019.1008.3871

ARTICLE INFO

ABSTRACT

Tobacco is highly toxic. It’s a leading preventable cause of death worldwide. Unfortunately, very a small number of people in India quit tobacco use. It kills and disables more people than any other disease causing agents. Lack of awareness and support for cessation maintains tobacco use in the community. Due to the addictive property of nicotine quitting is difficult and relapse is more common. Tobacco dependence is a chronic condition that often requires repeated intervention. Health professionals have received brief training, and hardly any thus carry out proper evaluation and intervention among tobacco users. Involvement of dental professionals in tobacco cessation is an essential way to combat it since the oral physician are the first to note any changes in the oral cavity, they play a major role in habit cessation.

INTRODUCTION

Tobacco is a plant that has been known to release dangerous chemicals when burnt. Globally, tobacco is one of the greatest health challenges today. Tobacco was introduced by Portuguesein India during 1566 and its cultivation started about 8000 years back. It is derived from genus nicotina belonging to solomanacea family. It carries in its leaves an alkaloid NICOTINE. According to WHO there are 1100 million smokers worldwide. It constitutes about one third of global population aged 15 years and above. Tobacco kills nearly 6 million people each year. more than five million of those deaths are the results of direct tobacco use and more than 6 lacks are result of nonsmokers being exposed to passive smoke. Approximately one person dies every 6 seconds due to tobacco accounting for 1 in 10 adult deaths. The Global Adult Tobacco Survey (GATS) in 2010 revealed that 47.9% males, 20.3% females and 34.6% of adults used tobacco in one or other form in India. The variety of forms of tobacco use is unique to India apart from the smoked forms, a plethora of smokeless forms of consumption exits and they account for about 35% of the total tobacco consumption. All the tobacco products are harmful and associated with cancer.

Types of tobacco used and its Constituents

<table>
<thead>
<tr>
<th>Constituents</th>
<th>Adverse effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polyaromatic Hydrocarbon</td>
<td>Carcinogenesis</td>
</tr>
<tr>
<td>Nicotine</td>
<td>Potential Carcinogenic agents</td>
</tr>
<tr>
<td>Phenol</td>
<td>Ganglionic Stimulation and depression</td>
</tr>
<tr>
<td>Benzopryne</td>
<td>Tumor promoter</td>
</tr>
<tr>
<td>Carbon monoxide</td>
<td>Tumor promoter</td>
</tr>
<tr>
<td>Formaldehyde</td>
<td>Irritation</td>
</tr>
<tr>
<td>Nitrosamine</td>
<td>Impaired oxygen transport and repair</td>
</tr>
<tr>
<td>Nicotine addiction</td>
<td>Toxicity to eyes</td>
</tr>
</tbody>
</table>

According to American Heart Association the Nicotine addiction has historically been one of the hardest addictions to break. Nicotine is known to activate the dopamine reward system of the body leading to the release of dopamine and endorphins that is associated with a feeling of pleasure. Nicotine enters the blood stream from the mouth and is carried throughout the body. It affects many parts of the body,

*Corresponding author: Jaishri Pagare
Department of Oral Medicine and Radiology, Government Dental College and Hospital, Aurangabad, Maharashtra, India
including heart and blood vessels, hormones, metabolism, and brain.

**Anti-tobacco counseling**

Tobacco cessation counseling is defined as information given in the form of health education to the patient on topics related to tobacco use in any form including cigarettes, cigar, and snuff chewing tobacco or on exposure to 2nd hand smoke. It is the act of giving specific advice and practical guidance in helping an interested generally healthy individual to quit the use of smoke and smokeless tobacco. The dentists have an important role in helping patients quit tobacco and at community and national levels to promote tobacco prevention and control strategies.

**Process of tobacco cessation: Interventional Strategies**

The 5A’s method: Is a fifteen minute research-based counseling tool that has been proven to be successful and keeps the patient free from tobacco. Includes: ASK, ADVICE, ASSESS, ASSIST, ARRANGE.7

ASK the patient regarding the habit of tobacco in any form. Advice the patient for quitting of tobacco, advice should be clear, strong, and personalized. Then assess the patient readiness to quit tobacco. Assess the level of dependence. Assist the tobacco users to make a quit plan and finally arrange follow-up visits for patient.

Cessation Method: Every tobacco user is unique and one cessation method will not work for everyone.

**Tobacco cessation method can be broadly classified into:** 8

Cognitive Behavioral Therapy which includes methods such as self-help and brief intervention which can be provided by health professionals.

Intensive Therapy at tobacco cessation centers Pharmacological which includes nicotine replacement therapy (NTR) and anti-depressants like Buproprion, Fluoxetine.

Non-Pharmacological Cessation Strategies includes tapering the number of smoked and smokeless tobacco. Cold turkey which means giving up smoking at once without the aid of any nicotine replacement therapy.

Pharmacological methods (Nicotine Replacement Therapy) includes use of Nicotine chewing gums, Nicotine Skin Patches, Nicotine Lozenges, Nicotine inhalers, Nicotine sublingual tablets and Nicotine Sprays.10

The anti-tobacco counseling those who are not willing to quit tobacco includes the 5R’s Method. Advise the patient about relevance of quitting Risk of continuing tobacco, Rewards of quitting, and repeat this every time. Once the patient has quit tobacco he may experience different psychological and physiological withdrawal symptoms.

Until 2002 there were no formal tobacco cessation services available in India. The first formal tobacco cessation clinics in India were set up in 2002 as a joint initiative of the Ministry of Health and Family Welfare, Government of India World Health Organisation.13 Clinics were set up in oncology, cardiology, psychiatry, surgery and in NGO setting.10-11

A tobacco cessation centre is defined as fixed premises where qualified health care professionals provide tobacco (smoke and smokeless form) cessation therapy to help patients in their attempts to quit the habit.

**Tobacco control efforts in India**

The Ministry Of Health And Family Welfare, Government Of India has set up a National Tobacco Control Programme (NTCP) and the experience gathered by the tobacco cessation centre will be valuable in strengthening to achieve goal of the NTCP. The Government of India launched NTCP in 11th five year plan (2007-12) to implement tobacco laws and bring about greater awareness about ill effects of tobacco, institute a regulatory mechanism including laboratory facility for effective monitoring and implementation of anti-tobacco initiatives at state and district levels.12

**COTPA (Cigarette and Other Tobacco Products Act)**


In order to discourage the tobacco use and protect the youth and masses from harmful effects of tobacco the Government of India enacted COTPA Act 2003. This act is applicable to all products containing tobacco in any form such as bidis, cigarettes, cheroots, gutkha, pan masala etc. as detailed in the schedule of act. The act extends to whole of India.

Main provisions of the Act

Section 4-Prohibition of smoking in public places

Section 5-Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarettes and other tobacco products.

Section 6(a)-Prohibition of sale of cigarette and other tobacco products to a person below the age of 18 years.

Section 7-Mandatory depiction of statutory warnings (including pictorial warnings on tobacco packs)

Section 7(5)-Display of tar and nicotine contents on tobacco packs.

These provisions can be enforced by any police officer not below the rank of sub-inspector, any officer of state Food or Drug Administration, any other officer holding the equivalent rank but not below the rank of sub-inspector of police and any other official as authorized by the central or state government.

**Who Initiative**

WHO-FCTC (The World Health Organization Framework Convention on Tobacco Control)
It is a treaty adopted by the 56th World Health Assembly on 21
May 2003. It became the first World Health Organization
 treaty adopted under the article 19 of the WHO consultation.
The treaty came into force on 27th February 2005. It has been
signed by 168 countries and is legally binding in 100 retifying
countries. It is an evidence based treaty that reaffirms the right
of all people to the highest standard of health.14

WHO-FCTC Demand Reduction Measures

Article-6-Raising taxes on all tobacco products to reduce the
consumption.
Article-7-Non-price measures to reduce the demand for
tobacco.
Article-8-Protection from exposure to second hand tobacco
smoke.
Article -9 and 10-Tobacco content and product regulation.
Article-11-Packaging and labelling tobacco products.
Article-12-Education, communication, training and awareness.
Article-13-Prohibition on tobacco advertisement, promotion and
sponsorship (including cross border advertisement).
Article-14-Promoting tobacco cessation and providing treatment
for tobacco dependence.
Article-15-Regulation of illicit trade in tobacco products.
Article-16-Prohibition of sales of tobacco products to and by
minors.
Article-17: Provision of support for economically viable
alternative activities (livelihood and cropping) for
tobacco farmers and workers.
Article-18-Protection of the environment and health of persons
in relation to the environment in respect of tobacco
cultivation and manufacture.

M power Package

M power is a policy package intended to assist in the country
level implementation of effective interventions to reduce the
demand of tobacco, as ratified by the World Health Organization
(WHO) Framework Convention Tobacco Control.15

The six evidence-based components of M power are:

1. Monitor tobacco use and prevention policies.
2. Protect people from tobacco smoke.
3. Offer help to quit tobacco use.
4. Warn about the dangers of tobacco.
5. Enforce bans on tobacco advertising, promotion and
   sponsorship.
6. Raise taxes on tobacco.
7. Reduce the size of cigarette.

Recently it has been made mandatory to establish tobacco
cessation centre in all the dental institutions. This decision has
been taken following central government directives to check
tobacco menace in India.

CONCLUSION

Tobacco related mortality in India alone is among the highest
in the world with about 700000 annual deaths attributable to
smoking alone, there is a need to develop evidence based
cost-effective interventions for both smoking and smokeless tobacco
use. There is a need of establishing Tobacco cessation centre in
dental institute to encourage and create interdisciplinary
clinics in dental institutes across the country that contribute in
tobacco control and protecting patients from this public health
problem. At the same time, the Tobacco cessation centre would
provide an ideal platform to train, orient and sensitize the
future dental professionals.

References

1. A guide for tobacco users to quit. World Health Organization
2. Mishra GA, Pimple SA, Shastri SS. An overview of the
tobacco problem in India. Indian J Med Paediatr Oncol.
3. Chadda, RK, and SN Sengupta. “Tobacco use by Indian
   adolescents.” Tobacco Induced Diseases vol. 1, 1 8. 15
   F, Abdollahi M. Smokeless tobacco (pan and gutkha)
   consumption, prevalence, and contribution to oral
cancer. Epidemiol Health. 2017;39:e2017009. Published
5. Institute of Medicine (US) Committee on Preventing
   Nicotine Addiction in Children and Youths; Lynch BS, Bonrie RJ, editors. Growing up Tobacco Free:
   Preventing Nicotine Addiction in Children and Youths.
   Washington (DC): National Academies Press (US); 1994. 2. THE NATURE OF NICOTINE
   ADDICTION. Available from:
   https://www.ncbi.nlm.nih.gov/books/NBK236759/
   Treating tobacco dependence: guidance for primary care
   on life-saving interventions. Position statement of the
   IPCRG [published correction appears in NPJ Prim Care Respir Med. 2017 Sep 5;27(1):52]. NPJ Prim Care
   doi:10.1038/s41533-017-0039-5
7. Toolkit for delivering the 5A’s and 5R’s brief tobacco
   interventions in primary care. World Health Organization
   (WHO), 2014. Available from:
   http://www.who.int/tobacco/publications/smoking_cessation/9789241506935/en/
8. Center for Substance Abuse Treatment. Brief
   Interventions and Brief Therapies for Substance Abuse.
   Rockville (MD): Substance Abuse and Mental Health
   Services Administration (US); 1999. (Treatment
   Improvement Protocol (TIP) Series, No. 34.) Chapter
   1—Introduction to Brief Interventions and
   Therapies. Available from:
   https://www.ncbi.nlm.nih.gov/books/NBK64950/
   Mumbai: International Institute for Population
   Sciences (IIPS) and New Delhi: Ministry of Health and
11. Reddy KS, Gupta PC. Report on tobacco control in
   India. New Delhi: Ministry of Health and Family

13. Cigarettes and Other Tobacco Products
   https://www.who.int/fctc/reporting/Annexthreeindia.pdf

14. WHO | Highlights of the 56th World Health Assembly
   https://www.who.int/features/2003/05b/en/

15. WHO report on the global tobacco epidemic 2019
   https://www.who.int/tobacco/mpower/en/

How to cite this article:

*******