Review Article

JRAD Journal of Research and Advancement in Dentistry

J Res Adv Dent 2018;8:2:72-75.

Tobacco Cessation Clinics (TCC): The Paradigm Shift In The Indian Health Care System

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ABSTRACT

Background: Tobacco is the most leading preventable cause of death, killing millions of people worldwide each year. The Global Tobacco epidemic so created has to be stopped. This epidemic kills more people than other grave diseases like tuberculosis, HIV/AIDS and malaria combined. If the people are made aware about the ill effects of Tobacco and how it can cause even cancer and destroy their life. India is the second largest consumer of tobacco in the world and approximately one-sixth of the world's tobacco-related deaths are witnessed in our country. Tobacco use in India is characterized by a high prevalence of smoking and smokeless tobacco use, with the dual use also contributing a noticeable proportion. Unless some national programs targeting tobacco addiction are introduced and some hard core legislations surrounding Tobacco use are instituted, a tobacco-free world or India is definitely a distant dream. . Around 19 tobacco cessation clinics (TCCs) were set up over a period of time in 2002 to understand the feasibility of establishing tobacco cessation services.

Keywords: Tobacco, Addiction, Tobacco cessation Clinics.

INTRODUCTION

Tobacco use is a major modifiable risk factor for health globally. In the South-East Asia Region (SEAR), smoking prevalence ranges from 29.8% to 63.1% among men and 0.4% to 15% among women. The practice of tobacco chewing also needs attention. Smokeless tobacco use ranges from 1.3% to 38% among men and 4.6% to 27.9% among women. [1, 2] An estimated one million people die every year due to tobacco related diseases in India. More than half of current tobacco users will die from tobacco related diseases, if they do not quit [3] Tobacco alone is predicted to kill a billion people this century, 10 times the toll it took in the 20th century, if current trends hold. Of the approximately 650 million smokers alive today—10 percent of the current world population—one in two of those who continue to smoke will die of smoking-related diseases. An increasing proportion of those deaths will occur in low- and middle-income countries, which will be faced with the severe financial, social, and political consequences.[4] Tobacco is used in India in many forms. Smoking of cigarettes and beedis (tobacco wrapped in dried leaves of special trees) is one form of tobacco use. Smokeless tobacco use consists of chewing pan (mixture of lime, pieces of areca nut, tobacco and spices wrapped in betel leaf), chewing gutkha or pan masala (scented tobacco mixed with lime and areca nut, in powder form), and mishri (a kind of toothpaste used for rubbing on gums). India has one of the highest tobacco users in the world both in number and relative share. India is one of the fewer countries in the world where prevalence of smoking and smokeless tobacco use are high and is characterized by dual use of tobacco (use of both smoking and smokeless tobacco products) also contributes to a noticeable proportion. Using data from the National Family Health Survey second round (NFHS II, 1998–99), prevalence of tobacco

Received: May. 23, 2018: **Accepted**: June. 20, 2018
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pISSN 2278-0076
eISSN 2321-9270

use in India was estimated to be 37 percent among the population of 15 years and above. [5,6] An agenda to improve health outcomes among the poor in India must include effective interventions to control tobacco use. Failure to do so would most likely result in doubling the burden of diseases—both communicable and non-communicable—among India's teeming poor.[7]

The Advent of TCC

The WHO Framework Convention on Tobacco Con trol (FCTC) recommends comprehensive policies for tobacco control, including cessation or treatment of tobacco dependence. Taking into consideration the high prevalence of tobacco use in India, community cessation intervention programs should be integrated in the primary health care delivery services within a proper monitoring and evaluation framework. Tobacco cessation is the only way to save the current tobacco users from tobacco related mortality and morbidity in the short run. Therefore, it is essential to provide tobacco cessation services to the current tobacco users. [8,9] Tobacco cessation services should be made widely accessible to tobacco users and should cater to the wide range of products used in India. [10] Considerable progress has been made in the provision of effective treatments, both behavioral and pharmacological, for tobacco dependence. It is critically important that a wide range of interventions be used both in general to support tobacco cessation and specifically to support those who wish to quit tobacco use even when medication is not available. Social support for quitting should be possible in all countries, even those with extremely limited Tobacco Control. [11,12] More recently, tobacco cessation clinics have been set up to develop models of intervention, and train health professionals in service delivery. These need to be expanded at the primary, secondary, and tertiary care levels, and cost-effective community tobacco cessation models need to be developed. Tobacco cessation forms one of the critical activities under the National Tobacco Control Program. Tobacco cessation needs to be urgently expanded by training health professionals in providing routine clinical interventions, increasing availability and subsidy on pharmacotherapy, developing wide-reaching strategies, such as quit-lines and cost-effective strategies, such as group interventions. [13]

The Challenges

Although TCCs are a very effective way for curbing the epidemic of Tobacco, there are some innate challenges which the Government and even the Health Professionals are facing right now. For a start, there are not a large number of people who are aware or may be educated enough to know the menace of tobacco and its health implications and hence tobacco cessation clinics have fewer takers than thought. [14,15] Also, it is well established that most doctors who use tobacco and have been reluctant to quit have become a negative role model for the people in general. Other health professionals, particularly those involved in primary health care delivery also need to be sensitized and trained in tobacco cessation.[16] The Government has been spending on the development of Tobacco Cessation clinics and a lot of National Programs have been developed lately but for curbing this menace , the efforts from all the sectors have to be coordinated and this is not an easy task. A recent study in India reported that 83% of tobacco users wanted to quit, of whom 51% were unsuccessful. This commonly arises from a lack of trained health professionals to provide quitting support [17]. More than two-thirds of medical doctors felt the need for increasing their training on tobacco cessation. Health providers may also lack the motivation to undertake smoking cessation activities. Inadequate training in health care facilities and lack of resources and government funding are factors that can impede health care providers from taking up tobacco cessation activities. Also, a lot many Doctors are themselves addicted to various forms of Tobacco and this leads to be a grinding concern in educating the masses and warning them regarding the effects of Tobacco. [18,19] Hence, the road to the success of TCCs is narrow for now and efforts are being directed towards the same.

CONCLUSION

Tobacco is taking a toll on the world and India is no exception to this epidemic. A large population has been addicted to the smoking and smokeless forms of tobacco. The Government has been alarmed lately and several measures / legislations have been introduced along with the introduction of the Tobacco Cessation Clinics. Both Behavioral therapy

/ Counseling and Pharmacological therapies are being incorporated in such clinics. The road however is still hazy and the people have been not so inclined towards using the tobacco cessation services. However, amidst the waves of possibilities and challenges, the dream of a Tobacco Free India is not unfathomable; for the efforts of the Government and an able coordination from the Health Sector can fetch commendable results in future.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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