
Smokeless tobacco use in pediatric population: What is the role of a Dental Surgeon in India?

Sir,

Adolescents are the most vulnerable population to initiate tobacco use.^[1] Tobacco is being used as smoking tobacco and smokeless tobacco. Smoking tobacco is manufactured

as cigarettes, bidis, cigars, pipes and sticks. Smokeless tobaccos are manufactured as panmasala and gutkha. The increased prevalence of the use of the smokeless form among young Indians spawned an epidemic of oral cancer among young populations as revealed by many studies.^[2,3]

On the other hand, tobacco-associated lesions such as oral leukoplakia and oral submucous fibrosis are the potentially malignant disorders of the oral mucosa that are seen in the young adolescent population in India.^[4]

Articles regarding smoking cessation and clinicoepidemiological profile of tobacco users attending a tobacco cessation clinic have already been published in the esteemed journal Lung India.^[5,6] Dental surgeons play an important role in the control of smokeless tobacco use. It should be one of the prime duties of the dental surgeons to get involved in tobacco awareness programmes. They should also influence the legislature to come out with tobacco control laws, especially the regulation of the sale of tobacco by a gradual increase in the tax on tobacco products. Dental surgeons should engage in setting up tobacco cessation clinics and they should educate the public regarding the hazards of the use of smokeless tobacco. Oral screening (screening for tobacco associated lesions) should be implemented by dental surgeons in conjunction with the local branches of Indian Dental Association in schools to improve the future of oral health care in India.

The majority of the working dentists in India have received no training in tobacco cessation strategies and there is a need to include smoking cessation training in the dental curriculum in India. The major barriers for delivering successful tobacco cessation campaigns may be the amount of time required, lack of reimbursement, lack of training, lack of patient education materials and lack of the knowledge of available referral resources. Dental surgeons should be given effective training for delivering effective tobacco dependence intervention programmes and the government should incorporate dental surgeons

in school health programmes to carry out lectures, oral screening and dental camps to achieve tobacco free future adolescent community in India.

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<p>Quick Response Code:</p> 	<p>Website: www.lungindia.com</p>
	<p>DOI: 10.4103/0970-2113.99137</p>

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