

4.SCOPE FOR PRIMARY PREVENTION

Introduction

As described in the preceding sections, tobacco use produces deleterious oral health consequences. Its effects are equally serious on the general health of users. The cumulative outcome of tobacco use is that annually about 630,000 deaths in India occur prematurely because of its use. The risk of mortality is significantly higher in tobacco smokers and chewers compared to nonusers of tobacco. These observations highlight the strong need for all health professionals to join hands in a concerted effort to curb the use of tobacco leading not only to primary prevention of oral cancer but numerous other tobacco-related diseases.

Effects of primary prevention

The effect of primary prevention on the incidence of oral precancer has been studied extensively among rural populations of India. Motivated by a variety of communication inputs such as personal communication, films, newspaper articles, radio programs, folk-art, and posters, about 15% of 36,000 tobacco users in three areas of India discontinued their tobacco habits, and a substantial proportion reduced their tobacco use appreciably. This cessation resulted in higher regression rates of precancerous lesions and "other tobacco-

related lesions", as well as a decrease in the occurrence of new lesions. As most oral cancers arise from precancerous lesions or conditions, this effect of primary prevention implies a reduction in the risk for oral cancer.

Primary prevention in day-to-day clinical practice

In most industrialized countries clinicians rarely smoke or chew tobacco as they have been the first to recognize the adverse health effects of tobacco use. They are, therefore, in an ideal situation to advise their patients. Some of the interventional methods described above can be adopted for use in day-to-day clinical practice in India. Clinics and related offices ought to be kept as tobacco-free areas. There should be no ash trays or any kind of advertisement on any tobacco product. It would be preferable to cross out all advertisements on tobacco products from magazines in the waiting area by a thick black marker pen. Further, the clinician and his or her staff should routinely ask their patients whether they use tobacco. If they are nonusers, they should be complimented and urged to remain as nonusers. If they are tobacco users, they should be educated about the adverse health effects of tobacco use and

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encouraged to stop it. Suitable educational materials can be displayed and given to impressionable adolescents who are nonusers of tobacco but are vulnerable to acquire the habit. Coupled with a regular follow-up examination of precancerous and other tobacco-related oral lesions, the methods described here constitute the essential components of prevention of oral cancer.

Studies in the USA showed that asking dental patients about their tobacco habits and urging and helping them to quit tobacco use typically used 2-3 minutes of time, but this effort resulted in a one-year confirmed rate of quitting of about 8-10%. When the advice was augmented with nicotine replacement therapy, clinic staff time increased to 5-6 minutes, but success rates also doubled, increasing to 16%.