

Introduction

Worldwide ,smoking is the single most Important public health problem.

The detrimental effects of smoking and tobacco use on oral health are well recognised.

Oral cancers and pre-cancers, periodontal diseases and poor wound healing are the most significant and serious effects of smoking on the mouth.

In addition, staining of the teeth, soft tissue changes and halitosis are aesthetic and social impacts of smoking directly related to oral health.

Arden G. Christen was the one to first mention the dentist's role in helping patients to stop smoking in 1970.

Among the health care professionals dental team have a greater opportunity to advise their patients to stop smoking.

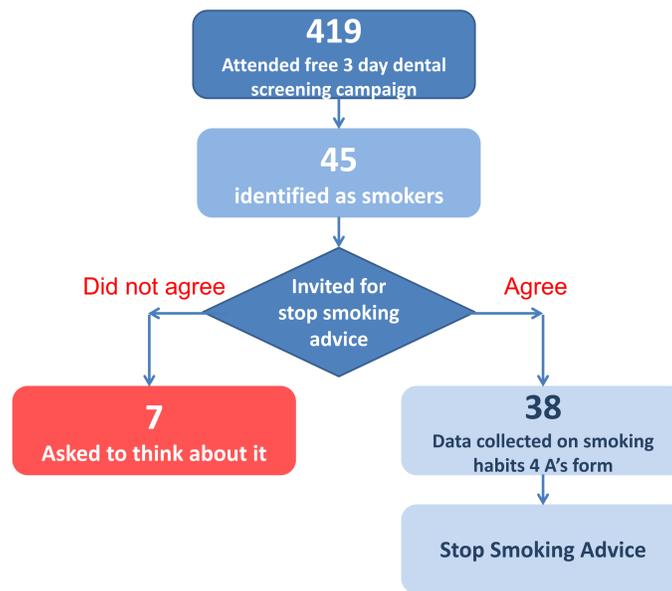
Providing a brief intervention by dentist or health care professional has been recognized as one the cost-effective method of smoking cessation.

Materials and Methods

Patients attending a three day free dental screening campaign were asked about their smoking status and interested candidates who wanted to quit smoking were given the advice.

A 4As approach was used to record the current smoking status and willingness to quit was recorded.

A brief advice (five to ten minutes) and encouragement to stop smoking were given along with explanation of adverse oral health effects of smoking with the help of posters.



Results

45 out of 419 who attended free dental campaign are smokers.

Mean age: 32.2

All males

No of cig per day: mean 10.63

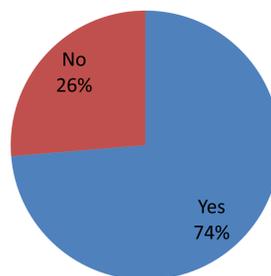
Range form 1 to 20 cig per day

Mean no of years used: 9.77 years

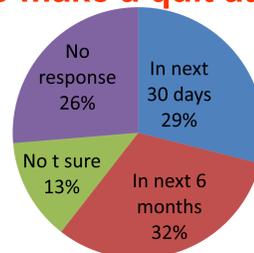
68.4% attempted to quit from 1 – 6 attempts

27 responded to longest quit period a day to 3 years.

Awareness of adverse health and oral health effects of tobacco use



Willingness to make a quit attempt



Reasons for wanting to quit

Health concern (7)

No benefit (3)

Smell (1)

Scary ads (1)

Parents (2)

Cost (2)

84.4 % of the smokers (all males) have shown willingness to quit and underwent the brief tobacco cessation advice.

More than fifty percent of them were smokers for 10 years or more.

68.4% of them have made previous quit attempts and mostly the reason being health concern.

More than a quarter (26.4%) of them have said that they were not aware of adverse effects of smoking while many suggested that counseling would help them quit.

Conclusion

The continued toll of suffering, disease and premature death resulting from tobacco use requires effective and concerted action.

Relatively small populations of smokers who have indicated high interest in quitting have utilized the service.

Dental professionals have been identified as having an important role to play in supporting smokers who desire to quit.

Evidence- based guidelines provide a clear way forward for all health professionals to become engaged in this important area of prevention.

A reduction in smoking levels would improve both general and oral health.

Form the public health education point of view, advertising the ill effects of smoking to population is still required and availability of counseling services to the interested population has to be increased.

References

1. R. G. Watt¹and B. Daly² Series Editor E. J. Kay Prevention. Part 1: Smoking cessation advice within the general dental practice british dental journal.
2. Raw M, McNeill A, West R. Smoking cessation guidelines forhealth professionals. A guide to effective smoking cessation interventions for the health care system. Thorax 1998; Suppl. 5: 1-38