



**ORIGINAL RESEARCH PAPER**

**Dental Science**

**TOBACCO AND ORAL HEALTH**

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**ABSTRACT**

Many kinds of tobacco are grown in the world with a variety of uses. Some of the most common types of tobacco preparations are bidis, cigarettes, cigars, E- cigarettes, hookah, pipe. Some of the smokeless forms are betel quid with tobacco are paan, creamy snuff, dry snuff, gutkha, gul, khaini, loose-leaf, mawa, mishri, moist-snuff, plug chewing tobacco etc. The nicotine in tobacco makes it addictive. Once smoked, chewed, or sniffed, nicotine goes into the bloodstream and body need increases. Tobacco causes lesions like leukoplakia, leukedema, nicotine stomatitis, oral squamous cell carcinoma etc. Therefore, a public health dentist should make an immense contribution in tobacco use cessation at the community level by various ways such as the following: by acting as a role model by not using tobacco or by quitting successfully, performing individual or group meetings periodically about the importance of tobacco cessation.

**A REVIEW ON TOBACCO**

As per the report of World Health Organization (WHO), there are about 1.22 billion smokers, out of which 1 billion live in developing or transitional economies. Rates of smoking have leveled off or declined in the developed world. In the developing world, tobacco consumption is rising by 3.4% per year as of 2002<sup>1</sup>.

The WHO in 2004 projected 58.8 million deaths to occur globally, from which 5.4 million are tobacco-attributed, and 4.9 million as of 2007. As of 2002, 70% of the deaths are in developing countries. It is predicted that 1.5 to 1.9 billion people will be smokers in 2025.<sup>2</sup> Within countries, the prevalence of tobacco use is highest among people of low educational background and among poor and marginalized. In several developing countries there have been sharp increases in tobacco use especially among men and there are also concerns about rising prevalence rates in youth and women.<sup>3</sup>

However, there is overwhelming evidence that tobacco usage produces harmful effects in the mouth. Tobacco use has many negative effects on a person's oral health. All forms of tobacco use, both smoking and use of smokeless tobacco can significantly affect a person's oral health.<sup>1</sup>

While most people are aware of the impact tobacco use has on their overall health, some might not consider its effects on oral health, including:

- 50 percent of smoking adults have gum (periodontal) disease.
- Smokers are about twice as likely to lose their teeth as non-smokers.
- Cigarette smokers are nearly twice as likely to need root canal treatment.
- Smoking leads to reduced effectiveness of treatment for gum disease.
- Smoking increases risk of mouth pain, cavities and gum recession (which can lead to tooth loss).
- Tobacco reduces the body's ability to fight infection, including in the mouth and gums. Smoking also limits the growth of blood vessels, slowing the healing of gum tissue after oral surgery or from injury.
- Smokeless tobacco (snuff or chewing tobacco) is associated with cancers of the cheek, gums and lining of the lips. Users of smokeless tobacco are 50 times more likely to develop these cancers than non-users.

- Cigars, chewing tobacco, snuff and unprocessed tobacco leaves (used as cigar wrappers) contain tiny particles that are abrasive to teeth. When mixed with saliva and chewed, an abrasive paste is created that wears down teeth over time.<sup>4</sup>

Tobacco is one of the leading causes of human morbidity and mortality especially in developing countries. Tobacco consumption is smokeless and smoking form along with alcohol is considered as the primary risk factors. Tobacco is a major health challenge with various tobacco products available for use which are known to have deleterious effects on the oral mucosa. The oral lesions caused by tobacco are inclusive of those that are less likely to progress to cancer; lesions with increased tendency to develop into cancer and cancerous lesion. In India, tobacco use is incredibly linked to poverty and accounts for the high public health costs of treating tobacco-related diseases. In India, major population resides in rural areas and most of the cancers are found in the oral cavity, due to inadequate medical facilities, no proper primary care infrastructure or cancer screening tools and levels of illiteracy all contribute to poor oral cancer outcomes.<sup>1</sup>

However, there is clear benefit to quitting tobacco use because risk of oral cancer and periodontal disease decline with increasing time after smoking cessation and some oral mucosal lesions may resolve with cessation of tobacco use. Controlling tobacco use is one of the most important steps to make progress in reducing the burden of tobacco-related diseases.<sup>5</sup>

Among the various health staff groups, dentists are those most frequently in contact with the population. This fact renders dentists a favorable position in connection with tobacco intervention. Evidence shows that clinical interventions during dental care are as effective as in other healthcare settings. A number of tobacco-related oral health conditions can be prevented from progressing, and some can be reversed with proper knowledge of tobacco and oral health, as dentists are in a position of early diagnosis of most of the reversible conditions at the preventable stage.<sup>6</sup>

Therefore, there is a need for dentists to know about tobacco and understand the various effects it produces on oral cavity.

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