

Remedial measures for tobacco dependence

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Madam, Dependence on tobacco products is a well-recognized threat for oral health. Such dependence has been implicated in development of oral pathologies leading to oral cancer. Cancers of the oral cavity are the second most common cancer in Pakistani adult population.¹ Factors which have gained global notoriety for causing oral cancer are tobacco, alcohol and nutritional deficiencies. However, the regional variants of tobacco which include bidi, naswar and gutka, are too important to be ignored in our country.

The first step in treatment of dependence is the recognition of target population. In Pakistan, smoking is common with about 20% of population above 15 years acknowledging this habit.^{2,3}

The identification of patient use of tobacco helps to classify patients according the frequency of use and their willingness to quit. In patients who are willing to quit, the clinician should assist them and encourage periodic follow-ups to prevent relapse. For patients who are unwilling to quit, the clinician should make a point to educate, reassure and motivate the patients. Research has shown that such motivational approach is successful when the clinician is empathic towards patient and allows patient to choose among various therapies to quit his habit.⁴ For those patients who have recently quit, follow-

up sessions and reminders are necessary to continue without relapse. For cigarette smokers, pharmacologic therapy is divided into two tiers. The first line treatment consists of nicotine substitutes in various forms (gums, patches, nasal spray) and bupropion. The second line treatment includes clonidine and nortryptaline. For consumers of other tobacco products, no pharmacologic therapy exists. Rather efforts should be aimed at behavioural therapy.

Effective results from fore-mentioned practices can only be obtained when they are combined with preventive measures on large scale. The promotion of tobacco products by media needs to be curtailed. Effective public education campaigns should commence which would inform people about hazards of tobacco dependence. People should be encouraged to seek medical help on finding any suspicious change within their mouth. Apart from this, the availability and production of tobacco products should be curtailed to reduce accessibility of people to tobacco products.

References

1. Bhurgri Y, Bhurgri A, Hassan SH, Zaidi SHM, Rahim A, Sankaranarayanan R, et al. Cancer incidence in Karachi, Pakistan: First results from Karachi Cancer Registry. *Int J Cancer* 2000; 85: 325-9.
2. Nasir K, Rehan N. Epidemiology of cigarette smoking in Pakistan. *Addiction* 2001; 96: 1847-54.
3. Bhurgri Y, Bhurgri A, Hussainy AS, Usman A, Faridi N, Malik J, et al. Cancer of the oral cavity and pharynx in Karachi-identification of potential risk factors. *Asian Pacific J Cancer Prevent* 2003; 4: 125-30.
4. Prochaska JO, Goldstein MG. Process of smoking cessation. Implications for clinicians. *Clin Chest Med* 1991; 12: 727-35.

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