



Tobacco Use and Safety Measures

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Editorial

Tobacco is the most commonly abused form of habit by the majority of the population. Tobacco use is one of the leading and aggressive causes of death across the world. People in the developed and also developing countries are the victims of the tobacco-related diseases. About 6 million people die from tobacco epidemic, and nearly 600,000 people die from second-hand smoking. Death consequences of tobacco-related diseases are a significant threat to the world. It is estimated that 80% of deaths in the low- and middle-income countries will be due to tobacco consumption.

Studies have shown that more than 90% of the oral cancers are due to tobacco abuse [1]. Tobacco can be taken in various forms including smoke and smokeless tobacco. The smoked form is frequently available in the form of cigarettes, beedi, chuttas, hukkas, etc. and the smokeless form exists as snuff, gutka, khaini and many other types [2,3]. Tobacco use has been associated with oral mucosal changes, which could range from a minor pigmentation to premalignant lesions and finally ends up with frank malignancies [4,5]. Among the many premalignant lesions, the prominent ones include leukoplakia, erythroplakia, and smoker's palate. According to WHO "pre-malignant lesion is defined as a structurally modified normal tissue into a cancerous form which differs apparently from normal counterpart" and the precancerous condition "refers to risk factors for cancer."

Premalignant lesions serve as an important predictable marker which can be used for the benefit of people with tobacco abuse and to motivate them to quit the habit. Smoked tobacco also has a profound effect on the periodontal conditions of the oral cavity [6]. It is estimated that a smoker has at least 20-fold increased the risk of periodontitis with also an associated alveolar bone loss which ultimately results in premature tooth loss [7]. Smoking reduces the salivary and serum immunoglobulin levels which hamper the ability to fight bacteria in the oral cavity [8]. The use of tobacco by itself can act as a potential mechanism for the development of premalignant lesions such as leukoplakia. The synergistic role of *Candida albicans* and alcohol has also been postulated to play a role in malignancy in the oral cavity [9,10].

Pigmentation is another important aspect of tobacco effect. Pigmentation is mostly associated with smoked tobacco rather than the smokeless form. The pigmentation results from increased melanocyte production in response to smoke. Passive smoking can also lead to pigmentation especially in children of school going age. Studies have shown that tobacco mostly causes pigmentation in the labial mucosa and gingival tissues [11,12]. "Oral health is the overall health" and hence in this article, we have discussed the effects of tobacco on

oral health. It is a known fact that smoking (or nicotine) induced diseases such as lung diseases, heart diseases; stroke and cancer have been extensively studied.

Finally, to conclude tobacco has many ill effects both on the society, individual's health and economy. As the oral cancer rates in the world multiply due to the rapid increase in the consumption and addiction towards tobacco, heightened awareness could lead to a much safer society. It is the responsibility of the health sectors (private or government or nongovernmental organizations) to prevent our society from the devastating health consequences of tobacco smoke. Implementation of certain restrictions, more tax on the industries and tobacco buyers will be one of the methods to control tobacco use or health diseases. Tobacco use is interwoven with human psychological and physiological features. Thus quitting is a little-complicated task but it is entirely possible. Individual counseling, certain food habits and medicines will be helpful to minimize or stop tobacco consumption.

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