Kill tobacco before it kills you!

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GLOBAL AND INDIAN BURDEN OF TOBACCO USE

Worldwide, tobacco use causes 6 million deaths per year and current trends show that it will cause more than 8 million deaths annually by 2030.[1] More than 2200 Indians die every day due to tobacco use. Prevalence of current tobacco use in any form in India: 34.6% adults, 47.9% males, and 20.3% females.[2] Of more than 1 billion smokers alive today, around 500 million will be killed by tobacco.[3] Every 8 s, someone, somewhere in the world dies as a result of tobacco use.[4] No wonder, it is the single largest preventable cause of death worldwide! Do not these figures ring an alarm in us? If we fail to act right now, it will lead to a disastrous future to millions of lives tomorrow. The single best thing we can do is to help tobacco users to quit the killer habit. Each one of the tobacco users among the health personnel must first take a pledge to kill this habit mercilessly the “cold turkey way”- “Don’t use tobacco in any form and in any amount!”

BURDEN AMONG HEALTH‑CARE PERSONNEL

In a study conducted among medical professionals in Kerala, current smokers were found to be 15.1% of medical school faculty, 13.1% of physicians, and 14.1% of medical students.[5] Another study in Karnataka showed 18.65% of current consumers and 36.6% of ever consumers of tobacco.[6] Prevalence of current smoking was 12.3% among Group C employees in a tertiary care hospital, Puducherry.[7] Doctors who consume tobacco products are less likely to raise the issue of harmful effects of tobacco consumption with their patients and lack credibility in providing tobacco cessation services.[8] Smokers and smokeless tobacco users who were advised to quit by a health‑care provider were only 46.3% and 26.7%, respectively.[2] Health personnel who smoke are usually less likely to determine the smoking status of their patients, less inclined to advise against tobacco use, and tend to adopt a passive attitude toward providing tobacco cessation guidance. A brief intervention by a health‑care professional can motivate their patient to change their behavior mainly because of the authority, respect, and position they enjoy in the society. Each one of us must use every opportunity as a “teachable moment” and make an attempt to convince to quit. Behavioral counseling for tobacco cessation consists of 5A’s: Ask, advise, assess, assist, and arrange for follow-up. Approach for a current tobacco user who has not considered quitting tobacco, use 5R’s: Relevance, risks, rewards, roadblocks, and repetition.

There is no safe cigarette and there is no safe level of exposure to tobacco smoke! Some may argue that there are smokers who had lived up to 70–80 years or greater. They might have been the few lucky ones. However, they still would have victimized many others to secondhand smoke. When we do not have the right to end our own life, who gave us the right to endanger that of others! As per GATS India 2009–2010, more than 52% of the adults in India were exposed to secondhand smoke at home and 29% in public place. More than 400,000 babies born in the USA every year are exposed to chemicals in cigarette smoke before birth because

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their mothers smoke. In the last 50 years, 100,000 babies have died from smoking-related prematurity, low birth weight, sudden infant death syndrome, or other conditions caused by secondhand smoke exposure.\textsuperscript{[9]}

**DRIVING AWAY THE KILLER HABIT: IT IS POSSIBLE, NOT AN IMPOSSIBLE TASK!**

If we the health professionals in spite of knowing the horrific burden of this habit-forming substance are not motivated, then how can we convince others to quit? It is always easy to preach but hard to practice! We must serve as role models for our patients, influence, and motivate them to conquer over tobacco addiction. We must also strive to advocate governments and other stakeholders to enforce stringent tobacco control measures. A major barrier identified to anti-tobacco counseling by health professionals is the self-use of tobacco and lack of adequate training in counseling patients in tobacco cessation.\textsuperscript{[10]}

Realizing the respectable position that we enjoy in the society, we must not miss the golden opportunity to help people quit smoking by giving them advice and guidance and must also warn the budding generation of the dangers of tobacco use. We can surely make a difference and create a dramatic impact in their life. Studies have shown that brief counseling is one of the most cost-effective methods of reducing smoking. Our active involvement is essential to curb this tobacco epidemic. Inclusion in the curriculum and institution-based effective training programs on tobacco cessation are vital to reduce tobacco use among health professionals. In developing nations where reduction in tobacco use among the general population is still far from realization, it is critical that health professionals must be first encouraged to abstain from tobacco use.

A “code of practice” for health professional organizations emphasizing their role in tobacco control was developed as a result of the meeting organized by the Tobacco Free Initiative in 2004.\textsuperscript{[11]} Adherence to a code of practice on tobacco control for health professional organizations is a mandate and a dire need of the hour [Table 1 and Figure 1].\textsuperscript{[11]} Health professional organizations can show leadership and become a role model for other organizations and society by embracing the tenets of the Health Professional Code of Practice on Tobacco Control.\textsuperscript{[12]} We must take the lead, by ceasing to smoke, and by ensuring our workplaces and public facilities are smoke and tobacco-free.

With the respectable image and trust that they enjoy among the population, media, and opinion of leaders, and with the power of their voices to be heard across a wide range of social and political arenas, health professionals can play a prominent role in promoting tobacco-free lifestyle and culture. At individual level, they can give advice and provide guidance for tobacco cessation and help tobacco users to overcome their addiction. At community level, they can educate the public and be the initiators or supporters of some policy measures to promote smoke-free public and work places. With their professional respect, they can be the agent of change and spearhead a national movement in tobacco control by contributing effectively in influencing policy change and in the promotion of the WHO Framework Convention on Tobacco Control. They have a prominent role to play in tobacco control as a role model, clinician, educator, scientist, opinion builder, alliance builder, and a leader. We the health professionals may be the solution to our country’s misshap of tobacco use provided we are no longer committed to the same behavior and lack of motivation as our patients using tobacco!

Current users of the tobacco products who thought about quitting because of a warning label were 38.0% for cigarettes, 29.3% for bidis, and 33.8% for smokeless tobacco.\textsuperscript{[3]} Just try this one! Download the goriest pictures of the tobacco victims and do photo-shopping, editing, etc., all that you would do to upload your most beautiful pictures into the social networking sites. Replace the victims face with that of yours and look at it every time you want to smoke! Hard to even imagine right! Upload it if you dare to! Would you like your family members and friends to see you that way? What if it happens to you in reality tomorrow? Life is so uncertain yet precious! If you value it, then you do not fail to protect it! This is a humble request from a friend, colleague, and a doctor: Choose life, not tobacco!

| Table 1: Code of practice on tobacco control for health professional organizations |
|-------------------------------|----------------------------------|
| **Individual**                | **Institutional**                |
| Be a role model               | Support tobacco-free premises    |
| Assess and address tobacco    | Educate about tobacco            |
| Discuss tobacco too           | Do not partner with the tobacco  |
| Advise on cessation           | Ban tobacco advertising,         |
| Reject tobacco money          | promotion, and sponsorship\textsuperscript{1} |
| Be active on tobacco control  | Support the WHO Framework        |
| Participate in World No Tobacco day | Convention on Tobacco Control  |
|                              | Invest in tobacco control        |
|                              | Support smoke-free public places |

\textsuperscript{1}Tobacco advertising, promotion, and sponsorship
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REFERENCES

1. World Health Organization. WHO Report on the Global Tobacco Epidemic, 2011: Warning about the Dangers of Tobacco. Geneva: WHO; 2011. p. 164.
2. Ministry of Health and Family Welfare, Government of India. Global Adult Tobacco Survey Fact Sheet: India 2009-10. Ministry of Health and Family Welfare; 2009-10. p. 3.
3. World Health Organization. WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package. Geneva: WHO; 2008. p. 342.
4. Leung CM, Leung AK, Hon KL, Kong AY. Fighting tobacco smoking – A difficult but not impossible battle. Int J Environ Res Public Health 2009;6:69‑83.
5. Mohan S, Pradeepkumar AS, Thresia CU, Thankappan KR, Poston WS, Haddock CK, et al. Tobacco use among medical professionals in Kerala, India: The need for enhanced tobacco cessation and control efforts. Addict Behav 2006;31:2313‑8.
6. Priya MH, Bhat SS, Hegde KS. Prevalence, knowledge and attitude of tobacco use among health professionals in Mangalore city, Karnataka. J Oral Health Community Dent 2008;2:19‑24.
7. Aswin K, Ghorpade AG, Kar SS, Kumar G. Cardiovascular disease risk factor profiling of group C employees in JIPMER, Puducherry. J Family Med Prim Care 2014;3:255‑9.
8. Raw M, Regan S, Rigotti NA, McNeill A. A survey of tobacco dependence treatment guidelines in 31 countries. Addiction 2009;104:1243‑50.
9. Centers for Disease Control and Prevention, U.S Department of Health and Human Services. Smoking and Youth. Atlanta: CDC; 2014. p. 2.
10. Centers for Disease Control and Prevention (CDC). Tobacco use and cessation counseling – Global health professionals survey pilot study, 10 countries, 2005. MMWR Morb Mortal Wkly Rep 2005;54:505‑9.
11. World Health Organization. Tobacco free initiative: Code of practice on tobacco control for health professional organizations. Geneva: WHO; 2005. p. 1.
12. World Health Organization. The role of health professionals in tobacco control. Geneva: WHO; 2005. p. 44.