Letter to the Editor

Smokeless tobacco use prevention and cessation (S-TUPAC): a need of the time

Madam, Contrary to the popular belief, smokeless tobacco (ST) use is not just a South-Asian but a global public health problem. Although cigarette smoking has seen a decline in western countries, use of ST is rising worldwide especially in the young. Hundreds of millions of people use smokeless tobacco worldwide. In US alone an estimated 10-12 million people are ST users.1

The misconception that smokeless tobacco is less harmful than smoking is widespread. Due to this ST has not received as much attention as cigarette smoking. In fact, it has been marketed as an alternative to cigarette smoking in some smoking cessation programmes because of presumed lesser harm.2

This rising nuisance of ST use calls for urgent attention of policy makers and public health professionals. Various interventions are identified in the literature and include both pharmacologic and behavioural approaches. A Cochrane review of randomized trials of pharmacologic and behavioural interventions for ST use cessation found the behavioural interventions to be much more effective.3 These interventions were successfully used in community, workplace and dental clinic settings.

Community based interventions are the preferred choice to reach out to a larger group of people in Pakistan. An effective community based smokeless tobacco prevention and cessation programme must have all the three components i.e. education, information and counseling (EIC). Those willing to quit should be given targets and deadlines. Progress over the time should be monitored by doing a baseline survey and a resurvey, one year after the intervention. Strict laws should be made to control the unregulated spread of ST products.

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References