

LETTER to the EDITOR

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Addressing India's Poly-Tobacco and Oral Cancer Burden by Diversifying E-Cigarette Awareness

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Dear Editor

The recent study by Sarayuthpitak and colleagues on Thai teachers' knowledge, attitudes, and awareness regarding e-cigarette use among youth provides invaluable insights into school-based tobacco prevention strategies [1]. However, adapting these findings in the context of the Indian subcontinent necessitates a broader public health lens encompassing poly-tobacco use by the youth, risk of oral carcinogenesis, and teacher driven early detection of oral lesions.

India remains one of the largest tobacco consumers globally, with nearly 267 million adults using tobacco in either smokeless or smoking form according to the latest GATS survey [2]. The most prevalent form of tobacco use in India is in smokeless form and commonly used products include khaini, gutkha, betel quid with tobacco and zarda, while smoking forms includes bidis, cigarettes, and hookah. Tobacco usage amongst teenagers remains about 8.5%, a concerning statistic pertaining to WHO estimates indicating that up to 24% children initiate tobacco use before the age of seven [3].

These results indicate that in India, unlike Thailand, youth is exposed to readily available, variety of nicotine and tobacco products, both in smokeless and smoking form in addition to e-cigarettes and vaping devices which have gained popularity in recent times [4]. This array of products is also seen reflecting in India's cancer epidemiology. According to a recent study, India accounted for the highest global burden of 83400 oral cancer cases of the total (120,200) in 2022 that were linked to smokeless tobacco and areca nut use. Oral cancer is becoming more common in the younger population in India with over 20% of cases affecting those under 45 years of age, highlighting a changing trend brought on by early life exposure to carcinogens [5].

In purview of these findings, it becomes prudent that future studies and public health initiatives in India must go beyond awareness to include large scale screenings and preventive actions. One way to achieve this is by conducting thorough training and induction of teachers and educators to recognise at risk students and screen for early mucosal changes ranging from hyperkeratosis, red and white lesions to non-healing ulcers, thereby transforming schools to early warning networks. This could prove as a vital strategic step in conventional programs for early detection, as most cases of oral cancer usually present to the clinics at advanced stages.

There is an urgent need to delve deeper from knowledge

and attitude-based screenings, teacher understandings, to practice of verifiable preventive activities in the community, including regular discussions with students about the array of risks associated with such habits, engagement with parents or caretakers, direct referral channels to health clinics and rehabilitation centres. Moreover, educational interventions would be more fruitful and aligned to India's disease burden by integrating modules on the threats associated with consuming multiple tobacco products and areca nut usage, instead of focusing solely on nicotine products and addiction [6].

It is also necessary to integrate these teacher lead intervention programs with the already existing government frameworks such as the National Tobacco Control Programme (NTCP) and other oral cancer screening guidelines. Recent studies suggest that oral cancer screening rates are extremely low amongst smokers (1% for males and 0.5% for females) and even lower for smokeless tobacco consumers [7]. This warrants the additional role of schools and teachers to function as conduits and sentinel observers for early detection.

In conclusion, while the Thai study rightly emphasizes sex-sensitive teacher training, India's distinct tobacco ecosystem necessitates a comprehensive, action-oriented model where teachers serve not only as educators but also as early detectors and connectors within a large public health prevention architecture.

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