Current status of tobacco in India: a preventable cause of death
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Abstract - The NCD’s (Non-communicable disease) which are the top leading causes of death in India are Coronary heart disease, Lung disease, Stroke, oral cancer, and Smoking tobacco & smokeless tobacco are indistinctly associated with these death rates. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases(1). WHO estimates by 2030, tobacco will kill more than 8 million people worldwide. WHO statistics 2018 reveals in India, after the age-standardization, the prevalence of tobacco smoking among persons 15 years and older is 20.6 % in males and 1.9 % in females. While Global Adult Tobacco Survey (GATS) - 2017 shows that 28.6% (267 million) of Indian adult population uses tobacco in any form.

INTRODUCTION:
The NCD’s (Non-communicable disease) which are the top leading causes of death in India are Coronary heart disease, Lung disease, Stroke, oral cancer, and Smoking tobacco & smokeless tobacco are indistinctly associated with these death rates. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases(1). WHO estimates by 2030, tobacco will kill more than 8 million people worldwide. There are more than 4000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and more than 50 are a toxic carcinogen, genotoxic, properties known to cause cancer(1). This includes nicotine (causes addiction), hydrogen cyanide (used as a genocidal agent during World War II), formaldehyde (Nasal cancer), lead (associated with impaired foetal growth and brain development), arsenic (causes various types of cancer), ammonia (used in toilet cleaning agent), benzene (causes drowsiness, dizziness, rapid heart rate, headaches, tremors, confusion), carbon monoxide (poisonous gas, silent killer), nitrosamine, etc(2).
The smoke from these products is a complex mixture of chemicals produced by burning tobacco and its additives. Cigarette smokers are twice at risk for developing coronary heart disease when comparing to a non-smoker. Smoking shortens male smokers’ lives by about 12 years and female smokers’ lives by about 11 years(2). Smoking not only causes cancer. It can damage nearly every organ in the body, including the lungs, heart, blood vessels, reproductive organs, mouth, skin, eyes, and bones.

In the last few decades, small, attractive and inexpensive sachets of betel quid substitutes have become widely available. Aggressively advertised and marketed, often claimed to be safer products, they are consumed by the very young and old alike, particularly in India, but also among migrant populations from these areas worldwide (3).

INDIA:
WHO statistics 2018 reveals in India, after the age-standardization, the prevalence of tobacco smoking among persons 15 years and older is 20.6 % in males and 1.9 % in females. While the Global Adult Tobacco Survey (GATS) - 2017 shows that 28.6% (267 million) of Indian adult population uses tobacco in any form.

It was found that every fifth Indian adult uses smokeless tobacco & every 10th Indian adult smokes tobacco. There was a significant reduction in the prevalence of tobacco use among minors aged 15-17 from 54 % to 28 % when comparing GATS 1 (2009-2010) & GATS 2 (2016-2017)
WHO the Member States adopted a voluntary global target to reduce tobacco use (smoking & smokeless) by 30% by 2025. If India adopts the global NCD target, the results indicate that, based on current smoking trends, India will achieve the smoking component of the target(5).

TAMIL NADU: According to National Health Family Survey (NHFS) 2015-2016, the overall prevalence of tobacco (smoking & smokeless) use is 22.2% in women, 31.7% in men (both includes rural and urban). But in the next consecutive year (2016-2017) usage of tobacco (smoking & smokeless) was found to be 20.0% in Tamil Nadu by Global Adult Tobacco Survey conducted in all states throughout India. According to a study conducted by Vidhubala et al., 2016 about the illegal Smokeless Tobacco Products (STP) availability in Chennai it was found that the ban on STP is being systematically violated.

Tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke. In adults, second-hand smoke causes serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer. In infants, it causes sudden death. In pregnant women, it causes low birth weight(1) According to CDC (center for disease control) report, if in-case a person is smoking cigarette & either the spouse or children being constantly exposed to the smoke then, this increases their chance of,

- Cancer by 30%
- Heart attack by 25%

POlicies and Legislation on Tobacco Products:

1. According to “Cigarettes and other Tobacco Products (Packaging and Labelling) Amendment Rules, 2012” which came into effect from 1st April 2013, states that there should be three graphic warnings on the package of any smokeless and/or smoking forms of tobacco. But it was missing in one-fourth of the smokeless tobacco products, available locally in petty shops in Chennai, 2016 (6).

2. According to “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Amendment Rules, 2012” notified the regulation of tobacco products or their use in films and television programmes. Abiding the rules, the depiction of cigarette smoking is quite common in Indian films.

3. The prices of tobacco products have not increased substantially in India, they are even cheaper than the essential commodities like food items.

4. Monitoring the tobacco use among children, adults keenly in the community. Only 1 in 3 countries, representing 39% of the world’s population, monitors tobacco use by repeatedly nationally representative youth and adult surveys at least once every 5 years (1).

5. Those who fail to obey the prohibition law of the Production, Sale, Storage, and Distribution of food products containing tobacco or nicotine such as Gutkha must be severely punished under The Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011 dated 1st August 2011, notified under the Food Safety and Standards Act, 2006.

WHAT TO DO NOW?

- By increasing the taxes on tobacco products are the most cost-effective way to reduce tobacco use, especially among young and poor people. WHO says “a tax increase that increases tobacco prices by 10% decreases tobacco consumption by about 4% in high-income countries and about 5% in low- and middle-income countries”.

- Bans on media, advertisements that promote tobacco and its products can reduce tobacco consumption. Bans on smoking in public must be followed to avoid second-hand smoking. And promotion of tobacco warning pictures should be incorporated. Hard-hitting anti-tobacco advertisements and graphics pack warnings – especially those that include pictures – reduce the number of children who begin smoking and increase the number of smokers who quit(7)

- There is an increased chance of quitting tobacco if intensively advised by healthcare professional still those who find difficulty in it can go for Nicotine replacement therapy - nicotine patch, gum, nasal spray, lozenges, or inhaler; in addition to this, these products don’t contain tar. Moreover, a person who shifts to nicotine replacement therapy will have twice the chance that a smoker who tries to quit will succeed.

Physicians need to emphasize more on the harmful effects of tobacco products and make them understand the value of human life. If a smoker quits smoking it not only benefits that person but also decreases the excess risk of many diseases related to second-hand smoke in children, such as respiratory diseases (e.g., asthma) and cardiovascular diseases.

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