Australasian Medical Journal AMJ 2011, 4, 3 139-142

Why Say No to Tobacco: Indian Perspective

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EDITORIAL

Please cite this paper as: Verma, R., Khanna, P., Rajput M, Kalhan M, Prinja S. Why say no to tobacco: Indian perspective. 2011, 4, 3 139-142
Doi: http://doi.org/10.21767/AMJ.2011.646

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The burden of tobacco

Tobacco (smoking or smokeless) use is one of the biggest public health threats the world has ever faced and it is one of the major preventable causes of death and disability worldwide.[1] Cigarette smoking is the most popular form of tobacco use. There are 1.1billion tobacco users in the world, 70% of whom are in low-income countries[2]. Tobacco use in children and adolescents is reaching pandemic levels. The World Bank has reported that between 82,000-99,000 children and adolescents worldwide and 5,500 adolescents in India begin smoking every day.[3] About half of them will continue to smoke to adulthood and half of the adult smokers are expected to die prematurely due to smoking related diseases. In view of the deep-rooted nature, the eradication of tobacco habit would require concerted action resulting into a social change. Community education regarding tobacco and its health hazards would necessarily be an integral component of such an action plan. Anti-tobacco education needs to be targeted at decision-makers, professionals and the general public, especially the youth. Efficacy of educational activities in tobacco cessation had amply been demonstrated by various organizations.

If current smoking trends continue, tobacco will kill nearly 250 million of today's children.[4, 5] The World Health Organization (WHO) estimates that 4.9 million deaths annually are attributable to tobacco i.e., an average of one person every six seconds and that tobacco accounts for one in 10 adult deaths worldwide.[6] This figure is expected to rise to 10 million in 2030, with 70% of these deaths occurring in developing countries like China and India. These are frightening statistics.

The prevention of tobacco use in young Indians appears to be the single greatest opportunity for preventing non-communicable disease in the world today as it is home to one sixth of the global population and thus India's share of the global burden of tobacco-induced disease and death is substantial. The WHO, which provides these estimates, also predicts that India will have the fastest rate of rise in deaths attributable to tobacco in the first two decades of the twenty first century.[7]

Currently, about one-fifth of all worldwide deaths attributed to tobacco occur in India, where more than 800,000 people die and 12 million people become ill as a result of tobacco use each year. In India, the deaths attributable to tobacco are expected to rise from 1.4% of all deaths in 1990 to 13.3% in 2020.[8] India amassed over 1.7 million disability-adjusted life years (DALYs) due to disease and injury attributable to tobacco use.[9] The National Family Health Survey-3 (2005-06), which was carried out among in the age group of 15-49 years, shows use of any kind of tobacco in women was 10.8 % and in men 57.0 % and if only smoking is considered it was 1.6 % in women and 33.3 % in men.[10] A Global Youth Tobacco Survey (GYTS) (2009), in collaboration with WHO, conducted in India in the age group of 13-15 years, shows 6.1% students had ever smoked cigarettes, 14.6% currently use any tobacco product, 4.4% currently smoke cigarettes, 12.5% currently use tobacco products other than cigarettes, and 15.5% of never smokers are likely to initiate smoking in the next year.[11] The increasing prevalence of tobacco use may be due to lack of effective tobacco control by the government.[12]

Chewing tobacco

In India, chewing tobacco is slowly becoming endemic. Students, professionals, taxi drivers, labourers, children, young and old people all take it.[13] A recent survey revealed use of chewing tobacco by nearly 70% of college students in several Indian cities. [13] Locally, it's often called as "Gutka" (also known as gutkha, guttkha, guthka) or "Sir". This smokeless tobacco is so popular that highly qualified professionals, such as doctors, also use it.[14] Gutka's main ingredients are betel nuts mixed with areca nut, slaked lime, catechu and tobacco in granulated form, collectively known as Pan Masala, when added to betel

leaves (known as Paan) may be harmless without the tobacco. The idea is to chew and later spit it out or it can be swallowed. There are several reasons for its use. Mostly it ma be preferred to smoking tobacco because it is fume-free and can be well hidden inside the mouth. Thus users may believe that it creates less of a nuisance for others. Its small, striking and low-cost sachets appeal to many young people. A primary ingredient of chewing tobacco is nicotine. The biggest risk from chewing tobacco is oral cancer. Annual oral cancer incidence in the Indian subcontinent has been estimated to be as high as 10 per 100,000 among males. Its use also leads to decay of the roots of the teeth and stains on teeth.[15-16]

Legislation regarding tobacco use

Considering the effects of smoking on health calls for strong legislation to deter people from taking up smoking, to protect people, especially young people from the harmful effects of tobacco.

Framework Convention on Tobacco Control (WHO):

The WHO used its mandate of proposing international treaties on public health for the first time in its history, by initiating the Framework Convention on Tobacco Control (FCTC). After several years of negotiations, in which over a hundred countries participated, the Convention was adopted by the World Health Assembly in May 2003. India was one among the first few countries to sign and ratify the FCTC. India was also among the first countries to enact a strong national law for tobacco control in April 2003.[7]

Tobacco Control Act, 2003:

The Cigarettes and Other Tobacco Products (prohibition of advertisement and regulation of trade and commerce, production, supply, and distribution) Bill, 2003, was a more comprehensive description for the control of tobacco as stated: "A bill to prohibit the advertisement of, and to provide for the regulation of trade and commerce in, and production, supply and distribution of, cigarettes and other tobacco products and for matters connected therewith or incidental thereto." This new legislation was explicitly intended to reduce tobacco consumption, in contrast to the Tobacco Board Act, which had favoured tobacco production.

Scope of the Act:-

The Tobacco Control Act, 2003 is applicable to all products containing tobacco in any form i.e., Cigarettes, cigars, cheroots, bidis, gutka, pan masala (containing tobacco) khaini, mawa, mishri, snuff etc. and it applies to all of India.

The main provisions of the Act are: 1) Prohibition of smoking in public places; implemented from 2nd Oct, 2008 in the whole of India 2) Prohibition of advertisement, sponsorship and promotion of tobacco products 3) Prohibition of sale of tobacco products near educational institutions 4) Regulation of health warnings on tobacco product packs 5) Regulation of tar and nicotine contents of tobacco products.[17]

The Ministry of Health and Family Welfare launched the pilot phase of the National Tobacco Control Programme in 2007-08 in 9 states of the country covering 18 districts. In 2008, it has been up scaled to 42 districts across 21 states.

Recent legislative initiatives by the Government of India:[18]

In 2008, Section 4 of the Cigarette and Other Tobacco Product Act (COTPA) specifying the smoke free rules came into effect, prohibiting smoking in all public and work places from October 2, 2008. As a result, public places such as offices, airports, hospitals, shopping malls, cinema halls, banks, hotels, restaurants and bars, public transport, educational institutions and libraries are now smoke free across India.

This act also stipulates that:

- There should be a visible board at every entrance and every floor of a public place that "No Smoking Area- Smoking is an Offence".
- Any hotel or restaurant having seating capacity of 30 or more shall have physically segregated smoking and non-smoking areas.
- The penalty for violations is a fine of up to Rs 200/-
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Pack warnings: Evidence shows that one of the most effective ways to warn the public about ill-effects of tobacco use is to put pictorial health warnings on all packages of tobacco products.[19] The products will have to clearly display a 'scorpion' and 'lungs' as pictorial warnings (see Figure 1). The picture should cover at least 40% of the principal display area of the pack. Since Feb 1, 2007, pictorial warnings in India have been diluted thrice and delayed over half a dozen times.[20] Strong, effective, evidence-based warnings notified by government on September 29, 2007 were rejected because ministry was forced by the tobacco lobby, and substituted by a set of three images that are softer and un-tested.[20] On May 6, 2009, the Supreme Court issued an order that pictorial health warnings will be implemented on all tobacco products. Pictorial warnings on all tobacco products as specified under Section 7, 8, 9 of the COTPA have become mandatory from 31 May, 2009.[20] It remains to be seen how effective pack warnings will prove to be in India. On the whole, pack warnings on tobacco packages will enable the public, including the less literate and vulnerable individuals, such as children, to be informed of the hazards of tobacco use.[21] The Health Ministry is likely to approach the Cabinet request a change to pack warnings by proposing "rotation of warnings every two years", instead of the mandated 12 months, but there is concern that this may have a negative effect on the impact of the messages.[22]

Figure 1: Pictorial warnings along with written messages displayed in English and regional language on tobacco products

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) amendment Act, 2007 was implemented with a view to protect public health by prohibiting smoking in public places, banning advertisements of the tobacco products, banning the sale of tobacco products to minors and near educational institutions, prescribing strong health warnings including pictorial depiction on tobacco products and regulation of tar and nicotine contents of tobacco products.[23]

Recommendations

In India, people have used tobacco in many forms for several centuries. Its use often starts early in life. There is tendency towards an increase in tobacco use among youth for the past few decades, with an emphasis on smokeless tobacco use.[24] This is a matter of great public health concern. Psychosocial factors have an important role to play in initiation of this habit.[24] It has been observed that a large number of adolescents pick up this habit from their family members or the peers.[24] Enforcement of regulations on sale of tobacco products may be useful. However, legislation regarding the use of tobacco products needs to be strengthened to decrease availability, accessibility and affordability of tobacco products. It is also necessary to keep abreast of the policies and conventions of the international agencies such as WHO, United Nations International Drug Control Program (UNDCP) and other similar agencies on tobacco use, in order to utilize their expertise for curbing this problem. A major tobacco control strategy is an appropriate price policy to keep the price of tobacco products high with regular increases above the level of inflation. This is because price and consumption, especially the initiation of tobacco use by young, shows a strong inverse correlation everywhere in the world.[25] There is also an urgent need to take effective steps, especially to increase the education of parents to help prevent children from taking-up this habit in the first place, and also to have targeted school intervention strategies through counselling and direct education of school children regarding this issue. The adult population must be educated, through launching community awareness programs, about the consequences of tobacco use.

References

1. Global Organization for Human Empowerment & Rights (GOHER-Pakistan) 2010. Available from: www.goher.org/GOHER%20Observes%20World%20No%20Tobacco%20Day.pdf
2. Ten facts about tobacco. The international Union against Tuberculosis and lung disease. Available from: www.theunion.org/download/factsheets/facts_tobacco.pdf
3. Jha P, Chaloupka FJ. (eds.) Curbing the Epidemic: Governments and the Economics of Tobacco Control. Washington DC: The World Bank, 1999.
4. Warren CW, Riley L, Asma S, Eriksen MP, Green L, Blanton C, Loo C, Batchelor S, Yach D. Tobacco use in youth: a surveillance report from the Global Youth Tobacco Survey Project. Bulletin of World Health Organization 2000; 78:868-76.
5. Heishman SJ. Tobacco - the once and future addiction: editorial. Addiction 2001; 96:1389-90.
6. World Health Organization; Reducing Risks, Promoting Healthy Life. World Health Report 2002. Geneva: World Health Organization, 2002
7. Reddy SK, Gupta CP. Report on Tobacco control in India. Ministry of Health and Family Welfare 2004:1-2
8. Patel DR. Smoking and children. Indian Journal of Pediatrics.1999; 66(6):817-24.
9. Murray CJL, Lopez AD, editors. Global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020. Boston (MA); Harvard School of Public Health on behalf of WHO and The World Bank; 1996. Global Burden of Disease and Injuries Series, Vol 1.
10. Use of tobacco: A fact sheet of National Family Health Survey -3; 2005-06. Available from: www.whoindia.org/LinkFiles/Tobacco_Free_Initiative_nfhs3.pdf
11. World Health Organization, Centers for disease and prevention. India. Global Youth Tobacco Survey (GYTS). Geneva: WHO; 2009. Available from: www.searo.who.int/LinkFiles/GYTS_India.pdf
12. Desalu OO, Olokoba A, Danburam A, Salawu F, Issa B. Epidemiology of Tobacco Smoking Among Adults Population in North-East Nigeria. The Internet Journal of Epidemiology; 2008: Volume 6 Number 1.
13. Gutkha- a case study. Available from: www.scribd.com/doc/45826064/Gutkha
14. Chewing tobacco in India. Available from: http://hubpages.com/hub/Gutkha

15. Sinha DN, Gupta PC. Tobacco and areca nut use in male medical students of Patna. National Medical Journal of India 2001; 14: 176-8.
16. Kapoor SK, Anand K, Kumar G. Prevalence of tobacco use among school and college going adolescents of Haryana. Indian Journal of Pediatrics. 1995; 62: 461-6.
17. Park K. Health programme in India. Park's Textbook of Preventive and Social medicine. 20th ed. Jabalpur: Banarsidas Bhanot Publishers; 2009. 388
18. Tobacco control in INDIA. What are the recent legislative initiatives of the government? 2008. Available from: www.rctfi.org/Parliamentarian%20Factsheets/Factsheet%20TOBACCO%20CONTROL%20IN%20INDIA.pdf
19. New pictorial warning for tobacco products to come into effect from 1st June 2010. Available from: http://taxguru.in/general-info/new-pictorial-warning-for-tobacco-products-to-come-into-effect-from-1st-june-2010.html
20. Tobacco control in India. What have we achieved till date. Available from: www.rctfi.org/Parliamentarian%20Factsheets/Factsheet%20TOBACCO%20CONTROL%20IN%20INDIA.pdf
21. Reddy KS, Arora M. Pictorial health warnings are a must for effective tobacco control. Indian J Med Res.2009; 129:468-71
22. Shocking setback to new pictorial health warning on tobacco products. November 29, 2010. Available from: www.businessstandard.com/india/news/shocking-setback-to-new-pictorial-health-warningtobacco-products/416649/
23. Guidelines for Law enforcers for effective implementation of tobacco control laws. Ministry of health & family welfare. Government of India 2003. Available from: http://whoindia.org/LinkFiles/Tobacco_Free_Initiative_Tobacco_Free_Initiative_Guidelines_for_Law_Enforcers_for_effective_implementation_of_tobacco_control_laws.pdf
24. Chadda RK, Sengupta SN Tobacco use by Indian adolescent .2000; 1(2): 111-9 www.springerlink.com/content/1617-9625/1/2/
25. Gupta C Parkash. Tobacco control in India. Indian J Med Res. 2006; 123: 579-82

PEER REVIEW
Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST
None

FUNDING
None