

TOBACCO - Stop Smoking and Start Living

India is second largest in terms of area devoted to growing tobacco. This sector provides direct and indirect livelihood to a large number of people in many industries. Approximately 5% of the budget revenue is generated through tobacco industry. On and about 20 million people work on tobacco farms and 10% of females and 5% of males working there are under the age of 14 years.

When we look back, tobacco was first introduced to India by the Portuguese nearly 400 years ago. Later, the British introduced modern commercially available cigarettes. Tobacco contains nicotine which constitutes approximately 0.6–3.0% of the dry weight of tobacco. Nicotine is a potent parasympathetic stimulant. Various controlled studies have shown that nicotine had significant positive effects on aspects of fine motor abilities, alerting and orienting attention, and episodic and working memory. It is an ingredient that can lead to addiction. Tobacco also has additives which are potentially harmful substances. Tobacco smoke is made up of thousands of chemicals, including at least 70 of which are known to cause cancer. Tobacco smoking can lead to lung cancer, chronic bronchitis, and emphysema. It increases the risk of heart disease, which can lead to stroke or heart attack. Smoking has also been linked to other cancers, leukaemia, cataracts, and pneumonia. Smokeless tobacco increases the risk of cancer, especially mouth cancers.

Tobacco is a cash crop especially in developing countries such as India. Children from poor households are frequently employed in tobacco farming to supplement family income. These children are especially vulnerable to "green tobacco sickness" which is caused by the nicotine that is absorbed through the skin from the handling of wet tobacco leaves.

Second hand smoking has serious and often fatal health consequences and it is also responsible for sudden infant death syndrome, low birth weight (LBW) babies, preterm deliveries and childhood asthma. Teenagers who use tobacco eventually suffer from morbidity and premature mortality. Substance abuse is an important issue related to youth health worldwide.

The tobacco epidemic is one of the biggest public health

threats the world has ever faced, killing more than 7 million people a 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. Around 80% of the 1.1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. According to WHO report on global tobacco epidemic (2008), it is estimated that 100 million deaths have been caused by tobacco in the 20th century with the current rate of 5.4 million deaths.

Cigarettes are the dominant form of tobacco use in the world. Oral use of smokeless tobacco and smoking of bidis are the dominant forms of tobacco consumption in India. According to Global Adult Tobacco Survey (GATS, 2016-17), prevalence of smokeless tobacco use in India is 21.4% which is much higher compared to smoking tobacco which is 10.7%. Karnataka is also having a similar picture with prevalence of smokeless tobacco use as high as 16.3%.

Tobacco contributes to the poverty of individuals and families since the users are at high risk of falling ill or dying prematurely from cancers, heart attacks, respiratory disease and other tobacco related diseases, thus depriving families of income and being an additional burden on health care costs. Tobacco consumption was found to be significantly higher in poor and less educated individuals. The tobacco consumption among disadvantaged population group may lead to doubling of the disease burden from chronic illness as well as from communicable and nutrition related diseases.

Hence, to reduce tobacco related morbidity and mortality the government has implemented tobacco control policies and legal provisions to protect their citizens from illness and death such as increasing the tax on tobacco products, banning advertisements and promotion of cessation activities.

World Health Organisation has introduced a new concept called 'MPOWER', to Monitor, Protect exposure, Offer health care and quitting, Warn regarding ill effects, Enforce awareness, Raise cost of affordability. According to WHO report on global

epidemic (2017), there is an increase in the share of world population covered by at least one policy on tobacco control. Nearly two thirds of the countries comprising 66% of population have implemented laws and about 39% have a monitoring system. Understanding patterns and trends in tobacco use and exposure to tobacco smoke help policy-makers design stronger, more targeted tobacco control policies.

Cigarettes and other tobacco products Act (COTPA) launched in 2003 by Government of India, is an Act that prohibits the advertisement of, provide for 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. The Act comprises of 31 sections on rules and regulations of sale and advertisement of tobacco and other products. The National Tobacco Control Program (NTCP) was launched by Ministry of Health and Family Welfare, Government of India in 2007- 08 to bring about greater awareness about the harmful effects of tobacco use and to facilitate effective implementation of the Tobacco Control Laws. The National Tobacco Control Cell (NTCC) is responsible for overall policy formulation, planning, monitoring and evaluation of the various activities. A target of 15% relative reduction in current tobacco use by 2020 and 30% by 2030 has been set by the National Health Policy (2017).

Good monitoring tracks the extent and character of the tobacco epidemic and indicates how best to tailor policies. Tobacco control monitoring includes: monitoring tobacco use indicators often understood as the surveillance of tobacco use patterns and trends; monitoring exposure to tobacco smoke; and monitoring policies designed to reduce tobacco use or exposure to tobacco smoke.

Global Adult Tobacco Survey (GATS) enables us to monitor the practice and use of tobacco and other products. By comparing the surveys of 2009-10 and 2016-17, there is a significant increase in health warning labels on packages of cigarettes, bidis and smokeless tobaccos by 13% and increase in average monthly expenditure on tobacco products. Also, there is a decrease in prevalence of tobacco use on an average by 6% with simultaneous decrease in promotion of tobacco products. Public private partnership in maintaining

stringent regulations to reduce the trade and commerce of tobacco and other related products has enhanced the compliance of the Act.

However, even a decade since enacting this law, its implementation remains suboptimal and variable across the Indian states. A national survey (2009-10) revealed that 29% of adults were exposed to second-hand smoke at public places. About two in three adults had seen tobacco product advertisements. In 2009, 47% of youth were purchasing cigarettes from stores and 56.2% of them were not refused sale despite their young age. Also, 74.4% children reported seeing cigarette advertisements on billboards.

Karnataka is one of the focus states under the National Tobacco Control Program (NTCP). Karnataka enacted the state law, i.e. The Karnataka Prohibition of Smoking and Protection of Health of Non-smokers Act, 2001 even before COTPA was enacted by the national government and is among the few states that have shown strong political will by taking steps towards COTPA implementation. Since 2007, several districts (Bangalore Rural & Urban) in Karnataka have declared themselves as highly compliant to COTPA.

Over the year, compliance with COTPA Act has improved, however, remains unsatisfactory. Based on a recent survey, it was found that tobacco use is still prevalent among minors and minor age groups are still involved in trading of tobacco and other products. Though there are stringent regulations on trade and commerce of tobacco and other products, the financial implications involved is encouraging corporate sectors and multi-national companies to engage in tobacco trade.

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