Trends in Tobacco Usage in India

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Abstract

Tobacco consumption is an important public health issue in India and effective tobacco control should be a top priority, both as a health issue and as a method to reduce poverty. Continuous evaluation of tobacco consumption pattern will help in developing effective tobacco control interventions.

Keywords: Tobacco; Surveillance; Oral Cancer; Policy

The prevention and control of adverse health effects associated with tobacco consumption is an emerging issue of public health significance. Tobacco usage continues to be the leading single preventable cause of mortality globally. It has been estimated that on an average, tobacco users lose 15 years of their valuable life. Up to half of all the tobacco consumers would die prematurely due to adverse effects associated with tobacco consumption [1,2]. Most of the mortality would be in middle and low income nations, accounting for almost 80% of tobacco associated deaths. Mortality due to health hazards associated with tobacco usage in India is estimated to be exceeding 1 million [1,2].

One of the enduring puzzles in Dental Public Health is why some group of people are healthier than others. The answer to such apparently simple question, although complex to formulate, are crucial in understanding oral cancer and how they might be eliminated or controlled through the development of appropriate public policy and programs. Recognizing the importance of data on tobacco usage, the Government of India has been in the forefront to undertake tobacco surveys on a nationwide scale. The instrument used for monitoring tobacco use and tracking key tobacco control indicators is the Global Adult Tobacco Survey (GATS). It enhances countries capacity to design, implement and evaluate tobacco control policies and programs [3].

India has implemented GATS in 2009-10 and 2016-17 as GATS - 1 and GATS - 2 respectively. From GATS 1 in 2009-10 to GATS 2 in 2016-17 prevalence of any form of tobacco use has decreased significantly from 34.6% to28.6%. There is also a significant increase in the age if initiation of tobacco usage from 17.9 years in GATS - 1 to 18.9 years in GATS - 2. The prevalence of current tobacco use among men was 42.4% and among women it was 14.2%. Every third adult (32.5%) from rural areas and every fifth adult (21.2%) from urban area reported current use of tobacco. GATS 2 shows that khaini - a tobacco, lime mixture- is the most commonly used tobacco product in India and this is used by every ninth adult (11.2%). The next most commonly used tobacco product is bidi, smoked by 7.7 percent of adult Indians. In use, gutka - a tobacco, lime, areca nut mixture- ranks the third (6.8%) and betel quid with tobacco ranks the fourth (5.8%) [3,4].

Warning label on the packet had a deep impact on the tobacco users making them to think about quitting their habit. 62% of the cigarette smokers and 54% of the bidi smokers thought of quitting because of the warning label on the packet whereas 46% of the smokeless tobacco users also thought to quit because of warning signs [3,4].

In between the period of GATS 1 and 2 i.e. between 2009 and 2016, India has made a definite progress in reducing the prevalence of use of both smoked and smokeless forms of tobacco. Promotion of tobacco use has declined in every form, and anti-tobacco messages on tobacco packs are more visible, prompting more tobacco users to think of quitting. Efforts to quit tobacco use have increased, but still successful quitting remains low because of wheel of numerable factors. The prevailing levels of tobacco use are still very high across the nation which calls for sustained efforts at all levels and multi-sectorial coordination to bring down tobacco use across all sections of the population.

Bibliography

1. WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies. Geneva: World Health Organization (2017).

2. Goodchild M., *et al*. "Global economic cost of smoking attributable diseases". *Tobacco Control* 2.47 (2018): 478.

3. IIPS. "Global Adult Tobacco Survey India, 2009-2010". New Delhi, India: Ministry of Health and Family Welfare, Government of India (2010).

4. GATS. "Global Adult Tobacco Survey: fact sheet, India 2016-17" (2017).

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