

Tobacco use in India: An Epidemic of Smoking, Chewing and Snuffing

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Abstract - This is the review paper specifically touching upon the comprehensive aspects of general pattern of tobacco usage in India. The information on prevalent tobacco habits in India, health hazards and environmental hazards due to tobacco use, passive smoking and its impact, economics of tobacco, legislation to control tobacco in India, the tobacco cessation services and the way ahead for effective tobacco control are discussed. Tobacco use in India is as old as Indian civilisation and was very strongly embedded in Indian culture. Smoking among youth is in vogue due to slackening of stranglehold of rigid and orthodox Indian traditional behavioural diktats. Tobacco usage in India has gone through the ages and now exists in many forms – chewing, snuffing and smoking. Tobacco is a preventable cause of death and accounts for maximum number of killing after road accidents. This global epidemic kills more people than tuberculosis and malaria together. Understanding the tobacco problem in India, focusing more on measures and investigating the impact of sociocultural diversity and effectiveness of various modalities of tobacco control should be our priority.

Keywords: Tobacco consumption, cigarette, chewing tobacco, Green Tobacco Sickness, National Tobacco Control Programme, Cigarette and Other Tobacco Products Act, National Family Health Survey.

I. INTRODUCTION

Over the centuries, tobacco has gained firm hold in India; like an epidemic affecting people, societies and nation en masse. Tobacco made inroads into the country by the Portuguese traders in AD 1600. Earlier it was only used as a treasured commodity of barter trade in India. Tobacco consumption was started in India during Mughal Empire; back then, it was available for nobles only. Gradually, poor community, too, started consuming tobacco by smoking and chewing. There was misconception about the medicinal attributes of tobacco which had further advanced its acceptability and made Indian population susceptible to its harmful effects. Since then, it has become pervasive in all sections of Indian population with variation in its intake as per gender and social status. Its use and production expanded to such a great extent that today India is the second largest producer of tobacco in the world.

Prevalent forms of Tobacco Consumption in India

Early forms of tobacco consumption in India are smoking and chewing. During the medieval times, tobacco smoking

became widespread throughout Asia. The intake of snuff prevailed in China, while tobacco chewing prevailed in India. Tobacco was chewed along with betel leaves and offered to guests.

Thus, tobacco acts as a cordial relations facilitator among the communities. The practice of tobacco use among men has been reported to be high (generally exceeding 50%) from almost all parts of India (more in rural than in urban areas). Women from most parts of India (rural and urban both) report smokeless tobacco use and the prevalence varies between 15% and 60%. [4] Smoking tobacco can be done through smoking cigarettes, beedis, pipes, hookah, etc. Due to its origin and appreciation by Mughal rulers, hookah became popular in those parts of India where the Mughals had a strong influence. Hookah was popular among men and women of aristocratic and elite classes, especially in north India. As a result, hookah smoking became a part of the culture, and sharing of the hookah became socially acceptable as a sign of respect and brotherhood. Even today, in rural areas, smoking hookah is associated with great pride and offered to elders to show respect. Besides, pipes, cigarettes and beedis are also used to smoke tobacco. Cigarette smoking is the most common method of tobacco consumption. There is "Low Tar," "Light," or "Ultra-Light" cigarettes which refer to the type of filter that is used and can vary with the brand name. Beedis are similar to cigarettes and accounts for about 40% of tobacco consumption – consumed more in rural areas. Smokeless tobacco is generally consumed either by chewing or snuffing.[1] It comprises of tobacco or tobacco-containing products which are chewed or sucked as a quid, or applied to gums, or inhaled such as snuff, dried tobacco leaves, gutkha, paan with tobacco, paan masala, mawa, mishri, gudakhu and toothpastes, plug tobacco, twist tobacco and dry snuff.

II. ROLE OF GENDER AND SOCIAL DEMOGRAPHICS IN TOBACCO USAGE IN INDIA

Among males smoking remained by far the most common form of tobacco consumption and among females chewing tobacco is the most common form of tobacco consumption in most parts of India. The nationwide household survey, the National Family Health Survey (NFHS), 1998-1999, collected information on tobacco use and health-related

practices in the country. Over 90,000 households were surveyed and information on paan/tobacco chewing and tobacco smoking were obtained for 315,597 persons aged 15 years and above. The survey found that habits of both chewing tobacco/pan masala and smoking tobacco were significantly higher in rural, poorer, and uneducated populations compared to urban, wealthier and more educated populations both in men and women. The socioeconomic gradients (household wealth and education) were steeper for women than for men for both chewing tobacco/pan masala and smoking tobacco [2].

India's tobacco problem is more complex and severe than probably that of any other country in the world with a far reaching burden of tobacco related diseases causing death. Tobacco is the world's single greatest cause of preventable disease as determined by the World Health Organization. More than seven thousand different chemicals have been found in tobacco and tobacco smoke. Among these more than sixty chemicals are known to cause cancer. Nicotine drug found in tobacco is highly addictive. The toxic effects of tobacco include mutagenicity, carcinogenicity and genetic damage. Tobacco smoke contains carcinogenic chemicals called polycyclic aromatic hydrocarbons and highly toxic gas, carbon monoxide, which combines with haemoglobin in the blood and reduces its oxygen-carrying capacity. Cigarette smoking causes lung cancer, heart disease, emphysema and other serious diseases in smokers. Smokers are far more likely than non-smokers to develop diseases such as lung cancer. There is no such thing as a "safe" cigarette. Chewing tobacco in its various forms is responsible for ninety per cent of cancers of oral cavity, oesophagus, pharynx, cervix and penis. According to International Agency for Research on Cancer, cancers of kidney, liver, pancreas and myeloid leukaemia have also been associated with the use of tobacco. It was found that workers engaged in tobacco cultivation suffer from an occupational illness known as 'Green Tobacco Sickness'(GTS) caused due the absorption of nicotine from wet tobacco plants. It is characterized by headache, nausea/vomiting, giddiness, loss of appetite, fatigue, weakness and, sometimes, fluctuations in the blood pressure or heart rate [3]. The overall prevalence of GTS was higher among beedi tobacco cultivators compared to cigarette, chewing and snuff tobacco cultivators in India.

Tobacco use in India is as old as Indian civilisation and was very strongly embedded in Indian culture. As discussed earlier, since very beginning tobacco smoking has been linked with social status and socio-cultural codes of behaviour. To express solidarity and commensality among people belonging to various castes and social groups, in rural India, it is still prevalent to offer hookah to elders and share it with others of same clan and group. Once considered stigma in Indian patriarchal society,

smoking among women has been readily adopted as a symbol of emancipation, independence and modernity. Smoking among youth is in vogue due to slackening of stranglehold of rigid and orthodox Indian traditional behavioural diktats. Therefore, under illicit experimentation, rebellious orientation, peer pressure, intense desire to look grown up, western cultural influence, exposure to advertisements in the media and community, influence of cinema, nicotine dependence, family influence, stress, depression, lacking refusal skill and various other socio-cultural and socio behavioural factors have been highlighted as causes for the onset of tobacco use in India, among youth. Inspired by history and rural tradition, of late, there has been mushrooming of hookah bars and lounges in the metropolitan cities indicating subtle acceptability to tobacco consumption.

III. LEGAL STATUTORY NORMS AGAINST TOBACCO CONSUMPTION

Nevertheless, toxic effects of tobacco consumption, constantly, threatening human lives cannot be overlooked. To stop unremitting tobacco consumption, a slew of measures have been taken at national, community and individual levels. The Government enacted Cigarettes Act (Regulation of Production, Supply and Distribution) in 1975, and it became compulsory to put statutory warning "cigarette smoking is injurious to health" on all cigarette packages, cartons and advertisements. States like Maharashtra and Karnataka put restriction on smoking in public areas. Prevention of Food Adulteration Act (PFA) (Amendment) 1990, made compulsory statutory warnings regarding harmful health effects for paan masala and chewing tobacco[1]. Under the Drugs and Cosmetics Act 1940 (Amendment), use of tobacco in all dental products was banned. The Government enacted the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA), in 2003, which prohibit smoking in public places, advertisements of tobacco products, sale of tobacco products to and by minors, ban on sale of tobacco products within 100 yards of all educational institutions and mandatory display of pictorial health warnings on tobacco products packages and made it mandatory for companies to test their products for their tar and nicotine content [3]. National Tobacco Control Programme (NTCP) was started in 2007 to create public awareness about the harmful effects of tobacco consumption. Various NGO's are also working towards mitigation of tobacco consumption at grass root level through door to door awareness programme, Nukkad Natak, community radio, etc. Also in order to encourage tobacco free India, Indian markets have been flooded with several tobacco substitutes like nicotine chewing gum, herbal snuff, herbal cigarette, electric cigarette and

therapies – acupuncture, hypnotherapy and laser. Also, Government, recently, has been following the policy of increasing tax on tobacco products to limit the tobacco consumption – as followed in western countries. However, in many studies it was observed that there is the tendency among tobacco consumers to fall back on tobacco in order to derive pleasure or relief stress or under some social pressure or otherwise. Therefore, individual's will and strong determination to quit tobacco remains the main contributing factor towards tobacco quit India movement.

IV. CONCLUSION

It is well understood that tobacco consumption is very deep rooted in our Indian culture. Having said that, there is no denying fact that harmful effects of tobacco consumption on human health and society is destroying the rich culture and wealth of the country by making country's real strength (youth) feeble and dependent. Nonetheless, Government and other Think Tanks have taken serious note of this problem and have issued slew of measures in this direction. Therefore, it is envisaged that with the relentless and concerted efforts of government, communities and individuals, Indian population (especially young population) can be protected from the perilous attacks of tobacco evil.

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