Review Article

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Tobacco Control: SWOT Analysis - Uttarakhand State

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Abstract

Tobacco is the leading preventable cause of death and more than five million people die globally from the effects of tobacco every year – more than that of HIV/AIDS, malaria, and tuberculosis. Tobacco is a serious threat to health and a proven killer and ranks second as a cause of death in the world. We need to sensitise the public, especially youngsters. It should be a collective measure. Both the central and state governments have taken various measures but we need to keep on emphasising and raise the public awareness to control the tobacco consumption. The article emphasises the issue with special reference to Uttarakhand state which has a very high consumption of tobacco.

Keywords: Tobacco; Cessation; Control; Smoking.

Introduction

Tobacco was introduced to India in the 17th century.

Tobacco is the major preventable cause of death and more than five million people die worldwide from the effects of tobacco annually – more than that of HIV/AIDS, malaria, and tuberculosis. Tobacco is a serious threat to health and ranks second as a cause of death in the world. Evidences since early 1950s indicate that more than 25 diseases are known or are strongly suspected to be causally related to smoking. WHO estimates that unless the current smoking pattern is controlled, tobacco will be responsible for 10 million deaths per year in the coming decade, with 70% of them occurring in developing countries. In India tobacco kills 0.8-1.0 million people each year and many of these deaths occur in people who are very young. Currently, about one-fifth of all worldwide deaths attributed to tobacco occur in India [1].

According to the World Health Organization (WHO), India is home to 12% of the world's smokers [2].

According to the study, "A Nationally Representative Case-Control Study of Smoking and Death in India", tobacco is responsible for 1 in 5 of all male deaths and 1 in 20 of all female deaths in the country [3]. According to the Indian Heart Association (IHA), India accounts for 60% of the world's heart disease burden, despite having less than 20% of the world's population. The IHA has identified and recommended reduction in smoking as a significant goal of cardiovascular health prevention efforts [4].

Legislation

"*Tobacco is universally regarded as one of the major public health hazards and is responsible directly or indirectly for an estimated eight lakh deaths annually in the country. It has also been found that treatment of tobacco related diseases and the loss of productivity caused therein cost the country almost Rs. 13,500 crores annually, which more than offsets all the benefits accruing in the form of revenue and employment generated by tobacco industry*".

– Supreme Court of India, Murli S. Deora vs Union of India and Ors on 2 November 2001

The Supreme Court in Murli S Deora vs. Union of India and Ors., recognized the harmful effects of smoking in public and also the effect on passive smokers, and in the absence of statutory provisions at that time, prohibited smoking in public places such as auditoriums, hospital buildings, health institutions, educational institutions, libraries, court buildings, public offices, public conveyances, including the railways.

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003, abbreviated to COTPA, received assent from the President on 18 May 2003. It came into force on 1 May 2004. The Act extends to the whole of India and is applicable to cigarettes, cigars, bidis, gutka, pan masala (containing tobacco), Mavva, Khaini, snuff and all products containing tobacco in any form [5]. Prohibition of sale of tobacco products in an area within 100 yards of any educational institution was brought into force from 1 December 2004.

Compliance of law was done and smoking in public places was prohibited nationwide from 2 October 2008 under the Prohibition of Smoking in Public Places Rules, 2008 and COTPA. The nationwide smoke-free law pertains only to public places. Places where smoking is restricted include auditoriums, cinemas, hospitals, public transport (aircraft, buses, trains, metros, monorails, taxis) and their related facilities (airports, bus stands/stations, railway stations), restaurants, hotels, bars, pubs, amusement centres, offices (government and private), libraries, courts, post offices, markets, shopping malls, canteens, refreshment rooms, banquet halls, discothèques, coffee houses, educational institutions and parks. Smoking is allowed on roads, and inside one's home or vehicle [7]. The philosophy behind this was that if you are a smoker and wish to continue, you have no right to expose non smokers to passive smoking.

Smoking is also permitted in airports, restaurants, bars, pubs, discothèques and some other enclosed workplaces if they provide designated separate smoking areas. Anybody violating this law will be charged with a fine of ₹200. The sale of tobacco products within 100 yards of educational institutions is also prohibited. However, this particular rule is seldom enforced [8,9].

Uttarakhand

Uttarakhand has earned the dubious distinction based on various surveys / studies of being the state with highest consumption of tobacco products, followed by Jammu and Kashmir. Nearly one-third of adults in India use tobacco, resulting in 1.2 million deaths. However, little is known about knowledge, attitudes, and practices (KAP) related to smoking in the impoverished state of Uttarakhand.

Uttarakhand has 3.1 million tobacco users and 30 of them will die every day by 2020 due to tobacco-related ailments, such as lung disease, cancer and heart disease, unless urgent interventions are made, according to a study by the World Lung Foundation - South Asia (WLF-SA).

The study - Uttarakhand Youth Tobacco Survey (UYTS) - was conducted by WLF-SA in collaboration with association with the state health department, World Health Organization, US department of health and human services and Centres for Disease Control and Prevention.

The researchers surveyed students in grade 8 to 12 in various government schools in 2013.T hey found widespread smoking habit among school students in the state with around 20.8% of boys in the age group of 13 to 17 admitting to being avid tobacco users. A majority of the boys said that they had started smoking at the age of 15. More than half of the boys said they first smoked out of curiosity or just for fun.

The prevalence of smoking among girls was low. The study found that only 0.5% of girl students were smokers.

As per national survey the highest number of beedi smokers are in Uttarakhand [5].

Due to the high consumption of tobacco and alcohol in the hills, oral and lung cancers are common. The ICMR data for 2016 reveals that 28.79% of all cancer cases in Uttarakhand (approximately one in every four patients) were caused due to tobacco consumption.

Even after serious efforts towards cancer treatment and rising awareness levels all over the world, the number of cancer cases is increasing in Uttarakhand. Between 2014 and 2016, these cases increased by 10.15% in the state, which was more than the national figure of 9.2%.

According to the data of the Indian Council of Medical Research (ICMR), there was a total of 11,240 cancer patients in Uttarakhand in 2014. The number increased to 11,796 in 2015, and by 2016, the figure was 12,381.

Besides this, the mortality of cancer patients also increased by 10.19% between 2014 and 2016 in Uttarakhand. This, too, was higher than the national figure of 9.3%.

Cases of lung cancer, which is directly related to smoking tobacco increased among males from 624 in 2014 to 701 in 2016, a rise of 12.3%. The national average for this period was 11.2%.

In 2015, A cross-sectional epidemiological prevalence survey was undertaken in the state. Multistage cluster sampling selected 20 villages and 50 households to survey. Total of 1853 people were interviewed. Tobacco prevalence and KAP were analysed by income level, occupation, age, and sex. The overall prevalence of tobacco usage, was defined using WHO criteria, and was 38.9%. 93% of smokers and 86% of tobacco chewers were males. Prevalence of tobacco use, was associated with lower education, older age, and male sex. Except for lung cancer (89% awareness),awareness of diseases caused by tobacco usage was low (cardiac: 67%; infertility: 32.5%; stroke: 40.5%) [10].

In 2010, a team of six doctors at Government Medical College, Haldwani, analysed 354 cancer cases admitted for treatment at the Swami Ram Cancer Hospital and Research Centre, Haldwani, a referral centre for cancer patients in the Kumaon region. The doctors found that most patients suffered from lung cancer and 88.52% of the patients were males. This was commensurate to another study carried out by doctors in Dehradun in 2009 wherein they studied 232 lung cancer patients and found that 89.16% of them were males.

Strength

Action taken

Smoking in public places was prohibited nationwide from 2 October 2008.

- COPTA prohibits smoking in public places and the rule was implemented in Uttarakhand on December 2013. The health department statistics says that only 7,273 people have been penalized for violating COPTA in the past three years and a sum of Rs 3.85 lakh collected as fine from violators till 2016. Nearly 117, children below the age of 18, were caught under COTPA and fined to the tune of Rs 20,450 during the same period. There is a restriction on the sale of tobacco products within 100 yards of educational institutions. But this rule too is observed more in breach.
- Aiming to give tourists a smoke-free vacation, the Uttarakhand government decided to institute a ban on tobacco in four tourist-friendly destinations of the hill state – Harki Pauri (Haridwar), Mall Road (Mussoorie), Nainital and Paltan Bazar (Dehradun). Taking a stringent step on passive smoking, officials said the four places have been chosen on the basis of population density and visitor footfall. "Cigarette and Other Tobacco Products Act (COPTA) and other guidelines curbing tobacco use have been enforced strictly in these four places.
- In May 2016, the Uttarakhand High Court had ordered the state government to impose a ban on liquor and tobacco in Rudraprayag, Chamoli and Uttarkashi districts where the Char Dham shrines are located. It also ordered complete prohibition of tobacco within a radius of five kilometres from Sikh shrines Reetha Sahib and Hemkund Sahib.
- According to National Family Health Surveys (NFHS), the state, however, has registered a downward trend in the consumption of tobacco. Consumption of tobacco among men registered a decline from 53.3% in NFHS-III to 43.7% in NFHS-IV while women have registered an increase in tobacco consumption from 2.9% to 5.4% during the same period.

Weakness

- Despite the rising trend over the years, cancer treatment facilities in the state are limited. At present, Uttarakhand is among the handful of states that do not have a dedicated state government regional centre for cancer care.
- Among the 13 districts in the state, there are only three tobacco cessation centres - in Tehri, Dehradun and Udham Singh Nagar. Only 3,500 people have been counseled in the past three years in these centres till 2016.
- Under COPTA- There is a restriction on the sale of tobacco products within 100 yards of educational institutions. But this rule too is observed more in breach.

Opportunities

- Global Adult Tobacco Survey (GATS) 2016-17 revealed decreased prevalence of tobacco in India.
- As per the GATS (2016-17) report, over 61.9% adults thought of quitting cigarettes, 53.8% thought of quitting bidi and 46.2% adults thought of quitting smokeless tobacco because of the warnings on tobacco products.

- From GATS 1 to GATS 2 survey prevalence of smoking has decreased by 4%.

Threats

- As per national survey the highest number of beedi smokers are in Uttarakhand.
- 18.1% & 12.4% of all Adults use Smoked & Smokeless Tobacco which is higher than national incidence. (GATS 2016-17).
- Younger population more effected.
- A Global Adult Tobacco Survey (GATS) fact sheet for north India indicated that despite a high level of awareness about the hazards of tobacco use, current tobacco use in Uttarakhand is as high as 30.7%.
- Increasing prevalence of smoking among females.
- 1/3rd people living with smokers exposed to passive smoking.

Limited heath care facilities.

Recommendations

We need to sensitise the public, especially youngsters. It should be a collective measure. Both the central and state governments have taken various measures but we need to keep on emphasising and raise the public awareness to control the tobacco consumption [11].

State level

- Dedicated tobacco control cells for effective implementation and monitoring of Anti Tobacco Initiatives.

District level

- Monitoring of Tobacco Control Laws and Reporting.
- Training of health and social workers, NGOs, school teachers etc.
- Local IEC activities.
- Provision of tobacco cessation facilities.
- School Programme- awareness Tobacco hazards.
- Sales to and by minors strictly prohibited.

Conclusion

Tobacco control and awareness about tobacco hazards is need of the hour to prevent morbidity and mortality related to tobacco. The efforts will be meaningless unless and until we perform a SWOT (Strength, Weakness, Opportunities and Threat) analysis for a particular geographical area as Universal policy may not be effective everywhere. Hence, it is required to analyse the regional issues and challenges to make tobacco control more effective in the country.

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