

Author Affiliation:

¹Director Professor HAG,
Dept. of Community Medicine,
Maulana Azad Medical College,
New Delhi 110002, India.

²Senior Resident,
Dept. of Community Medicine,
Maulana Azad Medical College,
New Delhi 110002, India.

Corresponding Author:

Samar Hossain
Senior Resident,
Dept. of Community Medicine,
Maulana Azad Medical College,
New Delhi 110002, India.

E-mail: syedmhsn6@gmail.com

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Smokeless Tobacco in Youth

Suneela Garg¹, Samar Hossain²

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Abstract

The use of tobacco is considered universally as the most important and preventable cause of adult death and disease. The predominant form of tobacco use in most countries is Cigarette smoking. Research and prevention efforts are directed towards it. However, other forms of tobacco are more prevalent in some countries. In our country i.e., India, where smokeless tobacco is the dominant form of tobacco used although very little comprehensive documentation is available on this subject. It is quite a well-established scientific fact that regardless of the type of the product used by the individual it still affects the health in many ways.¹

Keywords: Tobacco; Adolescents; Smokeless Tobacco; Youth

Introduction

Smoking by women in India is still socially unacceptable but the use of smokeless tobacco is relatively common in many places of India. In a study by Gupta PC *et al.*, it was found that currently around 70 million women aged 15 years and older use smokeless tobacco products. The easy accessibility and low price of the smokeless tobacco products are the key factors promoting the use among women. One factor influencing the use of smokeless tobacco use among women belonging to low socio economic strata is poverty and the desire to suppress hunger while performing difficult and laborious tasks on a daily basis.¹

A global standard for systematically monitoring

adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators is the Global Adult Tobacco Survey (GATS). The GATS-1 survey was first conducted in the year 2009–10, whereas the GATS-2 survey was conducted in India in 2016–2017. The survey conducted in 2016–17 showed that the age at which people first started smoking among daily smokers aged 20–34 years is 18.9 and the age at initiation of use of smokeless tobacco amongst daily smokeless tobacco user is 18.8. From GATS-1 to GATS-2 there is an increase in the age at initiation of both smoking and smokeless tobacco by one year.²

Tobacco goes through a 'life cycle' of four stages. Each stage represents an opportunity for specific interventions with various stakeholders in terms of partnership. The stages are-

1. Tobacco cultivation
2. Tobacco manufacture
3. Tobacco marketing
4. Tobacco use

Curiosity amongst adolescents indicates interest is a predictor of susceptibility to smoking which is reliable. Thus, curiosity may serve as a danger sign or an early warning for youth who may become susceptible and later progress to the experimentation and established use. The factors associated with the increased interest about tobacco products, such as advertising, have been postulated. In a national cohort study, adolescents who were curious about cigarettes had nearly three times the odds of increased susceptibility or smoking

experimentation during the years of follow-up, compared to those who were not curious.³

World Health Organization (WHO) attributes almost 5 million i.e., 4.9 million deaths annually due to the consumption of tobacco and that figure could reach to 10 million by the year 2030. The Global Youth Tobacco Survey (GYTS), is an international surveillance project which is developed jointly by WHO and the US Centers for Disease Control and Prevention, enables countries to monitor youth tobacco use and guide implementation and evaluation of tobacco prevention and control programs. The GYTS has been completed at 121 sites in 76 countries.⁴

In addition to the increased risk of chronic diseases at an older age, smoking, drinking and use of illegal substances in adolescents are associated with more immediate health hazards such as depression, interpersonal violence, motor vehicle crashes and drowning, risky sexual behaviors, and suicidal behavior. Furthermore, behaviors initiated during adolescence tend to track into the adulthood. Early experience with smoking and drinking increases the risk of subsequent tobacco and alcohol dependences. In addition, cross-sectional and longitudinal studies in western countries have shown that these behaviors tended to cluster in adolescence and perhaps even at an earlier age. These behaviors increase the likelihood to adopt other risk behaviors at a later age, such as multiple substance use, violence and delinquency.⁵

The policy developments to reduce the SLT use include COTPA 2003 (The Cigarettes and Other Tobacco Products-Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution, Act, 2003), other laws, and specific court orders. On February 27th 2005, India became a Party to the WHO Framework Convention on Tobacco Control. The committed government leadership in policy development, sustained and effective advocacy by NGOs were instrumental in facilitating the passage of COTPA, a comprehensive tobacco control law which dealt with smokeless tobacco as well as smoked products. The continued commitment of the government to strengthen tobacco control, led to stringent laws that banned the use and purchase of gutka. The Right-to-information initiatives have revealed the interference of the tobacco industry in implementation of pictorial warnings. NGOs have used the media to highlight smokeless tobacco in

general as a menace and Gutka pouches in particular as a especially harmful product. Public interest litigation (PIL) by NGOs helped in implementing labeling and pictorial warnings laws.¹

Conclusion

Keeping the enormous adverse health consequences accompanying tobacco addiction, in mind it is very important to develop preventive strategies to reduce the consumption of tobacco. The preventive strategies focus towards the vulnerable groups i.e., children and adolescents need to be initiated on an emergent basis. For developing countries like India it is very important because of which have become the main targets of advertisement and promotional propaganda of various multinational tobacco companies. Spreading awareness and knowledge about the actual hazards of tobacco in the community, curbs on advertisement and promotional campaigns, early identification of the users and the provision of treatment.⁶

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