



## TOBACCO USE & CONTROL IN INDIA

Priyanka M S

U11GT21S0404

I BSc, Second Semester

Government First Grade College, Tumkur -572102

[ms19priyanka@gmail.com](mailto:ms19priyanka@gmail.com)

Ph.no: 9900875679

Tobacco control is a field of international public health science, policy and practice dedicated to addressing tobacco use and thereby reducing the morbidity and mortality it causes. Since most cigarettes and cigars and hookahs contain/use tobacco, tobacco control also concerns these. E-cigarettes do not contain tobacco itself, but (often) do contain nicotine. Tobacco control is a priority area for the World Health Organization (WHO), through the Framework Convention on Tobacco Control. References to a tobacco control movement may have either positive or negative connotations, depending upon the commentator.

Tobacco control aims to reduce the prevalence of tobacco use and this is measured with the "age-standardized prevalence of current tobacco use among persons aged 15 years and older".

### EARLY HISTORY OF TOBACCO CONTROL

The first attempts to respond to the health consequences to tobacco use followed soon after the introduction of tobacco to Europe. Pope Urban VII's thirteen-day papal reign included the world's first known tobacco use restrictions in 1590 when he threatened to excommunicate anyone who "took tobacco in the porch way of or inside a church, whether it be by chewing it, smoking it with a pipe or sniffing it in powdered form through the nose". The earliest citywide European smoking restrictions were enacted in Bavaria, Kursachsen, and certain parts of Austria in the late 17th century.

In Britain, the still-new habit of smoking met royal opposition in 1604, when King James I wrote *A Counterblast to Tobacco*, describing smoking as: "A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fume thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless." His commentary was accompanied by a doctor of the same period, writing under the pseudonym "Philaretus", who as well as explaining tobacco's harmful effects under the system of the four humors ascribed an infernal motive to its introduction, explaining his dislike of tobacco as grounded upon eight 'principal reasons and arguments' (in their original spelling):

1. First, that in their use and custom, no method or order is observed. Diversities and distinction of persons, times and seasons considered.
2. Secondly, for that it is in quality and complexion more hot and dry then may be conveniently used dayly of any man: much less of the hot and choleric constitution.

3. Thirdly, for that it is experimented and tried to be a most strong and violent purge.
4. Fourthly, for that it witherete and drieth up natural moisture in our bodies, thereby causing sterilitie and barrennesses: In which respect it seemeth an enemy to the continuance and propagacion of mankinde.
5. Fiftly, for that it decayeth and dissipateh naturall heate, that kindly warmeth in us, and thereby is cause of crudities and rewmes, occasions of infinite maladies.
6. Sixtly, for that this herb is rather weed, seemethe not voide of venome and poison, and thereby seemeth an enemy to the lyfe of man.
7. Seventhly, for that the first author and finder hereof was the Divell, and the first practisers of the same were the Divells Preiests, and therefore not to be used of us Christians.
8. Last of all, because it is a great augmentor of all sorts of melancholie in our bodies, a humor fit to prepare our bodies to receive the prestigations and hellih illusions and impressions of the Divell himselfe: in so much that many Phisitions and learned mean doe hold this humour to be the verie seate of the Divell in bodies possessed.

#### HOW TO CONTROL TOBACCO IN INDIA?



Prohibit smoking in all public places and workplaces, but designated smoking areas are permitted in airports, hotels with 30 or more rooms, and restaurants with capacity to seat 30 or more. Many outdoor spaces, such as open auditoriums, stadiums, railway stations and bus stops are smoke free.

- Prohibit most forms of TAPS, but point of sale and sponsorship are allowed with some restrictions.
- Require pictorial and text health warnings that cover 40% of the front of packaging.
- Misleading terms such as "light" and "low-tar" are prohibited.
- Allow sub-national regulations that are stricter than the national law

## TOBACCO CONTROL AND SOCIETY

The awareness regarding the health hazards of tobacco use seems to have increased during recent times. The indication to this effect comes from discussions on the comprehensive legislation in the Parliament, Litigations by NGOs and their demand for stricter legislation for tobacco control, surveys indicating the will of community for legislative action. This indicates that social environment is conducive for major activities for tobacco control. Decision-makers in different ministries/ departments at centre are aware of the problem, but logistic aspects are still major impediments. Research has been initiated on various economic and employment related aspects and efforts are on to work towards a major reduction in reduction of tobacco use in the country

## WARNING ON SMOKE LESS SOCIETY

- The tobacco users consume tobacco in smokeless form. Realizing the need for a warning on smokeless tobacco products (which are classified as food material), the provisions under the Prevention of Food Adulteration Rules (1955) were applied in 1990.
- Tobacco product should have a warning that “chewing of tobacco is injurious to health”. Packages of recant should also state that “chewing of super may be injurious to health”.
- An expert committee of Directorate General Health Services also provided the minimum font size and other guidelines for this purpose

**FACT- Every year we lose approximately 25000 people in Haryana due to Tobacco consumption**

YOUR LIFE !!

**SUPPORT COTPA AMENDMENT 2020**

## DEATH DUE TO TOBACCO USE IN INDIA

Over seven million of these people die due to direct tobacco use, and 1.2 million non-smokers who are exposed to second-hand smoke. India has graduated from a low-income country into a developed country, and is estimated to have 120 million smokers (out of a population of 138 crores), or about 9% of Indian people.

**MAGNITUDE OF TOBACCO RELATED DECEASE IN INDIA**

Magnitude of three major tobacco related disease entities was estimated based on a careful review of Indian literature on risk estimates for development of these diseases; magnitude of these disease in India; and prevalence of tobacco use in the country.

Three disease entities under consideration were coronary artery disease, chronic obstructive lung diseases and cancers of oral cavity, pharynx, larynx, lungs & esophagus. The prevalence of tobacco habit (smoking or smokeless form as applicable for the disease entity) was taken from the second nationwide survey on tobacco use (1993-94) by the National Sample Survey Organization<sup>13</sup>. The exercise revealed that the tobacco results into enormous morbidity in the country, being responsible for 42 lakh existing cases of coronary artery disease and 37 lakh existing cases of chronic obstructive lung diseases. It also caused about 154,000 incident cases of cancers in 1996.

Disease Entity	Total number in India	Cases due to tobacco use
Tobacco related cancers (Incident cases)	209,810	154,320
Coronary artery disease (Prevalent cases)	15,700,000	4,200,000
Chronic obstructive lung diseases (Prevalent cases)	14,000,000	3,700,000