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# Tobacco: A Brief Report and Recent Trends in Indian Scenario

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Brief Communication

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## ABSTRACT

This paper comprehensively encloses the various aspects of tobacco cessation along with its prevalence in particular reference to the Indian scenario., Genotoxicity associated with tobacco, and its effects on oral & systemic health. Tobacco a manmade pandemic is a leading cause of death, killing nearly six million people worldwide each year. India is the second-largest consumer of tobacco globally, and accounts for approximately one-sixth of the world's tobacco-related deaths. The tobacco problem in India is untypical with the consumption of a variety of smokeless and smoking forms. To understand the tobacco problem in India. it's mandatory to understand the disparate prevalence of tobacco use at various geographical locations. For effective tobacco cessation, users should be made aware of the life threatening effects of tobacco.

**Keywords:** National Tobacco Control Program, Nicotine, Tobacco.

## Introduction

Tobacco use is a significant hazard for some constant illnesses, including malignant growth, lung infection, cardiovascular sickness, and stroke. It is one of the significant reasons for death and sickness in India and records almost 1.35 million passings consistently. India is likewise the second biggest purchaser and maker of tobacco. Almost 267 million grown-ups (15 years or more) in India (29% of all grown-ups) are clients of tobacco, according to the Global Adult Tobacco Survey India, 2016-17. The most pervasive type of tobacco use in India is smokeless tobacco and usually utilized items are khaini, gutkha, betel quid with tobacco, and zarda. Smoking types of tobacco utilized are bidi, cigarette, and hookah. Globally, tobacco use is one of the biggest

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public health threats. It leads not only to loss of lives but also has heavy social and economic costs. The total economic costs attributed to tobacco use from all diseases in India in the year 2017-18 for persons aged 35 years and above amounted to INR 17 341 crores (USD 27.5 billion).[1,2]

**The Recent Trends**

The WHO report on the worldwide tobacco scourge 2021: tending to new and arising items features how these items are advanced forcefully as "more secure" or "without smoke "options to ordinary cigarettes. Despite the fact that their full dangers stay obscure, the effect of nicotine conveyance gadgets is clear. While outlining these items as a commitment to worldwide tobacco control, the tobacco and related businesses utilize the standard, worn-out advertising strategies to elevate new instruments to snare youngsters on nicotine and evade tobacco enactment. Simultaneously, they keep on battling measures and enactment intended to shield individuals from the many damages of tobacco across the globe. Tobacco is one of the world's biggest preventable reasons of premature mortality, representing in excess of 8 million passings and costing the worldwide economy US$ 1.4 trillion every year. This disproportionately affects people in low- and middle-income countries.[2] A cross-sectional study was done to analyze the long haul and ongoing patterns in cigarette smoking and smokeless tobacco item use among US young people by grade (eighth, tenth, and twelfth), sex (male and female), and race (White and Black). Also, inferred that, in spite of the expansion in the predominance of e-cigarette use among young people somewhere in the range of 2011 and 2019, the pervasiveness of cigarette and smokeless tobacco use has diminished all the more quickly during a similar period contrasted and before years.[3] One literature review was conducted which aims to feature and analyze the new patterns in tobacco use in India and different nations dependent on the effect of boundaries like age, sex, occupation, level of openness to tobacco, and tobacco tax assessment laws. It also intends to indicate the health hazards of tobacco use among men and women, explicitly highlighting its consequences on the reproductive health of women. And concluded that Lack of awareness among people belonging to poor socioeconomic strata of the society, societal influence, and poor implementation of anti-tobacco laws could be the possible reasons for its widespread incidence. Hence, more rigorous anti-tobacco campaigns and widespread implementation of anti-tobacco regulations are the need of the hour.[4]

**Demographic Health Survey 2019-2020 on Tobacco Use:**

Based on recently released key findings from Phase 1 of the National Family Health Survey conducted by The Government of India in 2019–20, which likewise included data in regards to current tobacco use among Indian grown-ups in 22 states and association regions.[5,6]

The results are compared with those of the GATS[6,7] to track the progress in these Indian states.

| State | NFHS Men | Women | GATS Men | Women |
|---|---|---|---|---|
| Andhra Pradesh | 22.5 | 3.8 | 30.0 | 10.1 |
| Andaman & Nicobar Island | 58.7 | 31.3 | NA | NA |
| Assam | 51.8 | 22.1 | 62.9 | 32.9 |
| Bihar | 48.8 | 5.0 | 43.4 | 6.9 |
| Dadra & Nagar Haveli, Daman & Diu | 38.6 | 2.9 | NA | NA |
| Goa | 18.2 | 2.6 | 15.3 | 4.0 |
| Gujarat | 41.1 | 8.7 | 35.5 | 10.4 |
| Himachal Pradesh | 32.3 | 1.7 | 30.4 | 1.7 |
| Jammu & Kashmir | 38.3 | 3.6 | 39.7 | 6.2 |
| Karnataka | 27.1 | 8.5 | 35.2 | 10.3 |

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|---|---|---|---|---|
| Kerala | 16.9 | 2.2 | 23.0 | 3.6 |
| Ladakh | 35.7 | 3.2 | NA | NA |
| Lakshadweep | 28.5 | 17.5 | NA | NA |
| Maharashtra | 33.8 | 10.9 | 35.5 | 17.1 |
| Manipur | 58.1 | 43.1 | 62.5 | 47.8 |
| Meghalaya | 57.7 | 28.2 | 59.8 | 34.2 |
| Mizoram | 72.9 | 61.6 | 64.9 | 52.4 |
| Nagaland | 48.4 | 13.7 | 54.2 | 31.7 |
| Sikkim | 41.3 | 11.7 | 26.4 | 8.4 |
| Telangana | 22.3 | 5.6 | 25.9 | 9.8 |
| Tripura | 56.9 | 50.4 | 67.5 | 61.4 |
| West Bengal | 48.1 | 10.8 | 48.5 | 17.9 |

**Table 1: Showing prevalence of tobacco use among men and women > 15 years of age across the states of India.**

**Table courtesy: Tobacco use among Indian states: Key findings from the latest demographic health survey 2019–2020**

Further, the results are stratified in terms of gender and place of residence (rural vs urban) to assess the heterogeneity of tobacco uses among Indian adults. The prevalence of tobacco use among men has declined in most states, except Sikkim, Goa, Bihar, Gujarat, Himachal Pradesh, and Mizoram, where an upward trend can be seen. In the case of women, the prevalence has declined in almost all states except Mizoram and Sikkim. Tobacco use in northeastern states remains a challenge5, where prevalence is still quite high. The prevalence of tobacco use in rural areas is higher than in urban areas. The rural-urban divide in the prevalence of tobacco use can be clearly seen in the latest findings. The absolute number of tobacco users in India is still very high due to its huge population, which has a high risk of developing various chronic diseases. (**Table 1**) Second-hand tobacco smoke (SHS) kills 600,000 individuals every year. Around the world, around 33% of grown-ups are routinely presented to SHS. The GATS-India shows that 52% of the grown-ups (rustic 58%, metropolitan 39%) were presented to SHS at home.[8] SHS is three to four times a greater number of harmful per gram of particulate matter than standard tobacco smoke.[8] SHS is three to four times a bigger number of harmful per gram of particulate matter than standard tobacco smoke. More than 4000 synthetic compounds have been distinguished in tobacco smoke, somewhere around 250 of which are known to be unsafe Harmful synthetic compounds from SHS stick to carpets, draperies, garments, food, furniture, and different materials. These poisons stay even within the sight of windows, fans, or air channels, and can reuse once more in the air through the channels. They coat the surfaces of rooms, materials, and smoker's effects, what's more, are now and again alluded to as "third-hand smoke."[9]

**Tobacco Cessation Programs**

The national tobacco control programme (NTCP) was started by The Ministry of Health and Family Welfare as a 5-year plan for the implementation of the Tobacco Control Laws, to bring about greater awareness about the harmful effects of tobacco and to fulfill the obligations under the WHO-FCTC.[8]

**Conclusion**

Tobacco is a potential threat to mankind and the associated losses are twofold ie health as well as economic loss. Government should increase the tax and revenue on these products which can further be utilized for

tobacco cessation programs. Moreover, it should be a mandatory topic in every CDE (continuing dental education programs). Expansion of tobacco cessation clinics to rural areas is the need of the hour.

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