

Tobacco overexploitation in India: An issue urgently to be addressed

Sir,

The relative prevalence of tobacco consumption in India is reaching alarming proportions, despite efforts by both World Health Organization (WHO) and Government of India (GOI) in controlling it. According to the World Health Report (2002) tobacco is the most important preventable cause of overall mortality as well as cardiovascular mortality worldwide.^[1] Tobacco chewing is a unique habit of Indian, south east Asian subcontinent and is consumed commonly in the form of pan, gutka, mawa, khaini, mainpuri, bidis, pan masalas etc. The ease of availability of tobacco chewing products plays major role in rapidly increasing health related problems and has become a major public and social health concern. On an average, it is estimated that about 5 to 10 million people are tobacco-laced pan masala addicts in India.^[2] Bidis are Indian country made cigarettes, wrapped in Temburni leaf and held with a thread at one end of the cigarette which contains a commanding dosage of injurious chemicals [Figure 1]. Bidis enclose more than three times the amount of nicotine and more than five times the amount of tar than regular cigarette smoke.^[3] Approximately, 35-40% of tobacco consumption in India is in smokeless forms, mostly of the species *Nicotiana Rustica*, while most smoking tobacco is *N. tabacum*. Samples of *N. rustica* have been reported to contain elevated concentrations of tobacco-specific nitrosamines than *N. tabacum*.^[4]

With the population of more than one billion, India has been a foremost target and leading market for of the several multinational cigarette companies. It is the world's third

largest producer of tobacco and the eighth largest exporter, responsible for around 6% of the world trade in tobacco. Tobacco exports, meanwhile, have been booming in recent years, reaching 115,000 metric tons in 1997, a 48% increase from 1995. The bulk of these exports are going to the countries of the former Soviet Union where the multinational tobacco firms, engaged in a massive buildup there, have come to rely on India as a source of cheap "filler" tobacco.^[5] Bearing in mind the existing informative data about the detrimental effects on overall health caused by tobacco and related products, it must pursue that medical, dental and other health-related activities and conferences be made absolutely tobacco free and should strictly apply to all participants, staff, advertisers and volunteers. Moreover, clinicians and other health workers especially in the Indian Territory must not only examine but they must also be asked about the use of smokeless tobacco.

Teenagers and adolescents can act as an influential inspiring and motivating force against usage of tobacco since individual communication is exceptionally efficient for anti-tobacco campaign. Therefore social and other community public health programs must organized on a scheduled basis to hoist tobacco awareness. More cross-sectional and long term studies are necessary for the qualitative and quantitative legitimacy and segregation of status of smoking and tobacco related products used in India and other developing countries.

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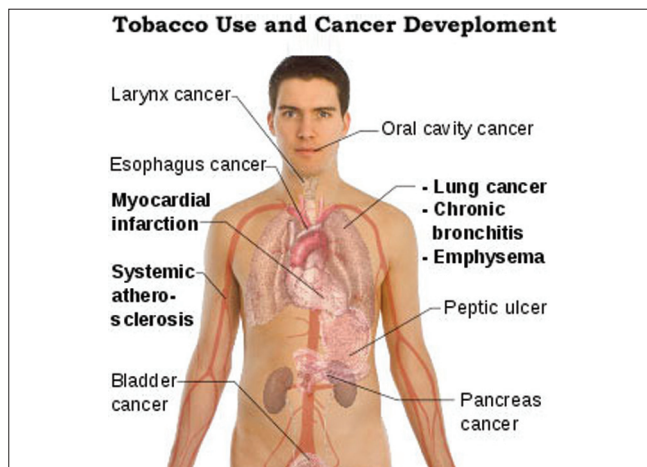


Figure 1: Carcinogenic effect of tobacco in different parts of the body

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