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Bane of smokeless tobacco continues to haunt India

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Abstract: Oral cancer is one of the major problems in the Indian subcontinent where it consistently ranks among the top three types of cancer in the country. Use of tobacco and excessive consumption of alcohol have been estimated to account for around 90% of carcinomas in the oral cavity; the risk of oral cancer increases when tobacco is consumed in combination with alcohol or areca nut. Smokeless tobacco (ST) is defined as use of tobacco or a tobacco product that is being used by means other than smoking. Numerous adverse health outcomes such as oral leukoplakia, submucous fibrosis and periodontitis; gastrointestinal abnormalities; oropharyngeal, pancreatic and esophageal cancers; as well as carcinoma of stomach have also been linked to the use of ST. Policy developments to reduce the use of ST includes COTPA 2003, other laws, and certain specific court orders. In order to reduce the adverse impact of tobacco use related morbidity as well as mortality, we require a combination of strategies which should be aimed at avoiding initiation of use of tobacco by current non-users and also cessation of use of tobacco among the current users of tobacco. Conclusion: In India, smokeless tobacco is the dominant form of tobacco used, although little comprehensive documentation is available on this subject. The key recommendation in this regard is to enforce country-wide ban on the production, supply as well as distribution of all the packaged ST products. Targeted interventions, public awareness campaigns and cessation programmes towards ST use among the youth, women, and rural populations could reach the users of ST more effectively.
Keywords: Smokeless tobacco, Oral Cancer, COTPA

SHORT COMMUNICATION

India is a vast country with all states having distinct social, cultural and economic characteristics. Tobacco epidemic in India is not uniform across the country. There are wide variations in consumption of tobacco across age, sex, region as well as socio-economic classes. India is the third largest consumer and second largest producerof tobacco in the world [1]. Oral cancer is one of the major problems in the Indian subcontinent where it consistently ranks among the top three types of cancer in the country [2]. Tobacco is one of the most important cause of both addiction as well as development of oral carcinoma. Use of tobacco and excessive consumption of alcohol have been estimated to account for around 90% of carcinomas in the oral cavity; the risk of oral cancer increases when tobacco is consumed in combination with alcohol or areca nut [3]. During the 20th century, Tobacco use has claimed an estimated of 100 million lives globally, and still remains a serious and growing worldwide threat to health. With about 6 million lives being lost annually, tobacco-related morbidity claims more lives than tuberculosis, malaria and HIV/AIDS combined together [4].

Smokeless tobacco (ST) is defined as use of tobacco or a tobacco product that is being used by means other than smoking. The various predominant forms of the smokeless tobacco use in India are (i) chewing of tobacco-leaf, *zarda, khaini, gundi, kiwam,* and chewing betel quid with tobacco. (ii) Mixtures of Areca nut for chewing like*pan masala,* Mainpuri tobacco, *gutka, dohra and mawa.* (iii) Products for local application –*gul,* creamy snuff, *gudhaku, mishri and lal dantmanjan* (iv) Gurgling/sipping products- *hidakphu, tuibur* [5].

The products used in ST usually contain, among their other constituents, nicotine and various known carcinogenic chemicals like tobacco-specific N-nitrosamines, nitrate, cadmium, benzopyrene, arsenic, nickel, lead, and chromium.Numerous adverse health outcomes such as oral leukoplakia, submucous fibrosis and periodontitis; gastrointestinal abnormalities; oropharyngeal, pancreatic and esophagealcancers; as well as carcinoma of stomach have also been linked to the use of ST. Other potential adverse health effects of

use of ST include toxicity of the reproductive, immune and cardiovascular system [6].

In order to reduce the adverse impact of tobacco use related morbidity as well as mortality, we require a combination of strategies which should be aimed at avoiding initiation of use of tobacco by current non-users and also cessation of use of tobacco among the current users of tobacco. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 is an act of the Parliament of India which was enacted in 2003 with an aim to prohibit advertisement as well as regulation of tobacco production and sale business in the country. This Act puts restriction on several tobacco products including gutka, cigarettes, panmasala (which contains tobacco), cheroot, beedi, cigar, snuff, hookah, chewing tobacco, tooth powders containing tobacco. On 13 January 2015, The Ministry of Health & Family Welfare had proposed the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Amendment Bill.The amendment bill of 2015 seeks to amend some of the provisions of COTPA, 2003.In the year 2002, Government of India,with the support of World Health Organization, had started 13 tobacco cessation clinicsand increased them subsequently to 19 clinics to provide interventions for tobacco cessation [7].

The greatest threat of the burden of oral carcinoma exists among the population of lower socioeconomic strata. This is the segment of population, which is most vulnerable to adverse effects because of much higher exposure to the risk factor i.e. tobacco use, which complicates the situation of this strata further. They also have most limited access to prevention, education and treatment. All these disparities need to be addressed on priority basis to push for the provision of accessible, easy, detection, as well as treatment and rehabilitation services. Prevention of adverse effects of tobacco use through prompt action against various risk factors, especially tobacco will be the key strategy in reducing the huge burden amongst these vulnerable groups.

The illegal trade of tobacco products is growing at a much rapid pace in India. This clearly depicts that the existing extreme regulations and discriminatory taxation against cigarettes andother tobacco products does not reduce the overall consumption of tobacco. It simply acts as a catalyst in the rapid growth of the illegal cigarette and tobaccoproducts trade market and also compelsthe people to switch over to cheaper, low quality forms of tobacco products. Though the Government of India is doing its bit of share for creating general awareness among the masses, somehow the results which are desired are not still visible and the number of cancer cases is still on a rise which are being reported in the country bears testimony to this.

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