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LETTER TO EDITOR

Tobacco usage in Indian territory: An epigrammatic sketch on current scenario

Sir,

Tobacco usage is the principal preventable cause of death both in the Indian subcontinent and the World. As reported by the World Health Report (2002), tobacco is the most important avoidable cause of overall mortality as well as cardiovascular mortality worldwide.[1] For India, this dilemma has been a unique one, with the consumption patterns either mainly prejudiced by the socioeconomic backgrounds or dictated by the cultural assortment. With more than 210 million tobacco consumers in the country at present; only 13% of them consume it in the form of cigarettes, whereas 54% consume it in the form of country made cigarette (beedis) and the rest in raw (gutka/khaini) forms. Globally, 85% of the tobacco cultivated is used in the production of cigarettes. Therefore, the tobacco consumption pattern in India distinctly differs from the rest of the world in terms of product configuration.[2,3] A newly conducted Indian cross-sectional household survey reported the highest occurrence of tobacco use in South Bihar (94.7%), followed by Uttar Pradesh (87.3%), and high rates in the northeastern states with Kerala being the lowest one (20.6%).[4]

The relative frequency of tobacco usage among males is higher compared with females and among older age groups compared with the younger age groups. Moreover, the prevalence of tobacco consumption was found to be 2.4% for women smokers and 12% for women consuming chewing tobacco.[3] In May 2003, the World Health Assembly adopted the Framework Convention on Tobacco Control (FCTC) at its 56th session where India was the eighth country to ratify the convention. The FCTC sets up guidelines for different national and international procedures that would assist tobacco control. India has been generally nominated as the coordinator of the countries belonging to the WHO South-East Asian Region.

As it is obvious from the current scenario, the need of the hour is to integrate and strengthen our efforts toward enforcement of legislation, public health awareness, and promoting tobacco control events. The widespread pattern of tobacco consumption and socioeconomic diversity clearly indicates a need to advocate more stringent anti-tobacco norms, and to reinforce our efforts toward the rural and semi-urban population.[5]

Considering this alarming state of affairs, it becomes very important to immediately address this health-related hazard and stir up potential actions toward damage control. Nevertheless, further 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 developing countries especially India.

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