

TOBACCO USE AND CESSATION: INDIA

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Overview

India is the third largest producer and consumer of tobacco in the world.¹ Whereas cigarette consumption is decreasing in developed countries, it is increasing in less-developed countries, such as India.² As a result, many Indians face serious tobacco-related health problems that affect both their health and productivity. There is an immediate need to institute measures to reduce tobacco use in India.

Prevalence of Tobacco Use

More than 35% of Indians consume tobacco; tobacco use is common in a myriad of ways.³ Beyond standard cigarettes, Indians smoke bidis (tobacco rolled inside tendu leaves) and/or chew gutkha (a form of smokeless tobacco).³ Of the 275 million people in India who use tobacco:

- 163.7 million use only smokeless tobacco (e.g., chew),
- 68.9 million are smokers, and
- 42.3 million use both smoking and smokeless tobacco.”³

Who uses tobacco in India? Historically, tobacco use is significantly higher among men, although tobacco use among women in both rural and urban settings is rising (see Chart One).⁴ According to the Global Adult Tobacco Survey, “39% of children above 15 years are addicted to tobacco” in India.⁵

Indians consume 700 billion bidis each year.⁶ Smokers in India consume about 6.2 cigarette sticks per day and 11.6 bidi per day.³ It is also more commonly used among rural versus urban populations.⁴ Indians typically begin smoking at older ages than those in Europe and North America.⁷

Chart One: Percentage of household members above 15 years of age who currently chose tobacco for smoke

Residence	Male-Chew Tobacco	Male-Smoke Tobacco	Female-Chew Tobacco	Female-Smoke Tobacco
Rural	36.8%	29.5%	21.3%	3.7%
Urban	23.6%	20.4%	11.1%	1.1%

Source: Indian Ministry of Health and Family Welfare, 2010

Two significant factors drive tobacco use in India: education level and socioeconomic status. Illiterate and poorer individuals tend to use more tobacco than those with more education or of higher economic status.⁸ According to India's National Family Health Survey, Indians with no education were 2.69 times more likely to smoke and/or chew tobacco than those with a postgraduate education.⁸ Households categorized as being in the lowest fifth in the standard of living index were 2.54 times more likely to use tobacco than those in the highest fifth.⁸

Cost of Tobacco Use

In 2004, the total cost of tobacco use in India was estimated at U.S.\$1.7 billion, excluding costs of early death.⁹ In that year, associated direct health care costs totaled \$1.2 billion; this constituted 4.7% of India's total health spending.⁹ Tobacco use cost another estimated U.S.\$411 million in lost productivity.⁹

Tobacco-Related Health Information

Tobacco use is a serious public health problem in India. According to a study of smoking and death in India, "smoking causes a large and growing number of premature deaths in India."⁷ Rates of tobacco-related death are rising. Currently, tobacco causes about 1 in 20 deaths among women and 1 in 5 deaths among men between the ages of 30 and 69.⁷ According to the World Health Organization, by 2020 tobacco use will be responsible for 13.3% of all deaths in India.^{4, 10}

In India:

- Tobacco kills an estimated 800,000 people annually.¹¹
- There are 10 cases of oral cancer per 10,000 men in the population, one of the highest rates in the world.¹⁰
- 65% of all cancers among men is tobacco-related.¹⁰
- 33% of all cancers among women is tobacco-related.¹⁰
- About a quarter of deaths among middle-aged men are smoking-related.¹²

Bidi produces three times more carbon monoxide and nicotine and five times more tar than cigarettes.¹² Bidi smokers have a three-fold higher risk of oral cancer as compared to non-smokers.

They are also at increased risk of lung, stomach and esophageal cancer.¹²

Tuberculosis is a serious problem in India, with more cases of tuberculosis than any other country in the world.¹³ Scientific evidence points to a relationship between tuberculosis (TB) and tobacco smoking. Researchers found that those who smoke have an increased risk of being infected with tuberculosis and having the infection turn into active TB.^{14, 15} In a recent study conducted in India, the number of smoking-related deaths from TB was 10 times higher than the number of smoking-related deaths from lung cancer.¹⁵

Tobacco Use in the Workplace

India is taking steps to curb national tobacco consumption. In 2004, the country became the seventh country to ratify the World Health Organization's Framework Convention on Tobacco Control (FCTC). In 2008, the government banned smoking in public places, including in offices, hotels, hospitals, colleges and bars.¹⁶ India's then Health Minister, Anbumani Ramadoss, stated that this ban underscored the right of non-smoking employees to a smoke-free work environment. The ban actualized the WHO recommendation that countries completely ban smoking in the workplace. Research shows that restricting smoking in the workplace effectively encourages employees to quit.¹⁷ Studies also show that those trying to quit are more successful when their homes and workplaces are smoke-free.¹⁸

Tobacco Cessation Treatment Options

India opened 13 tobacco cessation centers on World No Tobacco Day 2002 and five more in 2005. These centers, which are a World Health Organization initiative run by India's Ministry of Health and Family Welfare, assist individuals quit tobacco by providing advice, counseling and pharmacological treatment.¹⁹ These centers also disseminate tobacco cessation materials for the public, physicians and those trying to quit.¹⁹ Each center has a medical officer, clinical psychologists and medical social workers.¹⁹ Nicotine replacement therapy and bupropion are pharmacological treatments available in India.¹⁷ Despite the availability of tobacco cessation resources, tobacco cessation is still uncommon in India. Many quit only after they have become ill.^{7, 19}

Resources

- [WHO Report on the Global Tobacco Epidemic, 2008](#)
- [WHO Report on the Global Tobacco Epidemic, 2009](#)
- [Tobacco Control Foundation of India](#)
- [Cancer Patient's Aid Association India - Quit Smoking Tips](#)

Citations

1. The Global Toll of Tobacco: India. *Campaign for Tobacco-Free Kids*; 2011.
2. Reddy MVSP, Sheth PD. Pharmacists for Promoting Future Free of Tobacco in India; 2004.
3. *Global Adult Tobacco Survey (GATS) India 2009-2010*. Mumbai: Ministry of Health and Family Welfare Government of India; 2010.
4. Yadav VK. Pharmacotherapy of smoking cessation and the Indian scenario. *Indian Journal of Pharmacology*. 2006;38:320-329.
5. Cancer specialists welcome tobacco ban. *The Times of India*; 2014.
6. *Global status report on noncommunicable diseases*: World Health Organization 2010.
7. Jha P, Jacob B, Gajalakshmi V, et al. A nationally representative case control study of smoking and death in India. *New England Journal of Medicine*. 2008;358(11):1137-1147.
8. Vijayan V, Kumar R. Tobacco cessation in India. *The Indian Journal of Chest Diseases and Allied Sciences*. 2005;47:2-8.
9. India: Tobacco Burden and Facts. *Campaign for Tobacco-Free Kids*; 2011.
10. Chaly P. Tobacco control in India. *Indian Journal of Dental Research*. 2007;18.
11. Country Situation: World Health Organization: Country Office of India; 2011.
12. WHO Report on the global tobacco epidemic, 2008: the MPOWER package. *World Health Organization*. 2008.
13. Global tuberculosis control. Surveillance, planning, financing. *World Health Organization*. 2010.
14. Lin H, Ezzati M, Murray M. Tobacco smoke, indoor air pollution and tuberculosis: A systematic review and meta-analysis. *PLoS Medicine*. 2007;4:173-189.
15. Sample registration system baseline report of 2004. New Delhi, India: Registrar-General of India, 2007.
16. Pandey G. Indian ban on smoking in public. *BBC News* 2008.
17. Protection from exposure to second-hand tobacco smoke, policy recommendations. *World Health Organization*. 2011.
18. Fichtenberg C. Effect of smoke-free workplaces on smoking behaviors: systematic review. *BMJ*. Glantz, SA;325:188-191.
19. Country Office of India: Tobacco cessation centers. *World Health Organization*. 2007.