

A MONOGRAPH

Investing In Cancer Prevention

A Decade and Counting

Narotam Sekhsaria Foundation

Highlighting the Dangers of Tobacco to Public

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In India, about half of the men and one-fifth of the women over 15 years of age use tobacco in some form. Smokeless tobacco is more than twice as common as smoking across the country.

The Health Burden of Tobacco

As tobacco smoke and tobacco in non-combustible forms contain carcinogens, toxins and other harmful chemicals, they are known to cause cancer of the lung as well as at many other sites in the body. Smoking is also known to cause severe vascular and respiratory diseases that could result in premature deaths, especially among those suffering from tuberculosis.

In India, the use of smokeless tobacco has been proven to be a major cause of oral cancer. Approximately 77,000 cases of oral cancers are diagnosed annually, mostly among middle-aged Indians, many of whom come for treatment at a late stage of the disease. A worrying trend noticed recently suggests that oral cancer is striking younger Indians. Worse, two-thirds of all oral cancer patients die of the disease prematurely.

The use of smokeless tobacco among Indian women has been linked to stillbirths, reduced gestational period, and babies with low birth weight. Not surprisingly, cohort studies conducted across India associate tobacco use, both smoking as well as the smokeless variant, with a higher risk of death. Studies suggest that 1 in 5 deaths of men and 1 in 20 deaths of women are related to tobacco use.



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Awareness is the Key

There is little knowledge among the masses about the fact that smokeless tobacco products such as *gutkha*, *mawa* or *kharra*, which are commonly used by boys and young men, also contain another proven carcinogen called *supari* (areca nut).

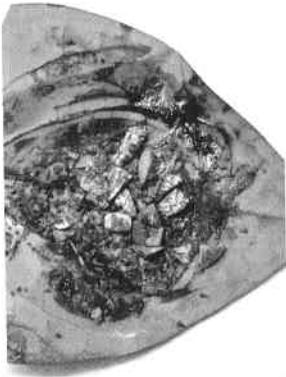
Mass awareness campaigns have to be a part of any public health plans to prevent tobacco-related cancers. Advocacy movements that petition the government to increase the price of tobacco products and their taxation as well as increasing the availability of health services to individuals are other much-needed interventions.

Policies to control tobacco use are encompassed in the Cigarettes and Other Tobacco Products Act (COTPA), 2003, Rule 2.3.4 (2011) under the Foods Safety and Standards Act, 2006, which prohibits

tobacco and nicotine in food items, and an amendment (in 1992) to the Drugs & Cosmetics Act, 1940, which prohibits the use of tobacco in toothpastes/toothpastes. While implementation and enforcement of these laws have been strengthened over the years, the tobacco industry has consistently found ways to circumvent them. Measures such as using surrogate advertising for tobacco products while promoting non-tobacco products; selling a product in two distinct types of packaging—one with tobacco, one without—that can confuse the customer; or labelling tobacco products as “tooth-powder” or “toothpaste.”

For increasing general awareness about the dangers of tobacco, mass media communication in the form of print advertisements, audio, and audio-visual spots have been disseminated through newspapers, billboards, radio, and national television channels, especially in the local languages. The Union Ministry of Health and Family Welfare has joined hands with WHO, voluntary organizations, and doctors in a bid to create nationwide impact.

Apart from these mass movements, it is also important to assist individual tobacco users quit the habit. At present, tobacco cessation services are provided through 19 dedicated tobacco cessation centres set up at tertiary care institutions across the country. These cessation centres are staffed with psychologists and social workers. A recent report on their effectiveness in the first five years showed encouraging results on patients quitting tobacco, followed up with for six weeks. Clearly, such services not only need to be provided more widely by healthcare providers but they need to be widely publicised. The existing 19 centres were, in fact, envisioned as regional resource centres that would build capacity for such services at local levels and thus reach a wider population. But the scaling-up process has been slow even though cessation services cost much less than other health services.



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The Way Ahead

Given the enormity of the need, the Narotam Sekhsaria Foundation has been making an enormous effort to build capacity by training the staff at government health posts for tobacco cessation services. If and when the effectiveness of the model is demonstrated, the foundation would be able to optimise its efforts by reaching out to the state health departments and district level hospitals by scaling up its activities in health posts. In doing so, it may be able to join the efforts of the National Tobacco Control Programme and the National Cancer Control Programme, and also work through Regional Cancer Centres and district hospitals by widening and scaling their work in health posts.

The Narotam Sekhsaria Foundation has been associated with the tobacco control activities of the Salaam Bombay Foundation, which conducts awareness and advocacy programmes in schools across Maharashtra, and with the Healis Sekhsaria Institute for Public Health, which carries out tobacco interventions in schools for teachers and at worksites for factory workers along with conducting epidemiological studies in communities. The considerable experience of these agencies is being harnessed for the Narotam Sekhsaria Foundation's new project on health posts.
