ADDICTIONS

Up in smoke

Helping tobacco users quit requires a behavioural change. For this to happen, the person has to understand the rationale for the change and be convinced that the change is beneficial for him, write Dr. Prakash C. Gupta and Dr. Mira Aghi.

WHICH is the biggest and most serious issue for adult health? The answer from a public health expert anywhere in the world would be nearly unanimous although it may surprise many others – the use of tobacco; globally in the form of cigarettes, but in India as cigarette, bidi and myriad other forms of smoking and smokeless tobacco use.

Tobacco — an active and passive killer
Why is tobacco the most serious health problem? Tobacco use is currently causing 6 million deaths every year in the world. These deaths do not occur only among people who smoke; 600,000 of these deaths are due to the effect of second hand smoke. Tobacco as a public health problem started in the 20th century and it is estimated to have caused 100 million deaths in the world in the 20th century alone. If the current trends continue, the toll from tobacco in the 21st century is estimated to be one billion deaths. In India every year, nearly a million people die due to tobacco use. Without doubt, tobacco is the most serious public health problem of the day.

These deaths are due to a variety of fatal diseases caused by tobacco: cancers at many different sites in the body, heart disease, lung disease, stroke, worsening of other existing diseases like tuberculosis and many other related causes. In addition, tobacco use causes a variety of non-fatal but quite serious diseases such as eyesight problems, weakening of bones, amputation of hands or legs due to peripheral vascular disease, wrinkling of skin, dental problems etc. Specifically among men, it causes impotency and among pregnant women, serious problems for the foetus including possibility of death.

Until recently, no health problem required legislation at an international scale. Whatever solutions scientific evidence pointed out for the control of a problem, they got implemented. After all no one is interested in promoting a disease and there is no lobby on behalf of tuberculosis bacilli, mosquitoes or HIV! Disease and death caused by tobacco however, present a different picture. There are very strong commercial interests that promote tobacco products globally and are so powerful that individual governments often find themselves somewhat helpless in tackling the tobacco problem.

For this reason the first ever international treaty for public health, the Framework Convention on Tobacco Control was proposed by the World Health Organization (WHO) and negotiated by the member countries in 2003. By now this has been ratified by 177 members making it one of the most successful treaties in the world.

The treaty spells out a range of evidence-based demand reduction measures including ban on advertisements of tobacco products, ban on smoking in public places, strong pictorial warnings on packages of tobacco products, increase in taxes of tobacco products, no sale to minors and help with cessation. There are few supply reduction methods as well. So there are tools and international obligations to control tobacco use. Despite all this, the progress is slow. Most developing countries are not able to fulfill treaty obligations as per the timeline.

But why do individuals continue to use tobacco? After all by now, almost everyone knows that tobacco use causes cancer, other serious diseases and death. It is even written on every package. The answer is addiction. Nicotine in tobacco is known to be one of the most addictive substances known to mankind comparable to morphine, heroin and other banned drugs. When asked how long it takes to become addicted to smoking, the most telling response was from a smoker who said, “Not long. You think you are OK. You keep smoking; alone or with friends, when you are out, having a drink. You say to yourself: ‘It’s fun. It’s cool. I will never get addicted. I can stop anytime.’ Then one day it hits you. ‘I want a cigarette. I will just have one to make me feel better.’ Then you smoke for the rest of your life and will probably die from your addiction.”

You can quit the habit
Although tobacco use is an addiction, it is not impossible to quit. Helping tobacco users quit however, requires a behavioural change. For a behavioural change to take place, the person has to understand the rationale for the change and be convinced that the change is beneficial for him. The most important and common rationale is that tobacco use has innumerable serious health consequences for the user although other reasons, for example financial; family approval, social stigma, etc, may also play an important role.

The determination to quit is the first requisite. Determination alone however, is not enough. One may need to follow a process to quit.

A few tips to help quit tobacco use:
• Fix a ‘quit’ date. Ahead of the date, remind yourself of all

(Continued on page 20)
Confessions of a nicotine addict

A chain smoker for almost two decades, Piroj Wadia finally quit smoking on her 40th birthday. However, the long years of smoking had weakened her lungs forever. She shares the exasperation she faced as a chronic smoker and finally the exhilaration of breathing freely.

October 21, 2011 will ever be imprinted in my memory as the day I started my second innings. I came out of a three day coma induced by a Type II respiratory failure. An asthma patient since childhood, in college I smoked my first butt. Later, as a rookie journalist, I fell prey to tea and cigarettes, the signature of the profession. I shrugged off warnings from my seniors, saying that smoking three a day is not addictive. My conservative middle class upbringing stopped me from lighting up at home; despite the fact that an aunt, two uncles and my own brother smoked. The latter couldn’t dare to do so in the presence of our grandfather and mother. But he would frequent the toilet for a smoke. Although my mother did find out, I never did smoke at home, out of respect.

The three cigarettes a day, steadily climbed to 5 to 10 to 20 and at last count 35. All the smoking was done Mondays to Saturdays as Sunday was at home and with family. The edit meetings at a glossy were traumatic for the three non-smokers – with four smokers, two chain smokers the other two (including yours truly) almost there. One day, a fellow journalist and I decided that we would stop smoking once we turn 40. I don’t know when she stopped. But the day after my birthday I seriously worked on kicking the habit. I tried all the tricks I heard/read about – went cold turkey, but after two – three days went back to smoking with a vengeance. Then I tried to taper off. Again, as the week progressed and deadlines mounted at the newspaper I was working with then, so did the urge. I was beset with guilt, but the promise I had made myself spurred me on. So each time I smoked I did so with sheepish guilt.

I attended a presentation by an American on the health risks of tobacco and their Quit Smoking programme. The latter was known to have a 80 to 90% success rate; no one dragged the company to court in the US for not delivering. A questionnaire revealed I was a nicotine addict. I was encouraged to sign up for this five-day-one-hour-a-day programme. There were ground rules – we had to buy a full packet of our favourite cigarettes and take them on day one with our names stuck to the packet.

Those five days were life altering. The usual sordid audio visuals were shown to us of people with lung cancer. During the aversion therapy — we were made to puff on our favourite brand, but never inhale. We did so two with filters and three without. We were not to drink any liquid, not even water for an hour after we left the room. We were given small plastic squeezy bottles with plain lime juice, if we felt the urge to squirt the juice. We were strongly advised to change our routine. Go for an early morning walk, have a high protein, low carbohydrate diet, no alcohol; have calcium and multivitamins. To keep our fingers occupied as there wasn’t a stick in hand we were given sunflower seeds. Has anyone tried peeling those seeds to eat? Till day three I was ok, on day four, my work pressure mounted, I was getting edgy and teary. I rushed back to the venue where they were holding more sessions – I was advised to chew more calcium. On the fifth day, I felt a weight was off my chest.

A few weeks later, I visited a former colleague at his office. Since, he didn’t smoke I habitually picked up the ashtray on his PA’s table on my way in. That day I didn’t, so the peon followed me in with the ashtray. They were taken aback, when I told them I had no need of it. Word spread about me kicking the butt. My former editor asked to see me. As I sat across her table, I didn’t reach out for the ashtray. She watched me for a while, and then lit up. It didn’t bother me that she was smoking. She couldn’t believe her eyes. The extra bonus came a few months later. I went to Leh. Never has breathing been such an exhilarating feeling.

The damage I inflicted on my lungs, is only too obvious. When I was discharged I came home to a new nocturnal lifestyle – sleeping with the Bipap machine (a breathing machine that uses two pressure levels -inspiratory and expiratory to provide breathing assistance) and oxygen concentrator for life. Smoking weakened my lungs such that they cannot exhale the carbon dioxide; hence weeks, rather months prior to my hospitalisation, I was disoriented and drowsy. On August 15, 1997, I lost my brother to lung cancer.

The writer is a veteran film journalist.
Managing drug addiction

Drug addiction is a disease for which effective treatment options are available today. With a judicious combination of personal motivation, medication, and professional counselling, it is possible for a large number of individuals to break the cycle of drug addiction, writes Dr. Atul Ambekar, M.D.

The nation is engaged in a battle with the huge menace of addiction to alcohol and drugs. The use of such psychoactive substances is not really new to the Indian society. Since time immemorial, Indians have been using a wide variety of substances albeit in a controlled manner. Use of alcoholic drinks such as soma or sura finds mention in our ancient scriptures. Similarly other plant-based psychoactive substances such as cannabis (we know it as bhang or ganja) have also been used in India, and have always received some amount of social sanctions and acceptance in specific cultural contexts.

More than just a bad habit or a social evil

In modern times however, the Indian scenario of drug addiction has changed dramatically. What was once a phenomenon largely controlled by social strictures and norms, confined to consumption of locally-prepared intoxicating substances of low potency, has given way to a pattern of consuming more potent, synthetic, highly intoxicating substances which – owing to modern methods of production – are relatively easier to manufacture, transport and market in larger quantities. Consequently, the societal harms which we witness due to these modern addictive drugs are much higher in scale and intensity. Not only is the level of consumption of legal substances like tobacco and alcohol high in India, the consumption of illegal drugs also occurs at an alarming frequency. Available statistics tell us that though a smaller proportion of men in India consume alcohol, the average amount consumed per occasion is high enough to result in intoxication. In other words, Indians drink to get drunk! Statistics of tobacco consumption are also not encouraging since many young people are found to succumb to the lure of tobacco use at a very early age. Easy availability of tobacco products at every nook and corner of the city does not help either. Illicit drugs like heroin, cannabis products – and increasingly – illegally-obtained pharmaceuticals are used by a relatively smaller number of people but using these drugs leads to far higher levels of health and social problems. Overall, it is estimated that at least one crore Indians are affected by alcohol or drug dependence. The question arises how the country should manage the problems related to addiction at an individual and at societal level. First and foremost, it needs to be understood that addiction to psychoactive substances is much more than just a bad habit or a social evil. In modern science, addictive behaviours are best conceptualised as ‘bio-psycho-social’ diseases. Indeed, in many respects, addiction or ‘drug dependence’ (as it is technically called) is just like other chronic, non-communicable diseases (such as diabetes or blood pressure). Research has proved beyond doubt that various biological, genetic and environmental factors act together to increase the vulnerability of an individual to experiment with drugs and to get hooked on them. In fact, after consumption for long duration, many of the drugs make long-lasting, often permanent changes in the brains of users, which make recovery from drug-addiction a challenge.

Supply Reduction, Demand Reduction and Harm Reduction

Once we conceptualise drug addiction as a disease, it becomes relatively easier to fathom the remedies. For an individual suffering from addiction, modern medicine offers a host of pharmacological treatment options which are easily available and quite effective. The key is to seek treatment from a qualified health professional. With a judicious combination of personal motivation, medications, and professional counselling, it is possible for a large number of individuals to break their cycle of drug addiction.

At the societal level though, ‘eliminating’ drug addiction from society remains a utopian dream. All over the world, the various strategies that are employed to deal with the menace of drug addiction can be grouped into three broad types: Supply
Reduction, Demand Reduction and Harm Reduction. As the name suggests, supply reduction strategies entail controlling the availability of psychoactive drugs. Strict regulation on availability of legal drugs like tobacco and alcohol (age-restriction, availability of alcohol only through licenced outlets, taxation which keeps the prices high, valid prescriptions for pharmaceutical products) are some of the examples of supply control strategies and so is the ban or total prohibition of some drugs (like heroin or cannabis). On the other hand, demand reduction strategies encompass those measures which reduce the level of consumption in a society. This is achieved by preventing the initiation of drug use (by generating awareness in society, especially among young people or by equipping them with specific skills) or by providing effective treatment to drug addicts, so that their need to take drugs goes down. The third type of strategy ‘harm reduction’, though effective, is relatively recent and is often poorly understood. No amounts of supply control measures (such as strict law enforcement) have been able to completely eliminate drug market anywhere in the world. In the name of ‘war on drugs’ billions of dollars have been wasted, which have not reduced levels of drug consumption globally. On the other hand, this war on drugs has resulted in some paradoxical effects. An over-reliance on law enforcement makes illegal drugs even costlier, forces addicts to go underground, increases the associated crime and violence and in general, increases harms in society. The classic example is spread of HIV infection among people who inject drugs. When drug users share their needles with each other, they inadvertently transmit HIV infection among their drug-using friends and then onward to their wives. Since drug use is illegal, access to clean needles for injecting drugs is sometimes difficult, enhancing the risk of sharing and HIV infection. The paradigm of harm reduction offers a hope to help reduce such adverse consequences of drug use. Harm reduction entails those policies and programmes which reduce the harms related to drug use without reducing drug use per se. In other words, even if people continue to take drugs, they should at least be saved from harms related to their drug use. Strategies like supplying new needles to injecting drug users to avoid the risk of HIV infection is a classic example of harm reduction, which is being practiced in India. Encouraging people not to drive after drinking is yet another example of harm reduction (where we do not necessarily stop people from drinking but merely avoid the risk of accident by discouraging driving under the influence). Thus, to conclude, while drug addiction is a formidable challenge to the Indian society, it is not insurmountable. The key is to view drug addiction as a problem which cannot be simply wished away, rather this problem calls for continuing the quest for exploring better, workable solutions. A judicious combination of supply reduction, demand reduction and harm reduction strategies at the policy level will take India a long way in its efforts to deal with drug addiction. People affected by addiction are our own siblings, children, friends and colleagues. They neither need an attitude of derision and discrimination nor pity; just an empathetic approach which provides them with right kind of support and care.

Views expressed are author’s own and do not represent the views of the affiliated institution.

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Up in smoke

(Continued from page 17)

the negative aspects of smoking: getting anxious when out of cigarettes; having to borrow them; creating a mess and smelly surroundings; being nagged by friends and family; and suffering from frequent cold and cough.

- Announce your resolve of quitting and the proposed date to family and friends urging them to support you.
- Watch what in your normal routine draws you to smoking.
- On the designated quit date, start your day by drinking a couple of glasses of warm water. Put off all thoughts of smoking and go about your routine by slightly altering your movements, such as continuing to sit on the dining table for a few minutes after finishing your meal, altering the route you take to work, staying in the company of non-smokers and avoiding smoker-buddies. Rather than partying award yourself by buying your favourite fruit or sweet with the money you would have spent on buying cigarettes. When you feel anxious and uneasy, take a walk, wash your face with cold water, suck on a mint, clove or piece of cardamom, drink as much water as you comfortably can, sing to yourself, or listen to your favourite music. In short, do things which are not associated with your smoking habit.

Continue this for a few days and you will surely succeed. In addition, you would start feeling much better about yourself – health-wise and many other aspects. First few days are the most difficult but even after initial success, one has to remain watchful for a long time. One relapse, and you will have to start all over again.

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