A Brief Study on Smokeless Tobacco and its Users

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Abstract: Background: In 21st Century this addictive substance take toll in millions yearly, making it number one preventable cause of death. Tobacco use mostly affects the users and their families that come from low socio-economic background. Objectives: To Study the use of Tobacco in various socio-economic classes. Study Design: Cross Sectional Questionnaire based Study. Study Area: 403 Patients attending Indoor Patient Department of MIMER Medical College, Talegaon Dabhade, Pune. Results: People with low annual income were the most addicted to tobacco. Smokeless tobacco being most widely used form. Conclusion: Use of tobacco being maximum in men and in families with low income. There is need to educate the susceptible population about injury – physical, mental and economical caused by tobacco usage.

Keywords: tobacco, tobacco products, smokeless tobacco

1. Introduction

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed, or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. [1] Tobacco contains the alkaloid nicotine, which is a stimulant, and harmala alkaloids.[2] Dried tobacco leaves are mainly used for smoking in cigarettes, cigars, pipe tobacco, and flavored shisha tobacco. They can also be consumed as snuff, chewing tobacco, dipping tobacco and snus. Tobacco use is a risk factor for many diseases, especially those affecting the heart, liver, and lungs, as well as many cancers. In 2008, the World HealthOrganization named tobacco as the world's single greatest preventable cause of death. [3] Around 80% of the world's 1.1 billion smokers live in low- and middle-income countries. Around 80% of the 1.1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 7 million people a year. More than 6 million of those deaths are the result of direct tobacco use while around 890 000 are the result of non-smokers being exposed to second-hand smoke. [4] These 7 million people every year and costs households and governments over US$ 1.4 trillion through healthcare expenditure and lost productivity. [5] Production of tobacco leaf increased by 40% between 1971, when 4.2 million tons of leaf were produced, and 1997, when 5.9 million tons of leaf were produced.[6] India has 96,865 registered tobacco farmers[7] and many more who are not registered. In 2010, 3,120 tobacco product manufacturing facilities were operating in alf of India.[8] Around 0.25% of India's cultivated land is used for tobacco production.[9]

"Tobacco threatens us all," says WHO Director-General Dr. Margaret Chan. "Tobacco exacerbates poverty, reduces economic productivity, contributes to poor household food choices, and pollutes indoor air."

The Impact of Tobacco Usage on:

Global Poverty: Around 860 million adult smokers live in low- and middle-income countries. Many studies have shown that in the poorest households, spending on tobacco products often represents more than 10% of total household expenditure – meaning less money for food, education and healthcare.

Children and education: Tobacco farming stops children attending school. 10%-14% of children from tobacco-growing families miss class because of working in tobacco fields.

Women: 60%-70% of tobacco farm workers are women, putting them in close contact with often hazardous chemicals.

Health: Tobacco contributes to 16% of all non-communicable diseases (NCDs) deaths.

Environment: Tobacco waste contains over 7000 toxic chemicals that poison the environment, including human carcinogens. Tobacco smoke emissions contribute thousands of tons of human carcinogens, toxicants, and greenhouse gases to the environment. And tobacco waste is the largest type of litter by count globally. [5]

Hence, Tobacco is an issue of Red alert in this Century taking toll in millions and costing trillions of dollars in expenditure of healthcare and lost productivity of working class men and women. We should tackle this issue with proper knowledge of Tobacco and its usage in various socio-economic statuses.

2. Materials and Method

This Study involved Observational study using a systematic Questionnaire in Marathi to evaluate 403 subjects which mainly include indoor patients of MIMER Medical College
and Dr. Bhausaheb Sardesai Talegaon Rural Hospital,
TalegaonDabhade. The study included volunteer individuals
who consumed Tobacco based products. Non tobacco
Consumers were excluded from this study. This study was
conducted over a period of 3 months from January 2018 to
March 2018.

Questionnaire included detailed personal history of their
Tobacco consumption over the years and also their
occupation and income.

All this data was collected and entered in excel sheet and
was analyzed. Statistics was calculated and accordingly
Graphs were plotted.

3. Result

The study was conducted among 403 volunteers from
various socio-economic statuses. It was found thatout of 403
volunteers 82.30%(n=331) were Males and Female being
17.70%(n=72) as shown in graph 1. These Individuals
consumed tobacco in four different forms mainly – Mishri
(Creamy Snuff) (18.1%)(n=73), Cigarettes 27.5% (n=111),
Gutka (4.7%)(n=19), Loose Leaf(49.6%)(n=200) as shown in
graph 2.

The study included the time period and frequency of
Tobacco consumption. One pouch of tobacco contains 16g of
smokeless loose leaf. As indicated in Graphs 3.a and 3.b,
there are maximum individuals consuming Tobacco since 2-
5 years and minimum individuals in interval of about half
year. And maximum frequency is seen in 2 pouch of tobacco
per week that is about 36.2%.

In relation to occupation there is maximum tobacco
consumption by servicemen about 29.4%(n=118). This
figure goes decreasing by occupations like farming,
housewife, business, labor, retired respectively as shown in
Graph 4.

If classified on basis of Socio-economic status maximum
numbers of tobacco users are from families that earn
aboutRs. 1,000 to 5,000 per month. And it is minimal in
individuals with monthly income more than Rs. 20,000 per
month as shown in graph 5. In graph 7, the age wise
prevalence of tobacco use was minimal in the youth below
20 with was increasing to the age group of 51-60 years, and
then declined to advancing age indicating chronic users
being slowly diseased by tobacco’s detrimental effect.

In addition to tobacco these individuals also consumed
alcohol and betel nuts on a daily basis as shown in graph 6.

4. Discussion

Although Tobacco is carcinogenic, and a lot of people
knowing this but still consume it on daily basis study also
reveals about other addictions and its frequency of intake
which has a cumulative effect on body, helping other to get
general idea/information about these addictions and other
substances mostly in use that supplements the effect and
complication of tobacco intake. Tobacco has some of the
other harmful chemicals in smokeless tobacco like Polonium
210, Lead 210, Cadmium, Cyanide, Arsenic, Polycyclic
aromatic hydrocarbons, Benzene, Lead. This made us to
think to do this project and put forward various steps to
spread awareness by preparing different researches, articles
and so was this project to learn about tobacco consumption.
Suggesting the high prevalence rate of tobacco consumption
by previous research this project aims to look into its socio-
economic basis. According to study conducted by Agrawal
et al the consumption of tobacco was found to be maximum
among the poorest part of the society, the use of smokeless
tobacco being maximum in this class. The use of tobacco
was reducing from poor to middle class to richest class,
significant part of income of the poor being spent on
tobacco. Our study has found similar results where tobacco
consumption is highest in the poor and decreases to the
richer section. And smokeless tobacco being maximum in
use in both of the studies. Previous studies by various
authors suggest that tobacco consumption is high in rural
population and our study population is from a semi urban
area. According to John et al all the cost of tobacco use was
many times more than the expenditures on tobacco control
by the government of India and about 16% more than the
total tax revenue from tobacco. And according to health
education journal’s study published on 30th April 2017
revealed that research output from low and middle income
countries remained low given us scope to create awareness
about tobacco control in these countries. Finally to conclude
that use of tobacco being maximum in men and in families
with low income and there is need to educate the susceptible
population about injury – physical, mental and economical
caused by tobacco usage.
References


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