



“Thrash the Ash - A Prospective Anti Tobacco Study”

KEYWORDS

Tobacco, Smokers, GATS

Sunil Kumar Agrawala

Department of Surgical Oncology, IMS & SUM Hospital, Siksha O Anusandhan University, Kalinganagar, Odisha

Jagadish Hansa

Department of Surgical Oncology, IMS & SUM Hospital,
Siksha O Anusandhan University, Kalinganagar, Odisha

Anil Kumar Nayak

Department of Surgical Oncology, IMS & SUM Hospital,
Siksha O Anusandhan University, Kalinganagar, Odisha

Debiprasad Mohanty

Department of Surgical Oncology, IMS & SUM Hospital,
Siksha O Anusandhan University, Kalinganagar, Odisha

Ravi Kannan

Cachar Cancer Hospital & Research Center, Meherpur,
Assam, India

ABSTRACT

Tobacco use is incredibly linked to poverty as well accounts to high profile population of India, which alarms public health costs of treating tobacco-related diseases. Public health awareness plays a key role in identifying both clinical and subclinical cases and also cessation of tobacco use through various modes of health education and counseling. Through this majority of the population belonging to dreaded disease accounted accurately in the submerged portion of iceberg, which otherwise leads to substantial morbidity and mortality. Therefore, the community-based measures are deemed to be the most perception of tobacco use cessation.

Introduction

India is the second largest producer and third largest consumer of tobacco (Arora & Madhu, 2012). According to Global Audit Tobacco Survey, GATS India Report (2009-10), the users of only smokeless tobacco (SLT) are double than that of smokers (Bhawna, 2013). Yadav et al analyzed the extent of integration of tobacco control in Masters of public health curricula of India at 23 public health institutions and concluded that tobacco is not receiving adequate attention in public health curricula in India (Yadav, Goel, & Sharma, 2014). The aim of our study was to evaluate the prevalence, awareness of oral cancer and perception of tobacco use cessation counseling among engineering students in eastern India.

Methods

A structured, pre-tested, self-administered 15-item questionnaire was designed to conduct a cross-sectional survey. The reliability and validity of questionnaire was tested by “test reset” method. Descriptive data analyses including percentages, frequency distributions and tests of chi-square were conducted using IBM SPSS.

Results

A total of 282 students took part, which included 182 (64.5%) males and 100 (35.5%) females. Among these 38.4% (xx/282; all males) were consuming tobacco and 91% of them were aware about the addictive nature of tobacco and 80% knew it to be injurious to their health. The main attributes for starting tobacco use included peer pressure and curiosity, in 40% each. Majority of them wants to quit. The top two suggestions to have a smoke free society included strong law (37.5%) as well as better education and awareness at the school level (31%).

Discussion & Conclusion

Our data corroborate that previously published by GATS (Bhawna, 2013). In addition it supports the following steps

to reduce tobacco related malignancy and chronic disease in India.

- 1) Education and awareness among teenagers to prevent to initiation of tobacco consumption (age at starting tobacco use being 38.4% teen male vs 47.9% adult male) (Bhimarasetty, Sreegiri, Gopi, & Koyyana, 2013).
- 2) A public health advocacy, good governance and legislation with a time bound goal of complete ban on the trade and commerce, production, supply, and distribution of tobacco (Kalyanpur, Pushpanjali, Prasad & Chhabra, 2012).
- 3) Till the ban takes place, significant and progressive increase of taxes on all smoking tobacco products commensurate with spend on treatment of illness related to tobacco consumption (Kalyanpur, Pushpanjali, Prasad & Chhabra, 2012).

Building on success stories like Singapore where possession, consumption and sale of tobacco is applicable to all people born after a certain age - making the society 100% tobacco free in a time bound manner. It is also vital to be aware of and counter the marketing strategies of Tobacco Companies by using the social media and presenting scientific evidence in a simple easy to understand and impactful manner.

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REFERENCE

1. Arora, M., & Madhu, R. (2012). Banning smokeless tobacco in India: Policy analysis. *Indian Journal of Cancer*, 49(4), 336-41. doi: 10.4103/0019-509X.107724. | 2. Bhawna, G. (2013). Burden of smoked and smokeless tobacco consumption in India- results from the Global Adult Tobacco Survey India (GATS-India) Fact Sheet India: 2009-2010. *Asian Pac J Cancer Prev*, 14, 3323-9. doi:http://dx.doi.org/10.7314/APJCP.2013.14.5.3323 | 3. Kalyanpur, R., Pushpanjali, K., Prasad, K.V.V., & Chhabra, K.G. (2012). Tobacco Cessation in India: A contemporary issue in public health dentistry. *Indian Journal of Dental Research*, 23 (1), 123. doi: 10.4103/0970-9290.99061. | 4. Bhimarasetty, D.M., Sreegiri, S., Gopi, S., & Koyyana, S. (2013). Perceptions of young male smokers in Visakhapatnam about tobacco use and control measures. *Int J Res dev Health*, 1(3), 129-35. | 5. Yadav, A., Goel, S., & Sharma, V.L. (2014). Integration of tobacco control in masters of public health curricula of India. *Asian Pac J Cancer Prev*, 15, 5611-15. doi:http://dx.doi.org/10.7314/APJCP.2014.15.14.5611 |