



Public Health Update About Tobacco Use - A Review

KG Sruthi^{1*} and Bhargavi²

¹Independent Researcher, Hyderabad, India

²Independent Researcher, Chennai, India

*Corresponding Author: KG Sruthi, Independent Researcher, Hyderabad, India.

DOI: 10.31080/ASMS.2022.06.1334

Received: April 01, 2022

Published: June 27, 2022

© All rights are reserved by **KG Sruthi and Bhargavi**.

Abstract

Tobacco abuse has become a threat to public health worldwide. Management and prevention are two approaches to controlling them. A multidisciplinary approach related to various areas of sociology, psychology, family, and traditional cultures is required to tackle this problem. This review is about Tobacco its burden, and ways to prevent it.

Keywords: Tobacco; Public Health; India

Introduction

Tobacco use is one of the main causes of morbidity and mortality in the world. Every year, millions of people are directly affected by tobacco use problems, which result in car accidents, crimes, injuries, poor quality of life, poor health, and far too many fatalities [1].

Epidemiology

Tobacco kills almost 8 million people globally. More than 7 million fatalities are caused by direct tobacco use, whereas 1.2 million are caused by non-smokers being exposed to second-hand smoke [5].

According to Global Burden of disease 2019, there are 1.14 billion (95% UI 1.13–1.16), current smokers, in 2019 [2]. More than 80% of world smokers live in low and middle-income countries. 21.6% of adults in high-income countries, 19.5% in middle-income countries, and 11.2% in low-income countries [3].

In India, according to the Globally Adult Tobacco survey, 2(GATS-2) prevalence of tobacco use in 2016-2017 is 28.6%. Khaini and bidi are commonly used tobacco products. 42.4% of men, 14.2% of women, and 28.6% of all adults either used smoked or smokeless tobacco [4].

Risk factors

Smoking was ranked among the five leading risk factors by DALYs in 2019 [6]. Tobacco abuse is a major risk factor for cancer, cardiovascular diseases, and pulmonary diseases. Tobacco abuse has no safe level to use. Tobacco use in both men and women reduces fertility. It causes many types of cancer like oral, lung, esophagus, throat, bladder, and kidney. People who snuff are at high risk of mouth and oesophageal cancers [7].

Tobacco addiction cycle

Smoking is an extremely effective medicine delivery method. Inhaled nicotine enters the bloodstream quickly through the lungs and travels to the brain in a matter of seconds. Rapid absorption and entrance into the brain provide a significant “rush” that reinforces the drug’s effects. Nicotine potentiates locomotor sensitization, which is associated to reward, in animals, as well as neuroplastic alterations in the brain. The smoking process also enables quick reinforcement and exact dose, allowing smokers to achieve desired benefits while avoiding toxicity. Nicotine drugs for smoking cessation, unlike cigarettes, provide nicotine slowly and have a minimal risk of misuse. Cigarettes have been manufactured with chemicals and flavors in addition to fast delivering nicotine to the brain [11].

Management for tobacco control

Cigarette smoking is an intractable public health issue and the single greatest risk factor for a wide range of cancers, including lung cancer. Every year, approximately 3 million people die as a result of smoking-related diseases, and this figure is predicted to rise to more than 10 million deaths each year. The Agency for Health Care Policy and Research has issued a clinical practice guideline outlining the available outcome data for various smoking cessation treatments. It has been proposed, in particular, that all patients be tested for smoking status at every healthcare visit, and that all patients who smoke be firmly counseled to quit and offered help to do so. Health-care providers play an important part in the attempt to reduce smoking prevalence by providing smoking cessation counseling and supporting community-based programs [10].

Prevention and control

Due to major public health threats, policy and programs offer a great intervention to control tobacco use. WHO Framework Convention on tobacco control launched the MPOWER which targets monitoring tobacco use, protecting people from tobacco use, quitting tobacco, warning about the dangers of tobacco [8].

In India, the National tobacco control program was launched in 2007-2008 to create awareness about the harmful effects of tobacco, to reduce the supply of tobacco products recommended by WHO [9].

Interventions should be taken more by the government and the individual to reduce tobacco use. Proper monitoring and surveillance should be there for the control program so that there is a decline in tobacco abuse in the country.

Public health measures

Tobacco results can be improved through school/community-based interventions, adult education, and smoking cessation support and can be facilitated by training for health professionals and school teachers. After the FCTC, smoking guidelines appear to be more widespread, but recent data explaining this, SHS exposure, tobacco advertising/promotion, and availability to minors may be useful. To date, there appears to be little data on taxation/pricing and tobacco packaging, and no studies on product regulation, alternative employment strategies, or illegal transactions have been identified. Further investigation of these additional tobacco control measures would be useful [12].

Conclusion

Smoking tobacco is a life-threatening addiction that, if left untreated, can damage all organ systems in the human body. The best way to avoid getting a TS-related illness is to never start smoking. The next best thing is to quit smoking as soon as possible. Helping patients quit smoking is one of the most beneficial preventive medical interventions available today. Almost every member of a healthcare team can play an important role in helping people quit smoking [13].

Nurses play a major role in assisting doctors in smoking cessation programs. In some hospitals, nurses are trained to provide behavioral and pharmaceutical interventions to inpatient smokers. These interventions show that smoking in certain populations is likely to be significantly reduced.

More government measures should be taken and people also who are addicted should try to stop doing it for a better India and a better world. Efficient checks, measures should be taken by the government and even policies should be implemented to curb tobacco use in India.

Bibliography

1. Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington (DC): US Department of Health and Human Services. Vision for the future: a public health approach (2016).
2. GBD 2019 Chewing Tobacco Collaborators. "Spatial, temporal, and demographic patterns in the prevalence of chewing tobacco use in 204 countries and territories, 1990-2019: a systematic analysis from the Global Burden of Disease Study 2019". *Lancet Public Health* 6.7 (2021): e482-e499.
3. WHO Report on the Global Tobacco Epidemic, 2019: The MPOWER package. Geneva: World Health Organization (2019).
4. ntcp.nhp.gov.in/assets/document/surveys-reports-publications/Global-Adult-Tobacco-Survey-Second-Round-India-2016-2017.pdf
5. [who.int/news-room/fact-sheets/detail/tobacco/key facts](https://who.int/news-room/fact-sheets/detail/tobacco/key-facts)

6. GBD 2015 Tobacco Collaborators. "Smoking prevalence and attributable disease burden in 195 countries and territories, 1990-2015: a systematic analysis from the Global Burden of Disease Study 2015". *Lancet* 389.10082 (2017): 1885-1906.
7. Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products; Board on Population Health and Public Health Practice; Institute of Medicine; Bonnie RJ, Stratton K, Kwan LY, editors. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington (DC): National Academies Press (US); The Effects of Tobacco Use on Health (2015).
8. [who.int/initiatives/mpower/Tobacco control/](http://who.int/initiatives/mpower/Tobacco%20control/)
9. [nhm.gov.in/National tobacco Control program/National Health Mission](http://nhm.gov.in/National%20tobacco%20Control%20program/National%20Health%20Mission)
10. Emmons KM. "Smoking cessation and tobacco control: an overview". *Chest* 116 (1999): 490S-492S.
11. Benowitz NL. "Nicotine addiction". *The New England Journal of Medicine* 362.24 (2010): 2295-303.
12. McKay AJ, et al. "Strategies for tobacco control in India: a systematic review". *PLoS One* 10.4 (2015): e0122610.
13. Adams TN and Morris J. "Smoking". In: StatPearls. Treasure Island (FL): StatPearls Publishing (2022).