

Tobacco And Indian Youth: A Review

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Abstract

In India and the South Asian part of the world use of tobacco is seen for a longtime. If we go back decades back tobacco is used as a gift to treat the guests and also it was encouraged to use in past times. Sooner when the malicious side effects of tobacco were noticed people tried to avoid the consumption of tobacco. The psychological mindset of the youth is quite impressionable, seeing the things that the adults do would easily encourage them to do the same. Thus, this article reviews various forms of tobacco used in our Indian society and how the government of India is taking action to curb the tobacco abuse.

Keywords: *Khaini, Mawa, Mishri, Gutka, Snuff.*

Introduction

The use of tobacco by the younger inhabitants of India is reaching a new epidemic levels. The World Health Organisation (WHO) has stated that approximately 82k-99k, youngsters start the habit of smoking each day. Nearly 45000 of them happen to prolong the habit of their adulthood and many of them are expected to perish in advance because of smoking-related diseases. The way the existing developments of smoking cigarettes and other forms of tobacco are continuing it is estimated that near 251 million people will die due to tobacco.

India being the second largest populated country in the globe, and third-largest producer as well as consumer of tobacco in the globe. The use of tobacco is deep-rooted in the history of this incredible nation.

Bearing in mind the gigantic health obstacles accompanying the tobacco usage, it is of paramount relevance to comprehend the causes surge its consumption and to plot stratagems to diminish its consumption. It is exclusively pertinent for emerging nations such as India, everywhere tobacco consumption remains to be a public yet harmful consequence of its practice. This article gives a brief review of the outlines of tobacco usage in India, its occurrence in Indian youngsters, psycho-social aspects in commencement & inhibition & the footsteps reserved by the government to curb its use.

History: Tobacco's use had started as early as 600 A.D¹⁹. Being familiarised in the European community by Columbus who was acquainted with it from the Caribbean through his world tour. India was familiarised with it by the Portuguese.²⁰ Previously, tobacco had been smoked by various types of tubes or as panatela or was consumed through the mouth in the form of smokeless tobacco. The mid-nineteenth century saw the introduction of paper cigars and cigarettes. In around 1828 A.D nicotine was sequestered from tobacco leaves. Detrimental properties of tobacco have been renowned over the last 1000 years. Archeologically many kings and emperors have acknowledged the detrimental properties of the tobacco and even strained to prohibit the product form the market.^{20,22}

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India has a discrete custom of implementations in

contrast to tobacco usage being started by the previous rulers (like Jahangir) and the spiritual frontrunners at dissimilar periods in the past. The prodigious Indian Sikh Guru Gobind Singh forbidden smoking for the followers of the Sikh community. He said, "Wine is bad, Indian hemp (bhang) destroys one generation, but tobacco destroys all generations"^{22,23} Tobacco use has been regarded as a spiritual taboo by the Sikhs since then. Still, regardless of old efforts to legitimately prohibit tobacco, its use has sustained to breed in acceptance as a non-productive activity²³

In contemporary medicine, its detrimental side has been documented in the previous 40 years¹⁹. Though its usage has weakened in industrialized countries in the current ages, it lingers to be prevalent in emerging countries³.

Different ways it has been used from centuries:

Tobacco can be used as smoke form or smokeless form, examples-beedi and cigarettes or like hookah, hookli, chutta, or chillum.

Beedi- it is an inexpensive smoking stick which can be simply made by rolling the tobacco in a dried piece of temburni leaf and securing it with a strand. The dimension differs from 4-8 cm.

Hooka – It is native to India and is made with the help of wooden and metal pipes. The tobacco smoke travels from side to side in the water which is in a sphere-shaped bowl or instead of tobacco any other flavours can also be used.

Hookli- it is a small clay tube-like device which can be nearly 6.9 cm long

Chhutta- it is an indelicate preparation of tobacco, which puffed with the burning side inside the mouth. It is most prevalent in the Srikakulam area of Andhra Pradesh.

Dhumti- It is a cigar like product which uses leaves of jackfruit trees or dehydrated leaf of musa plant. Men predictably burn dhumti, whereas females use it oppositely.

Chillum- it is a narrowed clay tube of about 9.9 cm in length. The tapered side is kept in the oral cavity, frequently enveloped in a damp garb that acts as a filter. It is sometimes used with ganja in the northern part of India.

Usage of smokeless tobacco: Smokeless form is more common in India among youth.

Betel quid includes betel leaf, areca nut, slaked lime, tobacco, catechu and condiments customized by the consumer. Different regions of India use a different pattern of preparation for the betel quid.

Khaini- tobacco flakes are roasted and mix with slaked lime. The powder is prepared when the consumer uses his left hand for keeping the mixture and rubs it with a finger. Then it is placed in the labial vestibule.

Mawa – it is a combination of areca nut, tobacco, and slaked lime. Most popular in the Gujarat region, among the 15-19 years age group.

Snuff- it is prepared from tobacco by frying and liquidation, it is used through nose snuffing and is prevalent in the east side of the country. It is used as a dentifrice, in some regions it is recognized as Bajar and mishri.

Gutkha- direct preparation from the industry, ingredients are areca nut, tobacco and condiments.

Pan masala- mostly used as an after-meal mouth freshener, it is a betel quid combination which comprises ingredients similar to gutkha, but may or may not have tobacco. The combination is masticated & consumed. The inexpensive smokeless form along with the refreshing taste has led to a colossal upsurge in the usage of different kinds of areca nut plus smokeless tobacco amongst the Indian populations as well as the youth.

Psycho-social issues of initiation of tobacco use:

1. We have to observe the duration that a particular individual spends with people. Also if using tobacco is common in the family of the individual then their more chances of him/her getting addicted. Seeing others who are living close to the individual consuming cigarettes may inspire young people to take up the habit.
2. Peer pressure plays a pivotal role in influencing a person to take up these bad habits. It not only becomes a cool image to carry in front of their friends but acts as an anti-stress medication which is encouraged by friends. It also leads to drug addiction. The individual gets more easily addicted as the tobacco products will be shown as beneficial items to relieve stress or as a most common style adopted by nowadays teenagers.

3. The availability of the products in markets is easier than before. The day by day increase in tobacco manufacturing industries with increasing consumer consumption has led to inexpensive mass products that are available in every street corner. In India it is easier to find a tobacco packet rather than a bandaid.
4. Psychological or emotional stress- a good impression of others on us always works as a endorphins. Poor school results, insults by faculty in front of your friends, demoralization from your professors all these factors play a key role in shifting towards the bad habit. Cause being a good person is difficult in today's work environment so such students tend to find relief in these products and abuse it daily. Mental health is a relevant topic which is ignored by parents these days, the features of depression are quite difficult to identify and thus negligence in communication with children by parent lead to addiction to these bad habits.
5. In a country like India media is everywhere and so are the commercials, on television, radio and on the roadside walls. Tobacco advertisements mostly attract the younger generation which falsely showing the advantage of the product rather than the disadvantages. Even the characters in movies and serials consuming these products in a way contribute to promoting the use of tobacco. Many MNCs have not only sponsored various sports events but also instituted bravery awards. Advertisement and promotions of these vicious products are at a cusp in a developing country like India.

Prevention strategies: Like the old saying "prevention is better than cure" there are certain techniques by which we can prevent the adverse effect of addiction to tobacco.

1. The advantages of educational programs have been well received by school students. Such programs concentrate on harms caused by cigarettes other products like hooka, beedis and gutka. Most Indians are unaware of the harmful effects caused by smokeless tobacco products. There is even an erroneous faith that beedis are less injurious than cigarettes. Countless individuals believe that these products on consumption helps in free bowel movements and they refuse to leave the habit as they believe that it will lead to constipation. Multiple programs have been initiated by the government of India to curb this problem. A training module is

generated for Non-profit Government Organisations for offering the intervention to street children according to their needs.

2. A pivotal phase in preliminary anticipation is the rebooting of the current tobacco strategies of the GOI. The GOI has lately made relevant lawful actions nonetheless there are deep-rooted problems in enforcing the tobacco-related laws. Limitations have been instilled in sales and the use of such products in public places. Mainly the price of such products should be hiked and their ease of availability should be reduced. An initiative of this program is stopping the sale of these products in the vicinity of schools. Some developed countries have imposed strict restrictions regarding the sale of these products to children but despite these strict restrictions there are still flaws in implementing them.
3. Due to the failure in proper instillations of school-based interventions it has led the scientists to advocate approaches involving the generation of social environment supporting non-smoking. This is important to Indian society, where monetary difference, joblessness, ignorance and vagrant people are linked to addictive behavior including drug addictions.

Prevention is Better Than Cure!!: In tobacco addiction it is better to curb its use rather than regretting it later in life. The preventive measure can only be carried out if the individual is fully agreeing to quit the habit on his/her own. Not only him but the people surrounding a recovering patient should be supportive in their process. We as responsible citizens of this country should always be helpful to those in need. First and foremost educating the person about the harmful effects of this abuse will certainly help a certain amount of population in the society. While educating an individual he should be enlightened about the detrimental effects of tobacco with a reason as nobody will agree nowadays without any proof so we should introduce them to the people who are suffering from oral cancer caused by the tobacco abuse to tell about the detrimental effects not only the disease patients but also those who have successfully quit the habit should be brought in front of the addicts to build a hope in them that they can quit the habit too.

Conclusion

The use of tobacco dates back to many decades

when it was merely a product for refreshing mouth after a heavy meal. In recent years there is a gradual increase in the consumption of such products. Despite the various strategies adopted by the government it, at last, depends on the individual to understand and acknowledge the harmful repercussions of consuming these products. There is no proper awareness among individuals regarding the harmful effects and the commercials are wrongfully encouraging the use of it. We also lack in collecting the data of consumers in different age groups in different parts of countries. To get rid of this vicious product we need to emphasize on stricter legal actions to those industries and companies promoting the commercials.

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