Webinar Training: A panel discussion on "Endgame of Tobacco" for Protecting the Next Generation

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Abstract

Background: Jodhpur School of Public Health, Poornima University hosted an interactive and live global webinar session on the topic of "Endgame of Tobacco: Protecting Next Generation'' on 6th June 2020. Eight panelists gathered to discuss the use of new innovative technology, prevention efforts, and future directions to address India's tobacco epidemic

Finding: It was revealed that tobacco kills 13.5 lakh people every year and if the tobacco epidemic is not controlled, 1 billion people will die in this century. The tobacco industry and the challenges in India's healthcare system to promote tobacco cessation services play a significant role in fueling this tobacco epidemic. Smokeless tobacco and second-hand smoke are also significantly contributing to negative health outcomes, particularly amongst women and children. Although there have been efforts to increase the number of cessation clinics, there has been a lack of concerted integration to equip the health system with tobacco cessation services

Conclusion: Going forward, it is suggested that cessation efforts should be combined into one integrated program with the use of technology to create effective strategies to increase quit attempts and ultimately reduce the prevalence of tobacco use.

Key words: *Webinar, Tobacco, JSPH, Poornima*

Introduction

Poornima University and Jodhpur School of Public Health hosted an interactive and live global webinar session on the topic of "Endgame of Tobacco: Protecting Next Generation'' on 6th June 2020. Tobacco use has become a significant epidemic, particularly in India, with almost 27 crore users. Research has also shown links between tobacco use and threatening health conditions. This epidemic has particularly impacted women and the youth. Although prevention efforts have been carried out for several years, there has been little measurable success. The emphasis of preventive measure on future generations, and its regard for the interests of existing stakeholders, makes it worthy of consideration as a surer path to the ultimate eradication of tobacco supply in jurisdictions where the social climate is conducive[1].

Therefore, 8 panelists gathered to discuss the use of new innovative technology, prevention efforts, and future directions for the long-awaited success of the "endgame" of India's tobacco epidemic.

Finding

In India, Tobacco kills 13.5 lakh people every year and if the tobacco epidemic is not controlled, 1 billion people will die in this century. Every 3rd Indian uses tobacco (27 crores) and one third of them will die prematurely. People with significant co-morbid conditions like preexisting asthma and respiratory diseases attributable to tobacco use are susceptible to life threatening infections. This highlights the need to

strengthen our health systems to provide curative and preventative health promoting services like tobacco cessation.

The tobacco industry plays a significant role in fueling this tobacco epidemic. It was said that the tobacco industry is savvy in working around legal hurdles in order to reach its target audiences. The tobacco industry spends close to $10 billion on marketing in the US alone, the kind of marketing muscle that undercuts tobacco control measures. It was argued that the tobacco control community should also demonstrate the same degree of sophistication, agility, and aggressiveness to counter tobacco industry's tactics and influence. The industry has exploited the large time interval in which smoking can lead to detrimental health affects to advance their business. Some examples include, dismissing the effect of smoking on cancer as simply 'statistical association' and declaring under oath that nicotine is not addictive. However, in regards to smoking, the Covid-19 case fatality rate is up to 50% compared to the case fatality of <3% in non-smokers. The hospitalisation rates are also much higher for individuals who smoke.

There has also been prevalent tobacco promotion amongst the youth despite measures to prevent this. The laws on not having tobacco vendors within 100 yards of schools and the bans on the sale of tobacco to minors have been implemented, yetthere have been difficulties in enforcing them. Even the signboards on the ban of sale to minors are missing at most points of sale. Attractive display in showcases and high density of tobacco vendors also create an encouraging atmosphere. Typically, endgames are plausible for countries where existing prevalence has historically been low or where there has been a sharp decline in tobacco use in recent years, and where there is public support and demonstrated political commitment to reduce tobacco use[2].

Tobacco is the only legal consumer product that can harm everyone exposed to it – and it kills up to half of those who use it as intended. Yet, tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use[3,4,5]. Tobacco use takes away many productive years from individuals, firms and therefore a country's entire population. A 2013 study found that in the United States, the difference in terms of annual health insurance premiums for insuring a smoker as opposed to a nonsmoker is estimated to be $5816[6,7].

A particular population that has seen increased rates of cigarette smoking is young women in India. The average Indian girl is taking up smoking at 17.5 years as compared to 18.8 years for boys. India is second to the US in the highest absolute numbers of women smokers and this number is rising steadily. Some reasons for this particular increase include:

- Weakening of social and cultural constraints with rising acceptance of women smokers
- Hectic work culture and coping with stress
- Peer pressure
- Aspirations to emulate their "liberated" Role Models and create an identity
- Glamorous advertising of female smokers portraying vitality, slimness, modernity, emancipation, sophistication and allure.
- Living with a smoking parent or sibling
- Sign of Rebellion/Independence/Power
- Socially and economically marginalization

Non-smoking Tobacco Consumption

Smokeless tobacco use is also a significant and challenging problem especially in South Asia. For example, studies in Rajasthan have revealed that 40% of adult men in Rajasthan use tobacco.One in every ten adult women use tobacco (70% smokeless 30% smoking). 55% of smokers and 51% of smokeless tobacco users are not interested in quitting tobacco use. Only 36% of smokers and 38% of smokeless users believe that tobacco use has harmed their body.

There is a great diversity of smokeless tobacco products and smokeless tobacco use patterns. Some

examples include, gutkha, with betel quid, khaini, snuff, and tooth powder. All smokeless tobacco products have nicotine as a major constituent and are potentially addictive with other ingredients which are carcinogenic substances and heavy metals. Health problems related to smokeless tobacco include the following; addiction, cancer, precancerous mouth lesions, heart disease, dental disease, pregnancy risk, anaemia, and poison risk for children.

Second-hand Smoke (SHS)

Studies show that children whose parents smoke get sick more due to stunted growth in their lungs. Children whose parents smoke around them are also more likely to experience ear infections due to increased fluid in their ears. Additionally, children exposed to SHS appear to have increased respiratory problems and decreased lung function as adults. Wheezing and coughing are more common in children who breathe SNS which can also trigger an asthma attack. SHS exposure increases the risk that a child will potentially develop cancer. SNS for teens may produce higher cholesterol levels and may be more likely to get heart disease, poorer lung functions, more asthma episodes, more respiratory infections as adults.

Smokers miss out on a huge incentive - ranging from 15-50% - because of their cancer-causing habit of smoking, say insurance experts. "A person who smokes an average of 8 cigarettes a day would spend an average of Rs 23,360 per year (on his addiction). With this amount, a 35-year-old smoker could get a life insurance cover of around Rs 1.27 crore for 15 years"[8].

Discussion

Drawbacks of current interventions

This challenges regarding tobacco use have been discussed and worked on for over 10 years. However, efforts have not been entirely successful. One of the major reasons for this is the inadequate attention to strengthen India's health systems to provide tobacco cessation to the people who intend to quit but find it difficult to do so. The analysis of the data from GATS 1 and 2 reveals that many indicators of tobacco control have improved in the past decade, however there has been only a marginal increase in health providers providing advice for quitting tobacco. The immediate fallback of this statistic is the reduction in the quit attempts, especially by rural female smokers for both smoke and smokeless forms of tobacco. Although there has been an increase in number of cessation clinics, there has been a lack of concerted integration efforts to equip the health system with tobacco cessation services.

Tobacco Cessation and Prevention Strategies

Various studies have shown that a mix of varied interventions have shown higher quit rates than using a single method. Multi-sectoral engagement – integrating with other health programs (TB, HIV-AIDS) with development programs (education) – can go a long way to implement effective tobacco cessation practices.

The government of India started its own quit line (in partnership with the WHO Be Healthy Be Mobile program) a few years back where individuals can register via a missed call to the line. There have been some positive results coming out of it. They received almost 2 million calls in one year and the self-reported quit rate was almost 19%. 66% made a quit attempt and 77% said program was helpful. Rajasthan has itsquit line and it has also shown encouraging results. A number of reviewshave shown if that m-cessation is coupled with other cessation interventions, it is very helpful in increasing quit attempts. All these cessation efforts should be combined into one integrated program which would potentially be the most beneficial in increasing quit attempts.

It has also been suggested that customized strategic communication campaigns such as "participatory" strategies and engaging the target audience, particularly the youth, should be developed. Additionally, there need to be efforts taken to counter the tobacco industry. One suggested strategy includes focusing on the tax write-offs on the marketing expenses of the tobacco industry. Advocacy of counter-marketing strategies should be developed to ensure that advertising and marketing budgets of the tobacco industry are publicly available.

Additional effective measures include:

- Behavioral interventions — such as telephone services, self-help materials, counseling or professional advice

- Nicotine replacement therapy with nicotine gum or lozenges,

- Drugs like Varenicline.

- Encourage healthy habits good nutrition, exercise, stress management early in life

- Focus on harm-reduction (lung disease, cancer, reproductive issues, heart disease etc.,)

- Offer and promote counseling support

- Doctors need to shift from "telling" to "asking" about smoking

Targeted Solutions amongst the Youth

Education and teachers specifically can play a crucial role in prevention and cessation of tobacco amongst the youth[9,10].It has been shown that teachers can be engaged as role model, knowledge providers, trainers and training module developers.Teachers can be revolutionary not only for their students but also for the communication of information between generations. Talking about the harmful effect of tobacco at early stages of education can not only prevent children from future indulgence, but also prevent their parents to quit tobacco. Therefore, there is a need trainers or teachers (TOT) programs to train teachers and prevent them from encouraging tobacco use. At school level, adolescents can be trained using real life case studies. In Medical or Public health school levels, the curriculum will require a comprehensive approach.

Additional preventative efforts the youth include:

- Parents and their Guests must not smoke at home or in car or around children

- Explanation of risks of smoking to children

- Active encouragement of quitting smoking

- Encouragement of motivation and support programs.

- Educating Pediatricians, nurses, healthcare workers to speak to families about the harms of secondhand and third hand smoke.

Conclusion

India has more than 100 million adult smokers due to the significant influence of the tobacco industry and the deficiencies in India's health system. The opportunities and strategies to encourage people to quit smoking in India needs to drastically change. Currently, existing smoking and tobacco cessation services operate from only limited number of clinical settings and there are not enough trained specialist smoking cessation advisors nationally. A multi-sectoral engagement strategy should be implemented to effectively promote smoking cessation. Innovation is key and a technological approach also needs to be taken so that these services can be delivered consistently and at scale across the population.

The webinar is now freely available on you tube through the following link: https://www.youtube.com/watch?v=VWBof0NFn9U .

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