

TOBACCO USE IN INDIA: AN IMPEDIMENT TO NCD PREVENTION AND CONTROL



HEALTHY INDIA ALLIANCE
for prevention and control of NCDs



Tobacco kills 10 Lakh Indians Every year



1 Indian dies every 32 seconds

Nearly **275 Million Indians** over 15 years of age use tobacco in some form or the other



47.9% Males



20.3% Females

5500 youth initiate tobacco use every day



India spends 14,00 crore rupees annually to treat tobacco related diseases

15 MILLION PEOPLE IN INDIA ARE IMPOVERISHED ANNUALLY DUE TO TOBACCO USE

TOBACCO USE IS THE TOP RISK FACTOR FOR 4 MAJOR NCDs GLOBALLY 60% of all deaths in India are NCD related



Cancers

50% of all cancers in men and 20% of all cancers in females in India are tobacco related

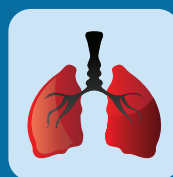
India spends 1400 crore rupees annually to treat tobacco related cancers



Cardiovascular Diseases

5% of all CVDs in India are tobacco related

India spends 3,600 crore rupees annually to treat tobacco related CVDs



CHRONIC RESPIRATORY DISEASES

82% of all COPDs are tobacco smoking related

India spends 2800 crore rupees annually to treat tobacco related COPDs



Diabetes

Tobacco use increases the chances of Type II diabetes by 30-40% in smokers as compared to non-smokers

INDIA'S TOBACCO CONTROL LAW: THE CIGARETTES AND OTHER TOBACCO PRODUCTS ACT 2003

Section 4

Smoke-free Public Places and indoor work places

Section 5

Prohibition on tobacco advertising, promotions and sponsorship

Section 6

Preventing youth access to tobacco

Section 7

Large pictorial health warnings

INDIA IS THE 1st COUNTRY TO ADOPT NATIONAL TARGETS FOR PREVENTION AND CONTROL OF NCDs



30% relative reduction in tobacco use by 2025

Tobacco Control: A Case in Point

In the Indian context, with respect to the four major NCD risk factors, the tobacco control movement has been the strongest, particularly due to legislative regulation through the Cigarettes and Other Tobacco Products Act (COTPA). This is also true for civil society engagement through effective Government-CSO partnership and monitoring/advocating for policy development and enforcement. The tobacco control movement has also effectively percolated to the sub-national levels in states and districts. This model provides a valuable benchmark for augment civil society action for overall NCD prevention and control.

ALCOHOL USE IN INDIA: NEED TO CONSOLIDATE & STREAMLINE ACTION & ADVOCACY



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In 2014, 3.3 million deaths in India were attributed to alcohol consumption



25% of road accidents in India are alcohol-related
20–30% of hospital admissions are due to alcohol-related problems

In India, the ratio of adolescents over the age of 15 consuming alcohol:



32% Males



Fewer than 11% Females



India spends 224 billion rupees every year manage the consequences of alcohol

Alcohol consumption linked to more than 60 types of diseases and injuries

Alcohol is one of the largest avoidable risk factors of NCDs in low and middle income countries



Cancers

Alcohol

consumption increases the incidence of oral cancer by 49% among current users and 90% in past drinkers



Cardiovascular Diseases

Excessive and binge alcohol consumption confer a higher risk for CVD



Mental Health

Alcohol-related problems account for 17.6% of the case load of psychiatric emergencies



Diabetes

Excessive and binge consumption of alcohol also increases the risk of diabetes

interacting with some medications

Urgent Need to Strengthen Alcohol Control in India

Alcohol related policies: India

Treatment is taken care of by Ministry of Health and Family Welfare, usually in tertiary care centers through psychiatric departments

Specialized treatment centers such as National Drug Dependence Treatment Center (NDDTC)

Rehabilitation under the jurisdiction of Ministry of Social Justice and Equality

Alcohol surveillance is done by both Indian Council of medical Research under MoHFW (NCD risk factor surveillance survey) and



10% relative reduction in alcohol use by 2025

Alcohol Control: Opportunities for Scale-up

In the absence of any consolidated and nationally valid legislative and regulatory framework for alcohol control, the existing policy provisions are sporadic and non-uniform, leading to challenges in enforcement and monitoring. There is rich scope and opportunity to scale-up alcohol control in India, both in terms of civil society participation and consolidation of governmental action, which at present is spread between some of the Ministries and Departments, such as: Social Justice and Empowerment, Excise, Health etc.

UNHEALTHY DIET AND INSUFFICIENT PHYSICAL ACTIVITY: THE TWO-SIDED BANE FOR NCDs



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Dietary risks are the number 1 risk factor and physical inactivity has been ranked at number 11 as a risk factor for the overall disease burden in India.



392 million individuals are inactive in India



India incurred an accumulated loss of USD236.6 billion by 2015 on account of unhealthy lifestyles and faulty diet

More than 60% of Urban Indians and 50% of rural Indians are 'inactive' Fewer than 10% Indians engage in recreational physical activity

The dual burden of over-nutrition and under-nutrition predisposes Indians to co-morbidities, including NCDs



Cancers

Poor/unhealthy diet and physical inactivity are strong risk factors for cancers



Cardiovascular Diseases

1.6 million deaths in India in 2010 from CHDs.

Unhealthy diet, inadequate physical activity and High Blood Pressure are leading causes of the CVD burden



Diabetes & Obesity

Regulating diet and physical activity levels can reduce the risk of diabetes and obesity

Promoting Healthy Diet and Optimal Physical Activity Needs a Comprehensive Policy Package

Key Policy Issues

Regulating marketing and advertising of foods/ beverages rich in High Fat, Sugar and Salt

- School canteen policy/
- Availability of unhealthy foods around school/

Adequate access to healthy food option

Providing opportunity for daily physical activity in schools

Enhancing environment conducive to physical activity in cities: pedestrian pathways, cycling tracks, parks, gardens etc.

Strengthening public transport facilities

Promoting physical activity at workplaces



30% relative reduction in sodium intake use by 2025

Halt the rise in prevalence of diabetes and obesity Promoting

Promoting Healthy Diet and Optimal Physical Activity: critical lifestyle factors that need regulation

Unhealthy diet and inadequate physical activity are embedded among Indians. These risk factors are ingrained right from childhood and become a part of day to day lifestyle. Addressing these warrants a comprehensive policy package which reduces exposure through multiple pathways and provides a conducive environment to adopt health promoting practices.

Environmental risk factors: An impediment to healthy living

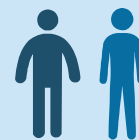


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Indian cities today are among the most polluted areas in the world and it is estimated that outdoor air pollution leads to approximately 670,000 deaths annually



Ambient air pollution has been identified as the fifth biggest cause of mortality in India



Annually, 400–550 thousand premature deaths have been attributed to indoor air pollution in India

The environmental factors that majorly affect human health are: water and sanitation, indoor air pollution, urban pollution and agro-industrial pollution



An estimated 1900 billion rupees is the annual cost of ambient air pollution and indoor air pollution collectively

Diesel emission has been classified as a class 1 carcinogen, putting it in the same class as tobacco smoking for its strong link with lung cancer.



Cancers

Air pollution induced premature deaths due to cancer

2.02% (trachea, bronchus and lung)

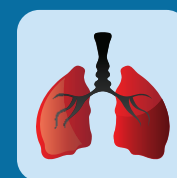


Cardiovascular Diseases (CVDs)

Air pollution induced premature deaths due to stroke

25.48%

Air pollution induced premature deaths due to ischemic heart disease stand at 48.6%



Chronic Obstructive Pulmonary Diseases (COPDs)

Air pollution induced premature deaths due to COPDs

Stand at 17.32%

Adopting a participatory approach mitigate the environmental risk factors

Key Policy Issues

Developing an evidence base for action

Protecting health and preventing disease through healthy environments

Strengthening national environmental health policies

Strengthening the existing efforts to provide to clean cooking fuel to every rural household

Sustaining Inter-sectoral coordination and partnerships

Improving public participation and social mobilisation through capacity building

50% relative reduction in household air pollution by 2025



Reducing the environmental burden of diseases through a location specific approach

Given that the environment is closely linked with each of the eight Millennium Development Goals (MDGs), without priority being assigned to interaction between environment and health, it will be a challenge to achieve MDGs. While modern environmental risks linked to industrial pollution and urban development exist and are growing, environmental health is also to a large degree a rural health issue on account of household air pollution. Since the burden of disease due to environmental risk factors is highest in rural areas, the most cost-effective interventions tend to be those that focus on improving the rural household environment. It is therefore important to engage in field linked research that helps identify the location specific needs of the area and tailor solution that best meet these needs.