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## ROLE OF THE HEALTH-CARE PROFESSIONALS IN COMBATING TOBACCO EPIDEMICS

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### HOW TO CITE THIS ARTICLE:

Rocket Chandra Brahma, Deka Swapna Manindranath. "Role of the Health-Care Professionals in Combating Tobacco Epidemics". Journal of Evidence Based Medicine and Healthcare; Volume 1, Issue 8, October 15, 2014; Page: 913-921.

**ABSTRACT:** Tobacco epidemics have become a matter of serious health hazard all over the world. Smoking tobacco considered as a means for relaxation and recreation is now indicated as a menacing health hazard. Tobacco in all forms are consumed worldwide with cigarette smoking being the highest at 32%, gutka (30%), bidi (10%) and other forms (19%). Tobacco consumption in all forms is responsible for serious health hazards. Tobacco is a risk factor for six of the eight leading causes of death in the world like Ischemic heart disease, Cerebra-vascular disease, lower respiratory infections, chronic obstructive pulmonary disease, tuberculosis and trachea, bronchus, lung cancers. The percentage of health hazards due to tobacco consumption are lung cancers (31%), heart diseases (30%), chronic obstructive pulmonary disease (22%) and other diseases (17 %). Tobacco inflicts huge damage on the health of India's people and could be clocking up a death toll of 1.5 million a year by 2020 if more users are not persuaded to kick the habit, according to the report by the International Tobacco Control Project (ITCP). The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international treaty negotiated under the auspices of World Health Organization. The Preamble of the WHO Convention Framework on Tobacco Control recognizes the contribution of the health care professionals in its efforts in tobacco control. India is committed to implement the WHO Framework Convention on Tobacco Control since it has signed the WHO FCTC on 10 September, 2003, ratified it on 5 February, 2004 which came into force on 27 February, 2005.

**KEYWORDS:** Health professionals, Health hazards, Tobacco Control, Cessation, WHO.

**I. Introduction:** When Columbus landed in the West Indies in October 1492, the native Arawak people greeted his party with a gift of dried tobacco leaves and a demonstration of how to roll them into a cigar and smoke it. It was a well-meant gesture: throughout Native American cultures, sharing tobacco was a universal expression of peace and good will.

Today, five hundred years later, the international community is passionately debating the consequences of that hospitality. Smoking tobacco considered as a means for relaxation and recreation is now indicated as a menacing health hazard. Although cigarette smoking continues to be the primary way that people consume tobacco, consumption of other tobacco products in the form of smokeless tobacco like chew and snuff also puts the public's health at risk.

Tobacco was first introduced in India by the Portuguese traders during 1600 A.D. and soon after its introduction it became a valuable commodity of exchange in India. Today India is the second largest producer of tobacco and the third largest consumer of tobacco in the world. Like in the other parts of the world, tobacco consumption has become a matter of serious

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health concern in India. It is estimated that during the year 2008, 9.4 lakhs new cancer cases occurred in the country, of these 4.3 lakhs were males and 5.1 lakhs females.

The objective of this research is to study the gravity of the problem of tobacco consumption prevalence worldwide and in India. The research also aims to assess the role played by the healthcare professionals in preventing tobacco consumption and the barriers faced by the healthcare professionals in playing their role for prevention of tobacco consumption.

## II. Tobacco consumption prevalence – Worldwide and India

The first four countries in the world with the highest percentage of smokers in total are China (28%) at the first place, India (12%), at the second place, Indonesia (4%) and Russian Federation (4%) at the third place and the United States (3%) at the fourth place. Also according to Mathew L. Myers, President, Campaign for Tobacco-Free Kids, China has the most tobacco users (300.8 million) followed by India (274.9 million) and also China has the most smokers (300.7 million) while India has the most smokeless tobacco users (205.9 million).

In India, Punjab has the lowest tobacco use and the Northeast part of India highest and that Indian women more addicted to nicotine than men.

Amongst the Northeast states of India, Nagaland state ranks second in tobacco consumption among the states of the Northeast with a prevalence rate of 57% next only to Mizoram which stands at 61%. Gender wise, it showed that 53% and 37% of the male and female population respectively use smokeless tobacco products in the state.

## III. National policies on tobacco control: Anti-tobacco laws in India

Tobacco control legislation in India dates back to 1975, when the Cigarettes (Regulation of Production, Supply, and Distribution) Act was passed in 1975. The main provisions of the Act:

- 1) Required the display of statutory health warnings on advertisements, cartons, and cigarette packages.
- 2) Contained specific restrictions for trading and commercialization practices regarding the production, supply, and distribution of tobacco.
- 3) Set penalties including the confiscation of tobacco in the event of its provisions being breached.

However, the Act had major limitations as it did not include:

- 1) Non-cigarette tobacco products, such as beedis, gutka, cigars, and cheroots.
- 2) Supported and favored tobacco production and trade because tobacco was considered to be a major source of public revenue.

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of trade and commerce, production, supply, and distribution) Act, 2003, was a more comprehensive description for the control of tobacco. The Act contained provisions:

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- 1) To prohibit the advertisement of, and to provide for the regulation of trade and commerce in, and production, supply and distribution of, cigarettes and other tobacco products..
- 2) Was explicitly intended to reduce tobacco consumption, in contrast to the Tobacco Board Act, 1975 which had favored tobacco production.

**IV. State policy on tobacco control:** Assam became the first state to legally ban consumption of all forms of smokeless tobacco, including pan masala containing tobacco and nicotine, through an Act known as The Assam Health (Prohibition of Manufacturing, Trade, Advertisement, Storage, Distribution, Sale and Consumption of Zarda, Gutka, Pan masala Containing Tobacco), 2013. Taking note of the fact that smokeless tobacco accounts for 90% of oral cancers, the Act also bans the manufacture, advertisement, trade, storage, distribution and sale of all forms of tobacco.

The anti-tobacco legislation comes as a consequence of a directive of the Gauhati High Court which set a precedent by asking the Assam government as to why it shouldn't ban all forms of tobacco, both smokeless tobacco like gutka and pan masala and also tobacco products that are consumed by smoking like cigarettes and cigars. The precedent was set by a division bench of Chief Justice Adarsh Kumar Goel and Justice Nishitendu Chaudhary who asked the government to file an affidavit against a prayer made by S.S. Dey — amicus curiae (friend of court) in the case — to enforce a complete ban on all tobacco products, including the smoking variety, in the state for greater public good. The amicus curiae yesterday submitted in court that apart from the steps taken so far, a complete tobacco ban was required to protect the health of citizens. The Court expressed:

“Currently, there is no legal provision to ban raw and unprocessed tobacco. This is applicable to chewing tobacco. Since flavored chewing tobacco is prohibited under the Food Act 2006, several states have banned it. On the other hand, the Cigarettes and other Tobacco Products Act 2003 only aims to reduce the 'demand' for tobacco by discouraging its use, curbing the glamorization, protecting children from picking up the habit, etc. In short, government will have to enact a new law in order to prohibit all forms of tobacco which seems highly unlikely...”

## **V. Tobacco consumption and health hazards:**

Tobacco consumption in all forms is responsible for serious health hazards. Tobacco is a risk factor for six of the eight leading causes of death in the world like Ischemic heart disease, Cerebro-vascular disease, lower respiratory infections, chronic obstructive pulmonary disease, tuberculosis and trachea, bronchus, lung cancers. The percentage of health hazards due to tobacco consumption are lung cancers (31%), heart diseases (30%), chronic obstructive pulmonary disease (22%) and other diseases (17%).

Tobacco inflicts huge damage on the health of India's people and could be clocking up a death toll of 1.5 million a year by 2020 if more users are not persuaded to kick the habit, according to the report by the International Tobacco Control Project (ITCP). According to the researchers, in India, Tobacco-related cancer deaths in men in Assam and

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other northeast states were greater than the national rates of deaths from all types of cancer due to the common and long-term use of tobacco seen in Assam and other northeastern states.

This is in spite of the fact that India has signed up a global treaty on tobacco control and has been a regional leader in passing anti-tobacco and smoke-free laws. India's failure to effectively implement them leaves its people vulnerable to addiction and ill health. Easy availability of tobacco in cheap and various forms and low percentage of people willing to quit tobacco are cited as the other reasons for tobacco epidemics in India.

## **VI. International policy on Tobacco Control: The WHO Framework Convention on Tobacco Control (WHO FCTC)**

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first International treaty negotiated under the auspices of World Health Organization. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. The WHO FCTC originated in 1993 with a decision by Ruth Roemer, professor emeritus, UCLA School of Public Health and Allyn L. Taylor, then a visiting professor, Whittier University School of Law to apply to tobacco control Taylor's idea that the WHO should utilize its constitutional authority to develop international conventions to advance global health. In 1995, Taylor and Ruth Roemer proposed various options to World Health Organization recommending the framework convention-protocol approach conceptualized by Taylor.

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is designed to strengthen national and international coordination to combat the tobacco epidemics. The WHO FCTC is also determined to protect the fundamental human rights and freedoms of every human being. This is revealed in the Preamble of the FCTC which states that the "Parties to this Convention [are] determined to give priority to their right to protect public health".

The Preamble of the WHO Convention Framework on Tobacco Control recognizes the contribution of the health care professionals in its efforts in tobacco control through the following words:

"...the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts."

## **VII. Role and responsibilities of healthcare professionals in tobacco control**

Tobacco consumption inflicts a heavy burden on the exchequer and healthcare professionals can ease the burden of the Government by effectively advocating for tobacco-use cessation and prevention at the clinical and public health levels. The healthcare professionals include the physicians, nurses, midwives, dentists, oncologists and also other healthcare

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professionals. Four different forms of role of the healthcare professionals in tobacco cessation and tobacco prevention have been identified in Canada. They are:

- (1) As providers of client- and patient-centered services: There the health professionals are involved in tobacco cessation programmes by assessing and documenting all forms of tobacco intake by the patients and discussing with them about the negative health effects of the tobacco consumption as well as benefits of becoming tobacco free in terms of health and finances. Those tobacco users willing to quit are offered help by referring them to community based initiatives and resources where variety of tobacco- cessation strategies like counseling, behavioral therapy, self help materials as appropriate to their knowledge and multidisciplinary approach are being imparted. Side effects of second hand smokes and strategy to be adopted by the non smokers to reduce the exposure are also discussed with clients and patients. Ultimately health professionals challenges are in recognizing relapse which occurs frequently with the tobacco users and conducting follow up assessment at regular intervals and tailoring intervention as per the needs of specific target audience.
- (2) As educators and researchers, health professionals are involved in tobacco cessation by including education on tobacco-cessation strategies and strategies for resisting tobacco use in basic education programs for health professionals. And providing professional development programs for health professionals on tobacco cessation. Moreover other specific roles of health professionals as researcher are in conducting research to encourage and improve health professionals' knowledge and provision of tobacco cessation; and ultimately communicating research evidence about tobacco-cessation strategies to the concerned agencies so that the appropriate steps can be taken to tackle the issue.
- (3) As administrators of health-care organizations, health professionals are involved in tobacco cessation by offering training on tobacco cessation as part of employee orientation and providing access to professional education on tobacco cessation for employees. Moreover enforcing applicable bans on tobacco use wherever health professionals are employed, be it in Government hospitals and private nursing homes, and ensuring that tobacco-cessation programs and tobacco-free workplaces are included in accreditation standards of the healthcare set up.
- (4) As public health advocates, health professionals are involved in tobacco cessation by increasing public awareness that health professionals can help people remain tobacco free or stop using tobacco; and advocating for federal, provincial and territorial governments' investment in comprehensive tobacco control that includes programs, legislation and policies to prevent the uptake of tobacco and reduce tobacco use (e.g., bans on tobacco advertising). Programs must focus on health promotion and include community-based initiatives.

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## **VIII. Barriers before the healthcare professionals in tobacco control**

Even a brief advice from health professionals to smoking patients can significantly increase the quit rate. One way to make health professionals' involvement even more effective in tackling tobacco use is a multidisciplinary approach which has been advocated by the World Health Organization. Physicians usually undertake more cessation counseling than do the other health professionals.

The WHO has identified three barriers to the full involvement of health professionals in tobacco control. The three barriers identified are:

### **1) Lack of knowledge and skills about tobacco and tobacco control:**

Health professionals' curricula lack, in general, appropriate content and practice on tobacco-related matters, from prevention to cessation and policy. Although some general aspects of harms to health might be covered, the full extent of the tobacco epidemic, the breadth and depth of the problem might be overlooked. Given that tobacco is one of the most significant causes of preventable illness and death in the world, health professional schools may need to reassess the time they dedicate to this issue (Article 6 of the code of practice).

### **2) Lack of organizational leadership:**

In many parts of the world, health professional organizations have not yet joined and lent their voice to tobacco control efforts. Many remain unaware of the epidemiological aspects of tobacco use and its impact in the world's health. This is slowly changing, with some international-level organizations taking action, and some national organizations becoming more involved in all aspects of tobacco control. But much remains to be done for all health professionals to be able to accept that tobacco control is part of every health professional's practice.

### **3) Continued tobacco consumption among health professionals:**

In many parts of the world health professionals continue to use tobacco, often at a rate similar to – if not higher than – that of the general public. The latest available data from the Tobacco Atlason line show that in China, for example, there is a smoking prevalence of 61.3% for male physicians, while in general, 66.9% of the male population smokes. However, for women, the prevalence among physicians is nearly three times that of the general female population (12.2% vs. 4.2%). In Russia, the prevalence for female physicians is also higher (13%) than for the general female population (9.7%), which shows the epidemic's expansion among women. In Spain, the prevalence of smoking among female physicians is high, and among female nurses it is higher than that of the general female population. It is common knowledge that health professionals who consume tobacco themselves are often less likely to engage in tobacco control than their non-tobacco-using counterparts. Health professional schools and organizations need to make an effort to provide support for members who want to quit using tobacco. In fact, a 2003 survey of several countries shows that the nurse and physician smoking rates respond to the levels of tobacco control activity in a country. In countries where tobacco use prevalence is declining, smoking among health professionals is also declining. In countries where tobacco

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prevalence is rising or stable, prevalence among health professionals, mainly women, is also rising.

The health professionals have generally positive attitudes towards tobacco control. However, their own current tobacco use has a significant negative impact on these attitudes, an impact which ought to be taken into account in tobacco control.

This is also true for the present health professionals. Under such circumstances it is difficult as to how a health care professional, present or future would assume the role of a leader to control tobacco use.

**CONCLUSION:** Tobacco which was supposed to be an expression of peace, goodwill and friendship has become a major concern of health hazard today. The seriousness of the problem is passionately debated by the international community like The World Health Organisation and the policy framed by it on tobacco control like The WHO Framework Convention on Tobacco Control is evidence to it. Since tobacco control is a health issue the preamble to the said framework convention recognizes the importance of the involvement of the healthcare professionals in combating the menace. The international policy by WHO is supported by India through various legislations passed by the national and state governments. The Indian higher judiciary has also given significant judgments supporting the cause of eradication of tobacco consumption by smokers as well as non-smokers.

The WHO has also developed the Code of Practice of Tobacco Control for Health Professionals Organizations which was adopted and signed by the participants of the WHO Informal Meeting on Health Professionals and Tobacco Control from 28-30 January 2004 at Geneva, Switzerland. But the implementation of the Code of Practice will remain a distant dream until the barriers identified by WHO regarding the full involvement of health professionals in tobacco control are overcome. This is evident by the studies conducted by different researchers on health professionals like physicians, nurses and also oral dentists. It is apprehended as to how a health professional would help his patients quit tobacco when he/she is himself/herself not willing to quit tobacco. This would again require an initiative by the government and the civil society to help the health professionals quit tobacco. By helping the health professionals quit tobacco the quit rate of smoking patients can be increased as a brief advice from the health professionals can help the smoking patients quit tobacco.

## REFERENCES:

1. Buchanan Rita: Tobacco: The Most Provocative Herb from <http://www.motherearthliving.com/plant-profile/a-short-history-of-tobacco.aspx#ixzz34rxDvqpr> visited on 17-06-2014.
2. Ibid.
3. Kashyap Gyan Chand & Singh S.K: Progression in Tobacco use in India: An Application of Survival Function Analysis, 1:16 at p.1 from <http://paa2013.princeton.edu/papers/131286> visited on 24 June, 2013.
4. Ibid.

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5. Park K. (2013): Park's Textbook of Preventive And Social Medicine; Jabalpur (MP), M/s Banarsidas Bhanot Publishers, 22nd edition, p.354.
6. WHO Report on the Global Epidemics, 2008.
7. A Study conducted by Mathew L. Myers, President, Campaign for Tobacco-Free Kids: World's Largest Tobacco Use Study Shows Vast Scope of Tobacco Epidemic and Urgent Need for Countries to Act, published on August 16, 2012.
8. The Tribune, Oct 20, 2010 from [http:// www.tribuneindia.com/2010/20101020/m](http://www.tribuneindia.com/2010/20101020/m) visited on June 24, 2014.
9. Ibid.
10. "Mizoram leads tobacco consumption in NE followed by Nagaland", The TNT, The Northeast today, May 31, 2014 from [http://www. Tntmagazine.in/cover-story/Mizoram-leads-tobacco-consumption-in-NE-followed-by-Nagaland](http://www.Tntmagazine.in/cover-story/Mizoram-leads-tobacco-consumption-in-NE-followed-by-Nagaland) visited on 24 June, 2014.
11. "Assam first state to ban smokeless tobacco", The Times of India, Feb 13, 2014 from <http://timesofindia.indiatimes.com/india/Assam> visited on June 25, 2014.
12. "High Court bats for smoke ban – Govt asked to clear stand by Nov 8", THE Telegraph, Aug 9, 2013 from <http://www.telegraphindia.com/1130809/jsp/no> visted on June 26, 2014.
13. WHO Report on the Global Tobacco Epidemics, 2008, p. 9
14. WHO Report on the Global Tobacco Epidemics, 2011 – Warning about the damages of tobacco.
15. "Huge tobacco use in India seen killing 1.5 million a year", Reuters (London), Sept 12, 2013.
16. "Cancer killed 5.56 lakh in India in 2010", The Hindu, March 30, 2012 from <http://www.thehindu.com/sci-tech/health/med> visited on 24 June, 2014.
17. Roemer Ruth, Taylor Allyn & Lariviere Jean. (2005 June): Origins of the WHO Framework Convention on Tobacco Control, American Journal of Public Health; 95(6): 936-938.
18. Ibid.
19. WHO Framework Convention on Tobacco Control, World Health Organization, Geneva, Switzerland, 2003, updated 2004, 2005 from [www.who.int/tobacco/framework/WHO\\_FCTC\\_english.pdf](http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf).visited on 19-06-2014.
20. WHO/Health professional organization and tobacco control from [www.who.int/tobacco/research/cessation/organizations/en/](http://www.who.int/tobacco/research/cessation/organizations/en/) visited on 19-06-2014.
21. The Role of Health Professionals in Tobacco Cessation (Joint Statement) (June 2011) from [www.caot.ca>...> Professional Practice>Position Statements](http://www.caot.ca/>...> Professional Practice>Position Statements) visited on 19-06-2014
22. Ibid.
23. The Role of Health Professionals in Tobacco Control, Health Professionals Against Tobacco, World Health Organization, Organisation Mondiale De La Sante, pp. 1-44 at p.18-20 from [www.who.int/tobacco/resources/publications/.../bookletfinal-20april.pdf](http://www.who.int/tobacco/resources/publications/.../bookletfinal-20april.pdf). Visited on 20-06-2014.
24. Keshavarg Hooman, Jafari Ahmad, Khami Mohammed Reza & Virtanen I. Jorma, "Health Professionals Role in Helping Patients Quit Tobacco Use: Attitude among Iranian Dental Students". ISRN Public Health, Volume 2013(2013) from <http://dx.doi.org/10.1153/2013/706451> visited on 19-06-2014.

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Date of Submission: 09/09/2014.  
Date of Peer Review: 10/09/2014.  
Date of Acceptance: 20/09/2014.  
Date of Publishing: 07/10/2014.