Journal of Sustainable Health India

Opinion article

Preventing Tobacco Use among Young People

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1 Introduction

India is the second largest tobacco consumer, and third largest tobacco producer, in the world. Tobacco contributes a major share to health and economic burden in the country. Use of tobacco products in any form is unsafe, irrespective of whether it is smoked, smokeless, or electronic. According to the Global Youth Tobacco Survey conducted in 2009, 14.6% of adolescents (age 13-15 years) currently used any tobacco product in India. Nearly all long-term smokers (9/10) begin before the age of 19 years.

2 Factors effecting the initiation, prevalence

Adolescents are different from adults not only in their level of development but also in their needs for pleasure and satiety. Adolescence is thus a vulnerable period for initiation of drug use. Risk factors associated with youth smoking include low socioeconomic status, mental illness, low parental education, living in a single parent household, influence of peer pressure and exposure to positive images of smoking in the media. Pro cigarette ads, being offered by a tobacco company representative, easy access to cigarettes are some of the reasons for initiation and continuation of smoking. “Smoking makes me attractive and I will have more friends” are the common perceptions. If one or both parents smoke, kids have at least twice the risk of becoming regular smokers by high school graduation. Smokeless tobacco is a particular challenge for young people as there is social sanction of its use in many cultures, children and youth have role models at home who use smokeless tobacco. Thus this habit starts very young.

3 Prevention of tobacco use in adolescents

Approaches to prevention can be classified as individual interventions, family-based interventions, interventions at the school level and community based interventions.

3.1 Prevention at individual and family

It is understood that tobacco use is not the only risk-taking behaviour in which many adolescents engage. It occurs in a web of social engagement that fosters many types of adolescent experimentation, including problem behaviours. Because of this social context, youth smoking or

smokeless tobacco use arises from some of the same family, peer, and community influences that are also important to sexual risk taking, crime and violence, and the initiation of harmful alcohol and illicit substance use. Multiple factors within an individual are responsible for initiation of tobacco use. Vulnerable adolescents include those who are novelty seeking, easily succumb to peer influence, have high levels of excitability or anxiety. Parents or schools should help adolescents in identifying the deficiencies in life skills. Also, helping them to improve these skills like self-esteem and self-image, alternate ways to channelize their energy, stress management techniques, values clarification, decision making skills, and goal setting plays a major role in prevention of tobacco use and problematic adolescent behaviour.

3.2 Prevention at school level

Adolescents spend most of their time in school and college, hence interventions based out of schools and colleges become an important aspect of prevention. Strong school anti-smoking policies are associated with decreased rates of youth smoking. Most children are unaware of the harmful consequences of tobacco use. Programs to be conducted in schools which provides information about the health risks and negative consequences of tobacco, most often in a manner intended to arouse concern or fear. Schools and parents need to train their children in recognising and emphasises the social environment (peer behaviour or attitudes, familial, and cultural contexts) as a critical factor in tobacco use. So, focus should be on building skills needed to recognise and resist negative influences, including recognition of advertising tactics and peer influences, communication and decision-making skills, and assertiveness. School teachers need to be trained in developing and enforcement of tobacco free policies, to make sure prevention programmes are implemented in a setting with broad policy support. Finally, peer-based interventions, in which older students were trained to become positive role models for middle and primary school students.

3.3 Prevention at community level:

This includes the involvement of families, schools, community organisations, religious organizations, businesses, the media, social service and health agencies, government, and law enforcement, with intervention strategies generally focused on making changes in both the environment and individual behaviour. Although community interventions take a variety of shapes, common elements among them include a shared emphasis on altering the social environment or social context in which tobacco products are obtained or consumed, and a shared goal of creating a social environment that is supportive of non-smoking or cessation. Some of the components of community interventions, such as mass media campaigns and youth access restrictions, are also implemented as standalone interventions, as described below. Community interventions likely need to be combined with stronger advocacy, taxation, media interventions, and policy formation and implementation.

In India, The Cigarette and Other Tobacco Products Act (COTPA) 2003 prohibits advertisement and regulates the tobacco products. According to this act, any form of advertisement (visual, voice etc.,) is prohibited and smoking in public places is banned. Smoking in public places imposes fine of Rs. 200. Selling or permitting sale of tobacco products below the age of 18 years and 100 yards radius of any educational institution is prohibited. Violation of this act will lead to imprisonment and fine according to Juvenile Justice Act (JJ act). COTPA act also regulates trade and commerce, production and supply, packaging of tobacco products. Direct restrictions on smoking in public facilities and outdoor spaces, in worksites, in hospitals, in restaurants and bars, in hotels and on airline flights appear to be effective in reducing non-smokers' exposure to environmental tobacco smoke, and work site bans also influence the intensity of smoking among workers. Such bans may also have a positive impact on quit rates. Some econometric studies of teenage and young adult smoking behaviour found evidence that clean indoor air laws may reduce teenage cigarette consumption.

Although the reasons why such laws may be effective in reducing youth smoking are unknown, one could speculate that they simply reduce the opportunities available for smoking. Alternatively, or perhaps in conjunction with these reduced opportunities, clean indoor air laws may be a useful vehicle for creating a cultural norm that suggests smoking is socially unacceptable. Research groups found that cigarette advertising bans are helpful. A study found that a complete ban could reduce tobacco consumption by approximately 6%, an amount that may seem small but could still have an important public health impact. Despite these laws, youth get access through social sources such as family, friends, or even strangers for their cigarettes or through illegal sources. Media based health promotion efforts have the potential to reach large segments of the population, especially those who are less educated, and to lower barriers to participation in health-related programmes.

3.4 Marketing strategies by tobacco industry vs anti-tobacco campaigns

Tobacco industry's use of surrogate and indirect advertising methods, include the use of internet-based marketing, violations of legal provisions regarding advertising (achieved mainly through a lack of enforcement capacity), and use of legal proceedings to delay introduction of new control policies. A study suggested that more adolescents were offered free cigarettes by tobacco companies once the regulations came into force. Evidence from India and elsewhere indicates that prohibition of tobacco advertising has led to tobacco companies forming contractual agreements regarding brand display with the film industry, and evidence that images of tobacco use in Bollywood movies increased post-implementation of the COTPA.. On the other hand, several countries started anti-tobacco advertising campaigns to counter the tobacco industry. These ads can be characterised as youth oriented—high energy, aggressive, fast paced, but the flip side is also that they could turn 'angry, sarcastic, and irreverent'.

3.5 Tobacco taxation

While generating revenue, tobacco taxation is also a policy that creates an economic disincentive to use tobacco. Theoretically, increasing the price of cigarettes through taxation could reduce adolescent cigarette consumption through three mechanisms: some adolescents would quit smoking; some would reduce the amount that they smoke; and some would not start smoking in the first place. Teenagers could indeed be more responsive than adults to changes in cigarette prices. An 10% increase in the price of cigarettes will reduce the number of cigarettes demanded by 4%. Increase in cigarette price directly reduces youth smoking and then again indirectly reduces it through its impact on peer smoking. First, the fraction of disposable income a young smoker spends on cigarettes is likely to exceed that spent by an adult smoker. Second, compared to adults, youths are more likely to be oriented toward the present than the future. In India, in line with the current Five-Year Plan, the current Government has increased taxes on cigarettes, and announced plans for further strengthening of anti-tobacco legislation following a period of review. Unfortunately, these measures are not applicable to bidi smoking and use of smokeless tobacco.

3.6 Technology based interventions

An important emerging trend is the use of technology-based systems to communicate messages about tobacco to teens. Adolescents represent a perfect audience for using emerging technology based anti-smoking strategies. The development and expansion of technology-based systems presents a unique opportunity to take advantage of technology that most adolescents are comfortable with and to adapt anti-smoking messages to individual needs and circumstances. A recent initiative by the Government of India, the m-Cessation programme, delivered through the National Health Portal has successfully helped tobacco users in India to quit tobacco by motivating and supporting registered participants through mobile text messages.

Quit lines: Studies found that quit lines are cost-effective and found that counselling nearly doubled a smoker's odds of quitting and maintaining cessation status for one year. Quitline started recently in India by government (1800 11 2356) is showing a positive signal towards effectiveness. NIMHANS has been running the Quitline for Southern India since September 2018.

3.7 Treatment for adolescents:

Almost all the attention on tobacco cessation has focused on adult. It is particularly important to target adolescents who are just at the transition point before or after habitual smoking or the use of smokeless tobacco begins. As of now according to standard guidelines nicotine replacement therapies are the only medication options available. There is a need for further research in adolescent treatment options. Finally, it is important to invest in the research of all the approaches described above.

From a practical perspective, these different policy views are not mutually exclusive. Both can be implemented simultaneously and should be considered as complementary rather than competing

strategies. From a public health perspective, we are appropriately concerned that the prevalence of youth smoking remains high despite the amount of resources already devoted to this problem and the wide array of interventions that have been tried. Yet, it is possible that without these interventions, rates of both experimental and habitual smoking among youth would be even higher.

It is believed that previous calls for tobacco control efforts that are "youth centred" remain relevant and critically important as we move into the 21st century. It is important to devote resources in expanding, improving, and evaluating tobacco prevention and control activities among youth.

Citation: Venkata Lakshmi Narasimha GVL, Pratima Murthy. 2019. Preventing Tobacco Use among Young People. *Journal of Sustainable Health India. Vol.1, 2019.*

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