

Tobacco use in Karnataka: a public health success story in the making

Last week, the Deputy Speaker of the Assembly released the findings of the second round of the Global Adult Tobacco Survey (GATS) for Karnataka conducted in 2016-17. The first round of GATS was conducted in 2009-10. These surveys, anchored by the Ministry of Health and Family Welfare (Government of India), are part of the global tobacco surveillance system and provide robust, standardized and comparable data on tobacco use across countries and states.

How has Karnataka fared?

The survey revealed that 22.8% of adults in Karnataka (about 1.2 crores), nearly one in three men and one in ten women, are currently using tobacco in some form. Karnataka is among 24 Indian states that show varying degree of decline in tobacco use.

In the last seven years, the prevalence of tobacco use among adults reduced by 5.4 percentage points. This means that Karnataka has about nine lakh fewer tobacco users compared to 2009-10. Karnataka registered a relative reduction of 19.1% in tobacco use prevalence between 2009-10 and 2016-17. This is impressive considering that the National Health Policy (2017) has set a target of the relative reduction in tobacco use prevalence of 15% by 2020, and of 30% by 2025.

Both, smoking and smokeless tobacco use declined by 3.1 percentage points in the state. While the reduction in tobacco use among youth (15-17 years) is moderate (3.1 percentage points), the average age of initiation into tobacco use has increased from 17.7 to 19.8 years. There is substantial reduction in peoples' exposure to tobacco advertisements/promotion while the tobacco control messages have reached more people. The proportion of people who thought about quitting tobacco because of the warning labels on tobacco packs increased significantly from 28.2% to 47.4%. This suggests that the decision of the Government of India to enlarge the pictorial health warnings from covering 40% of pack surface area to ones now covering 85% of pack surface seem to be effective in serving its purpose.

These changes are promising given that tobacco-related diseases account for about a million deaths a year and impose a huge economic cost. In Karnataka, the economic cost of tobacco-related diseases was estimated to be 983 crores in 2011. So, reducing tobacco use remains a proven and cost-effective public health strategy.

Karnataka can do better

For now, it holds 11th rank if we are to arrange Indian states based on the tobacco use prevalence, with Goa having the lowest tobacco use prevalence of 9.7%. Among southern states, Karnataka follows Kerala (12.7%), Telangana (17.8%), Andhra Pradesh (20%) and Tamil Nadu (20%). Kerala registered the highest rate of decline in tobacco use, followed by Andhra Pradesh and Karnataka. Tamil Nadu registered an increase of four percentage points in the last seven years.

GATS findings highlight some of the challenges that Karnataka needs to address in coming years. The reduction in tobacco use in the state came entirely from the rural area with the tobacco use remaining unchanged in urban Karnataka. Similarly, the reduction in the smoking is largely due to the reduction in bidi use while the cigarette use remained unchanged for the last seven years. So, there needs to be a distinct focus on urban geographies and the use of cigarettes, including better enforcement of ban on sale of loose cigarettes in the state while continuing with earlier efforts in rural Karnataka.

Though the overall use of smokeless tobacco has come down, the betel quid with tobacco, gutka, and khaini remain the three of the five most commonly used tobacco products in the state. Their use has either increased (khaini) or remained unchanged (gutka) since 2009-10. This is a bit perplexing given the state had banned manufacturing, storage and sale of gutka in May 2013. The tobacco companies soon came out with twin sachets – one containing tobacco and the other containing pan-masala to be sold together leading to gutka like product when mixed by users. While the state had issued a further order in September 2016 curbing such practices and banning all forms of chewing tobacco, it was soon reversed, narrowing its scope to gutka. There can also be methodological issues with regard to questions asked on gutka, given variety of smokeless tobacco products in market.

Tobacco not only affects those who use it but also the non-users through their exposure to the second-hand smoke, often called passive smoking. Such exposure came down in the last seven years - thanks to smokefree policies - but it remains unacceptably high. One in every four persons in the state is getting exposed to passive smoke at a workplace or any public places. So, while Karnataka deserves applause for setting a public health example, there is room to do more.

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