

## **Tobacco use amongst young people and its consequences on society in prevalence of life-threatening corona virus**

**Dr. Kumaraswamy. C**

*Associate Professor, Department of Social Work, Acharya Institute of Graduate Studies, Bengaluru, Karnataka, India*

---

### **ABSTRACT:**

Tobacco consumption has been in practice since many centuries in most of the countries of the world. China had the highest number of tobacco users at 301 million people (including 52.9% of men) during the period 2008-2010. Tobacco is used in different ways such as smoking, and chewing or sniffing stuff. Tobacco use is dangerous to health because it contains highly addictive stimulant alkaloid nicotine and harmful alkaloids, and is a cause or risk factor for many diseases relating to heart, liver, lungs, and different forms of cancers. In India, around 14.6% of youth in the age group of 13 to 15 years are using some form of tobacco, and in Karnataka state around 15.3% of youth group using tobacco. Among youth group, there is a chance for spreading corona virus. The state, according to Global Adult Tobacco Survey conducted in 2016-2017, has 22.8% of its adult population using tobacco products, and the prevalence of tobacco use among youth (15 to 17 years) is 3.7%. The exposure of adults to secondhand smoke at public place is 23.9%, at home and 23.2% at work place. In this context, professional social workers play a very crucial role to focus on taking preventive as well as curative steps to control tobacco use in Karnataka state.

**KEYWORDS:** Tobacco, smoking, risk factors, youth, health hazards, corona virus, consequences.

---

Date of Submission: 07-12-2020

Date of Acceptance: 22-12-2020

---

### **I. INTRODUCTION:**

Tobacco consumption has been in practice since many centuries in most of the countries of the world. Coming into existence five centuries back as a medicinal use to treat certain ailments, tobacco has become, as time progresses, a key cause for emergence of many diseases among human beings<sup>i</sup>. Though it is found to be highly dangerous to health, it is widely used in most of the developing and less developed countries. China had the highest number of tobacco users at 301 million people (including 52.9% of men) followed by India with 274 million people (47.9% of men) according to the Global Adult Tobacco Survey (GATS) carried out between 2008 and 2010.<sup>ii</sup>

Without differentiating users' background, the tobacco use has reached nook and corner of society. The popularity of tobacco is such that there is hardly any village, at least in developing and underdeveloped countries, which is away from sale and use of tobacco.

In this article, researchers are focusing on how the tobacco use causing spread of corona virus in public places as well as in families. Also, finding the state initiatives to reduce as much as possible precautionary and curative steps.

### **II. REVIEW OF LITERATURE:**

**Article 1:** As a researcher to find out realities, I have gone through a very good article on "Tobacco Use and Effects of Professional Advice on Smoking Cessation among Youth in India" published by Asian Pacific Journal of cancer prevention. In this article, I have understood and examined the prevalence of tobacco use and the impact of smoking termination advice through programs/experts among a countrywide representative example of youth in India.

Professional and program advice to quit smoking is very effective for youth in India. More programs and health care professionals need to be implemented and deployed respectively in order to work with and inspire youth to withdraw from the use of tobacco gradually. Also, I have noted a very interesting point that the general pervasiveness of tobacco use among high school children in India has been in decline since 2003. Among Indian children, smokeless tobacco has higher prevalence than cigarettes and bidis. An importance of complete self-denial from tobacco products must be conveyed to them. Lastly, I also have noted in this article mentioning of specific roles of social workers / volunteers and health department specially keeping in the view of youth population of Karnataka state for addressing the gaps and Government has to take initiative steps on

precautionary measures for the betterment of the society. (*Asian Pac J Cancer Prev.* v.18 (7): 2017PMC5648391).

**Article - 2:** While searching for articles related to the topic, I have found an interesting article authored by **Taylor and Francis** and published in the **Journal of Psychology and Health**. The article as I perceived mainly focuses on risk of continuous smoking. Tobacco smoking surges the risk of contracting a wide range of diseases, many of which are fatal. Stopping smoking at any age is beneficial than continuing to smoke. For some diseases, the risk can be reversed while for others the risk is approximately frozen at the point when smoking stopped. Complete stop of smoking has different positive effects on different smoking-related diseases. Excess risk of heart attack caused by smoking reduces drastically by 50% within 12 months of quitting or stopping smoking.

Stopping smoking returns the rate of decline in lung function to the normal age-related decline, it does not reverse this, instead reduces frequency of 'exacerbations' (acute attacks of breathing difficulty resulting in death or hospitalization). School-based programs that involve both social competence training and peer-led social influence have been found most effective in reducing smoking uptake.

Tobacco smoking causes death and disability on a huge scale. Despite this, approximately one billion adults engage in this behavior worldwide and only around 5% of unaided quit attempts succeed for 6 months or more. The main reason appears to be that cigarettes deliver nicotine rapidly to the brain in a form that is convenient, and palatable. Nicotine acts on the brain to create urges to smoke in situations where smoking would normally occur and when brain nicotine levels become depleted. Concern about the harm from, and financial cost of, smoking is mostly not sufficient to counter this. Governments can reduce smoking prevalence by raising the cost of smoking through taxation, mounting sustained social marketing campaigns, ensuring that health professionals routinely advise smokers to stop and offer support for quitting, and make available an appropriate solutions especially pharmacological and behavioural support for stopping. (*Psychol Health.* 2017 Aug 3; 32(8): 1018–1036. Published online 2017 May 28. doi: [10.1080/08870446.2017.1325890](https://doi.org/10.1080/08870446.2017.1325890))

#### **Causes to control tobacco use:**

1. Tobacco use is dangerous to health because it contains highly addictive stimulant alkaloid nicotine and harmful alkaloids, and is a cause or risk factor for many diseases relating to heart, liver, lungs, and different forms of cancers. World Health Organization (WHO) has named tobacco use as the world's single greatest preventable cause of death.
2. In India, around 14.6% of youth in the age group of 13 to 15 years are using some form of tobacco, 4.4% smoke cigarettes, and 12.5% use other tobacco products. 36.6% of the youth are exposed to second hand smoke in public places, and 21.9% are exposed at home.
3. Karnataka, according to Global Adult Tobacco Survey conducted in 2016-2017, has 22.8% of its adult population using tobacco products, and the prevalence of tobacco use among youth (15 to 17 years) in the state is 3.7%. The exposure of adults to second-hand smoke at public place is 23.9%, at home 23.2% and at work place.

#### **Statement of problems:**

Tobacco use among human beings has been prevalent in our society since many centuries. The use is widespread in almost all age groups of population, and in both rural as well as urban locations. And it doesn't differentiate users based on poor or rich economic background though it is more common in developing and underdeveloped countries. The only difference is in the form of its use. Such is the influence of tobacco use in the world.

Tobacco is used in different ways such as smoking, and chewing or sniffing stuff. While beedies (locally prepared), chutta, cigarettes and e-cigarettes, cigars, cigarillos, hookahs, and kreteks are smoking products, the chewing tobacco, snuff, dip and snuff are the chewing ones.

One of the worrying factors is that corona virus may also spread from one smoker to another and from smoker to cigarette seller and vice versa if any of them come in contact with affected persons in the process. Most of youth smokers would not buy cigarettes in packets and keep them with them due to fear of getting noticed and as a result scolded or punished by elders in their families or office management in their working places. They, instead, buy single cigarette at a time in a shop and smoke at the buying point and go off.

Also, it is observed that there is a practice among some of the young smokers where a single cigarette is smoked by a group of, say for example, four or five people one by one. In such scenarios, as smoking is an act where there is a contact between fingers and lip, if a smoking youth come in contact with the virus, he may be an invisible agent of transmission of the disease. Since the youth normally has enough immunity comparatively, he may not experience its effects significantly or even he may not know that he is affected by the virus. But many a times before he comes to know that he is affected, the virus without his knowledge, may transit from him to other family members in different ways. In case there are senior people who are aged more than 60 years

or so and/or are suffering from high blood pressure (BP), diabetes, and other prolonged ailments, they are most likely to be affected by the virus for no fault committed from them.

Smokeless tobacco use also contributes to spread of corona virus. Normally, the tobacco chewing users spit saliva here and there in public. In case a corona affected person spits saliva in public, the droplets generated in the spitting are a potential threat because they can transmit airborne infection<sup>vii</sup>.

In addition, large gathering at tobacco selling points, frequent hand-to-mouth contact, and sharing of apparatus by smokeless tobacco users could also lead to increase in the spread of the virus.

**Reasons for tobacco use:**

The ones who indulge in smoking or use of tobacco have their own reasons to start with. Reasons vary from one individual to another, and are depending upon many subjective and objective factors.

If reasons like curiosity, frustration, anger, loneliness, boredom, psychological pleasure and so on are the subjective ones, friends, advertisements, models, change in life style, smokers in family and so are the subjective ones.

**Objective of the study:**

- To know present status of tobacco use among youth in Karnataka state.
- To understand key reasons for the tobacco use in the state.
- To know actions taken by government of Karnataka to effect reduction in tobacco use in the present scenario.
- To suggest possible and effective ways out for significant reduction in tobacco use among youth keeping in view influence of corona virus.

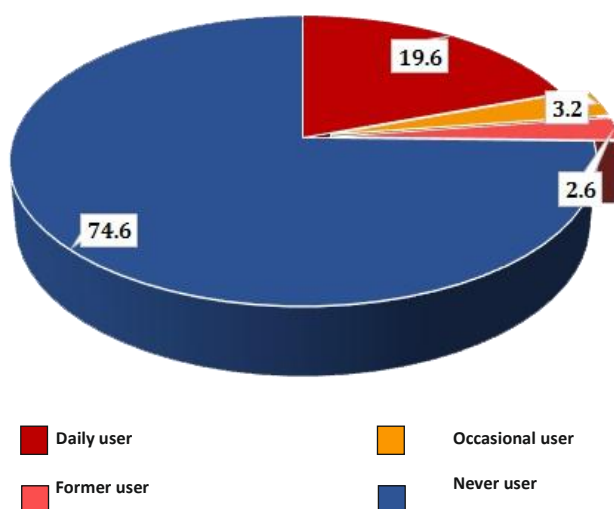
**Present scenario of tobacco use among adults in Karnataka:**

It's better to understand key details of the adult who are using tobacco. The details like the percentage of adult users, the ways they use tobacco, they are regular users or not, and so on will be very helpful to work on and suggest most effective ways out to reduce tobacco use among adults significantly.

**Status of tobacco users among adults in Karnataka:**

One should be happy by looking at diagram 1 as Karnataka state has nearly 75% adults who do not use any tobacco materials. However, the state has 6% of adults using tobacco daily, 3.2% using occasionally and 3.2% stopped using any tobacco products.

Percent distribution of adults by tobacco use status, GATS Karnataka 2016-17



**Diagram 1:** Percentage of adults using tobacco during 2016-17 in Karnataka state.

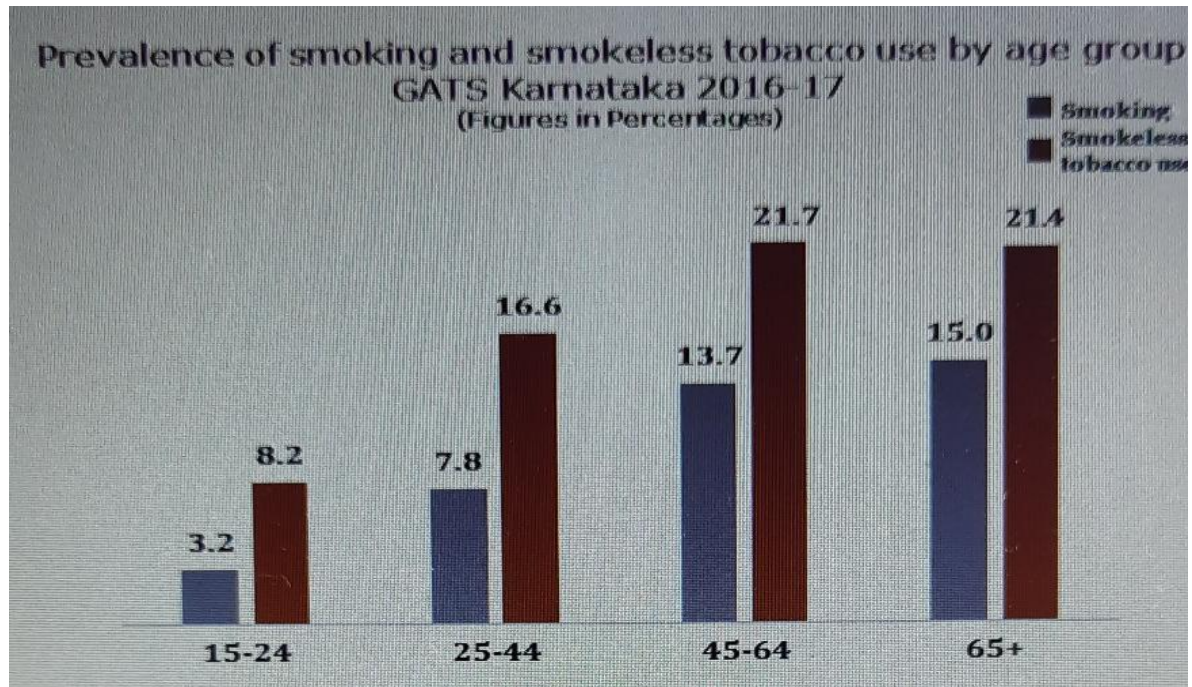
It is very important here to ensure that the tobacco users' percentage do not increase, the ones who have stopped using the tobacco will not start again, and the ones who have not used so far do not get attracted or influenced by other users.

**Status of age wise smoking among adults:**

Normally, the extent of smoking is not same in all age groups among smokers. Depending upon age, availability of tobacco products, influence from celebrities or models and peer groups, working or living environment, and other factors induce people, directly or indirectly, to go for tobacco use.

**From the diagram 2**, the data presented reveals that percentage of smoking (3.2%) as well as use of smokeless tobacco (8.2%) is less among the youth aged 15-24 years comparing those of other age groups such as 25-44 years, 45-64 years, and 65 years and above.

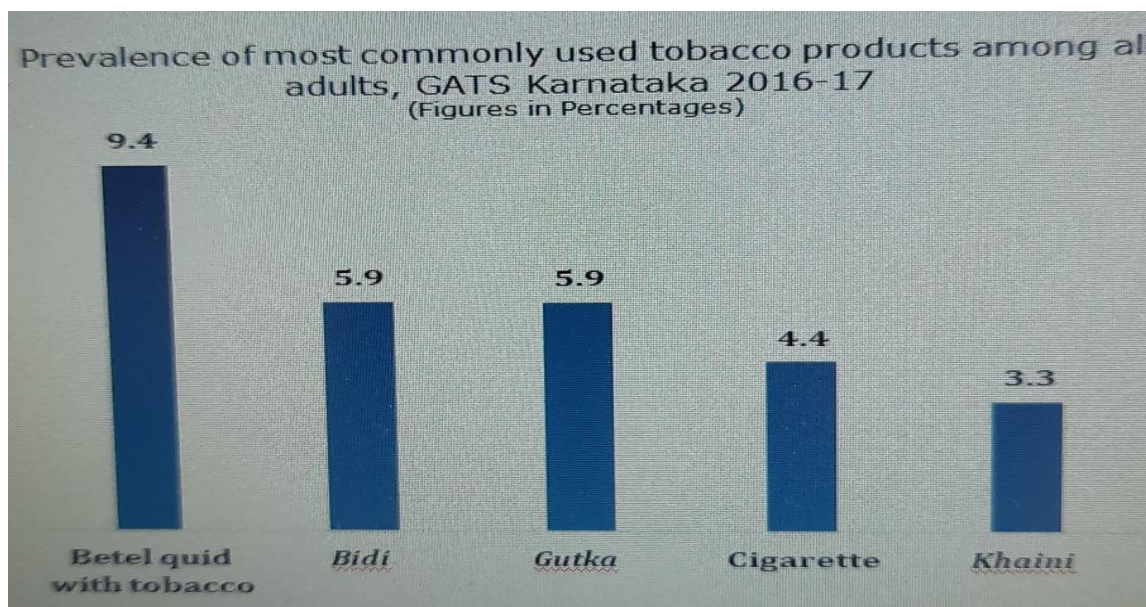
Though it is a 'not-so-bothering' scenario at the moment, it can be a 'problematic' and 'complicated' one if use of tobacco through smoking and chewing is not discouraged and curtailed as early as possible before these practices becoming habits among the adults.



**Bar - Diagram 2:** Percentage of adults using tobacco during 2016-17 in Karnataka

**Status of type of tobacco products used by adults:**

It is quite important to know what type of tobacco products are being used by adults so that necessary measures can be planned to educate the users on ill-effects from consumption of the products on their health so that they will stop using such products gradually and even educate his friends or peer groups or other users not to be attracted by those products.

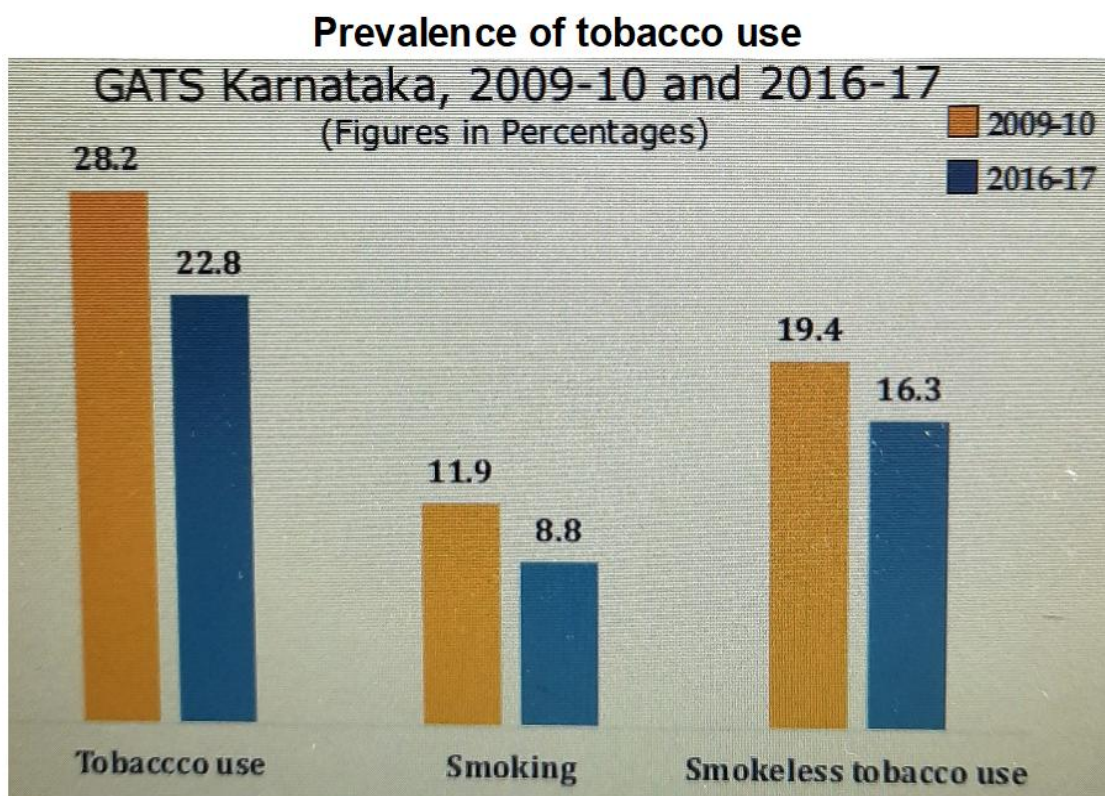


**Bar - Diagram 3:** Percentage of adults using tobacco products during 2016-17 in Karnataka.

It can be understood from the diagram 3 that among adults' betel quid with tobacco users are more (9.4%) and Khaini users are less (3.3%). Normally it is observed that many tobacco users chew betel quid along with tobacco, swallow some of the crunched mix and spit some in public. While it is very dangerous for swallowing the tobacco-mixed betel, it is even more dangerous for the public who step on the spiting done by the ones who are affected by corona virus.

**Trend in tobacco use among adults in Karnataka**

The extent of tobacco use doesn't remain same always among adults, it changes according to changes in life style and other contributing factors.



**Diagram 4:** Percentage of adults using tobacco products during 2016-17 in Karnataka.

The diagram 4 helps to understand changes in tobacco use during two periods (2009-10 and 2016-17) with a gap of six years.

There has been a significant decrease in tobacco use. While percentage of tobacco use, smoking and smokeless tobacco use were 28.2%, 11.9% and 19.4% respectively during 2009-10, the same became 22.8%, 8.8% and 16.3% respectively during 2016-17. Though the trend is encouraging, necessary actions are required to control these categories of use significantly in near future.

Major reasons for smoking	Nonsmokers (%)	Smokers opinion (%)	P
Curiosity	75	94	0.05
For outlook and personality	65	76	0.40
Friends	78	84	0.028
Ads by role models	65	61	0.22
Fashionable	58	61	0.05
Loneliness and boredom	67	94	0.004
For a change in their routine lifestyle	53	76	0.28
smokers in the family (father/ brother)	50	61	0.03
Smoking can takeout psychological stress	49	56	0.04
Smoking can ease communication	41	32	0.18
Teens use smoking to kill the appetite and for weight reduction	41	34	0.01
Smoking gives a psychological pleasure	53	84	0.001
Smoking is a tool for socialization	43	56	0.03
Feelings such as frustration, anger, and stress trigger us to smoke	64	86	0.05
Smoking helps in concentration of study/of work	42	70	0.00

\*P<0.05 – Pearson Chi-square test

**Table.1:** Percentage of reasons for using tobacco products.

In order to study actual reasons for tobacco use, a cross sectional study was conducted for 14-17 years old students in a town in Telangana Stateviii. Outcomes of the study are presented in diagram 5. It can be understood from the data presented in the diagram that there are about 15 reasons for the smoking youth to indulge in tobacco use of which curiosity (94%), and loneliness and boredom (94%), are the key reasons followed by other reasons like feelings fear, anger & stress, psychological pleasure, friends' influence, outlook & personality, change in life style, more concentration in study and so on.

In most of the cases, single reason may not be so strong to push youth in tobacco use trap, many reasons combined induce or force youths to for tobacco use. Since salvation from these complicated issues is not

easy, it is strongly advised to plan and implement comprehensive but practical strategies to discourage the youth from tobacco use.

#### **Why should tobacco use among adults be discouraged?**

##### **There are many health reasons to de-motivate the adults from use of tobacco;**

1. Among young smokers, early cardiovascular damage is observed and as a result they die in very early age.
2. Smoking retards lung growth and function. The smoking teenagers experiences short of breath, and end up growing as adults with partial and inappropriate growth of lungs. This will in turn invite the risk of chronic obstructive pulmonary disease.
3. As teenagers are very sensitive to nicotine, they can start feeling dependent. Even if they intend to quite when they grow as adults, it will be difficult.
4. It is found that among the youth who continues smoking, a third will lose his life prematurely because of smoking.

##### **and curative measures in Karnataka State:**

1. Karnataka bans spitting of tobacco in public places, violators will be punished
2. To prevent spread of Corona, the state banned usage of chewing tobacco products and pan masala products and spitting them in public places.
3. Additional secretary of Health and Family Welfare department in a Government Order dated May 29 stating the incidence of Coronavirus is on rise in the state, instructed the concerned to follow the guidelines of the World Health Organization and Indian Council of Medical Research on ban of the chewing tobacco products and spitting in public places.
4. "After going through their recommendations in depth, the state as per the powers conferred by the Karnataka Epidemic Diseases Ordinance 2020 section 4(2) A and Indian Penal Code 1860, the state to prevent the spread of Corona and other communicable diseases have banned the usage of chewing tobacco products and consuming pan masala products and spitting them in public places" the order read those who found violating the order will be booked under IPC 188, 268, 269, 270 and action will be initiated against the violators.
5. It should be noted that the state had already banned the sale of single cigarettes and have been taking action for COTPA violations.
6. Also, this year the Anti-Tobacco Day will be observed on Sunday with the theme 'To prevent the use of tobacco products and save the younger generations from the devious ways used by tobacco manufacturers'.
7. Advocacy for tobacco control - low awareness regarding the anti-tobacco law and its provisions at all levels of governance and policy making has been an important impeding factor for effective implementation of tobacco control policies.
8. The state has trained enforcement officials from various departments e.g. police, food, drug, health, labor, transport, railways etc.
9. On a positive note, the state has also witnessed examples of community level initiatives for tobacco control e.g. tobacco free villages and educational institutions being reported from many districts. Even before the revised smoke-free rules came into effect.

### **III. CONCLUSION**

In view of tobacco control being a major public health challenge in Karnataka, the Government has enacted and implemented various tobacco control policies at national and sub national level. The states have implemented the tobacco control policies and programmes with various levels of success. Effective tobacco control is dependent on balanced implementation of demand and supply reduction strategies by the Government and intersectoral coordination involving stakeholder departments and ministries. The implementation of the Government policies, synergized with tobacco control initiatives by the civil society and community are pivotal in reducing prevalence of tobacco use in the state and across the country.

#### **Footnotes:**

---

<sup>i</sup> A Note from History: The Use of Tobacco. Steven I. Hajdu, Westlake village, California, and Manjunath S. Vadmal, Department of Pathology, University of Southern California, Los Angeles, California

<sup>ii</sup> The Global Adult Tobacco Survey: Gary A. Giovino, PhD, chair of the Department of Community Health and Health Behavior at the University at Buffalo School of Public Health and Health Professions.

<sup>iii</sup>Rudgley, Richard. "Tobacco: from The Encyclopedia of Psychoactive Substances". *Biopsychiatry*. Little, Brown and Company (1998). Retrieved November 26, 2017.

<sup>iv</sup>"[WHO Report on the global tobacco epidemic, 2008 \(foreword and summary\)](#)" (PDF). [World Health Organization](#). 2008: 8. Tobacco is the single most preventable cause of death in the world today.

<sup>v</sup>India Global Youth Tobacco Survey (GYTS) 2009

<sup>vi</sup> Article 'Tobacco use in Karnataka: A public health success story in the making: By Upendra Bhojani works as a faculty at the Institute of Public Health, Bengaluru and a consultant at the Indian Institute for Human Settlements Bengaluru.

<sup>vii</sup> COVID-19 in Smokeless Tobacco Habitueés: Increased Susceptibility and Transmission, Article by Ridhima B. Gaunkar, Aradhana Nagarsekar, Karla M. Carvalho, Praveen S. Jodalli, Kennedy Mascarenhas

<sup>viii</sup> Reasons for smoking among the teenagers of age 14–17 years in Vikarabad town: A cross- sectional study conducted by Dr. Madipally Kumar Srikanth, and his colleagues, Department of Public Health Dentistry, Sri Sai College of Dental Surgery, Vikarabad - 501 101, Telangana, India.

## REFERENCES:

### Referred Books:

- [1]. James D. Norris - contributions in economics and economic history, number 110 Greenwood Press, New York, · Westport, Connecticut · London.
- [2]. David L. Hudson - Chelsea House Publishers, 2008 - Juvenile Nonfiction - 120 pages [https://books.google.co.in/books/about/Smoking\\_Bans.html?id=67NaAAAAYAAJ&redir\\_esc=y](https://books.google.co.in/books/about/Smoking_Bans.html?id=67NaAAAAYAAJ&redir_esc=y).

### Articles and Journals:

- [3]. "Tobacco Use and Effects of Professional Advice on Smoking Cessation among Youth in India" published by Asian Pacific Journal of cancer prevention.(Asian Pac J Cancer Prev. v.18 (7); 2017PMC5648391).
- [4]. **Taylor and Francis** and published in the **Journal of Psychology and Health**..(Psychol Health. 2017 Aug 3; 32(8): 1018–1036. Published online 2017 May 28. doi: 10.1080/08870446.2017.1325890)
- [5]. [https://www.hindawi.com/journals/jeph/2018/4184190/Journal\\_of\\_Environmental\\_and\\_Public\\_Health\\_/2018/Article](https://www.hindawi.com/journals/jeph/2018/4184190/Journal_of_Environmental_and_Public_Health_/2018/Article).
- [6]. <https://www.thejoint.com/texas/houston/vintage-park-28042/why-tobacco-should-be-banned-from-your-life>

### Websites:

- [7]. [https://www.cdc.gov/tobacco/basic\\_information/health\\_effects/index.htm#](https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm#).
- [8]. <https://www.ncbi.nlm.nih.gov/books/NBK310413/>.
- [9]. <https://www.cancer.org/healthy/stay-away-from-tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html>.
- [10]. <https://www.questia.com/library/controversial-topics/tobacco-advertising>.
- [11]. [www.healthline.com](http://www.healthline.com) › health › effects-on-body.

### Government Reports:

- [12]. [nhp.gov.in](http://nhp.gov.in) › effects-of-tobacco-on-healthpg  
[www.drugabuse.gov](http://www.drugabuse.gov) › tobacco-nicotine-e-cigarettes.
-