Research Article

Prevalence, knowledge and attitude of Tobacco Habit and cessation Among Taxi Drivers in Mumbai

Siddhesh Snehal Birje[1], Swati Shrikant Gotmare[1], Treville Pereira[1], Subraj Shetty[1], Siddharth Acharya[2], Mayura Chande[1]

[1]Department of Oral Pathology and Microbiology, DY Patil University School of Dentistry, Navi Mumbai, India, [2]Department of Public Health Dentistry, DY Patil University School of Dentistry, Navi Mumbai, India

ABSTRACT:

Background- India has the highest incidence of oral cancer worldwide. Despite all the efforts, tobacco smoking is a serious health problem in India, where one-third of the population smokes. The aim of this artcile is to assess knowledge about awareness regarding tobacco cessation policies, harmful effects of tobacco among taxi drivers in Mumbai.

Materials & Methods- A questionnaire-based study was designed wherein 139 cab drivers from the Dadar neighbourhood participated.

Results- Participants in this study were between 24 to 70 age ranges. 60% of the participants used cigarettes, whereas 73% were unaware of the government's smoke cessation policies. Despite several policies available, the majority of cigarette users were ignorant of them.

Conclusion- We concluded in our study that most participants were aware of the harmful effects of tobacco. They knew nothing about cessation clinics. We also learned that even after being put into place, the tobacco cessation policies were not socially promoted.

KEYWORDS: tobacco, tobacco cessation centres,tobacco cessation policies, health survey

Address for correspondence : Dr Swati Shrikant Gotmare, Professor, Department of Oral Pathology and Microbiology, DY Patil University School of Dentistry, Sector 7, Nerul, Navi Mumbai-400706, India, E-mail: swatishrikant2003@gmail.com

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INTRODUCTION:

Since the dawn of history, food and tea, as well as tobacco, have been linked to mankind. Gately has provided a detailed account of its historical roots and how it later ingratiated itself into contemporary culture[1]. Over the past ten years, research on tobacco carcinogenesis has persisted, and a variety of epidemiological and experimental studies have confirmed that exposure to tobacco smoke plays a significant role in acquiring lung and bladder cancers, as well as other cancers of the oral cavity, oesophagus, colon, pancreas, breast, larynx, and kidney. Additionally, it has been linked to leukaemia, particularly acute myeloid leukaemia[2].

The annual death toll from tobacco usage is close to six million. Approximately 100 million premature deaths worldwide were attributed to tobacco use in the 20th century, according to estimates from the World Health Organisation (WHO), and if present tobacco consumption trends continue, this number is anticipated to increase to 1 billion in the 21st[3]. Each component of the body is impacted by tobacco. The prevalence of cancer, TB, respiratory illnesses, and cardiovascular disorders is relatively high in India. Oral cancer is noteworthy in this context; India has the highest incidence of oral cancer worldwide[4]. Controlling tobacco should be a primary goal, both for

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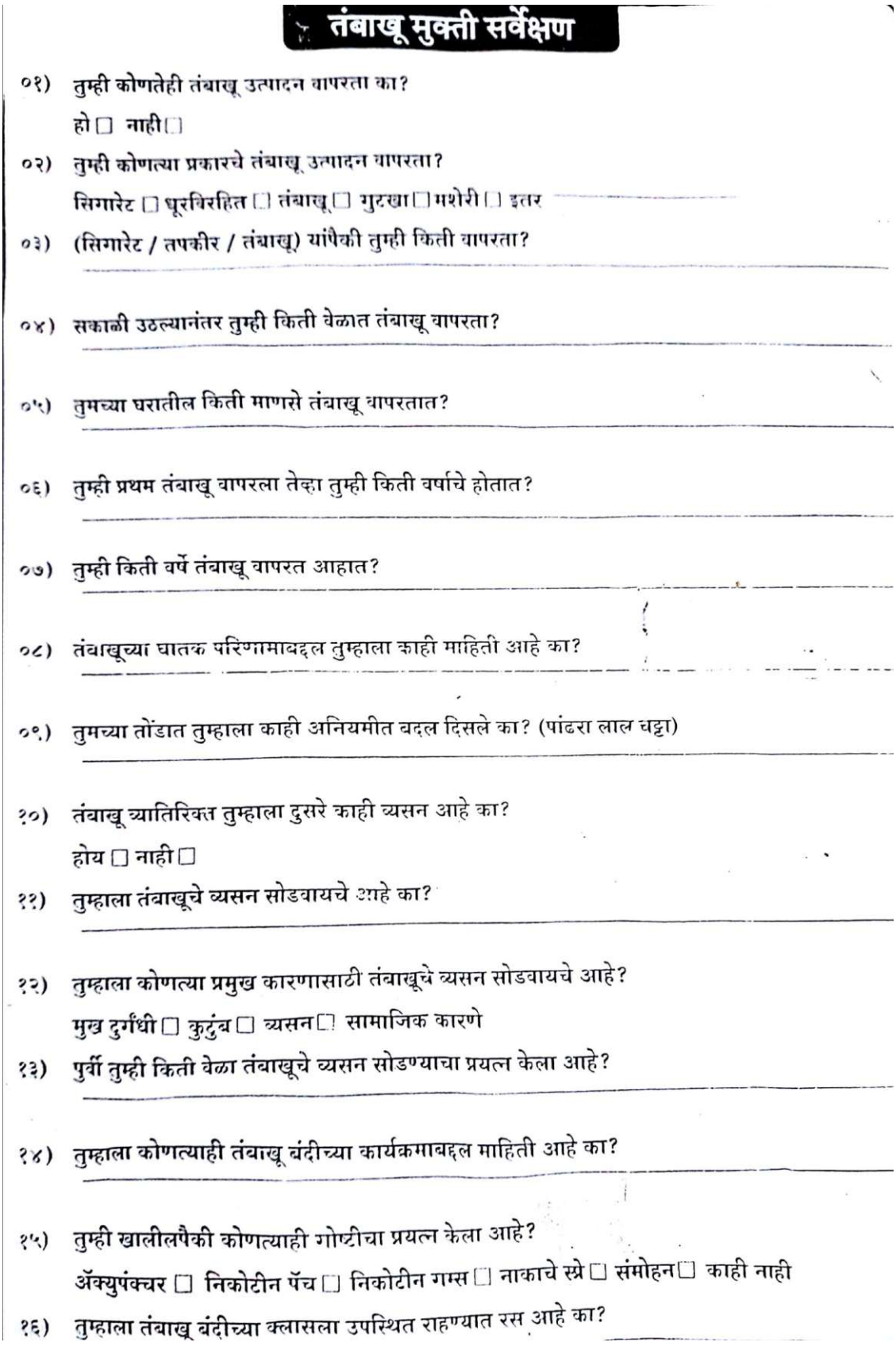

तंबाखू मुक्ती सर्वेक्षण

०१) तुम्ही कोणतेही तंबाखू उत्पादन वापरता का?

हो ☐ नाही ☐

०२) तुम्ही कोणत्या प्रकारचे तंबाखू उत्पादन वापरता?

सिगारेट ☐ धूरविरहित ☐ तंबाखू ☐ गुटखा ☐ मशेरी ☐ इतर

०३) (सिगारेट / तपकीर / तंबाखू) यांपैकी तुम्ही किती वापरता?

०४) सकाळी उठल्यानंतर तुम्ही किती वेळात तंबाखू वापरता?

०५) तुमच्या घरातील किती माणसे तंबाखू वापरतात?

०६) तुम्ही प्रथम तंबाखू वापरला तेव्हा तुम्ही किती वर्षाचे होतात?

०७) तुम्ही किती वर्षे तंबाखू वापरत आहात?

०८) तंबाखूच्या घातक परिणामाबद्दल तुम्हाला काही माहिती आहे का?

०९) तुमच्या तोंडात तुम्हाला काही अनियमीत बदल दिसले का? (पांढरा लाल चट्टा)

१०) तंबाखू व्यातिरिक्त तुम्हाला दुसरे काही व्यसन आहे का?

होय ☐ नाही ☐

११) तुम्हाला तंबाखूचे व्यसन सोडवायचे आहे का?

१२) तुम्हाला कोणत्या प्रमुख कारणासाठी तंबाखूचे व्यसन सोडवायचे आहे?

मुख दुर्गंधी ☐ कुटुंब ☐ व्यसन ☐ सामाजिक कारणे

१३) पुर्वी तुम्ही किती वेळा तंबाखूचे व्यसन सोडण्याचा प्रयत्न केला आहे?

१४) तुम्हाला कोणत्याही तंबाखू बंदीच्या कार्यक्रमाबद्दल माहिती आहे का?

१५) तुम्ही खालीलपैकी कोणत्याही गोष्टीचा प्रयत्न केला आहे?

ॲक्युपंक्चर ☐ निकोटीन पॅच ☐ निकोटीन गम्स ☐ नाकाचे स्प्रे ☐ संमोहन ☐ काही नाही

१६) तुम्हाला तंबाखू बंदीच्या क्लासला उपस्थित राहण्यात रस आहे का?

Figure 1: Sample questionnaire in marathi language.

health reasons and as a means of reducing poverty. India has the opportunity to realise its pledges to meet the 2030 Sustainable Development Goals of poverty reduction and good health by effectively implementing tobacco control measures. Despite all the efforts, tobacco smoking is a serious health problem in India, where one-third of the population smokes[5]. It is also vital to examine the tobacco epidemic and assess governing policies in order to give focused intervention[6]. The National Family Health Survey (NFHS-3) study, carried out in 2005–2006, found that tobacco smoking is more common among men, rural residents, illiterates, impoverished people, and other vulnerable groups[7]. The rising use of tobacco in developing nations is mostly due to a lack of knowledge about the possible issues and clear health risks connected with smoking, as well as tobacco industry strategies that target the most vulnerable demographics, such as women and young people[8]. The aim of this paper is to assess knowledge about awareness regarding tobacco cessation policies among taxi drivers in Mumbai, awareness about the harmful effects of tobacco & to find out the number of active tobacco users & non tobacco users. This study could also gain information about the tobacco consumption habits & reason for excess use of tobacco products and willingness to reduce or stop the tobacco consumption habits.

MATERIALS & METHOD:

A questionnaire-based study was designed in our institute. The study was approved by institutional ethical committee. A short questionnaire was given to willing taxi drivers in order to gather this information through a verbal and record-based analysis. The questionnaire was written in an easy-to-understand fashion. People had the option to choose their preferred language from a list of three (English, Hindi, and Marathi) when filling out the questionnaire [Figure 1].

139 cab drivers from the Dadar neighbourhood participated. Each participant understood the purpose of the study. Participants were informed of how the department of oral and maxillofacial pathology used all the data for research purposes. All participants were made aware that the research's findings would never be shared with them. The subject or future individuals who are similar to him would gain directly from this study. The complete amount of data was evaluated, and factors were used to compare the number of smokers and non-smokers overall. This information on the cab drivers' relatives gives a thorough understanding of the history of tobacco use in the family. Study solely included the taxi driver community. All the participants were male and younger than 70 years old.

INCLUSION CRITERIA:

1. All willing participants who used tobacco in any form.
2. Only taxi drivers were included.

EXCLUSION CRITERIA:

1. Unwilling patients were excluded.

RESULTS:

From the whole Mumbai region, 139 taxi drivers actively engaged in the survey. Participants in this poll ranged in age from 24 to 70. The study's findings indicate that out of 139 sample participants, 84 of them are tobacco consumers and 55 of them are not [Figure 2]. 60% of the participants reported using cigarettes. We deduced that 73% of them were unaware of the government's smoke cessation policies and 37% were aware [Figure 3]. Every participant was ready to give up their smoking habit. According to the poll, the majority of smokers were considering participating in a cigarette cessation programme. Additionally, the history of tobacco use in the participants' relatives is learned through the survey. Regarding the taxi drivers' consumption patterns, no precise cause was identified. Bidi and guttka are the most common forms of tobacco consumption. In this study, we discovered that around 83% subjects who used tobacco were fully aware of its negative effects [Figure 4]. They were aware that smoking causes cancer and numerous other health issues. 37% of the tobacco users were aware of the policies for quitting the habit. Despite the fact that there are several policies available, the majority of cigarette users are unaware of them.

DISCUSSION:

The annual death toll from tobacco usage is close to six million. Approximately 100 million premature deaths worldwide were attributed to tobacco use in the 20th century, according to estimates from the World Health Organisation (WHO), and if present tobacco consumption trends continue, this number is anticipated to increase to 1 billion in the 21st[3]. According to the GATS survey, there are 275 million tobacco smokers in India, or 35% of the adult population. 164 million people use smokeless tobacco, 69 million people smoke, and 42 million people use both smoking and smokeless tobacco[9]. The International Agency for Research on Cancer's (IARC)

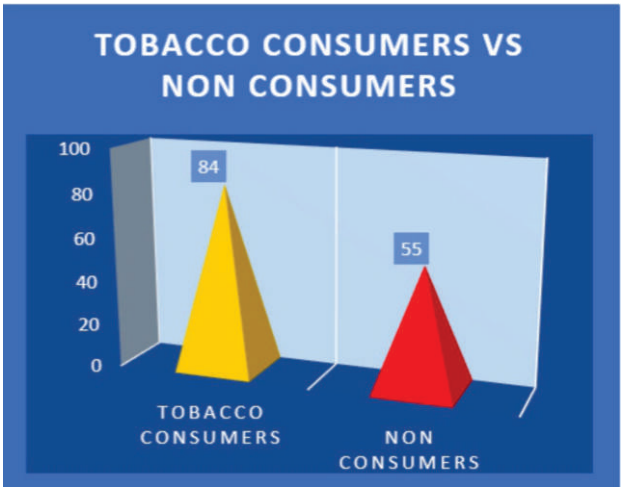

Figure 2: Number of tobacco consumers and non-tobacco consumers.

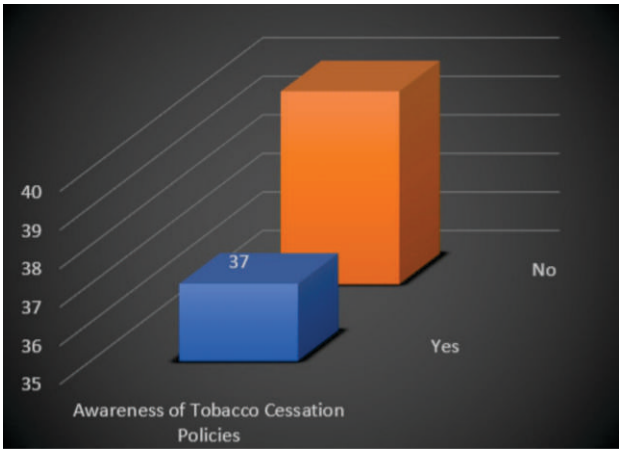

Figure 3: Percentage of aware vs unaware participants about government's smoke cessation policies.

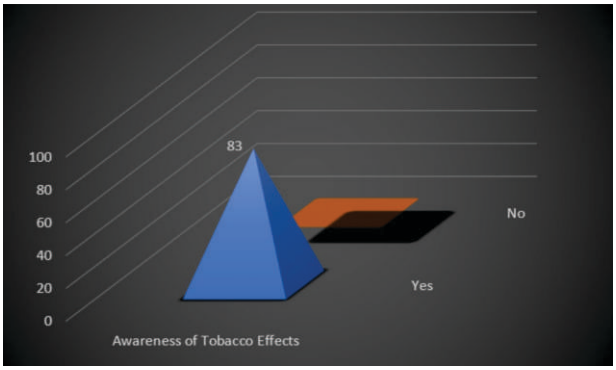

Figure 4: Percentage of participants aware vs non aware about harmful effects of tobacco.

monograph states that there is enough proof that smoking tobacco results in cancers of the lung, oesophagus, stomach, pancreas, kidney (body and pelvis), ureter, urinary bladder, uterine cervix, and bone marrow (myeloid leukaemia) in humans. Research on bidi smoking, the most popular type of tobacco use in India[10]. In Mumbai, smokers of bidis were 2.60 times more likely to die from tuberculosis than nonsmokers[11].

Smoking tobacco can be done with beedis, cigarettes, hookas, hooklis, chhuttas, dhumtis, or chillums. Contrary to other western nations, smoking pipes and cigars is uncommon in India. In cities, smoking cigarettes is widespread. There are brands of cigarettes available that are made both locally and internationally. Since cab drivers regularly consume similar tobacco products, we chose to limit our sample to them. In a similar vein, this report reveals that the only products most frequently utilised are biddi and guttka. However, because cigarettes are more expensive than other tobacco products, they are more popular among upper and middle socioeconomic strata than among the underprivileged. Beedi is a low-cost smoking stick manufactured by rolling a rectangular piece of dried temburni leaf (Diospyros melanaxylon) into a conical form and securing it with a thread. A beedi can range in length from 4.0 to 7.5 cm. Small packets of beedis are sold in stores. These tobacco products are mostly used by cab drivers. In this study, we have noticed a pattern of tobacco use among taxi drivers who took part in the study. Tobacco is smoked using an indigenous contraption called a hooka, sometimes known as an Indian hubble bubble pipe. The tobacco smoke is passed through water that is stored in a sphere that may also include some aromatic compounds. Hooka smoking is a popular way for villagers to socialise, especially in India's northern and eastern regions, and it is a significant aspect of rural culture. Adults and older generations are more likely to use it. Teenagers are less likely to use it, though, as adults typically discourage the younger people from consuming hookah. In some regions of the country, people smoke tobacco using hookli, a little clay pipe-like device that is around 7 cm long. Reverse chhutta smoking involves inhaling smoke from a roll of tobacco (cheroot) that has been coarsely processed. In Andhra Pradesh, a province in southeast India, its use is common in coastal areas. Dhumti is a product that resembles a cigar that is manufactured by rolling tobacco leaves within jackfruit leaf. Banana plant leaves that have been dried occasionally are used. Women smoke dhumti in the opposite direction from men, keeping the flaming end inside the mouth. Men smoke dhumti the traditional way.

Smoking dhumti is very common in the Goa region of western India[12]. The bulk of India's 60% tobacco users only use smokeless tobacco, according to the Global Adult Tobacco Survey (GATS) 2010 study[13]. We could easily appreciate in this survey that gutkha is also used at less than equal rate as compared to biddis[14]. Together with the tobacco business, the areca nut industries created a dry preparation in 1975 utilising traditional Indian techniques[15]. The most evident cause of oral cancer, which accounts for 30 to 40% of cancer cases reported in India, is the heavy use of tobacco products, whether through smoking or smokeless chewing[16]. As a substitute for smoking, Gutkha has gained traction in traditional society and among those with lower socioeconomic level[17]. The aggressive advertising and easy packaged sachets, which are sold under a variety of brand names in practically all stores at a reasonable price, are to blame for the rise in gutkha consumption[18]. Due to its flavoured sweet taste, ease of availability, cost effectiveness, and immediate stimulant, gutkha use can start as early as childhood. The move from paan or smoking to gutkha may be encouraged by its simplicity of purchase and storage as well as by its absence of social stigma[19]. To get the euphoric effects of nicotine, many people utilise gutkha. increase feelings of wellness, decrease appetite and anxiety (in cab drivers), induce arousal or relaxation, release tension, When we discussed this with our participants, they gave similar justifications for smoking, and we were able to connect that these products are used by taxi drivers mostly for relaxation and focus. Gutkha has had about 4200 chemical components identified[20]. Participants were willing to discontinue their tobacco use when we requested them to do so since they were aware of the negative impacts that these tobacco products have. In order to assist them minimise or totally stop their habit, we advised them to contact government-sponsored cessation clinics.

At the national and international levels, a number of tobacco control policy initiatives are being carried out to tackle the tobacco epidemic. The existing tobacco user, however, may not directly benefit from these initiatives because nicotine in tobacco is very addictive, making quitting challenging. By 2050, it is predicted that there would be 160 million more smoking deaths worldwide as a result of a shortage of cessation assistance. Nearly 70% of smokers say they want to stop using tobacco, but only 3-5% of them really succeed in doing so. Tobacco cessation centres (TCCs) were established by the WHO in 2002 in partnership with the MHFW, GOI in 13 different locations around India, including cancer treatment facilities, mental facilities, medical institutions, and NGOs[21]. After questioning participants if they were aware of these policies, we realised they knew nothing about these cessation clinics. However, we learned that even after being put into place, these policies were not socially promoted. The Ministry of Health and Family Welfare, Government of India, launched the National Tobacco Control Programme (NTCP) in 2008, covering 42 districts of 21 states and union territories of India. The NTCP included the following activities: training and capacity building; information, education and communication (IEC) activities; tobacco control laws; reporting survey and surveillance. Schoolchildren now receive more comprehensive tobacco-related education[22]. When it comes to using taxes to reduce tobacco usage, India is likewise a soft pedal. The light-touch approach to oral tobacco has extended to bidis, which are essentially more harmful than any other tobacco products. A significant tax must be imposed on the tobacco market. While differential treatment will only lead to product or brand switching, a sharp increase in tobacco product prices will cause usage to plummet. The recent ban on "gutkha," a popular smokeless tobacco product in the nation, has also drawn criticism. It is a crucial tactic to stop this threat. This habit, the main cause of oral cancer, is particularly harmful to children and women. However, both this prohibition and the one against smoking in public spaces need to be more strictly enforced. The graphic health warnings on tobacco product packaging required by Section 7 of the COTPA must also be more forceful and aggressive[23]. The fact that even a small number of these cab drivers' relatives used tobacco in some way could encourage similar dangerous behaviours in the next generations. In this piece, we could see that even after using tobacco products, the cab drivers were ready to give up their bad habits. However, they were unable to approach the path of quitting since they were unaware of the policies for quitting cigarettes. We got to the conclusion that despite the government's many cessation policies, social publicity and awareness were not up to par. This article will assist many tobacco users as well as the government in understanding the present state of tobacco control regulations. It will also assist the Indian government in addressing some policy shortcomings and launching an awareness campaign for those who are eager to quit smoking.

CONCLUSION :

This study examines the tobacco use habits of Mumbai's cab drivers. This poll is unique in that it focuses on the effectiveness of tobacco cessation programmes in Mumbai and cab drivers' attitudes

about tobacco use patterns. These are critical factors for nations like India, where non-smoking tobacco usage is the norm. This study comes to the conclusion that, despite the government providing cessation policies for tobacco users, awareness of these programmes is still lacking. The results of the survey show that more than 60% of cab drivers smoke. Only 40% of persons are aware of the policies regarding cessation. 99% of tobacco users are willing to stop using it. In Mumbai, 60% of taxi drivers were aware of the negative consequences that taxi drivers have on the city. Taxi drivers in Mumbai have high tobacco usage rates but little knowledge of tobacco policy, which suggests that tobacco awareness and cessation programmes need to be integrated into the taxi drivers' culture.

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Conflicts of interest
There are no conflicts of interest.

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