

CATCH THEM YOUNG

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Dear Sir,

Tobacco is a major public health problem¹. Given the current pattern of tobacco use globally, it is estimated that 250 million children and adolescents who are alive today, would die prematurely, most of them in developing countries². According to the WHO estimates, 194 million men and 45 million women use tobacco in smoke or smokeless forms in India¹. In India, tobacco consumption is responsible for half of all cancers in men and a quarter of all cancers in women, in addition to being a risk factor for cardiovascular diseases¹. India also has one of the highest rates of oral cancer in the world, mostly attributed to high prevalence of tobacco usage. In India tobacco is smoked in the form of cigarettes, bidis and hukkas. Smokeless use includes betel quid, gutkha, mawa, zarda, khaini and snuf. Many of these products are chewed while some are applied in the oral cavity.

Various studies have demonstrated that tobacco use (which includes smoking) among school going children in India is very high^{1, 3, 4}. India global youth tobacco survey, 2006 confirmed the high prevalence of tobacco usage in school going children (among 13-15 years)⁵.

Many of the risks to health and life caused by tobacco consumption develop over a long period, and take decades to become fully evident. But tobacco use also inflict immediate harm on users and their families, damage is wreaked little by little each day. Scarce family resources are spent on tobacco products instead of on food, or other essential needs. Even a small diversion of resources of poor families who live at or below the edge of poverty can have a significant impact on their health and nutrition.

This has been shown in many studies from Southeast Asia. Disadvantaged adolescents use tobacco at the cost of their meals. They spent four times on gutkha purchase as compared to their protein (eggs)⁶. Tobacco spit creates environmental pollution. Red splotches on the pavement everywhere in Southeast Asian countries are evidences of the copious spitting which is so deeply and culturally engrained in Southeast Asia. The major health consequences associated with smokeless tobacco include cancer of several sites and poor reproductive outcome. Thus tobacco consumption has serious individual, family and environment implications.

The prevention of tobacco use in young people appears to be the single greatest opportunity for preventing non communicable disease (including oral cancer) in the world today³.

If we believe in Supply-Demand cycle of economics there is a demand to the tobacco products that is why there is a supply. Curbing the supply without stopping the demand will lead to illegal manufacturing and distribution of tobacco products. What we need to do is to stop the demand. There are 7.67 lakh elementary schools in India in which 13.8 crore children (6-14 years) are enrolled (2004-2005)⁷. In other words it is an opportunity to reach these 13.8 crore plus students at a same time and also their families through them. We need to introduce an anti-tobacco curriculum in schools across the country in order to decrease the tobacco usage rate among students. The message is "Catch them Young" in the schools before it is too late. According to estimates, every US 1 Dollar investment in schools on effective anti-tobacco

education saves US 18.8 Dollars in the costs of addressing health and non health problems associated with smoking. Additionally schools can reach about 1 billion students worldwide everyday and through them, their families and communities that is the world's broadest and deepest channel for putting information at the disposal of its citizens⁸.

The schools will play an imperative role in shaping student tobacco behaviors. Anti-tobacco education curriculum should train the students in health implications of tobacco consumption, refusal skills, involve parents, teachers and peers. Following instructional concepts can be put across the schools.

Table1: Instructional concepts

Knowledge: Students will learn that	Attitudes: Students will demonstrate
Most young persons and adults do not smoke.	A personal commitment not to use tobacco.
Tobacco use is an unhealthy way to manage stress and weight.	Pride about not choosing tobacco.
Tobacco use during pregnancy has harmful effects on the fetus.	Responsibility about personal health.
Smoking cessation programs can be successful.	Confidence in personal ability to resist tobacco use.
Cigarette smoking and smokeless tobacco use have direct health effects.	Support for others' decisions not to use tobacco.
Many persons find it hard to stop using tobacco, despite knowledge about the health hazards of tobacco use.	
Skills: Students will be able to	
Encourage other persons not to use tobacco.	
Support persons who are trying to stop using tobacco.	
Demonstrate skills to resist tobacco use.	

Modified from Morbidity and Mortality Weekly Report, CDC-Atlanta, Feb 25, 1994; 43

Carefully planned school anti-tobacco education programs can be very effective in reducing tobacco use among students if school and community leaders make the commitment to implement and sustain such programs.

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