

TOBACCO BURDEN FACTS INDIA



India ratified the Framework Convention on Tobacco Control on February 5, 2004.

TOBACCO CONSUMPTION

- There are almost 267 million tobacco users in India.¹
- Among adults (age 15+), 28.6% of the population currently uses tobacco products (men 42.4%; women 14.2%):¹
 - 21.4% of adults use smokeless tobacco (men 29.6%; women 12.8%)
 - 10.7% of adults smoke (men 19.0%; women 2.0%)
 - The majority of adult smokers smoke bidis (7.7% of adults overall)
- Among youth (ages 13–15):²
 - 14.6% currently use some form of tobacco (boys 19.0%; girls 8.3%)
 - 4.4% smoke cigarettes and 12.5% use other tobacco products

SECONDHAND SMOKE EXPOSURE

There is no safe level of secondhand smoke.³

- 30.2% of adults are exposed to secondhand smoke in indoor workplaces, 7.4% are exposed in restaurants, and 13.3% are exposed on public transportation.¹
- 36.6% of youth (ages 13–15) are exposed to secondhand smoke in public places, and 21.9% are exposed at home.²

HEALTH CONSEQUENCES

Tobacco use is deadly. Smoking kills at least half of lifetime users.⁴

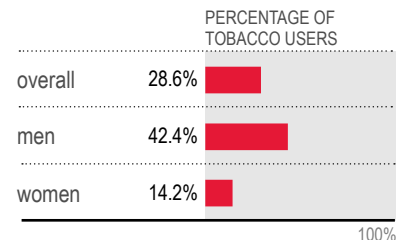
- Each year tobacco use kills about one million Indians:
 - Smoking and exposure to secondhand smoke kill about 926,000 people each year⁵
 - Smokeless tobacco use kills an additional 200,000 people in India each year, accounting for 74% of the global burden of smokeless tobacco⁶
- Bidi and cigarette smokers die 6 to 10 years earlier than their non-smoking counterparts.⁷
- If current trends continue tobacco will account for 13% of all deaths by 2020.⁸

COSTS TO SOCIETY

Tobacco exacts a high cost on society.

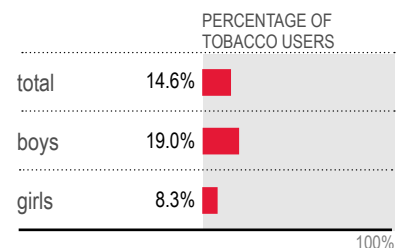
- In 2011, the total direct and indirect costs attributed to tobacco use among adults in their most productive years (ages 35–69) were 22.4 billion USD, equivalent to 1.2% of India's GDP.⁹
- In 2011, direct healthcare costs attributable to tobacco reached 3.6 billion USD and indirect morbidity costs were 3.1 billion USD. The total cost from premature deaths due to tobacco use was 15.6 billion USD.⁹
- Spending on tobacco and tobacco-related health costs impoverished 15 million people in India in 2004–2005.¹⁰

ADULT TOBACCO USE (AGE 15+)



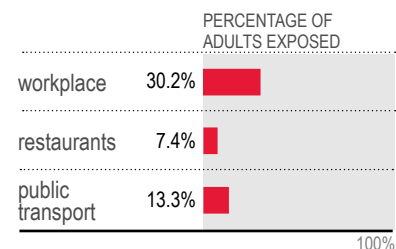
SOURCE: GATS, 2016-17

YOUTH TOBACCO USE (AGES 13–15)



SOURCE: GYTS, 2009

ADULT SECONDHAND SMOKE EXPOSURE (AGE 15+)



SOURCE: GATS, 2016-2017

1. India Global Adult Tobacco Survey (GATS) 2016-17. Centers for Disease Control and Prevention (CDC). 2. India Global Youth Tobacco Survey (GYTS). National, 2009. Available from: ncdd.cdc.gov/GTSS-Data/default/default.aspx. 3. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention; 2006. Available from: www.cdc.gov/tobacco/data_statistics/sgr/2006/index.htm. 4. Eriksen M et al. The Tobacco Atlas. Fifth Ed. Atlanta, GA: American Cancer Society; 2015. 5. Global Burden of Disease (GBD) 2016. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2017. Available from: vizhub.healthdata.org/gbd-compare/. 6. Siddiqi K et al. Global burden of disease due to smokeless tobacco consumption in adults: analysis of data from 113 countries. BMC Medicine. 2015;13(194). Available from: www.biomedcentral.com/content/pdf/s12916-015-0424-2.pdf. 7. Jha P et al. A Nationally Representative Case-Control Study of Smoking and Death in India. The New England Journal of Medicine. 2008;358:1-11. 8. Shimkhada R, Peabody JW. Tobacco Control in India. Bulletin of the World Health Organization. 2003;81:48-52. 9. John RM et al. Economic burden of tobacco related diseases in India: Executive summary. Ministry of Health & Welfare, Government of India; 2015. Available from: www.searo.who.int/india/topics/tobacco/economic_burden_of_tobacco_related_diseases_in_india_executive_summary.pdf. 10. John RM et al. Counting 15 million more poor in India, thanks to tobacco. Tobacco Control. 2011 Feb 3;20:349-352.