



Letter to Editor

India's tobacco conundrum: Balancing economic dependence with public health imperatives

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Sir / Madam,

The increase in tobacco consumption in today's world has been one of the most difficult challenges faced by health workers and the government. World Health Organisation estimates show that approximately eighty percent of the 1.3 billion tobacco users globally are in developing countries. In 2020, 22.3% of the global population consumed tobacco.¹ In India according to Global Adult Tobacco Survey (GATS) - 2 (2016-17), approximately 10.7% of individuals now smoke tobacco. A six percentage point fall in tobacco usage prevalence—from 34.6% to 28.6% from Global Adult Tobacco Survey 1&2 respectively- is a leading light in pitch-darkness.² The tobacco industry in India is large-scale. According to the Indian Council of Agriculture & Research, Tobacco has been primary income for 36 million farmers. Additionally, tobacco generates over 14,000 crores in excise money annually, or more than 10% of the revenue collected.³ On the other side of coin, In 2011, the total economic expenditures of the nation with tobacco-associated diseases was Rs. 1,04,500 crores, which is increasing the financial burden on people and the country.

In a study done by TP Jayanthi et al, in a suburban neighborhood of the capital city of Chennai, 95% were tobacco users in which 70% knew the side effects associated with tobacco usage.⁴ Tobacco usage among the population can be curbed progressively by proper stringent rules and

implementation. India already has legislation named “Cigarettes and Other Tobacco Products Act, 2003” (COTPA 2023). This legislation aims to outlaw the promotion of cigarettes and other tobacco products, regulate trade and commerce in these areas, and address issues related to or arising from the production, supply, and distribution of these items. But how this legislation is being implemented? For a better understanding we took a study done by Ali I et al in the national capital of Delhi, the results were alarming which showed Section 4 of the Cigarettes and Other Tobacco Products Act, 2003 is violated since smoking was seen in 59.28% of the 376 locations that were inspected.⁵ Comparably, there were also infractions of Sections 06-a (prohibiting the sale of tobacco products to anyone under 18yrs. of age) and 06-b (allowing shops to be located within 100 meters of an educational institution).

If this is the state of implementation of laws in a national capital, what will be the state of implementation of laws in other urban cities? This is an alarming issue that has to be addressed in immediate effect to prevent a further rise in the population using tobacco and an explosion of diseases in the country related to the usage of tobacco. Many study results show that people use tobacco with knowledge about its side effects which is a bigger dent in India's pursuit of complete abolishment of tobacco sales. The economic loss to farmers and the country related to the abolishment of tobacco and its related products can be balanced by shifting the farmers to

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other sustainable cultivations and improving the economy of the country through it. Balancing the economy through non-harmful sources is best for people and for the nation.

1. Conflict of Interest

None.

References

1. World Health Organization. Tobacco [Internet]. Geneva: World Health Organization; [cited 2024 Jun 1]. Available from: <https://www.who.int/news-room/fact-sheets/detail/tobacco>
2. Ministry of Health and Family Welfare, Government of India. GATS-2 global adult tobacco survey: fact sheet [Internet]. New Delhi: Ministry of Health and Family Welfare; [cited 2024 Jun 1]. Available from: <https://ntcp.mohfw.gov.in/assets/document/surveys-reports-publications/GATS-2-FactSheet.pdf>
3. Ministry of Health and Family Welfare, Government of India. GATS-2 global adult tobacco survey: fact sheet [Internet]. New Delhi: Ministry of Health and Family Welfare; [cited 2024 Jun 1].

Available from: <https://ntcp.mohfw.gov.in/assets/document/surveys-reports-publications/GATS-2-FactSheet.pdf>

4. Jayanthi TP, Subhashini V, AE VM. Tobacco Use: Quitting Plan, Attempts and Obstacles for Cessation- A Cross-Sectional Study from A Sub-Urban Neighbourhood of Chennai-Tamil Nadu. *Natl J Community Med*. 2023;14(01):18–23.
5. Ali I, Patthi B, Singla A, Dhama K, Muchhal M, Rajeev A, et al. Assessment of implementation and compliance of (COTPA) Cigarette and Other Tobacco Products Act (2003) in open places of Delhi. *J Family Med Prim Care*. 2020;9(6):3094–9.

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