

# TOBACCO BURDEN FACTS INDIA



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

## TOBACCO PREVALENCE

- There are almost 267 million tobacco users in India.<sup>1</sup>
- Among adults (age 15+), 28.6% of the population currently uses tobacco products (men 42.4%; women 14.2%):<sup>1</sup>
  - 21.4% of adults use smokeless tobacco (men 29.6%; women 12.8%)
  - 10.7% of adults smoke (men 19%; women 2%)
  - The majority of adult smokers smoke bidis (7.7% of adults overall)
- Among youth (ages 13–15):
  - 8.5% currently use some form of tobacco (boys 9.6%; girls 7.4%)
  - 4.1% smoke tobacco and 4.1% use smokeless tobacco<sup>2</sup>

## SECONDHAND SMOKE EXPOSURE

There is no safe level of secondhand smoke.<sup>3</sup>

- 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.<sup>1</sup>
- 21% of youth (ages 13–15) are exposed to secondhand smoke in enclosed public places, and 11% are exposed at home.<sup>2</sup>

## HEALTH CONSEQUENCES

Tobacco use is deadly. Smoking kills up to half of all lifetime users.<sup>4</sup>

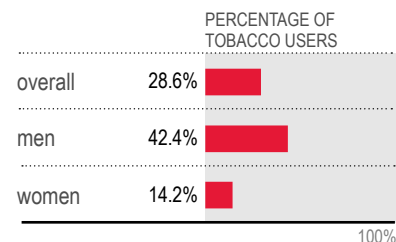
- Smoking and exposure to secondhand smoke kill about 1.2 million Indians each year.<sup>5</sup>
- India accounts for 70% of the global burden of smokeless tobacco.<sup>6</sup>
  - Smokeless tobacco use kills over 230,000 Indians each year.<sup>6</sup>
  - Nearly 90% of oral cancers in India are attributable to smokeless tobacco use.<sup>7</sup>
- Bidi and cigarette smokers die 6 to 10 years earlier than their non-smoking counterparts.<sup>8</sup>
- 27% of all cancers in India are attributable to tobacco use.<sup>9</sup>

## COSTS TO SOCIETY

Tobacco exacts a high cost on society.

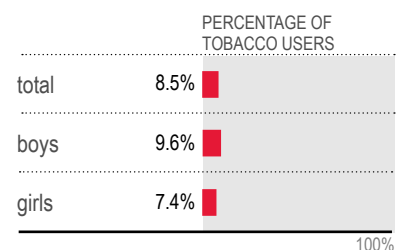
- From 2017–2018, the economic cost of tobacco-attributable disease and death in India was INR 1773.4 billion (USD\$ 27.5 billion).<sup>10</sup>
  - Direct health care costs attributable to tobacco use were 22% of the total cost (INR 387.1 billion or US\$6 billion) and indirect costs (from lost productivity due to illness and death) were 78% (INR 1386.3 billion or US\$21.5 billion).
  - The costs of premature death alone were 75% of the total economic costs (INR 132.4 billion or US\$20.5 billion).<sup>10</sup>
- The total costs of tobacco equate to 1.04% of India's GDP, and direct medical costs equate to 5.3% of total health expenditure.<sup>10</sup>

### ADULT TOBACCO USE (AGE 15+)



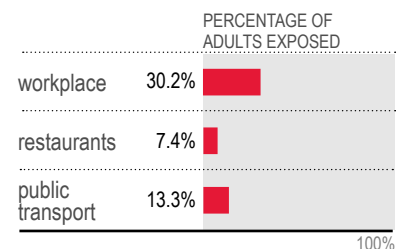
SOURCE: GATS, 2016-17

### YOUTH TOBACCO USE (AGES 13–15)



SOURCE: GYTS, 2019

### 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, 2019. 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. 4. WHO. Tobacco fact sheet. May 2020. 5. Global Burden of Disease (GBD) 2019. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2021. 6. Siddiqi, K., Husain, S., Vidyasagar, A. et al. Global burden of disease due to smokeless tobacco consumption in adults: an updated analysis of data from 127 countries. BMC Med 18, 222 (2020). 7. Gupta PC, et al. (eds.). Smokeless Tobacco and Public Health in India. Ministry of Health and Family Welfare, Government of India; New Delhi: 2016. 8. 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. 9. National Centre for Disease Informatics and Research: Findings from the National Cancer Registry Programme Report (2012-2016). Bengaluru, India: National Cancer Registry Programme (NCRP-ICMR) 2020. 10. John, Rijo M et al. "Economic Costs of Diseases and Deaths Attributable to Tobacco Use in India, 2017-2018." Nicotine & Tobacco Research: official journal of the Society for Research on Nicotine and Tobacco vol. 23,2 (2021): 294-301.