

Editor's choice

Harm reduction

In recent years, the tobacco control community has experienced impassioned and at times acrimonious debate about harm reduction. For years, tobacco control has stood fast on a doctrinaire devotion to an absolutist precept: that tobacco use of any sort was unacceptable. With the advent of nicotine replacement therapy, there was early consternation from some who, like Gertrude Stein, felt nicotine is nicotine is nicotine. Nicotine weaning was one thing, but nicotine maintenance bordered on profanity.

In this issue, we take the debate on harm reduction further by considering a tobacco product, the widespread use of which appears to be associated with significant reductions in lung cancer and myocardial infarction in Sweden.

We commissioned a major review of the public health significance of snus,¹ an oral tobacco product that has been widely used since the early 20th century and which has seen a prolonged growth in use since the 1970s, a period in which cigarette use mostly declined. This review is the most comprehensive yet published, but it and a related paper advocating the liberalisation of policy on snus availability in Europe² have immediately generated controversy, as readers of the responses by Tomar *et al*³ and Kozlowski *et al*⁴ will discover.

The editors hope that many readers will participate in this important debate by utilising the journal's rapid response function. It is our policy to publish all responses, except those which are defa-

matory. We look forward to the debate this topic deserves.

S Chapman
Editor

REFERENCES

- 1 Foulds J, Ramstrom L, Burke M, *et al*. Effect of smokeless tobacco (snus) on smoking and public health in Sweden. *Tobacco Control* 2003;12:IN THIS ISSUE.
- 2 Bates C, Fagerstrom K, Jarvis MJ, *et al*. European Union policy on smokeless tobacco: a statement in favour of evidence based regulation for public health. *Tobacco Control* 2003;12:IN THIS ISSUE.
- 3 Tomar SL, Connolly GN, Wilkenfeld J, *et al*. Declining smoking in Sweden: is Swedish Match getting the credit for Swedish tobacco control's efforts? *Tobacco Control* 2003;12:IN THIS ISSUE.
- 4 Kozlowski LT, O'Connor RJ, Quinio Edwards B. Some practical points on harm reduction: what to tell your lawmaker and what to tell your brother about Swedish snus. *Tobacco Control* 2003;12:IN THIS ISSUE.

ELECTRONIC PAGES

eTC: www.tobaccocontrol.com

The follow electronic only article is published in conjunction with this issue of *Tobacco Control*.

Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey

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Objective: To estimate the prevalence and the socioeconomic and demographic correlates of tobacco consumption in India.

Design: Cross sectional, nationally representative population based household survey.

Subjects: 315 598 individuals 15 years or older from 91 196 households were sampled in National Family Health Survey-2 (1998-99). Data on tobacco consumption were elicited from household informants.

Measures and methods: Prevalence of current smoking and current chewing of tobacco were used as outcome measures. Simple and two way cross tabulations and multivariate logistic regression analysis were the main analytical methods.

Results: Thirty per cent of the population 15 years or older—47% men and 14% of women—either smoked or chewed tobacco, which translates to almost 195 million

people—154 million men and 41million women in India. However, the prevalence may be underestimated by almost 11% and 1.5% for chewing tobacco among men and women, respectively, and by 5% and 0.5% for smoking among men and women, respectively, because of use of household informants. Tobacco consumption was significantly higher in poor, less educated, scheduled castes and scheduled tribe populations. The prevalence of tobacco consumption increased age up to the age of 50 years and then levelled or declined. The prevalence of smoking and chewing also varied widely between different states and had a strong association with individual's sociocultural characteristics.

Conclusion: The findings of the study highlight that an agenda to improve health outcomes among the poor in India must include effective interventions to control tobacco use. Failure to do so would most likely result in doubling the burden of diseases—both communicable and non-communicable—among India's teeming poor. There is a need for periodical surveys using more consistent definitions of tobacco use and eliciting information on different types of tobacco consumed. The study also suggests a need to adjust the prevalence estimates based on household informants.

(*Tobacco Control* 2003;12:e4) www.tobaccocontrol.com/cgi/content/full/12/4/e4