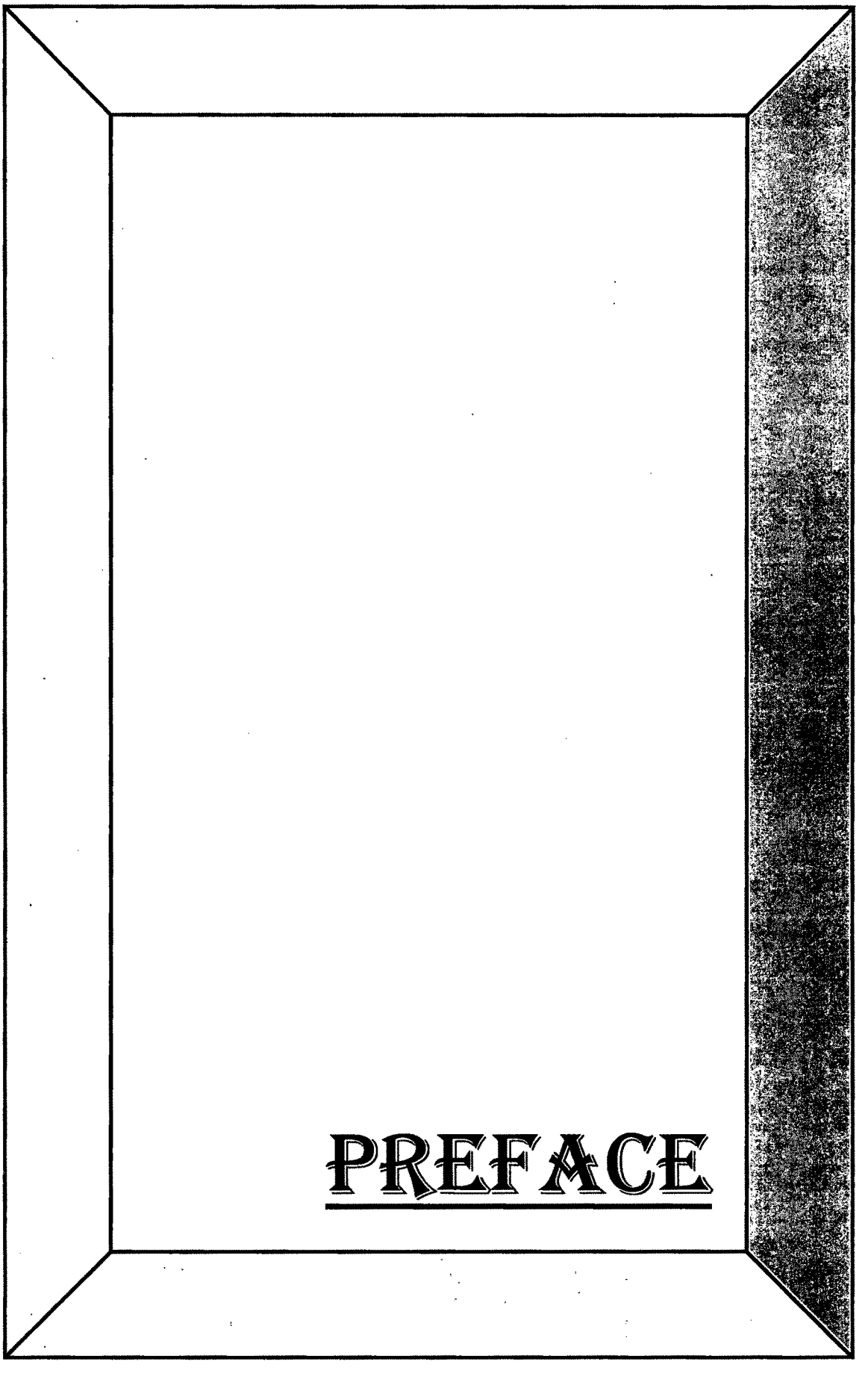

PREFACE

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Health is a consequence of an individual's lifestyle as well as a factor in determining it. Every one of us, have our own beliefs and practices concerning health and disease irrespective of the area of residence (whether residing in urban or rural areas). Not all cultural practices are harmful. Some of these practices like adequate nutrition, good sleep, regular physical exercise etc are based on centuries of trial and error and have positive effects. Achievement of optimum health demands adoption of healthy lifestyles. We have to identify the cultural and social factors that are either deleterious or beneficial. We, as health professionals have to discourage the unhealthy practices through intervention and intensive health education and promote the adoption of healthy practices. The primary health workers and school teachers can play a vital role in creating the awareness on the adverse effects of deleterious cultural practices among the general population and students. The mass media in the form of radio, television, newspapers, health exhibitions, role plays etc. go a long way in changing the attitude and behavior of the people and this demands more patience as well as persistence from the health care workers, as the cultural practices are deep rooted and requires a very long time to change or modify.

Man has been using plant derived drugs and alcohol for thousands of years. The recorded history indicates that some of these drugs were used not just for their presumed therapeutic effects, but also for recreational purposes to enhance pleasure and relieve stress. New and often more harmful drugs and patterns of use are replacing traditional practices. In recent years the consumption of licit (Tobacco, Alcohol) as well as illicit substances have increased greatly throughout the world. The epidemic of tobacco use is one of the greatest threats to global health today. Particularly, alarming is the fact that the age of initiation into substance abuse is progressively falling. Substance abuse especially amongst youth has been an issue of concern throughout the world. Adolescence is the critical period when the first initiation of substance use takes place. Worldwide the prevalence of tobacco & arecanut use is highest amongst people of low educational background and among the poor and marginalized. In several developing countries there have been sharp increases in tobacco & arecanut use especially among men and as the tobacco industry continues to target youth and women there are also concerns about rising prevalence rates in these groups. No authentic study has been done till date to reveal the status of substance abuse among general population as well as student population.

The tobacco and areca nut habit has a major social and cultural role in communities throughout the Indian subcontinent, South-East Asia and parts of the Western Pacific. Percentage of users and frequency of use increases with age and the retrospective report indicates that the betel-quid habit predominantly begins between the age of 11 and 15 years. Countrywide surveys on the use of areca nut have not been conducted, nor have any other surveys been conducted to investigate specifically the use of areca nut. Surveys of habits have been conducted on the use of tobacco and other chewing habits, especially betel-quid chewing, in limited populations. Studies of adults are presented first, followed by those of children and adolescents. Within these categories, rural studies are presented first, followed by available urban studies. Tobacco use is responsible for five million deaths in the world every year and 50 per cent of these deaths occur in the middle age (35-69 yr) population. Mortality attributable to tobacco has been estimated to be one million every year in India , projected to 1.5 million by 2020.

Countries with a high prevalence of the areca nut habit have higher rates of oral cancers. However it is the addition of tobacco, rather than simply the habit itself, which may be associated with such rates. Associations between areca nut without tobacco and oral lesions such as Oral Submucous Fibrosis (OSMF) and Leukoplakia are well-established. A relationship between the risk of developing

OSMF and habit has also been documented. Given that the relative risk of developing OSMF varies tremendously by areca nut habit, it is important to establish the prevalence and frequency of use across the various habits - tobacco & areca nut habits (Ever used, Age of first use, Current use, Frequency of use). India is also facing a similar situation that has attracted attention of policy makers and researchers in recent time.

The adverse health effects associated with areca nut (betel) use include Oral and Oro-pharyngeal Cancer, Oral Premalignant Lesions and Conditions (Oral Leukoplakia and Submucous Fibrosis), Gum disease and Addiction. Chewing areca nut is widespread in south Asia and in the pacific region.

The tobacco, arecanut & alcohol use during adolescence commonly leads to dependence and chronic disease. As adolescence is the most susceptible time for initiation of tobacco use and adolescent tobacco smoking has been found to be a major predictor of adult smoking, preventing this use requires intervention in early adolescence prior to the time when these behaviors have already become ingrained. Lack of adequate information to form a basis of effective preventive strategies, prompted us to conduct this study with the objective of studying the correlates of tobacco use amongst the general population of Gujarat state and prevalent cultural attributes of the state. The ultimate aim of this study is to provide

information to planners and program managers in designing an appropriate preventive strategy.