

Economic Burden of Tobacco Related Diseases in India

Highlights

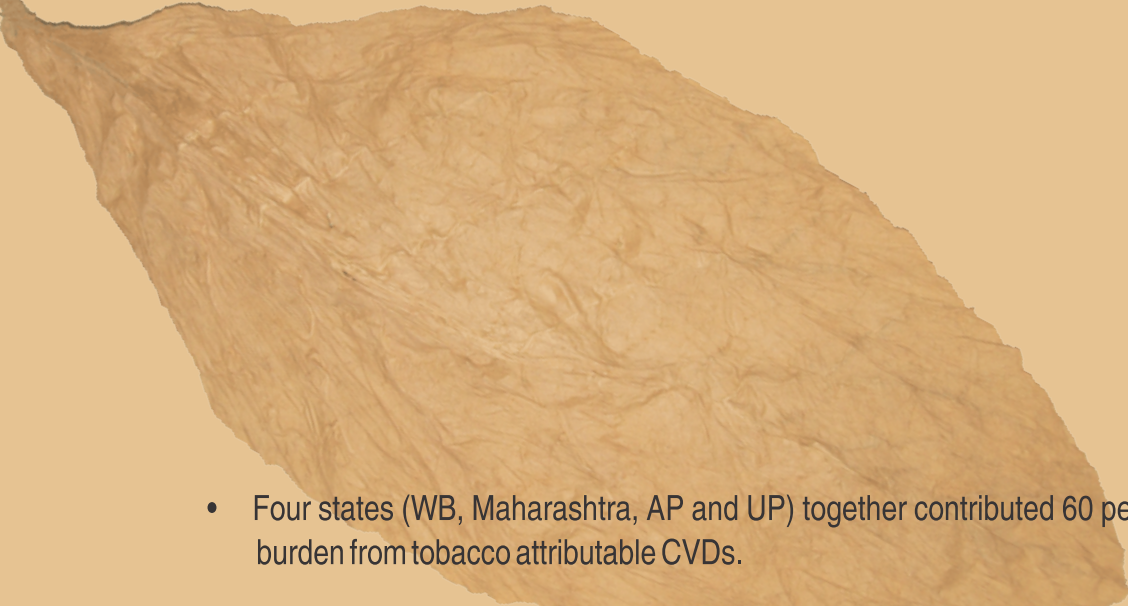
The objective of this study is to estimate the economic burden of disease attributable to tobacco use in India and across the states. This study estimates the direct and indirect costs from all diseases caused due to tobacco use and cost of four diseases, namely, cardiovascular diseases, cancers, respiratory diseases and tuberculosis.

Major national level estimates

- The total economic costs attributable to tobacco use from all diseases in India in the year 2011 for persons aged 35-69 amounted to Rs. 1,04,500 crores (US\$ 22.4 billion), of which, 16 percent was direct cost and 84 percent indirect cost.
- Direct medical costs amounted to Rs.16,800 crore (US\$ 3.6 billion), and associated indirect morbidity cost Rs. 14,700 crore (US\$ 3.1 billion). The cost from premature mortality was Rs. 73,000 crores (US\$ 15.6 billion).
- Males contributed 91 percent of the total economic burden, while females accounted for the rest. However, the contribution from females was much higher, at 29 percent, for smokeless tobacco.
- Cardiovascular diseases (CVDs) shared the highest burden (Rs. 3,600 crores) of direct medical and indirect morbidity costs on account of tobacco use, followed by respiratory diseases (Rs. 2,800 crores), tuberculosis (Rs. 2,300 crores) and cancers Rs.1,400 crores).
- Among the four diseases associated with tobacco use, female share in the economic burden of disease was highest for cancers (38 percent).
- The cost of premature mortality was highest in the age group of 40-44 years for both males (Rs. 20,300 crores) and females (Rs. 1,000 crores).

Major state level estimates

- Among the 13 states which are part of the study, Uttar Pradesh (UP) shared the highest (28 percent) of the estimated health cost burden followed by West Bengal (WB), 13 percent and Andhra Pradesh (AP) 12 percent.

- 
- Four states (WB, Maharashtra, AP and UP) together contributed 60 percent of the disease burden from tobacco attributable CVDs.
 - In the case of cancers, just three states (UP, WB and Tamil Nadu), collectively shared 52 percent of the burden.
 - UP and WB together contributed 47 percent of the burden from respiratory diseases, while 31 percent of the tuberculosis burden attributable to tobacco was in UP alone.
 - UP shared 34 percent of the tobacco-attributable cancer burden among males and WB shared 25 percent of the tobacco-attributable cancer burden among females. UP alone has 38 percent of the tobacco-attributable respiratory diseases burden among females.

The estimated economic cost of tobacco at Rs. 1,04,500 crores (US\$ 22.4 billion) was 1.16 percent of the GDP. This was 12 percent more than the combined state and central government expenditures on health in 2011-12.

The total central excise revenue from all tobacco products in the year 2011-12 amounted to only 17 percent of the estimated economic costs of tobacco.

The report calls for prioritisation of tobacco control for larger population level benefits in India.

Increased resource and budget allocations for NCD prevention and control, including full implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and the Tobacco Control Laws is imperative.

The time to act is now.