



Editorial

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Junk Food, Alcohol & Tobacco – A Disaster for Society and National Economics

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Lifestyle-related diseases are now killing more Indians than the infectious ones, India's disease pattern has undergone a major shift over the past decades, states World Health Organisation (WHO). The latest WHO data paints a worrying picture. At present, out of every 10 deaths in India, eight are caused by non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes in urban India. In rural India, 6 out of every 10 deaths is caused by NCDs. Similar is the trend in the South-east Asian region. While NCD deaths have seen a 21% jump, infectious diseases deaths have fallen by 17%. The projection is that the South-east Asian region will have the greatest number of NCD deaths in 2020: 10.4 million. In accordance with the report of a WHO representative to India: "Globally, 60% of deaths are now caused by NCDs. Similar are the numbers in India. NCDs are affecting the entire globe. If not controlled, they will become a tsunami that will not only kill people but impair crash economies."

Shocked by the alarming spike in NCDs, India is launching a comprehensive national programme to prevent and control these. The programme will focus on health protection, prevention of exposure to risk factor, early diagnosis, treatment of NCDs and rehabilitation." As many as "mini interventions" will make up the world's largest programme to combat NCDs that will be launched by India soon. It will cover all 640 districts. The "New Delhi call for Action on combating NCDs in India" initiative will be against specific diseases, and some will address major risk factors like junk food, alcohol and tobacco consumption. The WHO only recognizes cardiovascular, cancer, diabetes and chronic lung problems as NCDs. Diseases that will be addressed through the 26 interventions include neurological disorders like epilepsy, autism and dementia, genetic and geriatric disorders, oral and dental diseases, chronic kidney disorder, occupational and environmental diseases, physical disabilities including blindness and deafness, muscular skeletal problems like bone and joint disorders, hereditary disorders like haemophilia, thalassemia and sickle cell anemia and nutritional calamities. Programmes against social violence, trauma due to natural calamities, nuclear disasters, tobacco control and obesity will also be part of the exhaustive drive. A ministry official stated "This is a comprehensive note on the strategy to combat NCDs in India. It will be rolled out in every district over a planned manner. The funding for the NCD programme under the 12th plan will see a substantial jump."

Calling for urgent action to check the rise in NCDs, mental health issues and injuries which account for two-third of the country's total disease burden, Union health minister Ghulam Nabi Azad stated: "India with an estimated 5.1crore diabetics has the world's second largest diabetic population following China. Unless effective measures are taken, India may have 8crore diabetics by 2030. Similarly, the number of people affected by cardiovascular diseases which was about 3.8crore in 2005 may go up to 6.4crore by 2015." The UN has taken note of the NCD menace. After the 2001 UN summit on HIV that made the world come together to fight the deadly AIDS virus this September (2010), NCDs are set to receive a similar push in New York. A ministry official stated: "Till now, programmes to combat NCDs which cause 60% of all deaths were tremendously underfunded. NCDs also remained a low priority and not included in the Millennium Development Goals. The high-level meetings up to the UN NCD summit should change that." "The major NCDs are linked to common risk factors, namely tobacco use in all forms, unhealthy diet

especially high consumption of fats, salt and sugar, physically inactivity, obesity, alcohol abuse, stress and junk food. Increase the budget for promotion, prevention, screening, management and control NCD risk factors using a range of options including legislation, regulation and fiscal measures,” the New Delhi call for action states. Union health minister Ghulam Nabi Azad stated, “Reversing epidemic of NCDs is not only the responsibility of government alone, but requires engagement from society and the corporates.”

Cardiovascular diseases will be the largest cause of death and disability in India by 2010, WHO states. It is estimated that the overall prevalence of diabetes, hypertension, ischemic heart diseases (IHD) and stroke is 62.47, 159.46, 37.00 and 1.54 respectively per 1,000 population of India. Additionally, there are around 25lakh cancer cases in India. Calling it “an impending disaster for many countries – a disaster for health, society and national economies”, WHO director-general Dr Margaret Chan stated: “Chronic NCDs deliver a two-punch blow to development. They cause billions of dollars in losses of national income, and push millions of people below the poverty line, each and every year.” According to a recent report, each year NCDs cause more than 9 million deaths before the age of 60 years. They also kill at a younger age in countries like India where 29% of NCD deaths occur among people under 60, compared to 13% in high income countries. Dr Ala Alwan, WHO’s assistant director-general for NCDs said: “About 30% of peoples dying from NCDs are under 60 and in their most productive period of life. These premature deaths are largely preventable.” Without action, the NCD epidemic is projected to kill 52 million people annually by 2030, Dr Alwan added. Approximately 44% of all NCD deaths occur before 70. In countries like India, a higher proportion (48%) of all NCD deaths occur in people under the age of 70, compared with high income countries (26%). Cardiovascular diseases were responsible for the largest proportion of NCD deaths under 70 (39%), followed by cancers (27%). Chronic respiratory diseases and digestive diseases were together responsible for 30% of deaths while diabetes was responsible for 4% deaths

Ghulam Nabi Azad stated, “National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke” and the “National Programme for Health Care of Elderly” has been launched at a cost of Rs 1,275crore and have been taken up for implementation as a pilot project in 100 most backward districts in 21 states during 2011-2012. He explained, “Our target is to screen about 150-200 million people by next March (2012) under this pilot project covering 20,000 rural sub-centres and urban slums”.

RISK FACTORS & DISEASES APPREHENSION										
Tobacco	Physical inactivity	Alcohol	Diet	Blood pressure	Overweight & Obesity	Cholesterol	Cancer-associated infections			
Kills 6 million people each year. By 2020, this will increase to 7.5 million accounting for 10% of all deaths. Smoking causes 71% of lung cancer, 42% of chronic respiratory disease and 10% of cardiovascular disease	Roughly 3.2 million people die each year due to physical inactivity, people who are insufficiently physically active have 30% increased risk of all-cause mortality	3.2 million die each year from use of alcohol, accounting for 3.8% of all deaths in the world	2.5 million die each year from use of fruits and veggies of cardiovascular diseases, stomach cancer and colorectal cancer. Most populations consume much higher levels of salt than recommender by WHO. Saturated fats and trans fatty acids linked to heart disease	Eating enough cuts risk of cardiovascular diseases, stomach cancer and colorectal cancer. Most populations consume much higher levels of salt than recommender by WHO. Saturated fats and trans fatty acids linked to heart disease	High BP causes 7.5 million deaths, about 12.8% of all deaths	2.8 million die each year as a result of obesity. Heart disease, stroke and increases with increasing body mass index	Raised cholesterol causes 2.6 million deaths annually 2 million cancer cases per year, 18% of the global burden, are attributed to a few specific chronic infections	2 million cancer cases per year, 18% of the global burden, are attributed to a few specific chronic infections		