India is the second largest tobacco producing and consuming country, behind only China; it is home to 11.2% of the world’s smokers and 74% of the world’s smokeless tobacco (SLT) users. Indeed, nearly half of all oral cancer cases in the world occur in India, with 90% attributable to tobacco consumption. In 2019, tobacco accounted for over 1.2 million deaths, which was over 13% of all deaths in India.

Research indicates numerous disparities in tobacco use in India, with male use prevalence (42%) that is about three times that of the female rate (14%), and notably higher tobacco use prevalence in low-income and rural segments of the population. Both men (30%) and women (13%) prefer SLT over other forms of tobacco. Bidis, locally produced tobacco rolled in tendu leaves, are the most common form of combustion tobacco used in both rural and urban India. Rates of current bidi smoking for men and women are double those of cigarette smoking but use among men (14%) is over 11 times greater than it is among women (1.2%).

While restrictions of tobacco sales and regulations on tobacco use exist, especially since the ratification of the FCTC in 2004, enforcement is lacking. Further, implementation of a tiered excise tax system primarily affected the price of factory-made cigarettes. This, combined with demographic variability, has resulted in unique tobacco use patterns in India.

**OBJECTIVES**

- Identify tobacco use patterns in India and determinations of it through analyses of demographic data collected via 2019 poll
- Explore variability in age of initiation of tobacco product use in India
- Describe disparities in spending on tobacco products among current users

**METHODS**

- Foundation for a Smoke-Free World commissioned a survey to understand the current landscape of tobacco product use behaviors and perceptions.
- The 2019 survey was conducted among adults 18-69 years of age in seven countries including Greece, India, Japan, Norway, South Africa, the UK and the US. Surveys in South Africa, Greece, and India were administered face-to-face.

**CONCLUSIONS**

- For men and women, bidi use was highest among those in older age groups, those with a low education level, those with low SES, and those from rural areas; cigarette smoking was highest among corresponding opposite counterparts.
- Older age and being a man were the highest predictors of bidi use relative to other combustion tobacco use. Being from a rural geography was the highest predictor of SLT use, followed by dual/poly product use relative to combustion tobacco use.
- Men typically started using tobacco products at a younger age than women (except for cigarettes). Older individuals tended to start using at an older age.
- Men spent more money than women on tobacco products, especially those from urban areas; women in rural and urban areas spent similarly (except on cigarettes).
- Tackling burden of disease caused by tobacco use in India should consider the high heterogeneity in tobacco product patterns, and specific interventions should be tailored accordingly.

**REFERENCES**