

IHS - Public Health Symposium, 2002

Costs *of* Poor Health Habits

SEDENTARY LIFE STYLE, HEAVY DRINKING, AND SMOKING.

Proceedings of the
Public Health Symposium
on
World Health Day
07 April 2002

Institute of Health Systems
Hyderabad

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Preface

India as well as Andhra Pradesh are experiencing an epidemiological transition. We find that prevalence of non communicable diseases is on the rise. Appropriate choice of positive and healthy life style is fundamental to prevention of many non communicable diseases. Keeping this in view the WHO identified the theme "Move for Health" for the World Health Day celebrations on 7th April, 2002. The "Move for Health" theme refers to the need for regular exercise and avoidance of sedentary life style. The Institute of Health Systems (IHS) conducted a Public Health Symposium on Costs of Poor Health Habits to highlight three important risk factors, all linked to the life style of our people. These are regular exercise, moderate drinking, and no smoking. Poor health habits such as sedentary life style, smoking and binge drinking impose personal as well as external costs. Personal costs are by way of reduced life expectancy, poor quality of life, and burden on the family. External costs are on account of increased usage of health care services, and increased risk to the life of others. For example, a large number of deaths due to road traffic accidents are attributable to drunken driving. The Symposium was organized on 7th April 2002, to coincide with the World Health Day.

The symposium brought together top public health experts to summarize available evidence about sedentary life style, heavy drinking and smoking as risk factors for various health problems. The potential impact of positive life style choices such as regular exercise, moderate or no drinking, and no smoking on people's health and the country's economy was also reviewed.

The event was announced to the public through posters, press conferences, newspaper advertisements, and special invitations. The IHS faculty prepared a review of literature on Sedentary Life Style, Heavy Drinking and Smoking. Copies of the literature review were made available to the participants of the symposium. A poster preparation was organized to inform the public about health system research activities of the IHS in various areas such as (a) National Burden of Disease, (b) Health Care Quality Assurance, (c) Health Sector Reform, (d) Health System Performance Assessment.

His Excellency, Dr. C. Rangarajan, Governor of Andhra Pradesh inaugurated the symposium. At the Poster Presentation, the Governor discussed with the concerned faculty about various topics presented in the posters such as Infant Mortality Rate (IMR) statistics in AP, per capita health sector expenditure in AP, hospital occupancy improvement etc. The Governor also inquired about the concept of Health System Responsiveness, and mentioned about the Accreditation Bill. At the Book Exhibition, which was located in the North Lounge, the Governor expressed interest to read the various IHS publications.

Honorable Minister for Health and Family Welfare, Government of Andhra Pradesh, Dr. N. Janardhan Reddy presided over the Symposium. Shri. K. Madhav Rao, State Election Commissioner, AP, many other dignitaries, and concerned citizens graced the occasion. Experts for many areas relevant to the three life style issues presented the state-of-the-art to an audience consisting of public health specialists, health activists, and allied health professionals. We present here the proceedings of the one day Symposium.

Prasanta Mahapatra, George CK, Samatha Reddy PR,
Mukesh Janbandhu, Satish Kumar K, Sai Kumar VB, Shasank Kalyan BP

Date: 23 July 2002

Hyderabad.

Contents

I	Inaugural session	1
II	Sedentary Life Style	13
III	Heavy Drinking	19
IV	Smoking	33
V	Valedictory	39
VI	Full text of the Inaugural address by HE Dr. C. Rangarajan, Governor of Andhra Pradesh	41
VII	Full text of the Chairperson's address by Dr. N. Janardhan Reddy, Health Minister, Governor of Andhra Pradesh	45
VIII	Annexure 1: Pre - Symposium Press Clips	49
IX	Annexure 2: Post - Symposium Press Clips	53
X	Glossary	58
XI	Acronyms	59
XII	Index	60
XIII	IHS Publications List	

Programme Outline

- 9.30 to 10.00 h Poster Presentation
- 10.00 to 11.00 h Inaugural Session
Chair: Dr. N. Janardhan Reddy, Honourable Minister for Health, Medical and Family Welfare, Government of Andhra Pradesh.
Chief Guest: His Excellency Dr. C. Rangarajan, Governor of Andhra Pradesh.
Host: Dr. P. Hrishikesh, Chairman, Institute of Health Systems
Special Invitee: Sri K Madhav Rao, State Election Commissioner, Andhra Pradesh
- 11.00 to 11.15 h Tea Break
- 11.15 to 12.30 h Costs of Sedentary Life style
Chair: Dr. Kamala Krishnaswamy, Director, National Institute of Nutrition.
Is physical exercise protective to the heart?
Dr. B. Somaraju, Chairman & MD, CARE Hospitals, Hyderabad
How much lethargy can we afford? The need for regular Yogic exercise.
Dr. B. Bapuji, Consultant Naturopath, Hyderabad
- 12.30 to 13.45 h Costs of Heavy Drinking
Chair: Dr. C.M. Habibullah, Director, Owaisi Hospital and Research Centre.
Alcohol Injuries and Burden on Developing Societies
Dr. G. Gururaj, Professor and Head of Department of Epidemiology, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore
Alcohol - from Pleasure to Problem.
Dr. MA Majeed Khan, Professor, Deccan College of Medical Sciences, Hyderabad
- 13.45 to 14.45 h Lunch break
- 14.45 to 16.15 h Costs of Smoking
Chair: Prof. G. Sham Sunder, Vice Chancellor, NTR University of Health Sciences, Vijayawada, Andhra Pradesh.
Burden of Tobacco Use and the Need for Tobacco Control and Intervention.
Dr. Prakash Chandra Gupta, Senior Research Scientist, Tata Institute of Fundamental Research, Mumbai.
Smoking Cessation - A Clinical Approach.
Dr. R. Vijai Kumar, Director, Division of Pulmonary Medicine, MediCiti Hospitals, Hyderabad.
- 16.15 to 16.45 h Tea break
- 16.45 to 17.45 h Valedictory
Chair: Dr. P. Hrishikesh, Chairman, IHS, Hyderabad.
WHO Country Office Representative: Sri. Sunil Nandraj

Session 1

Inaugural Session

The inaugural session of the Public Health Symposium on the “Costs of Poor Health Habits” was hosted by Dr. P. Hrishikesh, Chairman, IHS. The session was chaired by Dr. N. Janardhan Reddy. His Excellency Dr. C. Rangarajan was the Chief Guest. Shri K. Madhav Rao, State Election Commissioner, Andhra Pradesh (AP), was the Special Invitee. Public health experts and researchers from different parts of the country, IHS members, members of the Press, faculty and staff of the Institute, and a cross section of the general public of Hyderabad attended the session. The session commenced on a sombre note with the congregation paying homage to the just departed former Chief Minister of AP, Sri Bhavanam Venkatram.

Welcoming the dignitaries and the participants, Dr. Prasanta Mahapatra, Director, IHS, observed that the World Health Day 2002 was a historic occasion for IHS. Since its inception, the Institute has hosted a number of public lectures by national and international public health specialists. This is the first time that the IHS has organized a day long symposium. Dr. Mahapatra described IHS as a non profit, autonomous institute that seeks to improve the health of the people through health systems research, health policy analysis and looks for solutions that work for the poor. Reminiscing the genesis of the Institute, he said, it was realized that the Indian economy allocates about 6% of its GDP to the health sector, which is more than the average for countries with similar GDP levels. Also, India has a very large medical technical manpower base with skills that are comparable to the best in the world. Yet, we manage to live with, rather suffer from, very poor health care delivery systems. Such a scenario has come about mainly because the health services have been viewed as a technological affair. There are a lot of areas in the health care delivery system which cannot be handled with the help of traditional medical technology that our health staff are equipped with. It was realized that the situation could be improved by building capacity in health systems research and health policy analysis, training

people in interdisciplinary skills, developing quality assurance and accreditation systems for health care organizations, and encouraging and trying social experiments to build new institutional mechanisms of health care delivery. It was in this background that the IHS was established in December 1990 by professionals from multiple disciplines, all concerned about improvement of the health systems. The Institute aspires to improve the efficacy, quality, and equity of the Indian health care system. The mission of the Institute is to generate knowledge, gather evidence, and groom skills.

Presenting an overview of IHS activities, Dr. Mahapatra classified the main activities of the Institute into the following groups: (a) research and consultancy, (b) training services, (c) health informatics, and (d) public services. Major areas of research and consultancy include National Burden of Disease (NBD) estimation, Health System Performance Assessment, Health Care Quality Assurance, and Health Sector Reform.

In NBD estimation, a major focus is on Cause of Death studies. The Institute has published a landmark paper in National Medical Journal of India on the reporting system in India, estimated cause of death in rural AP, and has carried out SRS based Cause of Death research. Other NBD studies include those on health state valuation, indirect estimation of mortality for small areas, AP burden of disease study, and descriptive epidemiology of malaria, environmental health and child health. The IHS has also conducted an NBD Workshop to train ICMR scientists in the methodology of burden of disease estimation.

In the area of Health System Performance Assessment, every month the Institute analyzes the performance of about 150 APVVP hospitals. Patient Satisfaction Surveys are conducted once in every six months in APVVP hospitals. As part of the WHO directed multi-country survey, IHS has conducted the AP Health System Responsiveness Survey. IHS has also computed the government expenditure on health in AP during the 1980's.

In the area of Health Care Quality Assurance, IHS has conducted studies on the quality of reproductive care services in

private hospitals of AP, quality of family planning services in AP, and structure and dynamics of private health sector in AP. The IHS has carried out a study of the expressed need for regulation of the private health sector, based on the statements made by different persons in the media, newspapers and the Legislative Assembly. The Institute has done a village health survey in Nellore district and has brought out a paper on the assessment of need and design of an accreditation system for health care.

In the area of Health Sector Reform, the Institute has done a study on the typology of health systems in OECD countries. In order to learn from the experiences of developing and developed countries, the IHS has done a survey of the health systems of Europe, America, Japan and Australia. The Institute has conducted a Strategy Development Workshop on Health Sector Reform in AP. The IHS is currently doing a study on Reproductive Health Services and Sector Reform in AP, and is about to begin a study on "Medium-Term Financial Reform for Health" for the AP government.

The IHS provides training services to build management skills among the medical officers, nursing staff and other health workers. The Institute also provides training in Health System Research Methodology and offers individually tailored programmes for researchers.

Dr. Mahapatra highlighted the role of health informatics in improving health system efficiency. The nation is building national informatics infrastructure and state informatics infrastructure. The IHS contributes to the building of this infrastructure by (a) human resource development for health informatics, (b) development of health informatic standards, and (c) software development. To build skilled manpower for health informatics, IHS conducts training programmes in Health Intranet System Administration, Health Care Software Development, Health Level-7, and Smart use of Computers.

IHS conducts public health lectures and symposia for the benefit of the public. The IHS library facilities are available to the general public at a nominal membership fee. The Institute maintains a database of public and private health care institutions in Andhra

Pradesh, which is the only such electronic database in the country. The data on public health institutions in the state is 99% accurate and that on private health institutions is about 70% accurate.

Commenting upon the growth of the IHS, Dr. Mahapatra recalled that the initial revenue of the Institute was generated by one of the members taking leave from service and volunteering his time to implement the first research project taken up by the Institute. From a modest beginning of a few thousand rupees in 1990, IHS has grown gradually to a stage where it now has a turnover of about a crore of rupees. The entire revenue of IHS is self generated by its research, training and consulting services. The Institute does not receive any general purpose grant in aid. All the studies done by IHS are funded by some client. Therefore, the Institute needs to have the will, interest and the necessary competence to conduct the study, and also find a client who is interested in the study and is willing to pay for it. The Government of Andhra Pradesh, Ministry of Health and Family Welfare (GOI), WHO, World Bank and private industry are among the clients of IHS. The efforts of IHS are directed towards broad basing and balancing its fund source, so that no single agency can dictate or control its methodology and scientific independence. Dr. Mahapatra wrapped up his presentation by emphasizing on the need for IHS to keep its independence and build its skills so that it can deliver honest reports to the society and the community.

Inauguration of the IHS Website:

Special Invitee to the session, Shri. K. Madhav Rao¹, State Election Commissioner of Andhra Pradesh, inaugurated the new IHS website, www.ihsnet.org.in

¹ While inviting Shri. K. Madhav Rao, Dr. Mahapatra, a member of the Indian Administrative Service, recalled that he had approached Sri. Rao, who was then the Chief Secretary of AP, with his dream of building IHS into a premier school of Public Health. Since Dr. Mahapatra did not have the financial muscle to quit his job, and work full time for the Institute, he sought a deputation from the service. Understanding his anxiety, ambition and dreams, Sri. Rao had recommended his deputation to IHS. Dr. Mahapatra expressed his indebtedness to Sri. Rao's kind gesture.

Chairperson's address:

Dr. N. Janardhan Reddy, Honourable Minister for Health and Family Welfare, Government of Andhra Pradesh, expressed his happiness about the symposium which focussed on issues that are of vital importance. He noted that the Institute of Health Systems is intensively engaged in bringing awareness on matters haunting the nation and that it is suitably placed to provide comprehensive information pertaining to health systems.

The Minister stated that good health is fundamental to the well being of the people and the nation. A human being can function well and deliver the best for the country only when she or he enjoys good health. Andhra Pradesh has made much progress in improving its population's health. The life expectancy at birth has risen from a mere 32 years in 1947 to 58 years in 1990. The Infant Mortality Rate (IMR) has also shown a steady decline. Yet there is a long way to go before "Health For All" as reiterated by the National Health Policy of 1983 is attained.

Dr. Reddy stated that the Government of Andhra Pradesh has made fairly substantial investments in medical and health care over the last five decades, and that it was working to get the best out of the invested resources. Andhra Pradesh has built up a network of 10,568 subcentres, 1,336 primary health centers, 144 government hospitals and 225 community health centers. In the current year, medical public health and family welfare received an allocation of Rs. 1,400 crore, of which around Rs. 90 crore would be spent on areas of health awareness, research studies and collection of statistics on health matters.

Dr. Reddy observed that medical research is not receiving as much attention as required, in this country. Globally, while medical science is racing ahead with new discoveries, not enough attention is being paid to the killer diseases of the developing world. Of the 51 million deaths due to diseases in 1993, over three fourths of them occurred in the developing countries. The big killers like cancer, alcoholism and other related diseases claimed over 20 million lives in these countries. Infectious and parasitic diseases continue to be major

killers in the developing world. Attempts to counter these diseases can be fruitful through greater research and development effort. Yet, according to WHO estimates, of the US\$ 56 billion spent on health research, less than 10% were directed towards diseases that afflict 90% of the world population. Therefore research should be aimed not at the major diseases but at diseases that affect the majority. Dr. Reddy stressed on the need for grass root level research to ascertain the major diseases plaguing our people.

Addressing issues of concern regarding smoking, Dr. Reddy focussed on the negative role of the US\$ 200 billion tobacco industry in the promotion of smoking. The tobacco industry marketing strategy is to lure people to start smoking. Myriad examples of tobacco advertisements and promotions targeted not only at men but also women indicate that such marketing is dominated by themes of social desirability and independence. These themes are conveyed through advertisements featuring slim, attractive, athletic models, images very much at odds with the serious health consequences experienced by so many women. The male model is depicted as a risk taking, strong and healthy man, which is untrue of cigarette smokers in reality. The Minister expressed concern of the rising prevalence of smoking particularly among the student community. He stated that preventive measures were more important than cure. Referring to the initiatives of the Government in this direction, Dr. Reddy said that the passing of the Bill in the recent assembly session banning smoking in certain notified areas and the banning of Ghutka consumption is a major step towards a tobacco free society. The government's commitment to fight tobacco related diseases is evident from its firm decision to ban Ghutka, despite suffering a huge revenue loss. However, in addition, individual smokers must also be persuaded about the ill effects of smoking through continuous awareness and education campaigns.

Dr. Reddy said that despite being aware of the ill effects of alcohol, and the steep growth in its consumption, the government was forced to permit its sales due to crunching financial constraints faced by the state. Alcoholics are susceptible to cirrhosis, irreversible neurological damage, possible increased risk of cardiovascular disease and certain cancers. Drinking in women is the main cause of fetal

alcohol syndrome in which the child may suffer from facial abnormality, mental retardation and stunted growth. Banning alcohol has proved futile in the past, and the only way to ensure lesser consumption is voluntary rejection by people themselves. This is possible only when there is a consistent and continuous attempt to communicate to the people about the evil effects of drinking and smoking through training programmes and symposiums like the ones being conducted by IHS.

Dr. Reddy reiterated the commitment of his government to a disease free society and expressed happiness in the working of IHS towards that goal. He called upon the NGO's to join hands with the government and private entrepreneurs to disseminate more information on the ill effects of smoking and drinking. The campaign against these social evils must be able to generate sufficient heat to ban tobacco and alcohol advertisements, use role models to promote positive messages, and provide anti smoking / alcohol education, and counseling for those who have just given up smoking and drinking.

Emphasizing the positive effects of physical activity, Dr. Reddy said that the concept of better health involved activation of the body and mind through physical and mental exercise. More than two million deaths each year are attributable to physical inactivity. More and more of the present generation are getting attuned to a life with no physical activities. An unused machine gets rusty and the same applies to the human body. A body should undergo minimum 15 to 30 minutes of physical exercise every day to keep health intact. Though sports is an important part of the curriculum, many educational institutions are unable to provide space for sports activities. The government is now working towards making physical exercise an important agenda, and ensuring that every school / college provides space for physical training. The government has increased the sports quota for admission to professional courses to 0.5% in order to give sports persons of our state the much needed encouragement.

Dr. Reddy expressed confidence that the symposium would send a strong message to all sections of the society about the need to foster healthy life styles. He thanked all those associated with the symposium, for bringing the ill effects of drinking, smoking and

sedentary life to public notice. He urged the congregation to take up the issue at the grass roots and generate awareness among the younger generation.

Inaugural address:

His Excellency, Dr. C. Rangarajan, Governor of Andhra Pradesh, expressed his happiness about the symposium on "Costs of Poor Health Habits" organized by the Institute of Health Systems on the occasion of the World Health Day. He observed that the theme chosen by the organizers is very timely and appropriate. People normally are oblivious to the harmful effects of poor health habits such as lack of exercise, smoking and excessive drinking. They realize their mistakes too late to do them any good. He said he was therefore glad that the Institute of Health Systems which is doing pioneering work on different aspects of health care systems has chosen to organize this symposium to bring to the attention of the general public the importance of wholesome health habits.

He observed that good health is fundamental to the well-being of the people and the nation. People constitute the best asset of a country. However, they can give out their best only if they remain healthy. "Sound mind in a sound body" is a proverb that all have learnt at school. Quoting an old Sanskrit saying, "Dharmartha, Kama Mokshanam, Arogyam Mulam Uttamam", he stated that health is the chief basis for human development in all its dimensions.

Commenting on the theme of the World Health Day, Dr. Rangarajan said that it emphasizes the importance of physical exercise in ensuring good health. It is found that lack of physical activity is a major cause of many non-communicable diseases. It is estimated that sedentary life styles are responsible for over two million deaths in the world every year. About 25 per cent of early deaths due to heart disease are attributable to inactive life styles. Even in our country, while we are still battling the problem of under-nutrition, obesity is already showing up among the middle class. A study conducted by the Nutrition Foundation of India found that in Delhi about 32 per cent middle class men and 50 percent of middle class women are obese. It is unfortunate that modern day

living is leading people to adopt a sedentary life style. The agricultural society and even the early industrial society demanded hard physical work. But the transition to knowledge society is making big changes in life style. At work, there is very little physical activity. Even at leisure there is not much physical activity. People are taking elevators instead of climbing stairs. Recreation, which at one time meant sports or participation in cultural activities, is increasingly making people "couch potatoes", as they watch TV glued to their sofa sets. Dr. Rangarajan said that sedentary life can be the bane of modern society, therefore everybody above two years of age whether male or female, young or old, needs physical activity.

Noting that the ill effects of smoking are too well known to be repeated, he said that the consumption of tobacco in any form is harmful. The use of tobacco in our country is very widespread. It is estimated that around 40 per cent of Indian males over 15 years of age are addicted to smoking. 50 per cent of male cancer and 23 per cent of female cancer are related to tobacco use. In fact, smoking harms not only the people who smoke but also those who are around them, sometimes described as "passive smokers".

Citing findings of recent studies, he demonstrated the emergence of heavy drinking as a major health problem. He noted that every year alcoholism is responsible for over 2 million deaths in the world. In addition almost 16 million people are disabled. According to one study, in India 40 to 50 percent of males over 15 years of age consume alcohol. At least 2.25 crore Indians are problem drinkers. In addition to being a major risk factor for chronic liver, gastrointestinal, cardiac and mental diseases, alcoholism is responsible for 25 per cent of suicides and 25 per cent of all road traffic accidents in India.

Dr. Rangarajan said that economists always want to quantify everything. Several attempts have been made to estimate the costs of poor health habits. These costs can be broken up into direct and indirect (or external). The direct costs are those costs borne by the patients themselves. The external costs are those borne by the society. The external costs include not only the costs incurred by public health system, but also the costs arising from loss of life or injury caused to others such as those resulting from drunken driving. These costs are

not easy to calculate. The problems that are faced are similar to the ones economists encounter in social cost-benefit analysis studies. Nevertheless, it is very clear that the costs due to poor health habits are real and enormous. There are monetary costs as well as physical pain and suffering.

Discussing the agenda for action, Dr. Rangarajan opined that though it is the individual who makes the life style choices, poor health habits are not merely about individual behaviour. Factors like easy availability, social acceptability, peer pressure, influence of advertisements and marketing strategies, and a host of socioeconomic and political factors influence habits like smoking and drinking. Similarly crowding, crime, traffic, poor air quality, lack of recreation facilities and sidewalks make physical activity a difficult choice for many people. The challenge of prevention is therefore as much the responsibility of governments as it is of the people. Thus, it is important that advocacy must move beyond individuals and reach policy makers.

Dr. Rangarajan called to attention the lack of sufficient awareness among people, particularly in the middle age group of the consequence of sedentary life. When people are young, they tend to ignore the possible harmful effects of lack of exercise which may show up much later in life. Awareness programmes must therefore be initiated so that people become conscious of the need to allot time to do physical activity. Regular and regulated physical exercises can save people from falling prey to many diseases. Clubs and community organizations must bring home to people the advantages of adopting a physically active life. Physical activity must be an integral part of college and school education. Students must be encouraged to participate in various sports not only to win laurels but also to maintain a healthy physique. Municipal and local Government authorities must set aside enough places where physical exercise can be done comfortably, and without the hazards of fast moving vehicles. He felt that the most serious lacuna now is the proper understanding of the dangers of leading a sedentary life. Hence, awareness programmes are a fundamental requisite.

He articulated the need for awareness programmes to be supplemented by appropriate legislation. The Bill recently passed by Andhra Pradesh Legislature prohibiting smoking in public areas is an important step in combating the tobacco menace. Strong anti-tobacco legislation is common in many countries. Media support in a large measure is required to control the spread of tobacco habit. Cigarette manufacturers must be compelled to conform to certain standards in their advertisements. Entertainment industry must be extremely cautious in the portrayal of characters so as not to give the impression that smoking is a status symbol or a symbol of expressing one's freedom and independence. These wrong connotations if propagated can mislead people. Formal schemes to educate the public about the consequences of smoking must be put in place. This must also counter the false propaganda on the "virtues" of smoking that some tobacco companies may propagate. Legal prohibition of smoking is not a feasible proposition. However, the dangers of smoking need to be brought home to the people in a telling manner. He noted that good educational programmes have had a decisive effect in many countries.

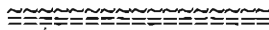
Dr. Rangarajan brought into notice the deleterious effect of excessive drinking on many families, particularly among the lower income groups. If the breadwinner spends much of his income on alcohol, the wife is left with very little income to run the family. Heavy drinking also leads to fights at home and outside. He called for strong laws limiting the days, hours, places and conditions of alcohol sale and service, and placing restrictions on alcohol advertisements. However, the laws will work only when there is a broad realization in the society about the deleterious effects of drinking. He strongly felt the need for initiation of a broad-based temperance campaign. He also felt that there is a need to establish special organizations for counseling people who are addicted to heavy drinking. Considering that there is no active programme of propaganda on the evils of drinking, he hoped that the Institute of Health Systems would think of a proper mechanism of communication to impress on the people, particularly low income groups of the dangers of excessive drinking.

Dr. Rangarajan congratulated the Chairman of the Institute, Dr. Hrishikesh, the Director, Dr. Mahapatra and all his colleagues on

the very fine work that they were doing. He said that ignorance is not bliss and hence making people aware of the dangers of poor health habits is an urgent necessity. Sedentary life, smoking and heavy drinking can cause serious damage to society. He stated that alarm bells are ringing and that the wake up call is loud and clear. He urged the congregation to answer the call by mounting an educational movement that would spell out the dangers of poor health habits and stress the importance of a positive life style.

Vote of Thanks:

Dr. P. Hrishikesh, Chairman, IHS, thanked the Chief Guest, His Excellency Dr. C Rangarajan, Governor of AP, for the time he spent at the Institute and for his lucid exposition of the costs of smoking, heavy drinking and sedentary life styles. He also welcomed Dr. Rangarajan's suggestion that IHS take the lead in spreading awareness about healthy life styles among the general public. Dr. Hrishikesh thanked Dr. Janardhan Reddy, Honourable Health Minister, for having presided over the session and congratulated him for having banned consumption of Ghutka and smoking in public places. Dr. Hrishikesh expressed his gratitude to Sri. Madhav Rao, State Election Commissioner, AP for having inaugurated the IHS web site. On behalf of IHS, he specially thanked Sri. Rao for having spared the services of Dr. Mahapatra. The Chairman characterized Dr. Mahapatra as the live-wire of IHS and congratulated him for having come out of the Indian Administrative Service for a while, and having built up a fine research organization. The Chairman thanked the World Health Organization, and the Ministry of Health, Government of India, for having supported the symposium. The Chairman also thanked the staff of IHS who had tirelessly worked to ensure that the symposium was a grand success.



Session 2

Sedentary Life Style

Dr. Kamala Krishnaswamy, Director, National Institute of Nutrition (NIN), chaired the session. She observed that the costs of treatment for non communicable diseases are increasing and highlighted that cost effective, simple, practicable and sustainable methods are to be adopted to reduce the same. All of us are aware that we are passing through an epidemic of coronary heart disease, hypertension, diabetes, and we would also face the problem of osteoporosis as life expectancy is increasing. It was mentioned that we are going through the epidemiological transition due to demographic changes, industrialization and urbanization, and hence at this stage, life style changes would have their role to play. The slogan "Move for Health" for this World Health Day was related to the activities that are to be taken up to reduce and prevent these diseases. Our ancestors led a life that involved lot of physical activities. We can modify our life style by indulging in more physical activity, thereby maintaining our energy balance. The speakers in this session were Dr. B. Somaraju, Chairman & MD, Care Hospitals, Hyderabad, and Dr. B.Bapuji, Consultant Naturopath, Hyderabad.

Is physical exercise protective to the heart? - Dr. B. Somaraju

In his initial remarks, Dr. Somaraju said that importance of prevention needs a special mention in case of cardiac diseases. There is a large section of the population who really cannot afford cardiac treatment. But it is not the question of finances only. The real question is why so many people should suffer when it can be prevented? Sedentary life style is one of the modifiable risk factors for ischaemic heart disease.

Most of the patients in a cardiac care unit are obese which can be easily prevented. The physical exercise we generally take up is a combination of different types of exercises. Obesity has to be reduced to prevent heart attacks as it leads to higher blood pressure, diabetes, and high cholesterol levels. Exercise increases intra coronary blood

flow resulting in vasodilatation of coronary arteries. Reduction in modest amount of weight would also be helpful. Available studies provide convincing evidence that exercise protects against coronary artery diseases (CAD), coronary events and mortality, both cardiovascular and all causes. Many studies show an association between physical exercise and CAD. For example, the Framingham study found that "There is a clear trend of improved overall cardiovascular and coronary mortality with increased level of physical activity at all ages including the elderly". Cigarette smoking, high blood pressure (BP), and high cholesterol levels in the blood are often mentioned to be the three main risk factors. Lack of regular exercise and stress are also to be highlighted as risk factors. The conclusions from epidemiological studies are supported by experimental studies showing that exercise improves blood lipid profile, resting BP in hypertensives, glucose tolerance and insulin sensitivity, body composition, bone density, immune function and psychological function. The American Heart Association (AHA) position statement as "Inactive life style is the fourth major CAD risk factor" was quoted.

Giving the basic exercise prescription to achieve and maintain training effect, Dr. Somaraju mentioned the three forms of exercise (a) Isotonic or Dynamic, e.g. running; (b) Isometric or Static, e.g. hand grip exercises (c) Resistance, e.g. weight lifting. Dynamic (isotonic) exercise involving repetitive movements of large muscle groups, both arms and legs with a frequency of at least 3 times weekly preferably on non consecutive days for about 15-30 minutes per session would be ideal. Isotonic exercise was preferred because it has the greatest uptake of oxygen, and a decrease in blood pressure. It would be advisable to go for screening tests before starting the exercise schedule. It was concluded that exercise is the keystone to change in life style and reduction of risk factors.

How much lethargy can we afford? - Dr. B. Bapuji

The second speaker Dr. B. Bapuji, emphasized the need to perform regular yogic exercise. An individual whether man or woman suffers from 4 to 6 of the diseases like cervical spondylosis, brachial neuralgia, lumbar spondylosis, sciatica, chronic digestive

problems, respiratory allergies, sinusitis, asthma, high blood cholesterol, high blood pressure, heart attacks, diabetes mellitus, overweight, osteo-arthritis, and insomnia by the age of 30 years & above. The benefits of regular exercise are as follows:

1. Improves Cardiac and Respiratory reserves,
2. Promotes new vessel formation,
3. Improves collateral circulation in the heart,
4. Promotes HDL levels in the blood,
5. Removes fatty deposits in the blood vessels,
6. Burns calories and lowers blood sugar levels,
7. Gives movement to joints and keeps spine flexible,
8. Improves digestion, helps in getting rid of constipation,
9. Keeps a person active throughout the day, solves the problem of insomnia.

Any exercise not done for five to six days in a week has no positive effect in maintenance of health. An ideal exercise regimen should be of short duration, easy to adopt, not require much preparation, and should be feasible wherever a person goes. He recommended 25 minute yoga consisting of (a) Twelve posture cyclic exercise (5 min), (b) Abdominal exercises (4 min), (c) Six yogasanas (8 min), (d) Six breathing exercises (6 min), and (e) One shavasana (2 min).

The solution to problems pertaining to sedentary life style lie in:

1. Designing a suitable exercise regimen for healthy people of various age groups, and separate exercises for patients with specific problems,
2. Educating children at school, students at college level, people working in government, public and private sector organizations about the need for regular exercise,
3. Making these exercises mandatory at educational institutions, and at the work place.

Dr. Bapuji felt that people should be motivated at Individual, Community, State and Country level. The WHO could initiate a short but a complete exercise regimen that can be done indoors. A vigorous mass movement could be taken up as is being done against AIDS.

Questions and Answers

Answering a question whether yogic exercises are beneficial, Dr. Somaraju said, there is evidence that yoga has beneficial effects. Replying to a question about screening tests before taking up exercises, Dr. Bapuji said that it is a must for people above 40 years of age to undergo screening tests. Persons who are diabetics, those suffering from hypertension, regular smokers, and those having a family history of CHD, or other risk factors, need to go through the screening tests before starting the exercise regimen. A 20 or 30 year old person may not require the tests if (s)he is going for mild and moderate exercise. Cardiovascular and pulmonary evaluation is essential for those planning to undertake strenuous exercise.

Dr. Kamala Krishnaswamy, asked what was the preferred exercise for those who begin exercising after the age of 40 years, and whether such persons should start all the three types of exercises simultaneously, or take them up one after the other. Dr. Somaraju said the most beneficial and most tested are the Isotonic exercises. The isometric exercises are least beneficial and may not have any protective effect on the heart. Particularly, isolated isometric exercises are hardly ever useful. Isometric exercises do not even increase skeletal muscle blood flow because the pressure of these exercises do not allow the blood flow to increase. Cardiac output is minimally increased, systemic vascularisation is increased but does not really improve over a period of time. He added that exercises like heavy weight lifting are not practical. After 40 years of age, people have a tendency to lose muscle mass. An age related occurrence is the replacement of this progressive loss of muscle mass with fat. The best exercise to prevent this fat accumulation appears to be light weights which involves partially isometric and partially isotonic exercises. These are called resistance exercises. Light weights are to be done 2

or 3 times in a week and the weight can be anywhere from 5 to 7 kgs depending upon the individual's capacity and initiation. Dr. Krishnaswamy then added that loss of muscle mass, and gain in body fat, is one of the major mechanisms for insulin resistance. Insulin resistance is the core of many diseases such as obesity, and may be even breast cancer.

To a question about whether swimming can be started at the age of 40, Dr.Somaraju said that if a person already knows how to swim, then it is not a problem. However, swimming must be done in safe places, but not in a river or an ocean where a person is prone to accidents. In the later age groups, skeletal injuries are common as people tend to overdo the exercise in the initial stages. Exercise should be done slowly in the beginning, and may be done on alternate days. A person has to become used to the exercise, and then persist with it.

Continuing the discussion, Dr. Bapuji said that after age of 40, it becomes important to take the advice of a medical doctor before starting yogic exercises, as all the "asanas" may not be suitable for all ages. When asked about any evaluation that has been done on the "25 Minute Yoga", he said that no formal evaluation has been done but individual experiences and feed back during the last 20 years from patients in their clinic has been positive. The general impression that yogic exercises do not give enough physical exertion to an individual, has been solved by "12 posture cyclic exercise" as Part I in 25 Minute Yoga based on "Surya Namaskara". The number of cycles that people of various age groups can perform in 4 minutes followed by 1 minute rest is as follows:

Age (in years)	Cycles in 4 minutes
Less than 36	15
36 to 50	10
After 50	6

The recommended number of cycles decreases as age increases, because the exercises become strenuous. Dr. Bapuji pondered how many people can afford to have swimming facility.

There would be practical problems like climate and lethargy. Even playing tennis requires facilities and a partner. Unless exercise is done regularly for 5-6 days in a week, there would be no positive effect. He highlighted the need to quit smoking and alcohol.



Session 3

Heavy Drinking

Prof. CM Habibullah, Director, Owaisi Hospital and Research Centre chaired the session. The first speaker, Dr. G. Gururaj, Professor and Head Department of Epidemiology, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, spoke on the Topic of "Alcohol, injuries and burden on developing societies". The second speaker, Dr. M. A. Majeed Khan, Professor of Psychiatry, Deccan College of Medical Sciences, Hyderabad, spoke on the topic of "Alcoholism - from Pleasure to Problems".

Alcohol, injuries, and burden on developing societies

- Dr. G. Gururaj

The speaker thanked the organizing committee, Chairperson and welcomed the audience. He mentioned that the organization of these symposia was timely and appropriate as health of the communities are determined more by the health habits of individuals. Among the various poor health habits, alcoholism played a major role, both due to direct and indirect effects. It was mentioned that human beings live in a world of confusion with positive messages like "drinking moderate amounts is good for your heart, good for your lipid, and good for your over all health" to negative messages like "don't drink", "drinking and driving is dangerous" and others. Such conflicting signals send confusing messages to the society and makes the common man react in a perplexed manner.

India is fast emerging as a transitional country due to wider effects of industrialization, urbanization, migration, changing values of people and over all transition to developed economies. In a country where the most expensive foreign liquor to illicit home brewed liquor are available, people have a wide variety of choices. Due to changing values of people, consumption of alcohol has increased significantly in Indian society. Undoubtedly, over the last few years, alcoholism has emerged as a major public health problem in India. What is

important for us is to understand “whether this particular issue has any relevance in the society?”.

The global status report on alcohol clearly specifies that “while recorded alcohol consumption among adults has fallen steadily in most developed countries since 1980, it has risen steadily in developing countries”. The medical literature suggests that no organ in the body is immune from alcohol related harm, including acute and chronic effects, irrespective of its time, quantity, or the style of consumption (Bower, 1992).

Dr. Gururaj mentioned that alcohol has a direct association with every type of injury. Examples of injuries associated with alcohol are road traffic injuries, falls, work place injuries, poisoning, burns, drowning, suicides, violence, child abuse, sexual abuse, disasters and domestic injuries. All these types of injuries are directly and indirectly associated with alcohol consumption in the society. Recent studies by NIMHANS, Bangalore, showed that the quantity of drinking increases after disasters to a high level, thus pushing the traumatized society into even deeper trouble.

It is essential to remember several factors associated with alcohol consumption in our evolving societies. These are distribution of population, urban-rural differences, level of alcohol production, the extent of availability, and rates of consumption. The changing urbanization patterns indicate that even drinking among young female adolescents is on the increase in most of the cities, thus adding to different facets of alcohol problem, coupled with absenteeism in colleges. The contribution of alcohol to increasing road traffic injuries often determined by the way people drink and drive has been acknowledged world over.

The conflicting developments in society in terms of increase in the number of alcohol selling outlets is a major contributing phenomena. The liberalized economic policies of state governments, increasing revenue motives by the governments, increasing illicit production of liquor, the media publicity about alcohol indicating people to drink more, are some of the major contributors to this phenomena. The question to be addressed is “what messages are we

sending to the younger generation?” and it is definitely conflicting and confusing.

The global burden of disease study report based on conclusive evidence available from all over the world indicates that alcohol is the eighth biggest risk factor for ill health. Apart from being responsible for increasing number of deaths, the disability adjusted life years (DALYs) is substantial in developing countries. Research from NIMHANS indicates that as the per capita production of alcohol increases, the per capita consumption also increases in a linear pattern. If one examines the production, distribution, advertising and consumption over the last decade, it is amply clear that the consumption and consequences of alcohol consumption are on the increase. The current use of alcohol among Indian men (15 years and above) varies from 35% to as high as 58% depending on the study. These large scale variations are broadly due to variations in population characteristics, sampling methods, methodological issues of case detection and confirmation, and statistical methods. Nevertheless, it is clear beyond doubt that alcohol consumption is a major risk factor.

Discussing the emerging patterns in alcohol consumption, it was mentioned that for a long period of time, drinking among men has been higher compared with women. However, the number of young women drinking in the metro cities has been on the increase. Further, it is essential to note that the age of starting drinking among Indian population is gradually on the decline. Initial studies suggested that the age of starting drinking was around 20-25 years, while recent studies indicate that drinking starts as early as 16th or 17th year. Every third person who starts drinking changes to a problematic drinker. From a health point of view, most of the early health damages are unrecognized by physicians. It is only when the person reaches the advanced stage of illness that he is referred to the doctor. Hospital admissions are directly related to per capita consumption, which means that patients seen in hospital are chronic, addictive drinkers. It is essential to note that chronic drinkers form only a large proportion in the society, while 50-100 times this number fall into “problematic social drinking”.

With specific reference to alcohol and road traffic injuries, it was mentioned that impaired judgment, poor psychomotor performance, greater vulnerability of the body organs, and higher amounts of body injury are all closely inter linked to outcome from traffic injuries. The person's vision, reflexes, judgment and coordination are all seriously affected. Series of studies undertaken by NIMHANS suggests that nearly 1/3rd to 1/5th of persons involved in a traffic injury are under the influence of alcohol. Among various road users under the influence of alcohol, pedestrians, two wheeler occupants and bicyclists are in greater numbers. Many of the bus, car and truck drivers driving under the influence of alcohol can cause serious injuries to themselves or can cause death and/or injury among co-occupants. Studies have also suggested that the number of deaths, severity of injury, extent of neurological disabilities, length of hospitalization and economic costs are much higher compared to those not under the influence of alcohol.

Regular consumption of alcohol also leads to chronic illness due to greater vulnerability of body organs to the long standing effects of alcohol. The deprivation of the family members, especially children, is much higher as significant resources are spent on drinking. It is common to see in clinical practice that families are deprived of money, children are not sent to school, increasing poverty and debts, raising co-morbid depression and many other problems are noticed along with presenting health problems by patients. Easy availability of alcohol during the crisis situation can also lead to "deliberate self harm" among people. Recent study by NIMHANS on "epidemiology of suicides" shows that easy availability alcohol at the time of a life crisis can precipitate or trigger an act of suicide. The person can mix pesticides, rodenticides, drugs, with alcohol leading on to a suicide. In-depth analysis of attempted suicides revealed that nearly 1/5th of the persons were under the influence of alcohol at the time of act. An in-depth qualitative study examining the direct and indirect association of alcohol revealed that 41% of suicides among men were linked to alcohol consumption.

Several studies by NIMHANS also indicate that increasing violence in most of the places could be directly linked to availability

and consumption. It is a strongly held myth that violence due to alcohol is more in the lower sections of the population. It is well known that even in upper sections of the society, violence and alcohol are closely inter linked. Studies on alcohol and work place injuries indicate that 10-20% of work place injuries and 30-40% of absenteeism, specially in the unorganized labour sector are because of alcohol. Alcohol influence and socially destructive behaviour like spouse abuse, child abuse, interpersonal crime, dowry deaths and assaults are well documented. A Bangalore based hospital study on "burns" by NIMHANS revealed that alcohol usage among men is the second most significant factor of burn related injuries. The emergence of high risk sexual behaviour has added a new to the growing problem.

The socioeconomic impact of increasing alcohol problems is not known in India. The little information that is available is based on hospital costs of managing individuals seeking treatment from health care institutions. However, even these are not reliable due to methodological deficiencies. The problem is compounded further as health utilization rates are abysmally low and restricted to only those in terminal stages of illness. With increase in private sector participation in health care and free or subsidized costs in government sector, the actual socioeconomic impact has not been understood. Further, the resulting property damages, legal enforcement costs, loss of productivity, loss due to absenteeism and impact of psycho-social issues have not been examined due to methodological difficulties.

Recent study by NIMHANS revealed that nearly 18% of the admissions were due to chronic alcohol problems. These persons were spending most of their money on drinking rather than any other activity at home. 60% were supported by others, 10% had forced their children to work and 7% of the marriages had broken down due to alcohol effects.

Initial attempts have also been made by NIMHANS to estimate the economic impact of alcohol. The state earnings from alcohol are around Rs. 581 crores, but the state losses in hospital costs alone are Rs. 1,147 crores. If all other costs are added, then this increases to Rs. 1,838 crores. The argument put forth by many

governments is closely linked to earning revenues from both alcohol and tobacco. However, it is obvious that medical and social costs of alcohol are much more which require in-depth investigation.

While the problem is enormous, the preventive efforts are far from satisfactory. During the last two decades, many of the developed countries have developed number of strategies to control the emerging epidemic of alcoholism. Some of the strategies are:

1. Restricting locations
2. Control of sale timings
3. Training of people involved in selling alcohol
4. Banning availability in some countries
5. Strict licensing systems
6. Improved enforcement with regard to drinking and driving.
7. Improved taxation policies
8. Branding liquor products with percentage of alcohol
9. Regulating alcohol advertisement in media, and
10. Increasing awareness of alcohol related problems in societies.

Some of the above mentioned strategies have been implemented across countries through education, enforcement, policies and programmes and evaluation of these efforts. A commonest approach has been educating societies for people to change their attitude so that negative effects of the problem are reduced. It is essential to realize that people take time to change even after education, requires reinforcement, greater resources and constant efforts.

With regard to drinking and driving, enforcement coupled with education has shown remarkable results. With the fear of law among people, enforcement being selective, ability to bring about measurable changes, visible – uniform-strict penalties for offenders has given better results. However this requires greater commitment from police, excise, road transport department and political commitment to implement the laws. Community acceptance of laws

have been enhanced by educational approaches and greater awareness in the society.

The Indian experience about alcohol prevention and control has been a mixed bag of results. Prohibition was enforced in many states of Gujarat, Andhra Pradesh, Tamil Nadu, Kerala and Haryana over a period of time. However, all the states except Gujarat abolished prohibition in 6-12 months of promulgation (Gujarat removed the law later). Many of the governments have announced "Dry days", only to see that alcohol is sold through back doors. There have been number of policies on paper that no liquor shops will be allowed within 100 meters of schools, colleges, places of worship, hospitals, etc.,. These have not been transformed to reality as one can see the easy availability of alcohol near to most of these places. The selling of alcohol to minors has also been a very common practice. Most of the bottles contain labels without any indication of alcohol percentages. The illicit production of alcohol continues unabated. Regarding price and taxation policies, every government has been increasing the price only to earn more revenues. The advertisement of alcohol products in visual and print media has been increasing over a period of time. Even though there are laws against drinking and driving, enforcement has been virtually absent in most of the states. The departments of police do not have - adequate manpower, skills for doing random checks, breathalyzers, and even political interference to a greater level.

Recently, the government of India has established de-addiction centres all over the country in institutes of excellence. It is glaringly evident that not even 10% of this is spent on preventive efforts. Some NGO's have attempted to tackle problem at grass root levels and large scale replication of these efforts are lacking.

NIMHANS has tried to address these problems over a period of time by initiating number of activities. Apart from hospital based de-addiction services, referral services with district and primary health centres has been established. Community based programmes in two centres are ongoing for nearly 5 years. Short term training programmes for medical officers is in progress on a regular basis. Several research projects in the areas of alcohol and road traffic injuries, injuries, suicides, interpersonal violence, social costs of

alcoholism are in progress. The institute has established linkages with many national and international agencies to strengthen research. It is important to mention that recently a joint programme between NIMHANS and Bangalore City Police, Bangalore Agenda Task Force, Global Road Safety Programme, International Centre for Alcohol polices and SASPI has been established to examine the problem of drinking and driving in the city of Bangalore.

In the last five years, there is growing awareness across the different sections of society that alcohol related problems are becoming a major epidemic in India. Many other life style related conditions like lack of physical activity, improper diet, use of tobacco are being identified as major public health problems. It needs to be established in the society whether we are interested in earning revenue from alcohol or develop a public health approach to the problem. Debates on these issues must expand and integrated inter-sectoral activities must begin. Inputs from many other departments and sectors in the society is crucial to the success of these programmes. The health professionals need to expand and strengthen research, provide inputs for policies and programmes and develop feasible-sustainable-culture specific interventions.

Alcoholism: From Pleasure to Problems - Dr. M. A. Majeed Khan

Dr. M. A. Majeed Khan thanked the chairperson and welcomed all the participants. He said alcoholism is a chronic disease that is progressive and often fatal. It is a primary disorder and not a symptom of other diseases or emotional problems. It affects nearly every type of cell in the body. In the brain, alcohol interacts with centers responsible for pleasure and other desirable sensations. After prolonged exposure to alcohol, the brain adapts to the changes alcohol makes and becomes dependent on it. For people with alcoholism, drinking becomes the primary medium through which they can deal with people, work, and life. Alcohol dominates their thinking, emotions, and actions. Alcoholism can develop insidiously. Often there is no clear line between problem drinking and alcoholism. The only early indications of alcoholism may be the unpleasant physical responses to withdrawal that occur during even brief periods of abstinence. Alcoholics have little or no control over the quantity they

drink or the duration or frequency of their drinking. They are preoccupied with drinking, deny their own addiction, and continue to drink even though they are aware of the dangers. Over time, some people become tolerant to the effects of drinking and require more alcohol to become intoxicated, creating the illusion that they can “hold their liquor.” They have blackouts after drinking and frequent hangovers that cause them to miss work and other normal activities. Episodic violent and abusive incidents involves spouses and children. The individual experiences various alcohol-related problems over a period of time such as; (a) increased amounts of alcohol needed to produce the desired effect; (b) withdrawal symptoms; (c) unsuccessful attempts to quit or cut down; and, (d) continuing drinking in spite of the knowledge of its dangers.

Just drinking steadily and consistently over time can cause a sense of dependence, and withdrawal symptoms during periods of abstinence. This physical dependence, however, is not the sole cause of alcoholism. To develop alcoholism, other factors usually come into play, including biology and genetics, culture, and psychology. People with a family history of alcoholism, or those who are severely depressed or anxious people are at high risk for alcoholism, smoking, and other forms of addiction. Major depression, in fact, accompanies about one-third of all cases of alcoholism. Children of alcoholics are more likely to begin drinking before the age of 20, and to become alcoholic. But anyone who begins drinking in adolescence is at higher risk. High rate of relapse is due to the brain’s adaptation to and dependence on the changes in its own chemistry caused by long term use of alcohol. Alcoholism is strongly related to impulsive, excitable, and novelty-seeking behavior, and such patterns get established. Frequent accidents are often signs of drug or alcohol abuse.

Dr. Majeed Khan opined that people who crave for sugar may also be at higher risk for alcoholism. Alcohol plays a major role in more than half of all automobile fatalities. Less than two drinks can impair the ability to drive. For women, the most serious risk factor for injury from domestic violence may be a history of alcohol abuse in her male partner. Alcoholism in parents also increases the risk for violent behavior and abuse towards their children. Children of

alcoholics tend to do worse academically than others, have a higher incidence of depression, anxiety, stress, lower self-esteem than their peers, and risk of accidental injuries from many other causes. It is well known, however, that chronic consumption leads to many problems, some of them deadly. Alcohol can cause hypoglycemia, a drop in blood sugar, which is especially dangerous for insulin-consuming diabetic patients. Intoxicated diabetics may not be able to recognize symptoms of hypoglycemia, a particularly hazardous condition, a dangerous fall in blood glucose level. Even when people with alcoholism experience withdrawal symptoms, they nearly always deny the problem, leaving it up to coworkers, friends, or relatives to recognize the symptoms and take the first steps towards treatment. People with alcoholism often deny their problem or otherwise attempt to hide it.

Tests are designed to elicit answers related to problems associated with drinking, rather than the amount of liquor consumed, or other specific drinking habits. The quickest test takes only one minute. It is called the CAGE test. The acronym for CAGE is given below:

- (C) attempts to Cut down on drinking;
- (A) Annoyance with criticisms about drinking;
- (G) Guilt about drinking; and
- (E) use of alcohol as an Eye-opener in the morning.

This test and another called the Self-Administered Alcoholism Screening Test (SAAST), however, appear to be most useful in detecting alcoholism. Once a diagnosis of alcoholism is made, the next major step is getting the patient to seek treatment. When a person with alcoholism stops drinking, withdrawal symptoms begin within 6 to 48 hours and peak about 24 to 35 hours after the last drink. During this period the inhibition of brain activity caused by alcohol is abruptly reversed. Stress hormones are produced in excess and the central nervous system becomes over excited. About 5% of alcoholic patients experience delirium tremens, which usually develops two to four days after the last drink. Symptoms include fever, rapid heart beat, either high or low blood pressure, extremely aggressive behavior, hallucinations, and other mental disturbances. The two

basic goals of long-term treatment are total abstinence and replacement of the addictive patterns with satisfying, time-filling behaviors that can fill the void in daily activity that occurs when drinking has ceased.

Between 80% to 90% of people are treated for alcoholism relapse, even after years of abstinence. Patients and their caregivers should understand that relapses of alcoholism is analogous to recurrent flare-ups of chronic physical diseases. Three factors place a person at high risk for relapse, namely; (a) Frustration and anger, (b) Social pressure, and, (c) Internal temptation. Treatment of relapses, however, does not always require starting from scratch with detoxification or hospitalization. Often, abstinence can begin the next day. Self-forgiveness and persistence are behaviors essential for permanent recovery. Alcohol blocks out emotional pain, and is often perceived as a loyal friend when human relationships fail. It is also associated with freedom and a loss of inhibition that offsets the tedium of daily routines. When the alcoholic tries to quit drinking, the brain seeks to restore what it perceives to be its equilibrium. The brain's best weapons against abstinence are depression and anxiety (the emotional equivalents of physical pain) that continue to tempt alcoholics to return to drinking long after physical withdrawal symptoms have abated. Even intelligence is no ally in this process, for the brain will use all its powers of rationalization to persuade the patient to return to drinking. It is important to realize that any life change may cause temporary grief and anxiety, even changes for the better. With time and the substitution of healthier pleasures, this emotional turmoil weakens.

One of the most difficult problems facing a person with alcoholism is being around people who are able to drink socially without danger of addiction. A sense of isolation, a loss of enjoyment, and the ex-drinker's belief that pity - not respect - is guiding a friend's attitude can lead to loneliness, low self-esteem, and a strong desire to drink. Close friends and even intimate partners may have difficulty in changing their responses to this newly sober person and, even worse, may encourage a return to drinking. To preserve marriages with alcoholics, spouses often build their own self-images on surviving or

handling their mates' difficult behavior and then discover that they are threatened by abstinence. Friends may not easily accept the sober, perhaps more subdued comrade. In such cases, separation from these "enablers" may be necessary for survival. It is no wonder that when faced with such losses, even if they are temporary, a person returns to drinking. The best course in these cases is to encourage counsel from close friends and family.

Dr. Khan said that social and cultural pressures played an important role. The media portrays the pleasures of drinking in advertising. Many a time, the medical benefits of light to moderate drinking are publicized, giving ex-drinkers the spurious excuse of returning to alcohol for their health. These messages must be categorically ignored and acknowledged for what they are - the industry's attempt to profit from potential great harm to individuals.

Questions and Answers

One of the participants asked about the classical agent-host epidemiological model vis-a-vis the alcohol related policies and role of the alcohol producers. Dr. Gururaj answered by saying that the experience from the developed countries, and mainly the western countries, is that the early efforts towards prevention was centered around the individual. The western countries are also making efforts to see how an individual can stop, and how can he change his behaviour, etc. They have also spent resources to bring about change in the society. But what has happened simultaneously is that they have also realized some limitations. The policy makers realized that people lived, worked and enjoyed all these things like drinking. Therefore, the policy makers started building up systems in which they introduced a taxation policy, or sales policy, or changing the percentage of alcohol from drink to drink, etc. The policy makers are the "agent", and they are the biggest factor here. Even in India, since we are in early stages, we need to spend little more resources, energy, and attention on how do we develop these systems. It is my personal experience in the field of Public Health for the past 10-15 years that one can ask most of the politicians and administrators, and they would say that the alcoholic is at fault, that "he" is driving at a high speed, that "he" is drinking and driving, that "he" does not wear helmet, that

“he” drinks poison and commits suicide, that “he” goes and beats up his wife, that every where it is “he” who is at fault. But do we have the systems which avoids these things from happening? Do we have scientifically designed speed breakers? Do we have systems which make wearing of helmets compulsory? Do we have compulsory reduction measures for drunken driving? We have not built these systems, and we are still blaming the individual. There are certain individual factors which need to be addressed also, but the agent factor should be tackled, and addressed in a different way, whether it is in the food, or alcohol, or tobacco industry.

Ms. Lipika Nanda, Health Consultant, Society for Elimination of Rural Poverty (SERP), mentioned that many studies on alcoholism have been targeted to the urban population, and most of these studies conducted in India have not looked into the environment, which is a very important in the context of alcoholism. For example, we would like to see the reasons as to why rural people are drinking. Recently, the IHS conducted a study for which we had to interview rural people, and we found that since most men and women were drunk in the evening we could not collect data from them. The reason we found was that after they come home after a whole day of tiresome work, they just want to drink and relax. Similarly people who are working in hospitals lifting dead bodies, or doing sanitary work, have to drink on the job or else they cannot work. There should be some system wherein they are provided with some masks or some sort of protection, etc. So a lot of things depend on the environment and the type of work people do.

Dr. Khan added a few comments to the discussion. In response to the first question on alcohol related policies, he said that alcoholism is a problem, but drinking in moderation or 1-2 drinks is not harmful. On the other hand it has been suggested that moderate drinking helps. That is where smoking is totally harmful, and alcohol is not. It is from this perspective that companies, restrictions, etc. have to be looked into. In response to the comment of Ms. Nanda, Dr. Khan said that, in rural areas, some drugs like diazepam etc. are sometimes added to increase the potency of the drink. One approach may be to administer some de-addiction drugs each evening, and ask

the help of a family member. That may reverse alcohol consumption. One of the participants said that we see many doctors and medical students consume alcohol these days. She asked what could be the supporting factors for these medical students and doctors to consume alcohol, despite seeing so many alcohol related problems. Dr. Khan cited similar phenomenon among psychiatrists who treat patients with depression. But many psychiatrists do end up committing suicide.

The chairperson, Dr. Habibullah, briefed about some aspects that were missed in the presentations. The amount of money being spent in managing alcoholics is four times the revenue generated by the sale of alcohol. Three decades ago France was the world leader in the production, consumption and alcohol related diseases, as per WHO statistics. Now in the past 10 years, France has taken up the philosophy to see that alcohol consumption is brought down. Aggressive campaigning has been undertaken in France, and also in United States. In Russia, people take Vodka and they also take Liv-52 tablets, because these tablets have a protective effect for the liver. They have also introduced and followed a very strict system where on certain days they do not sell alcohol.

Dr. Habibullah opined that on the other hand, in developing countries like India, the consumption level has increased, particularly amongst the well-to-do families and younger generation. This is very disturbing especially when India is doing well in many other areas, except for alcohol consumption and related problems. An important thing to note are the statistics from some of India's leading hospitals which suggest that nearly 12% of all cases have alcohol related diseases. Nearly 30-40% of liver diseases are due to alcohol, and the second most common cause of liver cirrhosis is alcohol. The immune system is brought down so drastically in alcoholics that they are prone to various infections. He also emphasized the need to bring social change in the population. With this note the chairperson thanked both the speakers and ended the session.



Session 4

Smoking

Session Chair Dr. Sham Sunder introduced the topic and pointed out that smoking is a health hazard not only from the cardiac point of view, but also for other diseases such as lung cancer, peptic ulcer, decreased fertility etc. In spite of these harmful effects, people continue to smoke. There is a very active campaign against smoking in the US which has resulted in reduction in smoking to a certain extent. The craze for smoking as a glamorous or desirable activity can be attributed to the aggressive marketing of these products by the tobacco companies. They promote smoking to be "Macho". Although smoking in public places has been banned in India, it is not strictly enforced. Personal attitude and determination would go a long way in giving up the smoking habit. Dr. Sham Sunder introduced the two speakers, namely Dr. Prakash Chandra Gupta, Senior Research Scientist, Tata Institute of Fundamental Research, Mumbai, and Dr. Ratnavelu Vijai Kumar, Director, Division of Pulmonary Medicine, MediCiti Hospitals.

Burden of Tobacco Use and the Need for Tobacco Control and Intervention - Dr. P. C. Gupta

Dr. Prakash Chandra Gupta spoke about the human costs of smoking. He stressed that the life threatening consequences of tobacco use such as cancers, heart diseases, lung diseases, and pregnancy complication are well known. Both artificial (cigarettes - filtered & non-filtered) and natural (beedi & chutta) tobacco products are equally harmful. Environmental Tobacco Smoke (ETS) is the most important risk factor for non-communicable diseases. Small children and infirm elderly groups are the most vulnerable to tobacco exposure, by way of passive smoking. The ill effects of smoke further causes impotence, facial wrinkles, amputation of limbs, delayed wound healing and muscular degeneration. Selling cigarettes is not illegal, whereas the legality of sales of other tobacco products is doubtful. The claim that tobacco is very ancient and mentioned in Ayurveda is wrong. Tobacco was brought from the New World about

500 years ago. The costs of smoking were not recognized immediately, as there is a long delay between the onset of persistent smoking and the development of its full ill effects. This can be appreciated by the fact that it took 25 years to understand the consequences of tobacco use and 50 years to comprehend the full epidemic. This was illustrated by stating that cigarette smoking picked up among men during the first world war, and in women during the second world war, the health effects of which were confirmed in the 60's and 80's respectively.

Dr. Gupta emphasized that since there is a strong dose-response relationship in tobacco consumption, there is no safe limit for less tobacco usage. Tobacco is the only product in the world that causes disease and death when used exactly as per the manufacturer's specifications. Tobacco kills 3 - 4 million adults worldwide and 6,30,000 adults in India every year. Smoking kills one in two smokers. The chief components of addiction are withdrawal, reinforcement, tolerance, dependence and intoxication. It is difficult for a smoker to give up his smoking habit, as tobacco contains nicotine which is easily one of the most addictive substances. In addition to nicotine, it contains several thousand toxic compounds. The most important carcinogens found in tobacco are nitrosamines, which are present in much higher quantities than permissible, sometimes hundreds or thousand times more. The major cause of deforestation in developing countries is the amount of wood used for curing tobacco, which is in the range of 15 to 240 kg of wood per kg of tobacco. The surprising fact is that poor people spend a high proportion of their income on tobacco products, thus making it an important development issue.

The do's and don'ts in tobacco control were emphasized. According to Dr. Gupta, the ideal tobacco control strategies include banning advertisements of all kinds, maintaining taxation at high levels (and annually increasing taxes at a rate higher than inflation), enforcing strong warning labels (on ill health effects), banning smoking in public places, restricting retail outlets (especially near educational, health & religious institutions), not allowing custom free

sale, and requiring plain packaging. The “not so ideal” strategies for tobacco control are banning agriculture, sales, and manufacture.

Smoking Cessation: A Clinical Approach - Dr. R. Vijai Kumar

Dr. Ratnavelu Vijai Kumar said that it was the Portuguese who introduced Tobacco in India by presenting it to Akbar. Jahangir introduced tax for tobacco. There are 200 million men, 46 million women, and 2 million children in India who smoke. While men lead smoking, women are not lagging behind. The gender-wise prevalence of smoking habit in India is as follows:

	Villages	Cities
Men	55.4%	28.1%
Women	16.4%	8.2%

The Supreme Court banned smoking in public places on 2nd November, 2001. The Andhra Pradesh Government passed a bill on 27th March, 2002, banning smoking in public places like Government Offices, Hospitals, Health Institutions, Libraries, Trains & Buses, Restaurants, Amusement Centres and Religious Places. Once this bill comes into force, there will be a ban on advertisement of cigarettes. No sale of cigarettes would be permitted near schools & colleges. This will apply to children less than 18 years. The penalty for breaking this law would be to the tune of Rs. 100 to Rs. 1,000 and / or imprisonment for 3 months. In addition to cigarette smoking, the Government of Andhra Pradesh has also banned the sale of Gutkha & Pan Masala i.e., chewing tobacco products, which causes the highest number of head & neck cancers in the world.

Dr. Vijai Kumar touched upon the clinical consequences of smoking. Forced Expiratory Volume in the first second (FEV1) is the single most important lung function parameter. FEV1 falls by 20 ml. per year in non smokers, and by 45 ml. per year in smokers. The benefits of stopping smoking are immense, as it reduces the disability and lung impairment considerably. After the last cigarette is smoked, within 20 minutes the BP drops to normal, within 8 hours the oxygen level increases, 24 hours later heart attack chances are less, 2 weeks

later circulation improves, 3 months later the lung function increases by 30%, and within 9 months the symptoms of cough, fatigue and breathlessness become less. The Doll & Peto study states that stopping smoking before middle age helps in reduction of cancer risk by 90%. Smoking is the single most important preventable cause of disease and death. It causes 85% of Chronic Obstructive Pulmonary Disease (COPD), 30% of cancers and strokes, and 25% of CAD. According to WHO, every day 2,200 deaths in India and 10,000 deaths occur worldwide due to tobacco related diseases. Stressing the role of doctors and medical personnel in smoking cessation, he stated that it takes only 3 minutes of the doctors advice to change these frightening statistics, and results in 2% to 4% of smoking cessation. He gave the example of a case study of 27,000 smokers, which reported that even a brief advice of doctors and nurses compared to no advice increases the likelihood of sustained cessation by 60%. Smokers are categorized as nicotine dependent and nondependent. Smokers often continue their habit due to nicotine addiction. Nicotine is as addictive as heroin and cocaine. The WHO ICD, 1999 recognizes Smoking as a medical disease with an underlying Neuro-biological basis. The magnitude of nicotine addiction can be gauged by the fact that out of 70% of smokers who desire to quit smoking, only 30% try to do so, and ultimately only 3% succeed. The flip side of this is that 40% of laryngectomy, 50% of lung cancer, and 38% of heart attack patients continue to smoke despite their adverse diagnosis. The stages of behavioral change involved in smoking cessation are pre-contemplation, contemplation, action, maintenance, followed by sustained abstinence or relapse. Smoking cessation is a process and not an event. Nicotine replacement products such as nicotine gum and patches are being used as an effective way of weaning off smoking. Bupropion HCl which is essentially an antidepressant can be used for smoking cessation, as it causes reduction in withdrawal symptoms in smokers. With regards to cessation rates, 3% quit every year without any medical therapy, 6% quit with nicotine replacement therapy (NRT) from a pharmacy, 20% quit with NRT and help from smoker's clinic, 30% quit with Bupropion, and 35% quit with NRT and use of Bupropion. Dr. Vijai Kumar

concluded the talk with the statement "it is never too late to make someone stop smoking because, too soon it may be too late".

Questions and Answers

In reply to the question about why all smokers are not adversely affected by smoking, Dr. Vijai Kumar said that 10 - 20% of smokers are susceptible for the lung derangement. The remaining smokers may not develop COPD and lung derangement, but these people are not necessarily safe from cancer risk. Only those smokers who do not show bronchial hyper reactivity and have less irritable airways, continue to smoke, suggesting a natural selection in the habit. He reiterated that non smokers (especially youngsters) should be discouraged from starting the habit, and that smokers should be encouraged to stop smoking through continuous awareness programs about the ill-effects of smoking.

Dr. Raghuram Reddy, member IHS, asked whether there is a psycho social factor involved in breaking the smoking habit. Dr. Vijai Kumar replied that "quit smoking clubs" and family involvement form crucial components of the psycho social factor. Dr. Janardhan Reddy asked if there is any inter-individual difference observed in the manifestation of harmful effects due to smoking. Dr. Vijai Kumar agreed that what is good for one individual does not hold good for the other. Replying to a question about passive smoking, Dr. Prakash Gupta highlighted the findings of a study by a Japanese Epidemiologist (Hirayama), that there is a strong correlation between incidence of lung cancer in women and smoking habits of their spouses. Mr. Venkiah, Statistician, from NIN, asked as to which of the two (a) exposure to silica, or, (b) cigarette smoking is a greater risk factor. Dr. Gupta remarked that it is difficult to ascertain this owing to several confounding factors coming into play in this scenario. He however added that both these risk factors in combination have a synergistic effect. In reply to a question on whether smokers with good genes have a higher life span, Dr. Gupta said that this was not true and illustrated the example of the royal family of UK. He pointed out that the Queen Mother who had a healthy life style lived upto the ripe old age of 101 years, whereas her daughter who had the habit of smoking died at a much younger age.

A Business Management graduate, from Osmania University, wanted to know if there had been a change in the attitude of smokers over the years, and whether there is a social taboo against smokers in the society. Dr. Gupta informed that there is a remarkable change in the attitude towards smoking in the US. About 25 years ago, smoking was considered desirable. Of late there has been a great deal of social change. The desire to quit smoking has increased. Hosts no longer entertain smoker friends to smoke in their homes, more so, if they have children at home. As opposed to this, results from national level tobacco surveys in India reveal that prevalence of smoking is increasing in teenagers (age group 13-15 years), and that 30% of women teachers in Bihar have taken to smoking. Although smoking is clearly a taboo for youngsters and women in India, it may not take long to crumble, as the recent figures suggest, unless stringent measures are taken to prevent smoking.

Ms. Lipika Nanda, Health Consultant, SERP, asked if the myth that Indian cigarettes are strong compared to US cigarettes is true, and whether reducing nicotine content in cigarettes will help in reducing the harmful effects. Dr. Gupta clarified that both low tar and high tar, American or Indian cigarettes are equally harmful. While, the WHO has recently recommended that tar content need not be specified on the cigarette packs, in India, the Wills tobacco company has recently introduced Wills Lights!. Further, he clarified, reducing nicotine in the cigarette may not help in reducing the harmful effects of smoking, because smokers tend to manipulate by smoking more cigarettes to offset the reduced nicotine level.

Dr. Chandrakanth, a Dentist by profession and representing SCOPE, an NGO dedicated to the fight against tobacco, stated that 3 people from SCOPE had pioneered the campaign against tobacco, and were instrumental in banning of smoking in public places and gutkha and pan masala, by issuing a Public Issue Litigation. He appealed that the proceedings of this symposium be circulated through the media to create awareness among general public about the harmful effects of tobacco products.



Session 5

Valedictory

The valedictory session was chaired by the IHS Chairman Dr. Hrishikesh. The Director, IHS welcomed every one and reiterated the importance of such Public Health Symposia and thanked each of the registered participants for taking part in the deliberations. He said, the nominal registration fee is important for it really indicates the interest that the public is showing in the symposium theme and activities of IHS. The Institute derives maximum inspiration from the number of registered participants, than from any other aspect. He thanked WHO country office for providing partial funding, but more importantly by helping to identify the national experts for the symposium. Dr. Mahapatra said that this symposium was organised to generate knowledge and awareness for a larger audience about the ill effects of smoking, heavy drinking and sedentary life style. This topic was chosen for this years' World Health Day as the theme was "Move for Health". After this brief speech, Dr. Mahapatra invited WHO country office representative, Mr. Sunil Nandraj to say a few words.

Mr. Nandraj thanked the IHS for the invitation and recalled his association with IHS during the initial stages of his professional career. In response to Dr. Mahapatra's statement, he said that it was not the funding that mattered, but it was more about involving in the symposium and interacting with the participants, and understanding certain issues.

Dr. Hrishikesh, Chairman of IHS, spoke about the importance of the symposium theme and thanked each and every speaker, chairperson and participant. He also thanked all IHS staff for making the symposium a success. He said Dr. Mahapatra and his team had done a good job in conducting a symposium, the theme of which was timely. He briefly spoke about the ill effects of alcohol, smoking and sedentary life style citing a few examples. He recalled the State government's decision to ban Ghutka and other tobacco products and hoped that more such bans will be forthcoming to create a healthier atmosphere.

Ms. Vijayalakshmi Tadi, Communications and Services Officer, IHS proposed a vote of thanks to the Governor, Health Minister, State Election Commissioner, Session Chairs, Speakers and the participants for making the symposium a success.



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Full Text of the Inaugural Address by

His Excellency Dr. C. Rangarajan, Governor of AP.

I am indeed very happy to be in your midst this morning to inaugurate the symposium on “Costs of Poor Health Habits” organized by the Institute of Health Systems on the occasion of the World Health Day. The theme chosen by the organizers is very timely and appropriate. People normally are oblivious to the harmful effects of poor health habits such as lack of exercise, smoking and excessive drinking. They realise their mistakes too late to do them any good. I am, therefore, happy that the Institute of Health Systems which is doing pioneering work on different aspects of health care systems has chosen to organise this symposium to bring to the attention of the general public the importance of wholesome health habits.

Good health is fundamental to the well being of the people and the nation. People constitute the best asset of the country. However, they can give out their best, only if they remain healthy. “Sound mind in a sound body” is a proverb that we have all learnt at school. There is an old Sanskrit saying which even goes further - “Dharmartha, Kama Mokshanam, Arogyam Mulam Uttamam”. It was clearly recognized that health was the chief basis for human development in all its dimensions.

This symposium focuses on the costs of three bad health habits - sedentary life style, heavy drinking and smoking. The theme chosen by World Health Organization for this year’s World Health Day is “Move for Health”. This theme emphasizes the importance of physical exercise in ensuring good health. Physical activity is one of the most cost-effective ways to maintain good health. It is found that lack of physical activity is a major cause of many non-communicable diseases. It is estimated that sedentary life styles are responsible for over two million deaths in the world every year. About 25 per cent of early deaths because of heart disease are due to inactive life styles. Even in our country, while we are still battling the problem of under nutrition, obesity is already showing up among the middle class. A study conducted by the Nutrition Foundation of India found that in Delhi about 32 per cent middle class men and 50 per cent of middle class women are obese. It is unfortunate that modern day living is leading people to adopt a sedentary life.

The agricultural society and even the early industrial society demanded hard physical work. But the transition to knowledge society is making big changes in life style. At work, there is very little of physical activity. Even at leisure, there is not much physical activity. People are taking elevators instead of climbing stairs. Recreation which at one time meant sports or participation in cultural activities is increasingly making people "couch potatoes", as they watch TV glued to their sofa sets. In fact, as one critic commented, children watch more cricket on the TV than play in the fields. Everybody above two years of age whether male or female, young or old needs physical activity. Sedentary life can be the bane of modern society.

The ill effects of smoking are too well known to be repeated. The consumption of tobacco in any form is harmful. The use of tobacco in our country is very wide spread. It is estimated that around 40 per cent of Indian males over 15 years of age are addicted to smoking. 50 per cent of male cancer and 23 per cent of female cancer are related to tobacco use. In fact, smoking harms not only the people who smoke but also those who are around them, sometimes described as "passive smokers".

Heavy drinking of alcohol is emerging as a major health problem. There is very clear evidence that heavy drinking is dangerous to health. Estimates show that every year alcoholism is responsible for over two million deaths in the world. In addition, almost 16 million people are disabled. According to one study, in India 40 to 50 per cent of males over 15 years of age consume alcohol. At least 2.25 crore Indians are problem drinkers. In addition to being a major risk factor for chronic liver, gastrointestinal, cardiac and mental diseases, alcoholism is responsible for 25 per cent of suicides and 25 per cent of all road traffic accidents in India.

Economists always want to quantify everything. Several attempts have been made to estimate the costs of poor health habits. These costs can be broken up into direct and indirect (or external). The direct costs are those costs borne by the patients themselves. The external costs are those borne by the society. The external costs include not only the costs incurred by the public health system but also the cost arising from loss of life or injury caused to others such as those resulting from drunken driving. These costs are not easy to calculate. The problems that are faced are similar to the ones economists encounter in social cost-benefit analysis studies. Nevertheless, it is very clear that the costs due to poor health habits are real and

enormous. There are monetary costs as well as physical pain and suffering.

What then should be the agenda of action? Though it is the individual who makes the life style choices, poor health habits are not merely about individual behavior. Factors like easy availability, social acceptability, peer pressure, influence of advertisements and marketing strategies and a host of socioeconomic and political factors influence habits like smoking and drinking. Similarly crowding, crime, traffic, poor air quality, lack of recreational facilities and sidewalks make physical activity a difficult choice for many people. The challenge of prevention is therefore as much the responsibility of governments as it is of the people. Thus, it is important that advocacy must move beyond individuals and reach policy makers.

In the case of physical activity, the role of the individual in altering the life style is important. As a matter of fact, there is not sufficient awareness among people, particularly in the middle age group of the consequence of sedentary life. When people are young, they tend to ignore the harmful effects of lack of exercise which may show up much later in life. Awareness programmes must be initiated so that people become conscious of the need to allot time to do physical activity. Regular and regulated physical exercises can save people from falling a prey to many diseases. Clubs and community organizations must bring home to people the advantages of adopting a physically active life.

Needless to say, physical activity must be an integral part of college and school education. Students must be encouraged to participate in various sports not only to win laurels but also to maintain a healthy physique. Municipal and local Government authorities must set aside enough places where physical exercise can be done comfortably and without the hazards of fast moving vehicles. Perhaps, the most serious lacuna now is the lack of proper understanding of the dangers of leading a sedentary life. Awareness programmes are thus fundamental in this area.

To prevent people from smoking, awareness programmes must be supplemented by appropriate legislation. The Bill recently passed by the Andhra Pradesh Legislature prohibiting smoking in public areas is an important step in combating the tobacco menace. Strong anti-tobacco legislation is common in many countries. Media support in a large measure is required to control the spread of tobacco habit. Cigarette manufacturers must be compelled to conform to certain standards in their advertisements. Entertainment industry must

be extremely cautious in the portrayal of characters so as to not give the impression that smoking is a status symbol or a symbol of expressing one's freedom and independence. These wrong connotations if propagated can mislead people. Formal schemes to educate the public about the consequences of smoking must be put in place. This must also counter the false propaganda on the "virtues" of smoking that some tobacco companies may propagate. Legal prohibition of smoking is not a feasible proposition. However, the dangers of smoking need to be brought home to the people in a telling manner. Good educational programmes have had a decisive effect in many countries.

Excessive drinking has brought ruin to many families, particularly in the lower income groups. If the breadwinner spends much of his income on alcohol, the wife is left with very little income to run the family. Heavy drinking also leads to fights at home and outside. We need strong laws limiting the days, hours, places and conditions of alcohol sale and service. Restrictions need to be imposed on alcohol advertisements. However, laws will work only when there is a broad realization in the society about the deleterious effects of drinking. I strongly feel that we need to establish special organizations for counseling people who are addicted to heavy drinking. A broad-based temperance campaign needs to be initiated. There is now really no active programme of propaganda on the evils of drinking. I do hope that the Institute of Health Systems will think of a proper mechanism of communication to impress on the people, particularly the low-income groups of the dangers of excessive drinking. A network of societies is required, if we are to succeed in this area. An intensive campaign against drinking has to be mounted in all seriousness.

I congratulate the Chairman of the Institute Dr. Hrishikesh, the Director Dr. Mahapatra and all his colleagues on the very fine work that they are doing. Ignorance is not bliss. To make people aware of the dangers of poor health habits is an urgent necessity. Sedentary life, smoking and heavy drinking can cause serious damage to society. Alarm bells are ringing. The wake up call is loud and clear. Let us answer it by mounting an educational movement that will spell out the dangers of poor health habits and stress the importance of a positive life style.

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Full Text of Chairperson's Address by

Dr. N. Janardhan Reddy,

Honourable Minister for Health, Medical and Family Welfare, Government of Andhra Pradesh

I am happy to address this conference which is focussing on a vital and urgent agenda that mankind is facing. I feel this is the most befitting occasion to share my view, today being World Health Day. This occasion is a reassurance that our programme and policies today ensure a better tomorrow. I am happy to know that The Institute of Health Systems, the first of its kind, has been intensively engaged in bringing greater awareness on matters that are haunting the nation. We were in search of an institution which could cater to the needs of the Government, Entrepreneurs and most importantly, the general public. Today, we can probably claim that this Institute can give us simple and comprehensive information pertaining to Health Systems.

Good health is fundamental to the well being of the people and the nation. The national health policy of 1983 reiterated India's commitment to attain "Health For All" by 2000 A.D. However, we are still a long way to go. A human being can function well and deliver the best for our Country and State only when he or she enjoys good health. Undoubtedly there has been qualitative improvement in the general conditions of health in our state. It is only because of this that life expectancy at birth has risen from a mere 32 years in 1947 to 58 years in 1990. Infant mortality rate has shown a steady decline.

The State infrastructure comprises of sub-centers, primary health centers and hospitals which improve district, area and community hospitals. Andhra Pradesh has a network of 10,568 sub-centres, 1,336 primary health centres, 144 Government Hospitals and 225 Community Health Centres. The norm is to have one primary health centre for population of 30,000 in the plains, and 20,000 in the tribal areas.

We have invested fairly substantial investments in medical and health care over the last five decades, and we are working to get the best out of the resources that we have invested. This year the budget on medical public health and family welfare is Rs. 1,400 crores and interestingly medical education training is allocated around

90 crores. This money would be spent on areas of health awareness, research studies and collection of statistics on health matters.

Medical Research is not receiving as much attention in this country as it should be. Looking at the global picture, it is clear that while medical science is racing with new discoveries, not enough attention is being paid to the killer diseases in the developing countries. Of the 51 million lives lost to diseases in the world in 1993, over three fourths of the deaths occurred in the developing countries. The biggest killers are Cancer, Alcoholism and other related diseases. They claimed 20 million lives, over 50 percent of the deaths in developing countries.

Other major killers are infectious and parasitic diseases. The challenges to counter these diseases can be met only through greater research and development efforts. World Health Organization estimates that more than 56 billion is spent on health research but less than 10 per cent of that sum is directed towards diseases that afflict 90 per cent of the world population. Therefore, research should be aimed not at the major diseases but at diseases that affect the majority. In fact, grass root level research should be done to ascertain what are the major diseases that are plaguing our people.

A huge US\$ 200 billion industry is all about smoking. Tobacco industry marketing strategy itself lures people to start smoking. Myriad examples of tobacco ads and promotions targeted not only at men but also at women indicate that such marketing is dominated by themes of social desirability and independence. These themes are conveyed through ads featuring slim, attractive, athletic models, images very much at odds with the serious health consequences experienced by so many women. The male model in the cigarette ads is shown as a risk taking, strong, and healthy man, which is untrue of cigarette smokers in reality. Time has come to emphasize greater stress on the impact of smoking which is largely seen among the student community. Preventive measures are more important than cure. We have passed a Bill in the recent assembly session banning smoking in certain notified places and banning cigarette smoking. However, individual smokers must be persuaded about the ill effects of smoking through a continuous awareness and education campaign. Our government has also banned Gutkha consumption which is a first step towards a tobacco-free society. Though the revenue loss due to the Gutkha ban is huge, the government has stood firmly and has taken the decision to fight tobacco related diseases.

Though it is painful on the part of the government to permit the sales of alcohol it is done due to crunching financial constraints faced by the state government for a long time. There is a steep growth in consumption of alcohol in spite of being aware of its evil effects. Death from liver cirrhosis, irreversible neurological damage, possible increased risk of cardiovascular disease and certain cancers. Apart from health losses, there is a visible financial loss to the state as well as to the consumers. Drinking among women is the main cause of fetal alcohol syndrome in which the child may suffer from facial abnormality, mental impairment and stunted growth. Banning alcohol has proved futile in the past, and the only way is to ensure lesser consumption is voluntary rejection by the people themselves. This is possible only when there is a consistent and continuous attempt to propagate through training programmes and symposiums like this about the evil effects of drinking and smoking.

We are committed to bring a disease free society and I am happy that Institute of Health Systems is working in the direction of bringing awareness on health issues to the people. This debate should not stop here; NGO's should join hand-in-hand with the Government and Private Entrepreneurs to disseminate more and more information on the ill-effects of smoking and drinking. The debate should generate more heat on the issue and develop anti-tobacco / alcohol advertising campaign, use role models to promote positive messages, and provide anti-smoking / alcohol education and counseling for those who have just given up smoking and drinking. Educating the public on smoking and drinking should be a regular programme with audio visual campaign. Both urban and rural training programmes should be conducted regarding the ill effects of smoking and drinking. Public opinion should be generated to ban advertisements on drinking and smoking.

Removal of illness doesn't mean that we are healthy. What we do through medical care is to remove ill-health, but what we need today is generation of better health. The concept of better health is nothing but activating the body and mind through physical and mental exercise that could generate a symphony between body and mind. More than 2 million deaths each year are attributable to physical inactivity. Though sports is an important part of the curriculum in educational institutions, unfortunately many schools are unable to provide space for sports activities. This is another health hazard as gradually our youngsters are getting attuned towards a life with no physical activities. We are working towards making physical exercise

an important agenda, and trying to ensure that every school / college provides space for physical training. An un-used machine gets rusty, and the same applies to the human body. A body should undergo minimum 15 to 30 minutes of physical exercise everyday to keep health intact. This should be followed by other mental exercise like yoga, meditation and other related exercises to tune the body and mind to have greater harmonious relationship. I have increased the sports quota for admission to 0.5 % in order to give sports persons of our state the much needed encouragement.

I am confident that this conference would send a strong message to all the sections of the society about healthy life styles. I thank all those associated directly or indirectly in giving birth to the idea of bringing awareness on drinking, smoking and sedentary life. This conference should take up the issue at district and taluk level to generate awareness among the younger generation who are going to be the leaders of the State tomorrow.

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## Annexure 1

## Pre-Symposium Press Clips

| Date of publication | Newspaper                    | Page No. |
|---------------------|------------------------------|----------|
| 03 Apr. 02          | The Hindu                    | 49       |
| 03 Apr. 02          | The Times of India           | 49       |
| 03 Apr. 02          | The New Indian Express       | 50       |
| 03 Apr. 02          | News Time                    | 51       |
| 03 Apr. 02          | Daily Hindi Milap            | 52       |
| 03 Apr. 02          | Andhra Prabha (Telugu Daily) | 52       |
| 03 Apr. 02          | Praja Shakti (Telugu Daily)  | 52       |

THE HINDU,

Wednesday, April 3, 2002

### Symposium on poor health habits

By Our Special Correspondent

**HYDERABAD, APRIL 2.** A symposium on costs of poor health habits is being organised here by the Institute of Health Systems (IHS) on World Health Day on April 7. The WHO has identified 'Move for health' as the theme for the World Health Day celebrations.

Talking to reporters on Tuesday, the Director of IHS, Prasanta Mohapatra, said poor health habits were imposing heavy personal and external costs in terms of reduced life expectancy, low quality of life and increased usage of health care service.

4 WEDNESDAY, APRIL 3, 2002

THE TIMES OF INDIA, HYDERABAD

### Symposium on diseases

Times News Network

**HYDERABAD:** The Institute of Health Systems (IHS) would organise a symposium on World Health Day (April 7) on three important issues — smoking, heavy drinking and sedentary life style.

The symposium would be held at the IHS premises on Hill Fort Road.

Announcing this at a press conference on Tuesday, IHS director Dr Prasanta Mahapatra said a healthy lifestyle would help in preventing many communicable diseases. He said that lifestyle diseases have emerged as a great health risk and hence the IHS would be focusing on the three risk factors.

He said that these poor health habits could reduce life expectancy. "Smoking shortens life expectancy of a 20-year-old by 4.3 years, smokers shorten their expectancy by about 137 minutes per pack of cigarettes," he said.

With The New Indian Express

Hyderabad

3

Wednesday, April 3, 2002

## Symposium on costs of poor health habits on April 7

Express News Service  
Hyderabad, Apr 2

**F**OR every pack of cigarettes you amoke, you reduce your life expectancy by 137 minutes.

If you are 20 and not exercising, save money. You need to spend on health care in later years.

City based Institute of Health Systems (IHS), an autonomous institute engaged in health system research, health policy analysis and solutions for the poor, is organising a public health symposium on 'Costs of Poor Health Habits' at its premises at HACA Bhavan, Hillfort Road, Nampally on World Health Day on April 7.

Disclosing this at a press conference here today IHS director Dr Prasanta Mahapatra said risk factors, relationship between physical activity and diabetes, cancers, osteoporosis, fractures and stress would be deliberated apart from identifying how protective is exercise to heart under three heads, namely, sedentary lifestyle, heavy drinking and smoking.

Topics like 'Alcohol- form Pleasure to Problem', 'Alcohol Injuries and Burden on Developing Societies,' 'Need for Tobacco,' 'Smoking Cessation' and others would be dealt.

Mahapatra mooted the idea of government introducing 'breath analysers' to check

the accident rate on the highways. Quoting figures of an increasing number of young drivers getting involved in the accidents, he put forward the idea of a designated driver- an identified person in a party who would not consume alcohol and would drive the others home.

Governor C Rangarajan would be the chief guest and Health Minister N.Janardhan Reddy would chair the inaugural session.

Centre for Cellular and Molecular Biology director Dr Lalji Singh, Indian Council of Medical Research director, general DrNK Ganguly and others will participate in the valedictory session.

THE TIMES OF INDIA, HYDERABAD WEDNESDAY, APRIL 3, 2002 7

IHS announces Public Health Symposium on Costs of Poor Health Habits (Sedentary life style, Heavy drinking & Smoking) on 07th of April 2002, from 9.30 am to 6.00 pm. HE Dr. C Rangarajan, Governor of AP will inaugurate. Dr. N Janardhan Reddy, Honourable Health Minister, AP will preside. National and International Experts will speak. For details and registration contact.



**Institute of Health Systems**

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Note: Similar advertisement as shown above was placed by IHS in:

- The Times of India dated April 3, 2002
- The Hindu dated April 3, 2002, and
- Deccan Chronicle dated April 6, 2002.

NEWSTIME WEDNESDAY 3 APRIL 2002 3

## Meet on effects of poor health habits

**Newstoday**

**Hyderabad:** "Smoking shortens the life expectancy of a 20-year-old by 4.3 years, and consumption of a packet of cigarettes shortens the life expectancy by about 137 minutes," director of city-based Institute of health systems (IHS) Dr Prasanta Mahapatra said on Tuesday. Alcoholics reduced their life expectancy by 1.55 years or about 20 minutes per excess ounce of ethanol consumed per day, he added.

Addressing a news conference Dr Mahapatra said the IHS would organise a day-long international symposium on 'Cost of poor health habits due to smoking, drinking and sedentary lifestyle' coinciding with the World health day at the institute premises on April 7.

IHS is a popular, autonomous institute established for the working of the improvement of people's health through various health system researches, health policy analysis and search for solutions.

The symposium would bring together top public health experts throughout the coun-

try and abroad who would focus on the above mentioned risk factors. Governor Dr C Rangarajan would inaugurate the symposium. Minister for health, medical and family welfare Dr N Janardhan Reddy would chair in the inaugural session.

The prominent speakers included senior health specialist of the World bank (South Asia department) Dr Prabhar Jha, senior research scientist in Tata institute of fundamental research (Mumbai) Dr Prakash Chandra Gupta, director of National institute of nutrition (Hyderabad) Dr Kamala Krishnaswamy, Professor of cardiology in All India institute of medical sciences (AIIMS), New Delhi, Dr K Srinath Reddy, head of epidemiology in National institute of mental health and neuro sciences (NIMHANS), Bangalore Dr D Gujuraj and vice-chancellor of NTR university of health sciences Dr G Sham Sunder and the director of Centre for cellular and molecular biology (CCMB) Dr Lalji Singh.

**డెలీ హిందీ మిలాప్, హైదరాబాద్**

**హమారా శహర, బుధవార, 3 ఆప్రీల్, 2002**

**సంగోఢీ 7 కు**

హైదరాబాద్, 2 ఆప్రీల్-(మిలాప్ బ్యూరో) ఇంటిడ్యూట్ ఆఫ్ హెల్త్ సిస్టమ్స్ కే తలబావబాధన మే ఆగామీ 7 ఆప్రీల్ కు 'విశ్వ స్వాస్థ్య దివస్' కే అవసర పర్ 'కాన్స్టెస్ ఆఫ్ పుఅర్ హెల్త్ డేవెలప్మెంట్' విషయ పర్ ఒక దివసీయ జన-స్వాస్థ్య సంగోఢీ ఆయోజిత కీ జాయేగీ.

సంగోఢీ కు ఉదఘాటన 7 ఆప్రీల్ కు ఇంటిడ్యూట్ ఆఫ్ హెల్త్ సిస్టమ్స్ పరిసర్ మే ప్రాత: 9.30 బజే కియా జాయేగా. రాజ్యపాల డి. జి. రంగరాజన్ ముఖ్య అతిథి డింగే తథా చికిత్సా ంవ్ స్వాస్థ్య-మనీ డి. ఎన్. జనార్దన్ రెడ్డి సభా కీ అధ్యక్షతా కరంగే. ఆజ యహీ ఆయోజిత ఒక సబాదదాతా సమ్మలన కు సమ్బాధిత కరతే దుఆ ఆర్డీఎచ్ఎస్ కే నిదేశాక డి. ప్రశాంత్ మహాపాత్ర నే యహ జానకారి డి. జి. ఉన్దేని కహా కి సంగోఢీ మే చికిత్సా క్షేత్ర సే జుడే విశిష్యజీ ద్వారా భూషణన బ మధ్యపాన సే జుడే విషయా తథా లోగో పర్ ఇసకే ప్రభావ పర్ విచార-విమర్శా కియా జాయేగా. అవసర పర్ సీసీఎమ్బీ కే నిదేశాక డి. లాలాజీ సింహ, ంనరీఆర్ యూనివర్సిటీ ఆఫ్ హెల్త్ సైన్సెస్ కే బాధ్యు ఖాసలర్ డి. జి. శ్యామసుందర్ అది భాగ లేవే.

**బుధవారం 3 ఏప్రిల్ 2002 ఆంధ్రప్రభ హైదరాబాద్ 3**

**'కాస్ట్ ఆఫ్ ఫూర్ హెల్త్ హాబిట్స్' పై నగరంలో 7న ఐ.హెచ్.ఎస్. సదస్సు**

(ఆంధ్రప్రభ ప్రతినిధి) హైదరాబాద్, ఏప్రిల్ 2: 'కాస్ట్ ఆఫ్ ఫూర్ హెల్త్ హాబిట్స్' అనే అంశంపై బెన్గళూరులో అవ్ హెల్త్ సిస్టమ్స్ (ఐ.హెచ్.ఎస్.) ఈ వెల 7 న నగరంలో ఒక సదస్సు విర్యహొస్తు వుంది. ఈ సందర్భంగా మంగళవారం ఏలేఖరుల సమావేశంలో సంస్థ డైరెక్టర్ ప్రశాంత్ మహాపాత్ర మాట్లాడుతూ, ప్రపంచ ఆరోగ్య దినోత్సవం సందర్భంగా ఈ సదస్సు ఏర్పాటు చేస్తున్నట్లు తెలిపారు. ఆరోగ్యకరమైన ముందుకాగ్రతలు తీసుకోవడం ద్వారా పలు రోగాలకు దూరంగా ఉండవచ్చని, దీనిని గుర్తించి ఈ ఏడాది ప్రపంచ ఆరోగ్యదినం సందర్భంగా 'మూన్ పర్ హెల్త్ కార్యక్రమా' విశి ప్రపంచ ఆరోగ్య సంస్థ రూపకల్పన చేసినదని ఆయన వివరించారు.

పోషకాహారం తీసుకోవడం, మద్యం, పొగపెల్లుకుండా ఉండడం వల్ల పలు రోగాలు రాకుండా ఆరోగ్యకరమైన జీవనాన్ని గడవవచ్చు అనేది ఈ కార్యక్రమం ప్రధాన ఉద్దేశం అని ఆయన తెలిపారు. ఈ సదస్సు ప్రధానంగా అతిగా మద్యం సేవించడం, పొగతాగడం వల్ల కలిగే వల్లల గురించి చర్చిస్తుందని ఆయన తెలిపారు. సదస్సును గవర్నర్ సి.రంగరాజన్ ముఖ్యఅతిథిగా పోషరై ప్రారంభిస్తారని, వైద్య, ఆరోగ్య శాఖ మంత్రి జాగం జనార్దన్ రెడ్డి, రాష్ట్ర ఎన్నికల కమిషనర్ కె.మారపరావు, ఐ.హెచ్.ఎస్. వైర్లెస్ డాక్టర్ పి.హెచ్.ఎస్. శేష్, వివిధ అంశాలలో విస్తృతమైన వైద్యులు పాల్గొంటారని మహాపాత్ర వివరించారు.

**3-4-2002**

**ప్రజాశక్తి మన రాష్ట్రం**

**7న ఐఎస్ఎస్ ఆధ్వర్యంలో ప్రపంచ ఆరోగ్య దినోత్సవం**

(ప్రజాశక్తి విలేజ్-డవాడినూడ) ప్రపంచ ఆరోగ్య దినోత్సవాన్ని స్మరన్చరించుకొని ఈనెల ఏడవతేదీ బెన్గళూరులో అవ్ హెల్త్ సిస్టమ్స్(ఐఎస్ఎస్) ఆధ్వర్యంలో అనారోగ్యంపై ప్రత్యేక కార్యక్రమాన్ని విర్యహొస్తున్నట్లు అసంస్థ డైరెక్టర్ డాక్టర్ ప్రశాంత్ మహాపాత్ర తెలిపారు. మంగళవారం సంస్థ కార్యాలయంలో ఏర్పాటు చేసిన విలేజరుల సమావేశంలో ఆయన మాట్లాడుతూ 1990లో ఏర్పాటు చేసిన తమ సంస్థలో మెడికల్ అండ్ హెల్త్ కు సంబంధించిన మార్చి సమావారం లభిస్తుందన్నారు. ప్రపంచ ఆరోగ్య దినోత్సవం సందర్భంగా జరిగే సెమినార్లో పొగతాగడం, మద్యం సేవించడం, మత్తు వదారాల వాడకంపై చర్చ జరుగుతుందని ఆయన తెలిపారు. మత్తువదారాల వల్ల కలిగే అనర్థాలు, బెబ్బందులు అనే అంశంపై నేవవల్ బెన్గళూరులో అవ్ న్యూటీవ్ హైదరాబాద్ డైరెక్టర్ డాక్టర్ కమల కృష్ణస్వామి ప్రసంగిస్తారని తెలిపారు. మద్యం తాగడం వల్ల కలిగే అనర్థాలు అనే అంశంపై సెంటర్ ఫర్ లివర్ రీసెర్చ్ అండ్ రియోగ్నీసెస్, దక్కన్ కాలేజి అవ్ మెడికల్ ట్రీన్, డైరెక్టర్ డాక్టర్ సి.ఎం. అలీబుఖా ప్రసంగించారు. పొగతాగడం వల్ల కలిగే అనర్థాలపై ఎన్టీఆర్ యూనివర్సిటీ వైస్ చాన్సలర్ డాక్టర్ జి. శ్యాంసుందర్ ప్రసంగిస్తారని ఆయన తెలిపారు. రాష్ట్ర ఆరోగ్య, కుటుంబ సంక్షేమశాఖ మంత్రి ఎస్. జనార్దన్ రెడ్డి ప్రారంభించే కార్యక్రమంలో రాష్ట్రకవర్కర్ డాక్టర్ సి. రంగరాజన్ ప్రారంభ ఉపన్యాసం చేస్తారని ఆయన తెలిపారు.

## Annexure 2

## Post-Symposium Press Clips

| Date of publication | Newspaper              | Page No. |
|---------------------|------------------------|----------|
| 08 Apr. 02          | The Times of India     | 53, 54   |
| 08 Apr. 02          | The New Indian Express | 54       |
| 08 Apr. 02          | News Time              | 55       |
| 11 Apr. 02          | The Hindu (Metro Plus) | 56       |
| 08 Apr. 02          | Eenadu (Telugu Daily)  | 57       |

THE TIMES OF INDIA, HYDERABAD

MONDAY, APRIL 8, 2002 5



Governor C Rangarajan (right) and health minister N Janardhan Reddy look at posters on various aspects of health at the Institute of Health Systems on the occasion of World Health Day on Sunday.

### *Blame genes for binge drinking*

Times News Network

HYDERABAD: Alcoholism may run in families and there is evidence pointing to a genetic predisposition, Institute of Health Systems (IHS) director Prasanta Mahapatra has said.

Addressing a press conference here on Saturday, he said though it takes years for an adult to develop alcohol dependence, teenagers become addicted in just months. While alcohol consumption is high among school students, it is decreasing among adults. "In spite of this, the use of alcohol is still high and increases dramatically during 10th and 11th grades," he said. This apart, more and more adoles-

cent girls were taking to alcohol consumption though drinking still continued to be predominantly a male problem. Alcohol is also often implicated in other teenage deaths, including drowning, suicides and fires.

People who consume more than five drinks per day reduce their life expectancy at 20-years of age by about 20 minutes per excess ounce of ethanol. Alcohol addicts are highest among India's poorest 20 per cent, where half are regular heavy drinkers. Heavy drinking is far less in India's richest 20 per cent, while less than a quarter of the richest 20 per cent of Indians are heavy drinkers.

## Governor moots strong law to curb alcoholism

Times News Network

HYDERABAD: There is a need for strong laws that limit the days, hours, places and conditions of alcohol sale and restriction on alcohol advertisements, governor C Rangarajan said on Sunday.

Quoting a study, he said that 40 to 50 per cent of males over the age of 15 years consume alcohol and at least 2.5 crore Indians are addicted to alcohol.

At the same time, 50 per cent of male cancer and 23 per cent of female cancer cases are related to tobacco use, he said.

The governor was speaking at a

symposium on 'Costs of Poor Health Habits' with focus on heavy drinking, sedentary lifestyle and smoking, organised by the Institute of Health Systems (IHS) on the occasion of World Health Day.

In order to prevent people from smoking, awareness programmes must be supported by appropriate legislations, hence the Bill recently passed by the state legislature prohibiting smoking in public places is an important step in combating this menace, the governor added.

Emphasising the need for regulated and regular exercise, he said awareness programmes must be

initiated so that people become conscious of the need to allot time for physical activity.

About 25 per cent of early deaths are because of heart diseases arising out of an inactive lifestyle, he said.

Talking about the government's initiative to promote health and sports, health minister Dr N Janardhan Reddy said the sports quota for admissions into medical colleges has been increased to 50 per cent from 25 per cent.

Though the government wants to prohibit sale of liquor in the state, the financial constraint of the

government have prevented this, he said. There is a steep rise in alcohol consumption in spite of people being aware of its ill-effects and drinking among women is the main cause of fetal alcohol syndrome, wherein the child suffers from facial abnormality, mental impairment and stunted growth, the minister said.

On the occasion, special invitee state election commissioner K Madhav Rao launched the IHS web site ([www.ihsnet.org.in](http://www.ihsnet.org.in)). IHS chairman Dr P Hrishikesh and IHS director Dr Prasanta Mahapatra were also present.

CityExpress

Monday, April 8, 2002

With The New Indian Express

Hyderabad

3

WORLD HEALTH DAY

## 'Tackle alcoholism stringently'

Express News Service  
Hyderabad, Apr 7

**G**OVERNOR Dr C Rangarajan today sought strong laws limiting the days, hours, places and conditions for serving and selling alcohol along with imposing restrictions on alcohol advertisements as alcohol consumption is emerging as a major health problem.

Speaking at a symposium on 'Costs of poor health habits' organised by Institute of Health Systems (IHS) to mark the World Health Day here today, he said that currently there was no active programme of propaganda on the evils of drinking.

A broad-based temperance campaign had to be initiated and it was for bodies like IHS to impress on public, particularly low-income groups, on the dangers of excessive drinking, he said.

Acknowledging that the Bill passed recently by the AP Legislature prohibiting smoking in public areas was an important step in promoting health, the Governor expressed concern over heavy drinking which was estimated to cause over two million deaths in the world every year.

According to one study, 40



Governor C Rangarajan (second from right) at a seminar on 'Costs of poor health habits' organised by the Institute of Health Systems (IHS) in the city on Sunday on the occasion of World Health Day. Others seen are (from left) State Election Commissioner K Madhav Rao, IHS chairman Dr P Hrishikesh and Health Minister Dr N Janardhan Reddy. Expressphoto

to 50 per cent males over 15 years age in the country are consuming alcohol.

**PROBLEM DRINKERS:** No less than 2.25 crore Indians were "problem drinkers." Besides exposing a person to the risk of chronic liver, gastrointestinal, cardiac and mental diseases, alcoholism was responsible for 25 per cent of the suicides and an equal percentage of road accidents in the country.

Rangarajan further said that poor health habits like smoking, drinking and sedentary habits were not merely

acquired through individual choice.

Factors like easy availability, social acceptability, advertisements and marketing strategies also influenced such habits.

Hence arose the need for mounting an educational movement that would spell out the dangers of poor health habits, he said.

Health Minister Dr N Janardhan Reddy, who presided over the seminar, said that it had been decided to set up a primary health centre for a population of 30,000 in plains

and 20,000 in the tribal areas.

Measures were being taken to see that physical training facilities were provided in every educational institution. He pointed out that the medical admission under the sports quota had been increased from 0.25 per cent to 0.5 per cent, he said.

State Election Commissioner K Madhav Rao inaugurated the website ([www.ihsnet.org.in](http://www.ihsnet.org.in)) of IHS on the occasion.

IHS director Mahapatra and chairman Dr P Hrishikesh also spoke.

NEWSTIME MONDAY 8 APRIL 2002

## Governor: Counter tobacco firms campaign on smoking

Newstoday

Hyderabad: Governor Dr C Rangarajan on Sunday felt that the country needed "strong laws limiting the days, hours, places and conditions on alcohol sale and service". Restrictions also needed to be imposed on alcohol advertisements, he said.

The governor was speaking at a symposium on 'Cost of poor health habits' organised by the city-based Institute of health systems (IHS) at the institute premises on the occasion of World Health Day. On the ill-effects of smoking, he said laws would work when there was a broad realisation in the society about the hazardous effects of smoking. Cigarette manufacturers must be compelled to conform to certain standards in their advertisements. Besides, entertainment industries must be cautious in the portrayal of characters so as not to give the impression that smoking was a 'status symbol' or the symbol of expressing one's freedom and independence. The governor said that campaign material in educating the public about the consequences of smoking must be put in place countering the false propaganda of some tobacco firms on the 'virtues' of smoking.

On growing sedentary lifestyle in society, he suggested that physical activity should be an integral part of school and college education. Besides, municipal and local government authorities must set aside vacant places where physical exercises

could be done comfortably by the people, he added.

The most serious challenge confronting the people was lack of proper understanding on the dangers of leading a sedentary lifestyle, where awareness programmes were a must. Also the awareness programmes must be supplemented by appropriate legislations, he added.

### NGOs told to join hands with govt

Minister for health Dr N Janardhan Reddy asked the non-governmental organisations (NGOs) working towards improving public health standards to join hands with the government and private entrepreneurs to

training programmes with audio and visual campaigns should be taken up for better results. Besides, public opinion should also be generated to ban advertisements on smoking and drinking, he maintained.

Regretting that more than two million deaths every year were attributed to lack of physical activity, Reddy said that many schools were unable to provide space for sports activities despite sports being an important part of the school curriculum. This was leading to a serious health hazard since the youngsters were gradually getting attuned towards a life with no physical activities.

"We are trying to ensure that every school and college provides space for physical training. Every body should undergo minimum 15 to 30 minutes of physical exercise everyday to keep one healthy."

Research should not only aim at major diseases, but also those that affected the majority. Grassroot-level research should be done to ascertain causes for such diseases. Justifying the ban on sale of 'gutkha' and smoking in public places, the health minister said that though the revenue loss due to the ban on 'gutkha' was huge, the government stood firmly in implementing it to fight tobacco-related diseases. State election commissioner K Madhav Rao, chairperson and director of the society Dr P Hrishikesh and Dr Prasanta Mahapatra were also present.

### FAVOURS CURBS ON ALCOHOL SALE

disseminate more and more information on the ill-effects of smoking, drinking and sedentary lifestyles. Smokers must be explained about the impact of smoking through a continuous awareness and education campaign, he added.

He said that the debate should generate more heat on the issue, and thus developing an 'anti-tobacco' and 'anti-alcohol' campaign, by using role models to promote positive messages. Counselling for those who had recently given up smoking and drinking should also be provided, he added.

Educating people on the ill-effects of smoking and drinking in urban and rural areas,

NEWSTIME MONDAY 8 APRIL 2002



Governor Dr C Rangarajan evinces interest in the salient features of a health chart put on display at a symposium on 'Cost of poor health habits' organised by the Institute of health systems in Hyderabad on Sunday. Health minister Dr N Janardhan Reddy and State election commissioner K Madhav Rao are also seen - A Newstime picture.



Walk to good health - Photo: K. Ramesh Babu

## Be mobile be healthy

A symposium to mark the World Health Day (April 7), organised by the Institute of Health Studies, rightly focused on mobility for maintaining good health.

SOUVIK CHOWDHURY reports.

ANDHRA PRADESH is experiencing an epidemiologic transition as is evident from the prevalence of myriad non-communicable diseases in the country.

An appropriate choice of positive and healthy lifestyle is the key to keep many of these diseases at bay. Keeping this in view, the World Health Organisation (WHO) has rightly identified "Move for Health" as this year's theme, which was

visible in all the celebrations and seminars conducted on the occasion of World Health Day (April 7).

### MOVE FOR HEALTH



The day-long symposium on "Costs of Poor Health Habits" held at HACA Bhavan on Sunday, which was attended by a large cognoscenti of medical practitioners and health researchers, reflected the true spirit of the World Health Day theme on 'mobility' for maintaining good health.

Contd. on Page 4

## Be mobile...

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Organised by the Institute Of Health Studies, the symposium had top public health experts to summarise available evidence on sedentary life-style.

Eminent doctors like CARE hospital MD Dr. B. Somaraju, AIIMS Cardiology Professor Dr. K. Srinath Reddy, Senior health specialist at the World Bank's South Asia department Dr. Prabhat Jha, Indian Council of Medical Research (ICMR) director general Dr. N.K. Ganguly and others participated.

The focus of a "passive life", which is now seen worldwide as the consequence to the growing number of health maladies prevailed all through in consonance with the theme for healthy living "Move for Health".

The topic was thoroughly pertinent at a time when about 25 per cent of early deaths in the country are caused from heart diseases due to inactive lifestyles according to a study by the Nutrition Foundation of India (N.F.I.).

Whatever be the fact, the irony is that while we are still battling with the problem of under-nutrition, obesity is towering its head among the middle class and gradually claiming more lives.

The alarm bells have started to ring, as the wake up call is visibly becoming louder and clearer.

The time has dawned when the call has to be answered by mounting a massive educational movement that will spell the dangers of poor health habits due to a 'restful' lifestyle. ■



## ***Glossary***

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### **Chronic Obstructive Pulmonary Disease (COPD)**

Chronic Obstructive Pulmonary Disease is the condition in which there is persistent obstruction to airflow in the lungs due to chronic bronchitis and / or emphysema.

### **Disability Adjusted Life Years (DALY)**

Disability Adjusted Life Years are a summary measure of population health and a standard measure of burden of disease. They are the sum of years of life lost due to premature mortality (YLLs) and years of life lost due to disability (YLDs).

### **Environmental Tobacco Smoke (ETS)**

Environmental Tobacco Smoke is the complex mixture of pollutants in indoor air produced by tobacco smoking.

### **Forced Expiratory Volume in the First Second (FEV1)**

FEV1 is the volume of gas exhaled over a given time interval of one second, during the performance of forced vital capacity.

### **Gross Domestic Product (GDP)**

Gross Domestic Product is the total final output produced within a country during a given year.

### **Infant Mortality Rate (IMR)**

The Infant Mortality Rate (IMR) is calculated as the number of infant deaths under one year age per 1000 live births.

### **Life Expectancy**

Life Expectancy or Longevity is the expected number of years lived, on the average.

## ***Acronyms***

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|         |                                                        |
|---------|--------------------------------------------------------|
| AHA     | American Heart Association                             |
| AIDS    | Acquired Immuno Deficiency Syndrome                    |
| APVVP   | Andhra Pradesh Vaidhya Vidhana Parishad                |
| BP      | Blood Pressure                                         |
| CAD     | Coronary Artery Disease                                |
| CHD     | Coronary Heart Disease                                 |
| COPD    | Chronic Obstructive Pulmonary Disease                  |
| DALY    | Disability Adjusted Life Years                         |
| ETS     | Environmental Tobacco Smoke                            |
| FEV1    | Forced Expiratory Volume in the first second           |
| GDP     | Gross Domestic Product                                 |
| GOI     | Government of India                                    |
| HDL     | Heavy Density Lipoproteins                             |
| HE      | His Excellency                                         |
| HIV     | Human Immuno Deficiency Virus                          |
| HRD     | Human Resources Development                            |
| ICD     | International Classification of Diseases               |
| ICMR    | Indian Council of Medical Research                     |
| IMR     | Infant Mortality Rate                                  |
| MD      | Managing Director                                      |
| NBD     | National Burden of Disease                             |
| NGO     | Non Governmental Organization                          |
| NIMHANS | National Institute of Mental Health and Neuro Sciences |
| NIN     | National Institute of Nutrition                        |
| NRT     | Nicotine Replacement Therapy                           |
| OECD    | Organisation for Economic Cooperation and Development  |
| SAAST   | Self Administered Alcoholism Screening Test            |
| SERP    | Society for Elimination of Rural Poverty               |
| SRS     | Sample Registration Survey                             |
| WHO     | World Health Organization                              |

**A**

Accidents, 9, 17, 27, 42, 60  
 Alcohol consumption, 20, 21, 22, 32  
 Alcoholism, 5, 9, 19, 24, 26, 27, 28,  
 29, 31, 42, 46, 60  
 Andhra Pradesh, 1, 4, 5, 8, 11, 25,  
 35, 43, 45, 60  
 Australia, 3  
 Availability, 10, 20, 22, 24, 25, 43

**B**

Bill, 6, 11, 35, 43, 46  
 Blood flow, 14, 16  
 Blood pressure, 13, 14, 15, 28, 60  
 Body, 7, 8, 14, 17, 20, 22, 26, 41, 47,  
 48  
 Brain, 26, 28, 29  
 Breast cancer, 17  
 Breathing, 15

**C**

Campaign, 7, 11, 33, 38, 44, 46, 47  
 Cancer, 5, 9, 17, 33, 36, 37, 42, 46  
 Carcinogens, 34  
 Cholesterol, 13, 14, 15  
 Chronic Obstructive Pulmonary  
 Disease, 36, 59, 60  
 Cigarette, 6, 11, 14, 34, 35, 37, 38,  
 43, 46  
 Coronary Artery Disease, 60

**D**

Database, 3, 4  
 Delirium tremens, 28  
 Depression, 22, 27, 28, 29, 32  
 Detoxification, 29  
 Diabetes, 13, 15  
 Diazepam, 31  
 Drinking, 6, 7, 8, 9, 10, 11, 12, 19,  
 20, 21, 22, 23, 24, 25, 26, 27, 28, 29,  
 30, 31, 39, 41, 42, 43, 44, 47, 48

**E**

Environmental Tobacco Smoke, 33,  
 59, 60  
 Epidemiology, 2, 19, 22  
 Evaluation, 16, 17, 24  
 Excessive drinking, 8, 11, 41, 44  
 Exercise, 7, 8, 10, 13, 14, 15, 16, 17,  
 18, 41, 43, 47, 48  
 External costs, 9, 42

**F**

Facial abnormality, 7, 47  
 Family, 3, 4, 5, 11, 16, 22, 27, 30, 32,  
 37, 44, 45  
 Family history, 16, 27  
 Fatigue, 36  
 Fertility, 33  
 Fetal alcohol syndrome, 7, 47  
 Financial constraints, 6, 47

Forced Expiratory Volume, 35, 59, 60  
Frustration, 29

## **G**

Gastrointestinal, 9, 42  
Ghutka, 6, 12, 39  
Glucose tolerance, 14  
Government, 2, 3, 4, 5, 6, 7, 10, 12, 15, 23, 25, 35, 43, 45, 46, 47, 60  
Governor, 8, 12, 40, 41  
Gujarat, 25

## **H**

Haryana, 25  
Health informatics, 2, 3  
Health policy analysis, 1  
Health Sector Reform, 2, 3  
Heavy drinking, 9, 11, 12, 19, 39, 41, 42, 44  
Hindi, 49  
Hospitals, 2, 3, 5, 13, 25, 31, 32, 33, 35, 45

## **I**

India, 1, 2, 8, 9, 12, 19, 23, 25, 26, 30, 31, 32, 33, 34, 35, 36, 38, 41, 42, 49, 50, 53, 60  
Infant Mortality Rate, 5, 45, 59, 60  
Informatics infrastructure, 3  
Injuries, 17, 19, 20, 22, 23, 25, 28

Institutions, 3, 4, 7, 15, 23, 34, 35, 47  
Insulin, 14, 17

Irreversible neurological damage, 6, 47

## **J**

Japan, 3  
Joints, 15  
Journal, 2

## **K**

Kerala, 25  
Knowledge, 2, 9, 27, 39, 42

## **L**

Lack of exercise, 8, 10, 41, 43  
Lectures, 1, 3  
Legislative Assembly, 3  
Lethargy, 14, 18  
Life expectancy, 5, 13, 45, 59  
Lipid, 14, 19  
Liquor, 19, 20, 24, 25, 27, 28  
Lung function, 35, 36

## **M**

Media, 3, 11, 20, 24, 25, 30, 38, 43  
Mental Health, 19, 60  
Methodology, 2, 3, 4  
Minister, 1, 5, 6, 12, 40, 45  
Moderate drinking, 30, 31

Mortality, 2, 5, 14, 45, 59, 60

Muscle mass, 16, 17

Muscular degeneration, 33

## **N**

National Burden of Disease, 2, 60

Nellore district, 3

Neurological damage, 6, 47

NGO, 38, 60

Non communicable, 13

Nutrition, 8, 13, 41, 60

## **O**

Obese, 8, 13, 41

Osteo-arthritis, 15

Osteoporosis, 13

Overview, 2

Overweight, 15

Oxygen, 14, 35

## **P**

Pan masala, 35, 38

Patient, 2, 28, 29

Patient Satisfaction Surveys, 2

Pesticides, 22

Physical activity, 7, 8, 9, 10, 13, 14, 26, 41, 42, 43

Poison, 31

Policies, 20, 24, 25, 26, 30, 31, 45

Public health, 1, 3, 4, 5, 9, 19, 26, 30, 39, 42, 45

## **Q**

Quality Assurance, 2

Quality of family planning services, 3

Quit drinking, 29

## **R**

Recreation, 9, 10, 42

Regular exercise, 14, 15

Regulation, 3

Relapse, 27, 29, 36

Replacement, 16, 29, 36, 60

Reproductive Health, 3

Resistance, 14, 16, 17

Respiratory allergies, 15

Resting, 14

Restrictions, 11, 31, 44

Risk factors, 13, 14, 16, 37

Running, 14

Russia, 32

## **S**

Sedentary life, 8, 9, 10, 12, 13, 15, 39, 41, 42, 43, 44, 48

Self-Administered Alcoholism Screening Test, 28

Smoking, 6, 7, 8, 9, 10, 11, 12, 14,

18, 27, 31, 33, 34, 35, 36, 37, 38, 39,  
41, 42, 43, 44, 46, 47, 48, 59

Suicide, 22, 31, 32

Swimming, 17

## **T**

Taxation, 24, 25, 30, 34

Telugu, 49, 53

Temperance campaign, 11, 44

Tobacco, 6, 7, 9, 11, 24, 26, 31, 33,  
34, 35, 36, 38, 39, 42, 43, 44, 46, 59,  
60

Training, 1, 2, 3, 4, 7, 14, 24, 25, 45,  
47, 48

Typology, 3

## **U**

Ulcer, 33

Under-nutrition, 8

Urbanization, 13, 19, 20

## **V**

Vascularisation, 16

Vessel formation, 15

Violence, 20, 22, 23, 25, 27

Voluntary rejection, 7, 47

## **W**

Weight, 14, 16, 17

Weight lifting, 14, 16

WHO, 2, 4, 6, 7, 9, 10, 11, 12, 13, 16,  
21, 27, 29, 31, 32, 35, 36, 37, 38, 39,  
42, 43, 44, 47, 48, 60

wholesome health habits, 8, 41

Withdrawal symptoms, 27, 28, 29, 36

World Health Day, 1, 8, 13, 39, 41,  
45

World Health Organization, 12, 41,  
46, 60

Wrinkles, 33

## **Y**

Yoga, 15, 16, 17, 48

Yogic exercise, 14

Younger generation, 8, 21, 32, 48

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**A manual on control of Malaria with special reference to Andhra Pradesh, India** ISBN 81-7934-000-7  
INR: 150  
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**A manual on control of Gastroenteritis with special reference to Andhra Pradesh, India** ISBN 81-7934-001-5  
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INR: 500  
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| <p><b>Periodic Analysis of Hospital Performance: APVVP Monthly Reports from July - December, 1998.</b><br/> Institute of Health Systems. 1998. 60 pages.</p>                                                                                 | <p>Order#: RP05/1998<br/> INR: 75<br/> US\$: 8</p>    |
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| <p><b>Building health informatics infrastructure (HII) in India - An update as in the year 2000.</b><br/>B. Deepak Kumar, Prasanta Mahapatra, Lipika Nanda, E Srinath. 2001. 10 pages.</p>                            | <p>Order#: WP31/2001<br/>INR: 150<br/>US\$: 15</p> |
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| <p><b>Acute myocardial infraction. Can we define the guidelines for cost-effective care?</b><br/>Prasanta Mahapatra. 1999. 19 pages.</p>                                                                              | <p>Order#: WP33/1999<br/>INR: 600<br/>US\$: 60</p> |
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| <p><b>Cause of death reporting in India. A performance analysis.</b><br/>Prasanta Mahapatra, PV Chalapati Rao. 2000. 30 pages.</p>                                                                                    | <p>Order#: WP36/2000<br/>INR: 400<br/>US\$: 40</p> |
| <p><b>The verbal autopsy based cause of death reporting systems in rural areas of India: A review.</b><br/>Prasanta Mahapatra. 2000. 29 pages.</p>                                                                    | <p>Order#: WP37/2000<br/>INR: 250<br/>US\$: 25</p> |

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| <b>Health care in India - past, present and future. The need to manage the business of health care.</b><br>Prasanta Mahapatra. 2000. 3 pages | Order#: WP38/2000<br>INR: 50<br>US\$: 5     |
| <b>Causes of death in rural areas of Andhra Pradesh.</b><br>PV Chalapati Rao, Prāsanta Mahapatra. 2001. 5 pages.                             | Order#: WP40/2001<br>INR: 50<br>US\$: 5     |
| <b>A guide to healthy life expectancy.</b><br>Prasanta Mahapatra, PV Chalapati Rao. 2001. 5 pages.                                           | Order#: WP41/2001<br>INR: 50<br>US\$: 5     |
| <b>Preliminary report of the Andhra Pradesh health and health systems responsiveness study 2001.</b><br>Lipika Nanda. 2001. 36 pages.        | Order#: WP42/2001<br>INR: 75<br>US\$: 8     |
| <b>State of health and nutrition in Andhra Pradesh.</b><br>Prasanta Mahapatra, Samatha Reddy. 2001. 28 pages.                                | Order#: WP43/2001<br>INR: 50<br>US\$: 5     |
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| <b>A study of the cold chain system in Andhra Pradesh.</b><br>Prasanta Mahapatra, Samatha Reddy, Swati Gayathri. 2002. 23 pages.             | Order#: WP45/2002<br>INR: 125<br>US\$: 13   |
| <b>Reproductive Health Status in Andhra Pradesh.</b><br>Prasanta Mahapatra, Pushpa Latha. 2002. 40 pages.                                    | ISBN 81-7934-020-1<br>INR: 150<br>US\$: 7.5 |
| <b>Child Health Status in Andhra Pradesh.</b><br>Prasanta Mahapatra, Pushpa Latha, Samatha Reddy. 2002. 26 pages.                            | ISBN 81-7934-021-X<br>INR: 150<br>US\$: 15  |
| <b>Navigating Numberabad, the Numberland Wonderland.</b><br>Prasanta Mahapatra. 2003. 10 pages.                                              | ISBN 81-7934-023-6<br>INR: 100<br>US\$: 5   |

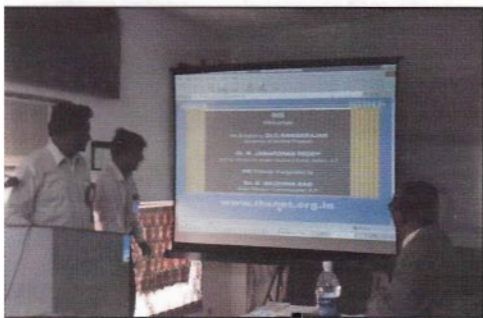
## Photographs from the Public Health Symposium



1. HE Dr. C. Rangarajan emphasizing on the importance of wholesome health habits



2. Dr. C. Rangarajan and Dr. N. Janardhan Reddy at the Poster Presentation



3. Shri K. Madhav Rao, State Election Commissioner, AP, inaugurating the IHS web site



4. Shri Mullapudi Harischandra Prasad, Dr. Habibullah, Prof. Sham Sunder among the audience listening to the Governor



5. A view of the audience and a section of the press



6. Dr. P. Hrishikesh, Chairman, IHS, proposing the Vote of Thanks to the esteemed guests

## *About the Book...*

India as well as Andhra Pradesh are experiencing an epidemiological transition. We find that prevalence of non communicable diseases is on the rise. Poor health habits such as sedentary life style, smoking and binge drinking impose personal as well as external costs. Personal costs are by way of reduced life expectancy, poor quality of life, and burden on the family. External costs are on account of increased usage of health care services, and increased risk of life to others. For example, a large number of road traffic accidents are attributable to drunken driving.

Life style changes have their role to play during this epidemiological transition due to demographic changes, industrialization and urbanization. Our ancestors led a life that involved a lot of physical activities. We can modify our life style by indulging in more physical activity, thereby maintaining our energy balance.

Undoubtedly, over the last few years, alcoholism has emerged as a major public health problem in India. Medical literature suggests that no organ in the body is immune from alcohol related harm. Alcohol has a direct association with every type of injury. For people with alcoholism, drinking becomes the primary medium through which they can deal with people, work, and life.

Smoking is a health hazard from the point of view of diseases like lung cancer, peptic ulcer, decreased fertility and cardiac ailments. In spite of the harmful effects, people continue to smoke as smoking is portrayed either as "Macho" or as a socially desirable or glamorous activity. The benefits of stopping smoking are immense.

The Institute of Health Systems conducted a Public Health Symposium on 07 April 2002, to coincide with the World Health Day, in order to highlight three important risk factors all linked to the life style of our people. These are regular exercise, moderate drinking and no smoking. This book covers the proceedings of the Symposium in which aspects like causes, cures, costs, and policy implications of poor health habits to the society at large, and the individual in particular, were discussed.



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