by recent studies. Of all the factors, one important all time protective factors has been a good officer-men relationship in preventing untoward stress related events among soldiers.

7. Having served with the reader in field formation, author is acutely aware of genuine concerns raised and the need to mitigate adverse situations faced by soldiers in combat zone. It is heartening to note that, of late, importance of preventive and promotive psychiatric services is being more and more recognised by the commanders. I am sure, in the coming days, Combat Psychiatry will occupy its rightful place in Military Medicine.

Brig P.S. Bhat

Professor & Head, Dept of Psychiatry, Armed Forces Medical College,
Pune 411040, India

E-mail address: bhatshivaram@rediffmail.com

[https://doi.org/](https://doi.org/0377-1237/)

0377-1237/

© 2017 Published by Elsevier B.V. on behalf of Director General,
Armed Forces Medical Services.

Letter to the Editor

It is crucial to have specific programs to stop smoking in the military

Dear Editor,

We read with great interest the original article titled, 'Tobacco use among serving army personnel: an epidemiological study' by Puthia et al published in *Med J Armed Forces India* 2017;73: 134-139.¹ The authors have elaborated on the smoking trend among serving Military Personnel (MP) of a large Military Station in India. The authors also suggested various preventive measures to reduce the prevalence of smoking even further.

At the end of the decade of the 90s and the beginning of the decade of 2000, in Spain, we carried out successive surveys of MP, finding prevalence of tobacco consumption that ranged from 53% to 36% (37.42% men and 34.94% women).² Subsequently, a decade later, we carried out a new survey of MP with the aim of once again determining the prevalence, in this case, in a deployment situation.³ We found again a prevalence of 39.8% of active smokers and 3.1% of ex-smokers.

Really, what are we doing wrong? In Spain, the consumption of tobacco in the civilian population has been decreasing throughout the last decades, however, it seems, that in the army consumption is maintained. We know³ that specific barriers arise against smoking cessation in the military, derived from the structure and culture of the army; cultural barriers including peer pressure; smoking norms; and a lack of discouragement from the "regimental family". Other factors in turn contribute to an increased opportunity to smoke in terms of time, place and cost. Due to the increase in tobacco use among MP, it is crucial to find messages that can prevent these people from increasing or taking up smoking. Some works³ offers us some cues: MP play a model role as non-smokers for children and adolescents. Physicians and teachers are considered social models for preventing smoking initiation in children and adolescents, though it would be advisable also to incorporate MP to this message. Another key point for reducing the prevalence of tobacco use is to present smoking

as an issue that negatively affects physical and psychosocial factors related to military readiness. It is also important to emphasize the idea that smokers are less productive than non-smokers, and even that a recent history of cigarette smoking is an important determinant of hospital admission risk even for healthy young MP.³

We believe that studies like this¹ are necessary because, as has been shown, there are no great differences between the different armies; we know that smoking in the military has a long tradition and remains a current public health challenge. The prevalence of daily smokers is high among MP. We think that it is necessary to have more active intervention and health promotion programmes as well as specific messages for prevention and smoking cessation in the military.

Conflicts of interest

The authors have none to declare.

REFERENCES

1. Puthia A, Yadav AK, Kotwal A. Tobacco use among serving army personnel: an epidemiological study. *Med J Armed Forces India*. 2017;73:134–139.
2. Granda Orive JI, Peña Miguel T, Jiménez Ruiz C, et al. Distribution of young smokers in Spain by stages of change transtheoretical model. *Mil Med*. 2004;169:972–975.
3. Granda Orive JI, López Aguilar JC, García Río F, Solano Reina S, Jiménez Ruiz CA, Roig Vázquez F. Changing patterns in tobacco consumption among Spanish military personnel under stressful conditions. *J R Army Med Corps*. 2011;157: 160–163.

José Ignacio de Granda-Orive*

Servicio de Neumología, Hospital Universitario 12 de Octubre,
Universidad Complutense, Madrid, Spain

Ana María de Granda-Beltrán

Servicio de Psiquiatría, Hospital Universitario de Burgos, Burgos,
Spain

Juan Carlos López-Aguilar

Servicio de Hematología, Hospital Central de la Defensa Gómez Ulla,
Madrid, Spain

*Corresponding author

E-mail address: igo01m@gmail.com (J.I. de Granda-Orive)

Received 4 December 2017

Available online 3 February 2018

<https://doi.org/10.1016/j.mjafi.2017.12.005>

0377-1237/

© 2018 Published by Elsevier B.V. on behalf of Director General,
Armed Forces Medical Services.

Reply

Dear Editor,

We thank the readers for showing interest in our article on an important issue.¹ We could not agree more with the readers that the studies of prevalence and its determinants are important and it is necessary to have more active intervention and health promotion programmes with specific messages directed at Military Personnel (MP). Tobacco is used in India in many forms; Smoking includes cigarettes and beedis (tobacco wrapped in dried leaves of special trees) and smokeless in the form of pan, gutka, khaini, mishri etc. In India, the second (1998–99), third (2005–06) and fourth (2015–16) rounds of the National Family Health Survey (NFHS) estimated the prevalence of tobacco use among males 15 years and above as 46.5%, 57.6%, and 44.5%, respectively.^{2–4} The National Household Survey of Drug and alcohol Abuse in India (2002) with a sample of 40000 males estimated the prevalence of current tobacco use as 55.8%.⁵ Global Adult Tobacco Survey (GATS) -1 (2008–09) and survey -2 (2015–16) estimated the prevalence of current tobacco use among males as 47.9% and 42.4%, respectively.^{6,7} Thus the data clearly shows that the prevalence of current tobacco use among military personnel in India is much less than the national average.

Notwithstanding, concerted efforts are being made by the Indian Armed Forces for further reducing the tobacco use by implementing the policies of Government of India on the matter and active behavioral change communication in all military stations. Data from NFHS-3 and NFHS-4, and GATS- I and GATS- II show reduction in current tobacco use percentage among civil population in India. No such successive surveys have been conducted in Indian Army to comment on temporal trends of current tobacco use. We agree with the readers that it is crucial to find messages that can prevent MP taking up or increasing tobacco use. In our study, knowledge of tobacco use being harmful to family members was found to be a persuading factor for smokers to quit. The message of presenting smoking as an issue that negatively affects physical and psychosocial factors related to military readiness and productiveness may garner military leadership support for tobacco prevention and cessation programs. This may not have any direct effect on prevalence of tobacco as in our study almost all ever users (92%) were aware of the ill effects of tobacco use and furthermore there was no difference between

the knowledge of ill effects among current and not current users.

REFERENCES

1. Puthia A, Yadav AK, Kotwal A. Tobacco use among serving army personnel: An epidemiological study. *Med J Armed Forces India*. 2017;73:134–139.
2. International Institute for Population Sciences (IIPS). Macro International. *National Family Health Survey (NFHS-2) 1998–99: India 2000*. vol. I. Mumbai: IIPS; 2000.
3. International Institute for Population Sciences (IIPS). Macro International. *National Family Health Survey (NFHS-3) 2005–06: India 2007*. vol. I. Mumbai: IIPS; 2007.
4. International Institute for Population Sciences (IIPS). Macro International. *National Family Health Survey (NFHS-4), 2015–16: India, 2017, National Fact sheets*. Mumbai: IIPS; 2007.
5. Srivastava A, Pal H, Dwivedi SN, Pandey A, Pande JN. *National Household Survey of Drug and Alcohol Abuse in India (NHSDAA)*. New Delhi: Ministry of Social Justice and Empowerment, Government of India and Regional Office of South Asia: UN Office for Drug and Crime; 2004.
6. International Institute for Population Sciences (IIPS). Ministry of Health and Family Welfare (MoHFW). Government of India. *Global Adult Tobacco Survey India report (GATS India)*, 2009–10. New Delhi: MoHFW, Government of India; Mumbai: IIPS; 2010.
7. International Institute for Population Sciences (IIPS). Ministry of Health and Family Welfare (MoHFW). Government of India. *Global Adult Tobacco Survey India report (GATS India)*, 2009–10. New Delhi: MoHFW, Government of India; Mumbai: IIPS; 2017.

Lt Col A.K. Yadav

Assistant Professor, Department of Community Medicine, Armed
Forces Medical College, Pune 411040, India
E-mail address: arunyadavpsm@gmail.com

<https://doi.org/>

0377-1237/

© 2018 Published by Elsevier B.V. on behalf of Director General,
Armed Forces Medical Services.