Betel addiction in Pakistani children — an evil that needs to be stopped
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Madam, as the world’s population continues to expand, the rate of addictive habits and the diseases associated with them are also increasing. The use of addictive substances is becoming a major health concern amongst the Asian children. In South Asian countries like Pakistan, with a current population of 190 million, addictive habits show a progressive upward climb. Addiction to substances like betel quid, areca nut, areca palm, betel palm, cigarette smoking and crushed areca/betel nut (gutka) is becoming very common in Pakistan, especially in Karachi. The more frequently abused substance is betel quid, which is the leaf of a vine, the Piper betel. In Pakistan, betel quid (tam baku wala paan) is betel leaf filled with areca nut (a psychoactive agent), tobacco, spices and slaked lime. The leaf is chewed by more than 10% of the people worldwide who are mostly uneducated and belong to the low socioeconomic class.

Furthermore, people who continue to chew betel quid are often unaware that their children are more prone to get addicted to it at earlier ages than they did. Such children have been found to become addicted to it during their teenage years or at ages younger than that. Such children after getting addicted to it proceed towards ill health and mortality as betel plays a significant role in causing oral, pharyngeal and oesophageal cancers. It also causes dental and oral hygiene problems and stains the teeth. Predisposing its chewers to manganese neurotoxicity, the constituents of paan, which is routinely sold by road-side vendors in Pakistan and India at relatively affordable costs, has also shown to be associated with cirrhotic diseases like hepatitis and other infections that are presently becoming common health concerns faced by South Asian countries.

The habit of betel nut chewing has to be stopped as it is a potential threat to our upcoming generations due to increased addiction in children. An initiative can be taken by the schooling system to educate children about such health jeopardising addictions. The government should ban the import of betel nut and strictly prohibit its sale by street vendors. Moreover, the media should alert the masses about the health hazards related to its chewing and addiction. These objectives cannot be accomplished until and unless we work as a team and endeavour to provide ample knowledge to the people of all classes and ages.

References