

Tobacco Control Initiatives in India: An Overview

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ABSTRACT

Consumption of tobacco continues to grow at 2-3% per year, and by the year 2020, it is predicted that it will account for 13% of all deaths in the country. India's anti-tobacco legislation, first passed at the national level in 1975, was largely limited to health warnings and proved to be inefficient. The "cigarettes and other tobacco products bill, 2003" represented an advance in tobacco control. Even though various levels of success have been achieved by the states in India, non-prioritization of tobacco control at the sub-national level still exists, and effective implementation of tobacco control policies remains largely a challenge. This article presents a critical appraisal of various tobacco control initiatives in India.

Keywords: Tobacco, Tobacco cessation, Tobacco control program, Tobacco legislation

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INTRODUCTION

Tobacco usage is a major preventable cause of death and disease worldwide, irrespective of whatever form it is being used. Tobacco consumption is a major risk factor for mortality.¹ After China, India is the second largest nation in the world, with respect to tobacco production and also consumption.² Tobacco-related mortality in India alone is one among the highest in the world, where about 7,00,000 annual deaths attributable are to smoking alone.³ Annual oral cancer incidence has been estimated to be as higher to 10 per 1,00,000 among males in Indian subcontinent.⁴ The Global Adult Tobacco Survey, India which was conducted in 2009-2010 revealed that there was an evident change in the pattern of tobacco usage from smoke form (14%) to smokeless form of tobacco (25.9%). It also noticed that the average age for initiation of tobacco use was 17.8 years with 25.8% of females starting the usage of tobacco before the age of 15.⁵

CURRENT SCENARIO OF TOBACCO USE IN INDIA

Tobacco was introduced to India 400 years ago by the Portuguese and they established the tradition of tobacco trade in their colony of Goa. 200 years later commercially

produced cigarettes were introduced by the British to India and established tobacco production in the country.⁶

In India, beedi smoking is the most popular form of tobacco smoking, followed by cigarette smoking. Paan with tobacco is the major chewing form of tobacco. Dry tobacco-areca nut preparations such as paan masala, gutkha and mawa are also popular and highly addictive.²

In South India especially in Kerala and Tamil Nadu the common forms of chewing tobacco are Vadaikka, Japponam and Vasana Pukayila. In Karnataka, Nipponi tobacco, which has been used for manufacturing bidis is chewed by men and the powdered tobacco stem of Virginia tobacco is used by women.⁷

HEALTH CONSEQUENCES OF TOBACCO

It appears that about 30% of all cancer diseases and deaths; about 90% of all lung cancers; 30% of all cases of ischemic heart disease and strokes; about 80% of myocardial infarctions before the age of 50 years; and 70% of chronic lung diseases (smoker's lung), are caused by tobacco smoking.⁸⁻¹⁰

According to World Health Organization (WHO) estimates, globally there were 100 million premature

deaths due to tobacco in the 20th century, and if the current trends of tobacco use continue, this number is expected to rise to 1 billion in the 21st century.¹¹

Jha *et al.* have estimated that around 1 million deaths a year will be attributable to smoking by the early 2010s.¹² Tobacco-attributable mortality among Indian men and women was estimated by Gupta *et al.*, from their Mumbai Cohort study. According to this study, 23.7% of the deaths among men and 5.7% of the deaths among women aged 35-69 years are due to tobacco-attributable illness.¹³

TOBACCO LEGISLATION IN INDIA

India's first national level anti-tobacco legislation was the cigarettes act of 1975, which mandated health warnings on cigarette packets and on cigarette advertisements.¹⁴ This act prescribed all packages to carry the warning "cigarette smoking is injurious to health" in the same language used in the branding on the package.¹⁵ While this act was a major step in tobacco control, it did not apply to non-cigarette products.

Smoking was included in the definition of air pollution by Prevention and Control of Pollution Act of 1981 and the Motor Vehicles Act of 1988 made it illegal to smoke or spit in a public vehicle.¹⁴

The Indian Government, in 1990, under the provision of the "Prevention of Food Adulteration Act (1955)" made mandatory to prescribe health warnings stating chewing of tobacco to be injurious to health.¹⁶

The Central Government, in December 1991 amended the Cinematograph Act, 1952, to ban scenes that endorse or promote the consumption of tobacco in any form.¹⁷

In 1992, the Central Government banned the sale of toothpastes and tooth powders containing tobacco under the "Drugs and Cosmetics Act" of 1940.¹⁸

The Cable Televisions Networks Amendment Act of 2000 prohibited the transmission of tobacco and liquor advertisements on cable television across the country and introduced penalties of imprisonment or fines for offenders.¹⁹

The Indian parliament passed the cigarettes and other tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Bill, 2003' in April 2003. This bill became an Act on 18 May 2003 rules.²⁰ According to this act, smoking in public places would be outlawed, sale of tobacco to people under 18 years of age would be prohibited, tobacco packages required to have warnings and it also prohibited tobacco companies from advertising and sponsoring sports and cultural events.²¹

On World No Tobacco Day 2005, Ministry of Health, Government of India banned depiction of any form of tobacco use in films and television serials. It also stated that Indian films made before that date, along with foreign films exhibited in India, would have to incorporate scrolled health warnings in scenes where tobacco usage was shown.¹⁷

On October 2, 2008, the Government of India imposed a ban on smoking in public places, offices, restaurants, bars and open streets. This was to protect the rights of the non-smokers and safeguard them from passive smoking.²²

From 2nd October 2012 onwards the Government of India began screening two anti-tobacco advertisements, tagged "Sponge" and "Mukesh" in movie theatres and on television. These advertisements were aimed at creating awareness about the amount of tobacco tar produced by cigarettes and beedis and to feature a case-study on ill effects of tobacco use.²³

The "Sponge" and "Mukesh" advertisements were replaced by new advertisements titled "Child" and "Dhuan" from 2nd October 2013. "Child" focuses on the health risks of smoking and second hand smoke, while "Dhuan" models the behavior expected of business managers, advocates, enforcement officials, smokers and non-smokers.²³

AT STATE LEVEL

With the "Delhi Prohibition of Smoking and Non-Smokers Health Protection Act, 1996" the Delhi Government was the first to impose a ban on smoking in public places.²⁴

The Goa Prohibition of Smoking and Spitting Bill Act, 1997 bans smoking or chewing tobacco and also bans public spitting. It also bans tobacco advertising in the form of writing instruments, stickers, symbols etc., and prohibiting display on T-shirts, caps and carry bags.²⁵

In 2002, the Kerala Prohibition of Smoking and Protection of Non-Smokers Health Bill prohibited smoking in public places including parks and highways.^{26,27}

The Government of Tamil Nadu introduced the Tamil Nadu Prohibition of Smoking and Spitting Act in 2003.²⁸

WHO TOBACCO FREE INITIATIVE IN INDIA

The Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly of the WHO at its 56th session in May 2003. India ratified the convention on 5th February 2004 and commenced enforcement of the national tobacco control law in May 2004.²⁹ Thirteen

tobacco cessation clinics were set up in 12 states in our country in diverse settings such as cancer treatment hospitals, psychiatric hospitals, medical colleges, non-Government organizations and community settings to help users to quit tobacco use. The tobacco cessation clinics were later transformed as Tobacco Cessation Centers (TCCs) and their role was expanded to include trainings on cessation and developing awareness generation on tobacco cessation. In 2009, the role of TCCs was further expanded, and they were designated as "Resource Center for Tobacco Control (RCTC)." Besides providing tobacco cessation services, these RCTCs helped in capacity building of other institutes to develop cessation facilities.³⁰

The National Tobacco Control Program (NTCP)

The NTCP in India was conceived keeping in view the provisions under Cigarettes and Other Tobacco Products Act, 2003 and the spirit of WHO FCTC, by bringing together appropriate and effective tobacco control strategies. The main objective was to bring about greater awareness regarding harmful effects of tobacco, and institute a regulatory mechanism including laboratory facility, effective monitoring and implementation of anti-tobacco initiatives at state/district level.³¹

The program was launched at the beginning of the 11th 5 years plan in 2007-2008 in 9 states and 18 districts. At present, the program is under implementation in 21 states/union territories in the country. The implementation of NTCP was a major leap forward for India. For the first time dedicated funds were made available to implement tobacco control strategies at the central, state and sub state level.³⁰

INTERNAL REVIEW FOR NTCP³²

- Out of 21 states, at present 16 (76%) have established mechanism for enforcement of smoke-free rules, however only 10 (47.6%) states were successful in collecting fines for violations.
- 16 states (76%) have started tobacco control activities in schools.
- 29 out of 42 districts (69%) have tobacco cessation facilities available at the district hospital under the program.
- Almost all states barring West Bengal and Jharkhand conducted trainings of various stakeholders under the program.
- Many states faltered in submitting regular reports, and only 55% of the staff positions could be filled at the state/district level.
- West Bengal, Maharashtra and Jharkhand failed to recruit any staff till the last year of the 11th 5 years plan, so tobacco control activities under NTCP suffered a major setback in these three states.

CONCLUSION

The Government of India has enacted and implemented various tobacco control policies at national and sub national level. But India needs to adopt a more holistic and coercive approach to fight the problems of tobacco. Effective tobacco control is possible by balanced implementation of demand and supply reduction strategies by the Government and inter-sectoral coordination involving stakeholder departments and ministries. Taxes on tobacco products should be raised and the generated revenue could be spending for the strengthening of the tobacco control program. In future, it is imperative to impose a ban on oral tobacco products, strengthen enforcement of existing regulations, establish coordinating mechanisms at the center and state levels and mobilize people to combat the problem.

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