Tobacco Control Policies of Indian Government

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Tobacco in India: A brief profile

- 2nd largest consumer of tobacco in the world
- 10% of smokers in the world
- Prevalence (Age 15-49): Men (57%) Women (11%)
- 85% tobacco use is non-cigarette type
- Tobacco attributable deaths: 1 Million
- High prevalence among socially disadvantaged, poor and illiterate
- 3rd largest producer of tobacco in the world
Types of tobacco products used in India

- Tobacco is used in **various forms in India** and other South Asian countries.

- *Tobacco regulation and control becomes a challenge* with myriad varieties of tobacco products.

- Tobacco products are available as:
  - **Smoked forms** (smoked by use of variety of instruments and/or products)
  - **Smokeless forms** (used orally or nasally)

- Numerous tobacco products are available for each of the way in which tobacco is consumed:
  - **Smoking** (*Beedis, cigarettes, cigars, chuttas, cheroots, dhumti, pipe, hookah, chillum*)
  - **Chewing** (*betel quid, gutka, mawa*)
  - **Applying** (*Mishri, gudhaku, bajjar, creamy snuff*)
  - **Sucking** (*Snus, Khaini*)
  - **Gargling** (*Tobacco water*)

(Reddy et al., 2004; Report on Tobacco Control in India; MoHFW; Govt. of India)
Types of tobacco products used in India
The Battle for Tobacco Control in India

**Centripetal forces**

- Activism and advocacy efforts by civil society organizations in India
- Strong role played by Indian judiciary
- Role of media in building positive public opinion on tobacco control
- Commitment by the Government of India (Ministry of Health and Family Welfare) towards effective tobacco control efforts
- Support of well informed Parliamentarians and Policy-makers

**Centrifugal forces**

- Tobacco industry’s continuous resistance to strong tobacco control laws or regulations
- Violation of regulations by the industry (e.g. ad ban)
- Economic issues related to tobacco production and tobacco control, distorted by the industry
- Policymaker, trade union and CSO concerns about employment issues in connection with tobacco control
- Demand for no taxes on poor man’s luxury
A protracted process of 35 years (1975-2009)

- Statutory health warnings for Cigarettes notified in 1975
- Directives for prohibiting smoking in public places, banned tobacco advertisements on National Radio and T.V. channels,
- Regional and National Consultations held on “Tobacco or Health” - 1991.
- Film Certifications asked to comply with the Cinematograph Act
- Civil society and media use scientific data to create awareness and advocated for stronger policies.
Protracted process...

- An ICMR study (2001-02) pegged the health care cost of three major tobacco related diseases in India at Rs.308.33 billion.


Number of notifications issued to implement the law since 2004.

Government Constitutes Steering Committee for taking cognizance of tobacco advertisements.

National task force on tobacco control is constituted and a National Tobacco Regulatory Authority is proposed.

Government introduces National Tobacco Control Programme to complement the law.

Expansion of the programme from 9 pilot states to 21 states in 2009.

Specific allocations for tobacco control made under the Eleventh Five Year Plan.

‘vote on account’ allocates Rs. 300 million for tobacco control.
Main provisions of the Act

- Prohibition of smoking in public places.
- Prohibition of advertisement, sponsorship and promotion of tobacco products.
- Prohibition of sale of tobacco products to minors.
- Prohibition of sale of tobacco products within 100 yards of educational institutions.
- Display of pictorial health warning on tobacco products packs.
- Regulation of tar and nicotine content of tobacco products.
Provisions yet to be implemented

The rules related to “Regulation of tar and nicotine contents of tobacco products” will be notified once laboratory capacity is built to test the tar and nicotine content.
NTCP (Pilot)

- Phase I (2007-08): 9 States /18 Districts (2 per state). In this phase, State and District Tobacco Control Cells were supported.

States/UT’s to be covered during the Pilot Phase.

A total of 2 distts. to be covered in Pilot TCU’s will be set up in each distt in Govt Medical Colleges / RCC’s/ Distt Hospitals

Training
IEC
School Programs
Tobacco Cessation

District Tobacco Control Units

State Tobacco Coordination Committee (Chair - Health Secretary)

State Tobacco Control Cell

MoH&FW
Components of District Tobacco Control Programme (Pilot Phase)

- **Training**: Training of School teachers, health workers, health professionals, law enforcers, NGO’s, women SHG’s on tobacco control.

- **IEC**: IEC using Cable TV, Street Shows, Exhibitions, Melas, etc in the regional language at grassroot level. Anti tobacco awareness programs by the trained Women SHG/ NGO’s.

- **School Programs**: School Programme in Govt. Schools (50 Schools per district).

- **Monitoring Enforcement of Tobacco Control Laws**

- **Tobacco Cessation Centres**: Setting up of TCC’s in Districts.
EFC, March 2009  Recommendations

1. Setting up tobacco testing labs. (1 Apex/5 testing labs) (Rs. 50.96 crores)
2. National level public awareness campaign. (Rs. 23.00 crores per year).
3. Monitoring and evaluation including ATS. (Rs. 6.89 crores.)
5. Mainstream alternative livelihood/cropping with other National programmes of MoRD; ICAR/DARE etc.

Cabinet note on NTCP has been finalized
Lab Capacity Building

• Obligations under COTPA & under WHO-FCTC.

• 1 Apex and 5 Regional Tobacco Product Testing Labs.

• Technical specifications of equipment firmed up.

• Existing Govt. labs identified.
  Apex lab –
  Testing labs
Adult Tobacco Survey, (GATS) India

- India is one of the 15 countries to carry out GATS (15+ age group)
- Implementing partner: IIPS Mumbai.
- Technical Collaborators: CDC Atlanta /WHO. (approx 1 crore support)
- Budget: from NTCP, (approx Rs. 5 crore).
- Core Questionnaire Adapted for India (with technical support from PHFI.)

Innovative Features of GATS, India Survey.

- Hand Held Computers being used for the 1st time
- State wise data collection
- Worlds Largest ATS approx 72000 sample size.
- Report to be published by March-April, 2010
Alternative Livelihood/Cropping

• Approx 5 million bidi rollers; millions of farmers - Resistance to strong tobacco control measures.

• Partnership with :
  
  i. Min of Rural Development (NIRD) for livelihood promotion.

  ii. Min of Labour – Training of bidi rollers at 7 centres.

  iii. ICAR(CTRI) project s. 3.28 crores for alternate cropping system to bidi/chewing tobacco.
Advocacy Workshops

- MoHFW filed a bid for ½ Million USD for One National Level Workshop and five Regional Level Workshops. (Aug 2008 - Jan 2009.)

- 9 State level Advocacy Workshops at Trivandrum, Guwahati, Bangalore, Gangtok, Itanagar, Kohima, Shillong, Raipur and Patna organized from Jan-Aug 09.

- 2 more State Level Advocacy workshops planned - HP & Nov, 2009.
IEC/Media Campaigns

- “Smoke Free” Nirman Bhawan initiative.

- TV/Radio spots on second hand smoke and smoke free laws developed and aired.

- Media campaign launched on the ‘Sponge’ advertisement depicting the harmful effects of tobacco smoke on human lung.

- Technical support WLF.
Next Steps

• Setting up National Coordination Mechanism involving all stakeholders.

• National Tobacco Regulatory Authority – similar to drug Authority.

• Setting up 1 Apex and 5 testing laboratories for testing of tobacco products.
  • Framing of the Rules for section 7(5) of COTPA regarding the display of Nicotine and Tar Content in tobacco products.

• Strengthening legal capacity for handling court cases.

• Development of new pictorial health warnings for implementation by 31 May’ 10.
Enforcement Challenges

❖ **Violation of Ad ban through:**

- Surrogate methods (Red & White Bravery Awards-GPI)
- Brand stretching (Wills Life Style Apparel-ITC)
- Sponsorship of events (Formula 1 news in print media-Marlboro)
- Indirect advertisements and product placements in movies
- Constant and widespread use of internet to promote tobacco use

❖ **Violation of ban on smoking in public places due to:**

- Lack of awareness among stakeholders (managers of restaurants, hotels etc.)
- Low compliance levels among the managers of public places
- Low motivation at State level enforcement agencies

❖ **Violation of provision allowing point-of-sale advertisement:**

- Display board specifications being violated
  (Health warning area specified on this board has been reduced by the industry)

❖ **Pictorial health warnings delayed and diluted**
Pictorial Health Warnings in India: originally announced

- Have skull and cross bones
- Cover 50% area
Pictorial Health Warnings in India: Revised by GOM in September 2007

TOBACCO KILLS
Tobacco causes mouth cancer

TOBACCO KILLS
Tobacco causes painful death
The pack warnings that are now in force

- Effective from May 31, 2009
  - Specified warning including a pictorial warning
  - that covers 40% of the pack area
  - Rotational (12 months)
Inter-Ministerial Coordination to Mainstream Tobacco Control

- Joining hands to reduce demand
  - Ministry of Information and Broadcasting
  - Ministry of Railways
  - Ministry of Civil Aviation
  - Ministry of Women and Child Development
  - Ministry of Finance

- Ministry of Environment and Forests
  - Ministry of Youth Affairs and Sports

- Supply Side Action
  - Ministry of Agriculture
  - Ministry of Labour
  - Department of Customs
  - Ministry of Industries (FDI)
Tobacco Control: Research Priorities

- Health Effects of Smokeless Tobacco
- Effectiveness of Community Based Tobacco Cessation Programmes
- Effectiveness of Smokefree Policies
  - Process Measures;
  - Exposure Measures;
  - Health Impact
- Health Systems Research – Integration into National Health Programmes;
  Tobacco Control in Primary Health Care
- Tobacco Economic - Taxation; Economic Impact of Tobacco and Tobacco Control
- Tobacco Control in Youth - Prevention of Primary Uptake;
  Cessation Programmes For Youth