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RESEARCH ARTICLE

REGULATORY APPROACH OF TOBACCO CONTROL IN INDIA- FROM YESTER YEARS TO CURRENT YEARS

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ABSTRACT

Indian history of smoking dates back to times immemorial. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killed nearly 6 million people a year. India needs to adopt a holistic and coercive approach to fight the problems of tobacco for which the laws and regulations made by the government play a key role in fighting this tobacco menace. Tobacco control legislation in India dates back to 1975, with the implementation of Cigarettes (Regulation of Production, Supply, and Distribution) Act, 1975 and the recent is National Tobacco Control Program (NTCP) which was launched in 2007-08 in the 11th Five Year Plan. The results of Global tobacco Adult Survey (GATS-2) 2016-17 had shown that the efforts done by the Indian government have helped in reducing tobacco intake among the people by reducing the prevalence of tobacco use when compared to GATS-1 (2009-2010).

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INTRODUCTION

Indian history of smoking dates back to times immemorial. Atharveda first mentioned that cannabis was smoked in India around 2000 BC. Fumigation and fire offerings for medicinal purposes as prescribed by Ayurveda, has been in practice for around 3000 years.⁽¹⁾ Tobacco, particularly cigarette smoking, has long been recognized as a health threat. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killed nearly 6 million people a year.

If current trends continue, tobacco use may cause one billion deaths in 21st century.⁽²⁾ India is the world's third largest producer of tobacco. Although, in India, tobacco is believed to provide livelihood to over 6 million farmers and 20 million industry workers and contributes over 70 billion rupees (£1bn; \$1.5bn) to government earnings; the Indian Council of Medical Research (ICMR) argues, however, that the health care costs of tobacco use to India far outweighed the economic benefits due to the detrimental effects to tobacco. In the year 2000, the Council estimated that the annual cost of diseases associated with the use of tobacco was 270 billion rupees. This clearly states that the income is only 25.9% of the expenditure on health care due to tobacco use.⁽³⁾ Thus, India needs to adopt a more holistic and coercive approach to fight the problems of tobacco for which the laws and regulations

made by the government play a key role in fighting this tobacco menace.⁽⁴⁾

Effective tobacco control in other parts of the world has been achieved via multipronged strategies focusing on reducing the demand for tobacco products. These strategies include the following: raising taxes; publishing and disseminating information about the adverse health effects of tobacco, including adding prominent health warning labels to products; imposing comprehensive bans on advertising and promotion; restricting smoking in workplaces and public places; and extending access to nicotine replacement alternatives and other cessation therapies.⁽⁵⁾ India has a short history of tobacco-related legislation. The first national level bills were introduced not to curtail but to build a foundation for the tobacco industry and enable it to be competitive on the international market.⁽⁶⁾

Origin of Tobacco Control Efforts in India

Tobacco control legislation in India dates back to 1975, when the Cigarettes (Regulation of Production, Supply, and Distribution) Act, 1975 having 22 sections required the display of statutory health warnings on advertisements, cartons, and cigarette packages (Section 4). The Act also contained specific restrictions for trading and commercialization practices regarding the production, supply, and distribution of tobacco (Section 3). The Act set penalties, including the confiscation of

tobacco in the event of its provisions being breached. However, the Act had major limitations as it did not include non cigarette tobacco products, such as Beedis, Gutka, Cigars, and Cheroots. The language, style, and type of lettering, and the manner of presentation of the warning were meticulously described. Legislated by the Government of India, under the aegis of the Ministry of Commerce, the Act empowered the Central Government to intervene in marketing, monitoring, and development of the tobacco industry. However, the Act supported and favored tobacco production and trade because tobacco was considered a major source of public revenue.⁽³⁾

Roadmap to Tobacco Control Legislation

Under the Prevention of Food Adulteration Act (PFA) (Amendment) 1990, statutory warnings regarding harmful health effects were made mandatory for paan masala and chewing tobacco. In 1992, under the Drugs and Cosmetics Act 1940 (Amendment), use of tobacco in all dental products was banned. The Cable Television Networks (Amendment) Act 2000 prohibited tobacco advertising in state controlled electronic media and publications including cable television.⁽⁷⁾ The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA) is the principal comprehensive law governing tobacco control in the whole of India. This act constitutes 33 sections which includes ban of smoking in any public place, advertisement of cigarettes and other tobacco products through any mass media or otherwise, selling tobacco products to minors, ban of sale of tobacco products within a radius of 100 yards of any educational institution, placement of warning signs on tobacco packages, monitoring of nicotine and tar contents in tobacco products by testing in laboratories and any person who does not abide by the above sections will be liable to penalties which may include monetary punishment or imprisonment.⁽⁸⁾ The new Cigarette and other Tobacco Products (Packaging and Labeling) Amendment Rules, 2012, notified on September 27, 2012, dictates that all tobacco product packs in the country had to carry new pictorial warnings consisting of drawing of a scorpion on smokeless forms of tobacco and pictures and X-rays of diseased lungs for smoking forms notified by the Union Ministry of Health. The Health Ministry had also for the first time inserted the word 'Warning' in the new pictorial warnings and mandated that this word be printed in 'red' colour along with the messages -- 'Smoking kills' and 'Tobacco kills' to prevent the industry from diluting the effectiveness of such pack warnings. Loopholes in the law show poor display of pictorial warnings comprising images of diseased mouth, lungs and throat for smokeless and smoking forms each. COTPA provides for a complete prohibition on direct advertisement, promotion and sponsorships of tobacco products. However, in India surrogate advertisements on print and electronic media, both indoors and out-doors are in abundance.⁽⁹⁾

Immediately after the World Health Assembly, WHO adopted the Framework Convention on Tobacco Control (FCTC) in May 2003; the Government of India ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2004, which enlists key strategies for reduction in demand and reduction in supply of tobacco. The FCTC provides a framework to "protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke." Specific binding obligations in the treaty include a

comprehensive ban on advertising, promotion and sponsorship of tobacco products; placement of warning labels covering at least 30 per cent of the front and back of all tobacco packaging; and protection of non-smokers from tobacco smoke in all public places. The treaty also addresses a number of supply issues, including recognizing the need to control illicit tobacco trade and sales to minors.⁽¹⁰⁾ The next came National Tobacco Control Program (NTCP) which was launched in 2007-08 in the 11th Five Year Plan to fulfill obligations under COTPA implementation of provisions under the law & FCTC obligations. The Ministry of Health and Family Welfare launched the pilot phase of the National Tobacco Control Programme in 2007-08 in 9 states of the country covering 18 districts. In 2008, it has been up scaled to 42 districts across 21 states. The main components of this programme are: Setting up of State Tobacco Control Cells and District tobacco control cells (which incorporates training and capacity building of enforcement officials, Monitoring and implementation of tobacco control laws, Launching an IEC/media campaign, Cessation centers at district levels, School health and awareness programmes), National level mass awareness campaigns, Establishment of tobacco product testing labs, Research and training Monitoring and evaluation, including Adult Tobacco Survey (ATS), Setting up of National Regulatory Authority (NRA).⁽¹¹⁾

All the efforts done by the Indian government have helped in reducing tobacco intake among the people. Recent Global Adult Tobacco Survey (GATS-2) 2016-17 shows reduction in prevalence of tobacco use by 6 percentage points when compared to GATS-1 (2009-10). The number of tobacco users has reduced by 81 lakhs. Also, the prevalence of tobacco used among youth population aged 15-24 years has reduced from 18.4% in GATS-1 to 12.4% in GATS-2 which is a relatively 33% reduction. Also, an increased demand of to quit tobacco use has been observed. Percentage of adults who believed second-hand smoke causes serious illness among non smoker has increased from 83% to 92% which clearly shows an increase in awareness of ill effects of tobacco use among the Indian population and thus the success of the efforts of the Indian Government.⁽¹²⁾

Other important measures initiated by the government

As part of the Indian government's commitment to tobacco control, key initiatives that have been taken are as follows

- **Inter-ministerial Task Force:** A national level inter-ministerial task force has been set up with stakeholder ministries and representatives from other states and civil society.
- **Steering and Monitoring Committees at national and state levels:** A Steering Committee has been formed under the chairmanship of Secretary (Health) to look into specific instances of violation of Section 5 at national level. Monitoring Committees have also been formed at state level.
- **Alternate Cropping:** In 2008, the Ministry of Health and Family Welfare initiated a pilot project for developing alternative cropping systems to replace bidi and chewing tobacco with Central Tobacco Research Institute (CTRI), Rajamundhry.
- **Alternate Livelihoods:** The Ministry of Labour has launched a pilot programme for skill based vocational training of bidi workers Grassroot level interventions to sensitize women and minors engaged in bidi-making in

addition to training on alternative vocations has been initiated in seven states.

- Tobacco control initiatives are being integrated with other national health programs e.g National Mental Health Program(NMHP), National Cancer Control Program(NCCP) etc
- Ministry of Commerce proposes to halve tobacco cultivation in a planned manner over the next ten years.⁽¹³⁾

Politics and Economics of Tobacco Control- Sustainability

The tobacco lobby has argued that tobacco control measures can unconstructively brunt the economy by creating huge employment loss. Simulation of the net impact of tobacco control on the Indian economy has not been adequately investigated, making it difficult to assess accurately the effect of control measures. However, studies from other countries demonstrate that employment losses occur in the sectors that are immediately associated with cigarette production; however, these losses can be outweighed by increases in employment in all other industries, particularly in labour-intensive service industries.⁽¹⁴⁾ Jobs lost in retailing tobacco are likely to be replaced by jobs in retailing other products people can purchase with the money formerly spent on tobacco. Future national comprehensive tobacco control legislation in India will require better understanding of the political economy. As the third largest agricultural producer of tobacco, slowing this industry down will not only require concerted political will and sustained commitment, but will also require careful investigation of the involved stakeholders.⁽¹⁵⁾

CONCLUSION

Although, the Government has enacted and implemented various tobacco control policies at national and sub national level and the states have also implemented the tobacco control policies and programmes with various levels of success, there still are many challenges and roadblocks to overcome. Multipronged approaches should be undertaken for the cessation of use of tobacco of which awareness campaigns play a major role. Effective tobacco control is dependent on balanced execution of demand and supply reduction strategies by the Government and inter-sectoral coordination involving stakeholder departments and ministries. The implementation of the Government policies, synergized with tobacco control initiatives by the civil society and community are pivotal in reducing prevalence of tobacco use in the country.

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