Tobacco Control Laws and Initiatives in India

Issue Based Fact Sheets

HRIDAY

HEALTH RELATED INFORMATION DISSEMINATION AMONGST YOUTH

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Developed by

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CONTENTS

Tobacco Burden in India

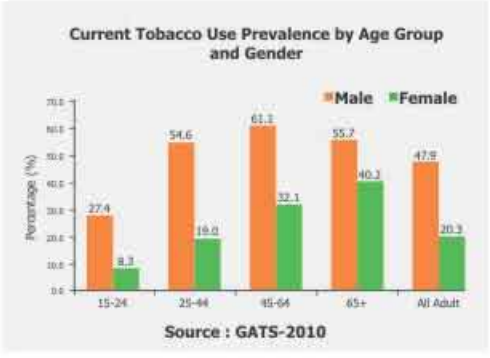
Portuguese traders introduced tobacco in India in the 17th century as a valuable commodity in barter trade. Beginning as a product to be smoked, tobacco gradually began to be used in several other forms.

Myriad varieties of tobacco products used in India

India produces 620 million kilograms of tobacco annually and is the:

- 3rd largest producer after China & Brazil (US 4th)
- 2nd largest consumer after China (US 3rd, Brazil 9th)
- 5th largest exporter after (Brazil, US, China, Malawi)

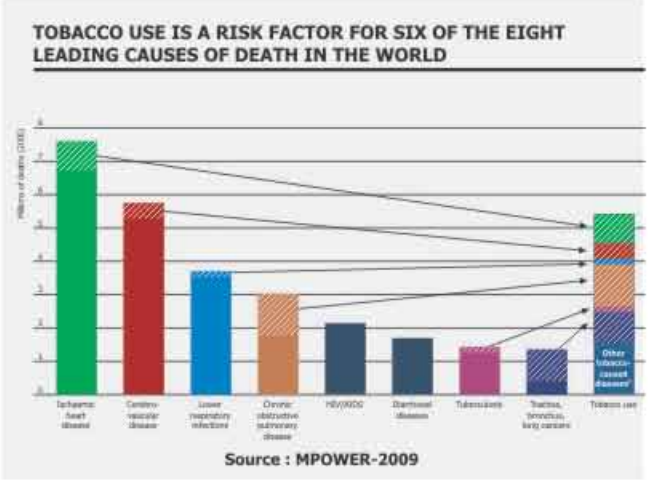
Prevalence of tobacco use is higher in rural population compared to that in urban areas. Bidi and Khaini are the most popular smoking and smokeless tobacco products, respectively.



Source : GATS-2010

Global tobacco burden

- Globally, tobacco kills 6 million people every year and more than 80% of these deaths occur in the developing world.
- It is a known risk factor for 6 of 8 leading causes of death worldwide.



Source : MPOWER-2009

- Tobacco kills more people than HIV/AIDS, legal drugs, illegal drugs, road accidents, murder and suicide each year, combined.

The extent of tobacco use burden in India

- More than ten lakh Indians die every year, one-fifth of worldwide deaths, due to tobacco use.
- According to the Global Adult Tobacco Survey 2009-10 India Report (GATS), 34.6% adults currently use tobacco in the country.
- Of the 1.3 billion people who smoke worldwide, more than 10% are in India.
- 5500 Indian youth initiate tobacco use every day.

Tobacco is addictive

- The nicotine in tobacco is rapidly absorbed into the blood and reaches the brain within 7 seconds.
- Nicotine is found to be addictive in ways similar to heroin, cocaine, and alcohol.
- Experimentation with tobacco during adolescence leads to dependence and chronic diseases.

Tobacco control efforts in India

- First 'text only' specified health warning on cigarette packets and advertisements introduced in 1975 under the Cigarettes Act.
- In 1991, the Ministry of Health and Family Welfare (MoHFW) convened a 'National Conference on Tobacco or Health', which recommended for a national tobacco control legislation.
- In 1995, the Parliamentary Committee Report on Subordinate Legislation of the 10th Lok Sabha suggested stronger tobacco control provisions.
- 1996-2002, governments of Delhi, Tamil Nadu, Goa, Assam, West Bengal and others enacted smokefree laws and in 2001 the Apex Court of India mandated all public places to be smokefree.
- 2000-2004, several states viz. Maharashtra, Tamil Nadu, Madhya Pradesh, Goa and Bihar ban production and sale of gutkha and paan masala under the Prevention of Food Adulteration Act.
- In 2003, the Cigarettes and Other Tobacco Products (Prohibition of Advertisement, and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA) is enacted.
- COTPA came into force from May 1, 2004 and mandated smokefree public places, ban on access to minors, depiction of pictorial health warnings and ban on direct and indirect advertisements of tobacco products.
- In a landmark move, enforcement of COTPA preceeded the coming into force of the World Health Organization's Framework Convention on Tobacco Control (FCTC).
- India played a crucial role during the FCTC negotiations and was one of the first conutries to ratify the Treaty.
- Following Guidelines are adopted to help countries for effective implementation of FCTC provisions:
  - **2007** – Protection from exposure to Second Hand Smoke (SHS) (Article 8)
  - **2008** – Six proven policies to reverse tobacco epidemic: WHO's MPOWER strategies
  - **2008** – Protection of tobacco control policies from the tobacco industry (Article 5.3)
  - **2008** – Packaging and labelling of tobacco products (Article 11)
  - **2008** – Tobacco advertising, promotion and sponsorship (Article 13)
  - **2010** – Education, communication, training and public awareness (Article 12)
  - **2010** – Demand reduction measures concerning tobacco dependence and cessation (Article 14)
- In 2007, MoHFW introduced a comprehensive National Tobacco Control Programme (NTCP) which now covers 42 districts in 21 states of the country.
- Comprehensive smokefree rules are enforced from October 2, 2008.
- Pictorial health warning are displayed on all tobacco products from May 31, 2009.
- During 2010-11, prohibition on sale of tobacco products within 100 yards of educational institutions is implemented with several High Courts in the country directing governments to enforce the law.
- Between 2008-11, several cities and a few states are declared compliant with smokefree laws.
- Over the years, civil society action against tobacco use has increased exponentially with several evidence-based policy, legal, youth advocacy efforts across the country.
- The Advocacy Forum for Tobacco Control (AFTC) a pan-India coalition of 65 organisations, has been collaboratively voicing concerns about the growing tobacco menace.

Prohibition of Smoking in Public Places

Smokefree legislations are based on mounting scientific evidence that there is no risk-free or safe level of exposure to SHS. In 2006, the United States Surgeon General Report concluded that a '100% smoke-free environment is the only way to fully protect non-smokers from the dangers of SHS. Separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot eliminate exposure of non-smokers to SHS.'

What is Second Hand Smoke

- Tobacco smoke is a complex mixture of over 7,000 chemicals, including 70 known human carcinogens (cancer-causing elements).
- It is a major cause of diseases, including lung cancer, coronary heart disease and cardiac deaths in non-smokers.

- Globally, one-third adults and almost half of the world children are regularly exposed to SHS while 600,000 people die each year from exposure to SHS.
- Each year, approximately 50 million pregnant women worldwide are exposed to SHS during their pregnancy.
- In India, exposure to SHS is not limited to cigarettes, but extends to other smoking forms including bidis, hookahs, cheroots etc. depending on various socio-economic, demographic and geographic determinants.

Benefits of Smokefree Laws - Scientific Evidence

- A study of more than 1,200 public places in 24 countries found that the level of indoor air pollution was 89% lower in the places that were smokefree.
- A 2006 study in Scotland found that the rate of admissions for childhood asthma fell by 18.2% annually demonstrating a smoking ban not only benefits the target population but others too.

India's Smokefree Legislation

- Section 4 of COTPA prohibits smoking in public places from May 1, 2004. Any violation of the provision is a punishable offence with fine up to Rs. 200.
- On May 31, 2008 the Government issued a comprehensive smokefree regulation, which included indoor workplaces, and is implemented since October 2, 2008.
- 'Public Place' as defined in the Act and the rules means any place to which the public has access as a right or otherwise and includes all places visited by general public.

Smokefree Laws - India's International Obligations

To protect from exposure to SHS, Article 8 of WHO FCTC and the Guidelines to implement the provision recommend:

- Total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smokefree environment.
- Good planning and adequate resources for successful implementation and enforcement of law.
- Monitor implementation and, ideally, measure impact and document experiences.
- Anticipate the tobacco industry's opposition
- Inform, consult and involve the public to ensure support and smooth implementation.

Important provisions of India's smokefree laws

The Rules require the Owner, Proprietor, Manager, Supervisor or In-charge of a public place to:

- Keep the area under his/her jurisdiction smokefree.
- Prominently display the "no smoking" board as shown.
- Mention the name of the person to whom a complaint may be made.
- Display such board at each entrance, floor, staircase, entrance of the lift and at conspicuous place(s) inside.
- Ensure that Ashtray, Matchsticks, Lighters etc. are not available.
- Ensure compliance with these rules as non-action on complaints results in a fine equivalent to the number of individual offences, in that public place.


Students pull up eating joints on no-puff signs

- Restaurant with seating capacity for 30 or more, hotels with 30 or more rooms and airports may provide for a smoking area.
- Such smoking area or space should not be provided at the entrance or exit of the public place.

Smokefree Laws - Awareness and advocacy in India

- Number of tobacco control organisations have advocated for policy measures and effective implementation of smokefree rules in the country.
- HRIDAY a New Delhi based NGO organized a youth-led monitoring campaign to gauge the level of implementation of smokefree rules in New Delhi. This advocacy effort received widespread media coverage.

International and national best practices

- In 2001, Ireland became the first country to implement a smokefree legislation, which included all enclosed workplaces. Within a year of implementation of the law, 96% of the people believed that the law was a success, including 89% smokers.
- All substantially enclosed public places in Scotland have been smokefree from March 2006. This caused an 86% improvement in air quality in bars, and a 39% reduction in SHS exposure among non-smoking adults and children.

- In July 2007, Chandigarh became the first smokefree city in India.
- In 2010, Sikkim was declared India's first smokefree state, followed by Mizorum in 2011.
- Cities of Coimbatore in Tamil Nadu, Shimla in Himachal Pradesh and the district of Villupuram in Tamil Nadu are among several other smokefree jurisdiction in India.
- Delhi, the capital city of India is also smokefree with high compliance of the smokefree rules.

Recommendations

- More comprehensive legislation and rules to ensure 100% smokefree environment.
- Constitution of special tobacco Control squads to ensure compliance of smokefree regulations.
- Ensure effective implementation of the law with appropriate monitoring and violation reporting.

SMOKEFREEDELHI
Caring for Right to breathe clean

Prohibition on Tobacco Advertising, Promotion and Sponsorship

The tobacco industry spends crores of rupees each year to market its products. In fact, according to a WHO report, **'tobacco manufacturers are some of the best marketers in the world - and increasingly aggressive at circumventing prohibitions on tobacco advertising, promotion and sponsorship (TAPS) that are designed to curb tobacco use.'**

Need to completely ban TAPS

- It promotes a tobacco product by means that are false, misleading and deceptive.
- It creates an erroneous impression about its characteristics, health effects, hazards or emissions and weaken public health campaigns.
- It targets vulnerable populations such as women, youth, poor and illiterate.
- It increases tobacco consumption by attracting new users, increases use among current users, reduces willingness to quit, encourages initiation among former users.

Why ban TAPS?

- According to a study conducted by HRIDAY among 14,000 students in 32 schools of Delhi and Chennai, it was found that:
  - Current use of tobacco was five times higher in students who were highly receptive to tobacco advertising than those who were least receptive.
  - Tobacco use was also 12% higher in those exposed to tobacco advertising.
  - Current tobacco use was almost twice as high in those students who were exposed to tobacco advertising in more than four places as compared to those who were not exposed to any.
- Other research in 22 countries on TAPS bans vis-à-vis tobacco consumption showed that a comprehensive ban led to reduced tobacco use by 6.3 %.
- A follow-up study in 102 countries found that comprehensive bans reduced tobacco consumption by about 8%, whereas partial bans had little or no effect.

Regulation of TAPS in India

- Section 5 of the COTPA prohibits both direct and indirect advertisement of all tobacco products, including anything that suggests the promotion or sponsorship of tobacco products.
- However, it excludes 'in and on' pack and at 'points of sale' advertisements.
- Rules made by MoHFW restrict point of sale advertising and marketing of tobacco products.
- Rules prohibit promotion of tobacco products through films, television, print and electronic media.
- Steering Committees at the Central, State and District levels are constituted for looking into specific instances of TAPS and take suo moto action or on complaints of such violations.
- On first conviction, punishment is up to 2 years jail or up to Rs.1,000 fine or both and subsequent conviction may result in up to 5 years jail and up to Rs. 5,000 fine.

Sponsorship of award events by tobacco companies

Fashion clothing line stores/shampoos and toiletries promoting tobacco products

Tobacco usage scenes in movies

Tobacco promotion on kites

Challenges in regulating TAPS


Tobacco ad on LCD at point of sale

- The tobacco industry is making full use of the concession of tobacco advertisement at points of sale by advertising brands through several posters, boards and LCD screens within the kiosks.
- Tobacco industry activities in the name of Corporate Social Responsibility (CSR) are targeted to promote brand loyalty and a positive image of the Industry.
- Almost all tobacco products have their identical non-tobacco brand extensions which are extensively advertised as surrogates for the tobacco products.
- Lack of comprehensive and clear law and poor enforcement of the existing regulations.
- Excessive advertisement on internet and social networking sites e.g. face book, orkut etc.
- Tobacco industry's reluctance to implement TAPS ban and multiple legal challenges against the law.

Best practices to regulate TAPS

- Adopt a comprehensive and complete ban on all direct and indirect forms of TAPS, covering all media platforms including cinema, television and other sources of communications.
- Discard voluntary codes proposed by the tobacco industry.
- Carefully define the terms 'advertising', 'sponsorship' and 'promotion'.
- Ensure that the ban covers promotion originating in and entering in the country.
- Ban commercial displays of all tobacco product packages.
- Impose substantial penalties on companies which breach the ban.
- Amend regulations as required to include innovations in industry tactics and media technology.

Global action against TAPS

- In Thailand, it is prohibited by law to display and promote tobacco products at points of sale.
- United Kingdom has restricted internet advertising and promotion of all tobacco products.
- Sri Lanka has prohibited CSR activities by tobacco industries while Myanmar has put a ban on tobacco advertisements on Satellite TV.

ENFORCE BANS ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP - HIGHEST ACHIEVING COUNTRIES, 2010

WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2011

Globally, there are 425 million people in 19 countries, representing 6% of the world's population, who are now fully protected against tobacco industry marketing tactics, 80 million more than in 2008. Of these 19 countries, nearly all are low- or middle-income.

Preventing Youth Access to Tobacco

The World Health Organization estimates that nearly 80 percent of adults using tobacco products initiate tobacco use before the age of 18 years. GATS reveals that the average age of initiation of tobacco use is 17.9 years, (18.1 years in males, and 14.7 years in females). Curbing youth access to tobacco products has been identified as a critical tobacco control measure to reduce not just tobacco uptake by youth, but also users in general.

Rising exposure and use of tobacco products among youth in India

- The Global Youth Tobacco Survey India Report 2009 (GYTS) reveals that nearly 15% youth (19% Boys and 8.3% girls) are using tobacco in any form in India.
- According to the Indian Council of Medical Research, of the 1000 teenagers smoking today, 500 will eventually die of tobacco related disease.
- Many children in India experiment with tobacco at an early age and become addicted thereafter.

Challenges to preventing youth access

- Promotion and advertising by tobacco companies targeting minors.
  - According to GYTS, 74.4% youth saw pro-cigarette ads on billboards.
  - 8.1% youth were offered free cigarettes by a tobacco company representative.
  - Tobacco companies run promotional campaigns offering kiddie packs, resembling chocolate bars, making them more attractive to use.
- Easy accessibility at cheaper prices.
  - As per GYTS , 47% youth smokers buy cigarettes from stores.
  - 56.2% who bought cigarettes in a store were NOT refused purchase because of their age.

India's international and national obligations

Section 6 of COTPA complies with the mandates of Article 16 of the WHO FCTC and mandates:

- Prohibition on sale of tobacco products 'to' and 'by' a person below the age of 18 years.
- Vendor to ensure that the person buying tobacco product is not a minor.
- Display of board of size 60 cm by 30 cm to be put up at the point of sale along with the specified pictorial health warning as shown in the figure.
- No tobacco product to be sold through a vending machine or be visibly displayed as it gives easy access to minors.

Sale of tobacco products to a person below the age of eighteen years is a punishable offence.

Sale of tobacco products to a person below the age of eighteen years is a punishable offence.

Prohibition on sale of tobacco products near educational institutions

- Sale of the tobacco products is prohibited within a radius of 100 yards of any educational institution.
- The distance of 100 yards is to be measured radially, starting from the outer limits of the boundary wall, fence or as the case may be, of the educational institution.
- A warning board should be displayed outside every educational institution declaring such prohibition.
- A penalty of up to Rs. 200/- should be levied for violation of rule.

Child Labour Prohibition and Regulation Act, 1986 also mandates for protection of children from hazardous substances. This Act specifically prohibits employment of children in bidi-making.

International best practices

- Due to strict tobacco access policies targeting retailers and heavy fines for violation in Texas, USA, the rate of illegal sales to minors reduced from 56% in 1996 to 7.2% in 2006.
- In Ontario (Canada), 88% of vendors comply with the smokefree Ontario Act that prohibits sale of tobacco products to minors.
- Penalties for selling tobacco products to minors are much higher in other countries in the sub-continent.

Recommendations

- All tobacco products should be labeled as "not for sale to minors".
- Prohibition on the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors.
- Prohibition on the distribution of free tobacco products to the public and especially minors.
- Prohibition on the sale of tobacco products individually or in small packets which increase the affordability of such products to minors.

How comprehensive school based programme help youth stay tobacco free

- Provide comprehensive tobacco prevention education.
- Provide programme-specific training for teachers, peer leaders and students.
- Involve parents and families in school efforts to prevent tobacco use.
- Help tobacco-using students and staff to quit.
- Call and assist law enforcers to ensure tobacco free campus and surroundings.

Promoting tobacco free schools in India

- HRIDAY, a Delhi based NGO, has developed and tested guidelines for making educational institutions tobacco-free.
- School based intervention by HRIDAY has helped in reducing both current and future intentions of tobacco use among Indian youth.
- The High Courts of Bombay, Karnataka and Delhi have directed compliance with the provisions of COTPA to ensure tobacco-free educational institutions.

Pictorial Health Warnings

History of health warnings on tobacco products

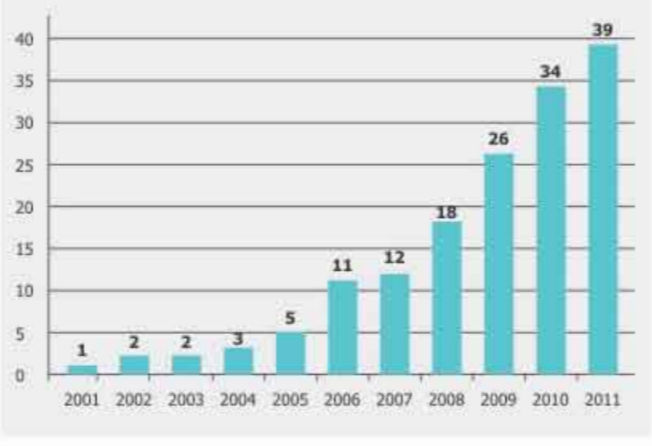
- Textual health warning 'Caution: Cigarette smoking may be hazardous to your health' was first introduced in 1965 in USA to convey the health risks of tobacco use to consumers.
- The Cigarettes Act of 1975 introduced the first 'text only' health warning, 'Cigarette smoking is injurious to health' in India.

Why pictorial health warnings?

- 'A picture paints a thousand words' the images help tobacco users visualize the nature of tobacco related diseases and convey health messages in a clearer way.
- An effective pictorial health warning on tobacco product package is a scientifically recognized and empirically established measure of tobacco control.
- Experience in other countries shows that strong pictorial health warnings effectively inform about the adverse impacts of tobacco use to youth and people with low literacy rates.
- A smoker who smokes 20 cigarettes per day is potentially exposed to the pictorial warnings 7300 times a year.

Pictorial warnings are effective - Global evidence

- Canada was the first country to implement health warnings on cigarette packets in 2000.
- Evidence from Canada and Australia shows that pictorial warnings increase awareness about the health risks of smoking amongst smokers and reduce consumption.
- Over the years, 39 countries globally have mandated depiction of pictorial health warnings on tobacco packs.
- In Brazil, smokers changed their opinion on the health consequences of smoking and said the warnings made them want to quit.
- In Singapore, smokers smoked fewer cigarettes, knew more about the health effects of smoking and avoided smoking in front of children because of pictorial health warnings.



Pictorial health warnings globally

Thailand

Uruguay

Brazil

Size of the health warnings globally			
Country	Front	Back	Total
Uruguay	80%	80%	80%
Mauritius	60%	70%	65%
Mexico	30%	100%	65%
Australia	30%	90%	60%
Brazil	100% of either front or back		

International Treaty Obligation

- Article 11 of FCTC mandates at least 30%, but preferably 50% or more, of the principal display areas of tobacco packages to carry rotating health warnings that are large, clear, visible, legible and pictorial.

Pictorial health warnings in India

Section 7 of COTPA requires depiction of pictorial health warnings on all tobacco products. A set of following three warnings were notified in March 2008 to be displayed from May 31, 2009.

Warnings currently being displayed

- These warning cover only 40% of the principal display area of the font panel of the pack.
- These warnings must not be obscured, masked, altered or detract in any manner.
- Use of misleading words such as 'light', 'mild' and 'ultra light' and such other descriptors is prohibited.

Warnings Notified in March 2010

- For violations of the provision, producers or manufacturers, on first conviction are liable up to 2 years jail or up to Rs.5,000 fine or both on subsequent up to 5 years jail and up to Rs.10,000 fine. For sellers or distributers on first up to 1 years jail or up to Rs.1,000 fine or both on subsequent it is up to 2 years jail and up to Rs.3,000 fine.
- Keeping with the rotation new 'mouth cancer' warning was notified in March 2010 to be implemented from June 1, 2010.
- However, its implementation was deferred to December 1, 2010.

Civil society efforts for stronger pictorial health warnings in India

To gather public support for implementation of the 'mouth cancer' warnings HRIDAY and Public Health Foundation of India (PHFI) Organised a two-week public exhibition at (India International Trade Fair (IITF), 2010, Pragati Maidan, New Delhi) of strong and effective graphic health warnings used in other countries.


Supporting strong and effective pictorial warnings

- In an opinion pole nearly 82%, of over 13,000 respondents polled in favour of the 'Mouth Cancer' warnings as more effective than the current warnings.
- In a signature campaign over 12,500 visitors signed an appeal requesting the Government for timely implementation of the 'mouth cancer' warnings.

Delay in implementation and amendment of rules

- On December 20, 2010 the rules were amended to prescribe rotation of warnings every two years.
- On May 17, 2011 a set of four pictorial warnings each for smoking and smokeless form of tobacco products was notified to be implemented from December 1, 2011.

Recommendations

- The size of warnings should occupy at least 50 % of the principal display area on both sides of the pack.
- Warnings should be field-tested for their effectiveness in communicating the hazards of tobacco use.
- Multiple messages should be used to inform myriad ill-effects of tobacco use and SHS, besides, information on quitting/cessation should be displayed.
- National level regulatory authority should be constituted to monitor compliance and take strict action against all violations.

Smokeless Tobacco Burden in India

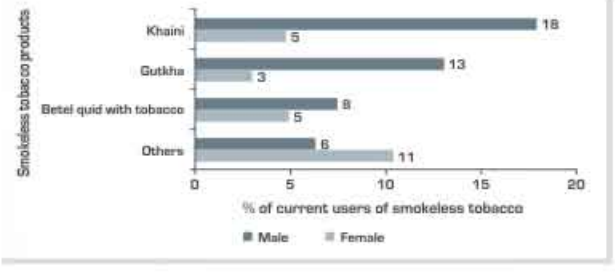
In developed countries cigarette smoking accounts for most of the tobacco use. However, in South East Asian countries and particularly in India, smokeless tobacco is most commonly used and:

- **It is a public inconvenience and a nuisance:** Spitting due to use of gutkha, pan, khaini, and other smokeless tobacco products stains and defaces public vehicles, buildings and other public property causing discomfort to general public.
- **It is an environmental hazard:** Huge amount of litter and plastic waste is produced every day due to use of smokeless tobacco, which is non-biodegradable and an environmental burden.
- **It is an economic burden for tax payers:** In addition to the money spent on buying smokeless tobacco huge amount of tax payer's money is spent year over year to remove the spit stains of smokeless tobacco and to upkeep the public property.
- **Smokeless Tobacco affects non-users as well:** Smokeless tobacco induces spitting at public places increasing risk of communicable disease like tuberculosis which kills 3.3 lakhs people annually in India.

Smokeless tobacco use in India

As per GATS India Report (2009-10)	Overall %	Men %	Women %
Current users of smokeless tobacco	25.9	32.9	18.4

- A large part of India's tobacco burden is use of smokeless tobacco products.
- 20.7 crore adults (3 out of 10) use smokeless tobacco in the country.
- Many still believe that smokeless tobacco has a protective effect on teeth and is a pain killer. This is a myth.
- Smokeless tobacco is used in India in myriad varieties.



- Khaini is the most commonly used form of smokeless tobacco followed by gutkha.
- It is estimated that the direct medical costs for treating smokeless tobacco related diseases is USD 285 million and the indirect cost is USD 104 million.

Health effects of smokeless tobacco

- Smokeless tobacco contains 3095 chemicals of which 28 are cancer-causing.
- The risk of oral cancer is up to 50 times greater for the person who chews tobacco.
- Causes cancer of the oral cavity, mostly of the tongue but also lips.
- India is oral cancer capital of the world and 90% of all oral cancers are related to tobacco use.
- Causes recession of the gums, gum disease, tooth decay, tooth loss and permanently stain teeth.
- Increases the risk of Cardiovascular Diseases.
- Increases the risks of premature birth and low birth weight during pregnancy.
- Causes reduced sperm count and abnormal sperm cells among men.

Smokeless tobacco is addictive

- Smokeless tobacco use can lead to nicotine addiction and dependence.
- Nicotine is absorbed through the mouth tissues directly into the blood and goes to the brain.
- Even after removing tobacco from mouth nicotine continues to be absorbed in bloodstream.
- Nicotine stays in the blood longer for users of smokeless tobacco than for smokers.

Existing legislations regulating smokeless tobacco in India

- Ministry of Railways under the Indian Railways Act, 1989, prohibits spitting in railway premises.
- Statutory warning prescribed for Chewing Tobacco and Pan Masala under Prevention of Food Adulteration Act, 1954 (PFA).
- Several states including Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Bihar and others prohibited sale of gutkha under PFA during 2000-2004.
- Spitting at any public place in Chandigarh, Mumbai and Himachal Pradesh in prohibited.
- The Supreme Court of India banned sale of gutkha and pan masala in plastic packs.
- The Food Safety an Standards Authority of India have prohibited sale of tobacco and nicotine in any food products including gutkha.

Use of Gutkha Prohibited in Goa since 2005

The Goa Public Health Amendment Act, 2005 prohibits every person from manufacture for sale or store, exhibit, sell or distribute or in any way deal with any injurious food article, including gutkha, used for human consumption.

Global initiatives to regulate smokeless tobacco

- In 1986, the South Australian Government became the first in the world, to ban smokeless tobacco. The ban became national in 1991.
- In Canada, every manufacturer of chewing tobacco, oral or nasal snuff has to display bilingual health warnings and the toxic ingredients in the product e.g. "This product causes mouth disease".
- Several countries also prohibit manufacture, promotion, sale and import of smokeless tobacco:
  - Manufacture in Israel, Taiwan and Thailand.
  - Promotion in Hong Kong, Singapore, Taiwan and Thailand.
  - Sale in Bahrain, Bhutan, Israel and Turkey.
  - Import in Hong Kong, Iran, Israel, Japan, Kuwait, Saudi Arabia, Singapore, Taiwan, Thailand and the United Arab Emirates.

Prohibition on oral tobacco in New Zealand

There is a complete ban on oral tobacco in NZ, which includes chewing tobacco or other oral use of tobacco. Accordingly, those who import to sell, pack or distribute chewing tobacco or oral tobacco commit an offence and are liable to a fine up to NZ$10,000 (Rs 3.3 lakhs). As personal use of chewing/oral tobacco is not covered under the law, people sell it illegally for high profits e.g. chewing tobacco bought in India for Rs 2 (equivalent to 6 cents) can be sold in NZ for $3.00 (Rs 100).

However, following steps are taken to counter the illicit supply of oral tobacco in New Zealand:

- Check on travellers bringing gutkha in the pretext of personal use.
- Check on illegal imports happening via courier/post.
- Purchase operations conducted with retailers who are suspected to sell illegally.
- Ensure travellers do not import gutka in NZ in large quantities.
- Community education about the law as well as on the harmful effects of consuming gutkha.

Challenges in regulating smokeless tobacco in India

- A large variety of smokeless tobacco products are available in India, particularly in rural areas.
- These products are sold in tiny, loose, discreet and colourful packaging, making them attractive to users as well as non users, especially young people.
- Some of them do not even carry the mandatory pictorial health warnings.
- Smokeless tobacco is cheap and highly affordable due to lower taxes and duties.
- Poorly informed people and consequent lack of motivation and support to quit.
- Industry tactics including aggressive marketing and surrogate advertisement.
- Need for a National Regulatory Authority for comprehensive regulation of tobacco.

Tobacco Taxation

Evidence shows that price rise is one of the most effective measures to reduce tobacco consumption, especially among the young and poor. Raising tobacco prices through tax increase provides remarkable public health benefits, promotes tobacco cessation and also garners substantial government revenues that can help fund health programmes.

Taxing tobacco will :

- **Save lives:** A 10% increase in cigarette price worldwide would prevent about of 10 million tobacco-related deaths, 9 million of these in low and middle income countries (LMICs).
- **Reduce consumption - increase revenue:** Increasing tobacco taxes by 10% generally decreases tobacco consumption by 4% in high-income countries and by about 8% in LMICs, while tobacco tax revenues increase by nearly 7%.
- **Help the vulnerable:** Children and the poor are more sensitive to changes in tobacco prices because they have less disposable income. In Canada, increase in tobacco prices resulted in fall in youth consumption by 60%, while overall consumption dropped 38%.

FCTC recommends tobacco taxation as part of overall national health policy

Article 6 of the Framework Convention on Tobacco Control recommends appropriate tax and price policies which are governed by and take into account the national health objectives aimed at reducing tobacco consumption.

Tobacco taxation in India

Tobacco products are taxed at different rates of excise and ad veloram by the Central Government while the State Governments impose value added tax.

Tobacco taxation can be used to fund:

- Tobacco control initiatives like, mass media campaigns, education, cessation, research, enforcement of the tobacco control laws, etc.
- Government run tobacco control programme, i.e. NTCP.
- Programmes that benefit the lower income population groups.

Differential and skewed tax rates in India

- Cigarettes are taxed at a higher rate while other tobacco products are taxed at a lower rate. In particular, bidis are very minimally taxed.
- Duty-free sale and purchase of tobacco products is allowed.
- Incidence of tax on handmade bidis is 8.8% while the burden on cigarettes is 33% or higher.

Specific excise duty tobacco products

- **Hand-made bidis:** Rs. 8 per 1000 sticks
- **Machine-made bidis:** Rs.19 per 1000 sticks
- **Cigarettes :** from Rs.669 to Rs.2363 per 1000 sticks
- **Gutkha pack up to Rs.1:** Rs. 334 per 1000 packs
- **Gutkha pack Rs.8:** Rs.2727 per 1000 packs

Tax tobacco at higher, uniform and inflation adjusted rates

- If bidi is taxed at Rs.98 per 1000 sticks it would add Rs.36.9 billion and save 15.5 million lives.
- Increasing cigarette taxes to Rs.3691 per 1000 sticks would further add Rs.146.3 billion and prevent 3.4 million premature deaths.
- A real increase in tobacco taxes and prices induces quit attempts, prevents restarting and initiation, transition from experimentation to regular use while a uniform increase prevents substitution to cheaper options.

State governments lead the way to tobacco taxation in India

- Various state governments have increased value added tax (VAT) on tobacco products. In its recent budget the Government of:
  - Rajasthan proposed to double the VAT on cigarettes to 40%.
  - Jammu & Kashmir hiked VAT from 13.5% to 25%.
  - Gujarat increased VAT from 20% to 25%.
  - Delhi increased VAT on unmanufactured tobacco, bidis and tobacco used in manufacture of bidis and hooka tobacco to 12.5% from 5% in 2010.
  - Andhra Pradesh increased VAT on cigarettes and smokeless tobacco products from 14.5% to 20%.

Examples from other developing countries

- Increased taxes and higher prices have led to smoking reductions in Thailand. Tobacco products are taxed at 79% placing Thailand among the leading countries in tobacco taxation globally.
- Since 1994, the nominal tax on cigarettes in South Africa has increased by nearly 25 per cent each year and the resulting price increases have reduced cigarette consumption significantly.

Economically Viable Alternatives to Tobacco

Tobacco Cultivation

- Tobacco is a cash crop grown largely in fifteen states in India with an annual production of 6.2 lakhs tonnes during 2008-09 from about 4 lakhs hectares of land.
- Around 55% of this land is used for growing Flue Cured Virginia (FCV) Tobacco, 18% for bidi and 13% for chewing and hookah tobacco together.
- India produced 3180 lakh kilograms of FCV tobacco, 1500 lakh kilograms of bidis and 1360 lakh kilograms of chewing and hookah tobacco together, in 2008-09.
- Unauthorized tobacco farming attracts penalty from the Tobacco Board of India.
- The tobacco crop is dependent on the monsoon season. However, growing tobacco on fertile land reduces its fertility and affects other crops.

Employment in Tobacco

- Around 7 million people were engaged directly and indirectly in the tobacco industry in 2004-05 constituting 1.5 % of overall employment in the country.
- It is estimated that women constitute 76-95% of total employment in bidi manufacturing.
- It is estimated that 10% of all female bidi workers and 5% of all male bidi workers are children less than 14 years of age.
- Fixed wages for rolling 1000 bidis varies from Rs.29 in Tripura to Rs.65 in Gujarat.
- Women often face discrimination and are paid less than men.
- Children are even worse off with no wage structure and usually get paid the least.
- Most families working in the bidi industry live below the poverty line.

Negative impacts of tobacco growing on poverty, health and environment

- Tobacco cultivation and bidi industry relies heavily on child labour and bonded labour, trapping families in cycles of debt and poverty.
- Women engaged in tobacco farms face long hours of work, disadvantageous postures and drudgery at work.
- Tobacco cultivation poses a number of serious health risks, including crop-induced intoxication such as green tobacco sickness, pesticide intoxication, respiratory and dermatological disorders, and certain types of cancer.
- Incidence of bronchial asthma and tuberculosis is higher among bidi workers than any other group in the general population.
- Tobacco cultivation causes pollution, soil degradation and deforestation, contributing to adverse climate change and biodiversity losses.

The misleading tobacco industry

- Attracts farmers through significant investments during the production process and guarantee of financial returns.
- Exaggerates economic importance of tobacco cultivation.
- Exaggerates the employment in bidi industry which is mostly seasonal occupation.

Alternatives to tobacco growing and manufacturing in India

- A research was conducted in Karnataka to reduce dependency on tobacco cultivation. In the first year of the intervention, there was a 50% reduction in the area under tobacco cultivation in the village, with 54% of farmers shifting to alternative crops/ activities.
- The Central Tobacco Research Institute (CTRI) has undertaken a pilot project on "Alternative Cropping System to Bidi and Chewing Tobacco" to establish viable and sustainable alternatives to tobacco manufacturing and growing. Sugarcane, vegetables, garlic, maize, fruits, pepper, cotton, sweet potatoes are some of the alternative crops proposed to be cultivated by the tobacco-growing farmers.
- Further, a pilot project for 1,050 tobacco farmers of Bhadrachalam area (in Khammam district in Andhra Pradesh) was planned in 2008 who have volunteered to completely opt out of tobacco if an alternative can be cited.

International best practices

- By adopting crop diversification and substitution strategies there has been reduction of tobacco crops and expansion of alternate crops in Brazil.
- Canada's Tobacco Diversification Plan provided incentives to stop growing tobacco and develop alternatives to assist the orderly downsizing of the Canadian tobacco industry in the 1980s.

To promote and facilitate the shift from tobacco and to ensure sustainable alternative livelihoods, for tobacco growers and those engaged or related to other tobacco oriented businesses, it is important to focus on:

- Research and data collection
- Education, awareness and training
- Technical and financial assistance
- Market and social support

Illicit Trade in Tobacco Products

Illicit trade in tobacco products involves illegal production, shipping, distribution, receipt, purchase or sale of such tobacco products. However, there is vast illicit trade of tobacco products globally, especially of cigarettes. It is estimated that 11.6% of the global cigarette market is illicit. It is estimated that if the global illicit trade in tobacco products is eliminated, governments would gain at least USD 31 billion annually and from 2030 onwards would save over 160,000 lives annually.

The different types of illicit tobacco trade

- **Smuggling** means the illegal transportation, distribution and sale of large consignments of tobacco products, generally avoiding all taxes.
- **Bootlegging** refers to illegal import of small quantities of tobacco products from low tax jurisdictions in amounts that exceed the limits set by customs regulations, for resale in high tax jurisdictions.
- **Illegal manufacturing** implies the production of cigarettes contrary to law e.g. counterfeit tobacco product, in which the manufactured products bear a trademark without the consent of the owner of the trademark.

Biggest Markets for Illicit Tobacco Trade

- India is the fourth biggest market for illicit cigarettes only after the Russian Federation, China and Brazil.
- Apart from cigarettes, other kind of tobacco products like bidi, zarda and tobacco is also poured from porous borders.

Biggest Markets for Illicit Cigarettes 2006

Market	Illicit cigarettes consumed (million sticks)	% of duty paid market
Russian Federation	76,092.0	20.0
China	68,950.0	3.5*
Brazil	37,965.0	38.0
India	20,905.0	21.5
USA	19,465.0	5.1
United Kingdom	18,672.0	36.6
Philippines	18,519.0	19.4
Germany	15,555.0	16.5
Turkey	15,380.0	14.1
Indonesia	13,063.0	8.5

Illicit trade in the South-east Asia Region

- A major burden of illicit tobacco trade follows on LMICs.
- India, Indonesia, Bangladesh and Thailand are among the top 20 tobacco-producing countries.
- In India, large amounts of cigarettes are smuggled from Bangladesh and Myanmar.
- Cheaper local brands from Myanmar, Nepal and Indonesia also seep in through illegal channels.
- In the region, except Sri Lanka all the other countries have major current smuggling routes.

Causes of illicit trade in tobacco products

- Tobacco industry supports smuggling as it increases demand for tobacco products.
- Weak transit system for transporting gives access to tax free tobacco products for sale.
- Duty-free sales are a big source of illicit trade in tobacco products globally.
- Lack of resources to effectively enforce tobacco tax regime.
- Lack of inter-state and international cooperation to curb illicit trade in tobacco products.

Consequences of illicit trade in tobacco products

- **Price differentials undermine taxation:** Smuggled cigarettes are sold at lower prices nullifying the tax rise in tobacco products.
- **Loss of revenue:** It deprives governments of billions of dollars in taxation.
- **Nature of the Product:** It makes expensive brands of cigarettes available on discounted prices to low income and image conscious people, especially youth.
- **Add to the public health burden:** Illicit trade adds steadily to health care costs, worker productivity losses and the growing global death toll from tobacco use.
- **Organized crime:** Illicit trade circulates illegal profits which are used for other serious criminal and terrorist operations.

International resolve against illicit trade in tobacco products

Article 15 of FCTC recognizes the need to prohibit illicit trade in tobacco products and recommends each Party to:

- Determine the origin, point of diversion and final destination of all tobacco products.
- Consider a practical tracking and tracing regime and collect data on cross-border trade.
- Provide appropriate penalties and remedies, against illicit trade in tobacco products.
- Destroy all confiscated manufacturing equipment, counterfeit and contrabands.
- Adopt a Protocol to elaborate the provisions for its effective implementation.

Illicit tobacco trade - The Indian scenario

- Cigarettes are one of the highest taxed products in the country.
- Consequent tax arbitrage opportunity leads to large scale evasion by small unlicensed manufacturers.
- Creation of demand through insignificant legitimate imports supplemented by large scale smuggled products and counterfeiting.
- Illicit cigarettes trade in India accounted for 30% of volume sales in 2008.
- Contraband is estimated to cause a loss of nearly Rs.3000 crore to the national exchequer, by way of duties evaded and loss of foreign exchange.


गुटखा कम्पनियों में अरबों की हेराफेरी

Curbing illicit trade in India

- The regulation of illicit trade is a huge task that involves multiple stakeholders and agencies.
- Generally the economic crime regulations like customs, excise, money laundering, Industries, trademark, weights and measurements laws regulate illicit trade in India.
- Several agencies like Customs and Excise Department, State Police, Border Police and Border Security Force coordinate to implement anti-smuggling laws in India.

Recommendations

- Uniform taxation of all tobacco products across states will enable positioning of legitimate products at appropriate price points.
- Improved tobacco tax enforcement to stop counterfeiting of tobacco products.
- Tracking and tracing of origin and destination of tobacco products and sourcing and usage of raw materials.
- No manufacturing of tobacco products in Export Oriented Units and Special Economic Zones.
- Prohibit all Personal Baggage Allowance and Duty Free Trade in tobacco products.
- Compliance with FCTC mandates under Article 15 and early adoption of the proposed Protocol on Prohibition of Illicit Trade in Tobacco Products.

Treatment for Tobacco Dependence and Cessation Services

The World Health Organization recognizes that to 'offer help to quit tobacco use' is one of the important interventions required to counter the growing tobacco epidemic world over. It offers hope and encourages people to quit. In India, where nearly 35% adults use tobacco in some form or the other, it is imperative that tobacco cessation is in the routine practice of health providers at all levels.

Tobacco dependence develops after repeated tobacco use and typically includes:

- A strong desire to use tobacco
- Difficulties in controlling its use
- Addiction of and dependence on tobacco nicotine
- Persistence in tobacco use despite harmful consequences
- A higher priority given to tobacco use than other activities and obligations
- Increased tolerance and sometimes a physical withdrawal state

Tobacco cessation is a process whereby a person decides to quit tobacco use or receives treatment for his nicotine dependence. It is an essential component for reducing the mortality and morbidity related to tobacco use. According to WHO, it will not be possible to reduce tobacco-related deaths over the next 30-50 years, unless adult smokers are encouraged to quit.

Tobacco cessation provides immediate benefits for a tobacco user who quits the habit. Tobacco users can quit by using either:

- Nicotine Replacement Therapy (NRT)
- Brief intervention providing motivation to quit (behavioural counseling)

Tobacco cessation is cost effective and has immediate health benefits including:

- Lower risk for oral and other types of cancer.
- Reduced risk for coronary heart disease, stroke, and peripheral vascular disease.
- Coronary heart disease risk is reduced within 1 to 2 years of cessation.
- Reduced risk for infertility among women of reproductive age.
- Reduced risk of having a low birth weight baby among pregnant women.
- The money spent on tobacco can be used to meet food, education and health costs of the family.

Tobacco users want to quit

- Up to 70% of tobacco users in the United States report a strong interest in quitting.
- A 2003 study revealed that 76% of Irish smokers intended to quit.
- As per GATS 46.6% of current smokers and 45.2% of users of smokeless tobacco in India planned to quit or thought about quitting.

International policy recommendations

- Article 14 of FCTC recommends each Party (country) to promote cessation of tobacco use and provide adequate treatment for tobacco dependence.
- To help countries fulfill the obligations under Article 14 of the FCTC, WHO recommended countries to "offer help to quit tobacco use"

Tobacco Cessation in India

- Treatment for tobacco dependence and tobacco cessation facility is an essential part of NTCP.
- A national guideline on tobacco cessation is published by MoHFW.
- Twenty Tobacco Cessation Clinics (TCC), supported by WHO and MoHFW across the country provide assistance to tobacco users to quit.
- These clinics provide both behavioural and clinical advice for treating tobacco dependence.
- Under NTCP, it is planned to scale up TCCs in states where there are no TCCs and to setup such TCC in every district of the country.

Civil society initiatives to provide cessation facilities

- Effective community based initiatives have been taken by civil society organisations and NGOs in providing cessation services within the community limits including at workplaces, educational Institutions, amusement centers, and community centers.
- NOTE India, an NGO working in Goa, in association with Lifeline Foundation, Chimbel Sai Life Care and Fatima Foundation has extended community cessation facilities in Goa.
- HRIDAY, a Delhi based NGO is promoting tobacco cessation among young children in Delhi's slum areas by engaging them in various interactive activities besides group and face to face counseling.

Global experiences of success with tobacco cessation

- In the United States, quit-line counseling increased smokers' chances of long-term abstinence by about 30%.
- In New Zealand, it was found that even brief advice from health professionals has a significant effect on smoking cessation rates.
- Training of health professionals and pharmacy personnel for tobacco cessation in Thailand and United Kingdom respectively was found to be effective in promoting tobacco cessation.

Recommendations

- Improve infrastructure and train medical and para medical health professionals and health care providers to deliver tobacco cessation for more than 275 million tobacco users in the country who fail to reach to the limited number of TCC's in the country.
- Establish more TCCs with effective and accessible programmes that provide low-cost interventions for tobacco users who want to quit.
- Mandate national policy on tobacco cessation and a public health policy on NRT.
- Require inclusion of diagnosis, treatment and counseling for cessation in national health and education programmes.
- Promote tobacco cessation quit-lines, implement comprehensive ban on tobacco advertisement, promotion and sponsorships and provide tobacco cessation information through pictorial health warnings on tobacco packs.

National Tobacco Control Programme

To effectively implement the mandates of FCTC, it is important to translate its mandates into an effective National Tobacco Control Programme and ensuring its subsequent implementation. The Government of India initiated its National Tobacco Control Programme (NTCP) in 2007.

NTCP in India

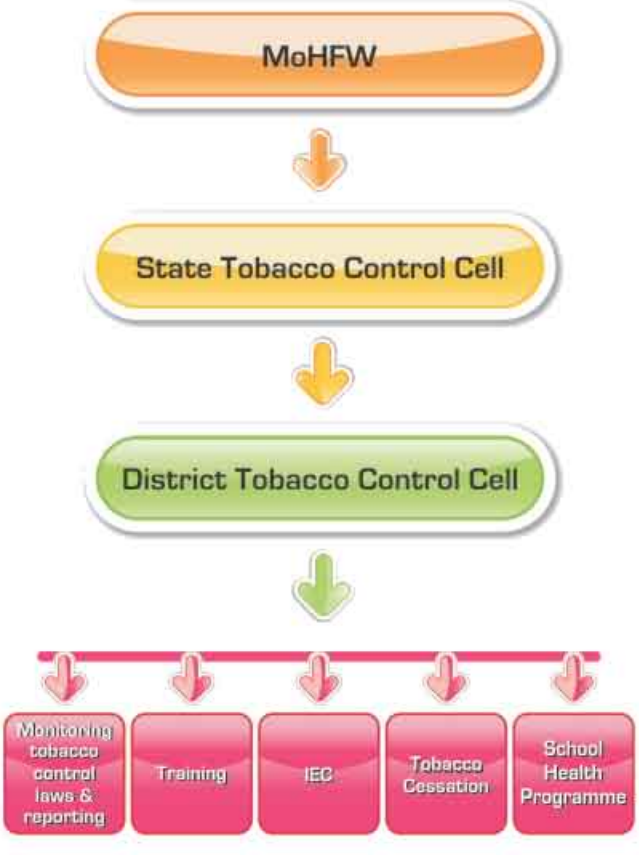
The Ministry of Health and Family Welfare, Government of India (MoHFW) during the 11th Five-Year Plan launched NTCP as a pilot project, which is currently running in 42 districts of following 21 states:

Phase I (2007-09)		
S. No.	Name of the State	Name of the Districts
1.	Assam	Guwahati (U), Kamrup
2.	West Bengal	Murshidabad, Cooch Behar
3.	Madhya Pradesh	Khandwa, Gwalior
4.	Uttar Pradesh	Lucknow, Kanpur
5.	Tamil Nadu	Kanchipuram, Vellupuram
6.	Karnataka	Bangalore (U), Gulbarga
7.	Rajasthan	Jaipur, Jhunjhnu
8.	Gujarat	Vadodra, Sabarkanta
9.	Delhi	East Delhi, New Delhi

Phase II (2009-011)		
S. No.	Name of the State	Name of the Districts
1.	Nagaland	Kohima, Dimapur
2.	Tripura	West Tripura, Dhalai
3.	Mizoram	Aizawl, Lunglei
4.	Arunachal Pradesh	Tawang, West Kameng
5.	Sikkim	East Sikkim, South Sikkim
6.	Jharkhand	Dhanbad , Jamshedpur
7.	Bihar	Patna, Munger
8.	Uttarakhand	Dehardun, Tehri Garhwal
9.	Maharashtra	Thane, Aurangabad
10.	Goa	North Goa, South Goa
11.	Andhra Pradesh	Guntur, Hyderabad.
12.	Orissa	Khurda, Cuttack

Key components of the Programme include

- Setting up of National Regulatory Authority
- Setting up of State Tobacco Control Cells
- Setting up of District Tobacco Control Cells
- Anti Tobacco Public Awareness Campaigns
- Establishment of tobacco testing labs
- Research and Training
- Monitoring and Evaluation
- School Health Programme



Role of the Central Government

MoHFW at the Centre is responsible for activities like establishing labs for testing Tar/Nicotine content, Mass Media Campaign, research on economically viable alternatives, development of training materials and to oversee the functioning of the proposed National Tobacco Regulatory Authority. For effective implementation of NTCP at the state level the Government has established:

- State Tobacco Control Cell with a Nodal Officer and a Programme Assistant.
- District Tobacco Control Cell with a Psychologist and a Social Worker at the district level.

Role of State Tobacco Control Cell

- Develop state specific IEC strategy and media plan.
- Receive district level planning and monitor its implementation.
- Develop and issue challans to all enforcement agencies to collect fines under Sections 4 and 6.
- Designate a treasury head/ government account to deposit the collected fines.
- Build capacity through training of trainers at all levels in all departments.
- Build capacity and promote tobacco cessation.
- Take action on violations of any provisions of the tobacco control law.
- Act as resource centre for tobacco control information in the state.
- Engage and partner with all other stakeholder departments and civil society.

Role of District Tobacco Control Cell

- Develop and disseminate IEC material and conduct mass media campaigns- Partner with NGOs, Panchayati Raj Institutions, Municipal Bodies etc. to implement COTPA.
- Build capacity of teachers, health workers, health professionals, law enforcers, NGOs to implement COTPA.
- Conduct health and awareness programmes in schools.
- Train NGOs, medical officers and health professionals to provide tobacco cessation services.
- Monitor compliance with all provisions of the tobacco control law.
- Prohibit smoking in public places.
- Ensure ban on sale of tobacco products to and by minors and sale around educational institutions.
- Ensure that boards/ signage are duly displayed as required under COTPA.
- Ensure removal/ confiscation of hoardings and other material which amount to advertising of tobacco products.
- Confiscate tobacco products sold without pictorial warnings.

NTCP integrated with other public health programmes

- Awareness campaigns under NTCP have been integrated with the National Rural Health Mission (NRHM).
- Given the causal relationship between tuberculosis and tobacco use, NTCP has been integrated with Revised National Tuberculosis Control Programme (RNTCP).
- Given that patients with mental illness are found to be addicted to tobacco and the illness gets aggravated due to tobacco use, NTCP has been integrated with Mental Health Programme.
- Tobacco use being a major risk factor for cardiovascular diseases and stroke, NTCP has been incorporated with National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPDCS)
- Considering the harmful effects of tobacco use and exposure to secondhand smoke among women, especially pregnant women, and children, NTCP has been integrated with Reproductive and Child Health Programme (RCH).

Need for Inter-Departmental Task Force

Comprehensive delivery of an effective tobacco control programme requires an indigenous, multi sectoral approach with constant coordination between and among various departments of the government. To ensure smooth coordination and participation of all stakeholder departments in the state for effective implementation of the tobacco control laws and initiatives a high level Task Force with pooled expertise from all departments should be constituted.

Breaking Myths About Tobacco

Myth: In a country like India, tobacco control cannot be a public health priority as infectious diseases like diarrhea, malaria and tuberculosis are still highly prevalent.

What you should know: Ten lakh people die in India due to smoking every year - 70% of these deaths are in the age group of 30 - 69 years. Tobacco trebles the risk of tuberculosis too. India also faces a high burden of smokeless tobacco use which makes it the 'oral cancer capital' of the world.

Globally, tobacco causes more deaths than tuberculosis, malaria and HIV/AIDS combined. Prevalence of tobacco use is higher in developing countries. By 2030, tobacco will be responsible for ten million deaths per year, and 70% of these deaths will be in the developing world.

Myth : Tobacco industry provides employment to lakhs

What you should know: The tobacco industry is one of the lowest paying sectors. Apart from the cigarette industry, which functions under a mechanized production process, the bidi industry is largely unorganized and employs women and children under harsh and exploitative working conditions. The International Labour Organisation and Government of India figures estimate that 15-25% of the workforce employed in the bidi industry comprises of children. Study reveals that in rural areas the lowest average daily wage was received by workers in the tobacco industry (mainly women). About 92% of them received wages below the national minimum wage norm.

Myth : Governments benefit from tobacco as its trade provides revenue.

What you should know: When seen in balance, the direct and indirect health costs incurred due to tobacco use are quite high. In India, the direct medical cost incurred on treating diseases caused due to tobacco use was Rs.5,217 crore and the indirect medical cost was Rs.2,174 crore in 2004. This was 16% more than the total tax revenue collected from all tobacco products in India during the same financial year of 2003-04. Besides, the health costs given here do not include those due to premature deaths due to tobacco use, which is estimated to constitute 50 - 80% of total cost due to tobacco use.

Myth: Tobacco is NOT a problem among females

What you should know: Twenty percent of the world's more than 1 billion smokers are women with increasing prevalence among women in many countries. The Tobacco Atlas published in 2009, ranked India as third in the top 20 female smoking populations across the globe. This is in addition to an even larger number of women who chew tobacco in India. As of 2005, male tobacco use in India was 57% compared to 11% among women, while this rose to 20% in 2010, showing an increase in tobacco use among adult women .

According to a study by HRIDAY, the differential in tobacco use between boys and girls is much smaller than that between adult males and females. Such findings when compared to adult tobacco use in India highlight that more girls are using tobacco than ever. The male-female prevalence ratio among adolescents is 3:2 versus the adult ratio of 2.5: 1, indicating that younger females are even more vulnerable.

Myth: Chewing tobacco (gutkha etc) is less harmful than smoking tobacco

What you should know: Chewing tobacco contains 3095 chemicals of which 28 are cancer causing and it is the largest cause of mouth cancer. Chewing tobacco use is associated with similar cardiovascular risk as smoking. Due to the high rate of use of chewing tobacco, there are 80,000 cases of mouth cancer in India every year, the largest in the world. Smokeless tobacco use carries higher risk of oral, pharyngeal and esophageal cancers. Smokeless tobacco increases the risk and severity of gum and tooth disease. Chewing tobacco permanently discolors teeth and users suffer from halitosis, constant bad breath. Smokeless tobacco use during pregnancy increases the risk of stillbirth and low birth weight among newborn babies.

Myth: Raising taxes on tobacco will reduce Government revenue

What you should know: In reality, raising price of all tobacco products by way of increasing taxes is the most effective method of reducing consumption of tobacco while simultaneously increasing government revenue. By increasing prices of tobacco by 10%, tobacco use will be decreased by 4% in developed countries and 8% in developing countries. In a study conducted in India it was revealed that a 10% increase in tobacco prices can reduce bidi consumption by 9.1% and cigarette consumption by 2.6%. An increase in tax rate on bidis from Rs.14 to Rs.98 per 1000 sticks (from 9% to 40% of retail price) and on cigarettes from Rs.659 to Rs.3691 per 1000 sticks (from 38% to 78% of retail price), will save 18.9 million lives. The increase in tobacco tax will provide the Indian Government with an additional Rs.183.2 billion (3.9 billion USD) in tax revenue.

Myth: 'Light' and 'low tar' cigarettes are less harmful than regular cigarettes.

What you should know: During the 1950s-60s, when awareness about the harmful effects of tobacco use became established, cigarettes were marketed as 'light' and 'low tar' to appeal to the health conscious smoker. Though these cigarettes are designed to be more porous to reduce the smoke inhaled, and machine testing reveals a lower tar level, smokers typically puff harder and longer to get their dose of nicotine. Cigarettes labeled as 'lights' or 'low tar' have not reduced the disease risk of those who smoke them versus those who smoke regular cigarettes. The 'lights' therefore are just a marketing strategy of the tobacco industry to mislead smokers into continue smoking an apparently less harmful cigarette rather than quit.

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