

Editorial

Tobacco Control in India- Lots Need To Be Done....

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Tobacco use is among the leading causes of preventable premature death and disease all over the world. As per World Health Organization (WHO) estimates, at present, its use kills more than 5 million people each year worldwide and most of these deaths occur in low and middle-income countries. If immediate steps are not taken to tackle the problem gap in deaths between low and middle-income countries and high-income countries is expected to widen further over the next several decades. It is estimated that if current trends of tobacco use persist, it will take a toll of more than 8 million lives worldwide every year by 2030, out of these 80% premature deaths are expected to occur in low and middle-income countries. By the end of this century, tobacco may kill a billion people or more unless urgent action is taken.¹ Deaths attributed to tobacco use are increasing in India and account for about one sixth of the world's tobacco-related deaths. Estimations on tobacco-related deaths revealed the fact that smoking was expected to kill nearly one million Indians by the early 2010.²

Predictions for the future burden of tobacco-related diseases can be made easily after looking at the trends in prevalence of current tobacco smoking. India's contribution to the figure of total smokers in the world amounts to approximately 10%, which represents the second largest group of smokers in the world; first being China. According to reports of WHO, prevalence of current tobacco use among adolescents aged 13-15 years has been reported to be 19% and 8.3% among males and females respectively in India while the prevalence of smoking any tobacco product among adults aged fifteen years and above in the country is reported to be 33.2% among males and 3.8% among females.³ Prevalence of tobacco use in our country is more among males in comparison to females. More than fifty percent of men use one or more forms of tobacco, while the corresponding figure among females is eleven percent.⁴ However in NFHS-3 all adults of the country are not represented as data was collected for men aged 15-54 and women aged 15-49. Data analysis of a various sources suggests that approximately 120 million Indians smoke some form of tobacco, which include 115 million male smokers and 5-6 million female smokers.⁵

Health consequences of tobacco are well known. Tobacco use is associated with number of diseases like cardio-vascular diseases, different types of cancers (Cancers of the bladder, cervix, oesophagus, kidney, larynx, lung, oral cavity and pharynx), numerous respiratory disorders and various reproductive effects including sudden infant death syndrome (SIDS), foetal growth restriction and preterm delivery, abruptio placentae and placenta praevia. Effects of tobacco on fertility like delayed conception are quite evident.⁶

The WHO Framework Convention on Tobacco Control (WHO FCTC), which was developed in response to the globalization of the tobacco epidemic is pre-eminent global tobacco control instrument, which includes legally binding obligations for its parties, sets the baseline for reducing both demand for and supply of tobacco, and provides a comprehensive direction for tobacco control policy at all levels. WHO FCTC has become one of the most widely embraced treaties, with more than 160 Parties, covering more than 86% of the world's population.¹ India has been playing an important role on the tobacco control front since 2003. It had a leading role in negotiations of Framework Convention on Tobacco Control (FCTC), as Regional Coordinator of South-east Asian

countries, and advocated actively for international treaty on tobacco control. It was among the first 8 countries to ratify the FCTC treaty on 5 February 2004. In order to turn implementation and management of tobacco control a reality, WHO introduced

MPOWER package of measures which includes monitoring of tobacco use and prevention policies, protect from tobacco smoke, offer help to quit tobacco use, warn about the dangers of tobacco, enforce bans on tobacco advertising, promotion and sponsorship and raise taxes on tobacco.

India's attempts at prohibition of tobacco use started in 1970s, first in this series was The Cigarettes Act 1975, which made a statutory health warning mandatory on all cigarette packets. Since then a number of modifications and inclusions have been done in acts related to the issue. A comprehensive tobacco control legislation titled "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003"⁷ was notified in 2003. This Act is applicable to whole of India and covers all types of tobacco products and includes prohibitions on direct and indirect advertisement of and provision for regulation of the trade and commerce in production, supply and distribution of all tobacco products (implemented in 2004), ban on smoking at public places (came into effect in October 2008), ban on sale of tobacco products to any person below the age of 18 years (implemented in 2004), ban on sponsoring of any sport /cultural events by cigarette and other tobacco product companies (implemented w.e.f. May 2004), ban of sale of tobacco products within 100 yards of educational institutions (implemented w.e.f. December 2004) and ban on trade by any person in any tobacco products including imported products unless the specified warnings are indicated (May, 2009)⁷. Pictorial warnings on all tobacco products have become mandatory since 31 May 2009, after the Supreme Court issued an order according to which pictorial health warnings will be implemented on all tobacco products.

Taking a further step in efforts to face the problem of tobacco use, Ministry of Health and Family Welfare launched the pilot phase of the National Tobacco Control Programme (NTCP) in 2007-08 in 9 states of the country covering 18 districts. Components of the NTCP include setting up of State Tobacco Control Cells, District tobacco control programme, National level mass awareness campaigns, Establishment of tobacco product testing labs, Research and training, Monitoring and evaluation, including Adult Tobacco Survey and setting up of National Regulatory Authority.⁸ To take care of approximately 7 million people² as workforce in tobacco industry 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. Ministry of Labour has launched a pilot programme for skill-based vocational training of bidi workers in seventeen locations covering a number of states. For sensitization of women and minors engaged in bidi-making grass-root level interventions have been initiated in addition to training on alternative vocations in seven states.⁸ Raising the price of tobacco products through significant tax increases is the single most effective way to decrease tobacco use and to encourage current users to quit.¹ According to recommendations made in "The Economics of Tobacco and Tobacco Taxation in India", raising prices up by 52.8% from their

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current levels, would significantly reduce bidi consumption and prevent 15.5 million premature deaths among current and future bidi smokers.²

Although there are a few success stories in the area of tobacco control, there is still a long road to travel. There should be an effective tobacco surveillance system in the country which should collect information on prevalence of tobacco use, tobacco related morbidity and mortality and policy and programme interventions of the government. It will definitely enhance the capacity of the government to find out the relation between tobacco and health status of the population, therefore it is expected to assist in setting public health priorities. There is an urgent need to strengthen the research in the country to deal with the problem of tobacco control.

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