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Tobacco Control: An Overview Of Smoking Ban In India

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ABSTRACT:

Smoking is one of the major life threatening habits around the world. Second-hand smoking is one of the major environmental issues caused due to smoking. The adverse effects of smoking include ischemic heart disease, cerebrovascular diseases, chronic obstructive pulmonary disease, lower respiratory tract infections, peptic ulcer and infertility. This article sums-up the present challenges , strict legislations and various other measures taken by the government of India to control tobacco consumption with the aim of providing new solutions and methods for controlling tobacco production and consumption.

KEYWORDS: Smoking, cigarette, control, tobacco, ban, prevention.

INTRODUCTION:

Smoking is one of the major life threatening habits in India. Smoking is a very harmful habit which adults practice today without realizing its ill effects on their body and to the environment. Smoking also causes harmful effects to the environment .The major harmful effect it causes to the environment is the Second-Hand smoking. According to WHO (world health organization) there are about 120 million smokers approximately in India [1]. Smoking and smokeless tobacco nearly kills half of its users worldwide. Smoke from a cigarette contains more than 4800 chemicals out of which 69 are carcinogenic [18]. Smoking is a primary reason for many diseases such as ischemic heart disease, cerebrovascular disease, chronic obstructive pulmonary disease, lower respiratory tract infection, peptic ulcer and infertility. India is the third largest producer and second largest consumer of tobacco worldwide [17]. According to Framework Convention of Tobacco Control (FCTC), article8, World Health Organization mandates countries "to protect citizens from exposure to tobacco smoke in working places, public transport and indoor public places". "The cigarettes and other tobacco products act" (COTPA) in 2003 and "Prohibition of smoking in public places act" in 2008 was introduced by Government of India in effort towards tobacco control [1][2][17][18][19]. With the help of Juvenile Justice Act, 2005, India has become the only country in the world to impose strict penalties for selling

tobacco to minors. In the past 7 years India has witnessed an overall decline in the number of tobacco users to around 81 lakhs , this report is according to Global Adult Tobacco Survey (GATS-2) in 2016-2017[18]. Major barriers in implementing India's national tobacco control strategies are tobacco industries, advertising methods and violation of some advertising regulations. The aim of this review is to look for successful arbitrations from the past and the remaining tough impediments ahead of us in order to control the habit of smoking and to create awareness among the population of India especially in the rural area to create a tobacco-free country.

Policy Interventions:

Time line of various policy interventions related to tobacco use in India from 1975-2016[12].

YEAR	POLICY INTERVENTION
1975	Cigarettes act (regulation of production, supply and distribution).
1990	Tobacco smoking was prohibited in all health-care establishment, educational institutions, domestic flights, air conditioned trains and buses, through a memorandum issued by cabinet secretariat As per PFA (Amendment) 1990, statutory warnings regarding harmful health effects were made mandatory for pan masala and chewing tobacco.
1992	Drugs & cosmetics Act 1940 (Amendment), use of tobacco in all dental care products was banned.
2000	Cable television networks Act 2000 (Amendment) prohibited tobacco advertising in state controlled electronic media and publications including cable television.
2003	COTPA was introduced. The major rules and guidelines of COTPA are : 1. Prohibition of smoking in public places 2. Prohibition of advertisement of cigarettes and other tobacco products 3. Prohibition of sales to minors 4. Prohibition on sale of cigarettes and other tobacco products around educational institutions
2004	The government ratified WHO FCTC.
2007	Government piloted NTCP.
2008	Revised smoke-free rules came into effect.
2009	Law pertaining to pictorial warnings on tobacco products packages was implemented.
2011	1. FSSAI regulation prohibits the addition of tobacco or nicotine to food and thereby bans the manufacture and sale of Gutka. 2. Manufacturers of Gutka, pan masala, and tobacco were banned from using plastic material in sachets.
2014	Excise duty on pan masala increased to 16% from 12%, for gutka and smokeless tobacco to 70% from 60%.
2016	1. Excise duty on smokeless tobacco increased further from 70% to 81%. Basic excise duty increased on pan masala from 16% to 19%. 2. 85% graphic health warnings are mandatory on all tobacco products packaging. 3. State governments have started imposing a blanket ban on production, storage or distribution of all forms of chewing tobacco products including zarda and pan masala. 4. Supreme Court has clarified that the 2011 regulation on the ban of sale of all forms of chewable tobacco and nicotine also includes the sale of separate pouches of pan masala and tobacco and has directed FSSAI to strictly enforce the ruling.

Fctc Rules And Regulations:

Framework Convention on Tobacco Control (FCTC) was introduced by the World Health Organization (WHO) as a measure to control the development of rising tobacco pandemic. It is accelerated by a number of major factors such as cross border effects, liberalization of trade and foreign investment. The other minor factors are global marketing, transnational tobacco advertising, promotion and sponsorship and international movement of contraband and counterfeit cigarettes [1-11].

A. The key demand reduction strategies are contained in articles 6-14 which includes :
   1. Article 6 - Price and tax measures to reduce the demand for tobacco.
   2. Article 7 – Non-price measures to reduce the demand for tobacco.
   3. Article 8 – Protection from exposure to second hand tobacco smoke.
   4. Article 9&10 – Tobacco content and product regulation.
   5. Article 11 – Packaging and labeling of tobacco products.
   6. Article 12 – Education, communication, training and public awareness.
   7. Article 13 – Tobacco advertising, promotion and sponsorship.
   8. Article 14 – Demand reduction measures concerning tobacco dependence and cessation [1-11].

   B. The key supply reduction strategies are contained in articles 15-17 which includes:

      1. Article 15 – Illicit trade in tobacco products.
      2. Article 16 – Sales to and by minors.
      3. Article 17 – Provision of support for economically viable alternative activities [1-11].

Various Measures Taken For Tobacco Reduction:

Increasing the price and tax measures will reduce the demand for tobacco. Increased taxation in 2011 had lead to reduced consumption and manufacturing of tobacco for a shorter period of time, this report was published by GATES-2 report [18].Government of India has established many tobacco control acts such as :

1 The cigarettes and other tobacco products act (COTPA) in 2003
2 Prohibition of smoking in public places act in 2008
3 Juvenile Justice Act 2005
4 National tobacco control program (NTCP) 2007-2008
5 Other than these acts all the state governments (district tobacco control cell) and many NGO's are taking special measures to control tobacco consumption and reduction.
6 Legal metrology act 2015 – packaging regulations.

Tobacco sales within the premises or 100 yards of any educational institute have been prohibited. Consumption of tobacco within the institute is also been prohibited with strict regulations. Institutions can terminate the individual if he/she is found guilty [15][17]. Indian telecommunication unit along with WHO and Indian Ministry of health and family welfare (MOHFW) has initiated "Be Healthy Be Mobile" an initiative which helps people who want to quit tobacco and motivate them in successful quitting through constant messaging via the phone [18]. Toll free numbers to help in quitting tobacco (1800-11-2356/011-2901701) and for reporting violations of the COPTA regulations (1800-110-456). This initiative was take by the Government of India to help people of our country to achieve the status of smoke-free nation among the world population.

The main components of the NTCP were:

A. NATIONAL LEVEL:

1. Public awareness/mass media campaigns for awareness building and behavior change.
2. Establishment of tobacco product testing laboratories, to build regulatory capacity, as mandated under COTPA, 2003.
3. Mainstreaming the program components as part of the health care delivery mechanism under the National Rural Health Mission framework.
4. Mainstream Research and Training on alternate crops and livelihoods in collaboration with other nodal Ministries.
5. Monitoring and Evaluation including surveillance e.g. Global Adult Tobacco Survey (GATS) India [1-11].

B. STATE LEVEL:

Tobacco control cells with dedicated manpower for effective implementation and monitoring of anti tobacco laws and initiatives.

C. DISTRICT LEVEL:

1. Training of health and social workers, SHGs, NGOs, school teachers etc.
2. Local IEC activities.
3. Setting up tobacco cessation facilities.
4. School Program.
5. Monitoring tobacco control laws [1-11].

National level mass media campaigns and many integrated programs along with well structured public education programs are being conducted in schools and communities to enforce strong efforts and to help the tobacco users to control and quit their habit [19]. Anti tobacco campaigns are also being published through TV and radio in more than 18 languages throughout the country to create more awareness among the rural and tribal population [17]. The Indian dental association has initiated Tobacco Intervention Initiative (TII) to train dental professionals in tobacco cessation and help setting up cessation clinics. Tobacco control has been made a mainstream subjects among all the medical and dental colleges of India [17]. WHO and Ministry of health and family welfare have initiated a collaborative program by setting up Tobacco Cessation Clinics in India to tobacco control. It helps users to control the habit in a more scientific way. It was renamed to Tobacco Cessation Centers (TCC) and was expanded to include more training programs and develop awareness among young adults [13-14]. Ministry of labor introduced many training programs for women bidi rollers to provide them with economically better livelihoods. Ministry of rural development and women and child development are also involved in this program to create better schemes for women and their children [13-14].

Present Challenges:

Despite all strong regulations and implementations small proportion of the people are still violating the rules and many shops sell tobacco without the proper regulations breaching the laws implemented by the central and state government[18]. In recent time the approach has been targeted towards women. Many women in recent times are consuming tobacco in both smokeless and smoke forms. Cessation for women smokers are still to be implemented in our country. They should be made aware of the hazardous effects in a more effective way as it may affect their offspring during the time of pregnancy and also during post pregnancy[12][18]. Taxation is at a very low level, even the low level of taxes are not effectively collected for all tobacco products except perhaps for cigarettes, rendering tobacco products quite inexpensive and affordable even by school children through their pocket

money. Taxes have traditionally been raised targeting cigarettes. Bidis got more or less exempted from taxation. There are reported incidences of huge tax evasion in the smokeless tobacco sector [13-14]. Tobacco manufactures are advertising with attractive colors, logos, brand names and images on the cigarette packs since all other forms of advertising are banned at point of sale [13-14]. As estimated 65% of all men and 33% of all women in India use tobacco in either smoke or smokeless form which continues to grow at 2-3% per annum in India [20].

There are many alternative products to cigarettes and bidis in India which contains tobacco some of them are:

1. Hookah
2. Pan masala or Gutka
3. Chutta
4. Mishri
5. Dohra
6. Betel quid
7. Electronic or e-cigarettes

All these products are being advertised as non-smoking alternatives. There are no such products and all these products contain tobacco which is very much harmful to oral and general health. Quitting is only alternative to smoking and this awareness is very much less among the global populations [20]. There might be a negative impact on the economy due to tobacco control measures since it will create massive employment loss. According to WHO there will be significant rise in the number of tobacco related deaths in India from 1.4 %(1990) to 13.3 %(2020). This massive increase is mainly due to increase of population in India [21]. Some industries are targeting youth by producing glamorous products like flavored cigarettes to create potential implications to increase the smoking consumption and experimentation [20]. Peer pressure and peer pleasure is one of the most important problems to be addressed. Most people develop the habit of consuming tobacco mainly due to peers. This is the most important contributing factor to which influences women and young adults to consume tobacco and later making it an addiction [21].

Tobacco Control – New Solutions And Methods:

Tobacco control can be implemented in an effective way balancing demand and supply strategies by the government and by the coordination of stakeholders department and ministries [17]. Expansion of tobacco control centers in more rural areas and remote villages. So that it is within the reach of the people hence helping them quit the habit and create more awareness towards the non smoking people of that commodity[12][17-19]. Monitoring legal enforcement, raising awareness to report violations among commodities, providing anti-tobacco materials in schools and educational institutions, creating user friendly apps or online reporting systems. All these can be implemented by forming separate agencies by the government of India which helps in a more effective way of controlling tobacco usage [18]. More effective tax impositions on all tobacco products. Second hand smoking is a major side effect of smoking. Mainly children and women are being affected by second hand smoking. Hence strict rules must be implemented to restrict smoking in homes since homes are the key to second hand smoking. By creating such rules smoking can be banned in all the places and thereby achieve 100% smoke free environment for everyone [13][15-16]. Using technologies such as mobile alert systems, virtual reality and wearable technologies which warn the individual before picking up another cigarette can be implemented [22]. Numbers of substitutions for smoking are available which provide slow and steady supply of nicotine in order to relieve craving and withdrawal symptoms, such products are:

1. Nicotine gums.
2. Nicotine patch.

3. Nicotine nasal spray or inhaler.
4. Nicotine replacement therapy [23].

Providing medical educators and practitioners such as doctors and dentist with appropriate education and materials about tobacco control measures so that they can help motivate the patients to quit the habit and educate non-smokers from getting addicted to the habit of smoking[23].

CONCLUSION:

Tobacco control can be achieved if every citizen of the country makes constant efforts in achieving 100% smoke-free environment and our country a smoke free nation among the world population by making tobacco control a top priority. It is the responsibility of every citizen to follow the rules and implementations initiated by the government. Allocation of funds, strict political government, involvement of political and religious leaders in anti-smoking movement, revising tobacco control strategies, more effective anti-smoking campaigns in schools and commodities and more strict regulations on production and consumption of all forms of tobacco must be implemented by the government. The people and government together must works towards providing a smoke-free country for the next generations to come.

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