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31 MAY
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QUIT**

**SMOKERS HAVE A GREATER RISK OF
DEVELOPING A SEVERE CASE FROM COVID-19**

RESEARCH FEATURE
Is Raising Taxes On Tobacco
The Most Effective Way
To Reduce Tobacco Use?

INTERVIEW

Dr. Indu Ahluwalia, Branch Chief
and Sr. Scientist CDC Headquarters,
Atlanta, Georgia, USA.



By Adv Srishty Jaura

PLUS

ROUND UP • MY MARKET • THE PRESCRIPTION



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VIEWPOINT

MESSAGE FROM PUBLISHER & EDITOR

Fighting The Malware Of Society Called

TOBACCO

TOBACCO LOOKS LIKE an innocent shrub growing in the fields like any other plant. But the leaves contain a harmful chemical called nicotine that not only plays havoc with the mind but is also quite addictive. Then there is the toxic tar that no one wants to talk about...

This tobacco is fashioned into an array of smokable, chewable and sniffable products that can cause diseases, disabilities and even death.

According to the World Health Organization (WHO), tobacco kills up to half its users, averaging around 8 million per year. Indeed, the tobacco epidemic is one of the biggest public health threats the world has ever faced.

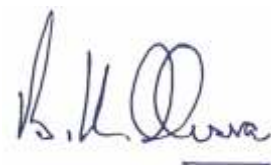
The tragedy has dreadful proportions, but it is entirely preventable too. The WHO is urging member countries to fight the concealed dangers of tobacco with strong and effective legislation that will pave the way for a tobacco-free world.

India is a signatory to the global public health treaty on tobacco - the WHO Framework Convention on Tobacco Control (FCTC). Our country also passed its own Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA). It is applicable to all products containing tobacco in any form and extends to the whole of India. The rules were formulated and enforced from 1st May, 2004.

As the name goes, the Act was enacted by the Parliament to prohibit advertisement of tobacco

products and regulate the production, supply and distribution of tobacco products. Apart from this, COTPA has banned smoking in public places. It even prohibits the sale of tobacco products to minors (children less than 18 years of age) and within a radius of 100 yards of any educational institution. It also mandates provision of health warnings on tobacco products packs (pictorial warnings too) along with specifying the tar and nicotine contents on the packages. Besides this, smoking scenes have been banned in movies and television – they should always be accompanied by specific warnings and disclaimers.

The laws are in place – but how effective are they in reality? Why does there continue to be an upsurge in the production and consumption of tobacco products, especially those which are consumed the most amongst the poor and innocent? Why does tobacco remain the leading cause of preventable death in India and the world?



Prof. Bejon Kumar Misra

Publisher & Editor

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fssai


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Ministry of Health and Family Welfare, Government of India



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PRAFULL D. SHETH

Editorial Board Member

THE CHANGING FACE OF TOBACCO CONTROL IN INDIA



THE WHO, THE world and even India believes that legislation is the critical weapon for achieving tobacco control. Accordingly, the Parliament of India enacted the COTPA after careful deliberations way back in 2003.

While the Act tried to incorporate a sea of regulations, prohibitions and punishments, glaring lacunae have surfaced with time that prove to be a major roadblock in effective implementation. The tobacco industry has also been doggedly exploiting the gaps, much to the detriment of the consumers.

The Government of India also launched the National Tobacco Control Programme (NTCP) to create awareness about the harmful effects of tobacco consumption, reduce the production and supply of tobacco products and ensure effective implementation of the provisions of COTPA, 2003.

Armed with a better understanding of the full range of measures necessary to combat the tobacco menace in the country, the Government of India's Ministry of Health and Family Welfare drafted a COTPA Amendment Bill, 2020 for improving public health. The proposed bill has been placed in the public domain as part of the pre-legislative consultations.

The COTPA Amendment Bill brings forward a slew of changes in the current law – from completely eliminating

all direct and indirect advertising, promotion and sponsorship of tobacco products to increasing the minimum age for sale of tobacco products from 18 years to 21 to disallowing the retail sale of single stick cigarettes or other loose tobacco products. Even the monetary penalties for different offences will be enhanced manifold and certain violations can even attract a jail term.

But the question that arises is – will the new legislation actually promote reduction in tobacco consumption or will it only end up burdening the legitimate, but hapless and voiceless, consumers as usual? Why are we 'creating' discomfort for the tobacco users when it does not seem to deter their consumption habits?

Come to think of it - Aren't the amendments indirectly abetting the tobacco industry even as they violate the fundamental rights of the ultimate consumers who actually pay for all the entities in the supply chain? Why doesn't the legislation shift the focus to spreading more awareness about the many ills of tobacco usage and make the consumers a part of the change?

Why can't our laws be enabling instead of taking such a punitive and aggressive stance always, which is encouraging illegal trade and promotion? ▶



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RESEARCH FEATURE

IS RAISING TAXES ON TOBACCO THE MOST EFFECTIVE WAY TO REDUCE TOBACCO USE?



The WHO FCTC is a global trend-setter in terms of controlling tobacco consumption.



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HORIZON

WHAT DOES THE NEW COTPA SAY?



With the growing flak around the proposed COTPA Amendment Bill, 2020, let us first take a look at the proposed amendments and what the future will have in store if the Bill becomes law.



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INTERVIEW



Dr. Indu Ahluwalia

Branch Chief and Senior Scientist,
CDC Headquarters, Atlanta,
Georgia, USA

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MY MARKET

INHERENT DRAWBACKS OF THE NEW TOBACCO LEGISLATION



The proposed changes in the COTPA Amendment Bill, 2020 fail to consider the interests of the legitimate but voiceless consumers.



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OUT OF THE BOX

LEGISLATION BOOSTS ILLICIT TRADE OF TOBACCO PRODUCTS



The illicit tobacco trade is booming in India. High taxation and extreme regulations do not reduce demand per se.



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IN FOCUS

SKEWED TOBACCO TAXATION ON BIDIS AND SMOKELESS TOBACCO PRODUCTS



DR TEDROS ADHANOM GHEBREYESUS
WHO Director-General

“Working together, countries can prevent millions of people from dying each year from preventable tobacco-related illness, and save billions of dollars a year in avoidable health-care expenditures and productivity losses.”



ROUNDUP



Farmers Clamoring For Withdrawal Of COTPA Amendment Bill, 2020

With the Ministry of Health and Family Welfare placing the Cigarettes and Other Tobacco Products Act (COTPA) Amendment Bill, 2020 in the public domain in January to elicit comments/views from different stakeholders including the general public, it has been prompting censure from farmers, retailers and restaurateurs in equal measure. However, it is not as if support is not forthcoming at all. Let us take a look at what the various parties have to say.....

DATA BRIEFING

34.6%
of adults
(out of which
47.9% is males
and 20.3% is
females) are
smokers.



Protect our livelihood, supported by FAIFA

THE FEDERATION OF All India Farmers' Association (FAIFA), a non-profit organization representing the cause of farmers and farm workers of commercial crops across Andhra Pradesh, Telangana, Karnataka, Gujarat etc., asked Prime Minister Narendra Modi to recall the proposed bill while arguing that it will be a death knell for the Indian Flue-Cured Virginia (FCV) tobacco growers. The FAIFA submitted its memorandum not just to the Prime Minister, but also to the Ministries of Health, Agriculture, Commerce and Labour, urging them not to go ahead with the bill.

The farmers' federation is of the view that the amendments regarding increasing the minimum age, ban on sale of loose tobacco products, controls on in-shop advertising and promotion and enhancing the penalty for offences will not only have a direct adverse impact on the legal cigarette trade in the country, but will also end up boosting the already-growing illicit cigarette business. This will further lead to a drastic drop in tobacco grown by Indian farmers, who stand to lose their only source of livelihood.

FAIFA President Javare Gowda said, "These harsh amendments that have been proposed will terrorize retailers and traders and they would not want to engage in the sale of cigarettes. As a result, criminal syndicates that have been pushing illegal tobacco will gain ground and will flood the Indian market with illicit cigarettes." The fallout of this predisposition will further pinch the tobacco

farmers as the illicit or smuggled cigarettes do not use domestically grown tobacco produced by Indian farmers. The association pegged the total loss due to the illicit cigarettes in the last years at Rs. 6,000 crores.

The farmers' body further argued that the provisions of the WHO Framework Convention on Tobacco Control (FCTC) are being given effect in full force by the proposed amendments and in some cases more than as required by the FCTC. Their contention is that the government continues to maintain a studied silence regarding the actual problems that the tobacco farmers are going to face on account of these stringent laws.

The FAIFA is of the opinion that the government has already been imposing extremely harsh tobacco regulations over the past few years - such as increasing the size of pictorial warnings, imposing punitive taxation on cigarettes (with the tax burden more than trebling since 2012-13) and withdrawing export benefits, to name a few. It claims that these regulations have had adverse consequences on the livelihood of crores of tobacco farmers and the government is still not bothered about providing any alternative livelihood opportunities.

Murali Babu, General Secretary of FAIFA implored, "We request the government to withdraw the bill and not to get influenced by the international non-governmental organizations that are misrepresenting facts to promote the interests of vested groups".

TOBACCO IN INDIA



- India is the 2nd largest tobacco producer with an annual production of around 800 million kgs.
- India is also among the top tobacco exporters with an annual foreign exchange earnings of around Rs.6,000 crores per annum.
- With just 4.64 Lakh hectares of arable land under tobacco cultivation, farmers are earning 3 to 4 times the net returns than any other crop.

FRAI Urges PM To Order Recall Of Proposed Changes In COTPA Law

THE FEDERATION OF Retailers Association of India (FRAI) urged Prime Minister Narendra Modi to order a recall of the proposed amendments in the law on cigarettes and other tobacco products insisting that the changes threaten to further attack livelihoods of petty retailers selling tobacco products across India who are already reeling under the impact of the COVID-19 pandemic. FRAI represents 4 crore micro, small and medium retailers from across India with a membership of 34 retail associations from northern, southern, eastern and western parts of the country and claims that this fresh strike will be devastating for the retailers' families.

The association said that the member organizations from "all over the country are disturbed by the undemocratic amendment of COTPA (Cigarettes and Other Tobacco Products Act) Bill 2020 proposed by the Ministry of Health, which disallows retail sale of loose sticks of cigarettes, prohibits sale of tobacco products to persons below 21 years, puts controls on in-shop advertising and promotion amongst others, as they seemed to be aimed at destroying the business for the smaller retailers without impacting

large retailers". These micro retailers sell essential products to the consumers and earn meager sums in the range of Rs 15,000 per month which is barely adequate to provide two square meals a day to their family members.

The arguments put forth by FRAI are that the amendments propose to make age-old trade practices like selling loose cigarettes into a

cognizable offence. Moreover, the imprisonment penalty of seven years for such small violations will make the small traders look like heinous criminals. This is especially an extreme move when compared to the regular two-year imprisonment sentence for crimes like extortion or dangerous driving that can even cause death. The association contends that this puts paan, bidi and cigarette sellers in the same crime list category as a person voluntarily throwing acid on someone or causing death by negligence.

FRAI President Ram Asre Mishra said, "We humbly appeal for the Prime Minister's empathy and request him to instruct the designated ministry to immediately roll back the proposed COTPA amendments as they are extremely harsh". He further added that, "Already India has the toughest tobacco control laws in the world which has led to de-growth in legal tobacco consumption. Current laws

FRAI President Ram Asre Mishra said: "Already India has the toughest tobacco control laws in the world which has led to de-growth in legal tobacco consumption."

have only helped illicit and smuggled cigarettes to grow benefiting anti-social elements."

Indeed, the coronavirus-triggered lockdowns and economic destruction that is carrying on from last year have already destabilized both the financial condition and business activities of the small retailers. Any further adverse policy will prove to be devastating for their well-being. The FRAI even went ahead and asked the government for exemption from any licensing requirements under the proposed amendment by contending that the administrative control will only end up increasing the perpetual harassment of the retailers at the hands of the authorities.

The Madhya Pradesh Chapter of the FRAI even staged a protest while appealing to the Chief Minister to save the interests and livelihoods of around 3 lakh micro retailers and their 10 lakh dependants in the state.

The FRAI's plea to the government is to be practical and equitable and not impose such harsh, arbitrary, and unreasonable restrictions on the petty retailers who are already struggling to make ends meet. ▶





NRAI Upholds Removal Of Smoking Areas Will Inconvenience Consumers



INDUSTRY BODY, NATIONAL Restaurant Association of India (NRAI) addressed a letter to the Cabinet Minister of Health, Dr Harshvardhan urging the government to reconsider the proposed amendments to the COTPA Act, 2003. It deemed that proposals like increasing the age for smoking and tobacco consumption from 18 to 21 years is 'unnecessary' and that the licensing requirement for selling tobacco products goes against the government's 'ease of doing business' exercise.

The NRAI - which represents five lakh restaurants and bars – vociferously objected to doing away with designated smoking rooms at airports and restaurants, and increasing penalties for flouting public smoking rules to curb smoking. It is of the opinion that removal of designated smoking rooms at airports and restaurants will adversely impact overall consumer sentiments of the dining out sector at a time when it is barely able to emerge from the losses already induced by the pandemic. It stressed that without designated smoking areas, consumers will have no avenue to smoke at bars, restaurants or airports, which will not only cause them a huge inconvenience, but also directly impact the F&B sector.

The Rs 4.23 lakh crore restaurant sector has been one of the worst impacted due to the ongoing pandemic and nationwide lockdowns, which has led to an estimated 30% bars and restaurants being shut down permanently. The remaining ones are already fighting against the continuing odds to recover from the pandemic.

The letter further stated that, "Provision for smoking zones is an international convention in the hospitality

industry and its absence will also affect tourism as international visitors are used to the facility of smoking zones in pubs, restaurants, hotels and airports."

Indeed, the dining-out business is all about creating a comfortable ambience for the customers and the umbrella of conducive services includes provision of music, entertainment and other optional services like designated smoking areas. It follows that removing smoking facilities will force the customers to leave the premises every time they want a smoke. This kind of inconvenience will eventually cause customers to walkout and stop patronizing the facilities, thus adversely affecting the businesses.

The NRAI President Anurag Katriar appealed, "The proposed amendments to COTPA will inconvenience our consumers, thus hurting the consumer sentiments, which will have a direct bearing on our business. We cannot afford this."

Talking about the proposed licensing requirement, Katriar highlighted that it will add to the red tape which goes against the avowed policy of the government. He remarked that, "While restaurants can regulate the sale of tobacco products, it will be incorrect to hold a restaurant management responsible if an individual guest lights a cigarette in violation of the rules. The proposed fines are also very significant and seem disproportionate for the nature of the offence." He was of the view that increasing the fines for violating the tobacco laws and making the offences cognizable will only increase their misuse by the enforcement agencies.... ▶

TNPFTC Extends Support To Proposed COTPA Amendment Bill, 2020

**DON'T LET
TOBACCO**

**TAKE YOUR
BREATH
AWAY**

IN THE FACE of harsh criticism for the Proposed Amendment Bill of COTPA, 2020 and demands for immediate rollback of the proposals, the Tamil Nadu People's Forum for Tobacco Control (TNPFTC) has come out in support of the government's move to ban all social media platform advertisements of tobacco products, increase the applicable penalties from the meager Rs. 200 to a heftier Rs. 2000, prohibiting the sale of loose tobacco products

and raising the minimum age of customers who can buy tobacco products to 21 years. It sincerely appreciated the Health Ministry's efforts towards improving the health of the present and future generations of the country.

The forum upholds that since the COTPA law was first introduced in 2003, the government has been using the provisions for the last 17 years to counter the tobacco industry's tactics to advertise and promote tobacco use in India. Yet, despite the authorities' best efforts to effectively enforce the law, the industry still uses indirect promotion tactics to entice the public, especially children. While the forum has also been making efforts to report any violations, the tobacco industry's interference and circumvention of the law has been increasing steadily.



**CHOOSE
HEALTH**

**NOT
TOBACCO**

In this atmosphere, the TNPFTC welcomed the government's new legislation that will strengthen the tobacco regulation in the country and make it more effective. This will go a long way in empowering the authorities to control the tobacco industry from exploiting the existing gaps in the law.

S. Cyril Alexander, State Convenor, TNPFTC said, "TNPFTC conducted a state consultation and sent its recommendations to the Ministry of Health and

Family Welfare five years ago seeking to increase the minimum age for sale of cigarettes and other tobacco products from 18 years to 21 years. I welcome this bill and support this amendment to get approved at the earliest so that the various added provisions in this proposed amendment will strengthen the existing tobacco control law."

Apart from this, Ms. Meenakshi, President of Indian Dental Association, Madras branch, also supports the proposed amendment of COTPA, 2020 terming it as an attempt to create a tobacco-free India that will pave the way for healthy Indian citizens. ▶

Source: Secondary research & media reports



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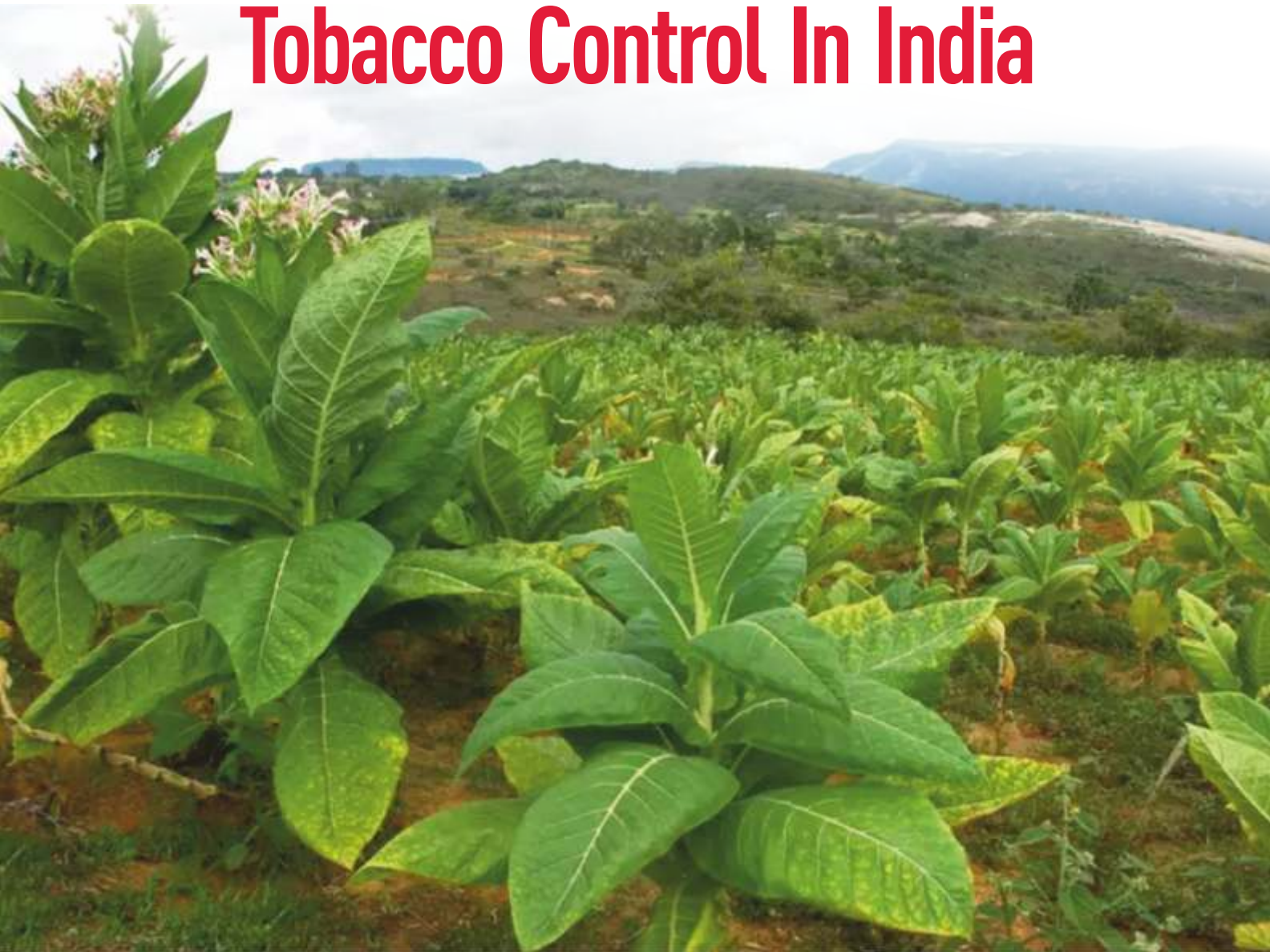
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AROUND
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Consumers, Beware

The Riddling Dichotomy In Tobacco Control In India



Is the government's stance on tobacco control a farce?
Why does it seem to be striving to regulate
tobacco consumption on the one hand and yet,
promoting tobacco cultivation and exports on the other?
When will we put an end to these inherent contradictions?

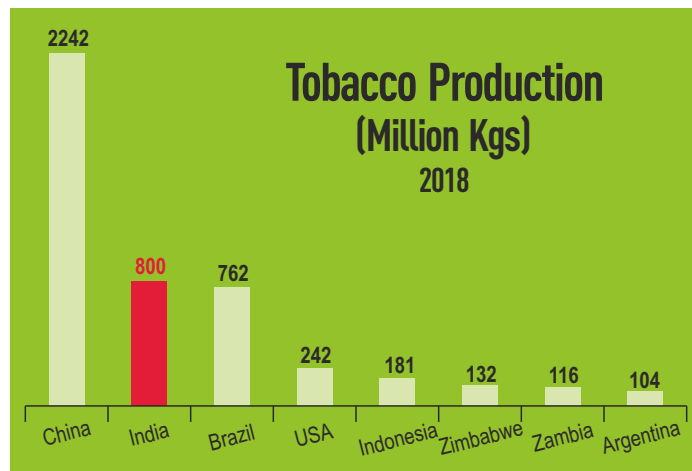
THE INDIAN GOVERNMENT is looking to achieve better tobacco control by strengthening the existing tobacco legislation. The proposed amendments – known as the Cigarettes and Other Tobacco Products Act (COTPA) Amendment Bill, 2020 - is primed to make the law more robust and effective. After all, smoking tobacco happens to be the second largest reason for early death and disability around the world.

At first glance, the new amendments sound as if the government is gravely concerned about the health of the citizens and is striving to carve a tobacco-free India.

However, a grim picture lurks behind this front!

Fact of the matter is that the Indian Government has always adopted a dual stance when it comes to tobacco. While more than 1 million Indians die every year due to tobacco related illnesses, the same tobacco also rakes in big money for the country's coffers.

India happens to be the second-largest producer and exporter of tobacco in the world, with a total export value of tobacco and related products standing at US\$ 904.87 million in 2019-20. According to a 2019 study conducted by the Thought Arbitrage Research Institute (TARI) on behalf of industry chamber, Assocham, tobacco contributes a whopping Rs 11,79,498 crore to the Indian economy while exports of leaf tobacco and tobacco products contribute around Rs 6,000 crore annually in terms of foreign exchange to the government. The Tobacco Institute of India pegs the total tax revenue collected from tobacco products at more than Rs. 43,000 crores annually.



India is the world's 2nd largest producer of tobacco with an estimated annual production of around 800 million kgs – Tobacco Institute of India

The Paradox of Government Regulation

This keeps the various arms of the central government machinery at odds with each other. On the one hand, there is the Ministry of Health and Family Welfare (MoHFW) that is concerned with the disease, death potential and other ill-effects of tobacco products. It administers the COTPA and works towards reducing the consumption of tobacco in the interests of public health.

The Ministry of Agriculture is striving to help tobacco farmers to diversify into growing other crops or switch to alternative livelihoods while the Department of Revenue, Ministry of Finance tries to curb the illicit trade of tobacco.

On the other hand, there is the Tobacco Board under the Ministry of Commerce and Industry that operates on the mandate of promoting tobacco cultivation and developing the tobacco industry. It focuses on the overall development of tobacco growers by offering subsidies, ensuring they get fair prices, organizing tobacco auctions and working to increase demand for Indian tobacco in foreign markets.

Indeed, the auction facility in all the Tobacco Auction platforms ensures highly remunerative prices for the farmers.

Not just this, the Board also goes all out to improve the quality of the produce with incentives like supply of inputs, fertilizers and equipment along with improving curing practices. The tobacco exporters actually get incentives like credit at subsidized rates of interest, duty-free import of certain inputs used for tobacco production and tax exemptions on the export income.

It even created a 'Tobacco Board's Growers' Welfare Fund' in 2009-10. In March this year, the Tobacco Board Chairman, Y. Raghunatha Babu actually exhorted farmers to adopt the best global farming practices to survive in the international arena. He advised them to consciously cut costs and improve efficiency in tobacco processing as this will enable them to realize better prices for their produce. At

the same time, the board even took up the farmers' demand for a better average price with the Indian Tobacco Association.

Why is the government handholding and molycoddling the tobacco farmers when improved production will only endanger more and more lives in the country and across the world? Isn't this a blatant violation of our obligations under the FCTC?

The board does claim that it enforces the FCTC guidelines on tobacco control by restricting and regulating the volume and type of tobacco that can be

grown in different districts each year. However, the fines for violating the board's restrictions are a miniscule Rs. 5000 or two years in jail or both.

Conclusion

The intent and purpose behind the proposed new tobacco control regulation is quite confusing. The contradiction is apparent – is the government trying to protect public health or the economic interests of the farmers? Why are commercial interests being given priority over public health? Can the policymakers strike a balance between the two contrary objectives in a more pragmatic manner?

The long-standing dichotomy between India's tobacco control strategy and development policies should come to an end now. For instance, the Agricultural Ministry can offer subsidies and financial assistance to tobacco farmers to migrate to other lucrative farming practices, thus looking out for their welfare while even curbing the production of tobacco in the country.

Only then can the policy truly serve the goals and rationale behind the intervention. ▶

Source: Secondary research & media reports

Is Raising Taxes On Tobacco The Most Effective Way To Reduce Tobacco Use?

The WHO FCTC is a global trend-setter in terms of controlling tobacco consumption. It exhorts that measures that proved to be very effective in the developed world in reducing the demand for tobacco, like price and tax increases on all tobacco products, need to be enforced immediately.



“Progress in adopting MPOWER measures demonstrates countries’ commitment to tobacco control. The fate of millions of lives depends upon all of us acting decisively to end this global epidemic.”

- Dr Oleg Chestnov, Assistant Director-General, World Health Organization

IN RESPONSE TO the globalization of the tobacco epidemic, various health research and policy development bodies came together to form the Framework Convention Alliance under the auspices of the World Health Organization. It took three years of constant negotiations before they could come to an agreement on the terms of the first international public health treaty, the WHO Framework Convention on Tobacco Control, or FCTC for short. After being adopted by the World Health Assembly (the policy-making arm of the WHO) in May 2003, it officially went into effect in February 2005. India was the eighth country to ratify it on 5th February, 2004.

The WHO FCTC is a scientific evidence-based global public health treaty that reaffirms the right of all people to the highest standard of health. It represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties as it asserts the importance of demand reduction strategies as well as supply issues.

The overarching aim is to reduce the burden of disease and death caused by tobacco. It does not lay down a law, but sets out guidelines for various national and international measures that would encourage smokers to quit and restrain non-smokers from starting the habit.

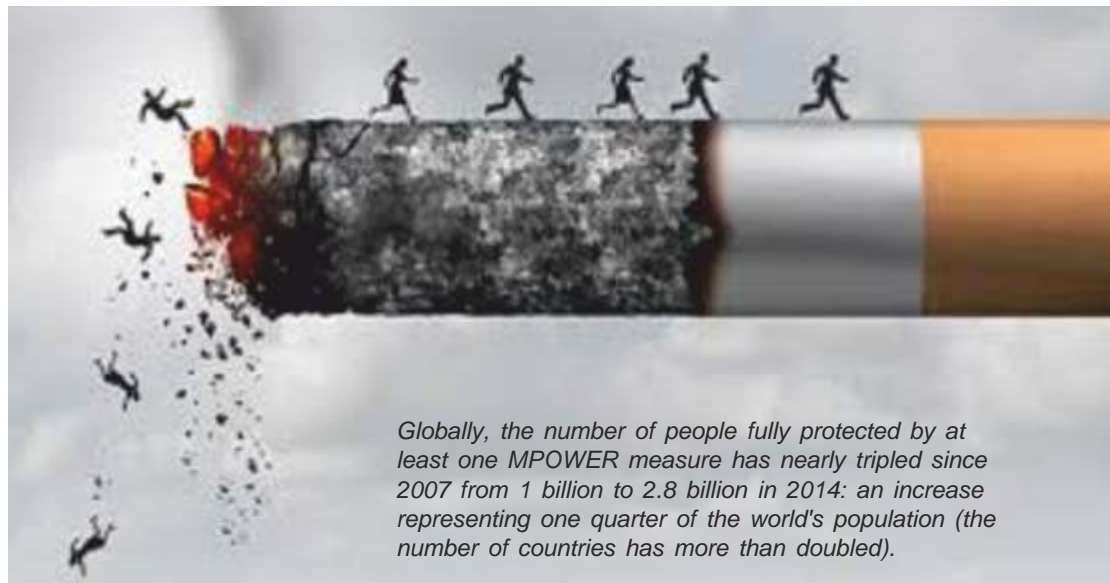
The FCTC compels all its signatory countries to work actively on the full range of tobacco control fronts, including:

- Limiting interactions between legislators and the tobacco industry
- Imposing taxes upon tobacco products and carrying out demand reduction
- Protecting people from exposure to second-hand smoke in indoor workplaces and public places through smoking bans
- Regulating and disclosing the contents and emissions of tobacco products
- Posting highly visible health warnings upon tobacco packaging
- Removing deceptive labeling (like 'light' or 'mild')
- Improving public awareness of the consequences of smoking
- Prohibiting all tobacco advertising
- Provision of cessation programmes
- Effective counter-measures to smuggling of tobacco products

- Restriction of sales to minors
- Relevant research and information-sharing among the signatories

The WHO subsequently established an internationally-applicable and now widely recognized summary of the essential elements of the above tobacco control strategy, publicized as the mnemonic MPOWER tobacco control strategy in 2008. The six measures scale up key WHO FCTC demand reduction measures, with a focus on cost-effectiveness, practicality and impact:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke



Globally, the number of people fully protected by at least one MPOWER measure has nearly tripled since 2007 from 1 billion to 2.8 billion in 2014: an increase representing one quarter of the world's population (the number of countries has more than doubled).

- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

One of the targets of the Sustainable Development Goals 3 of the United Nations (to be achieved by 2030) is to 'Strengthen the implementation of the WHO FCTC in all countries, as appropriate'. The indicator that is used to measure progress is the 'age-standardized prevalence of current tobacco use among persons aged 15 years and older'.

WHO Report on the Global Tobacco Epidemic 2015: Raising Taxes on Tobacco

Price and tax measures to reduce the demand for tobacco are one of the core demand reduction strategies that the WHO FCTC requires its parties to implement: In Article 6, parties recognize that, "price and tax measures are an effective and important means of reducing tobacco consumption..."



- Monitor** Monitor tobacco use and prevention policies
- Protect** Protect people from tobacco smoke
- Offer** Offer help to quit tobacco use
- Warn** Warn about the dangers of tobacco
- Enforce** Enforce bans on tobacco advertising, promotion and sponsorship
- Raise** Raise taxes on tobacco



This report presents a country-level examination of the tobacco epidemic and identifies countries that have applied effective tobacco control measures. It reveals that while public support for tobacco tax increases is widespread, the tobacco industry will do whatever it can to keep taxes low.

More than half of the world's countries, with 40% of the world's population (2.8 billion people) have implemented at least one MPOWER measure at the highest level of achievement (not including the monitoring and mass media measures, which are assessed separately). This progress more than doubles the number of countries and nearly triples the number of people covered between 2007 and 2014.

Despite the fact that raising tobacco taxes to more than 75% of the retail price is among the most effective and cost-effective tobacco control interventions, only a few countries have increased tobacco taxes to best practice level. In fact, raising taxes is the least implemented MPOWER measure – with only 10% of the world's people living in countries with sufficiently high taxes. Only about 33 odd countries have raised taxes to represent more than 75% of the retail price of a pack of cigarettes. There are still many countries with extremely low tobacco tax rates and some countries that do not levy any tobacco taxes at all.

On the other hand, many countries have implemented multiple MPOWER measures at the highest level of achievement.

- A total of 49 countries with nearly 20% of the world's population are covered by two or more MPOWER measures at the highest level.
- Seven countries, five of which are low and middle income, have implemented four or more MPOWER measures at the highest level.
- Six of these countries (four of which are low and middle-income countries with more than 4% of the world's population – more than 300 million people), are only one step away from having all MPOWER measures in place at the highest level.
- Five countries with a combined population of 187 million people, (Chile, Jamaica, Madagascar, Russian Federation and Suriname) implemented a comprehensive smoke-free law covering all indoor public places and workplaces.
- Six countries (Argentina, Belgium, Brunei Darussalam, Malta, Mexico and the Netherlands) implemented appropriate cessation services.
- Twelve countries with a combined population of 370 million people (Bangladesh, Costa Rica, Fiji, Jamaica, Namibia, Philippines, Samoa, Solomon Islands, Trinidad and Tobago, Turkmenistan, Vanuatu and Vietnam) implemented large graphic pack warnings.
- Seven countries (Kiribati, Nepal, Russian Federation, Suriname, United Arab Emirates, Uruguay and Yemen)

introduced a complete ban on all tobacco advertising, promotion and sponsorship (TAPS) activities, thus protecting an additional 209 million people from exposure to TAPS.

- Seven countries (Bangladesh, Bosnia and Herzegovina, Croatia, Kiribati, New Zealand, Romania and Seychelles) raised taxes on cigarettes to more than 75% of the retail price.
- Nine low and middle-income countries that previously had no policies in place have introduced protections for their populations by newly implementing one or more MPOWER measures at the highest level of achievement, so that an additional 363 million people are covered.

India is a high-burden tobacco-use country implementing several of the MPOWER measures to reduce tobacco use, with one measure at the highest level of achievement. Our country is also one of the five focus countries selected to be part of the Bloomberg Initiative to Reduce Tobacco Use (BI).

Raising Tobacco Taxes Is An Area In Particular Need Of Attention in India

Time and again, raising taxes on tobacco products to increase retail prices has been proven to be the most effective and efficient in reducing tobacco use. And yet it is also the least widely implemented measure across the world. As detailed in the WHO report, only a little more than half of the countries have increased their excise taxes since 2012.

An appropriately structured tax policy can provide the dual benefits of reducing the disease and death burden caused by tobacco as well as generate income for the government treasuries. Tobacco companies are also aware of this and make every effort to stop governments



from implementing public health-driven policies regarding tobacco taxation. Industry tactics include interfering with the development of taxation policies and lobbying representatives of finance, economy and other relevant ministries and authorities where health expertise and knowledge of the requirements of the WHO FCTC is often deficient.

In India too, it is seen that high smoking rates contribute to a significant number of early deaths and high healthcare costs. Without any government intervention, over 38 million bidi smokers and 13 million cigarette smokers alive today will die prematurely from diseases caused by tobacco use.

And yet, tobacco taxes remain not only too low to limit public consumption of tobacco, but are also quite skewed across tobacco products. This is because the taxes are complex and vary by tobacco product. The tax rates are not regularly adjusted for inflation either, and over time tobacco products are becoming increasingly affordable.

There are 1.6 bidi smokers for every adult cigarette smoker in the country. Bidis account for nearly 50% of the manufactured tobacco sector by weight with 8 times as many bidis being sold as cigarettes. Yet, bidi prices are low across cities in India, with stick prices as low as Rs. 0.20 and pack prices between Rs. 3 and Rs. 20. This is primarily because taxes on bidis are very low, averaging only 9% of retail price. Moreover, the differential taxes on hand-rolled vs. machine-rolled bidis keeps the prices of these tobacco products on the lower side.

On the other hand, cigarettes are taxed based on their length, with five different product tiers of cigarettes. Cigarette taxes account for approximately 38% of the retail price. Still, this falls well below the rate recommended by the World Bank (from 65% to 80% of retail price) that is commonly present in countries with effective tobacco control policies. Yet, many different studies indicate that the cigarette prices in India are higher than any other tobacco product (both smoked and smokeless).

Research shows that a 10% increase in cigarette prices will reduce cigarette consumption by 3.4% in rural India and 1.9% in urban India, while a 10% rise in bidi prices has the potential to reduce bidi consumption by 9.2% and 8.5% in rural and urban India, respectively. These price

COVID-19 and Tobacco Use

40% of smokers increased use of tobacco & nicotine products during the COVID-19 lockdown, which could equate to elevated use by more than 50 million smokers in the 5 countries polled.

Pricing Model Under GST

Particulars	Cigarettes under 65mm	Cigarettes between 65mm to 70mm	Cigarettes between 70mm and 75mm	Cigarettes above 75mm	Pan masala	Pan masala with gutkha (tobacco)
Value per unit (A)	Rs 5	Rs 10	Rs 15	Rs 15	Rs 5	Rs 10
Probable maximum cess of the value of goods or transactions. (B)	Rs 0.25 (5%)	Rs 0.50 (5%)	Rs 0.75 (5%)	Rs 0.75 (5%)	Rs 3 (60%)	Rs 20.40
Probable cess per 1000 sticks (C)	Rs 1.591	Rs 2.876 (non-filter) and Rs 2.126 (filter)	Rs 2.876 (both filter and non-filter)	Rs 4.170 (both filter and non-filter)	Not applicable	Not applicable
GST rate @28% (D)	Rs 1.40	Rs 2.80	Rs 4.20	Rs 4.20	Rs 1.40	Rs 2.80
Probable price that can be charged on products (A + B+C+D)	Rs 8.016	Rs 16.176 (non-filter) Rs 15.426 (filter)	Rs 21.502 (both filter and non-filter)	Rs 24.12	Rs 9.40	Rs 33.20

increases together translate into a 1.7% and 11.7% decrease in youth cigarette and bidi smoking prevalence.

Experts further call out the improved health impact of raising prices of bidis and cigarettes in the form of averting premature deaths in current smokers as well as preventing more premature deaths by deterring youth from initiating smoking. It is recommended that raising cigarette taxes by 176% from Rs 659 to Rs. 3691 per 1000 sticks (from 38% to 78% of retail price) will prevent 3.4 million deaths in current and future cigarette smokers even as it will increase tax revenues by over Rs. 146 billion. On the other hand, raising bidi taxes by just 52.8% from Rs. 14 to Rs. 98 per 1000 sticks (from 9% to 40% of retail price) has the potential to prevent 15.5 million deaths in current and future bidi smokers even as it will raise over Rs. 36.9 billion in tax revenues.

The Tobacconomic Score Card 2018

Tobacconomic - based at the University of Illinois at Chicago's Institute for Health Research and Policy - released the International Cigarette Tax Scorecard, assessing the performance of cigarette tax policies in over 170 countries including India in 2018.

India got an overall score of 1.88 out of 5 possible points, which is slightly better than the South-East Asia average of 1.82, but lower than the global average of 2.07 while top performing countries scored as high as 4.63. India had significantly improved its score on cigarette taxation policy from 1.38 in 2014 to 2.38 in 2016 after which it declined to 1.88 in 2018 due to the lack of tax increases on tobacco and increasing affordability of cigarettes.

Tobacconomics director and lead author of the scorecard, Frank J. Chaloupka observed, "The Scorecard shows considerable untapped potential for cigarette tax increases to raise revenue for a COVID-19 recovery and importantly, prevent premature deaths and promote a healthy and productive workforce".

Therefore, it follows that introduction of hightobacco taxes uniformly across all tobacco products, simplifying the tax structure and applying existing laws strictly is essential for achieving tobacco control. It will save lives and reap higher revenues as well. These new revenues should be dedicated to comprehensive tobacco control and other social and public health programmes.

Along with this, it is also critical to eliminate the small producer exemptions, prohibit the sale of unbranded bidis and ensure that all bidi tobacco raw material sales to manufacturers are reported to the excise department.

This kind of policy will send out a clear public health message that all bidis, cigarettes and chewed tobacco products are harmful.

Conclusion

Tobacco use in all forms, whether smoking or chewing, is leading to severe COVID-19 manifestations and adverse outcomes. Regular tax increases on tobacco products will reduce their consumption and generate the much-needed revenue to strengthen health promotion and prevention programs. This will also help address the co-morbidities of tobacco use amidst the grappling effect of the COVID-19 pandemic. ▶

Source: Secondary research & media reports

Proposed COTPA Amendments Face Ridicule From Tobacco Consumers



NGO PRAHAR (Public Response Against Helplessness and Action for Redressal), working towards solving the problems of helpless people, released the results of the first-of-its-kind survey among tobacco users. It spells huge dissatisfaction as well as an overriding disgruntlement among the consumers regarding the proposed amendments to COTPA 2020.

However, it is not as if the consumers are against controlling the tobacco menace or strengthening the regulations in the country.

NON-COMMERCIAL ENTITY, PRAHAR (Public Response Against Helplessness and Action for Redressal) recently conducted a survey across 14 cities, including Delhi-NCR, Mumbai, Chennai, Bengaluru, Kolkata, Guwahati, Vadodara, Jaipur, Lucknow, Ranchi, Vijayawada and Hyderabad and interviewed 1,986 to gauge the impact of the proposed COTPA Amendment Bill 2020 by the Ministry of Health and Family Welfare. Since tobacco consumers are not truly represented by any associations or bodies like other groups, PRAHAR took it upon itself to collect the views of the legitimate but voiceless users and table it for the consideration of the policymakers.

Stating the need for the study, PRAHAR articulated that it is an established policy to seek the views of the affected parties before framing any law which affects a class of stakeholders. However, in the course of framing and seeking public response to the provisions of COTPA Amendment Bill, 2020, there was no attempt to seek the views of the consumers who are the actual users and stand most affected by the legislation on tobacco products.

The results of the PRAHAR study reveal that the consumers are overwhelmingly against the proposed amendments to the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 like disallowing the retail sale of loose sticks of cigarettes, prohibiting the sale of tobacco products to persons below 21 years and putting controls on in-shop advertising and promotion amongst others.

According to the survey, a routing majority of smokers do not support the proposal to ban the sale of loose cigarettes and designated smoking areas under the amendments in the law on cigarettes and other tobacco products.

Ban on Loose Sale

As many as 87% of the participants did not support the proposal to ban

the sale of loose cigarettes and other tobacco products. The PRAHAR report clearly states that people, "believe that this decision to reduce tobacco consumption may instead force smokers to buy full packs which will make more quantities of cigarettes readily available in their hands leading to an increase in consumption of tobacco".

It further reveals that a whopping 57% of consumers buy loose cigarettes 'as it helps them to smoke less' while only 19% of them go for it because it is cheaper. What's more, a mere 7% of the people felt that a ban on the sale of loose cigarettes will make them smoke less.

Tobacco smoking is the most common cause of lung cancer, causing roughly 1.2 million lung cancer deaths every year. Smokers are up to 22 times more likely to develop lung cancer in their lifetime, compared with non-smokers. After 10 years free of tobacco, the risk of lung cancer is reduced to about half that of a smoker.

Smoking Zones

The proposal for a ban on designated smoking spaces in hotels, restaurants and domestic airports also received very little support with 82% respondents equating the proposed move to sheer 'harassment', mental anguish and cruelty by the authorities.

The overriding view is that such restrictions on consumption of tobacco products 'curtails freedom to make informed choices' with 51% consumers saying that if there is no way out, they will be forced to adopt other forms of tobacco like non-smoking products while going out, forcing them to consume low quality

tobacco products. Only 13% said that in such a situation they would not smoke in transit or when outside.

Increasing Minimum Age

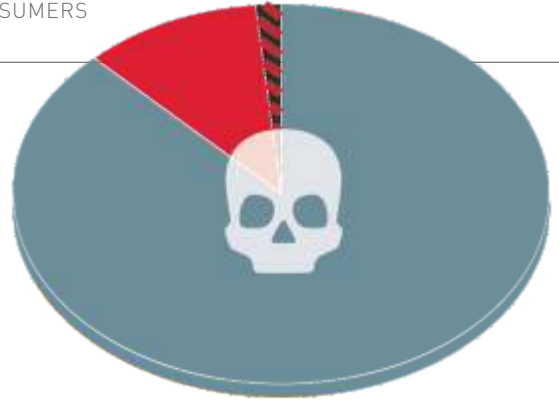
The research findings also show that as many as 78% of respondents do not support the contentious proposal of increase in age for tobacco consumption from 18 years to 21 years saying that under the Constitution of India, 18 years is the age of adulthood which gives them the right to take decisions of marriage, voting and even consuming tobacco. 37% of the respondents believed that it is their fundamental right to decide whether to consume tobacco or not with around 8% opining that the age ban will make younger people below 21 years buy illegal products from underground sources.

One-fourth of the survey respondents even felt that the move will encourage unscrupulous retailers to promote products that give them more margins. PRAHAR remarked that, "This is particularly relevant because the market is flooded with illegal and smuggled products".

Coming to the proposal to disallow branding of tobacco products at the point of sale, 76% respondents said they do not support this move and 55% pronounced that it would "limit their fundamental right to make an informed decision as branding is a reinforcement of the legality of the product they are buying".

Commenting on the findings of the survey, PRAHAR President and National Convenor, Abhay Raj Mishra said, "Consumers believe that the proposed provisions significantly curtail their fundamental rights and freedom to make informed choices and in certain cases will even cause harassment and subject consumers to mental cruelty." He further added that, "COTPA (Cigarettes and Other Tobacco Products Act) 2020 proposed amendments are self-defeating as instead of serving tobacco reduction goals, they will distort the market structures and lead to an increase in the growth of illegal and inferior products. What we need

TOBACCO KILLS ONE PERSON EVERY FOUR SECONDS



■ **56.9** MILLION ANNUAL DEATHS from all causes

■ **8** MILLION DEATHS caused by tobacco

■ **1** MILLION DEATHS due to second-hand smoke exposure



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 India.

is a sustained awareness programme to achieve the goals of tobacco control instead of coercive policy measures.”

Another Survey Weighs In Its Results

A phone survey was recently conducted by Consumer VOICE, a not-for-profit organization that advises the government on prominent people-related issues. It covered a sample pool of 1,476 adults in 10 states across the country. Computer Assisted Telephone Interviewing (CATI) and random digit dial (RDD)

selection methodology was used to conduct these in-depth interviews in 10 languages (Hindi, Gujarati, Punjabi, Oriya, Marathi, Tamil, Bengali, Telugu, Malayalam, and Kannada). According to the survey results, over 80% of respondents believe use of cigarettes, bidis and smokeless tobacco is a very serious problem and 88% support strengthening of the current tobacco control law to address this menace.

Conclusion

India has over 26 crore tobacco users, cutting across all demographics and

genders. The annual economic costs from all tobacco products were estimated at Rs. 1,77,341 crores in 2017-18 amounting to 1% of India's GDP. There is overwhelming support from consumers for strengthening the current tobacco control law to curtail the silent killers in our community. However, the government should consider better mechanisms for safeguarding public health that do not cause unnecessary discomfort to the helpless, voiceless and legitimate consumers. ▶

Source: Secondary research & media reports

Gauging Consumer Perception On COTPA Amendments

ADVOCATE SRISHTY JAURA'S team is currently conducting a pan-India survey to assess public perception on the changing tobacco laws. This survey is ongoing right now and is presently the most trending as it has already received more responses than the combined coverage of the two surveys mentioned before. This uniquely tailored survey stipulates that whether you are a direct subject of the law or just an audience member, you are invited to share your opinion and contribute to shaping the future of the country. The survey is also extremely clear about protecting your identity and privacy of opinion, as it lays down that the responses of participants will remain confidential and will not be linked back personally under any circumstances. The data provided shall only be used for the purposes of this study and will not be shared or used for any other purpose. With this, the survey takes the consent of the respondent to proceed and ends if the consent is not provided.

HOW WILL THE PROPOSED CHANGES IN TOBACCO LAWS AFFECT YOU?

The instant survey is a specially customized assessment seeking the opinions of tobacco consumers as well as non-consumers. It aims to measure the awareness and comfort of citizens with the shifts being made in the laws regulating tobacco control in the country. To get started – all you have to do is provide a few demographic details about your age, gender, your opinion on the most

consumed tobacco product and whether you are aware about the proposed changes in the tobacco law followed by whether you consume tobacco or not.

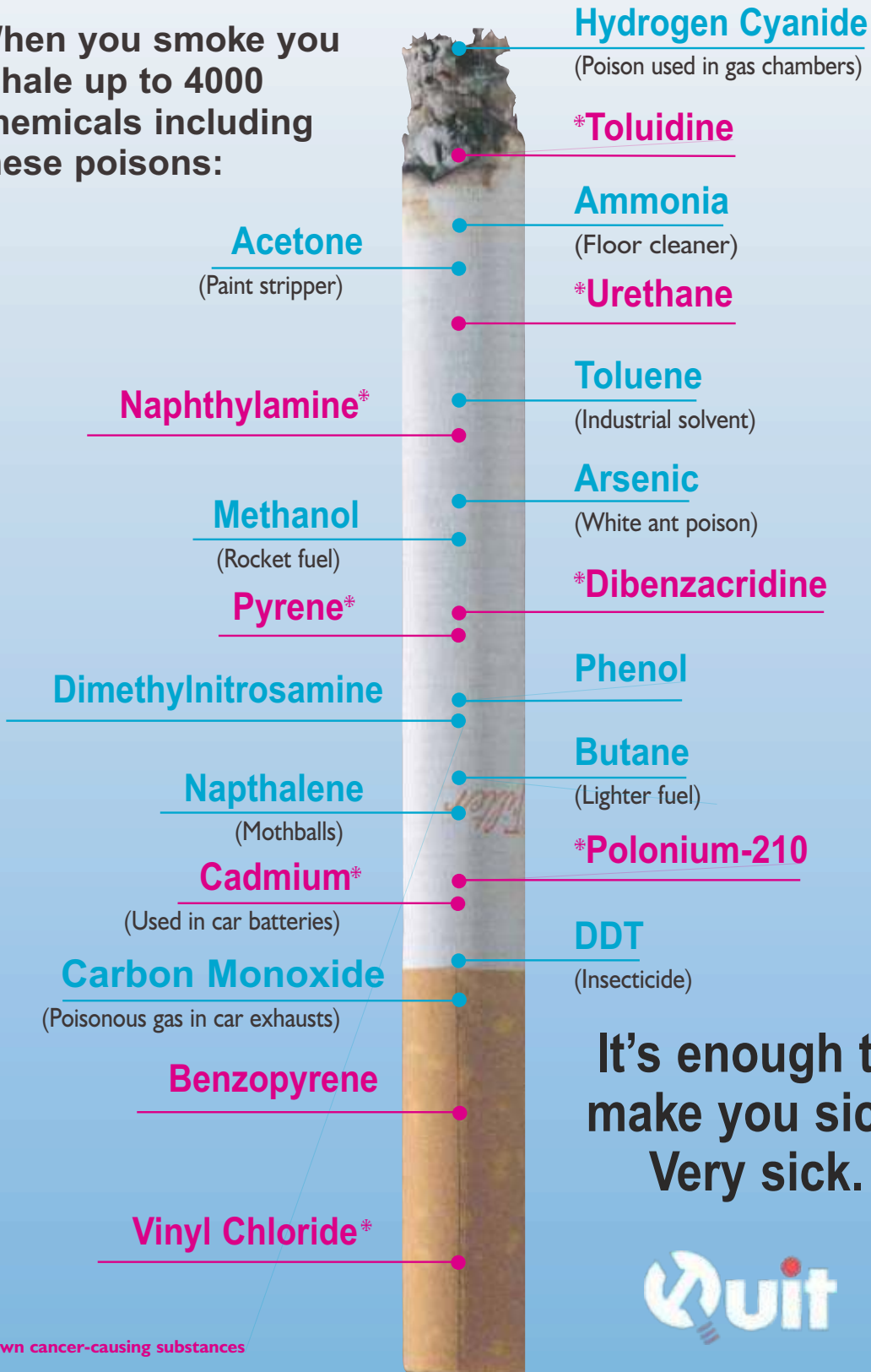
Based on your response to whether you smoke or consume tobacco, you will automatically be directed to the next appropriate section. Tobacco consumers will be asked questions about the age at which they started using tobacco, followed by factors that influence their purchase and use of tobacco, like advertisements, display boards, loose purchases, smoking zones and mistreatment by authorities for consuming tobacco in a legal manner. Non-tobacco users can also give their opinion on matters like appropriate age for consuming tobacco, botheration with second-hand smoke, utility of designated smoking areas and the like.

The survey closes for both tobacco consumers and non-users by seeking their views on alternative government measures that they think will work in dealing with the menace of tobacco consumption ensnaring the country. There are various options like de-addiction centres, tobacco helpline, counseling and spreading awareness through public campaigns. Survey participants can select as many options as they think are applicable and can also provide their own solutions.

While the resulting report of this study will be one to look forward to, the survey is available in the public domain with the URL address-<https://docs.google.com/forms/d/e/1FAIpQLSdySGu5CLVQwKI2dWam4aXhQJ0dfhdKBZoaiQRdcDa0bj27Q/viewform> ▶

What's Your Poison?

When you smoke you inhale up to 4000 chemicals including these poisons:



It's enough to make you sick. Very sick.



* Known cancer-causing substances

What Does The New COTPA Say?

With the growing flak around the proposed COTPA Amendment Bill, 2020, let us first take a look at the proposed amendments and what the future will have in store if the Bill becomes law.



“

COTPA

The Cigarettes and Other
Tobacco Products Act



THE GOVERNMENT IS in the process of amending the 2003 tobacco regulation currently applicable in India. The proposed Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) (Amendment) Bill, 2020 was recently circulated and opinions were sought from various stakeholders as well as the public at large.

It suggests various changes in the current COTPA Act on myriad levels. Let us take a look at the proposed amendments:

- The bill calls for completely eliminating all direct and indirect advertising, promotion and sponsorship of tobacco products. This includes banning advertisements on social media platforms, in-shop advertising and promotions and even corporate sponsorship of events or other corporate social responsibility activities. The definition of 'advertisement' will be widened to cover any audio or visual publicity, representation or pronouncement made by means of any light, sound, smoke, gas, print, electronic media, internet or website or social media and includes through any notice, circular, label, wrapper, invoice or other documents or device.
- The minimum age for sale of tobacco products will be increased from 18 to 21 years. Therefore, sale of tobacco products to customers aged below 21 years will be strictly prohibited. These products cannot be sold within a radius of 100 metres of any educational institutions either.
- It clearly disallows the retail sale of single stick cigarettes or other loose tobacco products. Therefore, the retailers will have to sell them in sealed, intact and original packaging only.
- There are changes in the display of statutory warnings on the tobacco packages also. The specified warning shall appear on the principal display area of the package in which cigarettes or any other tobacco products have been packed for distribution, sale or supply.
- It also seeks to regulate the illicit production, supply, distribution, import and sale of tobacco products. The provision reads as, "No person shall directly or indirectly, produce, supply or distribute, import, sell, offer for sale or permit sale of illicit cigarettes or any other tobacco product. The manner in which illicit cigarettes or any other tobacco product shall be identified, tracked or traced, be such as may be specified in the rules made under this Act."
- The Bill is further attempting to strengthen the provisions for completely prohibiting smoking in public places with strict fines and punishments. It plans to do away with designated Smoking Zones in hotels, restaurants and domestic airports.
- The monetary penalties for producers, manufacturers, sellers, distributors and even consumers who contravene the proposed amendments will also be enhanced manifold. Certain violations can even attract a jail term. For instance, those who produce or manufacture cigarettes or any other tobacco products for loose sale shall be punishable with imprisonment for a term which may extend to 2 years, or with fine which may extend to Rs. 1 lakh, or with both in the case of the first conviction. For the second or subsequent conviction, the imprisonment may extend to 5 years and fine upto Rs. 5 lakhs. Those who sell or distribute single stick cigarettes or other tobacco products in loose form shall be punishable with imprisonment upto 1 year, or with fine upto Rs. 50,000, or with both in the case of the first conviction. The second or subsequent conviction will attract an imprisonment upto 2 years and fine extending to Rs. 1 lakh.
- Sale of tobacco products to individuals under 21 years will attract imprisonment for a term upto 7 years and fine which may extend to Rs. 1 lakh.
- Most importantly, the fine for smoking in public places will be raised from the paltry Rs. 200 to Rs. 2000. The penalties and imprisonment for other violations have also been considerably increased.
- Furthermore, it expressly provides that, "Where any person has been convicted for contravention of the provisions of this Act, the packages of cigarettes and other tobacco products or advertisement materials or any other materials may be forfeited to the Government and such packages or materials shall be disposed of in accordance with the provisions contained in the Code of Criminal Procedure, 1973"



The new amendments may have the heart in the right place with the driving factor of improving public health, but it is still unleashing a Pandora's box of troubles of its own. It is drawing censure from all quarters – ranging from farmers and manufacturers to retailers and even consumer bodies. What's more, even many of the anti-tobacco activists themselves are not in favour of the proposed amendments for reasons that will be explored in detail ahead. ▶

Source: Secondary research & media reports

What Does The Government Have To Say In This Context?

The government is proposing sweeping changes in the COTPA Act. Let us take a look at the history of tobacco regulation in India before diving into the government's standpoint on the proposed amendments.



The government has come forward with COTPA Amendment Bill, 2020

TOBACCO IS THE single largest cause of preventable deaths worldwide causing premature death. It is also a major trigger for cancer and other non-communicable diseases.

India is the second largest consumer of tobacco globally and accounts for approximately one-sixth of the world's tobacco-related deaths. According to the Global Adult Tobacco Survey (GATS) 2017, 28.6% of adults aged 15 years and above use tobacco in some form or the other in India.

Indian Tobacco Legislation

India was on the beat with the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 or COTPA enacted in 2003 itself even before the country ratified the WHO FCTC global treaty in 2004 along with 181 other nations and it came into effect in February 2005.

The COTPA repealed The Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975. Since coming into force on 1st May, 2004, the provisions of the law have been used to counter the tobacco industry's tactics to advertise and promote use of tobacco products.

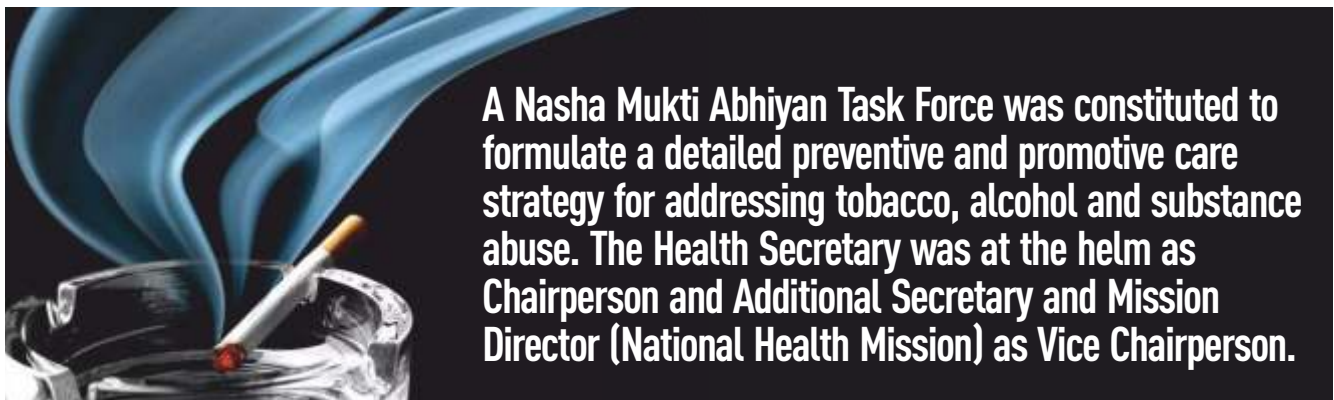
Initially, the Act prohibited advertisement of, and provided for the regulation of trade and commerce in, and production, supply and distribution of cigarettes and other tobacco products in India.

prohibited, unless accompanied by a note stating, 'Smoking is Injurious to Health' along with appropriate disclaimers at the beginning and end of the movie.

Public Places - Again, it was on 2nd October, 2008 that prohibition of smoking in public places (including indoor workplaces) was implemented across the whole of India under the Prohibition of Smoking in Public Places Rules, 2008 and COTPA. Places where smoking is restricted include auditoriums, cinemas, hospitals, public transport (aircraft, buses, trains, metros, monorails, taxis) and their related facilities (airports, bus stands/stations, railway stations), restaurants, hotels, bars, pubs, amusement centres, offices (government and private), libraries, courts, post offices, markets, shopping malls, canteens, refreshment rooms, banquet halls, discothèques, coffee houses, educational institutions and parks. Smoking is allowed inside one's home or vehicle. Smoking is also permitted in designated separate smoking areas in airports, restaurants, bars, pubs, discothèques and some other enclosed workplaces.

The then Health Minister Anbumani Ramadoss remarked, "Not smoking on the road or the park will save others from the wrath of passive smoking!"

Pictorial warnings - After several rounds of amendments and delays, the rules regarding 'Display of Pictorial Health Warning on All Tobacco Products Packets' came into effect from 31st May, 2009 under Section 7 of COTPA. It prohibits the production, sale and import of



Educational Institutions - Prohibition of sale of tobacco products in an area within 100 yards of any educational institution was brought into force from 1st December, 2004.

Movies - A WHO study had revealed that tobacco was portrayed in 76% of Bollywood films, with cigarettes making up 72% of all the portrayals. The movies exert a deep influence on the Indian culture and stimulate a large part of the population, especially with the glamorous depiction of smoking. Therefore, the Ministry of Health & Family Welfare (MoHFW) implemented a smoking ban from 2nd October, 2005 that prohibited films and television shows from displaying actors or actresses smoking. Accordingly, smoking scenes have been completely

cigarettes or any other tobacco product unless every package bears pictorial warnings on its label covering at least 40% of the package. The warnings are changed once a year. The law also prohibited more than two languages from being used on the pack to ensure that the specified warning is legible and prominent.

The Health Ministry further notified that the mandatory display of health warnings should cover 85% of the principal display area on all tobacco products from 1st April, 2016.

Rising to the Challenge of Change

With the passage of time, it has been noted that there is a pressing need to make COTPA, 2003 more strong and

effective so as to reduce the persisting tobacco burden on the health and economy of the country at large. For instance, the penalty for smoking in public places is just Rs. 200 which proves to be neither punitive nor prohibitive.

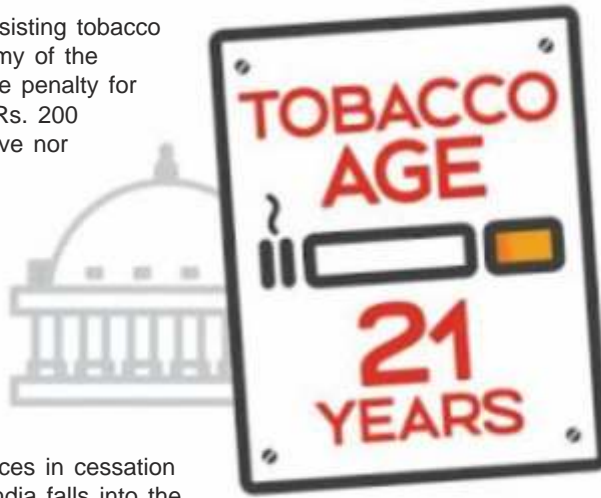
A WHO Report on the Tobacco Epidemic (GTCR) 2019 - which provides the status of countries' implementation of key tobacco control measures on a biannual basis – highlights the gaps in the tobacco regulations in India. It clearly states that apart from best practices in cessation and health warnings on packs, India falls into the moderate category in all other policy areas. What's more, there has been no forward progress since the 2008 report.

Moreover, the FCTC actually came into force in 2005 much after the passage of the COTPA Act. Since then, the Voluntary Consumer Organizations (VCOs) have been baying for reforms that will bring the legislation more in tune with the guidelines of this global health treaty.

Back in 2015 itself, the Government of India's Health and Family Welfare Department had proposed a number of amendments to the 2003 legislation and put the draft Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Amendment Bill in the public domain. The earlier draft had suggested provisions like increasing the fine amount to Rs 1,000, doing away with on-site advertising of tobacco products and removing designated smoking areas from hotels, restaurants and airports. However, it was withdrawn in 2017 in a bid to rework the draft provisions and come up with a better version.

The National Health Policy 2017 of the Indian Government identifies coordinated action on 'addressing tobacco, alcohol and substance abuse' as one of the seven priority areas for improving the health environment in the country.

A Nasha Mukti Abhiyan Task Force was constituted to formulate a detailed preventive and promotive care strategy for addressing tobacco, alcohol and substance abuse. The Health Secretary was at the helm as Chairperson and Additional Secretary and Mission Director (National Health Mission) as Vice Chairperson. The Task Force had its first meeting on 7th June, 2018, following which three working groups were constituted to look into the preventive aspects, regulatory mechanisms and curative aspects before formulating a plausible strategy for the de-addiction drive. The working group on regulatory mechanisms started analyzing the existing provisions of the legislation and then submitted its recommendations on legal reforms for tobacco control to the Health Ministry.



Accordingly, in August, 2019, the Health Ministry re-initiated the process of redrafting the amendments to the tobacco legislation. The proposed bill was placed in the public domain in January this year as part of the pre-legislative consultations. The mainstay of the amendments is focused on strengthening the provisions for prohibiting smoking in public places, a ban on point-of-sale advertising displays, ban on sale of tobacco products to individuals under 21 years of

age and also prohibition on sale of loose cigarettes, besides imposing harsher and heavier penalties for violations.

The Case for the Amendments

It is a fact that the youth usually take up smoking in their school and college days. According to the Global Youth Tobacco Survey (GYTS), 2009, 14.6% of students in India, aged 13 to 15 years use tobacco. It is further reported that those who smoke their first cigarette at 14 to 16 years of age are 1.6 times more likely to become dependent than those who start smoking at an older age. Young adults in the age group of 18 to 21 years are susceptible to start smoking mostly due to peer pressure or as a fashion statement.

Therefore, the government strongly believes that increasing the legal age to 21 will drastically cut down the number of youngsters that take to tobacco every year. Even parents will not be able to send their children aged below 21 to shops for buying tobacco products, thus keeping them away from the dangerous temptation. Strict enforcement in the vicinity of educational institutions will further help achieve tobacco control amongst the youth.

The Ministry of Health's stance is that cigarettes and other tobacco products should not be sold loose as the consumers will miss out on seeing the daunting warning labels. It is also upholding that people who cannot afford to buy a full pack will be deterred from consuming the said tobacco product.

On a similar note, eliminating Smoking Zones will dissuade smokers as they no longer have a safe avenue to smoke at bars, restaurants or at airports. Unable to indulge their addiction anymore, they will have to kick the habit.

Conclusion

The intent is good as usual, but is it a step in the right direction? Let us read on to find out... ▶

Source: Secondary research & media reports

“Beyond The Data: Global Tobacco Control – A Preventive 'Best Buy'”



Dr. Indu Ahluwalia

is Branch Chief and Senior Scientist at CDC headquarters in Atlanta, Georgia, USA. She elaborates on the role of their data collection and surveillance measures in achieving tobacco control across the globe by guiding countries to formulate appropriate policies.

She has been with CDC since 1995 and was former Chief of CDC's Global Tobacco Control Branch in the Office on Smoking and Health. Dr. Ahluwalia has a PhD in Health Behavior and Health Education from the University of North Carolina at Chapel Hill and Master of Public Health (MPH) in Epidemiology and International Health from Yale University.

The Centers for Disease Control and Prevention (CDC) is a U.S. health organization that saves lives and protects people from health, safety and security threats. It produced the Public Health Grand Rounds about global tobacco control in 2012.



DR. INDU AHLUWALIA

Q Can you update us about the global burden of disease related to tobacco and are we making progress in controlling that?

We have estimated that about 1 billion people will die of tobacco smoking in this century. Of these around 700,000 deaths per year will be from direct tobacco use and about 600 to 890 will die from secondhand tobacco smoke. The latter are people who don't smoke themselves. The burden continues to be quite large, and the CDC's role is to help countries make critical decisions in this regard. International organizations use the data we collect - through our surveillance systems - to monitor what is going on in terms of both the burden of tobacco use and the solutions that countries have undertaken with their potential impact.

A recent report released by the WHO indicated that there is certainly progress in terms of a global reduction in tobacco use. But we find some alarming things in the report, like the rate of decrease among low and middle income countries is actually quite slow. Therefore, we still have a lot of work to do. But we are aware that the data we generate guides the countries to form actionable policies and programs and becomes critical in moving the needle forward.

Q You have put measures in place to monitor different aspects of smoking and tobacco globally. Can you explain how you monitor everything from smoking to exposure to advertising?

The CDC Global Tobacco Program is where the Global Tobacco Surveillance System (GTSS) is housed. We have three different components which empower us to work along with each country. First is the Global Youth Tobacco Surveillance (GYTS) that is active in 188 countries and targets kids who are 13 to 15 years of age and in schools. This is the largest surveillance system and continues to be so and we are very proud of our system. Then we have the GATS (Global Adult Tobacco Surveillance System) which is active in about 34 countries and targets adults 15 years of age or older. It represents about 70% of the world's population and about 75% of the smokers in the world which is quite remarkable. On the third front, we have a set of tools called tobacco questions for surveys which are systematic. This is a standardized set of questions that countries can use and integrate in their ongoing surveillance systems.

With these three components, we feel there is a sustainable way to monitor tobacco globally and our role is to work with countries to figure out what their needs are and then we work side by side with countries' ministries of health, ministries of education



Global Tobacco Control: A Prevention "Best Buy"

and even the global partners are at the table. This way we make sure that the training is standardized and the data collection is standard, so that we can compare the data across time and countries. This is an important part of having a surveillance system that contributes to the landscape.

Q Can you share some examples of countries that have used the monitoring and surveillance as part of their tobacco control strategies?

Without this kind of data on tobacco control, the countries will be just groping in the dark. Many of the countries are very eager to get this data. I will share an example from Uganda first. They had the first wave of data which helped them pass the National Tobacco Control Act in 2015. Prior to this, the country used GYTS and GATS data quite effectively to rally the troops. They used the data to educate and mobilize their stakeholders which gave them adequate support for passing the law.

There are other examples of countries that had multiple waves of data. India comes to mind - it released data showing quite a great decline in tobacco usage in 2016-17 as compared to the first survey done in 2009-10. And part of this allowed India to know that the law that they passed under their Food Safety Act in 2011 to ban gutka was successful. This paved the way for more states in India to adopt the law and also bring in stronger provisions to ban other flavored products that contain tobacco.

What the data really showed for India was that there was a decline in smokeless as well as combustible tobacco products. Before this, there was a fear that banning smokeless tobacco might cause a direct increase in combustible tobacco products, but luckily that didn't happen as is obvious from the data. What this demonstrated to India and others watching this closely is that - when a strong legislation is passed there is definitely an impact. And our data was critical in measuring this impact! In fact, Asia has half of the world's smokers and the substantial progress being made in India is crucial.



Q Kindly elaborate on the changing landscape of tobacco products. We have e-cigarettes now and also sheeshas, hookahs or water pipes in low and middle income countries. What do we know about use and control of those types of tobacco products?

You have brought up a very important point of the changing environment. What's interesting about the global landscape is that if you look at the data, it is showing an astronomical uptake of vaping products like e-cigarettes, e-pens and other iterations. This indicates a very rapid progression in the global market of those products - from 7 million in 2011, this can scale to 55 million after 2021.

The other interesting thing is that when you look at the ten top global markets for the sale of these products, apart from the western countries, India and China are also among the top ten purchasers of these electronic products. We have been in the forefront of surveillance of the e-tobacco products; both our GYTS and GATS systems have collected information from a number of countries about whether the kids are aware of these products and their use and for adults as well. One of the things we find is that there is a high level of awareness - upwards of 20% to 95% among kids and similarly among adults. It varies by country of course and the use is still low, which tells us that it is quite possible that as the costs of these products go down and marketing becomes aggressive, there is heavy potential for the usage to increase worldwide. Therefore, it will certainly need to be monitored going forward.

Q Both examples of India and Uganda involved laws. There have been a number of other laws and policies

that proved to be effective in decreasing tobacco use and harms from tobacco. Could you briefly review some of them?

Most of the countries are signatories to the WHO's Framework for Convention on Tobacco Control (FCTC) which comes with a set of guidelines that the countries can follow and also some reporting requirements. In addition to these guidelines, there is the MPOWER demand reduction measures with proven strategies that countries can adopt for their tobacco control efforts. They include everything from monitoring to raising taxes on tobacco products to scrutinizing the tobacco industry. All of them combined provide guidance to countries on how to measure what's going on. MPOWER is not only about monitoring tobacco surveillance and policies, but also enacting programs that allow the countries to tackle anything from legislators to the industry. It also covers raising taxes, protecting people from secondhand smoke in public and other places and having legislation and other efforts to help people to quit. Indeed, it is very important that we have the services to assure the people who want to stop, can!

Q What is the bottom line about global tobacco control and monitoring?

We know surveillance is essential. Data tells us where we are, where we need to go and what we have done well. I think in terms of millions of lives that are at stake and we have an opportunity to save them. In fact, a 100 million lives is the goal for tobacco control. Our data will be very important to measure where we are, and, what gets measured gets done! ▶

OBITUARY



Former Odia Bureaucrat LABANYENDU MANSINGH Passes Away

MR. LABANYENDU MANSINGH, IAS (Retd) passed away on 1st May, 2021 due to a massive heart attack in New Delhi. A graduate from Raven Shaw College, Utkal University and post-graduate in Political Science from Delhi University, the stalwart bureaucrat from Odisha belonged to the 1970 batch of the Indian Administrative Service of the Gujarat cadre. He was also a supporter of the Mahanadi Bachho Andolan.

His last assignment prior to superannuation was Secretary to the Government of India in the Ministry of Consumer Affairs, Food & Public Distribution, Department of Consumer Affairs from 1st June, 2004 to 31st October, 2006. In this assignment, he was responsible for all consumer-related issues, internal trade including futures trading, commodities exchanges, monitoring of prices of essential commodities and ensuring adequate availability of these commodities. Standards setting and conformity assessment through Bureau of Indian Standards (BIS) was also part of his responsibilities.

During his service period, Mr. Mansingh held various key posts and assignments. In his first stint with the Government of India, he was Under Secretary and Deputy Secretary in the Ministry of Commerce looking after engineering and project exports. In his second stint from 1987-1992, he was Joint Secretary (Industrial Policy) in the Department of Industrial Development in charge of Secretariat for Industrial Approvals (SIA). As such, he was directly responsible for the implementation of the New Industrial Policy, 1991 which started the process of liberalization.

He worked in various capacities for the Government of Gujarat, most of which were in areas of finance, investment promotion, industrial development and management of large projects. He occupied different posts such as Director (Institutional Finance); Secretary (Economic Affairs); Managing Director, Sardar Sarovar Narmada Nigam; Industries Commissioner; Managing Director, Gujarat Industrial Investment Corporation and Principal Secretary of Industries & Mines Department.

Mr. Mansingh was also the Member-Secretary of the State Finance Commission with a broad TOR encompassing the role of the state government in a liberalized economic environment, which submitted its report in April, 1994. He was given the special assignment of relief and rehabilitation following the Kutch earth-quake of 2001 as Chief Coordinator Relief and Rehabilitation.

Prior to his last bureaucratic assignment in the Department of Consumer Affairs, he occupied the post of Director General of Foreign Trade from August, 2002 to May, 2004 and was in charge for interacting with industry bodies, coordinating with various ministries and sending inputs to the Minister of Commerce. During his tenure, the

reform process in this area was carried forward through total simplification of the EXIM Policy and the procedures to make it exporter friendly with adoption of infotech. DGFT Head Office became ISO 9200 certified with all Zonal and Regional Offices initiating the process of getting certified.

He will be especially remembered as the 'frontier man of trade policy' who made services the main thrust at a time when little was left in terms of new policies since the government had already done away with most of the import restrictions. He was also keen on attracting venture capital in the entertainment sector.

As such, Mr. Mansingh had direct involvement and experience in formulation and implementation of reform processes in both the state and the Centre. He was never a back-room player in his 33 years as a bureaucrat. He retired from public service in October, 2006 and six months later, was appointed as the Chairman of the Regulatory Board of the Petroleum and Natural Gas Ministry on 25th June, 2007, with a tenure of 5 years. The board was set up to oversee the downstream oil refining and fuel marketing sector.

Mr. Mansingh was also the Chairman of the Advisory Board of Consumer Online Foundation, an NGO that is constantly striving to uplift consumers' welfare and protect their rights. In this role, he facilitated various workshops, led jury meetings and presided over the functioning of the organization. He was always at the forefront in discussing the challenges faced in laying down standard uniform regulations throughout the states and the Centre to cater to consumer rights and protection. On various occasions, he vociferously commended the new Consumer Protection Act that aims to provide clarity and speed amongst dispute resolution in comparison to the previous Act.

With an informal style of functioning, Mr. Mansingh was always ready with an anecdote or joke that never failed to regale the people he worked and interacted with.

Youngest son of noted poet, writer and educationalist Mayadhar Mansingh, Mr. Labanyendu hailed from a family of bureaucrats. His elder brother, Lalit Mansingh is a former diplomat, Foreign Secretary of India, a former High Commissioner of India to the UK and a former Ambassador of India to the United States. He was married to his batchmate, Anuradha Mansingh, the 1970 Civil Service Exams topper. She was the Chairperson, National Authority for Chemical Weapons Convention, Cabinet Secretariat. His father-in-law was a former Chief Secretary of Bihar.

Odisha Chief Minister, Naveen Patnaik condoled his demise with the tweet, "Saddened to know about the passing away of former IAS officer from #Odisha, Labanyendu Mansingh. My thoughts and prayers with the bereaved family members and friends." ▀

Tobacco – All Harm, No Good



Pyush Misra
Trustee,
Consumer Online Foundation

Tobacco is the only legal product that, when used as intended, will kill you! Not just this, second-hand smoke can also be debilitating. It even leads to occupational illnesses among tobacco cultivators. And we are more than aware of the health risks faced by bidi rollers.....

INDIA RANKS SECOND in tobacco consumption in the world with an estimated 268 million tobacco users (28.6% of the adult population) using tobacco in different forms like cigarettes, cigars, bidis, hookah, gutka, pan masala (containing tobacco), mavva, khaini and snuff apart from e-cigarettes and vapes. Of these, almost 10 lakh users die every year due to smoking and over 35,000 from smokeless tobacco use. Another 2 lakh people die due to secondhand exposure to smoke.

Therefore, more than 12 lakh deaths occur every year in India due to tobacco related diseases. It follows that the tobacco epidemic kills more people than tuberculosis, HIV/AIDS and malaria combined.

According to Dr. Pankaj Chaturvedi, a cancer surgeon at Tata Memorial Hospital, Mumbai, almost 40% of non-communicable diseases including cancers, cardio-vascular diseases and lung disorders, are directly attributable to tobacco use. Other experts point that tobacco related cancers account for 27.1% of all cancer cases in the country.

The International Agency for Research on Cancer (IARC) monograph reveals that tobacco smoking causes cancer of the lung, oral cavity, pharynx, nasal cavity, paranasal sinuses, larynx, esophagus, stomach, pancreas, liver, kidney, ureter, urinary bladder, uterine cervix and bone marrow. Active smoking is linked to adverse reproductive outcomes, chronic obstructive pulmonary disease and cardiovascular diseases too. 40% of the tuberculosis burden in India can be attributed to smoking.

It's not just about cigarettes and bidis alone. Smokeless tobacco use is associated with cancers of the lip, oral cavity, pharynx, digestive, respiratory and intrathoracic organs. In fact, India has one of the highest rates of oral cancer in the world, with over 50% attributable to smokeless tobacco use.



Smokeless tobacco also causes acute increase in blood pressure and heart rate apart from increasing the risk of cardiovascular disease. It is linked to insulin sensitivity, glucose tolerance and risk of diabetes. It can cause reproductive and developmental toxicity too. Use of smokeless tobacco products during pregnancy increases the risks of birth deficiencies while it can reduce the semen volume, count and motility in men.

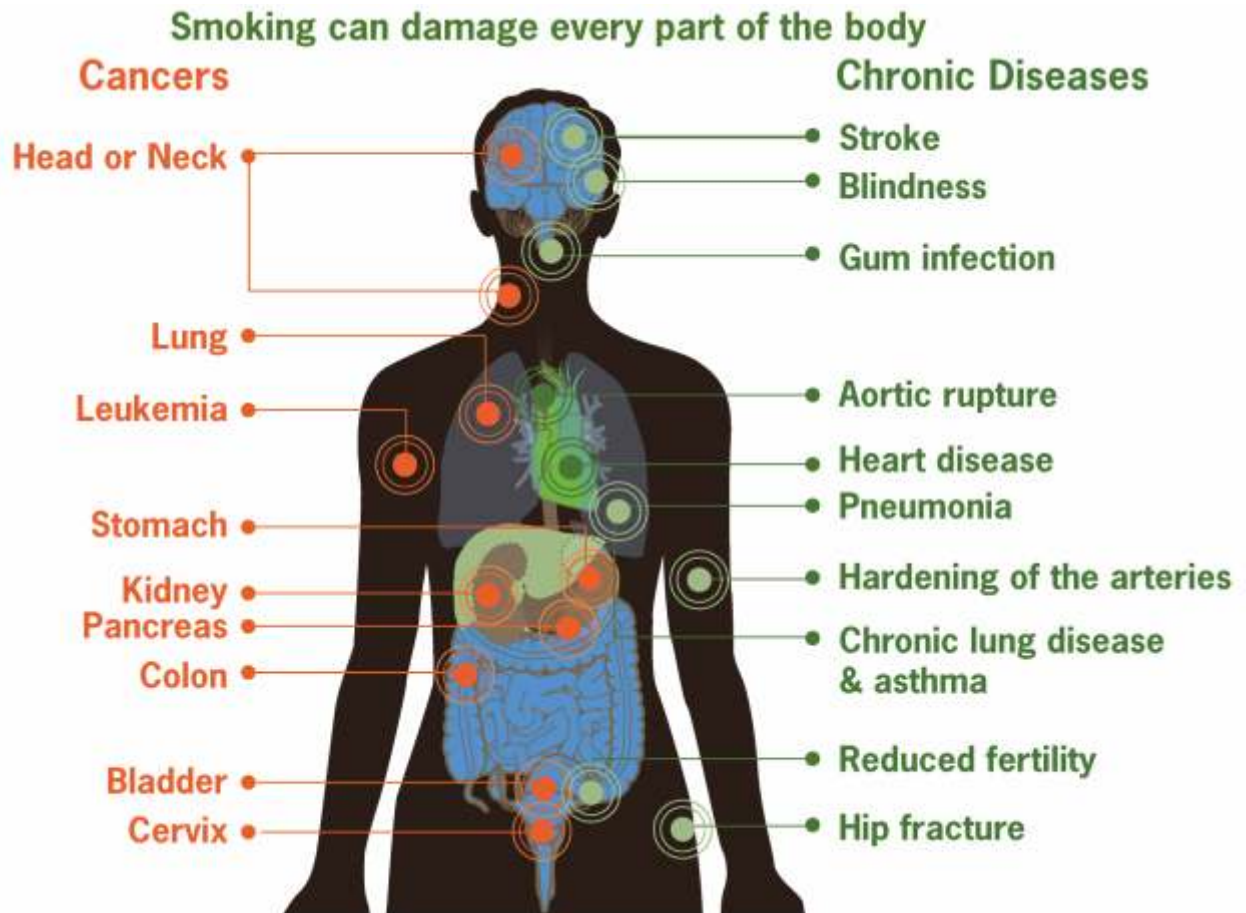
The situation is worsening with the ongoing pandemic. Munindra Narayan Barua, Managing Director of North East Cancer Hospital and Research Institute cautions, "There is growing evidence that smoking is a risk for COVID-19 infection. Smoking worsens lung function and reduces immunity. Smokers who develop COVID-19 infection have more complications and greater risk of fatality."

Passive Smoking Can Also Kill

There is conclusive evidence linking mere exposure to tobacco smoke to disease, disability and death. This is no laughing matter as secondhand smoke is found to be 3 to 4 times more toxic per gram of particulate matter than mainstream tobacco smoke. The toxic chemicals in tobacco smoke cling to rugs, curtains, clothes, food,



Risks From Smoking



The total direct and indirect cost of diseases attributable to tobacco use is pegged at a staggering Rs. 1,82,000 crore - nearly 1.8% of India's GDP

furniture and other materials. They continue to linger even in the presence of windows, fans or air filters.

Scientific evidence has unequivocally established that even passive smoking can lead to an increased risk of cardiovascular diseases, lung cancer and other cancers, asthma and other respiratory diseases. What's more, it can cause asthma and other respiratory diseases, ear infection and sudden infant death syndrome in children.

Many More Effects

Even the farmers engaged in tobacco cultivation are not spared. Nicotine from wet tobacco leaves gets absorbed through the skin and this nicotine poisoning is known as green tobacco sickness (GTS). According to the World

Health Organization, "Each day, a tobacco worker who plants, cultivates and harvests tobacco may absorb as much nicotine as found in 50 cigarettes".

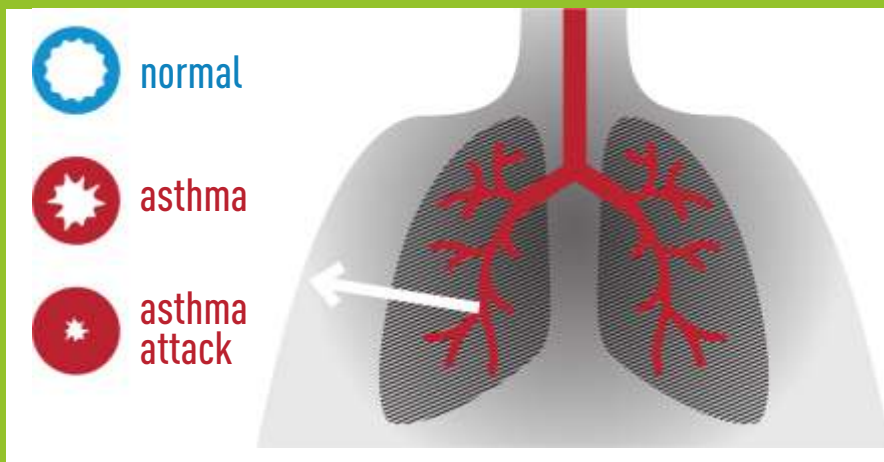
Beedi rolling poses another occupational health hazard due to the exposure to tobacco dust, fumes and other dangerous chemicals. These are absorbed through the skin and mucous membranes which affects the respiratory tract and nervous system apart from causing joint pains, eye problems and skin diseases.

As if this is not enough, tobacco forebodes ills for the environment as well. Tobacco cultivation depletes the nutrients in the soil at a very rapid rate. It displaces the indigenous flora and fauna, thus becoming a source of pests for other crops.

ASTHMA

SCHOOL-AGED CHILDREN OF SMOKERS ARE AT RISK OF DEVELOPING ASTHMA AND/OR THEIR ASTHMA GETTING WORSE. CHILDHOOD ASTHMA IS IRREVERSIBLE AND CONTRIBUTES TO MISSED SCHOOL-DAYS, DISRUPTED SLEEP AND RESTRICTED PLAY.

Asthma is a chronic disease of the air passages to the lungs, which causes inflammation and recurrent attacks of breathlessness and wheezing. WHO estimates that 235 million people currently suffer from asthma. Inhaling tobacco smoke is one of the major triggers for asthma to develop and/or worsen. In people living with asthma, tobacco smoking further restricts activity, contributes to work disability and increases the risk of severe asthma requiring emergency care. **Around one in nine asthma deaths can be attributed to tobacco smoking.** Patients with asthma can control their asthma more effectively if they quit tobacco.



Conclusion

Tobacco is the single largest cause of preventable deaths in the world. It has been estimated that a lack of cessation services may lead to an additional 160 million global deaths among smokers by 2050.

The National Cancer Registry Programme Report released by the Indian Council of Medical Research (ICMR) and National Centre for Disease Informatics and Research (NCDIR) estimates that the nationwide cancer cases will increase from around 13.9 lakh cases in 2020 to 15.7 lakh by 2025 - an approximate 12% increase.




Will we sit around twiddling our thumbs while tobacco diseases and deaths scale new peaks or take concerted action? Why does the government not take a holistic view of the ill-effects of tobacco usage and bring in comprehensive amendments that will make the law both robust and effective?

What we need is more of public health awareness campaigns and raising a mass movement against tobacco cultivation and usage. It is also crucial to sensitize health care professionals for tobacco control. ▶

Source: Secondary research & media reports

Inherent Drawbacks Of The New Tobacco Legislation



The proposed changes in the COTPA Amendment Bill, 2020 fail to consider the interests of the legitimate but voiceless consumers. There are some serious contentions against the amendments that will create unnecessary discomfort for the tobacco-users without having the desired effect on curbing tobacco consumption.

TOBACCO IS DEADLY in any form or disguise; there is no safe level of exposure to tobacco. According to a report published by the medical journal 'The Lancet', around 11% deaths in the world are caused due to smoking. Majority of the people that die due to smoking belong to China, India, Russia and USA.

The WHO upholds that legislation and surveillance is key to controlling the tobacco epidemic with measures like pictorial health warnings, bans on tobacco advertising and punitive taxation being effective in lowering tobacco consumption among the masses.

In view of the outdated and lacunae-riddled tobacco legislation that was enacted way back in 2003, the Ministry of Health has brought forth an amendment bill to fortify the existing COTPA and enhance its efficacy. It disallows retail sale of loose sticks of cigarettes, prohibits sale of tobacco products to persons below 21 years, puts controls on in-shop advertising and promotion, amongst others.

The Shortcomings

The COTPA Amendment Bill, 2020 was recently placed in the public domain as part of the pre-legislative consultations. But a study of the proposed amendments brings a lot of snags and hitches to light.

- The Bill recommends completely eliminating all direct and indirect promotion of tobacco products including banning advertisements on social media platforms. In reality, this unprecedented move will do away with all forms of communications with the consumers and will deny them the accessibility to unbiased information. The banning of communication on social media platforms will also impinge on the consumers' freedom to express and speak-up as part of their social responsibility. Therefore, this provision violates both the fundamental rights of the consumers as guaranteed by the Constitution and also their rights as enshrined under the provisions of the New Consumer Protection Act 2019. Moreover, the effectiveness is still limited as many manufacturers indulge in surrogate marketing strategies to promote 'non' tobacco brands.
- Increasing the minimum age for sale of tobacco products from 18 to 21 years throws up the question - how can we have different definitions for adults in the same country? If this is brought into force, even the age for marriage and voting should be increased accordingly. Moreover, the age bar for tobacco consumption will not really be effective as teenagers will find other ways and means to satisfy their tobacco addiction. Will this not force the under-age population to opt for illicit purchases or smuggled goods? Instead, why not afford them the freedom to make an informed choice without violating their constitutional rights?
- The proposed rule of disallowing the retail sale of single stick cigarettes or other loose tobacco products does not make much sense either. Why is the government overlooking the simple fact that when a



tobacco addict is genuinely trying to kick the habit, he will take to buying a single stick at a time? Forcing him to buy a full pack or bundle is just putting temptation in his path and it will induce him to increase the consumption once again. Food for thought - will a consumer really quit smoking just because he cannot afford to buy a full pack? Will he not turn to the cheaper bidis which will only open him to more health risks?

- Removal of designated smoking areas at airports and restaurants will further inconvenience the consumers who will have to step out every time they want a smoke. This kind of draconian and uncomfortable smoking policy will not only impact the food and beverage sector, but also cause hesitation among international travellers thus leading to loss of revenue to the government and economy. Having designated smoking areas will benefit everyone, especially protecting the non-smokers from the harmful effects of second-hand smoke.
- Again, there seems to be a discriminatory approach at play with the government mandating huge pictorial health warnings only on certain tobacco packets. The pictorial warnings should be made uniform across all tobacco products without compromising on the mandatory information to the consumers in their local language on labels and packets/bundles.
- Another question muddles the mind - why is there such high punitive taxation on certain tobacco products only?



There is no safe form of tobacco. Staying tobacco free is the best way to protect your health. There are many forms of tobacco on the market, and people often think some forms are safe and don't cause health problems. This isn't true. Tobacco products, like e-cigarettes, hookahs, edibles, heat-not-burn cigarettes, and smokeless tobacco, contain some of the same chemicals as regular combustible cigarettes.

It should be kept in mind that the continued discomfort can actually push the consumers into taking a more recalcitrant and defiant stance.

Solutions Are In Sight

Why does the government not consider educating people about the rampant harmful effects of tobacco consumption instead? Why does it not persevere to encourage them on the path from addiction to de-addiction? Why does it not activate the 24x7 Toll Free Tobacco Control Helpline once again? Why does it not work on starting de-addiction centres in every nook and corner of the country?

The government has to strike a balance between protecting the rights of tobacco users as consumers while striving to curb tobacco usage in the country. The policymakers should take a more holistic view of the prevailing situation and bring in comprehensive amendments that will make the law both robust and effective.

What we need is an inclusive policy that can address the root cause of the ineffective tobacco law and its enforcement along with better mechanisms for safeguarding public health that do not cause unnecessary discomfort to the consumers.

Conclusion

A law cannot be discriminatory and biased; it has to be uniform and neutral. The proposed amendments seem like a kneejerk reaction right now. What is important is that the legislation should work as a facilitator and not a barrier for the consumers. Else, they will only fall victim to corrupt practices.

Last but not the least, it is imperative to make the ultimate consumer a part of the policy conversation prior to the legislation. After all, it is he who pays for all the entities in the supply chain! ▶

Source: Secondary research & media reports

Does the complete lack of oversight on smokeless tobacco products with zero taxes on many non-smoking tobacco products make sense when they are associated with so many different types of cancers and other diseases? And how can bidis literally get away scot-free from the net of taxation when it is actually much more dangerous to health and also used by many more consumers?

This kind of a biased approach in the legislation brings forth some pertinent points.

Will the retaliatory laws not end up increasing illicit trade in tobacco products like smuggling, illicit manufacturing and counterfeiting much to the detriment of the domestic tobacco farmers and manufacturers alike? Won't this give an impetus to unethical operators to evade taxes and sell tobacco products in a clandestine manner?

Are there other hidden agendas behind the proposed amendments of the tobacco law? Has the motivating rationale shifted from controlling tobacco use to maximizing excise collection? Is the government colluding with the tobacco industry behind the front of reducing tobacco consumption? Why does it not take the aggravation faced by genuine sellers and retailers into account?

And what about the undue harassment faced by the legitimate, but voiceless and helpless, consumers who are doing nothing but using legal tobacco products? Why does the government never consider their interests in the grand scheme of things?

Legislation Boosts Illicit Trade Of Tobacco Products

The illicit tobacco trade is booming in India. High taxation and extreme regulations do not reduce demand per se. Consumers start shifting from the legal, tax-paid and regulation-compliant products to illegal, tax-evaded and regulation non-compliant products. This not only cuts away at tobacco control and siphons tax revenues, but has an adverse impact on the demand for homegrown tobacco too.



IT IS ESTIMATED that 1 in every 10 cigarettes and tobacco products consumed globally is illicit. This kind of rampant illicit trade in tobacco products poses major health, economic and security concerns around the world.

To begin with, the widespread availability of contraband tobacco products can undermine the effectiveness of tobacco control policies of the governments as compliance with regulations goes for a toss. It also interferes with public health interventions (such as health warnings on tobacco packs) and fiscal measures (such as tobacco taxation).

Illicit trade of tobacco products becomes especially rampant in the face of higher tobacco taxes as it helps various entities evade taxes. Thus, the destructive effects of the illegitimate tobacco trade end up eroding government revenue. According to experts, the yearly loss of income from tobacco taxation globally was \$40-50 billion – this adds up to 600 billion sticks or 10%

of consumption. The Authentication Solutions Providers' Association (ASPA) advisory report titled 'Report for Nation - Confronting Illicit Tobacco Trade In India For Economic Development', said illicit trade "... hurts the authorities' capability to provide good governance. It also reduces allocation of resources for socio-economic development, particularly in low-income nations that rely on consumption taxes."

To add to this, it also works to increase the pervasiveness of organized criminal syndicates and terror outfits that mostly fund the illegal trade. What's more, it has an adverse impact on the demand for domestic tobacco since the smuggled products do not use locally-grown tobacco.

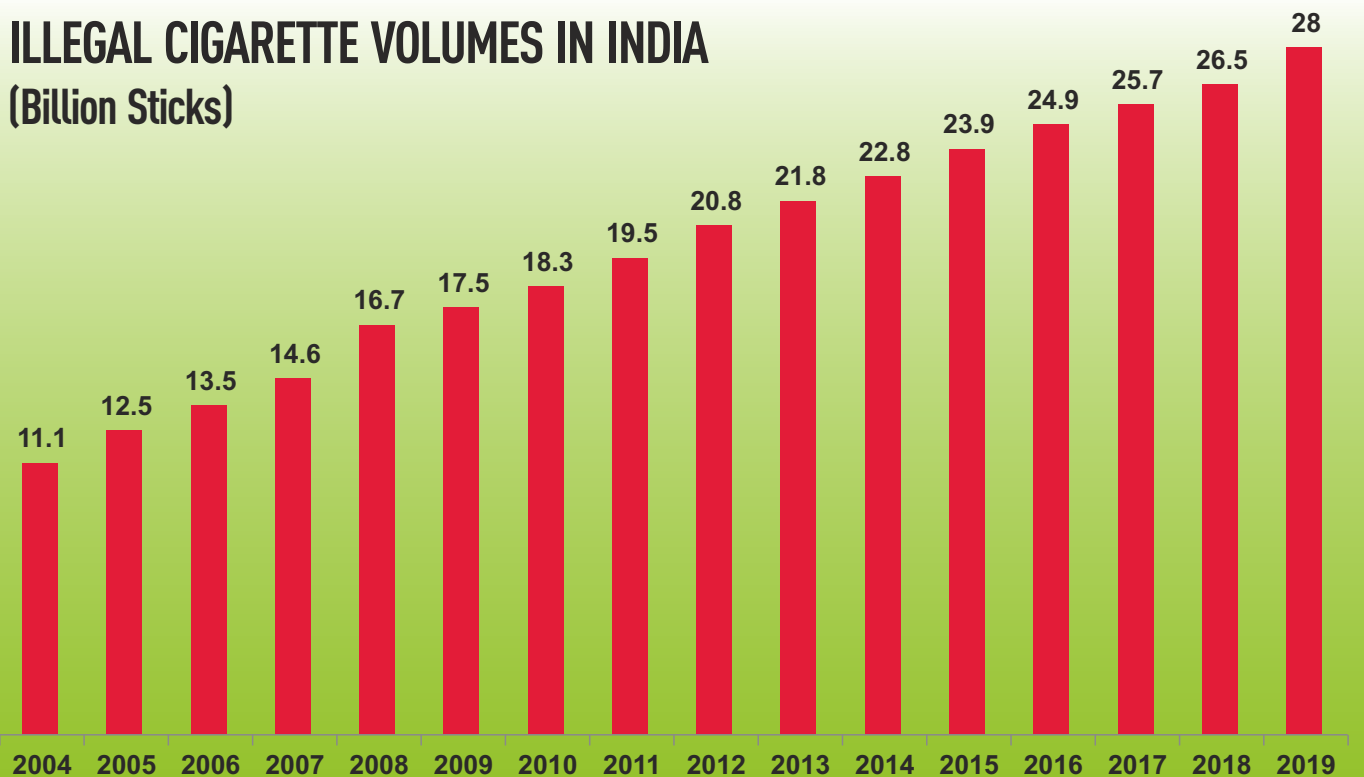
Therefore, measures to counter illicit tobacco trade should be a major part of the tobacco control strategy in any country. The Protocol to Eliminate Illicit Trade in Tobacco Products as adopted under Article 15 of the WHO's FCTC was brought into force on 25th September, 2018 and

sets out a range of measures and interventions to reduce tobacco use and its health and economic consequences. It requires the countries to establish a tracking and tracing regime within 5 years of becoming signatories to the protocol.

India has also been quick on the uptake by implementing tobacco control interventions to curb the unlawful trade and devoting considerable resources to tackling such illicit markets. Section 7 of the COTPA, 2003 stipulates that no person shall, directly or indirectly, produce, supply or distribute cigarettes or any other tobacco products unless every package of cigarettes or any other tobacco products produced, supplied or distributed by him bears the specified warning on its label. The Government of India's Ministry of Health and Family Welfare even acceded to the FCTC's Protocol in 2018.

Moreover, for the very first time in the history of tobacco legislation in India, the proposed COTPA Amendment Bill, 2020 seeks to

ILLEGAL CIGARETTE VOLUMES IN INDIA (Billion Sticks)



regulate the illicit production, supply, distribution, import and sale of tobacco products. The provision reads as, “No person shall directly or indirectly, produce, supply or distribute, import, sell, offer for sale or permit sale of illicit cigarettes or any other tobacco product. The manner in which illicit cigarettes or any other tobacco product shall be identified, tracked or traced, be such as may be specified in the rules made under this Act.”

Getting To The Root Of The Problem

Illegal tobacco products comprise of both cross-border smuggled goods and locally manufactured ones on which tax is not paid. The illicit market includes various unethical participants from petty traders to big tobacco companies. Even organized criminal networks involved in arms and human trafficking are active players in the illegitimate tobacco trade. This ‘illicit’ industry exploits the loopholes in the tobacco legislation to circumvent the law again and again.

Recent reports peg India as the fourth largest and fastest-growing illicit cigarette market in the world. According to a report by tobacco

industry body, The Tobacco Institute of India (TII), India now accounts for as much as one-fourth of the world's illegal cigarette market. It further reveals that the contraband cigarette market in India has increased by a whopping 124% in the last 15 years from a level of 13.5 billion sticks in 2006 to 28 billion sticks in 2019 (based on data from Euromonitor International).

Illegal cigarettes now make up 25% of the cigarette market in the country. This is to the extent that many smokers are not even aware that they are buying packets/sticks that have been smuggled from outside the country!

Syed Mahmood Ahmad, Director at Tobacco Institute of India, remarked, “India with its punitive taxation on cigarettes provides lucrative prospects and is a preferred destination for smuggled cigarette trade operators.” What's more, the GST cess increase has trebled between 2012-13 and 2017-18.

The attraction of smuggled cigarettes is two-fold – they carry international brand names and are still cheaper when compared to Indian brands. For instance, a smuggled pack of 20 king-size sticks

costs just Rs. 80 whereas 10 short sticks from an Indian brand are priced at Rs. 100. These imported packs that are freely available in retail shops do not even carry the mandatory pictorial warnings like their legal Indian counterparts.

The TII report further elaborates, “The availability of international smuggled cigarettes has spread all over the country as retailers benefit enormously by pushing sales of these cigarettes due to higher trade margins as these cigarettes are offered to retailers at extremely low prices compared to Indian manufactures”.

The report further highlights that over the last 30 years, the share of legal cigarettes to overall tobacco consumption has fallen from 21% in 1981-82 to 9% in 2017-18. During the same period, the overall tobacco consumption in India has increased by 47%, indicating a huge shift towards consumption of illegal cigarettes.

And what could be the reason? The TII report fixes the blame for the increasing number of illicit manufactures across the country on irrationally high and ever-increasing taxes on cigarettes coupled with extreme tobacco control regulations. It estimates that these contraband products are sold in the market for just Re. 1 per stick (filter cigarette) which is “lower than the applicable tax rates, and only possible if taxes are evaded”.

This has an extensive bearing on the government's coffers – the total loss of revenue to the national exchequer due to the illicit cigarette trade is pegged at about Rs 13,000 crore every year. WHO FCTC Secretariat, Dr. Adriana Blanco Marquizo, observed in a recent interview with new Special magazine that illicit trade “... causes substantial losses in government revenues, and at the same time contributes to the funding of international criminal activities.”

In fact, illegal cigarette trading hit a record high during the corona virus-induced lockdown with the value of illegal cigarettes seized set to scale



Illicit tobacco products seized by the government

The Central Board of Indirect taxes and Customs (CBIC) reveals that Rs. 1772 crore worth cigarettes were already seized by 21st February in FY21 (including both international smuggling and domestic contraband manufacturing). This is almost ten times higher than the seizure in FY20 worth Rs. 188 crores.



the highest level in the last five years, according to data presented in Lok Sabha in March 2021 by the Department for Promotion of Industry and Internal Trade (DPIIT).

The Central Board of Indirect taxes and Customs (CBIC) reveals that Rs. 1772 crore worth cigarettes were already seized by 21st February in FY21 (including both international smuggling and domestic contraband manufacturing). This is almost ten times higher than the seizure in FY20 worth Rs. 188 crores. And this is just the tip of the iceberg as scores of illicit consignments still escape surveillance.

The Fallout Spills Over To The Supply Side

The domino effect of the rampant tobacco smuggling is visible in reduced demand for domestically grown tobacco. Since the illicit cigarettes do not use tobacco produced by Indian farmers, it will obviously lead to loss of earnings and livelihood for millions of tobacco farmers and players in the supply chain.

Recent studies estimate that illicit cigarette trade is causing a loss of Rs. 1,300 crore every year to the tobacco farmers in the country. And as more and more traders shy away from legal tobacco products, the farmers will feel the pinch without any alternative sources of livelihood.

Javare Gowda, President, Federation of All India Farmer

Association (FAIFA) which represents farmers of commercial crops from various states, including Andhra Pradesh, Telangana, Karnataka and Gujarat appealed to the Central Government saying that, "FCV tobacco farmer is on the verge of losing his one and only livelihood due to increase in input costs and drastic decrease in income which is caused by illicit cigarette trade in India..... We would like to appeal to government to have a taxation policy that disincentivizes cigarette smuggling in India, which will help curb illicit trade and help the Indian tobacco farmer."

What is the Government Doing?

Stopping illicit trade in tobacco products is a health priority for every nation and is achievable as well. In fact, global efforts are on to curb the illicit tobacco trade. The ASPA has urged the Indian Government to also take stringent measures to eliminate illegal trading of tobacco products. Experience from many countries demonstrates that illicit trade can be successfully addressed even when tobacco taxes and prices are raised. But this calls for drastically improving the national and sub-national tax administration system.

The industry body FICCI in its report submitted by its arm, the Committee Against Smuggling and Counterfeiting Activities Destroying the Economy (CASCADE) in July

2020 had also pushed the policymakers to treat illegal trade as a national threat. It alleged that various manufacturers were found making counterfeit cigarettes and tobacco products and selling them openly in the market even during the strict nationwide lockdown.

The new COTPA Amendment Bill, 2020 actually prohibits sale of cigarettes and other tobacco products in loose form. It also proposes to increase the minimum age for sale of tobacco products from the existing 18 years to 21 years.

However, this kind of 'created' discomfort around purchasing tobacco products will not only work against the interests of the genuine and legitimate consumers, but will also work to further boost illicit tobacco trade. It will obviously push the consumers towards adopting clandestine activities and making illicit purchases, especially by the under-age population.

Conclusion

Now more than ever, the government needs to revisit the national tobacco control measures. Unfortunately, the 2020 amendment undermines its own efficacy. Properly strengthening the tobacco control laws and their implementation is the need of the hour, especially in the upcoming post-Covid-19 era. ■

Source: Secondary research & media reports

Skewed Tobacco Taxation On Bidis And Smokeless Tobacco Products

India has an intractable tobacco health menace that is characterized by a large variety of smokeless tobacco products coupled with some smoking forms as well. Taxation and regulations are effective instruments for tobacco control, but they will work only when they are applied uniformly across all types of tobacco products.

Say **No** To Tobacco!



INDIA IS CHARACTERIZED by certain peculiar and complex scenarios when it comes to tobacco usage. Across the world, tobacco is synonymous with cigarettes that form 90% of the sales. However, Indians consume tobacco in a variety of smoking and smokeless forms with a higher incidence of 'indigenous' tobacco products like chewing tobacco and bidis.

In fact, contrary to popular perception, the use of smokeless tobacco products like guthka, zarda, mawa, khaini, snuff, pan masala and chewing tobacco is more prevalent than cigarettes or even bidis. These come in small and attractive sachets for as low as half a rupee making them easily accessible and affordable. The point is that they are not only highly addictive but also extremely damaging to health.

Most of these products are manufactured as cottage and small-scale industries using varying mixtures and widely differing processes of manufacturing. Aggressive marketing and advertisements have further increased the usage of various smokeless tobacco products.

According to the Tobacco Market in India (2018-2023) Report, in 2017-18, smokeless tobacco accounted for the majority of tobacco use and enjoyed a 69% market share whereas cigarettes constituted only 8% of the market share. Other statistics report that nearly 200 million people in India (21.4% of the population) use smokeless tobacco products, including 29.6% of men and 12.8% of women.

Even though they are sucked, chewed and sniffed, and never set on fire, they still contain many of the same carcinogens as cigarettes, and the sad fact is that more than 0.35 million Indians die every year due to smokeless tobacco use. According to a study published in BMC Medicine, India accounts for 70% of the deaths globally caused due to smokeless tobacco.

Given both the prevalence and risks, does the complete lack of government oversight on smokeless tobacco products make any sense? Why are there negligible taxes on many non-smoking tobacco products even when they are associated with various cancers and other deadly diseases?

There is a pressing need to bring the smokeless tobacco industry under the ambit of a uniform taxation system. Being a largely unorganized and unregulated industry, it leads to revenue leakage at different levels and the tax structure adds to the problem. Tax administration is also a major challenge here.

It has been noted that the tax rate on smokeless tobacco products has increased marginally over the last decade, leading to rise in prices. However, the price rise is less than the per capita income growth thus keeping them in the affordable range for the general population. The consumption of zarda and khaini did decline due to the price increase, however, the decline in the consumption of zarda is less as compared to khaini due to a very low increase in its price.

Therefore, it follows that the prices should be raised more than the growth in income to have a positive influence on consumption. In fact, according to the



Tobacco Institute, a key reason for the smaller share of cigarettes is the high taxation - up to 51 times more than other tobacco products.

The Bidi Side of the Story

Bidis form another major segment of the tobacco market as they are the most common form of tobacco smoking in India. These are small hand-rolled cigarettes made of tobacco and wrapped in tendu leaf and tied with a string.

Some reports peg bidi smoking at 48% of the total tobacco consumption in India. According to the Global Adult Tobacco Survey (GATS 2) India 2016-17, there are almost twice as many bidi smokers as cigarette smokers - at 72 million bidi smokers vs. 38 million cigarette smokers.

Considered a cheaper cousin of the affluent cigarettes, they are favored by the lower strata of the population. But does it follow that bidis are less harmful just because they are less expensive?

Fact of the matter is that though bidis contain lesser quantity of tobacco, the nicotine concentration is much more than in traditional cigarettes. The nicotine content in bidis stands at 21.2 mg/g which is significantly higher than the commercial filtered (16.3 mg/g) and unfiltered cigarettes (13.5 mg/g).

Not just this, bidis also contain more tar, carbon monoxide and other chemicals. The heavy toxins put bidi smokers at an increased risk of various cancers, chronic bronchitis and heart disease too. A study found that the risk of tuberculosis deaths among bidi smokers was 2.6 times higher than never-smokers in Mumbai. Another study pegged the incidence of oral cancers at 42% higher among bidi smokers as compared to cigarette smokers.

That's not all. The bidis also tend to extinguish easily, thus requiring deeper and more frequent inhalation. An average smoker will puff a cigarette just 9 times but smoking a bidi will take 28 puffs. And there is no filter in the bidi either.



Taxing tobacco products will not only discourage its consumption, but will also increase revenue collection for the government.

This brings us to the question – why does the Indian government impose almost negligible taxation on bidis with considerable tax exemptions for the small producers? Bidi manufacturers producing less than 2 million pieces annually do not have to pay any excise duty per se. In this environment, large bidi manufacturers own or effectively control smaller production units to take advantage of such glaring regulatory loopholes.

So, why is there such high punitive taxation on certain tobacco products, while bidis enjoy wide-ranging latitude? Why are hand-rolled bidis taxed lower than machine-rolled ones? Are the lower taxes on bidis justified just because they are bought by the poor and marginalized sections of the society? Aren't the cheaper prices pushing them into the arms of addiction and disease? Is the government willing to let the poor consumers suffer just because they are voiceless and cannot reach the policy makers?

According to the GATS 2 Survey, the total consumption of bidis in India is around 400 billion sticks per annum, of which 275 billion are duty paid while 125 billion are exempt from duty. Getting rid of the exemptions to small producers will increase the price of currently exempt bidis by Rs. 4.60 per pack. Following this rise, total bidi consumption is estimated to decrease by 6% and the number of smokers will decrease by 2.2 million adults. This will bring down the rate of bidi smoking from 7.7% to 7.5%, while generating Rs. 14.8 billion in tax revenues.

Therefore, bringing all bidis into the net of GST and duties is what will plug the gaping hole in the supply chain as well as increase tax revenues even as it reduces consumption and improves tobacco control.

A Look At Bidi Manufacturing

Bidis are mostly manufactured in the unorganized sector while cigarette manufacturing takes place in large-scale industries. The bidi sector is not properly regulated either as the majority of the units are not registered. Most women and children roll bidis in their homes and the cottage industry is flourishing on a household level.

These vulnerable workers are exploited by the manufacturers with poor working conditions and abysmal wages. Bidi workers earned only 17% of wages compared to workers in other manufacturing industries. The welfare legislations and social security benefits do not percolate down to the bidi rollers in reality.

So why does the Labour Ministry not institute a proper policy framework for registering the bidi units and guaranteeing proper wages and support towards health consequences of the bidi-rollers? And why is the Government of India giving tax benefits to the bidi industry in the name of protecting the bidi workers' interests and employment?

The Dichotomy of the Tobacco Tax Regime

Most of the non-smoking tobacco products, commonly used among rural masses, are not taxed at all. Bidis, which are again used by people from the lowest economic strata, were not taxed till the early 1990s. Even now they are taxed so lightly that it does not really pinch the consumers.

On the other hand, the narrow cigarette sector is taxed at increasingly higher rates, while as much as four-fifths of tobacco consumption is taxed extremely lightly or not taxed at all. Come to think of it, non-filter cigarettes attract a much lower tax than filter cigarettes.

Therefore, it is fairly obvious that the Indian tobacco taxation policy seems to be focused on making the consumers from low-income groups pay lesser taxes. This approach of keeping the prices of certain tobacco products cheaper for the underprivileged users ignores the potentially higher occurrence of tobacco-related diseases from the said products.

Studying the base and rate structure of tobacco taxation brings to light the fact that the motivating rationale of the government seems to be revenue maximization instead of controlling tobacco usage. It is obvious that it is easy to tax cigarettes and will satisfy the revenue needs of the government as well. However, there is a need to shift the focus to discouraging tobacco consumption by bringing the taxes in alignment with both production and consumption patterns.

And the government's coffers will not suffer either. A recent December 2020 report highlights that uniform taxation on smokeless and other non-Virginia tobacco products will help bring in revenue to the government in excess of Rs 40,000 crore.

Divergence in Pictorial Warnings Too

The WHO upholds that large pictorial or graphic health warnings on tobacco packages accompanied by hard hitting messages are the most effective means of creating awareness about the serious and adverse health consequences of tobacco usage, especially among the youth, children and illiterate public. It works by putting the fear of life in tobacco users and persuades them to quit tobacco. It can also help increase compliance with smoke-free laws and encourage smokers to protect the health of non-smokers by not smoking inside the home.

India's health warning policy highlighting the ill-effects of tobacco consumption on tobacco products was first drafted in 2006 and updated multiple times in the following decade. In 2014, the government proposed significantly larger warnings that cover 85% of the front and back of the pack (from the erstwhile 40%). Of this, 25% should be dedicated to text and 60% dedicated to the picture. There is one picture for the first 12 month rotation period and another for the second 12 month rotation period. The resolution and intensity of color are also prescribed by the rules which came into effect from 1st April, 2016.

The Global Adult Tobacco Survey (GATS) report of 2017 indicates that 62% of cigarette smokers, 54% of bidi smokers and 46% of smokeless tobacco users have considered quitting because of pictorial warning labels on tobacco products. The survey proves that the large graphic warnings are not only effective in increasing knowledge about risks of tobacco use, but can help the resolve of quitters not to re-start even as it reduces the chances of tobacco initiation among the youth.

Accordingly, the government introduced the Cigarettes

and other Tobacco Products (Packaging and Labelling) Second Amendment Rules, 2018 which came into effect from 1st September, 2018. It specifies that the words 'TOBACCO CAUSES CANCER' and 'TOBACCO CAUSES PAINFUL DEATH' shall appear in white font colour on a red background on smoking and smokeless forms of tobacco products.

Along with this, the government also introduced a quit-line number and mandated that the words 'QUIT TODAY CALL 1800-11-2356' shall also appear in white font colour on a black background on the tobacco packs.

This is a dedicated toll-free number to help tobacco users receive free support and guidance to fight their



addiction. It proves useful for those tobacco consumers who want to quit but have no idea about where and how to seek help. Even potential quitters who cannot afford the expensive fees of professional counselors can use the quit-line number to get counseling on how to kick the habit for good.

However, why is it that the pictorial health warnings are mandatorily printed on certain tobacco packs and packages only? Why is it not made uniform for all tobacco products?

Conclusion

Doing away with the distorted tobacco laws and bringing all tobacco products under a uniform taxation policy is what will help achieve a true modicum of tobacco control. The government also has to overcome its biased approach and treat all tobacco manufacturers as equal in the eyes of the law. ▶

Source: Secondary research & media reports



Adv. Srishty Jaura
Editor –
"SPEAK UP!"

Tobacco Industry's Interference In Tobacco Control

There is rampant lobbying by the tobacco industry to influence policymaking in the country. The government also seems to have conflicting interests in tobacco control and trade. The central government did formulate a policy to prevent the interference and influence of the tobacco industry in government policies, but it seems to be a half-baked attempt as of now.





THE INDIAN TOBACCO industry comprises of a few key players such as Indian Tobacco Company (ITC), Godfrey Phillips Limited, Golden Tobacco and National Tobacco. These cigarette companies not only dominate the market - worth an estimated 60 billion rupees – but also indulge in tobacco politics to influence the use and distribution of tobacco in the country.

Indeed, the tobacco industry is notorious for constantly lobbying in the government circles, right from the Health Ministry to the Trade, Finance and Agriculture Departments, to champion its interests. They spend crores of rupees trying to influence public policy and make major contributions to various political parties.

The nexus between the industry and government is clear on various accounts. The government holds an almost 30% stake in ITC Ltd, the largest cigarette manufacturer in India. The publicly owned LIC of India holds 16.32%, the Unit Trust of India holds a further 7.96% through a specified undertaking and the General Insurance Corporation of India, New India Insurance and Oriental Insurance together have about 4.36%. The government has also purchased a small stake in VST (Vazir Sultan Tobacco) Industries Ltd. through the New India Assurance Company.

The government's investments in tobacco companies are clearly against the Constitution of India. How will the government reduce consumption and discourage production when it holds a stake in the ownership of the said companies?

In addition to this, many government officials feature on the boards of tobacco companies after their retirement. Several Indian politicians don't even bother to cover their business interests in different tobacco companies.

Various instances of interactions between tobacco companies and ministers and other officials have also come to light very often. Some Chief Ministers have been known to inaugurate ITC hotels and a Union Minister was the Chief Guest at the Times LitFest (sponsored by pan masala brand Rajnigandha). To add to this, a multi-part Reuters investigation in 2017 illuminated the fact that various tobacco company executives were meeting officials from different countries on the sidelines of the WHO's 2016 Global Conference on Tobacco Control held in India.

And who can forget the infamous partnering of the government's Tobacco Board with the 2010 Global Tobacco Networking Forum?



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Then again, there are formal partnerships between the tobacco industry and public agencies and many incentives are also available to the tobacco industry. For instance, ITC partnered with NITI Aayog to train tobacco farmers. The Tobacco Board even coordinated with ITC to buy tobacco in 2017 after farmers complained that they were not getting good prices for their crop.

The financial benefits - such as exemptions on cess and GST on bidis – enjoyed by the tobacco companies need no mention again. Would you believe that ITC's cigarette segment sales from its popular brands like Classic, Goldflake, Capstan and Navy Cut actually increased 3.5% last year while the rest of the country was reeling from the economic effects of the Covid-19 lockdown?

Don't these associations create a conflict of interest for the government? Aren't they contravening the provisions of COTPA, 2003?

Raising taxes on tobacco is considered the most effective way to reduce tobacco use as it will make cigarettes, bidis and smokeless tobacco products quite unaffordable for the masses. This can even control initiation among the youth to a large extent. However, the tobacco industry keeps exerting all its might to keep tobacco taxation as low as possible.

Moreover, the tobacco companies also indulge in corporate social responsibility funding to improve their public image while also indirectly marketing their tobacco products. How can this be permitted when tobacco advertising and sponsorship is clearly prohibited by COTPA, 2003?

Surrogate advertising of cigarettes and other tobacco products is also rampant with film actors and celebrities endorsing mouth fresheners, 'elaichi' and paan masala as a means of indirectly advertising the main product with the same name while slyly deceiving the law enforcement authorities. Think - Red & White Bravery Awards, Wills Lifestyle, Four Square White Water Rafting, etc. and you will get the picture....

Creating Barriers Between The Industry And Government

The Institute of Public Health's petition in the Karnataka High Court in 2010 called on the government to institute a policy barring all government officials, across ministries, from unnecessary interactions with the tobacco industry. Following this, it still took the government a full decade to come up with a five-page Code of Conduct for government officials to prevent tobacco industry interference in public health policies.

Formulated in accordance with the WHO FCTC treaty, it stipulates how public officials can or cannot interact with the tobacco industry, whether they can form partnerships or take contributions from tobacco



companies, how to prevent conflict of interest and how to report any violations of the code of conduct. It further requires that any existing partnerships, agreements or collaborations with the tobacco industry must be discontinued.

However, the code comes with an inherent limitation - it is only applicable to the Union Health Ministry, all its departments, autonomous institutions under its jurisdiction and any person acting on its behalf. Why does it not forbid officials of the Tobacco Board or the commerce or finance ministries from interacting with tobacco industry officials when the former are known to regulate various issues related to the cultivation and sale of tobacco? Isn't the influence of the tobacco industry in public policy far more widespread than the Health Ministry alone? It also fails to directly address issues like government investment in tobacco companies....

For instance, the Tobacco Institute of India (which represents cigarette makers including ITC and Godfrey Phillips) still had the gumption to send a 'handbook' to the Ministry of Health detailing how the FCTC proposals are a threat to farmers' livelihoods and asked the government to ensure that 'unreasonable and impractical' proposals are not adopted at the 2016 WHO FCTC conference. The industry players even demanded to be allowed to be a part of India's delegation at the global conference.

The code did seem to exercise some amount of control as India scored 61 out of 100 in the Global Tobacco Industry Interference Index 2020 released in November, compared to 69 in 2019 and 72 in 2017.

The Tobacco Industry Interference Index ranks countries based on their score on 20 parameters, such as whether the government accepts/supports/endorse assistance from the tobacco industry on tobacco control, whether the government participates in corporate social responsibility programmes of tobacco companies, if the tobacco industry is given special monetary benefits and whether government officials meet with tobacco industry executives. A higher score indicates greater interference from the tobacco industry in a country's governance and vice versa.

Conclusion

The tobacco industry has emerged as the single largest barrier for the implementation of tobacco control policies in the country. To really be able to protect public health, it is high time that India adopts a national policy covering all the ministries, departments and all kinds of interactions to be deemed effective.

A point to ponder - why did the government ban only e-cigarettes in 2019 without touching on other tobacco products that have similar, if not more, dangerous effects on our health? ▶

Source: Secondary research & media reports

Strengthening Tobacco Control Laws For An India After COVID-19

Dangers associated with nicotine are nothing new. The concerns about the harmful effects of consumption of tobacco products had started coming to light ever since people started smoking. India has an effective legal instrument in place against tobacco, but it has not yet proved to be effective at regulating tobacco usage in the country.



KASHISH ANEJA

a Delhi-based lawyer, legal consultant at the O'Neill Institute for National and Global Health Law, Washington D.C. and the co-founder of Society for Democratic Rights, New Delhi, brings the focus on the glaring gaps in India's tobacco policy by discussing how to further strengthen the new COTPA Amendment Bill, 2020 in the aftermath of the current pandemic...

EARLIER LAST MONTH, India's Ministry of Health and Family Welfare placed in the public domain the 'Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) (Amendment) Bill 2020' for pre-legislative consultations. If passed by Parliament, it will be one of the first laws with significant public health ramifications in India's post-COVID-19 society. One of the many lessons of this pandemic is the need to strengthen public health related laws and policies. Now more than ever, we need to revisit India's national tobacco control measures. While the 2020 Amendment Bill promises to address several lacunae in India's parent tobacco control law, it leaves many urgent issues unaddressed.

Tobacco is the world's leading cause of avoidable premature mortality and a common risk factor for most non-communicable diseases. Health experts have expressed mounting concern that smokers may be at higher risk of developing severe COVID-19, after infection, compared to non-smokers. India is home to the second largest number of tobacco users in the world, with 268 million – or 28.6% of all adults in India. The country adopted the parent Tobacco Control Act, intended to be a comprehensive law for tobacco control, in 2003. Shortcomings in the Act have proved to be a major challenge in its effective implementation.

The 2020 Amendment Bill makes certain noteworthy changes to the almost two-decades-old law. First, it prohibits designated smoking areas by removing the provision that allows for separate smoking spaces in restaurants and hotels. Second, it strengthens the ban on tobacco advertisements by prohibiting advertisements for tobacco products on internet-based platforms and social media. This ban extends to all users of internet-based platforms – not just to the producers, suppliers and/or distributors of cigarettes, etc. Third, it also bans indirect advertisements of tobacco products, commonly called surrogate ads.

Fourth – and for the first time – the Bill prohibits the production, supply or distribution of illicit cigarettes or any other tobacco products. The illicit trade of tobacco products is a major challenge to tobacco control in India. In recognition of this challenge, the Indian cabinet in 2018 acceded to the WHO's Framework Convention on Tobacco Control (FCTC) Protocol to eliminate illicit trade in tobacco products.



Fifth, the amendment increases the minimum age of sale of tobacco products to 21 years. Finally, it enhances the penalties as provided under the 2003 law.

However, the 2020 amendment fails to adequately address three key concerns in tobacco control.

Strengthening national tobacco control measures also requires protecting policies from the commercial and vested interests of the tobacco industries. Tobacco companies often engage in corporate social responsibility (CSR) activities and corporate sponsorship of events to present themselves as beneficial for society – but this is misleading.

Unfortunately, the 2020 amendment falls short of ensuring these protections, and thus undermines its own efficacy. The amendment must expressly prohibit all CSR activities by the tobacco industry in alignment with Article 5.3 of the FCTC.

Standardized and plain packaging of tobacco products plays a crucial role in enhancing the noticeability and effectiveness of health warnings and reducing the product's attractiveness. It also eliminates the effects of

tobacco packaging as a form of advertising and promotion. The 2020 amendment should introduce standardized packaging across all tobacco products and so will strengthen demand-reduction measures already in place.

This amendment offers an opportunity to legislate with a public health objective and to address the many challenges in tobacco control. It is a step

toward meeting India's international commitment of reducing the prevalence of tobacco use in India by 30% by 2025. Reducing tobacco use is the state's primary duty in improving and protecting public health under the Constitution of India – and also an additional step to protecting the right to health as guaranteed by the Constitution's Article 21.

Conclusion

Though regulation of a demerit good such as tobacco is recognized, the government enjoys a stake in the tobacco industry. The farmers and labourers are also still dependent on this business for their livelihood. Coupled with the intense lobbying by the tobacco industry, tobacco regulation remains a murky business in the country. However, stringent laws and proper implementation is what is needed if we are to emerge from the tobacco epidemic that continues to rage on the sidelines of the Covid-19 pandemic. ▀

You can read the full article at -

<https://science.thewire.in/health/cigarettes-other-tobacco-products-amendment-bill-2020-tobacco-control-packaging-public-health/#:~:text=In%20recognition%20of%20this%20challenge,tobacco%20products%20to%2021%20years.>

Looking For Sustainable Alternatives For Tobacco Cultivation

The only way we can effectively nip the tobacco menace in the bud is by supporting both alternate cropping and alternative livelihoods for the tobacco farmers in the country.



India happens to be the second largest producer of tobacco in the world

TOBACCO WAS INTRODUCED in India in the beginning of the 16th century, but commercial farming of the crop started only in the 1930s. Since then, the cultivation has increased progressively so that tobacco is one of the major commercial crops grown in the country today. India now stands second in tobacco production with an annual production of around 800 million kgs.

India is also the second-largest tobacco exporter in the world – Indian tobacco is exported to about 100 countries across the world and earns foreign exchange of around Rs.6,000 crores per annum.

As many as 10 distinct types of tobacco are grown in 15 states of the country which include cigarette (FCV, burley, Oriental) and non-cigarette types (bidi, chewing, hookah, natu, cheroot, cigar and HDBRG).

The Preference to Grow Tobacco

Actually, only 4.64 lakh hectares of arable land is under tobacco cultivation. However, no single crop is as remunerative as tobacco– tobacco farmers earn 3 to 4 times the net returns than any other crop. To add to this, tobacco is cultivated on marginal soils where no other crop can be grown as easily. This is because the crop can withstand dry climatic conditions without much fluctuation in yield. That's not all - tobacco by-products actually improve the fertility when added back to the soil.

In fact, Flue-Cured Virginia (FCV) tobacco is the most dominant variety in India as well as the world. This is a resilient and disease resistant crop that grows well in both semi-arid and rain-fed conditions. It is known to easily withstand extremely adverse weather conditions too.

Other factors also come into play in support of tobacco cultivation. There are well-established infrastructural facilities for curing, storing and transporting tobacco in the country. The Tobacco Board has set up a transparent auction system that ensures competitive bidding and prompt payment to the farmers that has freed the market from pricing and grading anomalies.

Apart from this, the Board also extends liberal bank finance for crop raising and other incentives like supply of inputs, fertilizers and equipment for improving yield and quality of tobacco, improving curing practices and extension programs to help produce a quality crop that attracts remunerative prices. These measures have led to a consistent increase in tobacco prices.

The government also established the Central Tobacco Research Institute (CTRI) in 1947 in Rajahmundry with a mandate to conduct basic, strategic and applied research on different tobaccos grown in India. This has aided tobacco farming by developing a number of improved varieties, promoting cultivation of high-yielding seed varieties and better agricultural practices. This has resulted in two-prong benefits of reducing cost of production and improving the quality.

Then again, the global demand for tobacco remains stable when compared to other agri-commodities, thus guaranteeing a steady and remunerative income for tobacco farmers. Tobacco is also less perishable than horticulture and poultry products, making it an ideal export commodity.

To add to this, tobacco cultivation is highly labour-intensive and generates more man-days of employment per unit of land than any other alternative crops.

Studies estimate that as many as 45.7 million Indians earn their livelihood from the tobacco sector. This comprises 6 million farmers, 20 million farm workers, 4 million leaf pluckers, 8.5 million workers in processing, manufacturing and exports and 7.2 million workers in retailing and trading. Any sudden shift from tobacco to other crops will render millions of workers unemployed and create social problems in the country.

Why They Don't Want to Shift to Alternate Crops?

A 2004 study conducted by the Government of India's Central Tobacco Research Institute (CTRI) has outlined that there is no single crop which is an economically

Types of Tobacco	States
FCV Tobacco	Andhra Pradesh, Telangana & Karnataka
Bidi Tobacco	Gujarat, Nipani area of Karnataka, Maharashtra & Andhra Pradesh
Cigar & Cheroot	Tamil Nadu & West Bengal
Hookah Tobacco	Assam, West Bengal, Bihar, Uttar Pradesh & Gujarat
Chewing & Snuff Pradesh	Tamil Nadu, West Bengal, Bihar, Assam, Uttar Pradesh, Gujarat & Madhya Pradesh
Natu, Burley, Lanka & HDBRG etc.	Andhra Pradesh, Telangana & Karnataka

viable alternative to FCV tobacco. It revealed that the value realization from other crops amounted to only Rs. 175 crores as against Rs. 400 crores from FCV tobacco in the previous year, resulting in a loss of Rs 225 crore to the farming community, which included Rs. 72 crores in reduced income due to loss of working man-days.

However, over the past few years, tobacco production is falling in the face of reduced demand on account of increased illicit tobacco trade that does not use Indian-grown tobacco. In the absence of a properly remunerative and viable alternative crop which the farmers can grow on their unused land, the situation looks grave for the tobacco growers.

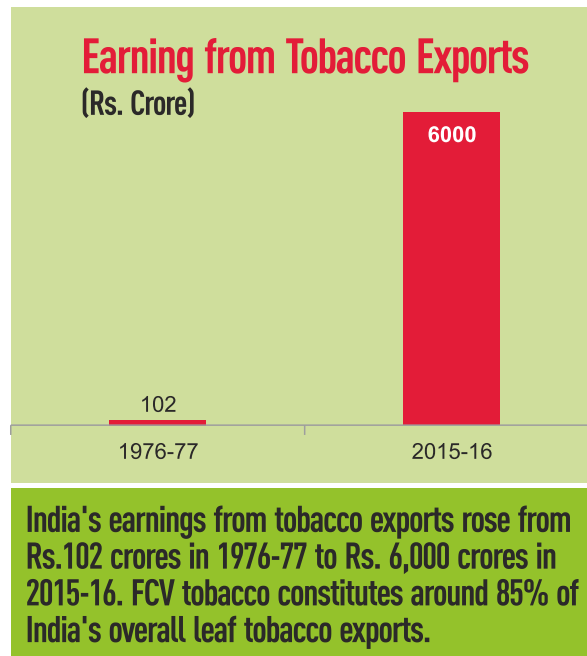
The FAIFA (Federation of All India Farmer Associations) recently appealed to the government in April to increase FCV tobacco production to compete in the global market. President, Javare Gowda said, "FCV farming community has faced business losses of over Rs 6,000 crore, with a drop in Flue-Cured Virginia (FCV) tobacco production from 325 million kg in 2014-15 to 210 million kg in 2019-20."

Diversification Strategies

Tobacco yields higher net returns than most other cash crops and substantially more than food crops. But it is important to transition farmers away from tobacco and toward alternative crops, or other livelihoods, to improve the country's health and also unlock our progress towards multiple Sustainable Development Goals.

The government is looking for alternate cropping and alternate livelihoods to replace tobacco farming and employment in the tobacco products manufacturing. CTRI has carried out studies using various combinations of monocropping and intercropping patterns on different soil types. It has suggested a remunerative cropping system in the form of a judicious mix of alternative crops, rather than a sole crop, as viable alternatives to tobacco. The broad suggestions are based on variables like climatic conditions, soil type and availability of assured water supply.

- **For irrigated areas:** sugarcane, groundnut, oil palm, cotton, chilli, maize, onion, cucumber, blackgram, greengram, mustard, ragi, castor-groundnut, cotton-groundnut, pigeon pea-groundnut, paddy-mustard, potato, ginger-wheat, tomato, lady's finger, cabbage, cauliflower, garlic, tomato, brinjal (aubergine), pulses and turmeric.
- **For unirrigated areas:** mustard, sorghum, greengram, coriander, Bengalgram, soybean, redgram, safflower,



groundnut, maize, bajra and castor along with dairy/ poultry/ fishery.

Along with this, the CTRI also carried out studies to explore alternate uses of tobacco plants. The options that came to light are protein, edible oil, nicotine sulphate, low-calorie sweetener and solanesol. Apart from this, tobacco derivatives can also be used in the pharmaceutical, oil, paint, soap and chemical industries. There are a number of industrial units engaged in extracting nicotine derivatives and nicotine products such as nicotine sulphate (used as an insecticide), nicotine hydrogen tartrate, nicotine bi-tartrate, nicotine salicylate

and nicotine hydrochloride (used in tobacco-cessation products).

However, tobacco farmers and workers are quite conservative when it comes to changing established practices. They firmly believe that the net profit from tobacco crop is higher than for any other crop. Moreover, tobacco cultivation is carried out by successive generations and they are quite uncertain about alternative income and market opportunities for other alternative crops.

The Giri Institute of Development Studies (GIDS), Lucknow, in its study 'Economics of Tobacco Farming in India', conducted in collaboration with Centre for Multi Disciplinary Research (CMDR), Dharwad (Karnataka) reveals that tobacco farmers are willing to shift to other crop only if suitable alternatives are made available along with institutional support in terms of subsidized inputs, technical know-how on alternate crops and guaranteed crop loan. However, tobacco farmers in Karnataka are making tough demands from the government, like Rs. 5 lakh per barn as one-time compensation for switching to alternative crops.

Conclusion

The tobacco sector provides livelihood to millions ranging from farmers, farm workers and labourers to people working in processing units, transporters, trade channels, manufacturing units, brand owners and the exports operations. The government has to phase out the tobacco farming subsidies on the one hand and also provide alternate cropping and alternate livelihoods to replace employment in tobacco farming and manufacturing. Only then can we truly achieve a healthy tobacco control in the country. ▶

Source: Secondary research & media reports



THE UNIQUE DANGERS OF SMOKING FOR WOMEN

- Children born to mothers who smoke experience more colds, earaches, respiratory problems, and illnesses requiring visits to the pediatrician than children born to nonsmokers.
- Menstrual abnormalities and early menopause may be caused by a toxic effect on the ovaries or by the significantly lower levels of estrogens noted in many studies of women smokers.
- Cervical cancer patients who quit smoking or who cut down, by at least 75%, may have a greater chance of remission and survival than patients who continue smoking.
- Many women fear of gaining weight as a result of quitting smoking. Participating in a vigorous exercise program three times per week may help you quit, and exercise helps reduce any subsequent weight gain, as well as providing overall health benefits.

Quitting Smoking Is Crucial During COVID-19 Pandemic

According to ongoing research, smoking has resulted in more severe coronavirus infections. It has substantially worsened the health outcomes for COVID-19 patients. Therefore, quitting smoking has become more important now than ever.



Now is the best time to quit smoking completely!



“Reversing this entirely preventable tobacco epidemic must now rank as a top priority for public health and for political leaders in every country of the world.”

– Dr Margaret Chan, Former Director-General, WHO

ALL FORMS OF tobacco are harmful. But tobacco continues to witness an upsurge in both its consumption and fatality rate worldwide. The overall tobacco consumption in India has increased by 47% in the past few years, despite all the efforts and legislation for tobacco control.

And yet, several studies of COVID-19 patients have indicated that current smokers are at increased risk of severe infection and death due to the coronavirus. Given their weak lung function, the chances of complications are also much higher.

According to the latest research published in the journal, Cell Stem Cell, scientists – including researchers from the University of California Los Angeles (UCLA), USA -recreated what happens when the airways of a current smoker are infected with the novel coronavirus

SARS-CoV-2. Using lab-grown lung tissue, they have pinpointed how smoking cigarettes facilitates more severe lung infection by the novel coronavirus.

Since the stem cells were taken from the lungs of healthy, non-smoking tissue donors, the researchers replicated the effects of smoking by exposing the airway cultures to cigarette smoke for three minutes per day over four days. Then they infected the cultures exposed to cigarette smoke - along with identical cultures that had not been exposed - with live SARS-CoV-2 virus and compared the two groups.

Brigitte Gomperts, a co-author of the study warns, “If you think of the airways like the high walls that protect a castle, smoking cigarettes is like creating holes in these walls. Smoking reduces the natural defenses and that allows the virus to set in.”



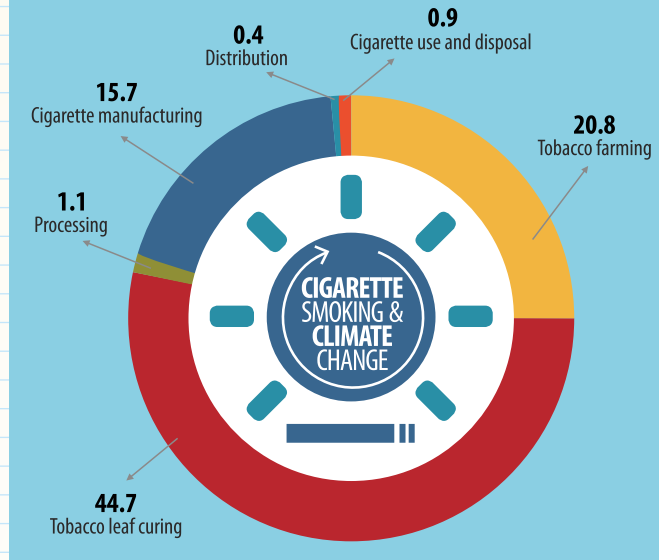
Smoking heavily, occasionally, or relapsing keeps you in the high-risk group for Covid-19

Following is a look at what experts and consumers alike have to say:

Smoking can look so cool, especially to the youngsters. However, no matter how you indulge in it, tobacco is harmful to your health. Tobacco contains over 7,000 toxins and 70 known carcinogens and can damage nearly every organ of the body. The next time you are tempted to take a drag, just pause for a minute and think of the consequences of your indulgence.

Dr Sachin Kumar,
Senior Consultant -
Pulmonology at Sakra
World Hospital, Bengaluru

Annual contribution to climate change of the global cigarette smoking supply chain stages, in Mt CO² eq



No, it is not the nicotine in cigarette smoke that causes cancer – tar in cigarette smoke causes cancer. Nicotine is an addictive drug that keeps you smoking, but it is the other harmful chemicals in cigarettes that make smoking so dangerous. Using low-tar, low-nicotine products does not help either as it will only make you puff harder and smoke more of each cigarette to get the nicotine. As COVID-19 primarily attacks the lungs, scientific evidence has clearly established an association between smoking and severity of COVID-19.

Dr. Sai Krishna, Akola

Cigarettes not only contain the much-addictive nicotine, but also a range of other toxic and carcinogenic chemicals that you shouldn't actually want anywhere near your body. Next time you reach for a cigarette that looks quite appealing, imagine yourself licking tarmac, chewing on rubber cement or drinking a cocktail of battery acid, lighter fuel and nail varnish remover.

Srihari Kishore, Warangal

Understanding the tobacco problem in India and focusing more efforts on what works should be the prime focus today. Sustained efforts are needed from the Government, but proper execution of plans with accountability is what our country lacks. The best made plans are laid to waste. It is imperative to increase taxes on all tobacco products while strictly enforcing therapy and rehabilitation measures for the public at large.

Abhinav J, Goa

Don't wait for the warning signs. Quit today and go public with the announcement! Telling everyone will keep you motivated. Also put aside cigarette money for something special, like a personal reward or charity.

Dr. Ruchi Chhabra, Raipur

Smoking is Injurious to Health – we are used to seeing this warning sign all around us. But does it make any difference anymore? For the sake of argument, do the advertisements on ill-effects of tobacco aired routinely in theaters and other forums matter to us? All the stringent regulations also are unable to stop the overall tobacco consumption from growing. Higher prices and taxes are the only way to go now....

Daniel Simons, Rourkela

Studies show that few people understand the specific health risks of tobacco use. However, when smokers become aware of the dangers of tobacco, especially when it overlaps with the risks of Covid-19, most will want to quit. Strike while the iron is hot - professional support and proven cessation medications can more than double a tobacco user's chance of successful quitting during these harrowing times. But, without cessation support, only 4% of attempts to quit tobacco will succeed.

Sudheer Chary, Srinagar

A majority of tobacco users wish to quit the habit, but a bare minimum actually succeeds in doing so. What we need is tobacco cessation centers in diverse settings that can help people quit tobacco by assessing their tobacco habits and then providing simple advice, behavioral counseling and pharmaceutical treatment as per requirements. Highlight the benefits, like - Within 12 hours of quitting, the carbon monoxide level in the bloodstream drops to normal. Within 2 to 12 weeks, circulation improves and lung function increases. After 1 to 9 months, coughing and shortness of breath decrease.

Sadiq Khan, Aurangabad

Tobacco is the only product, legally sold, which if used as intended by its manufacturers kills half of its users. 90% of all lung cancer deaths in men and 80% in women are caused by smoking. With the ongoing pandemic, tobacco use is a major point of concern for all the countries across the globe. Investigating various modalities of tobacco control should be the number one priority today.

Sony Sircar, Agartala

Source: Secondary research & media reports



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NABH AYUSH ENTRY LEVEL CERTIFICATION PROGRAM

TAKING QUALITY TO OUR ROOTS



NABH

is a constituent board of Quality Council of India (QCI).

It is playing a pivotal role at the National level in propagation, adoption and adherence to healthcare quality standards in AYUSH healthcare delivery systems.

With an objective to bring more light to AYUSH related treatments, the Government of India in 2014, formed the Ministry of AYUSH and consequently brought in the National Accreditation Board for Hospitals & Healthcare Providers (NABH) to start implementing quality healthcare standards for hospitals providing AYUSH treatments as well.

In the recent years, there has been a paradigm shift from allopathy system to traditional healthcare. To support this trend, health insurers have started offering AYUSH treatment covers as part of their health insurance policies. NABH Ayush Entry Level Certification Standards provide an objective system of empanelment by insurance and other third parties. These standards also address the need for quality control and quality monitoring in AYUSH healthcare as required by the Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the Ayushman Bharat Scheme.

NABH AYUSH Entry Level Certification standards are easily downloadable from NABH website.



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