AN OVERVIEW OF TOBACCO ISSUES IN INDIA

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ABSTRACT

India is the second world's largest populated country. India got third position in tobacco production and also third in export of tobacco product in the world. In India, tobacco consumption is responsible for half of all the cancers in men and a quarter of all cancers in women in addition to being a risk factor for cardiovascular diseases and chronic obstructive pulmonary diseases in India also has one of the highest rates of oral cancer in the world. India's tobacco problem is more complex than probably that of any other country in the world, with a large consequential burden of tobacco related disease and death. The prevalence of tobacco use among men has been reported to be higher (generally exceeding 50%) from almost all parts of India (more in rural than in urban areas. Menthol in cigarettes plays a critical role in youth getting to be dependent on cigarettes, veiling the unforgiving taste of tobacco smoke and causing the toxic substance to go down easier.This has been particularly valid for the arrangements called for in State of Tobacco Control 2019. The tobacco business and its partners routinely contradict endeavors at the state level to build tobacco charges, pass extensive smoke free laws, and lately, contradict endeavors to expand the tobacco deals age of 21 and limit access to enhanced tobacco items to secure youth.All forms of tobacco use are inferred to be unsafe for human health.

Key words *– Tobacco, Govt. Regulation, Issues,*

1. INTRODUCTION

Tobacco was introduced into India by Portuguese traders during AD 1600. Tobacco is extracted from around 65 known species tobacco plant of which the one that is grown commercially and widely as a source of tobacco is *Nicotiana tobaccum*. Most of the tobacco from Northern India and Afghanistan comes from the species Nicotatiana-rustica. Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Tobacco use is one of the main risk factors for a number of chronic diseases,

including cancer, lung diseases, and cardiovascular diseases. Despite this, it is common throughout the world. A number of countries have legislation restricting tobacco advertising, and regulating who can buy and use tobacco products, and where people can smoke.

Tobacco use kills nearly six million people worldwide each year. According to the World Health Organization (WHO) estimates, globally, there were 100 million premature deaths due to tobacco in the 20thcentury, and if the current trends of tobacco use continue, this number is expected to rise to 1 billion in the 21st century.

India is 2nd largest producer of tobacco. India accounts for10% of the world tobacco area and 9% of the production. Total area under tobacco cultivation 4Lakh hact. Approx1.2-1.3crore people are engaged in tobacco sector.

Tobacco is deadly in any form or disguise. Scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability. According to the International Agency for Research on Cancer (IARC) monograph, there is sufficient evidence in humans that tobacco smoking causes cancer of the lung, oral cavity, naso-, oro- and hypo-pharynx, nasal cavity and paranasal sinuses, larynx, esophagus, stomach, pancreas, liver, kidney (body and pelvis), ureter, urinary bladder, uterine cervix and bone marrow (myeloid leukemia). Colorectal cancer is seen to be associated with cigarette smoking, although there is insufficient evidence for it to be causal. 90% of all lung cancer deaths in men and 80% in women are caused by smoking. Causal associations have been clearly established between active smoking and adverse reproductive outcomes, chronic obstructive pulmonary disease and cardiovascular diseases. Studies on bidi smoking, the most common form of tobacco smoking in India, provide evidence toward causality of it as carcinogenic substance. Case–control studies demonstrate a strong association of bidi smoking with cancers at various sites, such as oral cavity (including subsites), pharynx, larynx, esophagus, lung and stomach. Almost all studies show significant trends with duration of bidi smoking and number of bidis smoked. 40% of the tuberculosis burden in India may be attributed to smoking. Significant association is seen between passive or active exposure to tobacco smoke and tuberculosis infection, disease and tuberculosis mortality. Smoking was associated with excess deaths among smokers between 30 and 69 years, mainly from tuberculosis and also from respiratory, vascular or neoplastic disease. The risk of tuberculosis deaths among bidi smokers was 2.60-times higher than never-smokers in Mumbai. Workers engaged in tobacco cultivation suffer from an occupational illness known as green tobacco sickness (GTS), an acute form of nicotine toxicity resulting from absorption of nicotine through the skin.

1.1 Composition of tobacco:

Tobacco products contain around 5000 toxic substances. Most important and dangerous constituents are:

1. Nicotine
2. Carbon Monoxide
3. Tar

Nicotine is the major cause of the predominant behavioral effects of tobacco. It is a poisonous substance leads to addiction. Nicotine influences and reinforces all tobacco-use behavior. After absorption, nicotine travels rapidly to the brain, in a matter of seconds, therefore, the psycho-active rewards associated with smoking occur quickly and these rewards are highly reinforced. Nicotine binds to the receptors in the brain where it influences the cerebral metabolism. Nicotine is then distributed throughout the body, mostly to skeletal muscles. Development of tolerance to its own actions is similar to that produced by other addictive drugs. Carbon mono-oxide reduces the amount of oxygen blood can carry and causes shortness of breath. Tar is a sticky residue which contains benzopyrene, one of the deadliest cancer causing agents known. Other compounds are carbon dioxide, nitrogen oxides, ammonia, volatile nitrosamines, hydrogen cyanide, volatile sulfur containing compounds, volatile hydrocarbons, alcohols, aldehydes and ketones. Some of these compounds are known to cause cancers of various organs of the body.

1.3 Forms of tobacco intake:

1. Cigarette - Most common and most harmful
2. Bidi – most commonly used form in India
3. Cigar -
4. Hookah (Hubble bubble)
5. Sheesha
6. Tobacco chewing
7. Kreteks (clove cigarettes)
8. Snuff – Moist & Dry
9. E-cigarette – recent intruder in the list

When non-smokers are exposed to smoke containing nicotine and toxic chemicals emitted by smokers it is called *passive smoking or exposure to second hand smoke*.

1.4 Key facts:

- Tobacco kills up to half of its users.
- Tobacco kills around 6 million people each year. More than 5 million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke.
- Nearly 85% of the world's 1 billion smokers live in low- and middle-income countries.
- Tobacco kills 1 person in every 6 seconds.
- Tobacco is the leading preventable causes of all deaths.

- If current smoking patterns continue, it will cause some 8 million deaths each year by 2030 .
- Indian tobacco is exported to about 100 countries.
- India has one of the highest rates of oral cancer in the world, with over 50% attributable to smokeless tobacco use.

2.NOTEWORTHY CONTRIBUTION IN THE FIELD OF TOBACCO

According to the National Family Health Survey (NFHS)-3- survey, conducted in 2005–06, tobacco use is more prevalent among men, rural population, illiterates, poor and vulnerable section of the society.

According to GATS 2010-Non-communicable diseases (NCDs)- like ischemic heart diseases, cancers, diabetes, chronic respiratory diseases are the leading causes of death globally and associated with tobacco use. Available data from WHO demonstrate that thirty-eight million people die each year from NCDs, of which nearly 85% of NCD deaths occur in low- and middle-income countries. The situation is equally bad in India with estimated number of tobacco users being 274.9 million where 163.7 million users of only smokeless tobacco, 68.9 million only smokers and 42.3 million users of both smoking and smokeless tobacco as per Global Adult Tobacco Survey India (GATS). It means around 35% of adults (47.9% males and 20.3% females) in India use tobacco in some form or the other. Use of smokeless tobacco is more prevalent in India (21%).

According to WHO statistics for 2010 -In India, NCDs are estimated to account for 53% of all deaths. Of these deaths, cardiovascular diseases and diabetes are the most common causes of deaths in India. This huge burden of NCDs can be attributed to increasing use of tobacco. Tobacco is a major risk factor for a number of diseases affecting all age groups. WHO data shows that tobacco uses kill nearly six million people in a year. Around five million of those deaths are the result of direct tobacco use while more than 600,000 are the result of non-smokers being exposed to second-hand smoke. One person dies every six seconds due to tobacco. Up to half of current users will eventually die of a tobacco-related disease.

WHO report on the global tobacco epidamic,2015- Price and tax measures are one of the core demand reduction strategies that the WHO FCTC requires its Parties to implement. Governments have the power to deflect industry interference and implement strong tax policies. Raising taxes on tobacco is the most effective way to reduce tobacco use.

3. ISSUES RELATED TO TOBACCO

- ***Health issues***- Tobacco use causes a wide range of major diseases which impact nearly every organ of the body. These include several types of cancers, heart diseases and lung diseases. Public health researchers have been substantiating these findings and

discovering more and more damaging evidence about the disease consequences of tobacco use for over half a century. For a long time, the tobacco industry propounded and Low emotional stability and risk taking behavior are more common in tobacco users. Existence of some mental disorders also increases the risk of tobacco use.

- ***Environment issues-*** The land that has been destroyed or degraded to grow tobacco has affects on nearby farms. As forests, for example, are cleared to make way for tobacco plantations, then the soil protection it provides is lost and is more likely to be washed away in heavy rains. This can lead to soil degradation and failing yields. A lot of wood is also needed to cure tobacco leaves. Tobacco uses up more water, and has more pesticides applied to it, further affecting water supplies. These water supplies are further depleted by the tobacco industry recommending the planting of quick growing, but water-thirsty eucalyptus trees. cultivation of tobacco crop forests are destroyed. Burning of tobacco produces number of toxicants in environment. Manufacturing, packaging and transportation also cause environmental pollution

- ***Economic issues-*** Tobacco and poverty are inextricably linked. Many studies have shown that in the poorest households in some low-income countries as much as 10% of total household expenditure is on tobacco [and therefore] less money to spend on basic items such as food, education and health care. In addition to its direct health effects, tobacco leads to malnutrition, increased health care costs and premature death. It also contributes to a higher illiteracy rate, since money that could have been used for education is spent on tobacco instead. Tobacco's role in exacerbating poverty has been largely ignored by researchers in both fields. Treatment of cardiovascular diseases and cancer imposes maximum financial burden on the individual and family.
- Taxation policy remain non uniform across the states.
- Local municipal bodies not active to take up relevant action.
- Involvement of policies forces still not uniformly possible as COTPA violation remain low priority.
- Implementation remain a challenge due to lack of trained enforcement squad.

4.TOBACCO CONTROL POLICIES/ LEGISLATION IN INDIA

WHO policies on tobacco control- Legislation is recognized as the critical driver for meaningful progress in tobacco control. The WHO framework convention on tobacco control (WHO FCTC) is a global public health treaty developed as a global response to the globalization of the tobacco epidemic, which aims at reducing the burden of disease and death caused by tobacco. It was adopted by the World Health Assembly in May 2003, and India was the eighth country to ratify it on 5 February 2004. The FCTC embraces scientific evidence-based approaches that have shown effectiveness in reducing tobacco consumption. 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 nonsmokers from taking the habit. The success of the WHO FCTC, which as of July 2009 had more than 160 parties covering 86% of the world's population, demonstrates the global political will for making tobacco control far more

comprehensive and successful. The WHO has established the MPOWER package to help countries comply with the WHO FCTC. This is a package encompassing six most important and effective tobacco control policies: Monitoring tobacco use and prevention policies, Protecting people from tobacco smoke, Offering help to people to quit tobacco use, Warning everyone about the dangers of tobacco, Enforcing ban on tobacco advertising, promotion and sponsorship and Raising taxes on tobacco.

In India, since 1975, it is mandatory to display a statutory health warning on all packages and advertisements of cigarettes because of the Cigarettes (Regulation of Production, Supply and Distribution) Act, enacted by the Government of India (GOI). Further restrictions on tobacco trade were initiated along with efforts to bring forth a comprehensive legislation for tobacco control during the 1980s and 1990s. The Indian Parliament passed the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Bill, 2003 in April 2003. This Bill became an Act on 18 May 2003 – COTPA. Rules were formulated and enforced from 1 May 2004. The Act is applicable to all products containing tobacco in any form, and extends to the whole of India.

The key provisions of COTPA-2003 are as follows :

Section 4**:** Bans Smoking in all "public places like Hotels restaurants, coffee houses, pubs, bars, airport lounges, and other such places visited by the general public, workplaces, shopping malls, cinema Halls, educational institutions and libraries, hospitals and auditorium, open auditorium, amusement centers, stadium, railway station, bus stop etc.

Section 5: It prohibits advertisement, promotion and sponsorship of all tobacco products; both direct and indirect advertisement of tobacco products is prohibited in all forms of audio, visual and print media. It imposes total ban on sponsoring of any sport and cultural events by cigarette and other tobacco product companies.

Section 6 (a): Prohibits sale of tobacco to minors (persons under the age of 18).

Section 6 (b): Prohibits sale of tobacco products near educational institutions. Sale of any tobacco product is prohibited in an area within radius of 100 yards of any educational institution

Section 7: Its calls for specified health warning labels on all tobacco products.

Section 7 (5): Every tobacco package must have nicotine and tar contents along with maximum permissible limits. Specified warning should be there depicted on tobacco package.

4.1 National tobacco control programme:

The Ministry of Health and Family Welfare (MHFW), GOI, has launched the National tobacco control programme (NTCP) in the XI Five Year Plan to facilitate the implementation of the Tobacco Control Laws, bring about greater awareness about the harmful effects of tobacco and to fulfill the obligations under the WHO-FCTC. The Cabinet Committee on Economic Affairs (CCEA) on 28 January 2010 approved the programme.The NTCP will establish tobacco product

testing laboratories, provide baseline estimates of tobacco prevalence and statu of implementation of the Tobacco Control Law. The pilot phase will focus on 42 districts of 21 states. The activities of NTCP are arranging exhibitions, seminars, banners at District level, implementing the anti-tobacco act in letter and spirit, sending monthly reports regarding the anti-tobacco activities in the district level to the state. At the headquarters the activities focused are promoting Information, Education and Communication (IEC) activities at the district level and multi-sectoral involvement for the implementation of the Act with the help of NGOs, Police Department, Education Department and the Local Administration.

Numerous voluntary organizations like the HRIDAY-SHAN, CPAA-Cancer patient's aids association; the Salaam Mumbai Foundation, Health Bridge, Voluntary Health Association of India, etc. are actively involved in tobacco control activities in India. Healis is actively engaged in conducting quality research in tobacco control. In addition, it is involved in media mobilization for tobacco control, public education, conducting workshops for different stake holders and conducting scientific conferences and meetings of national and international level. The Public Health Foundation of India (PHFI) has launched a multi-faceted website to create an enabling environment for tobacco control in the country. The web portal comprehensively offers training, resources and research evidence with regard to tobacco control. To support global efforts for tobacco control, The Union focuses on several key policies that are proven to reduce tobacco consumption. In India, the Union has been active in collaborating with the central and state governments and prominent NGOs to strengthen pack warning content and its implementation. The WHO is actively involved in tobacco control in India. Tobacco surveillance has been included in the integrated disease surveillance programme. A National Tobacco Control Cell was set up by the WHO in collaboration with the Ministry of Health and Family Welfare, which has activities in the different spheres of tobacco control, with the main impetus on spreading awareness.

Tobacco free initiative in India

One important initiative under this is setting up of Tobacco Cessation Clinics in India. During 2001-02, 13 Tobacco Cessation Clinics were set-up in 12 states across the country in settings such as cancer treatment hospitals, psychiatric hospitals, medical colleges, NGOs etc users to quit tobacco use.

National Guidelines for Treatment of Tobacco Dependence have also been developed and disseminated by the Government in 2011, to facilitate training of health professionals in tobacco cessation. Various interventions and research studies were also supported to develop community based tobacco cessation models.

Pictorial warning:

The Union Ministry of Health & Family Welfare has mandated an increase in the size of pictorial warnings from the current 40% on front of the packs to 85% on both sides with effect from 1st April 2016. What is really surprising is that the Government has not taken cognizance of the

recommendation of the Parliamentary Committee on Subordinate Legislation for coverage of warnings to be 50% on both sides of cigarettes packs rather than the excessive 85%.

40% pictorial warnings are adequate to inform & caution consumers The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 ("COTPA") requires the warnings to be legible, prominent and conspicuous which is fully met by specified health warning covering 40% of the front panel of packs. The 40% warning requirement was decided upon by a Group of Ministers constituted in 2007 to evaluate pictorial warnings.

Apart from pack warnings retail outlets are mandated to display boards prominently with a warning of size 60 x 30 cm. These warnings also help to caution the consumers.

Hence, it is clear that the 40% pictorial warning on the front of the pack are adequately serving the purpose of cautioning the consumers.

World No Tobacco Day (WNTD)

It is observed around the world every year on May 31. It is intended to encourage a 24-hour period of abstinence from all forms of tobacco consumption around the globe. The day is further intended to draw attention to the widespread prevalence of tobacco use and to negative health effects, which currently lead to nearly 6 million deaths each year worldwide, including 600,000 of which are the result of non-smokers being exposed to second-hand smoke. The member states of the World Health Organization (WHO) created World No Tobacco Day in 1987. In the past twenty years, the day has been met with both enthusiasm and resistance around the globe from governments, public health organizations, smokers, growers, and the tobacco industry.

Plane packaging

WHO and the Secretariat of the WHO Framework Convention on Tobacco Control are calling countries to get ready for plain (standardized) packaging of tobacco products. Plain packaging is an important demand reduction measure that reduces the attractiveness of tobacco products, restricts use of tobacco packaging as a form of tobacco advertising and promotion, limits misleading packaging and labeling, and increases the effectiveness of health warnings. Plain packaging of tobacco products refers to measures that restrict or prohibit the use of logos, colors, brand images or promotional information on packaging other than brand names and product names displayed in a standard color and font style. Plain packaging builds upon other measures as part of a comprehensive multi sectoral approach to tobacco control. Policy-makers, civil society and the public can take action to ensure that their governments consider adoption of plain packaging.

Monitor tobacco use and prevention policies by WHO:(MPOWER)

Monitior **-**Data are necessary to implement and evaluate effective tobacco control policies. Only through accurate measurement of the tobacco epidemic and of the interventions to control it can those interventions be effectively managed and improved. Good monitoring provides policy-makers with information about the extent of the epidemic in a country and how to tailor policies to the needs of different groups. Disseminating the information broadly and effectively gives all stakeholders a clearer picture of the epidemic and provides advocates for tobacco control with important evidence to bolster the case for stronger policies.

Protect people from exposure to second-hand tobacco smoke- All people have a right to breathe clean air. There is no safe level of exposure to second-hand smoke, which causes heart disease, cancer and many other diseases. Even brief exposure can cause serious damage. Smoke-free legislation is popular wherever it is enacted, and these laws do not harm business. Any country, regardless of income level, can implement effective smoke-free legislation. Only a total ban on smoking in public places, including all indoor workplaces, protects people from the harms of second-hand smoke, helps smokers quit and reduces youth smoking. Guidelines to Article 8 of the WHO Framework Convention on Tobacco Control help countries know exactly what to do to protect their people from second-hand smoke.

Offer help to quit tobacco use- more than one billion smokers worldwide who are addicted to tobacco are victims of the tobacco epidemic. When informed of the risks, most tobacco users want to quit, but few get help and support to overcome their dependence. Health-care systems have primary responsibility for treating tobacco dependence. Programmes should include tobacco cessation advice incorporated into primary health-care services, easily accessible and free telephone help lines (known as quit lines), and access to low-cost medicines. All health-care workers should become advocates for tobacco control. Governments can use some tobacco tax revenues to help tobacco users free themselves from addiction**.**

Warn about the dangers of tobacco- Despite overwhelming evidence of the dangers of tobacco, relatively few users fully understand the risks to their health. Most tobacco users are unaware of the extent of the harm that tobacco causes and tend to underestimate the risks to themselves and others.

In addition, most are unaware of the powerfully addictive properties of nicotine, a compound present in all tobacco products, which is absorbed readily from tobacco smoke in the lungs and from smokeless tobacco in the mouth or nose. The ease and depth of addiction to nicotine for tobacco users makes quitting extremely difficult and perpetuates the cycle of increased addiction, leading to devastating health effects.

Beyond the health consequences, there is also a lack of awareness among both the general public and policy-makers of the devastating social, economic and environmental consequences of tobacco use.
Tobacco companies use packaging and other advertising techniques to make tobacco seem appealing, while distracting consumers from the harsh reality of how tobacco destroys health. Tobacco product packaging is a central marketing tool for tobacco products and the tobacco industry's most effective vehicle for advertising its lethal products.
Yet tobacco product packaging in most countries provides little or no information to warn consumers of the risks. This reality is reflected in the lack of appreciation of the health risks among the general public and even among health professionals.

Enforce bans on tobacco advertising, promotion and sponsorship- The tobacco industry spends tens of billions of dollars worldwide each year on advertising, promotion and sponsorship. A total ban on direct and indirect advertising, promotion and sponsorship, as provided in guidelines to Article 13 of the WHO Framework Convention on Tobacco Control, can substantially reduce tobacco consumption and protect people, particularly youths, from industry marketing tactics. To be effective, bans must be complete and apply to all marketing categories. Otherwise, the industry merely redirects resources to nonregulated marketing channels. The tobacco industry strongly opposes such comprehensive bans because they are effective in reducing tobacco use.

Raise taxes on tobacco- Increasing the price of tobacco through higher taxes is the single most effective way to encourage tobacco users to quit and prevent children from starting to smoke. Taxes on inexpensive tobacco products should be equivalent to higher-priced products, such as premium-brand cigarettes, to prevent substitution in consumption. Taxes need to be increased regularly to correct for inflation and consumer purchasing power. Tobacco taxes are generally well accepted by the public and raise government revenues. Allocating tax revenues for tobacco control and other important health and social programmes further increases their popularity.

5.CONCLUSION

In this study we focus on issues related to tobacco products like health issues, environment issues and economic issues (taxation policy).We observed through this study that tobacco is very harmful for human being as well as society. It is like a epidemic for world because tobacco use kills nearly 6 million people worldwide each year. Tobacco use is the one of the main risk factor of chronic disease including cancer, lung dieses and cardiovascular disease. A number of countries, including India, have legislation restricting tobacco advertising and

regulating, which can buy and used tobacco product and where people can smoke. Indian government should strictly implement COTPA 2003 Act for everywhere and every when. The Indian government also plans to implement to plain packaging of tobacco products.

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