Overview of Epidemiology of Tobacco Use and its control

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CME:- Tobacco or Health: Make Better Choice

Tobacco - Key Facts

- ***Tobacco is the only legally available and commonly used substance that will kill one third to half the people who use it, on average 15 years prematurely.***

- Tobacco use is the leading preventable cause of mortality and morbidity all over the world.

- ***Consumption of tobacco products is increasing globally,*** though it is decreasing in some high-income and upper middle-income countries.

Tobacco kills
one person every six seconds !!!

TOBACCO -Global Burden of Disease

- Tobacco ***kills approximately 6 million people each year*** and causes more than half a trillion dollars of economic damage each year.

- More than 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.

- ***63%of all deaths are caused by NCDs, for which tobacco use is one of the greatest risk factors.***

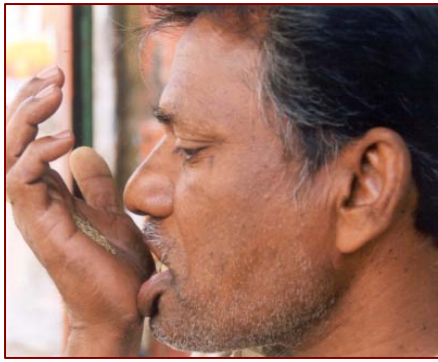
- Unless urgent action is taken, the ***annual death toll could rise to more than eight million by 2030.*** This means that tobacco-related deaths will exceed the total number of deaths from malaria, maternal and major childhood conditions, and tuberculosis combined. ***More that 80% of the deaths are predicted to occur in the developing world.***

TOBACCO USE IN INDIA

Prevalence of tobacco use (%)
(GATS 2010)

Type	Males	Females
Tobacco users	47.9	20.3
Smokers	24.3	2.9
Smokeless	32.9	18.4

- 274.9 million use tobacco in some form or other
- 163.7 million use smokeless forms of tobacco.
- 68.9 million smoke tobacco.

Tobacco use in teens in India

- **GYTS (2009) 13-15 years studied in schools**
  - 14.6% currently use any tobacco product
  - 4.4% currently smoke cigarettes
  - 12.5% currently use other tobacco products
  - 15.5% of never smokers likely to initiate smoking next year
- **GATS (2009-10) 15-24years**
  - 18% use any tobacco product
  - Smoked (5.3%) and Smokeless 16.1% (3% both)
  - Boys - 27.4% and Girls - 8.3%
  - 47% made quit attempt
  - Current monthly expenditure : INR 700/month
  - Noticed health warning on packages – 79% of smokers

Key Findings from GATS 2009-10

- Nearly 2 in 5 (38%) adults in rural areas and one in four (25%) adults in urban areas use tobacco in some form.
- Pattern of smokeless tobacco use
  - Khaini or tobacco-lime mixture (12%)
  - Gutkha , a mixture of tobacco, lime and areca nut mixture (8%),
  - Betel quid with tobacco (6%)
  - Applying tobacco as dentifrice (5%).
- Among smoking tobacco products,
  - Bidi (9%) is used most commonly
  - Cigarette (6%) and
  - Hookah (1%).
- The quit ratio
  - For smoking among ever daily smokers is 13 percent,
  - Ever daily users of smokeless tobacco is 5 percent.

Second-hand smoking

- Second-hand smoking refers to the passive inhalation of tobacco smoke when another person is smoking.

- Second-hand smoking can occur in two forms: **side stream smoke** that comes directly from the burning end of the tobacco product and **mainstream smoke** which is the smoke that the smoker exhales.

- **Second-hand tobacco smoke presents health hazards comparable to smoking** (***contains more than 50 cancer-causing chemicals).***

There is no safe level of exposure to second-hand tobacco smoke !!!!

Key Findings of GATS - Exposure to SHS

- GATS India shows that 52 percent of adults were exposed to second-hand smoke (SHS) at home.
- In rural areas 58 percent and in urban areas 39 percent were exposed to SHS at home.
- Among those who visited different public places within 30 days prior to the survey,
  - 29 percent were exposed to SHS in any of the public places;
  - 18 percent on public transport,
  - 11 percent in restaurants,
  - 7 percent in Government buildings and
  - 5 percent at the health care facility.

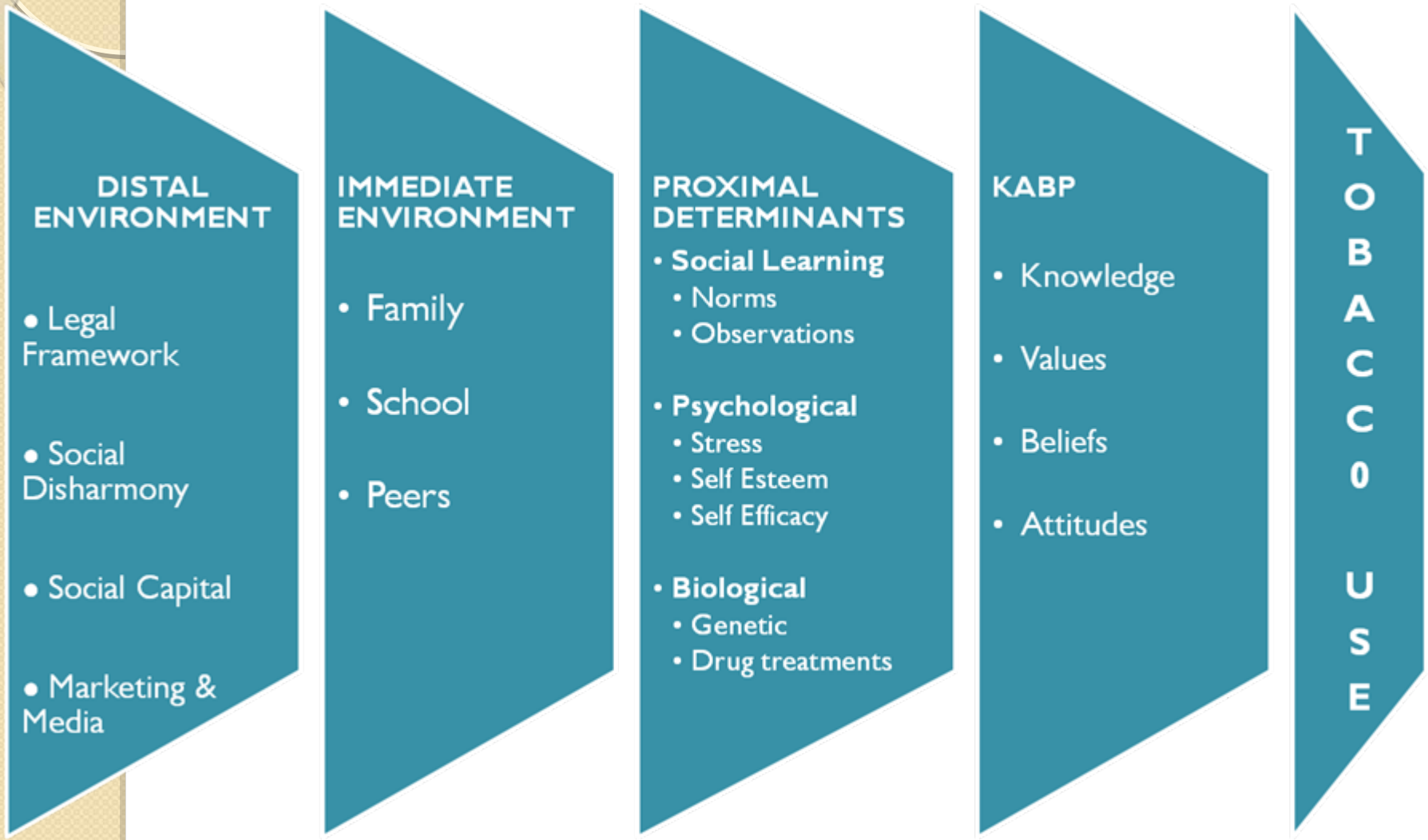
Economic Burden of tobacco related diseases in India

Head	Cost in Crores (INR)	% of total Cost
Direct cost of treatment of tobacco related diseases (TRD)	16,800	16%
Loss in productivity due to TRD	14,700	14%
Premature mortality due to TRD	73,000	70%
Total	104500	

TRD – Cancers, CVDs, CRD and Tuberculosis

Source: MoHFW Report– Economic burden of TRD in India

Determinants of Tobacco Use



Environmental determinants of tobacco use in Ballabgarh

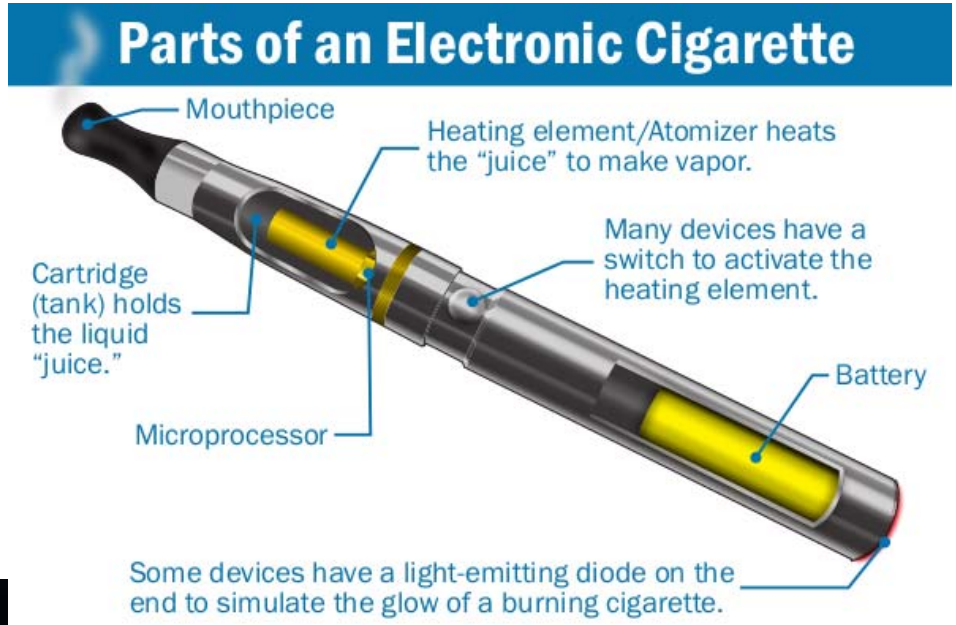
- Community Audit of 10 rural and 10 urban communities of Ballabgarh done.
- Environment had three components
  - Legal – compliance to COTPA by stores by score(0-8)
  - Household – Proportion of households with smokers
  - Community – Density of tobacco selling stores per Sq Km
- After adjustment for individual variables (age, sex, SES, knowledge & attitude towards tobacco, exposure to media)
  - For each increase in store/Sq Km prevalence of tobacco use increased by 0.05% (0.01-0.09)
  - For each increase in tobacco compliance score, tobacco use increase decreased by 1.9%
  - For each % increase in families with a smoker tobacco use increased by 0.4%.

Social gradient in tobacco use in GATS India Survey

SES Category	Current Smoking	Current Smokeless	Dual Use
Education			
No formal Ed	3.7 (3.0-4.6)	2.0 (1.6-2.4)	5.0 (3.6 – 7)
Primary	2.4(2.0-2.9)	1.8 (1.5-2.2)	4.0 (2.9-5.5)
Secondary	1.3 (1.1-1.6)	1.3 (1.1-1.6)	2.0 (1.5-2.7)
College	Reference Category		
Wealth Index Quintile			
Lowest	0.9 (0.7-1.1)	4.1 (3.4-4.9)	2.7 (2.0-3.7)
Low	1.1 (0.9-1.3)	3.1 (2.6-3.7)	2.1 (1.5-2.8)
Middle	1.1 (0.9-1.3	2.4 (2.0-2.8)	1.6 (1.2-2.2)
High	1.1 (0.9-1.3	1.6 (1.4-1.9)	1.4 (1.0-1.8)
Highest	Reference Category		

Palipiudi K et al. Indian Journal of Cancer | Dec 2014 | Volume 51 | Supplement 1

Areas of Concern in India – e-Cigarettes

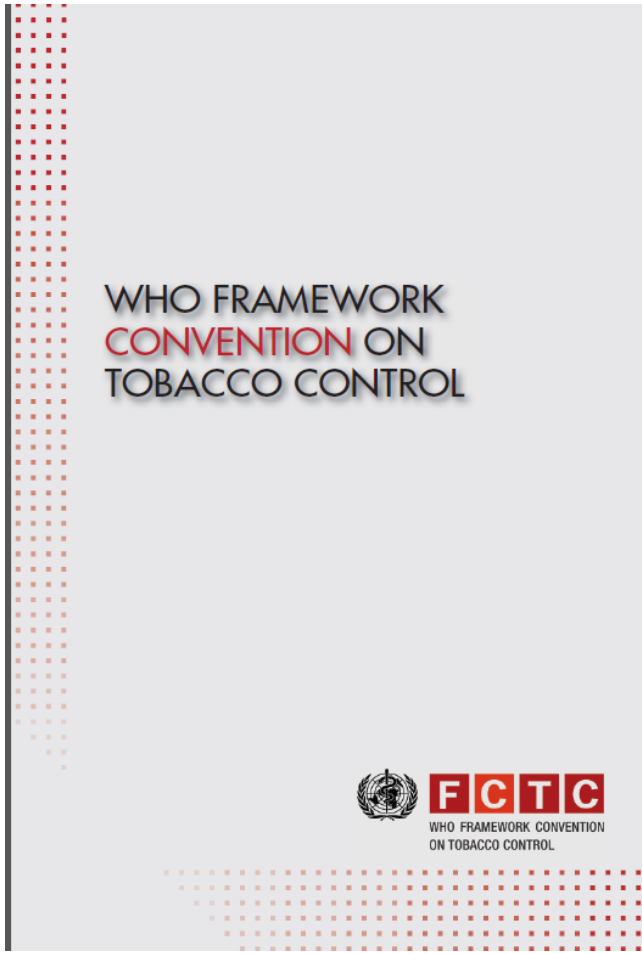


Areas of Concern – Hooka Bars

TOBACCO CONTROL MEASURES

WHO FCTC

- WHO Framework Convention on Tobacco Control (FCTC) entered into force in February 2005.
- It is the first step in the global fight against the tobacco epidemic.
- It is a multilateral treaty with 177 parties covering 88% of the world's population.
- WHO FCTC is a blueprint for countries to reduce both the supply of and the demand for tobacco.



Tobacco Control Measures - MPOWER

- MPOWER: Introduced by WHO in 2008.
- A package of six most important and effective tobacco control policies
- Each MPOWER measure corresponds to at least one demand-reduction provision of the WHO FCTC.

MPOWER stands for:
Monitor use and prevention policies.
Protect people from tobacco smoke.
O*ffer help to quit tobacco use.*
W*arn about the dangers of tobacco.*
Enforce bans on tobacco advertising, promotion and sponsorship.
Raise taxes on tobacco.

- **Two of the six effective tobacco control policies lie with the health-care sector!!!**

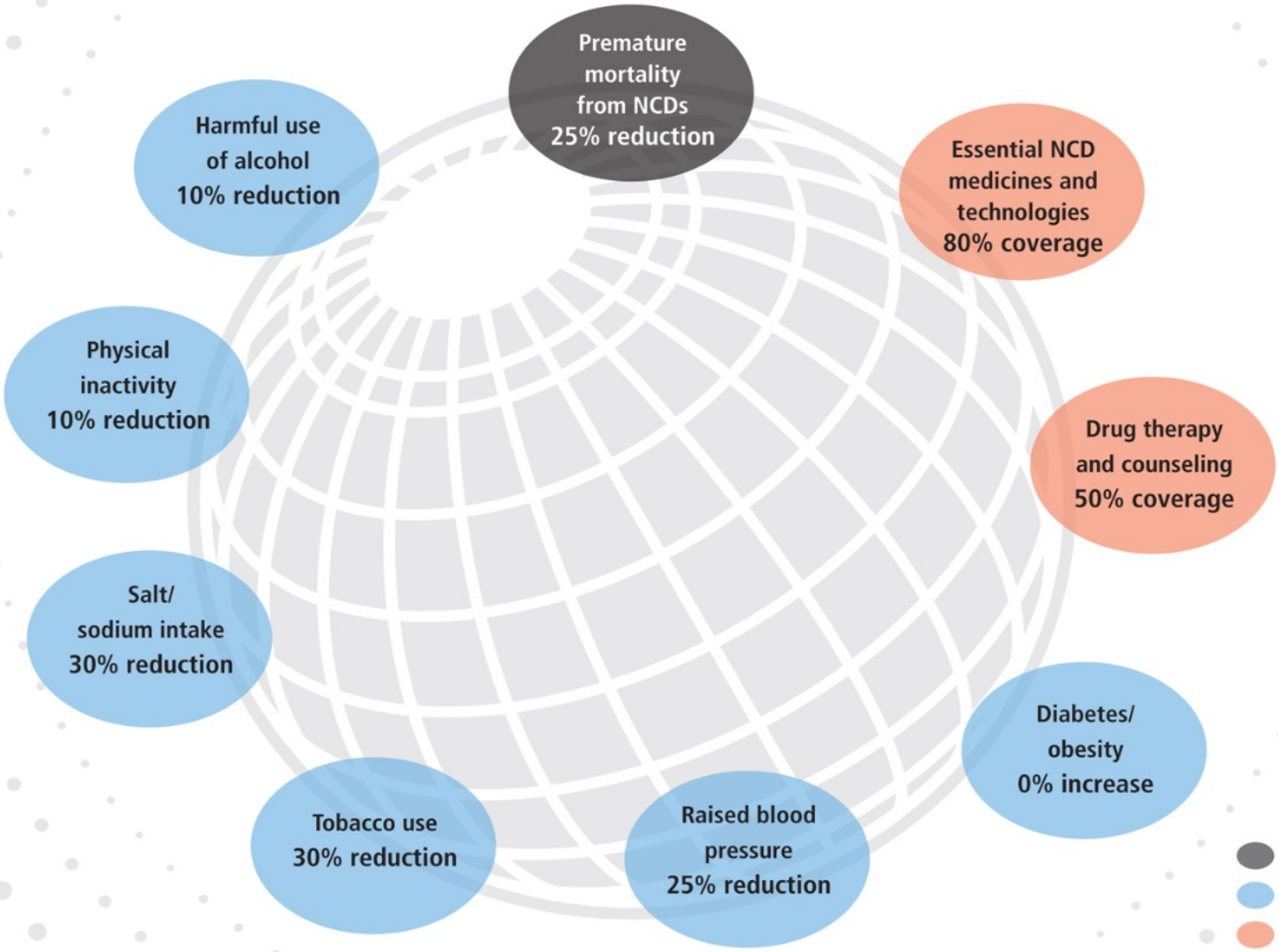
Monitoring Tobacco Use - Tobacco Surveillance Systems

- **GTSS** includes the collection of tobacco-specific data for both youths (13-15 years) and adults (15 years and older) through four surveys:

  - ✓ **Global Youth Tobacco Survey** (GYTS) focuses on youths aged 13-15 and collects information in schools.
  - ✓ **Global School Professionals Survey** (GSPS) surveys teachers and administrators from the same schools that participate in the GYTS.
  - ✓ **Global Health Professions Students Survey** (GHPSS) focuses on third-year students pursuing degrees in dentistry, medicine, nursing and pharmacology.
  - ✓ **Global Adult Tobacco Survey** (GATS), a household survey, monitors tobacco use among adults.

- WHO conducts a variety of multi-risk factor surveys that contain sections on tobacco use and exposure:
  - ✓ Global School Health Survey **(GSHS)**
  - ✓ WHO STEPwise Approach to Chronic Disease Risk Factor Surveillance **(WHO STEPS)**

Set of 9 voluntary global NCD targets for 2025



http://www.who.int/nmh/global_monitoring_framework/en/index.html

Protect People from Tobacco Smoke

- Smoke-free places are essential to protect non-smokers and also to encourage smokers to quit.
- Any country, regardless of income level, can implement smoke-free laws effectively.
- Legislation mandating smoke-free public places also encourages families to make their homes smoke-free, which protects children and other family members from the dangers of second-hand smoke.
- Complete prohibition of smoking in all indoor environments is the only intervention that effectively protects people from the harm of second-hand smoke.

Potential impact of smoke free public places on smoking

Policy	Description	Potential relative effect size on prevalence
Smokefree effects	No ban in place	- 0.0%
	Partial bans	- 1.5%
	Comprehensive ban	- 6.0%

Source: Levy et al., SimSmoke model

Offer help to quit tobacco use

- Advise all current tobacco users to quit.
- Educate about addiction.
- Provide brief counselling.
- Offer medication along with brief counselling.
- Follow-up contact.

- Doctors, dentists and other health-care providers must consistently identify and record tobacco use status and treat every tobacco user seen in a health-care setting.
- Tobacco use status can be recorded as part of the "Personal history".

Community-based counselling is a practical and cost-effective approach.

Offer help to quit tobacco use

- Three types of treatment should be included in any tobacco prevention effort:
  - ✓ Tobacco cessation advice incorporated into PHCs
  - ✓ Easily accessible and free **quit lines**; and
  - ✓ Access to low-cost pharmacological therapy

- **Nicotine replacement treatments (NRTs):** Chewing Gums; Skin Patches; Sublingual Tablets; Inhalers; Lozenges; Nasal Sprays

- **Non-nicotine pharmacotherapy:**
  - ✓ **Bupropion** (acts as an antagonist by blocking nicotine receptors in the brain and affecting the brain's reward/ pleasure system)
  - ✓ **Varenicline** (partial agonist of the nicotine receptor α4β2)

- Others (clonidine, nortryptiline)

Warn about the Dangers of Tobacco

- Relatively few tobacco users worldwide fully grasp the health risks of tobacco use.
- ***Most people are unaware that even the smallest level of tobacco use is dangerous.***
- The extreme addictiveness of tobacco and the full range of health dangers have not been adequately explained to the public.
- Many tobacco users cannot name specific diseases caused by smoking other than lung cancer.
- Public education campaigns, which, if hard-hitting, sophisticated and sustained, are highly effective.
- ***Comprehensive warnings about the dangers of tobacco can change tobacco's image, especially among adolescents and young adults.***

Warn about the Dangers of Tobacco

- Textual and Graphic (Pictorial) health warnings on tobacco packaging deter tobacco use and help to see it as socially undesirable and negative.
- ***Use of pictures with graphic depictions of disease and other negative images has greater impact than words alone, and is critical in reaching the large number of people worldwide who cannot read.***
- Tobacco manufacturers have always used packaging as a platform to reinforce brand loyalty and tobacco users' perceived self-image, particularly among young people. Tobacco pack warnings reduce this marketing effect.
- ***The tobacco industry also uses packaging to deceive smokers by employing false terms such as "light", "ultra-light", "low tar" or "mild" –none of which actually signify any reduction in health risk.***
- Policies mandating health warnings on tobacco packages cost governments nothing to implement.

Potential impact of warnings on packets of cigarettes on smoking

Policy	Description	Potential relative effect size on prevalence
Strong health warnings	Covers at least 50% of package and pictorial	- 1.0%
Moderate health warnings	Covers at least 1/3 but no pictorial	- 0.5%
Weak health warnings	Covers less than 1/3 and no pictorial	- 0.1%

Source: Levy et al., SimSmoke model

Enforce Bans on Tobacco Advertising, Promotion and Sponsorship (TAPS)

- The tobacco industry spends tens of billions of dollars worldwide each year on TAPS to interfere with tobacco control efforts.
- In developing countries, the industry now targets women and teens to use tobacco.
- ***Widespread tobacco advertising "normalizes" tobacco,*** depicting it as being no different from any other consumer product.
- Marketing falsely associates tobacco with desirable qualities such as youth, energy, glamour and sex appeal.
- ***Partial bans on TAPS do not work*** **because the industry merely redirects its resources to other non-regulated marketing channels.**
- **India has regulated depictions of tobacco products and tobacco use in films and television programmes.**

Potential impact of marketing bans on smoking

Policy	Description	Potential relative effect size on prevalence
Comprehensive bans	Applied to tv, radio, print, billboard, in-store displays, no sponsorships, no free samples	- 5% in prevalence
Strong advertising bans	Applied to all media: television, radio, print and billboards	- 3% in prevalence
Weak advertising bans	Applied to some but not all of television, radio, print and billboards	- 1% in prevalence

Source: Levy et al., SimSmoke model

Raise taxes on tobacco

- **Governments have three reasons to raise taxes on tobacco:**
  - ✓ **To deter consumption** (*Most effective way to reduce tobacco use, especially among the young and the poor*).
  - ✓ **To correct for externalities such as health care costs**
  - ✓ **To raise revenue:**

    (*Higher taxes provide funding to implement and enforce tobacco control policies and can pay for other public health and social programmes*).

❖ A wide gap exists in taxation between cigarette and other tobacco products.

A UNIFORM tax structure is needed for all tobacco products so that tobacco users do not shift from expensive to cheaper tobacco products.

Potential impact of tax on smoking

Policy	Description	Potential relative effect sizes on prevalence
Tax – short term effects	For each 10% tax increase :	
	High income countries	- 1.5%
	Middle income countries	- 2.0%
	Low income countries	- 2.5%

- Impact appears to hold for about 1-3 years and then require a new tax injection
- Youth are more sensitive to price mechanisms
- Could push them to cheaper and more harmful options

WHO code of practice on tobacco control for health professional organizations

- Be a role model,
- Advise on cessation,
- Make your own premises and events smoke-free,
- Influence health and educational institutions to include tobacco control in curricula,
- Be an advocate for policy change
- Prohibit the sale and promotion of tobacco on premises,
- Support smoke-free places.

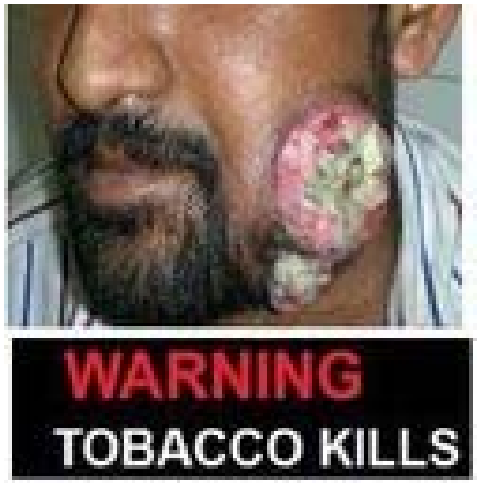
Key Messages

- Tobacco is today the single most important public health killer in India.
- A concerted effort is ongoing in India to address tobacco.
- However, Tobacco Industry finds ways to circumvent these.
- A constant vigil is required. Medical Professionals have to lead this fight.

THANKS

Graphic Health Warnings

India: Proposed Warnings for 2013

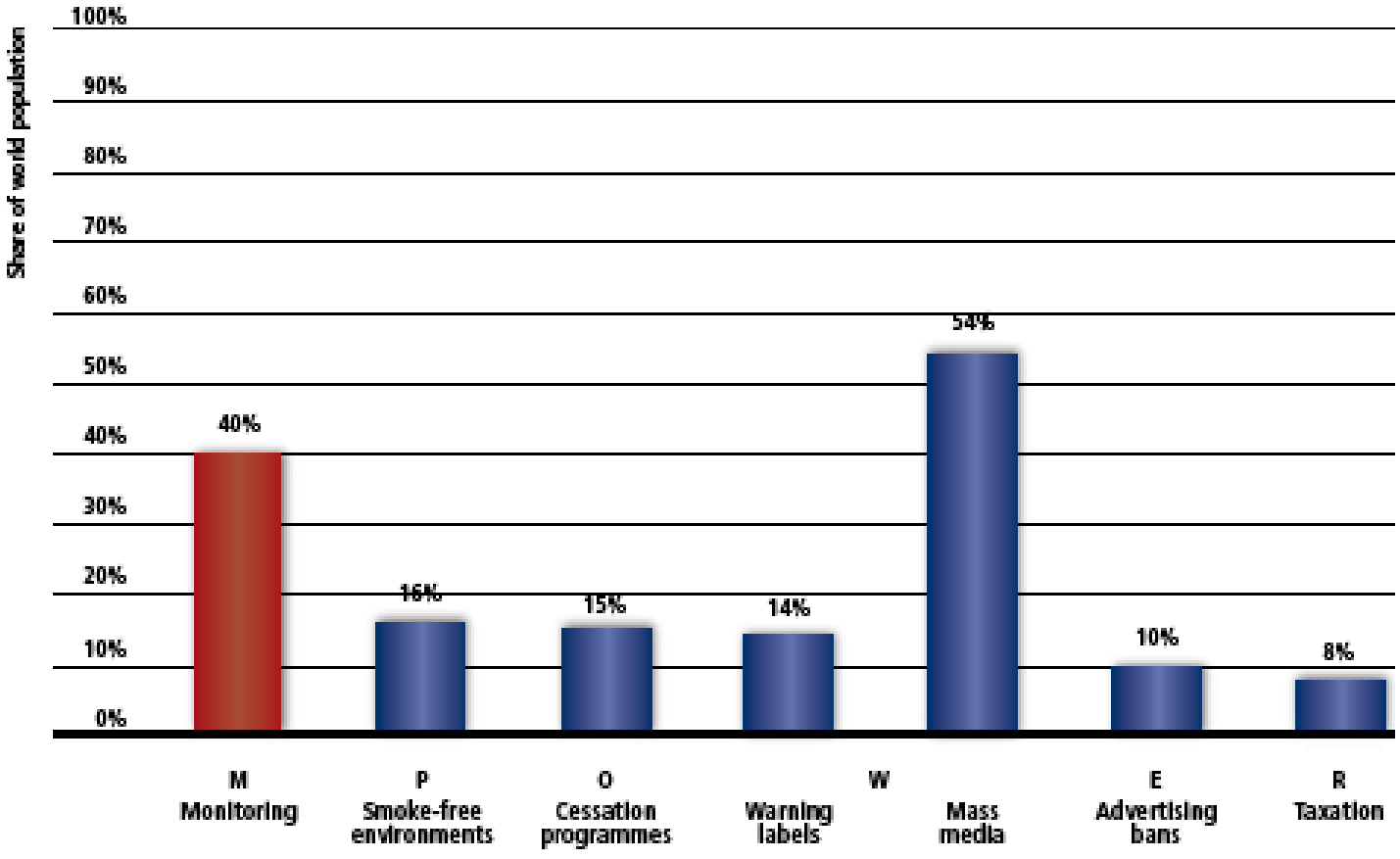


Pictorial Warning in Brunei Darussalam

Tobacco Taxation in India

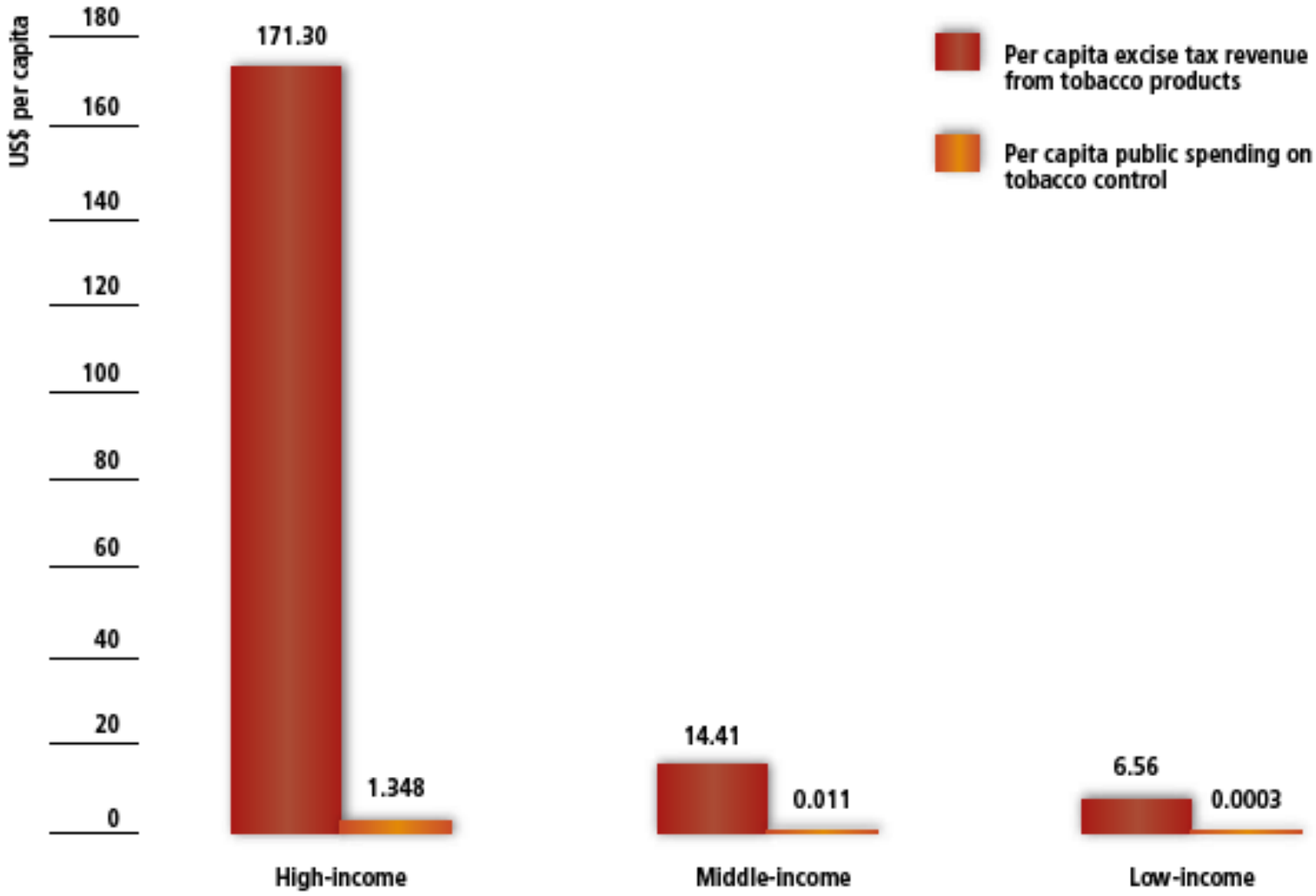
- The specific taxes on smoked tobacco products vary by product category and tier, and are particularly low for bidis.
- Tobacco taxes account for about 2% of total tax revenue, more than 7% of Central government excise revenue, and about 0.2% of GDP.
- **The share of revenue from tobacco products has fallen from 3.3% in 1999-2000 to 2% in 2006-07, and as a share of total revenue from Central excise declined from 9.1% to 7.9% during this period.**
- Cigarettes are the primary contributor to the total tax collected on tobacco products with comparatively small contributions by bidis and other products.
- ***Raising bidi taxes to Rs 98 per 1000 sticks would raise over Rs 36.9 billion in tax revenues and prevent 15.5 million deaths in current and future bidi smokers.***
- ***Raising cigarette taxes to Rs 3691 per 1000 sticks ...would increase tax revenues by over Rs 146 billion and prevent 3.4 million deaths in current and future cigarette smokers.***
- A 10% increase in bidi prices could reduce bidi consumption by 9.2%. A 10% increase in cigarette prices could reduce cigarette consumption by 3.4%.

Share of the World Population Covered by Selected Tobacco Control Policies, 2012



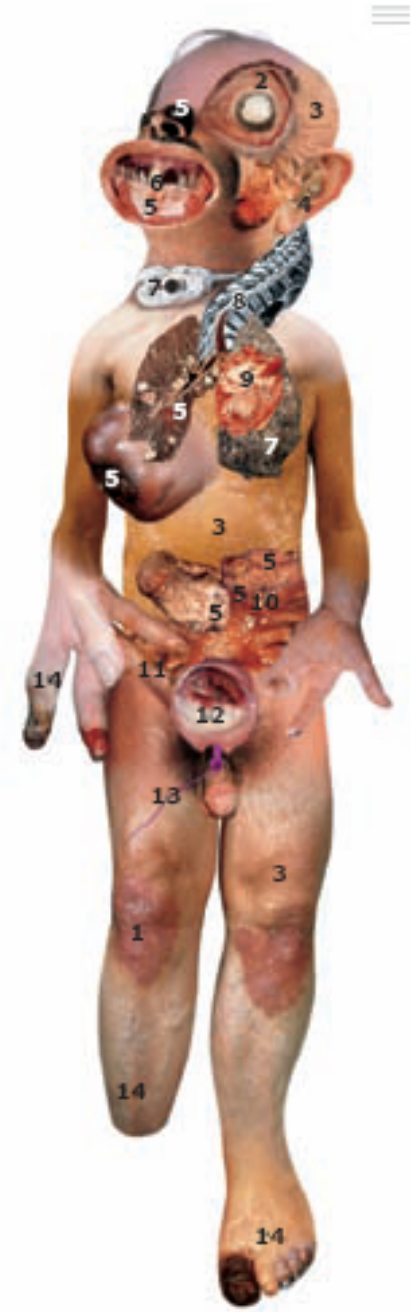
SOURCE: WHO Report on the Global Tobacco Epidemic, 2013

Tobacco Control Is Under Funded



SOURCE: WHO Report on the Global Tobacco Epidemic, 2013

The smoker's body



Established health consequences of smoking tobacco:

1 - Psoriasis
2 - Cataract
3 - Skin Wrinkling
4 - Hearing loss
5 - Cancer
6 - Tooth decay
7 - Emphysema
8 - Osteoporosis
9 - Heart disease
10 - Stomach ulcers
11 - Discoloured fingers
12 - Cervical cancer and miscarriage
13 - Deformed sperm
14 - Buerger's Disease

Adverse effects associated with tobacco use

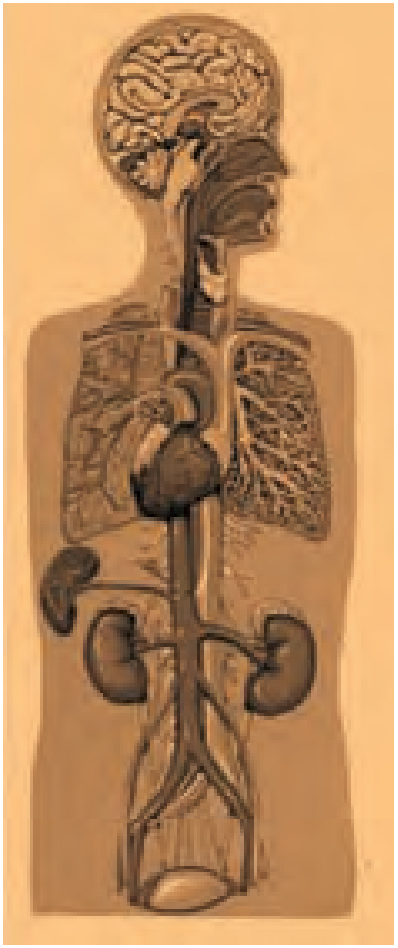
Brain: strokes

Skin, eye and ear diseases: psoriasis, cataract, macular degeneration, ear infections

Respiratory system: cancer, tuberculosis, asthma, COPD, interstitial lung disease

Bones: brittle bones, osteoporosis

Immune system: reduced immune response, increased infection



Physical appearance: premature ageing, alopecia, tooth decay

Oro-pharynx/larynx: inflammation, ulcers, precancerous and cancers

Heart and circulatory system: hypertension, heart disease, heart attacks, coronary and other artery disease, peripheral vascular disease

Cancers: pancreas, kidney, urinary bladder

Sexual and reproductive system: erectile dysfunction (men), impaired menstrual cycle, early menopause (women), reduced fertility, cancers

Pregnancy and babies: miscarriages, stillbirths, pre-term delivery, low birth weight, sudden infant death syndrome, developmental impairments

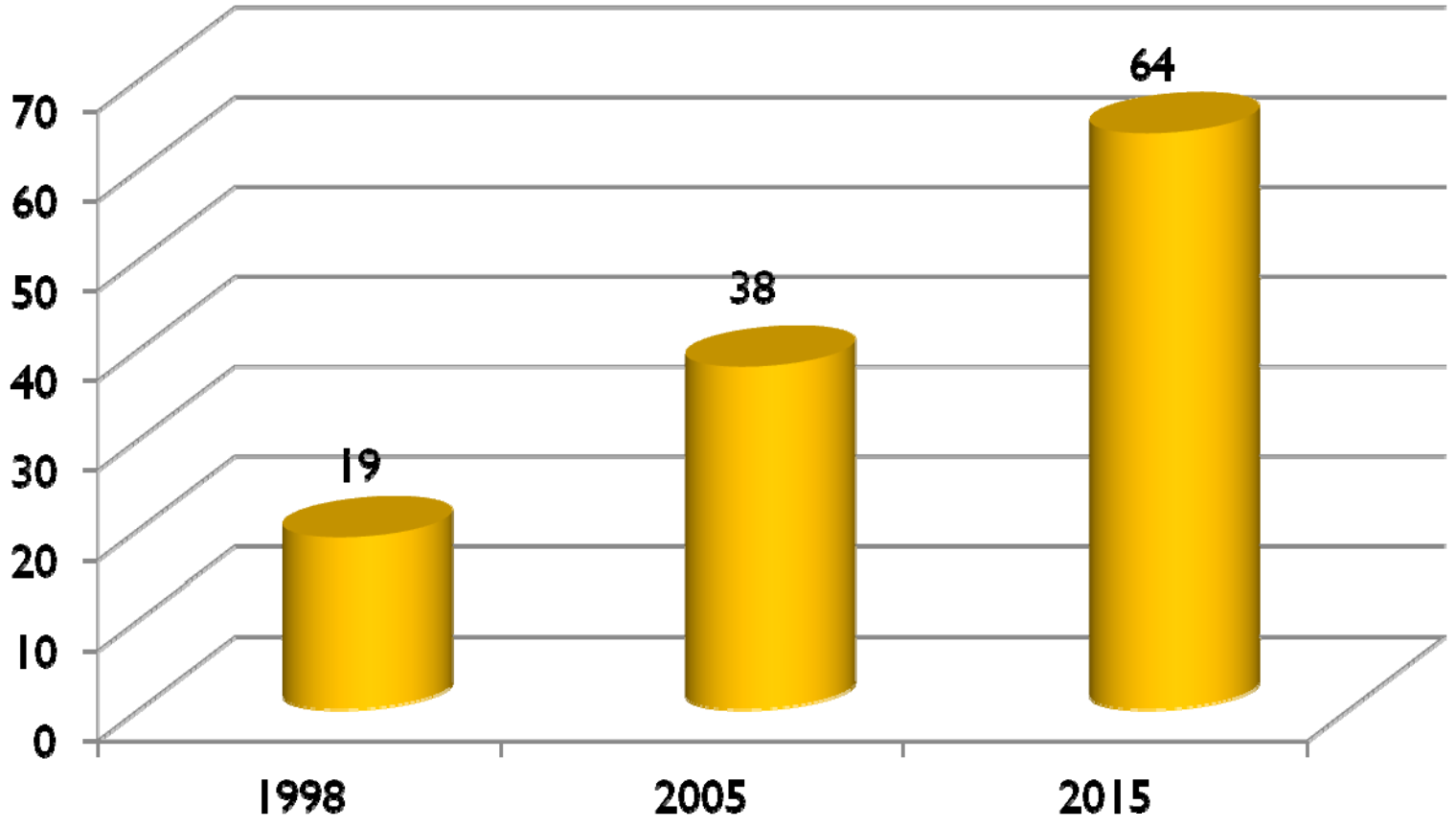
Global voluntary tobacco target under adopted by Member States

- Indicator: Prevalence of current tobacco use among persons aged 15+ years
- **Target: 30% relative reduction in prevalence of current tobacco Use between 2010 and 2025**
- Example:
  Prevalence for country X in 2010 = 20%
  Absolute reduction by 2025 = 30% of 20% = 6%
  Target for 2025 = 20 - 6 = 14%
- Monitor change (simple assumption) of 6%/15 = -0.4%p.a.

World Health Organization

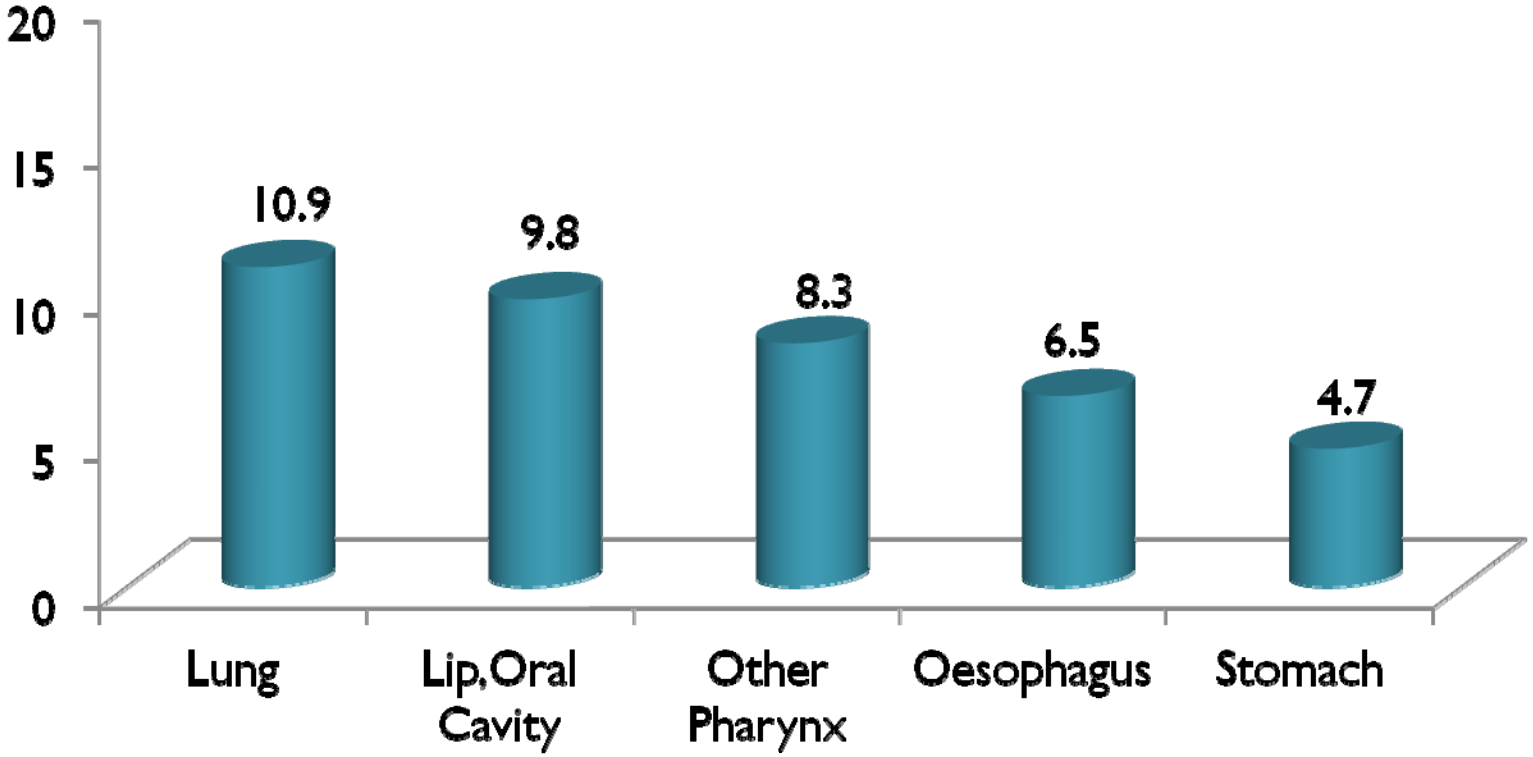
Trends of Cardiovascular Diseases in India

(Cases in million)



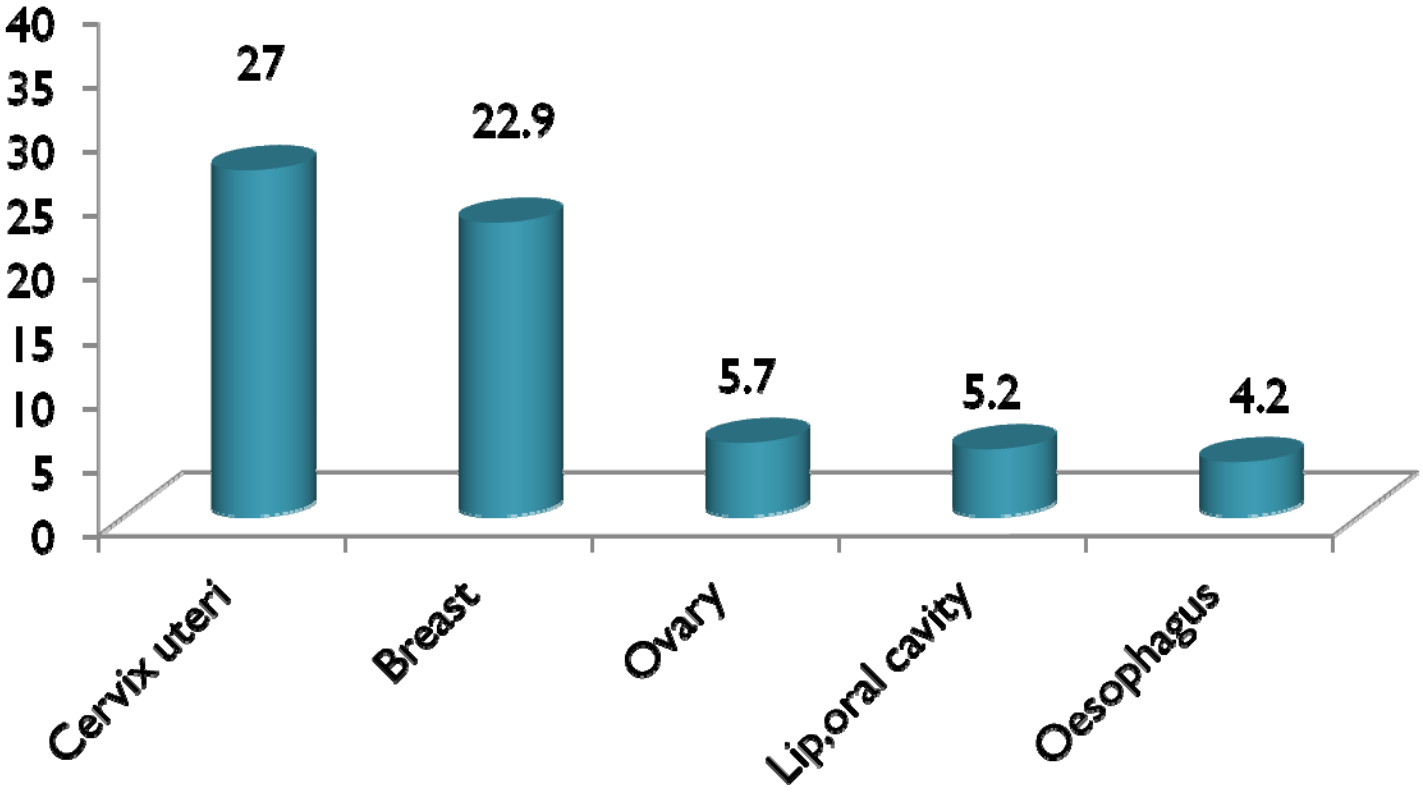
Common Cancers in Men- India

Incidence/100,000



Common Cancers in Women-India

Incidence/100,000



TFI current focus:
MPOWER, a package of measures each reflecting one or more provisions of the WHO FCTC

Articles	Description
20	**M**onitoring
8	**P**rotect people from tobacco smoke through smokefree environments
14	**O**ffering help to quit
11 & 12	**W**arning about dangers of tobacco
13	**E**nforcing bans on promotion, sponsorship and advertising
6	**R**aising taxes on tobacco

Tobacco Use and Youth

- Tobacco companies have long targeted youth as **"replacement smokers"** to take the place of those who quit or die.
- The industry knows that addicting youth is its only hope for the future.
- Adolescent experimentation with a highly addictive product aggressively pushed by the tobacco industry can easily lead to a lifetime of tobacco dependence.
- ***The younger the children are when they first try smoking, the more likely they are to become regular smokers and the less likely they are to quit.***

Tobacco Use and Women

- The rise in tobacco use among younger females in high-population countries is one of the most ominous potential developments of the tobacco epidemic's growth.
- Because most women currently do not use tobacco, the tobacco industry aggressively markets to them to tap this potential new market.
- Advertising, promotion and sponsorship, including charitable donations to women's causes, weaken cultural opposition to women using tobacco.
- ***Tobacco companies have targeted women and girls by using gender-specific alluring marketing tactics by associating tobacco use with independence, glamour, sophistication, modernization and body image.***
- ***Product design and marketing, including the use of attractive models in advertising and brands marketed specifically to women, are explicitly crafted to encourage women to smoke.***

Tobacco and Poverty

- Tobacco use is higher among the poor than the rich in most countries, and ***the difference in tobacco use between poor and rich is greatest in regions where average income is among the lowest.***

- ***Tobacco use perpetuates the cycle of poverty and illness:***
  Tobacco use brings additional health care costs and income loss due to illness and premature deaths. The poor are much more likely than the rich to become ill and die prematurely from tobacco-related illnesses.

- ***Tobacco affects quality of life:*** For the poor, money spent on tobacco means money not spent on basic necessities such as food, shelter, education and health care.

- ***The tobacco industry is increasingly targeting marketing and promotion to vulnerable groups in low- and middle-income countries*** where overall tobacco consumption is rising, but which have fewer resources to respond to the health, social and economic problems caused by tobacco use.

Tobacco: Adverse Effects

- **All forms of tobacco (smoking and smokeless) are lethal !!!**
- Tobacco use causes debilitating illnesses impacting **EVERY** organ in the body.
- Smoked tobacco in any form causes up to 90% of all lung cancers.
- **Tobacco is a significant risk factor for a variety of NCDs** (CVDs, Diabetes) and also for one major communicable disease: **Tuberculosis**
- Workers in the tobacco industry have high levels of nicotine in their bodies and are exposed to a variety of health hazards.
- The **prognosis** is likely to be more dismal in many SEA Region countries where malnutrition, illiteracy, lack of prompt diagnosis and inadequate access to treatment compound the problem.

Types of Tobacco Products Used

- There is great variation in the patterns of tobacco use, both in smoked and smokeless forms.
- Smoked tobacco comes in various forms such as **cigarettes, *bidis, kreteks, shisha (or hookah), cheroot*** (roll made from tobacco leaves), ***dhumti*** (a conical cigar made by rolling the tobacco leaf in the leaf of another plant), etc.
- Smokeless products include ***paan masala, mawa, khaini, gutkha,*** tobacco dentifrice, etc. used in different ways such as chewing, sucking and applying tobacco preparations to the teeth and gums (***mishri, gudaku paste, bajjar, tobacco tooth powder***).
- *Hookah* is emerging as a fashionable trend in some metros at commercial smoking outlets known as ***shisha*** **bars.**
- **E-cigarettes are also a cause of concern**

Offer help to quit tobacco use

- Pharmacotherapy is currently not available, or only limited forms are available, in most SEA Region countries.

- **In India:**

✓ Toll-free telephone quit line: Available
✓ NRT sold: **Yes**
✓ Bupropion sold: **Yes**
✓ Varenicline sold: **Yes**
✓ Cessation support available in primary care facilities: **Yes in some**
✓ Cessation support available in hospitals: **Yes in some**
✓ Cessation support in offices of health professionals: **Yes in some**
✓ Cessation support available in the community: **Yes in some**

Country	Taxation	Share of total taxes in the retail price of the most widely sold brand of cigarettes
Bangladesh	71%	>75% of retail price is tax
India	43%	26–50% of retail price is tax
Indonesia	51%	51–75% of retail price is tax
Maldives	49%	26–50% of retail price is tax
Myanmar	50%	26–50% of retail price is tax
Nepal	35%	26–50% of retail price is tax
Sri Lanka	74%	51–75% of retail price is tax
Thailand	70%	51–75% of retail price is tax
Timor-Leste	35%	26–50% of retail price is tax

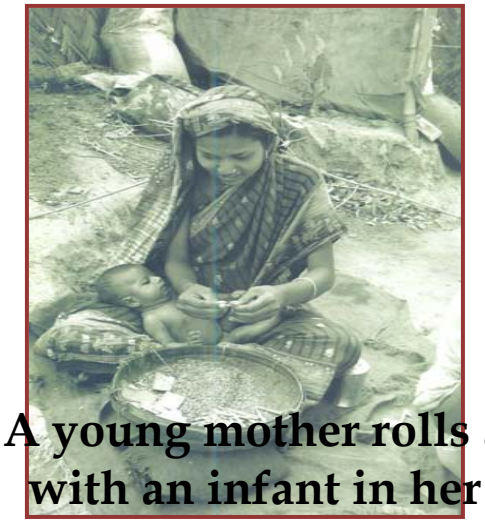
SOURCE: WHO Report on the Global Tobacco Epidemic, 2013

Adverse Effects on Tobacco Industry Workers

- People working in the tobacco industry and those involved in the harvesting and manufacture of tobacco products are exposed to a variety of health hazards.
- Exposure-related problems, collectively known as **Green Tobacco Sickness (GTS)** have been well documented in *bidi* rollers.
- Workers in the tobacco industry have high levels of nicotine in their bodies.
- Victimization and exploitation of women and children is common.

Green tobacco sickness in women tobacco growers

A young girl engaged in *bidi*-manufacturing



A young mother rolls *bidis* with an infant in her lap

National Tobacco Control Programme

COTPA enacted in 2003

Govt. of India ratified WHO's FCTC in 2004

NTCP launched by MOH&FW in 2007- 08, with the following objectives:

To bring about greater awareness about the harmful effects of tobacco use and Tobacco Control Laws.

To facilitate effective implementation of the Tobacco Control Laws.

Relevant COTPA sections:

Section 4: Prohibition of smoking in public places

Section 5: Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarette and other tobacco products.

Section 6(a): Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years.

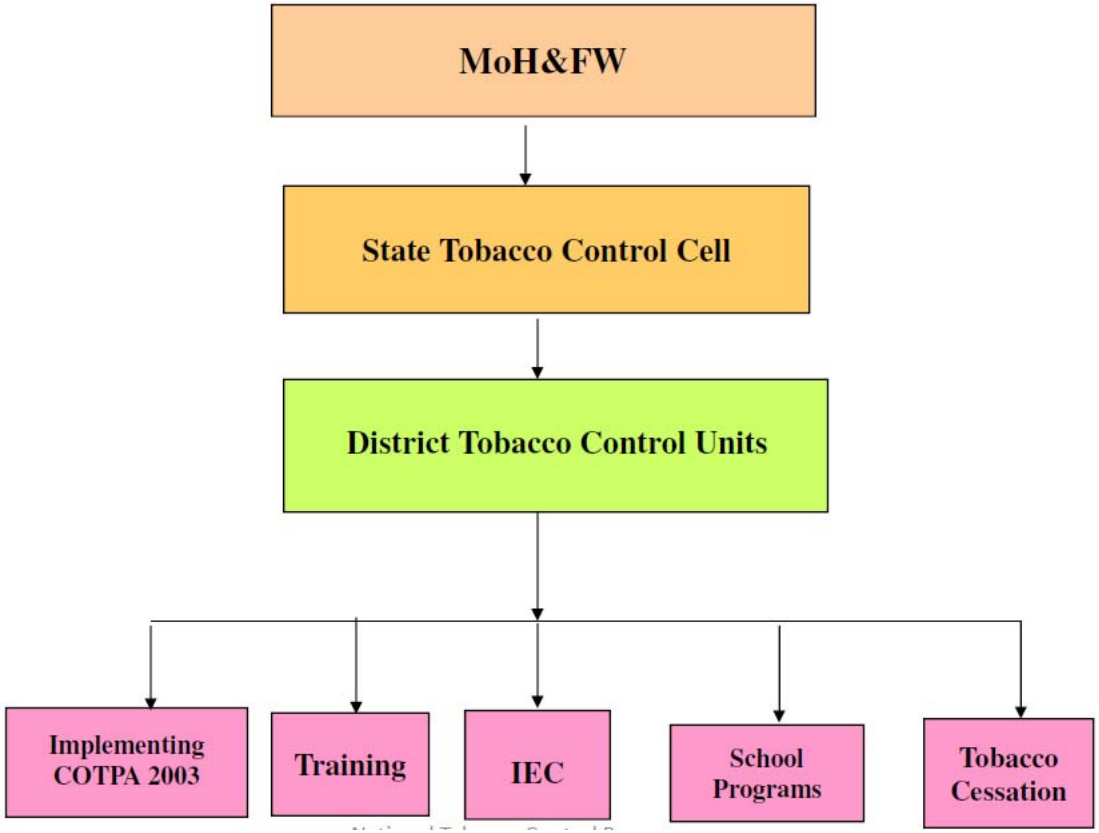
Relevant COTPA sections:

Section 6(b): Prohibition of sale of tobacco products within a radius of 100 yards of educational institutions.

Section 7: Mandatory depiction of statutory warnings (including pictorial warnings) on tobacco packs.)

Section 7(5): Display of tar and nicotine contents on tobacco packs.

National Tobacco Control Program



Article 6: Price and tax measures

Achievements

- Ministry of Finance: The Union Minister of Health & Family Welfare wrote to the Union finance Minister to increase the Tax and based upon this letter the tax was increased on cigarettes from 12-70%.

- MOH&FW urged State Govt's to consider adopting a 'Comprehensive Taxation Policy' for all tobacco products so that they are taxed at similar rates and incentive to shift to relatively cheaper tobacco products is minimized.

- MOH&FW is working with Revenue department to adopt a 'Comprehensive Tax Policy' for tobacco products in the broader public health interest and with a view to protecting youth and children from getting addicted to tobacco use

Challenges

- Bidis remained tax disproportionately
- Taxation policy remains non-uniform across the States

Art 8: Protection from exposure to tobacco smoke

Challenges

- Implementation remains a challenge due to lack of trained enforcement squad
- Involvement of police force still not uniformly possible as COTPA violations remains low priority
- Inter-ministerial coordination can still improve
- Local municipal bodies are not motivated equally across the States to take up relevant actions

Article 12: Education, communication, training and public awareness

Challenges

- Surrogate advertisements by the Tobacco Industry undermines the efforts
- Field publicity is also looked at by all programmes even those beyond health and hence there is stiff competition
- Tobacco Industry often raises some livelihood issues of the bidi workers
- Lucrative advance purchase schemes of crops, soft loans and other incentives trap the tobacco growers
- Awareness generation of the vast number of schools often a challenge and many programmes target the schools
- COTPA amongst police remains a low priority

Article 13: Prohibition on Tobacco advertising, promotion and sponsorship

Challenges

- Point of Sales violations continues in major parts of India due to low implementation drive and the tobacco industry interference
- Surrogate advertisements and brand stretching continue to lure youths towards tobacco consumption
- Civic agencies, transport corporations are not uniformly implementing COTPA 2003