

## Letter to the Editor

# Tobacco Control in India - Just a Legislative Measure?

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### Dear Editor

Tobacco is the foremost cause of preventable death in the world at present. India is the second largest consumer and third largest producer of tobacco products. Due to its large population it is regarded as global epicenter of oral cancer with every year tobacco use killing about a million of Indians (Jha, 2008).

India should be a major stakeholder in global tobacco control efforts and should play a leadership role on various forums to bring the challenge posed by tobacco to the forefront. India is now demonstrating a steely resolve to control the menace of tobacco through organized strategy that includes many demands and supply reduction actions (Simpson, 2007). The country has already taken many initiatives for tobacco control including legislative measures (Section 4, Prohibition on smoking in public places; Section 5, Prohibition of Advertisement; Section 6, Prohibition on Sale to Minors; Section 7, Health warnings on tobacco products packs; Section 11, Regulation of contents of Tobacco Products - Tobacco Control Act, 2003) (Ministry of Health and Family Welfare, 2003), agreement of the WHO the Framework Convention on Tobacco Control 2004 (FCTC) and implementation of the National Tobacco Control Programme.

In India, low socioeconomic population usually bear the brunt of the disease, but new drifts are emerging, including increasing incidence rates among younger adults and change of sex ratio of tobacco abusers. (Thankappan, 2014) Tobacco cessation is the only way to save tobacco user from tobacco related mortality and morbidity in the short run. Therefore, it is crucial to offer tobacco cessation services to the current tobacco users.

Kaur and Jain (2011) in a review article have already highlighted challenges for implementation of tobacco control policies in India. (Kaur, 2011) Thus the purpose of this letter was to draw attention of readers towards laws regarding control of tobacco in India and also provide legislative recommendations for tobacco control as per international standards.

Fong and coworkers (2006) in their paper on conceptual model that underlies the International Tobacco Control Policy Evaluation Project (ITC Project) have tabulated and given key policy provisions of the FCTC. Recommendations and policy changes for prevention of menace of tobacco in Indian context are: *i*). Indian Legislation needs to upscale to act in accordance with the requirements of FCTC. It should strengthen enforcement and execution of existing laws; *ii*). Tax and price measures should be implemented to reduce tobacco consumption.

Taxes should be raised on all tobacco products to increase prices and produce more revenue for tobacco control; *iii*). Abolition of all types of unlawful trade in tobacco and its products including smuggling, illicit manufacturing and counterfeiting; *iv*). Promote economically feasible substitute for tobacco workforce including growers and individual sellers. Progressively reduce area of land under cultivation in India (crop substitution); *v*). Mobilize stakeholders, involve general community to encourage and reinforce education, communication, training and public knowledge on tobacco control and cessation issues; *vi*). Duty free sales of tobacco and its products should be taken care of by Ministry of Finance; *vii*). Health benefits and ill effects of the products should be advertised at national scale by radio, TV, internet etc at higher scale. Understanding marketing strategies is critical to minimise the exploitation of loopholes in tobacco control legislation (Bansal et al, 2005); *viii*). Sale to and sale by minors should be kept at highest vigilance as it cripples the present and next generations of the society; *ix*). Establishment of more Tobacco cessation clinics/centers: presently around 18 centers are set up by an initiative by the World Health Organization (WHO) and the Ministry of Health of India. More such centers are required to offer services that include individual intervention (behavioural psychotherapy, drug interventions, and nicotine replacement rehabilitation); *x*). The cessation program should be brought to mainstream along with other national program and can be combined with other state and national level initiatives; *xi*). Role of medical professionals: Tobacco cessation in general population is usually preceded by tobacco cessation among health professionals. As echoed by Yamini et al. (2015), doctors should have the skills to offer tobacco cessation to their patients using the five 'A's (Ask, Advise, Assess, Assist, Arrange) and the five 'R's (Relevance, Risks, Rewards, Roadblocks, Repetition) (Thankappan, 2014).

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