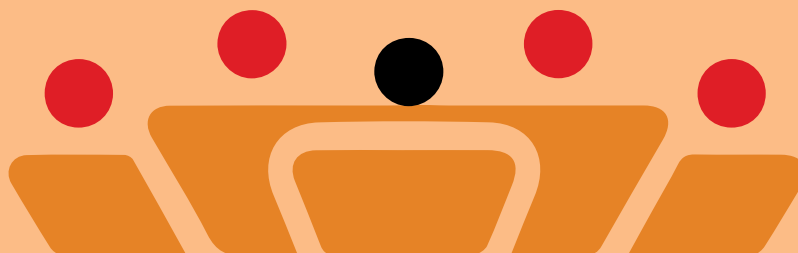




सत्यमेव जयते
Ministry of Health and Family Welfare
Government of India

Training Module on **NATIONAL TOBACCO CONTROL PROGRAMME**



for Panchayati Raj Institutions



Training Module on
**NATIONAL TOBACCO
CONTROL PROGRAMME**

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CHAPTER 1 Tobacco Use in India

1.1 Facts on Tobacco and its use

Tobacco cultivation has a history of about 8000 years. Tobacco was introduced into India by Portuguese traders during 1600 AD.

The Mughal Emperor Jahangir noticed the ill effects of tobacco and took measures to prohibit its use. In 1617, he passed orders against tobacco smoking and he referred to the efforts undertaken by Shah Abbas of Iran to prohibit the practice of smoking

Types of tobacco products consumed in India

A myriad of forms of tobacco is produced and consumed in India. Each state has many local forms of tobacco. Some of the important forms of tobacco consumed are:

i. Smoking Forms of Tobacco:

Bidis, Cigarettes, Cigars, Cheroots, Chuttas, reverse chuttas, Dhumti, reverse dhumti, Pipe, Hooklis, Chillum and Hookah

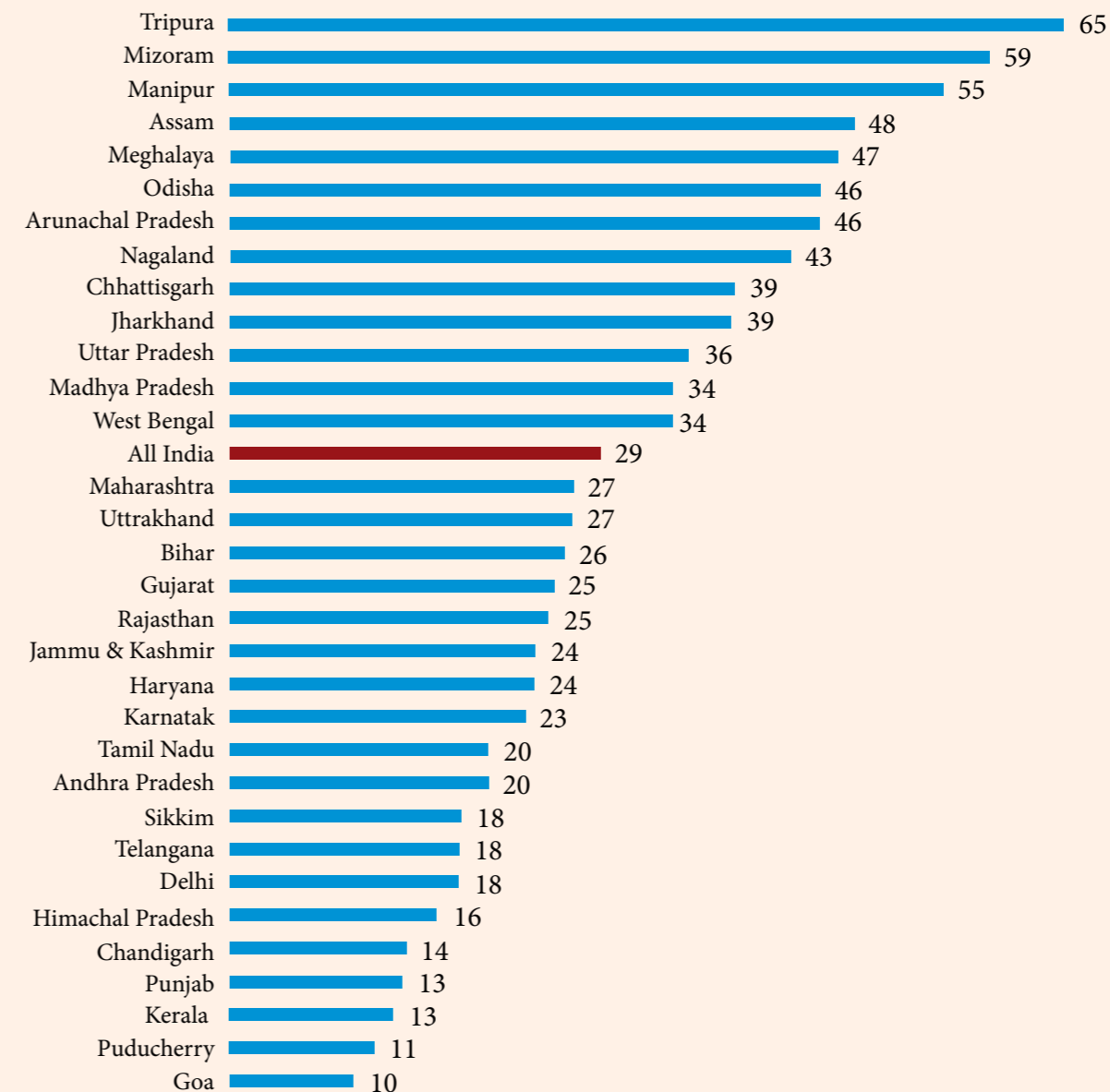
ii. Major Smokeless Forms of Tobacco [SLTs]:

- ✓ Pan (betel quid) with tobacco, Pan masala with tobacco /Gutkha, Tobacco and slaked lime (Khaini), Snus, tobacco water (Tuibur)
- ✓ Tobacco, areca nut and slaked lime preparations: Mainpuri tobacco, Mawa
- ✓ Tobacco products for oral hygiene/ dentifrice: Mishri, Gul, Bajjar, Laldant Manjan, gudakhu, creamy enuff

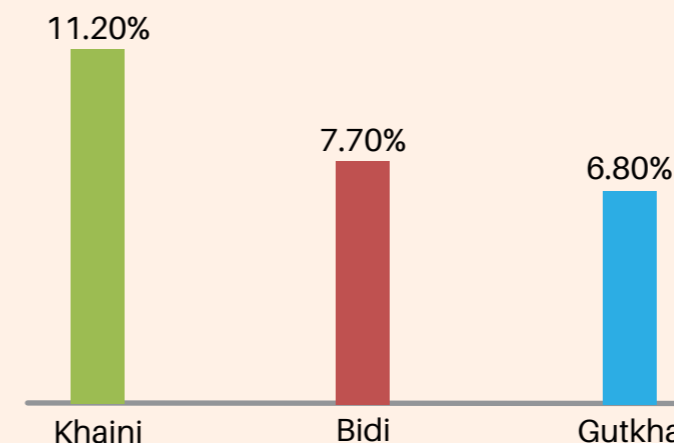
1.2 Prevalence of Tobacco use in India

As per Global Adult Tobacco Survey -2 conducted by Ministry of Health & Family Welfare, 28.6% of adults (15 year and above) in India use tobacco in any form. There are about 27 crore tobacco users: 20 crore are smokeless tobacco users and 10 crore smokers. 3.2 crore adults smoke as well as use smokeless tobacco. The prevalence of tobacco use is highest in Tripura and lowest in Goa.

State wise prevalence of tobacco use in India GATS2 (2016-17)



Most commonly used tobacco products in India



CHAPTER 2 Tobacco and Health

2.1 Health effects of Tobacco use

Tobacco use is the single largest cause of preventable deaths and illness worldwide and it kills half of its users prematurely, in their most reproductive age.

Tobacco use is a major risk factor for Cancer, Cardiovascular Diseases (CVD), Diabetes, Chronic Lung Disease, stroke, infertility, blindness, Tuberculosis (TB), Oral Cavity etc.

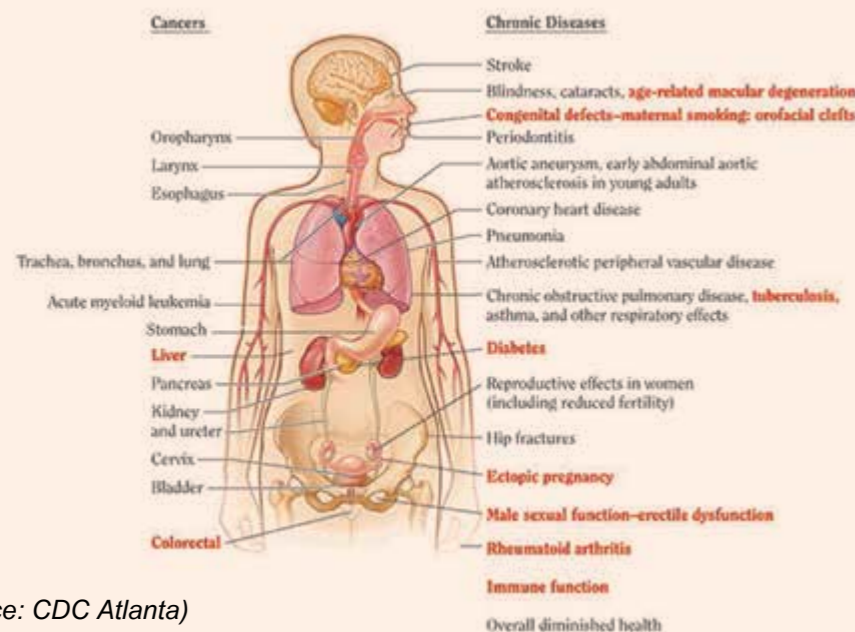
Smoking tobacco (cigarettes, Bidi etc) and Second-hand Smoke (SHS) contain more than 7,000 chemicals and at least 70 of these can cause cancer. Likewise smokeless tobacco like gutkha, khaini, zarda also contains about 3095 chemical, among them 28 are proven carcinogen.

In India, nearly 13.5 lakh people die from tobacco use every year, thus about 3700 people die in India everyday due to tobacco use.



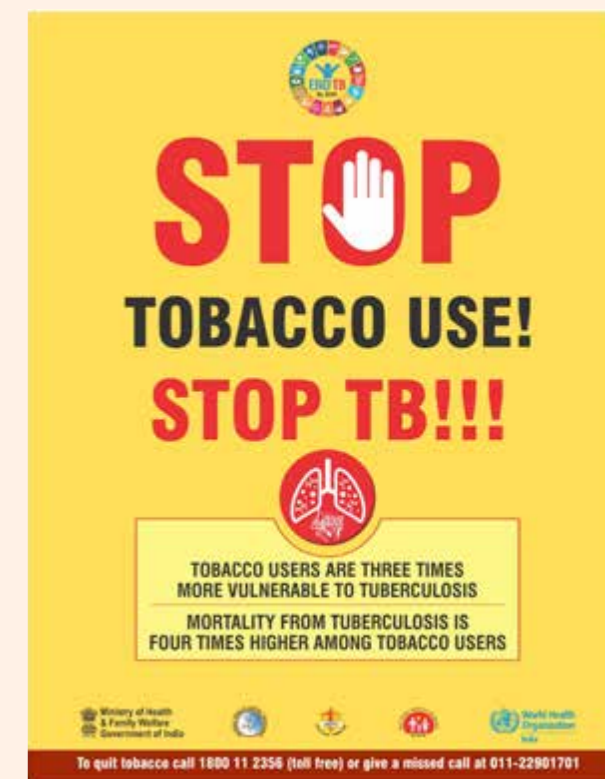
Risk from smoking

Smoking can damage every part of your body



(Source: CDC Atlanta)

- ✓ Nearly 40% of cancers in males and 20% cancers in females can be attributed to tobacco use.
- ✓ Tobacco use is responsible for 4.5 lakh Cardiovascular Diseases (CVD) deaths per year in India.
- ✓ Smoking/tobacco use and exposure to Second-hand Smoke among pregnant women is a major cause of spontaneous abortions, stillbirths, and sudden infant death syndrome (SIDS) after birth.
- ✓ The prevalence of TB is three times higher among smokers and mortality from TB is three to four times higher among smokers.



Workers engaged in tobacco cultivation suffer from an occupational illness known as "Green Tobacco Sickness (GTS)". GTS is an acute form of nicotine toxicity resulting from absorption of nicotine through skin and usually occurs several hours after continuous exposure to green tobacco leaves. The illness is characterized by headache, nausea / vomiting, giddiness, loss of appetite, fatigue, weakness, and sometimes, fluctuations in the blood pressure (BP) or heart rate.

2.2 Health effects of Exposure to Second-hand Smoke (SHS)

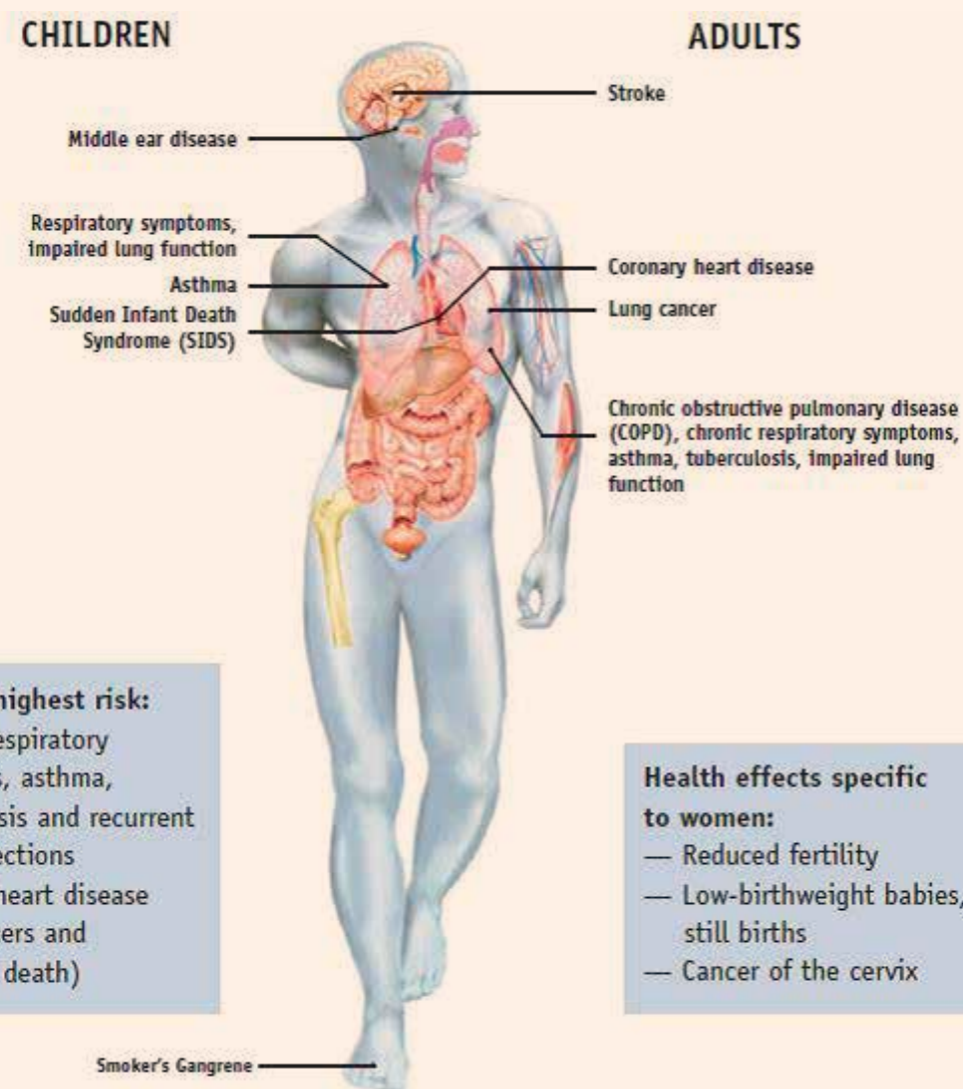
Exposure to Second-hand Smoke (SHS) or Passive smoking causes numerous health problems in infants, children and adults including more frequent and severe asthma attacks, respiratory infections, ear infections, sudden infant death syndrome (SIDS), coronary heart disease, stroke, lung cancer etc.



Second-hand Smoke is the combination of smoke from the burning end of a cigarette/bidi etc and the smoke breathed out by smokers.

CHAPTER 3 Tobacco Control efforts of the Government

Health effects of SHS



(Source: Health Workers Guide, NTCP, 2010)

3.1 Initiatives of the Government of India for tobacco control

To protect its citizens from harmful effects of tobacco use and exposure to SHS, the Government of India has enacted the Cigarette and Other Tobacco Products Act 2003 (COTPA). The Act has following main provisions:-

Section-4: Ban on smoking in public places- to protect the health of non-smokers from harmful effects of tobacco smoke (second hand smoke).

Section-5: Ban on direct/indirect advertisement of tobacco products including sponsorship and promotion.

Section-6a: Ban on sale of tobacco products to and by minors (less than 18 years of age).

Section-6b: Ban on sale of tobacco products within 100 yards of educational institutions.

Section-7: Display of pictorial warnings on tobacco products packages.

3.2 National Tobacco Control Programme

The National Tobacco Control Programme (NTCP) was launched by this Ministry in 2007-08 with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under COTPA, 2003 (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control.

NTCP is implemented through a three tiered structure viz. National Tobacco Control Cell at Central level; State Tobacco Control Cell and District Tobacco Control Cell. There is also a provision of setting up Tobacco Cessation Services at District level. The Programme has been implemented in all 36 States/UT's covering about 500 districts across the country.

3.3 Other initiatives of the Government of India

- ✓ Toll Free Tobacco Quitline Services [1800-112-356] have been established to provide cost-effective tobacco cessation counselling services to those desirous to quit tobacco
- ✓ A mCessation or mobile cessation initiative has been launched which uses mobile technology for offering tobacco cessation services. Any tobacco user willing to quit tobacco may avail the services by giving a missed call to 011-22901701 for registration or can also e-register through <http://www.nhp.gov.in/quit-tobacco/registration>.
- ✓ Implemented large specified graphic health warnings on tobacco products 85% on both side of the principal display area of tobacco product packs along with Quitline number



Figure-2: All tobacco sellers must display this board



3.4 Specification of the signage's mandated under COTPA

Figure-1: Every Public place must display this statutory board



Public place means any place to which the public have access, whether as of right or not, and includes auditorium, hospital, railway waiting room, railway station, bus stop/stand, stadium, amusement centres, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances, work places, shopping malls, cinema halls and the like which are visited by general public but does not include any open space

3.5 Penal Provisions under COTPA

Penalties for violation of COTPA	
Section – 4: Ban on smoking in public places	I. To the individual offender: UptoRs 200 II. To owner, manager or authorized officer: Fine equivalent to the number of offences committed in the public place under his jurisdiction
Section – 5: Ban on direct / indirect advertisement of tobacco products including sponsorship and promotion	a. 1st Offence: Upto 2 years imprisonment or/and fine of upto Rs 1000/-. II. 2nd Offence: Upto 5 years imprisonment and fine of upto Rs 5000/-
Section – 6a: Ban on sale of tobacco products to and by minors (less than 18 years of age). Section – 6b: Ban on sale of tobacco products within 100 yards of educational institutions	Fine of upto Rs 200/-
Section – 7: Display of pictorial warnings on tobacco products packages	a. Producer/Manufacturer: 1st Offence: Upto 2 years imprisonment or/and fine of upto Rs 5000/-. 2nd Offence: Upto 5 years imprisonment and with fine of upto Rs 10,000/-. II. Distributers / Sellers 1st Offence: Upto 1 years imprisonment or/and fine of upto Rs 1000/-. 2nd Offence: Upto 2 years imprisonment and with fine of upto Rs 3,000/-.

CHAPTER 4 Tobacco Control and PRIs

Role of Panchayati Raj Institutions (PRIs) for Tobacco Control

Panchayati Raj Institutions (PRIs): Panchayats are key institutions for promoting good governance as they have the reach at grassroot level which is very crucial for socio-economic development of the country. Since, Health is one of the most decisive factors in the socio-economic condition of the country, the role of Panchayats in the promotion of good health among masses are crucial.



Panchayati Raj Institutions can play a vital role in protecting the vulnerable youth and the masses from addiction to tobacco and from exposure to secondhand smoke. Towards this it can undertake the following activities:

- ✓ Do not use tobacco in any form, at home or outside and act as role models for others.
- ✓ Ensure that smoking is being not done in any public places and the statutory boards are displayed in public places (refer figure1)
- ✓ Educate the community about the harmful effects of tobacco use and SHS through Gram Sabha, youth mandli/clubs, melas, religious groups or bhajan mandlis etc. PRI can also distribute awareness material to the people / households to make them aware about the harmful effect of tobacco use.
- ✓ Promote tobacco free villages and homes - where no tobacco product is consumed and sold. Acknowledge the efforts through appropriate mechanism including awards or certificates etc.
- ✓ Ensure that all schools and colleges follow the Tobacco Free Educational Institution guidelines.
- ✓ Encourage and involve the other mechanism like Village Development Committee or Village Health & Sanitation Committee etc in making their villages/Gram Sabha/ panchayats tobacco free.

- ✓ Discuss the link of tobacco use as a risk factor for co-morbidities like Tuberculosis, Diabetes, Cardio Vascular Diseases, lung cancer, oral cancer etc.
- ✓ Support people who want to quit tobacco by linking them to ASHA /Aanganwadi worker OR the National Tobacco Quitline (toll free 1800112356) OR mCessation (011-22901701)
- ✓ Encourage schools, colleges and all the Primary Health centres/ Health and Wellness centres to display the posters on ill effects of tobacco use

