TOBACCO-FREE Times

www.rctcpgi.org
Issue IV : July-August, 2019

E-RCTC DRAWS GLOBAL VISITORS

India's first E-Resource Centre for Tobacco Control (E-RCTC) is drawing visitors from different corners of the globe. E-RCTC, a joint initiative of PGIMER Chandigarh and The Union, is emerging as one of the most-sought-after platforms that showcases tobacco control initiatives, updates, policies, resource materials etc. from the length and breadth of the country.

The growing popularity of E-RCTC can be depicted by the following figures discussed here

EXPERTS SPEAK

Information imparts knowledge for generating a thought or an idea for innovation, an optimal, timely and appropriate implementation of which assists to provide a desired outcome, in totality or partly. This I consider is the utility of the PGI-based India's fist E- Resource Center for Tobacco Control (TC). The ease of access and ready availability of the IEC material relevant for creating evidence-based policies, advocating for issues or raising awareness is a huge benefit for the human resource working in TC at all levels countrywide. I hope and wish that in coming years, besides regular updates and sustained support of its stakeholders and beneficiaries in this dynamic field of TC, it will also will also have a significant outreach to the needy, especially in Low Middle Income Countries (LMICs) to be effective in moving ahead for a Tobacco-free Generation and Tobacco-free World.

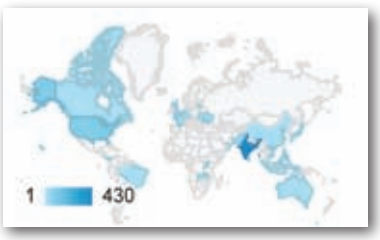
Dr Rakesh Gupta, MS, FAIS
Global Consultant- NCDs Control (Cancer & Tobacco) and Formerly Surgical Oncologist

E-RCTC is helpful in increasing our knowledge and understanding on the recent trends in tobacco control. It is an effective means to reach policymakers and also strengthen our network in the state, including implementors.

Mukesh Kumar Sinha
Executive Director
Madhya Pradesh Voluntary Health Association

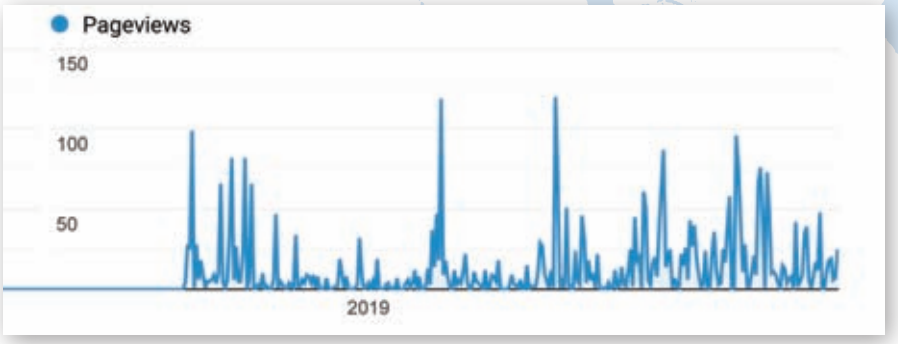
E- RCTC is unique in many ways and my experience is that it gives almost all the information needed for tobacco control activities with immense collection of notifications, guidelines etc. This is very helpful, especially for a state which is starting to implement tobacco control programmes. I hope that E-RCTC continues to serve very useful resources for all stakeholders in the country and globally as well.

Dr Star Pala
Associate Professor
Department of Community Medicine, NEIGRIHMS, Shillong



Country	Acquisition			Behavior			Conversions		
	Users	New Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration	Goal Conversion Rate	Goal Completions	Goal Value
	623 % of Total: 100.00% (623)	624 % of Total: 100.16% (623)	1,109 % of Total: 100.00% (1,109)	58.34% Avg for View: 58.34% (0.00%)	3.66 Avg for View: 3.66 (0.00%)	00:05:34 Avg for View: 00:05:34 (0.00%)	0.00% Avg for View: 0.00% (0.00%)	0 % of Total: 0.00% (0)	$0.00 % of Total: 0.00% ($0.00)
1. India	430 (69.02%)	431 (69.07%)	915 (82.51%)	51.26%	4.19	00:06:40	0.00%	0 (0.00%)	$0.00 (0.00%)
2. United States	95 (15.25%)	95 (15.22%)	95 (8.57%)	97.89%	1.03	00:00:10	0.00%	0 (0.00%)	$0.00 (0.00%)
3. France	21 (3.37%)	21 (3.37%)	22 (1.98%)	95.45%	1.18	00:00:28	0.00%	0 (0.00%)	$0.00 (0.00%)
4. United Kingdom	12 (1.93%)	12 (1.92%)	12 (1.08%)	83.33%	1.50	00:00:49	0.00%	0 (0.00%)	$0.00 (0.00%)
5. China	10 (1.61%)	10 (1.60%)	10 (0.90%)	90.00%	1.10	00:00:09	0.00%	0 (0.00%)	$0.00 (0.00%)

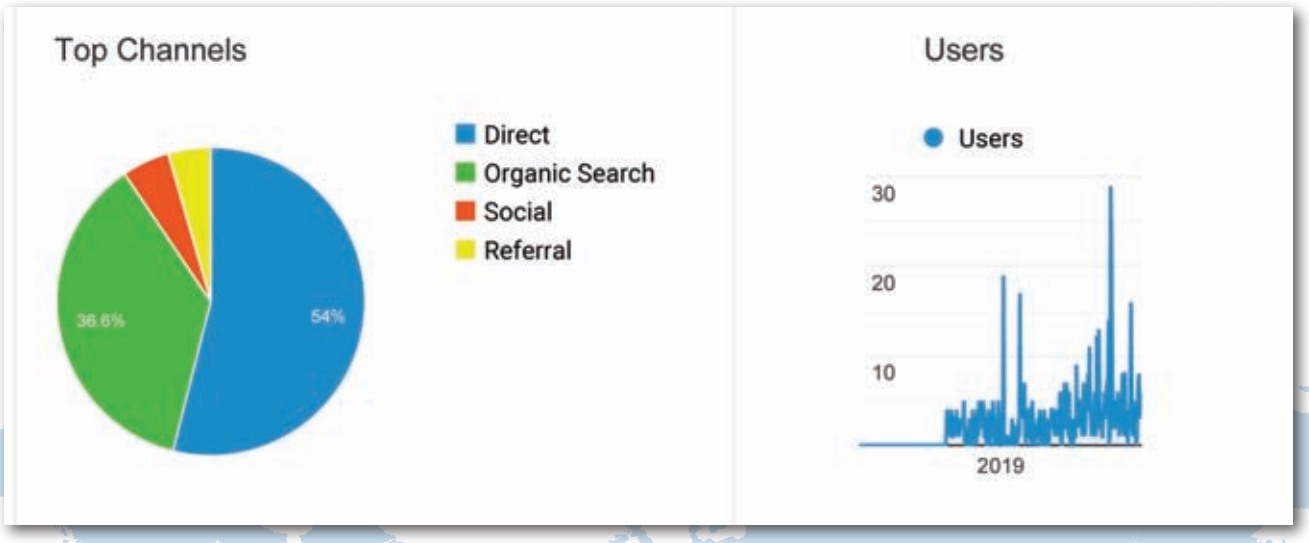
Fig. 1:
Apart from India, E-RCTC has a sizeable visitor's base in countries like the US, France and the United Kingdom. If we exclude India, these are the three top countries from where the E-RCTC's visitors are accessing the portal. E-RCTC also has its visitors base in countries like China, Canada, Japan, Phillipines, UAE and Australia.



Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	4,058 % of Total: 100.00% (4,058)	2,461 % of Total: 100.00% (2,461)	00:02:06 Avg for View: 00:02:06 (0.00%)	1,109 % of Total: 100.00% (1,109)	58.34% Avg for View: 58.34% (0.00%)	27.33% Avg for View: 27.33% (0.00%)	$0.00 % of Total: 0.00% ($0.00)
1. /	1,380 (34.01%)	791 (32.14%)	00:03:03	740 (66.73%)	56.76%	42.90%	$0.00 (0.00%)
2. /about-resource-centre/	163 (4.02%)	103 (4.19%)	00:02:09	35 (3.16%)	45.71%	31.29%	$0.00 (0.00%)
3. /national-level/	160 (3.94%)	76 (3.09%)	00:02:17	11 (0.99%)	27.27%	15.00%	$0.00 (0.00%)
4. /posters/	143 (3.52%)	109 (4.43%)	00:01:17	76 (6.85%)	73.68%	51.75%	$0.00 (0.00%)
5. /ntcp-structure/	87 (2.14%)	62 (2.52%)	00:02:22	20 (1.80%)	60.00%	31.03%	$0.00 (0.00%)
6. /signage/	86 (2.12%)	68 (2.76%)	00:01:47	32 (2.89%)	65.62%	36.05%	$0.00 (0.00%)
7. /andhra-pradesh/	80 (1.97%)	36 (1.46%)	00:02:01	4 (0.36%)	0.00%	2.50%	$0.00 (0.00%)
8. /presentations/	78 (1.92%)	45 (1.83%)	00:02:17	5 (0.45%)	80.00%	25.64%	$0.00 (0.00%)
9. /school-of-public-health-pgimer-chandigarh/	77 (1.90%)	57 (2.32%)	00:01:24	25 (2.25%)	52.00%	27.27%	$0.00 (0.00%)
10. /contact-us/	75 (1.85%)	55 (2.23%)	00:02:08	5 (0.45%)	80.00%	34.67%	$0.00 (0.00%)

Rows 1 - 10 of 203

Fig. 2:
An array of contents (related to tobacco control policies, initiatives, notifications, IEC materials etc) has been neatly arranged on the portal. Depending upon their requirements, visitors are accessing these contents organised under different tabs. If the figure here is taken into account, it comes to the fore that contents under `About Us' `National Level Legislations' and `Posters-IEC material" are more sought-after categories.



		Acquisition			Behavior		
		Users	New Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration
		623	623	1,109	58.34%	3.66	00:05:34
1	Direct	348			57.76%		
2	Organic Searc	236			59.25%		
3	Social	32			68.63%		
4	Referral	29			50.00%		

Fig. 3:
If varied channels that drive visitors to the portal are concerned, the figure here suggests that the top two channels are Direct and Organic Search. Direct traffic can include visits that result from typing the URL *(https://www.rctcpgi.org/about-resource-centre/)* directly into a browser. Organic traffic, on the other hand, account those visits which are tracked by another entity-usually through search engines, but also from other sources. The average duration of page-view is 5.34 minutes and a viewer usually visits 3.66 pages per session.

PROJECT UPDATES

Tobacco-Free Times' third issue released

The third edition of Tobacco-Free Times (TFT) was released during planning meeting of the 5th National Conference on Tobacco or Health at The Union Office, New Delhi on July 2. TFT is a bi-monthly publication of School of Public Health, PGIMER Chandigarh that reports on tobacco control initiatives and updates from across India. The issue focused on the updates related to implementation of Tobacco Control Policy in India.

Odisha bans ENDS

The Odisha Government announced ban on e-cigarettes and other electronic nicotine delivery systems (ENDS) like e-Sheesha, e-hookah and heat-not-burn tobacco device As part of an aspiring project to strengthen NTCP, PGIMER Chandigarh in association with The Union has been advocating ban on the sale and purchase of ENDS. Odisha has become the 15th Indian state to issue a notification to ban ENDS.

Establishment of enforcement mechanism for COTPA in Meghalaya

The Meghalaya government constituted a state Tobacco Control Committee for effective enforcement of tobacco control legislation. The Government issued an order in this regard on July 4, 2019. As part of a project to support NTCP, PGIMER Chandigarh has been working in close coordination with the State Tobacco Cell Meghalaya to facilitate the formation of this committee.

Joint Action Taken against Hookah Bar and e- Cigarette

Officials from the Police, Drugs and Excise departments swooped down upon the hookah bar owners in Bhubaneswar on August 22nd, 2019. Under the joint drive, challans were issued to the hookah bar owners for violation of COTPA. As a part of project to strengthen NTCP, PGIMER Chandigarh in association with The Union has been sensitizing government officials about the ill-effects of hookah and calling for action against hookah bar owners.

Medical and Health Officials undergo Tobacco Control training

Medical and health official of west Garo hills district attended a training on Tobacco Control at Circuit House, Tura, on August 6th, 2019. Topics including Epidemiology of Tobacco Use and NTCP, Tobacco Burden and Its harmful effects, COTPA Sec 4,5,6,7, WHO FCTC 5.3 and MPOWER, Role of Health Professional on Tobacco Control were discussed during the training.

First DLCC Meeting-cum-Orientation training for Shillong, Tura, Nongpoh

The first DLCC meeting -cum- Orientation training for Tura, (West Garo Hills district), Shillong (East Khasi Hills district) and Nongpoh (RiBhoi district) were held on August 7th, 13th, 15th 2019 respectively. Officials from various departments like Police, Transport, DMHO, Agriculture, Food Safety, Municipal, Town Committee, Principals of Schools and Colleges and NGOs attended the meeting.

5th National Workshop on Tobacco Control held

The 5th National Workshop on Tobacco Control 2019 was held from August 27th – 30th 2019 at JIPMER Puducherry. Topics like Epidemiology of Tobacco use, Genesis of FCTC & MPOWER Strategy, COTPA and its achievement, Raising taxes on Tobacco etc. took centre stage at the four- day workshop that was attended by government officials, doctors and other experts associated with tobacco control initiatives.

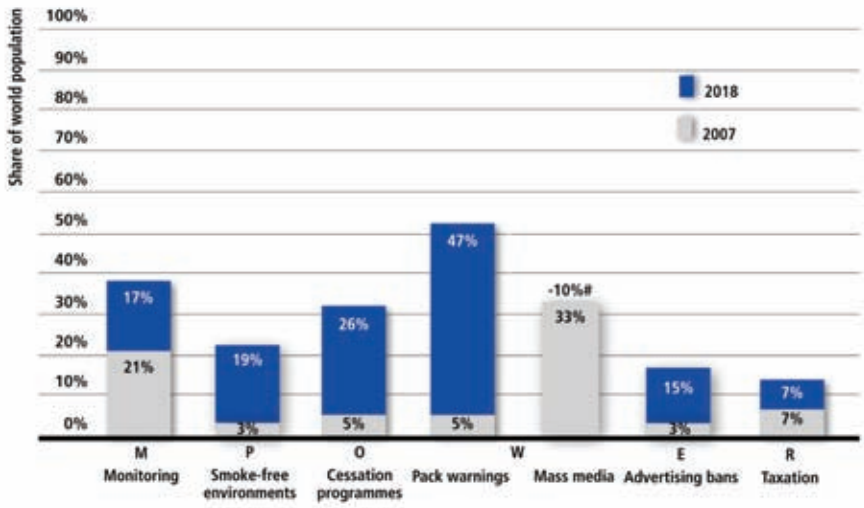
PROGRESS IN IMPLEMENTING
WHO MPOWER PACKAGE IN INDIA

In order to reverse the global tobacco epidemic and enable countries to implement the provisions of the WHO FCTC, the World Health Organization (WHO) introduced the six MPOWER strategies in 2007.

As per latest WHO report (2019), 136 countries covering 5 billion people (65% of the world's population) have implemented at least one of the key policy interventions to reduce tobacco demand. This number has more than quadrupled since 2007 when only 1 billion people – 15% of the world's population – were protected by at least one MPOWER measure (not including Monitoring or mass media campaigns which are assessed separately). Out of 5 billion, 3.9 billion reside in lower middle-income countries. Despite the fact that, the population covered under monitoring tobacco use, cessation programs, and mass media campaigns in terms of best practices decreased by 4%, 1% and 21% respectively, from 2016 till 2018, the other strategies (warning on tobacco packs, adoption of smoke-free environments and TAPS ban) have shown inspiring results. One factor for decrease in population coverage could be due to the fact that 59 countries have yet to adopt single MPOWER measure at highest level of achievement, and this remains a concern to advance tobacco control globally.

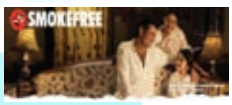
India has made huge strides in implementing WHO MPOWER package through enactment and effective enforcement of a strong Act namely, Cigarettes and Other Tobacco Products Act (COTPA) in the April, 2003 (commenced in May 2004) and smoke free rules in October, 2008. Further, India was amongst the first countries to sign WHO Framework Convention on Tobacco Control (FCTC) treaty in September, 2003 followed by its ratification in February, 2004.

INCREASE IN THE SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2007* TO 2018



	Global Progress	India Progress
M Monitor tobacco use and prevention policies   	Monitoring tobacco use in critical to assess & combat tobacco control efforts of the country. WHO encourages the use of standard, scientific and evidence based protocols for tobacco surveys namely Global Adult Tobacco Surveys (GATS) for monitoring tobacco control efforts. The first round of GATS was implemented in 2009-2010 (GATS 1) and the second round in 2016 -17 (GATS -2). The monitoring covering has shown a progress from 2007 (1.6 billion population covered) to 2018 (2.8 billion population covered). The smoking rates declined globally from 22.5% (2007) to 19.2% (2017), a relative reduction of 15% over 10 years.	India conducted GATS in 2009-10 & 2016-17 and the Global Youth Tobacco surveys (GYTS) in 2003, 2006 & 2009 while GYTS 4 is underway. India has a dedicated National Tobacco Control Programme (NTCP) launched in 2007-08 with a tobacco control cell at national/state level (all 35 states/ UTs) along with state and district level coordination committees for monitoring tobacco control activities. A national coordinating mechanism in form of Inter- Ministerial Coordination Committee has also been constituted under the chairmanship of Cabinet Secretary. Besides, committee for monitoring tobacco industry interference also exists in 14 states. For monitoring/ testing tobacco products, three (03) National Tobacco Testing Laboratories (NTTLs) have been established in the campuses of existing Drug Labs- Central Drug Testing Laboratory, Mumbai (CDTL Mumbai), Regional Drug Testing Laboratory, Guwahati (RDTL Guwahati) and at National Institute of Cancer Prevention and Research under ICMR. Due to all round efforts, the prevalence of any form of tobacco use (for persons aged 15 years and above) has decreased significantly by six percentage points from 34.6 percent (GATS-1, 2009-10) to 28.6 percent (GATS-2, 2016-17). The number of tobacco users has reduced by about 81 lakh (8.1 million). Age-standardized prevalence estimates for daily smoking among person aged 15 years and above is currently at 10.5% (7.8-13). The scores of adult daily smoking prevalence and monitoring the prevalence data remained unchanged at highest level [(score of 4 i.e. prevalence less than 15%) and 3 (recent representative data for both adult and youth)] respectively, from year 2011 onwards.

	Global Progress	India Progress
P Protect people from tobacco smoke  	Comprehensive smoke-free legislation is a popular policy measure as they are most easy to implement & enforce. A total of 1.6 billion people living in 62 countries have completely banned (70 countries partially banned) smoking in public/ work places, making it second highest MPOWER measure in terms of country adoption. In 2007 merely 0.2 billion population from 10 countries was covered with comprehensive smoke-free legislation.	Smoking in public places is prohibited as per Section 4 of the Indian Tobacco Control Act. The Act allows for designated smoking areas/zone in hotels with 30 or more rooms, restaurants having a seating capacity of 30 persons or more and airports, however, no service shall be allowed in these smoking area/zone. A dedicated Toll Free help-line (1800110456) has been established to report violations. Due to all round efforts, the exposure to second hand smoke among all adult at various places (past 30 days) has decreased from 52.3% to 38.7% at Home, 6.6% to 5.3% at Govt offices, 11.3% to 7.4% at Restaurants, 17.5% to 13.3% at Public Transportation between GATS-1, and GATS-2. Further, more than 150 jurisdictions (City, Districts & States) achieved high level compliance to smoke-free laws through robust compliance surveys & declared smoke free by government authorities. The score of smoke-free policies increased from 2 (3-5 public places smoke-free) in 2009 to 3 (6-7 public places smoke-free) in 2011 and 2013 to 4 (all public places completely smoke-free) from 2015 onwards.
O Offer help to quit tobacco use    	Offering help to quit tobacco use is a cost-effective population based strategy aimed at increasing chances of tobacco users to successfully quit. There are now 23 coun tries (2.4 billion population) protected by this measure, up from 10 countries in 2007 (0.4 billion population) which makes it second most adopted MPOWER measure in terms of population coverage (primarily due to India & Brazil). Additionally, 148 countries provide some level of cessation support at health care facilities	Tobacco cessation has been a vital component of NTCP. Considering the high intent in quitting among tobacco users, the Govt. of India launched country wide tobacco cessation program in January 2016, national Toll- Free Quitline (1800 11 2356) in May 2016 & a bilingual m-cessation programme (missed call at 011-22901701) in January 2016. A quit rate of 7% after 6 months was noticed among smoker & smokeless tobacco users after the intervention. Since then, Interactive Voice response (IVR) technology is available in many regional languages and is being enrolled by over 2 million tobacco users. MoHFW has developed tobacco dependence treatment guidelines, health worker guide and guidelines for medical officers, while the training module for NTCP officials has also been rolled out. Around 400 tobacco cessation centers were set up in district hospitals. The counselors under the National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular diseases and Stroke (NPCDCS) were trained and directed to provide tobacco cessation services at primary health care level (CHC Level) in addition to primary health care providers (health workers) who will provide brief tobacco control interventions at sub-centre level. NRTs are freely available at general stores and fully cost-covered at government health institutes, however it has still not been included in the essential drug list. All dental colleges were instructed to set up cessation facilities. A National Collaborative Framework for TB & Tobacco has also been developed & implemented in few states. Besides it, NTCP has also been integrated with other AYUSH program. Due to multifarious efforts, 'O' along with 'W' component of MPOWER has reached highest level of achievement among all strategies in the country. The quit attempts among smokers and smokeless in past 12 month increased from 33.1% and 21.2% in GATS-1 to 39.8% and 30.1% respectively in GATS-2, whereas those who planned or thinking of quitting increased substantially from 45.3% to 63%. Further, a one year increase in age of initiation of tobacco products (smoke and smokeless) was witnessed between GATS-1 and GATS-2. The cessation program witnessed decreased in scores from 2 (NRT and other services cost covered) in 2009 & 2011 to 1 (data not available) in 2013.
W Warn about the dangers of tobacco	Comprehensive warnings about the dangers of tobacco use are critical to changing its image, especially among adolescents and young adults. Over half of the world's population (3.9 billion) living in 91 countries benefit from large graphic pack warning making it the MPOWER measure with highest population coverage & countries covered. In 2007,	In April 2016, Government of India implemented new regular mandatory large (85% of both front and back panel of tobacco pack as compared to 40% on front panel previously), pictorial, graphic health warnings (separately for smoked and smokeless tobacco products) which shall be rotated after every 12 months. With this, India has 5th largest pack warning label of any country. Further, COTPA requires public service announcement & disclaimers about harm of tobacco use in film or television program whereas tobacco consumption is seen. Under the tobacco free film policy huge free airtime (100 seconds per film/TV program) is generated through films and TV program that display tobacco products or their use.

	Global Progress	India Progress
  	merely 0.4 billion population from 9 countries were covered. 10 countries have also adopted legislation for plain packaging of tobacco products. Additionally, 61 countries have minimal to moderate laws for health warning on packs.	National and sub-national level public awareness/ IEC campaigns along with trainings of different stakeholders are an important activity under NTCP and dedicated funds are made available for same. Due to all round efforts, the quit attempts among smokers in past 12 month increased from 38% in GATS-1 to 61.9% (68.9% among cigarette smokers and 58.6% among bidi smokers in GATS-2) because of warning labels. Further, number increased who noticed health warning labels on packages of cigarette, Bidi and Smokeless Tobacco in GATS 2 (2016-2017) as compared to GATS 1 (2009-2010) Cigarette 70.8 % to 83.0%, Bidi 62.3 % to 78.4% and Smokeless Tobacco 62.9 % to 71.6%. There is a marked increase in scores in health warning on tobacco packs from 1 (small warnings) in 2009 & 2011 to 4 (large warnings with all appropriate characteristics) in 2013 onwards, due to efforts of government, civil society and other stakeholders. Anti-smoking mass media campaign score increased from 0 (data not reported) to 3 (medium sized warning with an appropriate characteristics) from 2019 to 2011 but decreased one point in 2013. It increased to 4 from 2015 onwards.
E Enforce bans on tobacco advertising, promotion and sponsorship 	Marketing and promotion increase tobacco sales and therefore contribute towards killing more people by encouraging current smokers to smoke more and potential users specifically young people to try tobacco and become long-term customers. Around 1.3 billion (18% of global population) from 48 countries have adopted TAPS ban at best practice level in 2018, as compared to 7 countries (0.2 billion population) in 2007. Additionally 103 Countries has adopted partial TAPS ban & 44 not adopted till date.	As per Section 5 of the India's Tobacco Control Act, direct/indirect advertising, promotion and sponsorship of tobacco product is completely prohibited at Point of Sale. This prohibition extends to depiction of tobacco products or their use in films and TV Programs. Steering Committee has been constituted for monitoring the violations under Section – 5 of the Tobacco Control Act at National, State and District level. With all round efforts and active enforcement, the less number of people noticing any type of cigarette, bidi and smokeless tobacco products promotion decreased over time, in case of Cigarette 7.4% to 5.3, Bidi 6.8 % to 5.4% and Smokeless Tobacco 8.8% to 5.7%. Further, the adults noticing information about dangers of smoking (and smokeless tobacco) on television/radio which encouraged them to quit increased from NA (and 30.2%) to 49.2% (and 38.6%). The scores for ban on TAPS remained unchanged at 3 over time (ban on national and some international television, radio and print media but not on all forms of direct and indirect advertisements).
R Raise taxes on tobacco  	Increasing tax is the most cost effective measure to decrease tobacco use. While merely 38 countries levy tax as high as WHO recommended 75% of retail price of cigarette packs, another 62 levy tax between 50-75% of the price and 61 between 25- 50%, which makes this as the fastest growing MPOWER strategy in terms of population coverage since 2016 (despite this, it still has lowest population coverage i.e.14%).	In July 2017, Government of India has implemented the Goods and Services Tax (GST) wherein, all tobacco products have been listed as 'Demerit goods' and placed in the highest tax bracket category of 28%. Over and above GST a cess has been imposed on all demerit goods, except Bidis. Tendu leaves - used for making bidis also attract a GST of 18% (the details of taxation on different tobacco products was mentioned in 3rd Edition of Tobacco Free Times). In the budget for 2019-20 Central Excise has been reintroduced on all tobacco products, however this has made little or no impact on retail price Ministry of Health/WHO has commissioned the following studies as tools for tax advocacy: 1) 'Economic Burden of Tobacco related diseases in India' released in May 2014. 2) Tobacco Taxes in India : An Empirical Analysis Due to all these efforts, the average monthly expenditure on cigarette and bidi (for daily smoker) goes up from GATS-1 to GATS-2 (Cigarette Rs 668/- to 1192.50/- and Bidi Rs 156.3 to Rs 284.1). There was inconsistency in scores on taxation on tobacco products with 3 (51-75% of retail price) in year 2009 and 2015 onwards to 2 (26-50% of retail price) in 2011 and 2013.

References-

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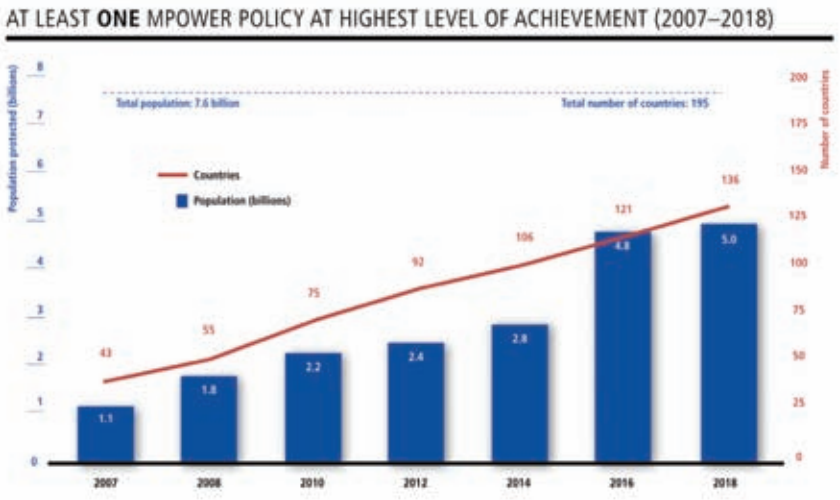

EXPERTS SPEAK

The Recently released seventh WHO report on the global tobacco epidemic focusing on the "O" of MPOWER package; "offer help to quit tobacco use" brings back the focus on this largely neglected tobacco control policy measure. There is urgent need to incorporate support for quitting tobacco into any universal health coverage policy. Countries have made progress in establishing tobacco cessation services through various channels. India too expanded quitline to regional level and added more languages for enhanced coverage and outreach. However, there is still a long way to go. The slow progress in other MPOWER measures including mass media campaigns, TAPS ban and raising tobacco taxes need concerted and sustained efforts to reach highest level of achievement.

Dr Jagdish Kaur
Regional Adviser, Tobacco Free Initiative
WHO Regional Office for South-East Asia

In an Indian context, MPOWER to act as a comprehensive evidence-based measure of tobacco control, needs to focus upon monitoring tobacco use and tobacco control policy achievement. This is necessary in the light of achieving non-communicable global voluntary target of 30% relative reduction by 2025 in the prevalence of current tobacco use among persons aged 15 years and above. Though challenging, but proposing a comprehensive ban to all advertising would ensure that potential users are not tapped in the first place. Integrating different cessation activities with National Health Mission framework using information communication technology and facilitating cessation services to a large number of tobacco users (smokers-56% and smokeless 53% as per GATS 2) who are planning to quit is the need of the hour.

Prof Poonam Khattar
Acting Head, Dept. of Communication,
The National Institute of Health and Family Welfare, Munirka, New Delhi, India

India has started to curb the tobacco epidemic; now government must fully implement MPOWER at best practice levels, strengthen state level implementation, and adapt to evolving threats. Vital Strategies is proud to assist this work, particularly through our global expertise in warning people about tobacco's harms and supporting policy change.

Dr Nandita Murukutla
Vice President, Global Policy and Research,
Vital Strategies

TOBACCO REPORTER

Scarier tobacco warnings from Sep 1

Come September 1, packages of all tobacco products in the country will have a new warning that will potentially act as a stronger deterrent to tobacco users. The present caution of 'Tobacco Causes Cancer' will be replaced with 'Tobacco causes painful death'. Besides, the accompanying picture will also be more graphic in portraying the harmful effects of the substance.

Tobacco banned in Jagannath Temple

The Shree Jagannath Temple Administration (SJTA) Puri, Odisha, the governing body of the shrine, in a meeting on July 29th, imposed the ban on paan, gutkha and other tobacco products from August 1st, within the shrine. The violation of the rule will attract a penalty of up to Rs 500 that will apply for both devotees and servitors.

Health Ministry turns to Law Ministry to clear legal hurdles over ban on ENDS

After the Drugs Technical Advisory Board (DTAB) recommended moves to help the government ban products like e-cigarettes and vapes, the Health Ministry has sought the Law Ministry's opinion on whether it can go ahead with them, according to The Indian Express. This is because the Health Ministry is locked in litigation opposing the ban, says the news report. In June, DTAB approved a proposal to regulate Electronic Nicotine Delivery Systems (ENDS) as 'drugs' and prohibit their sale in the country. The move is expected to hit India's vapour products market, which is expected to grow nearly 60 per cent annually up to 2022.

UP, Bihar lax in penalising public smokers

Populous states like Uttar Pradesh, Bihar and Madhya Pradesh have been found lax in penalising people smoking in public places, according to a news report. Data from the Union Ministry of Health and Family Welfare revealed that last year, of the Rs 3.51 crore fine collected under the Cigarette and Other Tobacco Product Act 2003, just Rs 2.58 lakh was collected from violators in these three states. This is less than one per cent of the total fine imposed in the country under COTPA. Under section 4 and 6 of the COTPA, fines of up to Rs 200 can be imposed on individuals smoking in well-defined public places and on those selling tobacco products within 100 yards of any school premises.

Using E-cigarettes can land you in jail

India's health ministry has proposed a ban on the production and import of electronic cigarettes, documents seen by Reuters showed, potentially jeopardizing the expansion plans of big firms like Juul Labs and Philip Morris International. The ministry has proposed that the government issue an executive order banning the devices in the public interest, saying it was needed to ensure e-cigarettes don't become an "epidemic" among children and young adults.

Union Health Minister asks MPs to run anti-tobacco campaign

Union Health Minister Mr Harsh Vardhan has called upon the MPs to run mass movements against the use of tobacco products, alcohol and other foods causing cancer. During discussions in the Rajya Sabha, he asserted that most of the cancers can be prevented and treated if diagnosed at early stage.

Excise duty on tobacco products hailed

Public health advocates, doctors and economists have hailed the ongoing efforts of the Indian government on tobacco taxation and called for augmenting the efforts to achieve revenue and public health goals. They welcomed the levy of excise duty on all tobacco products in the Union Budget 2019-20. Public health organisations applauded Finance Minister Ms Nirmala Sitharaman for bringing back excise duty on cigarettes, "bidis" and smokeless tobacco.

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