



TOBACCO-FREE

ISSUE VI: NOVEMBER – DECEMBER 2019

Times



www.rctcpgi.org

E-RCTC: A STOREHOUSE OF INFORMATION ON TOBACCO CONTROL

E-RCTC'S EFFORTS ACKNOWLEDGED AT INTERNATIONAL UNION CONFERENCE

E-Resource Centre for Tobacco Control, a joint initiative of PGIMER Chandigarh and The Union, was applauded by experts from various countries during the 50th Union Conference on Lung Health held in Hyderabad from Oct 30-Nov 2, 2019.

Mr Rajeev K Choudhary, Project Coordinator, PGIMER, took the experts through the journey of formation of E-RCTC during a poster discussion that was a part of the event. The theme of the poster presented by Mr Choudhary was "E-RCTC-Enabling Tobacco Control Landscape in India".



Tobacco-Free Times 5th issue released

The fifth edition of Tobacco Free Times was released during the 50th The Union World Conference on Lung Health on 30 October 2019 in Hyderabad. Hon. Bihar Health Minister Mr Mangal Pandey released the newsletter, along with Dr. Swasticharan, CMO – MoHFW, Jt. Secretary - Govt. of Bangladesh, Dr. Jamie Tonsing-Regional Director SEA Union and other dignitaries. The issue focussed on "India's E- Cigarette Story ... 'ENDS to END of the Road'".

DR SONU GOEL Elected as Vice Chair Tobacco Control Section, The Union

Dr Sonu Goel, Principal Investigator of the project & Director E-RCTC was elected as a Vice-Chair of Tobacco Control- Section (The UNION) during 50th Union WLC in Hyderabad, India.

EXPERTS SPEAK

The E-Resource Centre for Tobacco Control (ERCTC), an initiative by Post Graduate Institute of Medical Education & Research (PGIMER) Chandigarh provides all relevant information related to tobacco control under one roof. The E-RCTC showcases a repository of latest orders, circulars, notifications & many others that are being released from time to time both by the state and central governments to curb the tobacco menace. The E-RCTC would also help counter the misleading facts on tobacco control which exist on various web engines.



Shri Mangal Pandey

Hon'ble Health Minister, Govt of Bihar

The e-Resource Centre for Tobacco Control is a very valuable asset from which tobacco control researchers, advocates and policy makers can draw updated information and documentary resources to support and guide their work. It is the beating heart of the tobacco control movement in India.



Prof. K. Srinath Reddy

President, Public Health Foundation of India (PHFI), New Delhi

Tobacco Control needs to be taken up as a social movement and an all-government approach. The control efforts made by various stakeholders need to be concerted and well-orchestrated for logical results for an ultimate tobacco endgame in this world. This journey would need information, data, research studies, best-practices etc under a roof. If you are looking for one such source, please look at the www.rctcpgi.org. I congratulate PGIMER, Chandigarh and the Union for this good initiative. Let us all populate this source with richer information for action.



Dr. L. Swasticharan MD MPH

Chief Medical Officer
National Tobacco Control Programme and
National Oral Health Programme, MoHFW, New Delhi

E-RCTC is a first of its kind initiative in India, where, on one platform, one can access all the updates on Tobacco Control activities in India. It serves as a focal point for a broad range of research, education and public service activities regarding tobacco control in India. This platform will provide immense help to policy makers and implementers.



Dr. Vimala Thomas

Professor and Head,
Department of Community Medicine Gandhi Medical College, Hyderabad





PROJECT UPDATES

Capacity building workshop on NTCP held



A Regional level capacity building workshop on NTCP for key stakeholders/ Programme implementers of National Tobacco Control Programme was successfully held at Hotel Shivalik View, Chandigarh, on 4 - 6 December 2019. A total of 25 participants from 4 project states participated and presented their Action Plans. The participants were sensitized on various aspects such as epidemiology of tobacco use-global, national and sub-national level, important components of NTCP, various provisions of COPTA, international treaties like MPOWER and FCTC, guidelines of Article 5.3 (Tobacco Industry Interference), utilizing other legislations to strengthen COTPA, and good practices in tobacco control. The scope and challenges under the programme were also discussed.

Puducherry Govt. issues order for COTPA enforcement

The Government of Puducherry issued orders for constituting enforcement squad at State, District, Municipal and Community Panchayat Levels for effective implementation of the Cigarettes and other tobacco Products (Prohibition of Advertisement, Regulation of Trade and commerce, Production, supply and distribution) Act, COTPA 2003.



Workshop to strengthen NTCP held in Meghalaya

A high-level sensitization workshop to strengthen NTCP was held in Meghalaya on 6 November, 2019. Policy makers, officials of different stakeholder departments were present during the workshop.



Workshop on FCTC held in Meghalaya

A high-level workshop on the Policy of FCTC 5.3 was held in Meghalaya on 5 November, 2019. It was attended by 33 senior officials from various department.

FLASH MOB STAGED



A flash mob was staged during 50th The Union World Conference on Lung Health at Hyderabad on 30 October 2019. The flash mob urged delegates from over 120 countries during the conference to stay away from tobacco and substance abuse. Beside it showcased about the forthcoming National Conference on Tobacco or Health (NCTOH) to be held at PGIMER from 25th -27th September 2020.

Impact of GST on Tobacco products assessed:

The data collection exercise for Pre and Post GST Assessment on various Tobacco Products was successfully completed in the project states (viz. Odisha, Meghalaya, Puducherry and Telangana).

COTPA study completed

The compliance assessment study of COTPA (Section 4) in Hyderabad city was successfully completed from October 16-23, 2019 which resulted in an overall compliance of 89.6 %.

SLCC in Meghalaya held

The second SLCC meeting in Meghalaya State was successfully held on 5 November 2019. The meeting was attended by key officials from various departments like Police, Transport, Agriculture, Food Safety, Municipal and NGOs.



John Hopkins ties with PGIMER's School of Public Health



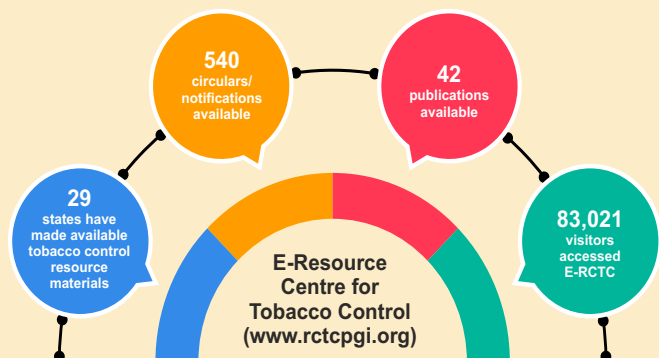
School of Public Health, PGIMER Chandigarh explored various opportunities to identify the new partnerships in advancing Tobacco Control across country. During this quarter, Johns Hopkins University (JHU) collaborated with School of Public Health, PGIMER to conduct a study on Assessment of compliance with Tobacco Product Display and Point-of-Sale Tobacco Control Policies, and Tobacco Vendor Density, in Ranchi and Siliguri, India.

Integration of Tobacco Cessation services at NCD Clinics of Punjab



The Department of Community Medicine & School of Public Health, PGIMER Chandigarh is carrying out a project titled 'Evaluation of Tobacco cessation training intervention on behaviour of tobacco users attending Non-Communicable Diseases (NCD) Clinics of Punjab' in collaboration with State Tobacco Control Cell, Department of Health & Family Welfare, Government of Punjab. This project is being rolled out on pilot basis in two districts of Punjab wherein the health care providers at NCD clinics were trained using a comprehensive tobacco cessation training package to deliver cessation services to the patients who currently using tobacco in any form.

Reach of E-RCTC



Webinar on MPOWER

A webinar entitled 'Progress and Best Practices of MPOWER Implementation in Tobacco Control' was conducted on Tuesday, 3 December 2019. This webinar was facilitated by Dr Sonu Goel & Ms Emma Green. It was carried out with the objective of understanding the progress made by different regions of World on various MPOWER Components and to appreciate the best practices in implementation of MPOWER across the globe. It was attended by academicians, professionals, researchers, tobacco control advocates, law makers, civil society groups, implementers or program managers, administrators, doctors, nursing professionals, media personnel's working in tobacco control across the globe.

PIGGYBACKING APPROACH:

A strategy to compliment Tobacco Control among street food vendor of Chandigarh



Piggybacking approach viz linking a new strategy over pre-existing strategy, we used to complement tobacco control programme with FSSAI. Under it, the Tobacco control initiative were incorporated with the routine food safety training. Piggybacking strategy helps in saving time, energy and resources.





Smokeless Tobacco (SLT) Use in India

- A Journey towards tobacco endgame

Smokeless tobacco (SLT), also known as spit tobacco, chewing tobacco, chew, and dip, is a non-combustible tobacco product that is used by means other than smoking. More than 40 forms of SLT are available and consumed globally. In India particularly, it is taken in the various forms and commonly as chewing, snuffing, dipping, and application to teeth and gums.

Smokeless tobacco users place snuff or chewing tobacco between their inner cheek and gums on the lower part of their jaw and suck on the tobacco juices. Users chew and spit often because the saliva builds up (due to irritation of mucosa by tobacco or other products). This sucking and chewing allows nicotine to get into the bloodstream through the gums, without the need to swallow the tobacco juices.



India is the second largest producer and the third largest consumer of tobacco. According to the Global Adult Tobacco Survey India Report (2009–2010), there are more than twice as many users of smokeless tobacco (26%) as cigarette smokers. The SLT is available in India as paan with tobacco, paan masala, khaini, zarda, gutka, mawa, snus, mishri, and gul etc. All SLT contains nicotine, and are therefore addictive. Like other tobacco products, there is no safe level of SLT.

More than 28 known carcinogens (nitrosamine being most important) have been identified, which are responsible for cancers of the oral cavity, esophagus, pharynx, cervix, and penis alongwith cardiovascular diseases, low birth weight and mental illness. The use of chewing tobacco increases the relative risk of death by 15–30%

What are common types of SLT?

Dipping Tobacco (or naswar) is the most common type where tobacco is placed between lip (upper or lower) and gums, and is being spit regularly.

Chewing tobacco is larger-grain tobacco leaves that are twisted or shredded which is later chewed. They come loose in paper packets or small cans.

Snuff is finer-grain tobacco that is inhaled or 'snuffed' into nasal cavity.

Snus is similar to dipping tobacco, where tobacco is placed under upper lip, with no spitting.

Gutka is a mixture of tobacco, areca nut, slaked lime and various flavouring agents.

Khaini - It is sun-dried coarse tobacco leaves which are mixed with slaked lime paste

Zarda - It is chewing tobacco mixed with colouring/spice essence lqmiq, creamy snuff, dissolvable tobacco, toombak, tobacco paste are other forms of SLT.



Why Is Smokeless Tobacco Dangerous?



At least 28 harmful chemicals and carcinogen have been found in smokeless tobacco products. The most harmful chemicals are tobacco-specific nitrosamines, which are formed during the growing, curing, fermenting, and aging of tobacco. The level of tobacco-specific nitrosamines varies by product. Scientists have found that the nitrosamine level is directly related to the risk of cancer. In addition to a variety of nitrosamines, other cancer-causing substances in smokeless tobacco include polonium-210 (a radioactive element found in tobacco fertilizer) and polynuclear aromatic hydrocarbons (also known as polycyclic aromatic hydrocarbons)

WHY DO PEOPLE USE SMOKELESS TOBACCO?

Smokeless tobacco has been around for hundreds of years. It became more popular in the U.S. when baseball players in the 1970s began using it, thinking it was a safer alternative to smoking (which is not true). Even today, people believe that it is as dangerous as smoking cigarettes. Moreover, it is more affordable and easily available at Point of Sale.



WHAT CAN BE SERIOUS HEALTH RISKS OF SMOKELESS TOBACCO?

- cracked/bleeding lips and gums
- receding gums, which can eventually make teeth fall out
- increased heart rate, high blood pressure, and irregular heartbeat
- higher chances of heart attacks and strokes
- cancer
- Oral cancer (cancer of the mouth) is the cancer most often linked to smokeless tobacco use. But users also can get cancer in the stomach,



the throat, and the bladder because the chemicals from the tobacco get into their digestive systems through their spit. In the most severe cases, problems caused by smokeless tobacco can lead to permanent disfigurement, such as the loss of teeth and even bones in the face. Smokeless tobacco also causes bad breath, yellowish-brown stains on the teeth, and mouth sores in most users.

Bihar Pan Masala Ban - A Gateway to SLT Free Nation (An Experience of Bihar)

According to the Global Adult Tobacco Survey Report 2017 (GATS 2) approximately 27 crore adults use tobacco products in India, out of which 20 crore adults use Smokeless Tobacco (SLT) products including Pan Masala. According to experts, almost 90% of oral cancer are caused by SLT use and India is the oral cancer capital of the world.

GATS-2 reveals that 25.9% adults in the state of Bihar use tobacco products, of which 23.5% adults use SLT including Pan Masala. Nearly 14.6% of children (13-15 years) use tobacco in any form in Bihar. Given this, the tobacco epidemic persists in Bihar.

Why Pan Masala ban ?

Pan Masala is standardized product and defined by the FSSAI to be sold with the warning, “Chewing of Pan Masala is injurious to health”. As per the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulation, 2011, clause 2.3.4:

“Product not to contain any substance which may be injurious to health: Tobacco and nicotine shall not be used as ingredients in any food products.”

The use of magnesium carbonate, nicotine or any other additives is prohibited in any food product including Pan Masala. Based on findings from State Food Testing laboratory reports, Bihar Government banned the manufacture, storage, transportation and sale of 15 prominent brands of Pan Masala (these include: Rajnigandha, Rajniwas, Supreme, Pan Parag, Bahar, Bahubali, Rajshree, Raunak, Signature, Sir Gold, Shikhar, Vimal, Kamala Pasand, Pashan and Madhu).

Subsequently the samples of pan masala were sent to National Tobacco Testing Laboratory, Noida for further testing. On testing 7 different brands of pan masala were found to contain

PAN MASALA BRANDS BANNED IN BIHAR



“NICOTINE” though their package mentioned “No Nicotine”.

Bihar Government has banned only those Pan Masala brands which were found not in conformity with the standards of Pan Masala as specified in Regulation 2.11.5 of the Food Safety and Standards (Food Products and Food Additives) Regulations, 2011

Outcomes of Pan Masala ban

- Prevalence of Smoke Less Tobacco (SLT) use has reduced in the state from GATS-1 (2009-10) to GATS-2 (2015-16). Therefore, the Oral Cancer incidence will also decline.
- Due to regular enforcement drives, all major brands of Pan Masala including SLT (Twin Pack) have vanished from the market.
- Greater Awareness among the SLT users about the use of toxic chemical like NICOTINE in Pan Masala through larger media coverage.
- Point of sale (PoS) have become free from SLT, so the compliance of section 5 will be better in the state.
- Outdoor advertisement of Pan Masala through hoardings have been removed by Tobacco industries (TI), which will be resulted in reduction of surrogate advertisement.

POS full of SLT before Pan Masala Ban



SLT Free POS after Pan Masala Ban





JOURNEY OF SMOKELESS TOBACCO IN INDIA

Prevalence of Smoke Less Tobacco (SLT) use has reduced in the states from GATS-1 (2009-10) to GATS-2 (2015-16).

1986	Statutory warning on chewing tobacco products, 'chewing of tobacco is injurious to health' notified under the Prevention of Food and Adulteration Rules, 1955.	2006	ingredient in food items, resulting in ban on gutkha and other flavoured SLT in the country.[The objective of the Act was to provide safe and wholesome food for human consumption was to provide safe food/unsafe food, hence injurious SLT products which were considered as food became unsafe for human consumption]
1992	Ban on manufacture and sale of toothpastes and toothpowders containing tobacco under the Drugs and Cosmetics Act of 1940. Supreme Court in Laxmikant vs UOI & Ors., 1997(4) SCC 739, upheld the ban with the observations that imposition of total ban is in the public interest.	2006	
1996-2003	Implementation of prohibition of smoking and spitting laws by several States e.g. Gujarat, Goa, West Bengal, Tamil Nadu etc. [Not seen Gujarat `s the others are The Goa Prohibition of Smoking and Spitting Act, 1997/The Tamil Nadu Prohibition of Smoking and Spitting Act, 2003/The West Bengal Prohibition of Smoking and Spitting and Protection of Health of Non-Smokers and Minor Act, 2001 etc.,]	2007	Rajasthan High Court banned the sale of gutkha, pan masala in plastic sachets for being major toxic pollutants and further directed payment of fine by the manufacturers of gutkha, tobacco and pan masala and other forms of chewing tobacco on the basis of 'Polluter Pays Principle'. (Indian Asthma Care Society Vs State of Rajasthan and Others).
2001	Ministry of Railways imposed ban on sale of gutka on railway station premises, concourses and reservation centers and in trains.	2010	Supreme Court of India directs Government to undertake a comprehensive analysis and study of the contents of gutkha, tobacco, pan masala and similar articles manufactured in the country and harmful effects of consumption of such articles. (AnkurGutkha Vs Indian Asthma Care Society & Ors) and to notify and implement the Plastics (Manufacture, Usage and Waste Management) Rules, for banning use of plastic material in the sachets of gutkha, tobacco and pan masala. NIHFV conducted a comprehensive review of literature on the contents and health effects of smokeless tobacco and areca-nut, which concludes that SLT, Arecanut causes many cancers and other diseases.
2001-2003	Ban on manufacture, storage, distribution and sale of pan masala, gutkha, and chewing tobacco by state of Maharashtra, Goa, Tamil Nadu, Andhra Pradesh, under Section 7(iv) of the Prevention of Food & Adulteration Act 1954.	2010	
2003	The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003 (COTPA) enacted to prohibit advertisements and regulate the trade and commerce, production, supply and distribution of tobacco products.	2011	An Expert Committee constituted by MoHFW submitted a voluminous report on the hazards of using SLT products including gutkha, tobacco, pan masala and similar articles. Committee reports that, there are 3095 chemical components in SLT products (including gutkha), among them 28 are proven carcinogen.
2004	Supreme Court of India quashed the ban by states saying it could only be done by the Central Government (Godawat Pan Masala Vs. Union of India)	2011	National Consultation on Smokeless Tobacco Control organized by MoHFW, WHO and Public Health Foundation of India, which taking into account the Supreme Court's observations and the Expert Committee report recommended a ban on SLT under the Food Safety and Standards Act, 2006.
2005	State of Goa bans manufacture, storage, distribution and sale of any article of food containing tobacco (as it was considered injurious to health) under the Goa Public Health Amendment Act, 2005 resulting in ban in gutkha and other flavoured SLT in the state	2011	Food Safety and Standards Authority of India notifies Regulations 2.3.4 of the Food Safety and Standards (Prohibition and Restrictions on Sales), prohibiting use of tobacco and nicotine as ingredient in food items thereby banning manufacture and sale of gutka (i.e. pan masala with tobacco) and other flavoured tobacco products as these contain food items. [In lay terms gutka is pan masala with tobacco, where Pan Masala is a standardized food product]
2006	2006: The Food Safety and Standards Act, 2006 (FSSA), enacted with the objective to fix food standards and regulate/monitor the manufacturing, import, processing, distribution and sale of food so as to ensure safe and wholesome food to the people. Regulation under the Act eventually restricted use of tobacco and nicotine as	2012	State of Madhya Pradesh becomes the first State to ban the sale of Gutkha and Pan Masala (containing tobacco and nicotine) in compliance with Regulation 2.3.4.



2013
2013-14
2014
2015
2016
2017
2018
2012-19

Supreme Court of India directs all states to implement the FSSAI Regulation 2.3.4 and ban manufacture and sale of gutkha and pan masala (with tobacco and nicotine).

Almost all states and union territories ban manufacture and sale of gutkha and pan masala (with tobacco and nicotine) in the country.

Assam becomes the first state to enact a specific law for banning consumption and manufacture of all forms of smokeless tobacco by passing the Assam Health (Prohibition of Manufacturing, Trade, Advertisement, Storage, Distribution, Sale and Consumption of Zarda, Gutkha, Pan Masala Containing Tobacco) Bill, 2013. Subsequently by order dated 27.10.2017, Guwahati High Court struck down the law as unconstitutional.

Expert group consultation on smokeless tobacco and public health organized by the WHO-SEAR adopted the 'Mumbai Call for Action 2015' for prevention control of SLT in the SEAR region. Which inter alia called governments to raise the priority on SLT control and include SLT as an integral part of the national and local tobacco control frameworks, as well as other health and development agenda.

Establishment of the WHO FCTC Global Knowledge Hub on Smokeless Tobacco at the ICMR-National Institute of Cancer Prevention and Research, Noida, Uttar Pradesh with a mandate to generate and share expertise, information, knowledge and provide training, regionally and globally on SLT, as appropriate.

To circumvent the ban on gutka, manufacturers were selling gutka in twin packs (pan masala and chewing tobacco in separate packs but conjoint and sold together) Supreme Court of India, taking note of the same, directed the statutory authorities to implement the ban strictly, in terms of Regulation 2.3.4 of the FSS Act. Taking cognizance, the state of Bihar strictly implemented regulations under FSS Act by testing samples of pan masala and those brands which were found non-compliant with the regulation were banned. This led to disappearance of twin packs.

National workshop on the 'Priorities in Smokeless Tobacco Control – Research & Training Needs' organized by ICMR-National Institute of Cancer Prevention and Research, Noida, Uttar Pradesh recommends several actionable measures to curb SLT and areca nut use in the country.

National Consultation on Smokeless Tobacco organized by the Indian Council of Medical Research recommended increasing the age of sale to beyond 21 years, standardization of sale by restricting sale of SLT in less than 50gm pouches/packs and ban on sale of flavoured SLT products.

State Governments of Maharashtra, Haryana and Himachal Pradesh and Bihar banned sale of pan masala and flavoured/scented supari and 12 states [Mizoram, Manipur, Maharashtra, Himachal Pradesh, Jammu & Kashmir, Andhra

2012-19

Pradesh, West Bengal, Dadar Nagar Haveli, Bihar, Delhi, Himachal Pradesh and Haryana] also ban all form of processed, flavored, scented chewing tobacco, under Section 30(2)(a) of the FSSA, that empowers the Commissioner of Food Safety to prohibit in the interest of public health, the manufacture, storage, distribution or sale of any article of food

We are thankful to Mr Amit Yadav and Mr Ranjit Singh for their valuable contributions.

EXPERT SPEAK



The Govt would do all efforts to enforce the ban on Gutka or Pan Masala and will take strong measures to maintain and improve the health of our people.

Shri Mangal Pandey
Hon'ble Health Minister
Govt of Bihar



Smokeless tobacco (SLT) used either orally or nasally, is consumed in about 140 countries around the world and is estimated to account for approximately 0.65 million deaths, per year. Epidemiological studies indicate a significant role of SLT products in cancers, stroke, nervous and reproductive disorders. Worldwide, there are different forms of SLT products available ranging from simple tobacco to complex products, having many additives and flavouring agents.

Prof. Ravi Mehrotra
CEO, India Cancer Research Consortium
(Indian Council of Medical Research)



About 27 crore adults in the country use tobacco in some form or the other. Of these, 20 crore adults are using Smokeless Tobacco (SLT) products including Pan Masala. The manufacture, sale distribution of all forms of Pan Masala mixed with Tobacco or Nicotine has been made illegal under section 2.3.4 of food safety and standards act 2006, The Laws needs to be enforced strictly.

Deepak Mishra
Executive Director
SEEDS



National Tobacco Testing Laboratory is functioning in India. This will boost tobacco control in India especially for smokeless tobacco control.

Dr Dhirendra Sinha
Independent Consultant
Tobacco Control





TOBACCO REPORTER

Government Seeks reports on E-Cigarette BAN

Union Health Secretary Ms Preeti Sudan has written to chief secretaries of all states and UTs asking them about an action taken report on the number of cases registered, stocks seized and number of traders who have deposited list of e-



cigarettes in nearest police stations under various provisions of the Prohibition of Electronic Cigarettes Act. The legislation was notified on Dec 5, making the production, sale or advertisements of such alternative smoking devices a cognizable offence attracting jail term and fine.

India, 163 nations off track to meet tobacco reduction targets

Despite a decline in tobacco use, India is off track to achieve 30 per cent reduction by 2025 as compared to 2010 levels, according to a report released by the World Health Organization (WHO) on December 19, 2019. In fact, 163 other countries besides India aren't on track in this regard.

Former MP bats for reforms in tobacco sector

Former Member of Parliament Yelamanchili Sivaji on Jan 4 said that the time is ripe for structural reforms in the tobacco auction system in the country. Addressing tobacco farmers and traders at the Tobacco Board Formation Day celebrations at the Indian Tobacco Association Hall on Friday, Dr. Sivaji said that the lack of a competitive market, price stabilisation and monopoly of a single trading company is continuing to haunt tobacco farmers.

US announces countrywide ban on flavoured e-cigs

The US has announced a countrywide ban on some e-cigarette flavours amid concerns about vaping among teens. The ban applies to mint and fruit flavours that are offered in cartridge-based e-cigarettes, like the popular pods sold by Juul. The US will continue to allow menthol and tobacco flavours, as well as fruit flavours delivered in other ways. The action has been under consideration for more than a year, with several states passing similar rules.

UP: Tobacco use banned in public places

Gautam Budh Nagar has issued a complete ban on consumption of tobacco products in public places, such as malls, theatres and offices. The move follows a directive by the district magistrate under provisions of the Cigarettes and Other Tobacco Products Act, 2003. The prohibition will also be applicable in all offices — government or private — and anyone found violating the directive would be fined Rs 200 under COTPA.




Projected drop in male tobacco use underlines shifting trends

A recent report released by the World Health Organization projected what it calls “a powerful shift in the global tobacco epidemic”. While male tobacco use rose by around 40 million, from 1.050 billion in 2000 to 1.093 billion in 2018, the report projected a decline by more than 1 million male users come 2020 (or 1.091 billion) compared to 2018 levels, and 5 million less by 2025 (1.087 billion). Overall global tobacco use fell from 1.397 billion in 2000 to 1.337 billion in 2018 (around 60 million people). The fall was largely driven by reductions in the number of females using tobacco products — with their numbers shrinking from 346 million in 2000 to 244 million in 2018, or more than 100 million users.

GST council meet: Public health groups demand higher cess on tobacco products

Public health groups have moved a proposal to members of the GST council for increasing compensation cess on tobacco products and use the collected revenue on schemes such as Ayushman Bharat. The GST council is scheduled to meet on 18th December. The groups have urged the GST council to further increase compensation cess on all tobacco products, while retaining tobacco products at the highest demerit goods category at 28% under GST.

5th National Conference on Tobacco or Health (NCTOH)
 "Multisectoral convergence for Tobacco-Free India by 2030: Leading the way towards SDGs"
 September 25-27, 2020
 PGIMER, Chandigarh
www.nctoh2020.org

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