Regulation of Tobacco Products in India

Mains: GS II - *Issues Relating to Development and Management of Social Sector/Services relating to Health, Education, Human Resources.*

Why in News?

Recently, there is an increase in the economic cost of tobacco and also increase in premature death of people due to tobacco use.

What are tobacco products?

- **Tobacco products** – They are items made from tobacco leaves, designed for human consumption.
- **Types** – They can be broadly categorized into smoked and smokeless products, each with various forms.
    - **Smoked products** include cigarettes, cigars, pipes, and waterpipes (hookahs/shisha).
    - **Smokeless products**, which don't involve burning tobacco, include chewing tobacco, snuff, snus, and tobacco pouches.
- **Recent developments** – This include heated tobacco products (HTPs) and nicotine-only products, which deliver nicotine without burning tobacco.
- **Economic cost** - In 2017, the annual economic costs of all tobacco products for the population aged 35 years and above in India were estimated *at ₹1,773.4 billion (1.04% of GDP),*
    - In addition to ₹566.7 billion (0.33% of GDP) in annual healthcare costs attributable to second-hand smoking.
    - These costs include direct medical and nonmedical expenditures, indirect morbidity costs, and indirect mortality costs of premature deaths.

What are the Gaps in the existing law?

- **Existing law** – The *Cigarettes and Other Tobacco Products Act (COTPA), 2003, is a stringent Act*.
- However, its implementation has varied and is poor in several Indian States.
- The legislation also has various other shortcomings that require urgent attention.
- **Lacks focus on smokeless tobacco (SLT)** – Although laws like the Food Safety and Standards (Prohibition and Restriction on Sales) Regulations, 2011, contribute to its control, they are *relatively weak and poorly enforced.*
- Being cheaper, culturally acceptable and associated with lesser stigma, SLT is the more commonly consumed form of tobacco in India.

- It is also known to be more carcinogenic than smoked forms of tobacco.
- **Fails to tackle of surrogate advertisements** – Exposure to tobacco advertisements is known to promote initiation in non-consumers.
- Though direct tobacco advertisements are banned in India, companies use similar packaging for mouth fresheners to build brand recognition and promote tobacco through classical conditioning.
- **Influence of social media** – While warning signs are mandatory, movies, social media, and over-the-top (OTT) streaming platforms are other ways of indirectly promoting tobacco use.
- Exposure to tobacco use in movies is known to be associated with the initiation of smoking in teens and young adults.
- **Issues with tax regime** – The tax burden on bidis, the most consumed smoked product, is *just 22%, and about 50% on cigarettes far below the World Health Organisation's recommended 75%.*
- SLT is also poorly taxed as it's largely produced in the unorganised sectors.
- Since the GST rollout in 2017, only two minor tax hikes (in 2020–21 and 2022–23) have been made, each raising overall tobacco taxes by just 2%.
- Combined with rising incomes, *this has made tobacco more affordable.*
- By avoiding substantial tobacco tax hikes, the Indian government is missing a key revenue opportunity and worsening public health outcomes.
- **Ineffective regulation of tobacco labels** – Although updated every two years, there's limited evidence on their effectiveness in preventing tobacco use.
- Unlike many European countries that use packaging to educate users about a range of tobacco-related harms.
- This includes cancer, fatal lung disease, peripheral vascular disease, and harm during pregnancy, and infertility - *India's warnings rely mainly on fear-based messaging.*
- From 2016 to 2020, warnings focused only on oral cancer and later on generic messages about early death.
- Given that packaging is a highly cost-effective public health tool, it should be better leveraged to inform and empower users to quit.
- **Inefficient approach** – The existing biomedical approach of tobacco control through tobacco cessation clinics fails to address the underlying social determinants of tobacco use.
- It is also being inadequate in providing access to tobacco cessation services to cater to the large number of tobacco users requiring support.
- **Lack of scientific interventions** – The Tobacco Free Education Institute (ToFEI) currently promotes awareness in schools through posters and biannual activities, but lacks the scientific rigour needed for effective tobacco control.
- **Inefficiency of ToFEI** – It falls short in several areas, it offers no cessation support for children, lacks teacher training and parental involvement, does not actively educate students on tobacco harms, and has no evaluation mechanism.
- **Issues with e-cigarettes** – India is one of the few countries to ban e-cigarettes.
- However, poor implementation of the Prohibition of Electronic Cigarettes Act (PECA) 2019 has also resulted in an increasing threat of e-cigarettes to public health in India.
- Despite the ban, e-cigarettes can be purchased online in India, making them more accessible to adolescents.

What needs to be done?

- **Need a holistic approach** – The National Tobacco Control Programme (NTCP), which currently focuses mainly on awareness generation and COTPA implementation, needs to take a holistic approach to tobacco control by addressing the social and commercial determinants of tobacco use.
- Poverty, stress, unemployment, and hunger are known to impact tobacco use and cessation rates.
- **School based strategy** – This includes enforcing tobacco-free policies, integrating prevention education from kindergarten to grade 12, training teachers, and involving families, supporting cessation for students and staff, and regularly evaluating programmes.
    - ***For example**, the U.S.'s national public health agency, the Centres for Disease Control and Prevention (CDC) recommends comprehensive school-based strategies.*
- **Lack of awareness** – The public health researchers are unaware of the most recent trends in tobacco consumption.
- **Inter-ministerial coordination** – Key ministries including Education, Law and Justice, Social Justice and Empowerment, Commerce and Industry, Consumer Affairs, Food and Public Distribution, Finance, Information and Broadcasting, and Health and Family Welfare must coordinate efforts to address both demand- and supply-side drivers of tobacco use.
- **Increase in investment** – Greater investment is needed not only in developing and implementing control measures but also in strengthening research institutions to produce regularly updated, robust data.
- **Development of holistic data** – It should inform assessments of tobacco use, evaluate control strategies, guide cessation interventions, and identify regional policy gaps.
- **Establishing an independent oversight body** – It is also essential to monitor and expose industry interference.
- **Stakeholder's collaboration** – Sustained collaboration among policymakers, implementers, and researchers is crucial to achieving a tobacco-free India.

Reference

The Hindu| Regulation of Tobacco Products

SHANKAR IAS PARLIAMENT
Information is Empowering