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PREVALENCE OF TOBACCO USE AMONG ADULTS IN INDIA

- ❖ India has a very high prevalence of tobacco use with 57% of men and 11% of women using tobacco in some form.
- ❖ The vast majority of women who use tobacco, chew it, rather than smoke.
- ❖ Tobacco use among men and women in rural areas is more compared to urban areas [35% of rural men age 15-49 smoke cigarettes or beedis, compared with 29 % of urban men].
- ❖ The North-East region exhibits highest rates of tobacco use going up to over 60% prevalence in some states like Mizoram, 83.4% men and 60.8% women uses any kind of tobacco.



Source: National Family Health Survey - 3 conducted in 2005-2006

PREVALENCE OF TOBACCO USE AMONG YOUTH IN INDIA



- ❖ 36.9% of children initiate smoking before the age of 10, with boys 55.1% and girls 32.1%.
- ❖ 4.2% of students currently smoked cigarettes, with the rate for boys significantly higher than girls.
- ❖ 11.9% of students currently used other tobacco products.
- ❖ Cigarette smoking among youth is high in central, southern and north-eastern regions (12%).
- ❖ Exposure to Second Hand Smoke (SHS) in public places is as high as 40.3%.



Source : The Global Youth Tobacco Survey (GYTS), 2006 is a school-based tobacco specific survey that focuses on adolescents aged 13-15 years.

PREVALENCE OF TOBACCO USE AMONG SCHOOL PERSONNEL IN INDIA

- ❖ An alarming proportion of over 29.2% of school personnel used tobacco in some form.



- ❖ Nearly 10% school personnel reported for current cigarette smoking (12.8%).
- ❖ Nearly 20% school personnel reported for current use of tobacco products other than cigarettes (23.7%).
- ❖ 38.1% of schools have an official policy declaring school tobacco free.
- ❖ Teaching materials on tobacco control are not available in majority of the schools and hardly any training on the subject is provided to school personnel. Only 34.4% of school personnel reported an access to teaching materials about tobacco.

Source: The Global School Personnel Survey (GSPS), 2006 is a school-based survey conducted with school personnel (teaching and non-teaching staff).

PREVALENCE OF TOBACCO USE AMONG HEALTH PROFESSIONALS IN INDIA

- ❖ 11.6% of 3rd year medical students surveyed smoke cigarettes.
- ❖ 28.2% have ever smoked cigarettes.
- ❖ 27.2% have ever used tobacco products other than cigarettes.
- ❖ 48% of medical schools have an official policy banning smoking in college buildings and clinics.
- ❖ 76.9% tried to stop smoking during the past year.
- ❖ 73.8% believed that health professionals should serve as role models for people at large.
- ❖ 92.4% think that smoking should be banned in all enclosed spaces.

Source: The Indian Global Health Professional Students Survey (GHPSS), 2006 is a medical college based survey of 3rd year medical students from 15 medical colleges across India.

THE EVER INCREASING BURDEN OF TOBACCO USE

Tobacco use is the leading preventable cause of disease and death in the world.

Global Tobacco Toll

- ❖ Worldwide, the tobacco epidemic kills **5.4 million people a year** from lung cancer, heart disease and other illnesses.
- ❖ Tragically, **more than 80%** of those deaths occur in the developing world.
- ❖ Tobacco kills up to **1 in every 2 users**.
- ❖ **Unless urgent action is taken:**
 - The tobacco toll by 2030 will be more than 8 million deaths per year, amounting to 1 billions lives in this century.
 - By 2030, **more than 80%** of the world's tobacco-related deaths will be in low-and-middle income countries.
 - **One billion** deaths are estimated due to tobacco use during the 21st century.
- ❖ Tobacco is a risk factor for **6 of the 8 leading causes** of death in the world.

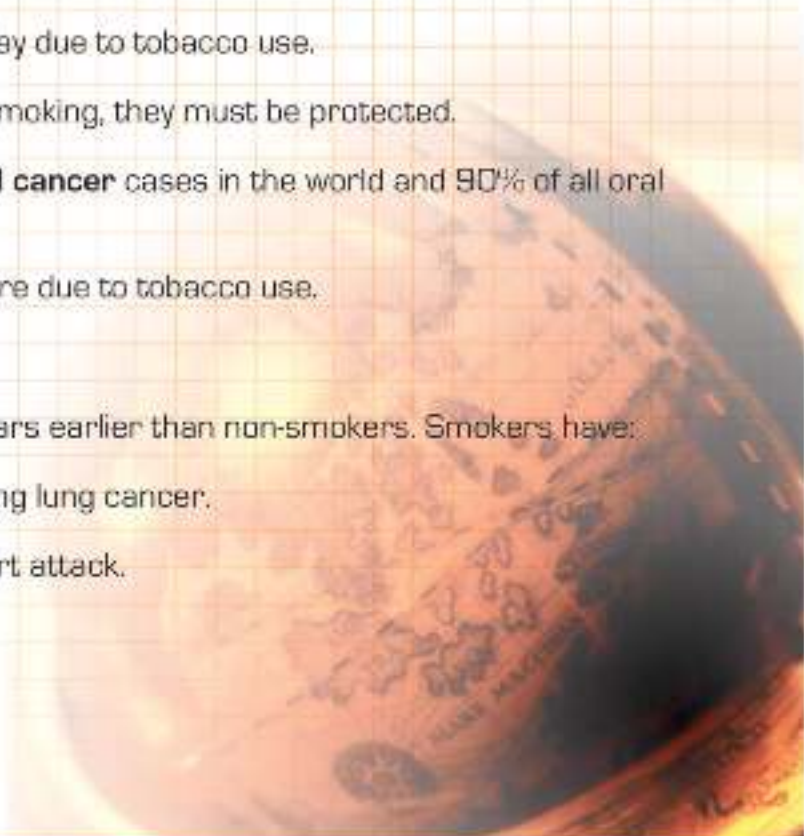
Tobacco Toll in India

- ❖ Each year **8-9 lakh Indians die** because of tobacco related diseases. All these deaths are preventable.
- ❖ **More than 2200 Indians** die everyday due to tobacco use.
- ❖ **Everyday 5500 Indian youth** start smoking, they must be protected.
- ❖ India has the **highest number of oral cancer** cases in the world and 90% of all oral cancers are tobacco related.
- ❖ Almost **50% of all cancers** in India are due to tobacco use.

Alarming Health Related Facts

On an average, smokers die 13 to 14 years earlier than non-smokers. Smokers have:

- ❖ 20-25 times greater risk of developing lung cancer.
- ❖ 2-3 times higher risk of having a heart attack.
- ❖ 3 times higher risk of sudden death.
- ❖ 30-60% more sick days.



DIVERSITY OF TOBACCO USE IN INDIA

Tobacco - A Versatile Toxin

Tobacco kills slowly but surely! This fact being well known around the world, it is surprising to see the plethora of forms in which it is available, especially in India, all equally deadly. Some of these include:

Smoking forms of tobacco

Cigarettes - It is a small paper-wrapped cylinder of cured and shredded or cut tobacco leaves processed with hundreds of chemicals. It is the most common form of tobacco use globally.

Beedis - A beedi (hand rolled unfiltered cigarette) is an indigenous cigarette in which tobacco is wrapped in a tendu or temburini leaf and tied with cotton thread at one end. More than 50% of consumption is in the form of beedis which are equally harmful as cigarette. Beedi rollers suffer from tobacco dust and tobacco smoke. Inhalation of coarse particles and dust result in respiratory problem among workers.

Cigars - A cigar is a tightly rolled bundle of tobacco leaves that have already been dried and fermented and ignited for the purpose of inhaling. Cigars are smoked throughout the world and are predominantly an urban practice and are generally expensive.

Cheroots - Cheroot is like a cigar with two closed ends and made from tobacco leaves in India.

Chuttas - Chuttas are coarsely prepared cheroots. They are usually the products of cottage and small-scale industries or are made at home. Nearly 9% of the tobacco produced in India is used for making chuttas.

Dhumtis - It is a kind of a conical cigar made by rolling tobacco leaf in the leaf of another plant.

Kreteks - Kreteks are clove flavoured cigarettes which contain a wide range of exotic flavourings which has an anaesthetising effect, allowing for deeper smoke inhalation.

Pipes - Pipe smoking is one of the oldest forms of tobacco use. Pipes are made of briar, slate, clay or other substances. Tobacco is placed in the bowl and inhaled through the stem, sometimes through water.

Chillum - Chillum is a straight, conical pipe traditionally made from fired clay. It is a very social form of smoking as it is generally far too strong to be smoked alone. Chillum smoking is an exclusively male practice.

Hooklis - Hooklis are clay pipes commonly used in western India. Once the pipe is lit, it is smoked intermittently.

Hookah - A hookah is a traditional smoking device in many parts of world including Middle East or Asia and also prevalent in rural parts of India. It is also known as a water pipe, narghile, shisha, kalyan or hubble-bubble. Relative to other methods of smoking tobacco, hookah smoke is considered smoother and more flavourful. This type of smoking is common among men and women of several non-western countries.



Smokeless forms of tobacco

Gutkha - Gutkha is a tobacco product manufactured and used mainly in India. It contains sweeteners and flavourings.

Zarda - Indian tobacco product used in Paan (betel quid) or with areca nut.

Paan Masala - It is a commercial preparation containing areca nut, slaked lime, catechu and condiments, with or without powdered tobacco. Paan masala contains almost all the ingredients that go into the making of a paan, but are dehydrated so that the final product is not perishable.

Paan with tobacco - Paan chewing or betel quid chewing is often erroneously referred to as 'betel nut chewing'. This method of tobacco use is common and specific to India. Condiments and sweetening agents may be added as per regional practices and individual preferences. Tobacco is the most important ingredient of paan for regular users.

Khaini - It is a mixture of sun-dried tobacco and slaked lime.

Tobacco water - Tobacco water is manufactured by passing tobacco smoke through water. It is used as a beverage.

Meetha Mawa - Meetha [sweet] mawa consists of thin shavings of areca nut, grated coconut, dried fruits and other sweetening agents.

Nasal/Inhaled forms

Snuff - It is a form of smokeless tobacco. It can be taken either in dry or moist form. Moist snuff is taken orally. A small amount of ground tobacco is held in the mouth between the cheek and gum. Dry snuff is powdered tobacco that is inhaled through the nose or taken by mouth.

Applying to teeth and gums

Gul - It is a pyrolysed tobacco product used in North-Eastern states of India.

Gudhaku 'Dant Manjan' - It is a paste made of tobacco and molasses

Creamy Snuff - It is a tobacco paste, consisting of tobacco, clove oil, glycerin, spearmint, menthol, camphor and sold in a toothpaste tube.

Mishri - Mishri is a roasted, powdered preparation made by baking tobacco on a hot metal plate until it is uniformly black.

Usage of any tobacco product chosen from this diverse range is

NOT SAFE

no matter which form is used. All forms of tobacco are equally lethal.

SECOND HAND SMOKE: ESTABLISHED CAUSE OF DISEASES

- ❖ Second Hand Smoke (SHS) contains 4,000 different chemicals, 50 of which are associated with or known to cause cancer.
- ❖ SHS has twice as much nicotine and tar as the smoke that smokers inhale. It also has 5 times the carbon monoxide which decreases the amount of oxygen in your blood.
- ❖ Exposure to SHS for as little as 8 to 20 minutes can cause physical reactions linked to heart and stroke disease. For example:
 - the heart rate increases,
 - the heart's oxygen supply decreases, and
 - blood vessels constrict which increases blood pressure and makes the heart work harder
- ❖ Indians are exposed to SHS via, beedis, cigarettes, cigars, hookah, cheroots and all tobacco products that are smoked.
- ❖ According to the Global Youth Tobacco Survey, 36.4% of teenage students in India were exposed to SHS inside their homes and nearly 48.7% exposed to it outside.
- ❖ Non-smokers exposed to SHS have a 25% excess risk of Coronary Heart Disease (CHD) compared with non-smokers not exposed to smoke.
- ❖ SHS exposure causes disease and premature death in children and adults who do not smoke. It causes lung cancer, heart disease, chronic lung ailments such as bronchitis and asthma [particularly in children], sudden infant death syndrome and low birth weight [in pregnant women who are exposed to SHS].



- ❖ One of the effective ways to eliminate the harms associated with SHS is by enacting comprehensive smoke-free laws [smoking bans] that include all indoor workplaces and public places.

SMOKE-FREE PUBLIC PLACES

EXERCISE YOUR RIGHT TO BREATH: FRESH SMOKE-FREE AIR

Why Go Smoke-Free..??

- ❖ The International Labour Organisation estimates that **200,000 workers** each year are **killed** by exposure to secondhand smoke at work.
- ❖ There is **no safe level** of exposure to second hand tobacco smoke.
- ❖ Only a **100% smoke-free law** can shield public from the disease and death related to secondhand smoke.
- ❖ "Smoke-free public places" is a cost effective strategy for tobacco control and it is a self implementable law.
- ❖ **Smokers smoke less** when they are not able to smoke indoors in a social setting (smokers are also protected).
- ❖ **Support of International conventions and national laws:**
Besides the Indian Tobacco Control Act, 2003, Article B of World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) and the guidelines therein mandate 'smoke-free public places'.



What the law prohibits...??

- ❖ No person shall smoke in any public place: As per **Section 4 of the Cigarette and Other Tobacco Products (Prohibition of Advertisements and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003.**
- ❖ Where "public place" means any place to which the public have access, whether as of right or not, and includes auditorium, hospital buildings, railway waiting room, amusement centres, restaurants (including refreshment rooms, banquet halls, discotheques, canteen, coffee house, pubs, bars, airport lounge and the like), public offices, court buildings, educational institutions, workplaces, shopping malls, cinema halls, libraries, health institutions, hotels, public conveyances and also such open space visited by the public like open auditoriums, stadiums, railway stations, bus stops and similar other places.

Where you need to be more vigilant...??

- ❖ Hotels with more than 30 rooms and restaurants with seating capacity of more than 30 and airports may provide separate designated areas for smoking (as per specification in the rules)
- ❖ Private clubs, lounges, public transport, workplaces/offices
- ❖ Public utilities

¹International Labour Organization (2005) Introductory Report: Decent Work, Safe Work. Geneva: International Labour Organization. Online at www.ilo.org/public/english/protection/safework/whocntrs17/infrep.pdf Accessed 14.04.07.

What needs to be done..??

- ❖ The law makes it mandatory for the owners, managers, or in-charge of a public place to display a board of 60cm X 30 cm containing the warning i.e. **"No Smoking Area - Smoking Here is an Offence"**
- ❖ Violations to be reported to owners, managers or in-charge of public place.

What if the law is violated..??

- ❖ Penalty of **fine up to Rupees two hundred**. (The offence is compoundable and shall be tried summarily)

Good for health...and good for business!

- ❖ Air quality in pubs has improved dramatically since the smoke-free law have been enacted in Ireland and the levels of carbon monoxide have decreased by 45% in non-smoking bar workers.⁶
- ❖ Many people are prompted to quit smoking as a result of the legislation.
- ❖ There is 86% reduction in exposure to secondhand smoke⁴ and the bar workers in Scotland suffer fewer respiratory symptoms⁵ they feel their workplaces are healthier because of the law.⁶
- ❖ Most of the bars and restaurants across the globe are becoming people and environment friendly by going 100% smoke-free. It is an effective and tested best practice.
- ❖ There are number of airports today that are 100% smoke-free indoors, including airline clubs, passenger terminals and non-public work areas.

Increases business: Going smoke-free can attract new business. This has been observed across many countries.

- ❖ In New York, after the 2003 Smoke-Free Air Act came into effect, business for restaurants and bars has increased by 8.7%, and employment has risen.
- ❖ Majority of New York smokers said the smoking ban would not make a difference in their dining out habits or how often they frequent bars.
- ❖ Data from cities with smoke-free laws and non-smoke free cities in California and Colorado concluded that there was no significant impact on local tourism.

⁶Smoke-Free Workplaces in Ireland: A One-Year Review available at <http://www.glbelsmokefreepartnership.org/files/evidence/14.pdf> accessed on 02-05-08.

⁴Aotearoa New Zealand Smokefree Workplaces: A 12-month report available at http://www.no-smoke.org/pdf/NZ_TwelveMonthReport.pdf accessed on 26-02-08

⁵Bauld, L (2006). Lessons from smoke-free Scotland...particularly for stop smoking services. Presentation to Smoking Cessation Services Research Network. Available at http://www.scrn.org/policy_guidance/smoke_free_scotland.swf accessed on 25-02-08

⁷Menzies D, Nair A, Williamson PA, et al (2006). Respiratory Systems, Pulmonary Function, and Markers of Inflammation Among Bar Workers Before and After a Legislative Ban on Smoking in Public Places. JAMA. 296(14) 1742-48.

⁸Cancer Research UK (2006). Scottish bars healthier since the smoking ban. Press release. Available at: <http://info.cancerresearchuk.org/news/pressreleases/2006/september/215495> accessed on 25-02-08

BAN ON DIRECT AND INDIRECT ADVERTISING OF TOBACCO PRODUCTS

Why do we need to Ban Direct and Indirect Advertisements?

- ❖ Tobacco companies target the youth, who are vulnerable to advertising and promotion.
- ❖ Films exert influence on youth and promote tobacco use in many ways.
- ❖ Results of a study conducted with 9000 students (13-17 yrs) highlighted that 13% of the students felt a desire to smoke after watching Wills World Cup Cricket series.
- ❖ Tobacco companies use the strategy of advertisements and placing of products at a low height and next to candies at points of sale to give undesirable exposure and access to children.
- ❖ A 1999 World Bank report concluded- A comprehensive ban on advertising reduces consumption of tobacco.



As per Section 5 of the Cigarette and Other Tobacco Products (Prohibition of Advertisements and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003;

- ❖ No person shall advertise and no person shall take part in any advertisement which directly or indirectly suggests or promotes the use of tobacco products.
- ❖ All types of advertising are prohibited: surrogate, brand stretching, attractive schemes, sponsorship, free samples.
- ❖ Restricted display of tobacco products in films and television.
- ❖ Even celebrities have been sent notice under this provision like Amitabh Bachchan was sent a notice by NOTE- an NGO working in Goa for smoking in a film named Family.

Comply with the law by making sure:

- ❖ Point of sale advertisement do not exceed two boards (Size: 60 cm x 45 cm)
- ❖ This board should contain health warnings "Tobacco Kills or Tobacco Causes Cancer"
- ❖ 33% of the board should have health message on top edge of the board.
- ❖ No display of brand pack shot, brand name, other promotional message and picture on the board.
- ❖ These boards should not be illuminated or backlit.
- ❖ No use of misleading terms on packs.



Report to the Enforcement Official or the Monitoring Committee if:

- ❖ There is any advertisement of tobacco products in television, print, electronic or on a wall, hoarding, billboard etc.
- ❖ If the size of the board at point of sale exceeds the mandated size.
- ❖ If the board does not have the health warning.
- ❖ If there is any in pack advertisements and promotions (holiday offers etc).
- ❖ If there are other forms of advertising like surrogate advertising, brand stretching, sponsorship or promotion.
- ❖ Ministry of Health and Family Welfare (MOHFW), Government of India has requested States to form Monitoring Committees at the state level under the chairmanship of Health Secretary and also monitoring committees at the district level for enforcement of section 5 of Tobacco Control Act. Setting up of an effective enforcement mechanism for reporting violations is the mandate of this committee.

PROTECT THE VULNERABLE: BAN ON SALE TO AND BY MINORS

Why the Prohibition..??

- ❖ Tobacco is a "Gateway" drug (National Household survey shows 92% of adolescents marijuana users were regular smokers).
- ❖ Many children in India experiment with tobacco and become addicted. Nicotine is a highly addictive component of tobacco.
- ❖ The use of smokeless forms is more prevalent among the minors. These products are accessible and affordable.
- ❖ Handling of tobacco products by minors may seem that tobacco product and its use is acceptable.



What the law prohibits??

- ❖ As per **Section 6 of the Tobacco Control Act, 2003: Ban on sale of tobacco product to and by minors (below the age of 18 years).**
- ❖ Sale or handling of tobacco products by minors.
- ❖ Sale of tobacco products within hundred yards of educational institutions.
- ❖ Visible display of tobacco products at point of sale.
- ❖ Sale of tobacco products through vending machine.

What needs to be done??

- ❖ Vendor shall ask minor to produce evidence of having reached 18 years in case of doubt as the onus lies on vendor to establish that he sold tobacco products to a person above 18 years of age.
- ❖ The owner manager or supervisor of a shop to display board of minimum size 60cm by 30cm with text: **Sale of tobacco products to a person under the age of eighteen years is a punishable offence.**
- ❖ Every tobacco vendor should display the board at a conspicuous place in the Indian language applicable.
- ❖ The owner or the person in charge of an educational institution should display, at a prominent place, a board stating that **sale of cigarettes and other tobacco products within a radius of 100 yards from this institution is strictly prohibited, and it is punishable with a fine up to Rs 200.**



What if the law is violated??

- ❖ Penalty of fine up to **Rupees two hundred**. [The offence is compoundable and shall be tried summarily]

Keep an EYE on...??

- ❖ Sale of loose tobacco products make it more accessible for minors, especially cigarettes.
- ❖ 10 - a - pack cigarette, unlike 20 - a - pack, is affordable for teens. Larger sizes are protective for youth.
- ❖ Smaller packs of chewing tobacco products are also affordable.
- ❖ Sale to minors around educational institutions.
- ❖ Free distribution of tobacco products to children.
- ❖ Promotional sales around educational institutions.
- ❖ Sale by minors in general and as roadside hawkers, in buses and trains, at traffic signals, outside theatres, railway stations, at bus stops, and the like public places.
- ❖ Surrogate advertisements enticing minors, e.g. 'Kites' with tobacco brand names.
- ❖ Sale of candies, sweets in shape of tobacco products.



SPECIFIED HEALTH WARNINGS ON TOBACCO PRODUCTS

A health warning on tobacco packages is very significant, but what is more significant is 'pictorial' health warning on the tobacco packages.

Why Do we Need "Specified Health Warnings" on Tobacco products?

- ❖ A picture paints a thousand words", Images help smokers to visualize nature of tobacco related diseases and convey health messages clearly.
- ❖ Pictorial warnings on tobacco packs strengthen the impact of health warnings and play a valuable role in reducing tobacco use.
- ❖ Pictorial warnings on tobacco packs are intended as visual cues to prompt tobacco users to quit. They are designed to shock people into realizing that smoking kills and causes illness.
- ❖ In presenting risks of tobacco in a picture format, non users are encouraged not to start smoking than solely text based warnings.
- ❖ 50% of smokers in EU said that warnings compel them to smoke less around other people; 31% of ex-smokers report that picture warnings had motivated them to quit.
- ❖ In Brazil, 54% of smokers changed their opinion on the health consequences of smoking because of the warnings and 67% of smokers said the warnings made them want to quit.

Pictorial health warnings are more pertinent in the Indian context because...they make the health warnings accessible to those who have poor literacy status or are illiterate and can not read the health messages.

International Best Practices

- ❖ Evidence from Canada and Australia shows that pictorial warnings increase awareness about the health risks of smoking amongst smokers and decreases consumption.
- ❖ The results in countries having pictorial warnings have suggested that picture warnings are on average, 60 times more effective in terms of encouraging cessation and prevention.
- ❖ In Brazil, 54% of smokers changed their opinion on health consequences of smoking and 67% of smokers said warnings made them want to quit.

What Does the Law Say?

- ❖ As per **Section 7 of the Tobacco Control Act, 2003**: Every tobacco product has to have a specified health warning.
- ❖ Pictorial warnings will cover 40% of the principal display area on tobacco product packages.
- ❖ Pictorial warnings will be rotated every 12 months.
- ❖ Use of misleading words (such as "light", "mild", "ultra light") and descriptors are prohibited.

Pictorial warnings on tobacco products is also an obligation under WHO's Framework Convention on Tobacco Control (FCTC), which India is party to.

ROLE OF ENFORCEMENT OFFICERS

Main provisions of the Tobacco Control Act, 2003 to be monitored

- ❖ Ban on advertising, promotion and sponsorship (State and District level Steering Committees)
- ❖ Ban on sale of any kind of tobacco products to and by minors (responsibility of police, education authorities, municipality etc.)
- ❖ Ban on sale within 100 yards of educational institutions (police, education/school authorities)

An officer so authorized or appointed shall...

- ❖ Ensure ban on smoking in public places
- ❖ Ensure complete ban on all forms of direct and indirect advertisements of tobacco products
- ❖ Protect minors from exposure and access to tobacco products
- ❖ Ensure that no sale of tobacco products take places within 100 yards of any educational institution.

Persons authorized to impose and collect the fines against the violation of Section 4 of the Tobacco Control Act, 2003:

- ❖ Inspectors of Central Excise/Income-tax customs/sales tax/health/ transport and above
- ❖ Station Master/ Asst. Station Master/ Station Head/ Station incharge
- ❖ All Gazetted officers of State/Central Government or equivalent rank and above in autonomous organizations/PSU
- ❖ Director/Medical Superintendent/ Hospital Administrator
- ❖ Post Master and above
- ❖ Head of the Institution/HR Manager/Head of Administration
- ❖ College/ School/ Headmaster Principal/Teacher
- ❖ Librarian/ Asst. Librarian/ Library incharge/ other administrative staff in library
- ❖ Airport Manager/Officers of Airport Authority of India and Officers of all schedule airlines
- ❖ Director Public Health/ Director Health Services
- ❖ In charge Administration in Central/ State Government
- ❖ Nodal officers/Focal Points of Anti-Tobacco Cell at district and state level.

"No smoking in public places"

- ❖ Enter public premises to find out if the law is being complied with.
- ❖ Check if the boards are displayed and the name of the person(s) to whom a complaint to be made by a person(s) who observes any person violating the provision of these rules needs to be displayed.
- ❖ Assess whether the management of the business have taken all reasonable steps to ensure people do not smoke in public premises.



- ❖ Carry out inspections of premises to check compliance or in response to a complaint of non-compliance.
- ❖ Carry out inspections either by giving warning prior to visiting the premises or even a surprise visit for surveillance.
- ❖ Special anti-tobacco squads may be constituted in each district for ensuring compliance of smoke-free regulations.
- ❖ Encourage establishments to develop and enforce a smoke-free policy
- ❖ Assist in-charge of public places to enforce smoke-free laws
- ❖ Use print and electronic media to inform public about the smoke-free laws

"No tobacco advertisement, promotion and sponsorship"

- ❖ Enter and search any premise if suspect existence of any material advertising tobacco products.
- ❖ Seize and confiscate such material
- ❖ All search and seizure carried out diligently as per the provisions of Criminal Procedure Code
- ❖ All materials so seized are forfeited to the government and disposed as prescribed by rules under the Indian Tobacco Control Act.
- ❖ May complain to Steering Committee the instances of tobacco advertisement.
- ❖ Carry out regular inspections of possible places of tobacco advertisement.
- ❖ Technically equipped to measure the specifications of statutorily permitted boards at point of sale.
- ❖ Get someone to witness your actions against the violator.

"No sale of any kind of tobacco products to and by minor"

- ❖ Undertake random visits to vendor's outlet to see if he is selling to minor.
- ❖ Check if the required display board, as per the rules, is exhibited by the vendor.
- ❖ See that no vendor, hawker or seller, handling tobacco products is a minor.
- ❖ See that there is no machine vending tobacco products.
- ❖ See that the tobacco products are not visibly displayed by any vendor.
- ❖ See that the area around 100 yards of an educational institution and its premises are tobacco free.
- ❖ Get someone to witness your actions against the violator.

ROLE OF CIVIL SOCIETY ORGANIZATIONS AND NGOS IN THE ENFORCEMENT OF THE INDIAN TOBACCO CONTROL ACT

- ❖ Advocacy with Policy makers: to influence parliamentarians to implement and notify the provisions of the Indian Tobacco Control Act, 2003 at the national and state levels.
- ❖ NGOs along with their coalition groups should act as pressure groups and advocate for the effective implementation of Indian Tobacco Control Act at different levels.
- ❖ Consumer organizations should play a larger role in imparting health education. (e.g. right to safety, right to information, right to health/healthy product).
- ❖ Mobilizing the community (college, schools, health professionals, teachers and parents) at large in the fight against tobacco.
- ❖ Media Advocacy: mass media campaigns can be organized for creating awareness among the public, policy-makers, and opinion leaders.
- ❖ Sensitization of law enforcement officials in respect of provisions under the Act.



Monitoring the Tobacco Control Law and Reporting violations

- ❖ To act as watchdogs/whistle blowers for violations to the respective departments involved to curb COTPA violations.
- ❖ May file Public Interest Litigation (PIL) against violators of the provisions of the Indian Tobacco Control Act.
- ❖ To use right to information as a tool to gauge information from the government on tobacco control related initiatives and action.