

### Tobacco Control Act, 2003:

- **Section 4: Ban on smoking in public places which include- all public and private offices, all work places, shopping malls, cinema halls, court buildings, public conveyances, hotels, restaurants including refreshment rooms, coffee house/home, canteens, banquet halls, discotheques, pubs, bars, clubs, auditorium including open auditorium, hospital building, railway station, railway waiting rooms, amusement centers, library, airport lounge, bus stops, etc.**
  - Fine upto Rs. 200 for smoking in public place
- **Section 5: Ban on all forms of direct and indirect advertising, promotion and sponsorship of tobacco products**
  - Fine upto Rs. 1000 or imprisonment or both for first offence and higher fine for repeat offence
- **Section 6: Ban on sale of tobacco products to minors**
  - Fine upto Rs. 200
- **Section 7: Depletion of specified health warnings on tobacco product packages**
  - Fine upto Rs. 5000 or imprisonment or both for first offence and higher fine for repeat offence

### Violation can be reported to:

- For Section 4: Authorized Officials as notified by the Central Government or the State Government. [Refer to rules related to prohibition on smoking in public places vide notification No. 417 (E) as amended from time to time]
- For Section 5 & 7: Police officer not below the rank of sub-inspector or officer of equivalent rank from the Food and Drug Administration or any other officer authorized or nominated by central or state government
- Further for Section 5, all violations can be reported to the Monitoring Committees set up at state/district level
- For Section 6: Authorized Officials as notified by the Central Government or the State Government.

### Role of Multiple Stakeholders

#### Government:

- Formulation of policies and laws for tobacco control
- Advocacy with diverse stakeholders
- Capacity building for enforcement of legislation
- Implementation of policies and programs.
- Raising awareness about the law among the masses
- Establishing cessation facilities
- Monitoring implementation of Tobacco Control Laws

#### Non- Government Organizations:

- Advocacy
- Awareness raising
- Reporting violations
- Collaborate and partner with the Government for enforcement and implementation of laws and programs

#### Media:

- Awareness raising
- Sensitization

#### Community:

- Comply with the law
- Refrain from consuming tobacco products
- Make efforts for quitting tobacco use

Jointly supported by  
The Ministry of Health & Family Welfare, Government of India,  
The World Health Organization, Country Office for India



## NATIONAL TOBACCO CONTROL PROGRAMME



**Ministry of Health & Family Welfare**  
Government of India  
Nirman Bhawan, New Delhi-110001  
website: mohfw.nic.in

Designed & Developed by:  
**HRIDAY**  
Health Related Information  
Dissemination Amongst Youth  
www.hriday-shan.org



**Ministry of Health & Family Welfare**  
Government of India

# TOBACCO KILLS

## TOBACCO CONTROL SAVES LIVES ACT NOW!

### Tobacco Related Facts

- Globally, tobacco kills 5.4 million people every year.
- Tragically, more than 80% of these deaths occur in the developing world.
- Tobacco is a risk factor for 6 of the 8 leading causes of death in the world.
- Each year 8-9 lakh Indians die due to tobacco related diseases. All these deaths are preventable.
- More than 2200 Indians die everyday due to diseases caused by tobacco use.
- India has the highest number of oral cancer cases in the world and 90% of all oral cancers are related to tobacco use.
- Almost 50% of all cancers in India are due to tobacco use.
- By 2010, nearly 1 million people will die every year because of smoking in India.
- 70% of smokers, who will die, will be between the ages of 30 and 69.
- Second Hand Smoke (SHS) i.e. inhaling smoke from other's cigarettes or bidis is equally harmful and causes diseases and premature death in children and adults who do not smoke.



# TOBACCO KILLS

## The tobacco industry views developing countries as an untapped market

Focus of tobacco companies is shifting from developed to developing countries as demand is decreasing due to tobacco control awareness and laws in the developed countries. India is a prime target as the market is very lucrative. Out of its 1 billion plus population, 250 million use tobacco with many potential users. India is a young country and youth comprises nearly 50% of the total population in India. Youth are vulnerable and are targetted aggressively by the tobacco industry in developing countries. WHO estimates that 70% of deaths caused by tobacco will take place in the developing world, as people there are unaware of dangers posed by it.



## When its tobacco its not just Cigarette!

- Beedi & chewing tobacco products are the major forms of tobacco consumed in India.
- Beedi and chewing tobacco have not been adequately regulated or taxed as they are produced mostly in the unorganized sector.
- Increased tobacco tax is one of the most effective ways to decrease consumption of tobacco products.
- World Bank states that 10% increase in prices of tobacco products would reduce their use by 8% in developing countries.

## What in reality are TOBACCO USERS consuming?

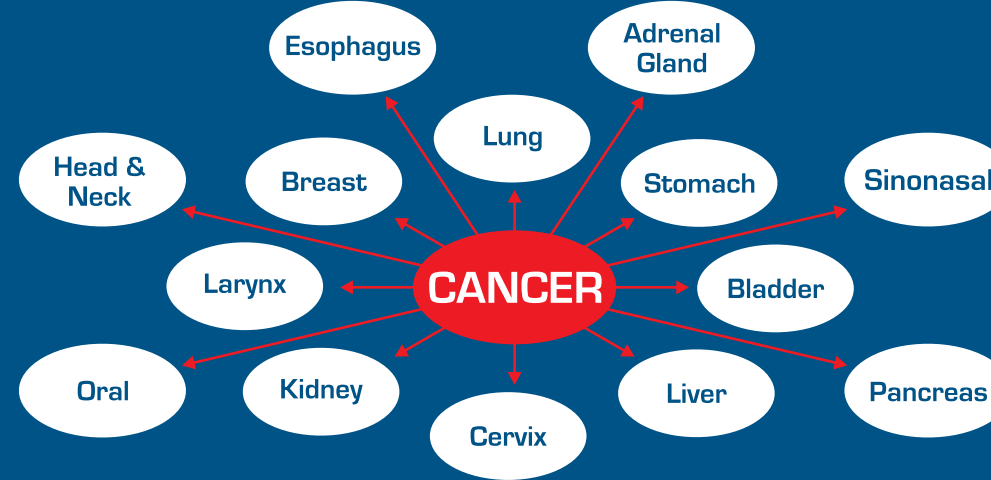
### Cigarettes and Beedis (smoking tobacco) contain:

- Ammonia
- Arsenic
- Carbon Monoxide
- Hydrogen Cyanide
- Naphthalene
- Nicotine
- Tar
- Radioactive Compounds

### Chewing Tobacco/Gutkha (non-smoking tobacco) contains:

- Nicotine
- Nitrosamines
- Cadmium
- Formaldehyde
- Lime
- Menthol
- Lead
- Arsenic

Did you know tobacco consumption could KILL you by causing....



## Tobacco Related Diseases



Oral Cancer



Cardiovascular Disease



Gangrene



Lung Cancer

Peripheral vascular disease  
Respiratory ailments  
Chronic Obstructive Pulmonary Disease (COPD)  
Brain shrinkage & reduced memory  
Alzheimer's disease

Bronchitis  
Emphysema  
Stroke  
Cataract

## It even causes **IMPOTENCE!!**

- Incidence of impotence is approximately 85% higher in male smokers compared to non-smokers. Smoking is a key cause of erectile dysfunction.
- Smoking kills sperm cells.
- Tobacco use by pregnant women leads to Intrauterine Growth Retardation (IUGR), spontaneous abortions, still birth and low birth weight of babies.

## SMOKING KILLS



Smoking causes impotence

# SMOKING KILLS

Its not just health which gets effected by tobacco use...its much more than that

- Tobacco production leads to deforestation as trees are being cut for tobacco cultivation and curing.
- Health costs due to tobacco attributable disease far exceed the economic gains (tobacco taxes etc.)

## Youth and Tobacco

According to the Indian Council of Medical Research (ICMR), out of 100 teenagers smoking today, 50 will eventually die of tobacco related diseases.

The most susceptible time for initiating and experimenting with tobacco use in India is during adolescence and young adulthood, during ages 15-24. Age of tobacco initiation has dropped even lower with children starting tobacco use at the tender age of 10 years.



Authorized Officers conducting raids for smoking in public places, Chennai



As per the Global Youth Tobacco Survey (GYTS), conducted among school going youth (aged 13-15) in 2006, in India: 36.9% of children initiated smoking before the age of 10; 12% students ever smoked cigarettes; 4.2% currently smoked cigarettes; 11.9% used other tobacco products. This early age of initiation points to an urgent need to plan effective interventions for this vulnerable age group.

## Quitting Tobacco is Possible

- It is never too late to quit use of tobacco products
- A range of strategies such as advertising campaigns, smoking restriction policies and tobacco taxes can be used to promote tobacco cessation
- Methods used to support quitting:
  - Behavioural Therapy
  - Pharmacotherapy
  - Cold Turkey (the phrase cold turkey is universally understood as quitting smoking abruptly, often without forethought or preparation, nor a gradual reduction in amount smoked)