



Action Council against Tobacco - India

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ACT-India News

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Editorial

Tobacco control has never received as much attention as it has been receiving in the last couple of years. This is due to a series of initiatives and activities that have taken place both at international and local levels in several countries including India.

The WHO under the leadership of the previous Director General, Dr. Gro Harlem Brundtland, set up a 'Tobacco Free Initiative' giving prime importance to tobacco control worldwide. The World Health Assembly (WHA) after several months of deliberations and negotiations with all possible stakeholders passed the Framework Convention on Tobacco Control (FCTC) on 21st May, 2003. This document was open for signatures by WHO member countries till 29.06.04. Till date, 169 countries have signed and 25 countries have actually ratified the FCTC. Most towns and cities across the world are enacting smoking bans. Tobacco companies are paying huge amounts towards settlement of damages in the United States of America.

The Govt. of India passed "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade, Commerce, Production, Supply and Distribution) Act" 2003, on 18th May, 2003 which came into force from 1st May, 2004. The Government of Maharashtra

enforced the Gutka Ban order on 1st August 2002.

It is time for all the members of ACT-India to rededicate themselves to the objectives of ACT-India and support the existing initiatives at local, national & international levels. There could not have been a more opportune time for ACT-India to begin the publication of a 'Newsletter' to keep its members informed and updated. This is our first newsletter and we hope that you will find the contents useful and interesting. We hope to publish the newsletter on a two-monthly basis.

This newsletter will also be available on our website <http://www.actindia.org>. We invite you to take a look at the website and give us a feedback. We also invite you to contribute stories, articles, Photographs, cartoons etc. to be incorporated into the website as well as the newsletter. We are looking for an appropriate name for this Newsletter. We encourage all members and others to suggest a suitable name. The person whose suggestion is accepted will receive a reward of Rs. 500/- from ACT-India. All correspondence in this regard may be addressed to the Editor.

Dr. Surendra S. Shastri
Editor

Dr. Nilesh D. Ingole
Assistant Editor

International Scene

Tobacco use is the leading cause of preventable deaths in the world causing around 5 million deaths per year. However, with the adoption of a new international treaty, the Framework Convention on Tobacco Control (FCTC), it appears that a solution to the problem may be near and we may be able to protect billions of people from the devastating impact of tobacco consumption and exposure to tobacco smoke.

21st May 2003, will go down as a historic day in the annals of the World Health Organization. The 56th World Health Assembly consisting of 192 member states that met in Geneva on this day, unanimously adopted the world's first public health treaty, the FCTC.

Why do we need an International Treaty on Tobacco Control?

International action to tackle the tobacco epidemic is needed for various reasons:

- Tobacco use has been recognized as a major cause for various diseases for over 40 years. The WHO estimates that if the present trends of tobacco use continue then by 2030 tobacco will be responsible for 10 million deaths annually, with 70% of these deaths occurring in developing countries.
- Tobacco control involves several transnational issues such as regulation of tobacco advertising, and illicit trade in tobacco.
- A comprehensive international legislation will encourage and enable governments to implement stronger tobacco control policies at national levels.

What exactly is FCTC?

The Framework Convention on Tobacco Control (FCTC) is a global

treaty that requires member countries to impose restrictions on tobacco advertising, sponsorship and promotion; establish new packaging and labeling of tobacco products; establish clean indoor air and strengthen legislation to clamp down on tobacco smuggling.

The FCTC aims at protecting the present and future generations from the devastating health, environmental, economic and social consequences of tobacco consumption and exposure to tobacco smoke.

The idea for an international instrument for tobacco control was initiated in 1995 at the 48th World Health Assembly. The following year in May 1996, the 49th World Health Assembly adopted a resolution, requesting the WHO Director General to initiate the development of FCTC, but it was only in 1999 that Dr. Gro Harlem Brundtland, made global tobacco control a priority of WHO and the work on FCTC really began. In 1999 the World Health Assembly, paved the way for multilateral negotiations to begin on a set of rules and regulations that will govern and control the global rise and spread of tobacco use in the next century.

The 192 members of the assembly unanimously backed a resolution calling for work to begin on the FCTC. Around 50 countries pledged financial and political support for the convention.

What is needed now?

For the treaty to come into force and formally become an international agreement a minimum of 40 countries must sign and then ratify it. FCTC will be legally binding only on countries which ratify them. The onus will be on national governments to implement the provisions of the FCTC. The treaty document was available for

endorsement from June 16th, 2003 at the World Health Organization's headquarters. From 30th June 2003 – 29th June 2004, it was available at the UN headquarters in New York. Till date 169 countries have signed the treaty and 25 have ratified.

Framework Convention Alliance

Any information about the FCTC would be incomplete without a mention of the Framework Convention Alliance (FCA). FCA is a coalition of over 150 organisations and networks from over 50 countries that formed through a very informal process and ultimately developed into a strong body that lobbied their country's bureaucrats and politicians to negotiate the FCTC in real strong terms. It served as an umbrella for networks and individual organizations working on the FCTC. The alliance facilitated communication between NGO's already engaged in the FCTC process and reached out to NGO's not yet engaged in the process, particularly in developing countries that could benefit from and contribute to creation of an effective FCTC. I can very proudly say that ACT-India was one of the first NGO's to join the FCA and play a leading role in the entire process of the FCTC negotiations. Dr. Prakash Gupta and Shoba John of the ACT-India who represented our country's interests at the FCTC negotiations in Geneva played stellar roles in the process.

The Indian Scenario

Since the time tobacco was first presented in the court of Emperor Akbar in the early 18th Century, tobacco use has spread all over the country and the methods are as diverse as the cultural diversity across the country. Tobacco is responsible for a significant amount of morbidity and mortality in the country. India has one of the highest rates of oral cancer in

the world and over 60% of patients of heart disease in India who are less than 40 years of age are tobacco users.

Tobacco Control Laws in India

The first national level anti-tobacco law is "The Cigarette Act" of 1975, which mandated health warnings on cigarette packets and on cigarette advertisements. According to the Act, all packages should carry the warning "Cigarette smoking is injurious to health" in the same language used in the branding of the package. This Act was a major step in tobacco control but did not apply to smokeless tobacco products. Following the international pressure building up due to FCTC and the relentless advocacy by ACT-India and a group of similar thinking organisations, now grouped under a common umbrella called Advocacy Forum for Tobacco Control (AFTC), the Government of India passed, on 18th May 2003, "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act" 2003, which came into force from 1st May 2004,

As per the provisions of this Act:

- Smoking in Public places is prohibited. Public place under this Act is defined as a place to which public have access whether as a matter of right or not. This includes health institutions, restaurants, libraries, auditoriums, amusement centers, educational institutions, public offices, court buildings and public conveyances. Smoking is also prohibited in open spaces visited by the public such as an open auditorium, stadium, railway station and bus stop.
- The owner or manager in-charge of the public place should display

prominently a board of minimum size 60cms x 30cms in local Indian language at the entrance of the public place and one at conspicuous place(s) inside containing the warning “No smoking area – Smoking here is an offence”.

- The Owner or the Manager of the Hotel having thirty rooms or more and restaurant having seating capacity of 30 persons or more and the Manager of the airport shall ensure that: -
- Smoking and Non-smoking areas are physically segregated.
- Smoking area shall be located in such manner that the public need not cross it in order to reach the non-smoking area.
- Each area shall contain boards indicating Smoking and Non Smoking areas.
- The Act also has provisions related to prohibition of advertisement (direct or indirect) of cigarettes and other tobacco products.
- The Act also prohibits sale of cigarettes or other tobacco products to persons below the age of eighteen years, and within the radius of one hundred yards adjacent to any educational institution.
- The law restricts direct or indirect production, supply and distribution of cigarettes or any other tobacco products unless every package of cigarette or any other tobacco product bears a specified warning including a pictorial depiction of skull and crossed bones in English and local Indian languages.

- The Act provides penalty of Rs. 200/- as punishment for smoking in public places.

No Smoking ‘Inside House’ and ‘On Screen’

The new union Health Minister Mr. Anbumani Ramadoss is purportedly an anti-tobacco person and this might be the right time for all of us involved in tobacco control activities to consolidate our position and move ahead faster than before. The Health Minister recently said, at a public meeting, that he plans to launch a campaign to stop film actors and members of the parliament from smoking in the parliament, on screen and in public places. Good first steps. Dear friends take him seriously and write to Mr. Ramadoss, congratulating him on his action and advising him on important tobacco control issues in the country.

Activities of ACT

ACT-India has moved on from being a Tata Memorial Centre based organisation to an organisation with a national interest and reach. ACT now has local chapters in Gujarat (Anand), Bihar (Patna), Orissa (Cuttack) and Madhya Pradesh (Bhopal). We currently have expressions of interest from groups in Rajasthan (Jaipur), Delhi, Ahmedabad and even from the union territory of Andaman and Nicobar Islands.

ACT-India is currently involved in:

- Public education programs.
- Advocacy with the policy makers for increasing taxation and other strong legislative controls.
- Training NGO's and groups of individuals.
- Media Advocacy.
- Networking with like minded NGOs to work towards common goals.

- Monitoring the implementation of tobacco control laws in different states of the country.

Some of the projects and activities undertaken by ACT-India in the recent past are mentioned here along with a brief summary. The next couple of news letters will carry full articles on these activities.

GYTS-GSPS

The Global Youth Tobacco Survey (GYTS) as the name suggests is a global initiative of the WHO (Geneva) and Centers for Disease Control, Atlanta GA, USA, to study the dynamics of tobacco use among 13-15 year olds with a goal to develop country/region specific tobacco control programs. This initiative was very successful and in the process also developed other spin-offs like the Global School Personnel Survey (GSPS) and the Global Health Personnel Survey (GHPS).

ACT-India is the nodal agency for the GYTS and the GSPS for South East Asia Region (SEARO), with Dr. P.C.Gupta as the consultant. Several training and analysis workshops were conducted over the last three years by ACT-India in Mumbai, Delhi, Jaipur and Goa for investigators from 24 states of India and from other 9 countries including Bangladesh, Bhutan, Indonesia, Macau, Maldives, Myanmar, Nepal, Sri Lanka and Thailand,

Members or constituents of ACT-India conducted the GYTS and the GSPS in 17 states, union territories and cities of India including, Andaman and Nicobar Islands, Assam, Bihar, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Mumbai, Nagaland, Orissa, Patna, Tripura, Uttaranchal and Uttar Pradesh. Please take a look at the results which are available on the CDC

website:

www.cdc.gov/tobacco/global/gyts/GYTS_factsheets.htm.

Tobacco Control Advocacy Leadership Fellows Programs

Starting from a grant received by Dr. S.S.Shastri from the American Cancer Society at the 11th World Conference on Tobacco or Health held in August 2000 at Chicago, the ACT-India got the Advocacy Institute, Washington DC and the CDC, Atlanta, to conduct an Advocacy leadership Fellows Program for Tobacco Control Leaders from different parts of the country during February 2002. The first batch of Fellows spontaneously formed a group called **Advocacy Forum for Tobacco Control (AFTC)**. The AFTC has been spearheading the tobacco control advocacy efforts in the country over the last two years and can legitimately claim credit for the momentous tobacco control events that have taken place in the country over this period. Members of the AFTC are consulted by the Government of India on all issues related to tobacco control.

The second Fellows program was held during February 2004 in Mumbai and a new group of 20 tobacco control leaders from all over the country was trained again by faculty from the Advocacy Institute, Washington DC and the American Cancer Society.

Verbal Autopsy

The collection of mortality information in India is the responsibility of the personnel of the Registrar General of India. This is done under a procedure called Sample Registration System. The mortality information thus collected is far from adequate and does not provide the information that most researchers need. Act-India, funded by the World Bank and in collaboration with the CDC, Atlanta

and Registrar General of India, has conducted several training programs for the concerned staff, over the last two years (starting with the first workshop in April 2001 in Goa), on 'Verbal Autopsy' as a method to supplement this information. A Refresher Training workshop for the concerned staff will be held from 12-16 July , 2004 in Mumbai.

Database on Tobacco Control Research in India

ACT-India conducted a meeting on tobacco control research in India during 10-11 April 2002. This meeting was funded by the World Bank. Based on the proceedings of this meeting ACT-India has prepared a database of tobacco control research in India. Abstracts of these research studies are available on the ACT-India website. A printed version of the same is also available. This database can be a reference tool for tobacco control researchers, advocates for tobacco control and those specializing in public health policies. Those interested in receiving a copy of the printed version should write to the editor, mentioning the number of copies required. These will be supplied free of cost.

International meeting on Nicotine addiction

An international meeting on nicotine addiction was arranged by ACT-India during September 2003. Proceedings of this meeting are currently being collated and will be soon uploaded to the website.

Ingredients of Smokeless Tobacco Products in India

It has been mentioned earlier in this newsletter that India probably has the largest variety of tobacco products in the world. A large proportion of the tobacco products in India are of the smokeless variety. These are usually

produced in the small scale sector and are mostly unregulated. The WHO through the Government of India, Ministry of Health had entrusted ACT-India the work of 'Testing Smokeless Tobacco Products for their ingredients. Dr. Prakash C. Gupta has just completed this work and submitted the report to the WHO/GOI (MOH). This study involved the chemical analysis of various tobacco products from different parts of India for toxic constituents. The results will be soon available on the ACT-India website.

Forthcoming Events

1. ACT-India Executive Committee will meet on 1st September , 2004 at 3.00 p. m. in the -----, Main Building, Tata Memorial Hospital.
2. ACT-India Organizational Elections and General Body meeting are scheduled to be held on 25th October 2004. All members will receive separate intimation in this regard.

ACToons



Imagine, he just blessed me that I may live a 100 years