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(Health Related Information Dissemination Amongst Youth)

Welcome Kit for Parliamentarians

Tobacco Control: A Public Health Priority for India

An Urgent Call for Action

HRIDAY (Health Related Information Dissemination Amongst Youth)
Centre for Legislative Research and Advocacy

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Heartiest congratulations on being elected as a Member of the Indian Parliament!

We wish you a successful tenure and trust that as the chosen representative of the Indian people, you will work towards improving public health by promoting and enforcing effective tobacco control policies in order to protect citizens' health.

Along with other citizens, we repose our faith in you.

Tobacco Use: A Growing National Burden

Tobacco use is the leading preventable cause of death in the world. According to the World Health Organization (WHO), each year almost 55 lakh lives are lost globally to tobacco-related diseases. Out of these, 10 lakh deaths occur in India, which means nearly 2,700 Indians lose their lives each day because of tobacco use.

India is the Second Largest Consumer of Tobacco in the World

India's National Family Health Survey-3 (2005-2006) reveals:

- Approximately 57% men and 11% women (aged between 15-49 years) use tobacco in some form or the other.
- Tobacco use among men and women in the rural areas is more than in the urban areas.

Youth are Vulnerable Targets

Tobacco use among the youth is widely prevalent. The Global Youth Tobacco Survey (GYTS), 2006, conducted among Indian adolescents aged 13-15 years reveals:

- 5,500 Indian youth start smoking everyday.
- Almost 37% adolescents initiated smoking before the age of 10 years.
- 14.1% currently use any one of the tobacco products available.

Health Impacts of Tobacco Use

- Tobacco use is a risk factor for six of the eight leading causes of deaths in the world.
- Of the more than 1 billion smokers alive today, around 500 million would be killed by tobacco prematurely.
- 40% of all cancers in India are due to tobacco use.
- Tobacco use is a leading cause of tuberculosis related mortality in India.
- India has the highest number of oral cancer cases in the world and 90% of these are tobacco related.

The Economic Burden

- Tobacco poses unusual economic burdens both in terms of direct expenditure on tobacco products and the resulting direct and indirect expenditures on health care.
- In India, manufactured tobacco worth Rs. 12,075.2 crore is sold annually to an estimated 24 crore tobacco users in the country.
- The direct medical cost for treating diseases related to tobacco use in 2004 was Rs. 5,217 crore.
- The indirect medical cost was Rs. 2,173.75 crore.
- This was 16% more than the total excise tax revenues collected from all tobacco products in India in the financial year 2003-04.

The Tobacco Control Law of India

Much before the coming into effect of the WHO's Framework Convention on Tobacco Control (FCTC), the public health conscious Parliament of India enacted the Cigarettes Act, 1975. Further, in the interest of public health, the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA), was enacted by the Parliament in 2003 with comprehensive regulations against the serious threat of tobacco use.

What the law mandates	What is the current status
Section 4: Prohibition on smoking in all public places.	In force since May 1, 2004; fresh and effective rules enforced since October 2, 2008.
Section 5: Prohibition on direct and indirect advertising, promotion and sponsorship of tobacco products.	In force since May 1, 2004
Section 6: Prohibition on sale of tobacco products to and by minors under the age of 18 years.	In force since May 1, 2004
Section 7: Display of specified pictorial health warnings on all tobacco product packages.	In force from May 31, 2009

International Obligation

The FCTC is the first global public health treaty negotiated under the auspices of the World Health Organization (WHO). The treaty was developed in response to the global spread of the tobacco epidemic. India ratified the FCTC in February 2004 and is a Party to the Convention.

FCTC obligates its Parties to undertake several measures to protect people from the hazards of tobacco use and exposure, including prohibition on exposure to Second Hand Smoke (SHS), restriction on advertisement of tobacco products, display of pictorial warnings, restriction on access of tobacco products to minors and providing for tax increase as key obligations. India being a Party to the Convention is bound to implement its provisions and the guidelines framed there under.

The WHO Report on the Global Tobacco Epidemic, the MPOWER Package, recommends the following six effective strategies to achieve FCTC's objectives and reduce tobacco use.

WHO MPOWER	India Status
Monitor tobacco use and prevention policies	There is no formal mechanism for monitoring of tobacco control policies.
Protect people from tobacco smoke	Section 4 of the COTPA and rules made therein stipulate fulfilling this objective.
Offer help to quit tobacco use	There is lack of adequate cessation facilities.
Warn about the dangers of tobacco	Though pictorial warnings on tobacco packages have finally come into force, they are not as effective and fall short of the FCTC requirements.
Enforce bans on tobacco advertising, promotion and sponsorship	Despite an express ban on tobacco advertising, surrogate advertising and brand stretching continues.
Raise taxes on tobacco	A low rate of taxation with skewed taxation regime for different tobacco products is followed.

100% Smoke-free Public Places
A Must to Protect the Health of Non-smokers

There is overwhelming consensus among medical and scientific authorities worldwide that Second Hand Smoke (SHS) is a major public health threat and that the only effective way to protect the public from SHS is to enact comprehensive smoke-free air laws that cover all indoor workplaces and public places, including all restaurants, bars and other hospitality venues.

Second Hand Smoke

- Tobacco smoke is a complex mixture of over 4,000 chemicals including 70 known or probable human carcinogens.
- It is a major cause of disease in non-smokers, including lung cancer, coronary heart disease and cardiac deaths.
- Approximately 700 million children – almost half of the world's children – are exposed to SHS.
- Each year, approximately 50 million pregnant women worldwide are exposed to SHS during their pregnancy.

Scientific and Research Evidence

- A study of more than 1,200 public places in 24 countries found that the level of indoor air pollution was 89% lower in the places that were smoke-free compared to those where smoking was observed.
- Within one year of the implementation of a smoking ban in Scotland, there was a 17% reduction in heart attack admissions in 9 major hospitals.

Status of the Smoke-Free Law in India

- Section 4 of COTPA has prohibited smoking in all public places since May 1, 2004.
- Considering the guidelines on Article 8 and the fact that only 100% smoke-free regulations could prevent exposure to SHS, the Ministry of Health and Family Welfare, Government of India (MoHFW, GoI) issued a fresh regulation against smoking in public places including indoor workplaces from October 2, 2008.
- In spite of challenges from the hospitality and tobacco industries, the Supreme Court of India refused to stay the rules.
- Violation of this law is punishable with a fine of up to Rs. 200.
- In-Charges' of all public places are required to display specified signages declaring "No Smoking Area – Smoking Here is an Offence".

International Best Practices

- All substantially enclosed public places in Scotland have been smoke-free from March 2006. This caused an 86% improvement in air quality in bars, and a 39% reduction in SHS exposure among non-smoking adults and children.
- Uruguay and Bermuda have a comprehensive smoke-free law that covers workplaces and public places, hospitality sector, private clubs, residential homes, gaming venues and some outdoor places as well.

Key Policy Recommendations

- Evaluate the effectiveness of the law, its compliance and results of implementation including in terms of air quality and other health benefits.
- Improve the legislation to be more comprehensive and inclusive and do-away with the exception of providing for a 'smoking area or space' in restaurants, hotels and airports.

Prohibition on Advertisement, Promotion and Sponsorship of Tobacco Products

All forms of tobacco advertising, promotion and sponsorship markets a tobacco product by means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions. Youth are especially vulnerable to tobacco advertising and promotion.

Scientific and Research Evidence

- A Study conducted by HRIDAY (Health Related Information Dissemination Amongst Youth), a Delhi based NGO, concluded that exposure to tobacco advertisements and receptivity to tobacco marketing was significantly related to increased tobacco use among youth.
- Advertising bans reduce tobacco use among people of all income and educational backgrounds.
- Research on tobacco advertising, promotion and sponsorship bans and tobacco consumption in 22 countries found that comprehensive bans can reduce tobacco consumption by 6.3%.
- A follow-up study in 102 countries found that comprehensive bans reduced tobacco consumption by about 8%, whereas partial bans had little or no effect.

Regulation of Tobacco Advertisements in India

- Section 5 of the COTPA prohibits both direct and indirect advertisement of all tobacco products, including anything that suggests the promotion or sponsorship of tobacco products.

- Rules made by MoHFW restrict point-of-sale advertising and marketing of tobacco products, However, it excludes advertisement on and inside of a tobacco pack.
- The rules also prohibit display or use of tobacco products by any individual or person or character on television, cinema, print and electronic media.
- The Government also constituted Steering Committees at the Central, State and District levels for looking into specific violations under Section 5 of the Act. The committees act on complaints of violations and can take action suo moto as well.
- However, as per the new amendment in the Cable Television Network Rules in 2009, indirect advertising of products like cigarette, tobacco and liquor has been allowed when such a product is a brand extension of the prohibited products.

International Best Practices

- In Thailand, it is prohibited by law to display and promote tobacco products at points of sale.
- United Kingdom has restricted internet advertising and promotion of all tobacco products.
- Sri Lanka has prohibited Corporate Social Responsibility activities by tobacco industries while Myanmar has put a ban on tobacco advertisements on Satellite TV.

Key Policy Recommendations

- Prohibit all forms of tobacco advertising including cross-border advertising.
- The Steering Committees at all levels should be empowered to decide on offences and order penalties.
- The amendment to the Cable Television Network Rules 2009 should be withdrawn by the Ministry of Information and Broadcasting.

Prohibition on Youth Access to Tobacco Products

As adolescence is the most susceptible time for initiation of tobacco use and adolescent tobacco use has been found to be a major predictor of tobacco use by adults, preventing this use requires intervention in early adolescence prior to the time when these behaviors have already become ingrained.

Scientific and Research Evidence

- Every day, some 80,000-100,000 young people around the world become addicted to tobacco.
- As per WHO estimates, approximately 80% of adult smokers initiate their tobacco use before 18 years of age.

- Experimentation with tobacco use during adolescence commonly leads to dependence and chronic disease.
- According to the Indian Council of Medical Research, of 100 teenagers smoking today, 50 will eventually die of tobacco related disease.
- According to GYTS data amongst those students who consume tobacco, 9.6% usually smoke at home.
- 51.3% of youth who used tobacco could buy cigarettes from a store and 72.5% who bought cigarettes from a store were 'NOT' refused purchase because of their age.

Restrictions on Youth Access to Tobacco in India

- Section 6 of COTPA prohibits sale of any tobacco product to a person below the age of 18 years or within 100 yards of any educational institution.
- The regulations made to this effect also require all tobacco vendors to ensure that no tobacco product is handled or sold by a minor.
- All tobacco vendors must display a board containing the warning: "Sale of tobacco products to a person under the age of 18 years is a punishable offence".
- The owner or the person in charge of an educational institution should display a board containing the warning that sale of any tobacco product within a radius of 100 yards from the educational institution is prohibited.
- If a person contravenes any of the above provisions he is liable to be punished with a fine of up to Rs. 200.

International Best Practices

- In Ontario (Canada), 88% of vendors comply with the smoke-free Ontario Act that prohibits sale of tobacco products to minors.
- Due to strict tobacco access policies targeting retailers and heavy fines for violation in Texas- USA, the rate of illegal sales to minors has gone down from 56% in 1996 to 7.2% in 2006.

Key Policy Recommendations

- All tobacco products should be labeled as "not for sale to minors".
- Prohibit over the shelf display and sale of loose, individual or small packs of tobacco products.
- Prohibit manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors.

Pictorial Health Warnings: A Preventive Public Health Measure

Pictorial health warnings are the most effective way of broadcasting health messages across a wide spectrum of the population. They detract from the glamour and appeal of tobacco product packages and help gaining public acceptance for other tobacco control measures such as establishing smoke-free environments. Besides, in a country like India, where one-third of the population is illiterate, pictorial health warnings communicate health messages effectively and can influence decisions.

Evidence Supports Pictorial Health Warnings

- Evidence from Canada and Australia shows that pictorial warnings increase awareness about the health risks of smoking amongst smokers and reduce consumption.
- In Brazil, 54% of smokers changed their opinion on the health consequences of smoking because of the pictorial warnings and 67% of smokers said the warnings made them want to quit.
- A study has shown that a smoker who smokes 20 cigarettes per day is potentially exposed 7,300 times a year to the pictorial warnings.

FCTC mandates at least 30%, but preferably 50% or more, of the principal display areas of tobacco packages to carry rotating health warnings that are large, clear, visible, legible and pictorial.

India Mandates Pictorial Warnings

- The pictorial warnings on all tobacco products have been in place from May 31, 2009.
- These warnings cover 40% of the principal display area of the front panel of all tobacco product packages.
- The warnings are rotational in nature and would have to be changed every 12 months.
- The warnings must not be obscured, masked, altered or detracted in any manner.
- Use of misleading words such as 'light', 'mild' and 'ultra light' and descriptors is also prohibited.

The packaging and labelling rules came into being in 2006 with stronger warnings and coverage area of 50% of the total principal display area of the pack. The current warnings that fall short of FCTC size requirements, come after much delay and dilution, due to lack of political will, aggressive lobbying by the tobacco industry, change in decisions of the Group of Ministers and litigations challenging the implementation of pictorial warnings. The effective implementation of the regulations is a challenge.

International Best Practices

Following are a few countries which have larger pictorial warnings:

- 60% Australia (30% of front; 90% of back)
- 60% New Zealand (30% of front; 90% of back)
- 50% Canada (50% of front and back)
- 50% Thailand (50% of front and back)
- 50% Uruguay (50% of front and back)

Key Policy Recommendations

- Amend the law to increase the size of warnings to occupy at least 50 % of the principal display area on both sides of the tobacco pack, as recommended by FCTC Article 11 guidelines.
- Require notification of strong, effective and field-tested pictorial warnings in a year's time.
- Require monitoring and compliance with the law and deal strictly with all violations.

Uniform Taxation Policy: A Cost Effective Measure for Tobacco Control

Studies and research from countries around the world have revealed that an increase in tax on tobacco products is the most cost effective tool for tobacco control, especially in reducing tobacco use among young people and people with low incomes.

Scientific and Research Evidence

- World Bank Report (1991): A 10 % rise in tobacco tax could lower tobacco consumption by 8% in developing countries and save about 10 million lives. 90 % of this reduction in deaths could occur in low and middle income countries.
- Raising the price of tobacco products through taxation has shown to be highly effective, feasible and socially acceptable strategy for reducing tobacco consumption and prevalence particularly for adolescents and those with low incomes.

Tobacco Taxation in India

- Different tobacco products are taxed at different rates.
- Hand-made bidis are subject to lower excise at Rs. 16 per 1,000 sticks than the machine-made at Rs. 29 per 1,000 sticks.
- Duty-free sale and purchase of tobacco products is allowed.

- If the excise burden is measured as a percentage of the retail price, the burden on handmade bidis is 8.8% while the burden on cigarettes is 33% or higher.
- This disproportional taxation leads to product substitution and increase in consumption of bidi and other smokeless forms of tobacco, especially by those who remain price-sensitive to tobacco consumption and compromises with their health and wellbeing.

International Best Practices

- Increased taxes and higher prices have led to smoking reductions in Thailand. Tobacco products are taxed at 79% placing Thailand among the leading countries in tobacco taxation globally.
- In Canada, when tobacco prices were raised considerably in the 1980s and early 1990s, youth consumption plummeted by 60%, while overall consumption dropped 38%.
- Since 1994, the nominal tax on cigarettes in South Africa has increased by nearly 25 per cent each year and the resulting price increases have reduced cigarette consumption significantly.

Key Policy Recommendations

- Adopt a tax regime that effectively reduces tobacco consumption and prevents product substitution.
- Earmark part of tobacco taxes for implementation of tobacco control activities and other health programmes.
- The distinction between handmade and machine-made bidis should be abolished.
- Introduce a national Goods and Services Tax (GST) to rationalize and simplify the tax treatment of tobacco products.
- Prohibit importations by international travelers of tax and duty-free tobacco products.

Does Tobacco Cessation Work? The Science Says YES!!

Tobacco cessation is an integral component of tobacco control. It offers hope, encourages people to quit and those who quit are good ambassadors promoting cessation and reduction in tobacco use. It is imperative that tobacco cessation is in the routine practice of health providers at all levels.

Scientific and Research Evidence

- It has been projected by WHO that by 2050, if the focus is only on prevention of initiation and not cessation, the result will be an additional 160 million deaths among smokers.
- It will not be possible to reduce tobacco-related deaths over the next 30-50 years, unless adult smokers are encouraged to quit.

- Smokers who quit before the onset of major illnesses, especially those who quit at earlier ages, avoid most of the excess risk accrued by continuing smokers.
- Tobacco cessation results in enormous decline in state health care costs and other tobacco caused expenditures.

Efforts for Tobacco Cessation in India

State Level Tobacco Cessation Centre (TCC): WHO supported cessation clinics started functioning in 13 centers across India in 2002. Now there are 19 functional TCCs in the country.

National Tobacco Control Programme: Besides dealing with other tobacco control issues this comprehensive programme envisions following specific plans to promote cessation facilities in the country:

- Scaling up of TCC in States where there are no TCCs.
- Setting up District level TCCs across the country, 100 by 2010.
- Request all Medical/Dental Colleges to operate a TCC.

International Best Practices

- An analysis in the United States of America revealed quit-line counseling increased smokers' chances of long-term abstinence by about 30%.
- A 2002 report from the New Zealand National Advisory Committee on Health and Disability, Guidelines for Smoking Cessation (2002), found that "there is good evidence that even brief advice from health professionals has a significant effect on smoking cessation rates."

Key Policy Recommendations

- Earmark taxes for establishment of effective and accessible programmes that provide low-cost interventions for tobacco users who want to quit.
- Mandate national policy on tobacco cessation and a public health policy on Nicotine Replacement Therapy.
- Focus on promoting and integrating clinical best practices (behavioural and pharmacological) which help tobacco-dependent consumers increase their chance of quitting successfully.
- Require inclusion of diagnosis, treatment and counselling for cessation in national health and education programmes.

Tobacco Manufacturing and Growing: An Exploitative Venture

India is the third largest producer of tobacco in the world. As per National Sample Survey, 50th Round, 70 lakh people are involved in tobacco related employment. Crop diversification and sustainable source of alternative income for the tobacco growers is the need of the hour. Article 17 of the FCTC recommends for the Parties to promote economically viable alternatives for tobacco workers, growers and individual sellers.

Tobacco Cultivation Poses Serious Health and Environmental Risks

- Crop induced intoxication such as green tobacco sickness, pesticides intoxication, respiratory disorder etc. Other health effects include pain and cramping in the shoulders, neck, back, lower abdomen, anemia and eye problems.
- Negative environmental impact- it causes soil degradation, deforestation etc.

Exploitation of Women and Children in Tobacco Industry

- Women comprise 90-95% of the total workforce in bidi manufacturing and around 15-25% of total employees in the bidi industry are estimated to be children less than 14 years of age.
- Women often face discrimination and are paid less than men.
- Children are even worse off with no wage structure and usually get paid the least.
- Most families working in the bidi industry live below the poverty line.

Alternatives to Tobacco Growing and Manufacturing in India

- Action research was conducted in Karnataka to reduce dependency on tobacco cultivation. In the first year of the intervention, there was a 50% reduction in the area under tobacco cultivation in the village, with 54% of farmers shifting to alternative crops/activities.
- In a bid to help tobacco farmers grow alternate profitable crops and to reduce tobacco cultivation in the country MoHFW sanctioned Rs 2.17 crore to Central Tobacco Research Institute (CTRI) to undertake a pilot project on ''Alternative Cropping System to Bidi and Chewing Tobacco''.
- The pilot project aimed to establish viable and sustainable alternatives to tobacco manufacturing and growing.

International Best Practices

- By adopting crop diversification and substitution strategies there has been reduction of tobacco crops and expansion of alternate crops in Brazil.
- Canada's Tobacco Diversification Plan provided incentives to stop growing tobacco and develop alternatives to assist the orderly downsizing of the Canadian tobacco industry in the 1980s.

Key Policy Recommendations

- Provide for economically viable alternatives along with crop substitution and diversification under dedicated agricultural and industrial developmental schemes.
- For crop diversification institutionalized structures (interlinking and facilitating crop production to market) should be provided to farmers to encourage alternative employment.
- Mandate strict regulations against child labour in bidi industry.
- Make provision for alternative employment for bidi rollers.

Tobacco Control: A Must to Alleviate Poverty and Protect Human Rights

To protect people from the hazards of tobacco, a human rights based approach to tobacco control becomes necessary. Almost all human rights treaties under the auspices of the United Nations, including the Universal Declaration of Human Rights (1948) recognise every individual's "right to a standard of living adequate for the health and well-being of himself and of his family" and tobacco poses a serious threat to the enjoyment of this right.

Poverty and Tobacco

- It is seen that in every country, especially in developing countries, the poor consume more tobacco than the affluent sections of the society. 61% men and 13% women in rural India use tobacco.
- Tobacco has strong linkages to poverty- it exacerbates poverty as it compromises the amount of money for food, health care, education etc.
- The cost of treatment and after care from diseases caused by tobacco entraps the individual in the vicious cycle of poverty; the humongous financial burden leads to impoverishment of the individual and his family.

Vulnerable and Tobacco

- Tobacco industry goes out of its way to strategize methods to influence women and children in using more and more tobacco products.
- Bidi industry is known to employ child labour in large numbers.
- There is flagrant violation of labour rights and exploitation, in particular of women, engaged in tobacco growing and bidi rolling.

Environment and Tobacco

- Growing tobacco needs clearing of fertile land that could be used to grow food crops.
- Processing and packaging tobacco needs fuel wood which causes deforestation. For every 300 cigarettes manufactured, one tree is cut down for curing. As a result, almost nine million acres of forests are lost each year.

- Growing tobacco depletes soil nutrients at a much faster rate than many other crops, which decreases the fertility of the soil making it unfit to support other useful crops.
- Tobacco also requires huge chemical inputs, fertilizers and new generation pesticides. Such chemicals may run off into water bodies, contaminating local water supplies.
- The SHS from smoked tobacco products causes pollution in the environment.
- Besides, the tobacco packages littered as waste are non-biodegradable and further add to the environmental burden.

International Best Practices

- Influential 'right to health' litigation in Brazil protected tobacco growers sickened by 'green tobacco disease' a form of nicotine poisoning.
- A court in Bangladesh prohibited an international cigarette promotion campaign saying 'selling death' threatens the right to life.

Key Policy Recommendations

- Internalize international human rights obligations as an integral part of the national tobacco control policy framework.
- Require compulsory health and environment impact assessment of all tobacco related activities.

Urgent Need to Make Tobacco Control a High Public Health Priority

"Reversing this entirely preventable epidemic must now rank as a top priority for public health and for political leaders in every country of the world."

Dr Margaret Chan, WHO Director-General

Tobacco control is a must to protect our present and future generations from the humongous cost of disease, disability and death due to tobacco. Unfortunately, it is hugely undermined and underfunded with only 5% of the world's population protected by a comprehensive tobacco control measure.

Priority Action Areas Against Tobacco

- Call for an amendment of COTPA and rules therein to make it compliant with WHO's FCTC and the guidelines adopted therein:
    - Make all public places 100% smoke-free without any exemptions.
    - Remove exemptions like 'points of sale' advertisements, 'in and on' the pack advertisements and display of tobacco products in cinema, television, and print media.

- Prohibit 'over-the-shelves' display and sale of tobacco products individually or in small packets.
- Provide for larger, stronger and effective pictorial health warnings that cover at least 50% of the total principal display area of each package of a tobacco product.

- Raise taxes on all tobacco products to a uniform level where it is not less than 3/4th to 4/5th of the retail price of each tobacco product.
- Earmark taxes to promote and make treatment for tobacco dependence and cessation facilities available, accessible and affordable for all.
- Dedicate funds for alternatives to tobacco growing, creating avenues for alternative livelihood and employment opportunities for farm labourers and bidi workers.
- Insulate public health policy making from tobacco industry interference and hold the tobacco industry responsible and accountable – let the polluters pay – for:
  - Death, disease, and disability caused
  - Impoverishing poor and vulnerable
  - Violation of labour rights
  - Exploitation of women and children
  - Putting extra burden on environment.

YOUR VISION AND DECISIVE ACTION MATTERS
THE PEOPLE YOU REPRESENT MATTER THE MOST
SUPPORT TOBACCO CONTROL.

Your Vision and Decisive Action Matters

Use the Policy Booklet to Advance Tobacco Control in India

Elected representatives play a critical role in protecting public interest and the right of every citizen to a dignified life and the highest attainable standards of health. Based on the issues raised in this policy booklet you are requested to advance tobacco control in India.

You can do this...

...as a Parliamentarian, by:

- Raising questions, seeking information on and bringing to the attention of concerned ministries the issue of tobacco control through the Question Hour, Special Attention Motions and other such parliamentary procedures.
- Reviewing specific government spending and initiating discussions on present budgetary allocations and rallying with fellow Parliamentarians to ensure that these allocations are systematically hiked to meet the needs that are crucial for the strengthening of tobacco control initiatives in the country.

- Reviewing the national and international laws in the context of tobacco control and initiating processes to reform and set model legal standards of tobacco control policies.
- Taking initiatives to join specific Parliamentary Committees to look into the ramifications of tobacco growing, manufacturing and use, in particular, for women, children and vulnerable people marginalized by tobacco.

...as a Representative of the People, by:

- Holding and facilitating mass information dissemination sessions to inform the people you represent about the adverse health, economic, social and environmental impacts of tobacco use.
- Initiating a process of dialogue, encouraging and motivating Members of state Legislative Assemblies (MLAs) and local representatives within your constituency to regularly review the implementation of the National Tobacco Control Programme within their constituencies, provide leadership and take action to correct short comings.
- Facilitating coordination among various stakeholders and departments engaged in tobacco control.

What specific Ministries can be requested to do?

Agriculture: provide crop alternatives and tobacco growers & farm labourers welfare.

Finance: raise taxes on tobacco products uniform taxation on all forms of tobacco products.

Women & Child Welfare: welfare of women and children engaged in growing manufacturing and using tobacco.

Environment: take action against adverse impact of tobacco growing, manufacturing and use on environment, such as deforestation, soil depletion etc.

Rural Development: assess and act on the impact of tobacco on health and livelihood in rural India.

Labour: act against exploitation of farm and industry labourers by tobacco growers and manufacturers. Check violations of child labour norms with specific focus on the bidi industry.

Health: ensure effective enforcement of the Indian tobacco control law in collaboration with other stakeholder ministries. Provide sufficient and accessible health care facilities across all sections of the population to check tobacco dependence.

Information & Broadcasting: prohibit tobacco advertising and promotion.

Commerce and Industry: regulate tobacco industry malpractices.

Education: promote tobacco free educational institutions and include information on adverse impacts of tobacco use in curriculums.

Consumer Affairs: ensure protection of consumer rights from deceptions of tobacco industry.

- Demanding regular monitoring, evaluation and accountability of individuals and institutions responsible for implementing the tobacco control policy initiatives and laws.

...as a Member of a Political Party, by:

- Communicating with fellow party members on the issue of tobacco control and the mortality and morbidity caused in India due to tobacco use.
- Raising visibility of tobacco control as a public health priority in the party's agenda.
- Ensuring that party colleagues demand and support tobacco control initiatives and stand clear from the undue influences offered by the tobacco industry.

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HRIDAY

(Health Related Information Dissemination Amongst Youth)

HRIDAY (Health Related Information Dissemination Amongst Youth) is a Delhi based voluntary organization of health professionals, social scientists and lawyers engaged in advocacy and research aiming to promote health awareness and informed health activism among youth in India, since 1992. HRIDAY works in collaboration with the World Health Organization (WHO), the Ministry of Health and Family Welfare and Ministry of Environment and Forestry, Government of India. HRIDAY has been awarded the WHO Director General's Award for contributions to tobacco control in 2002. The programme has been listed as a 'Best Practice Model' and recommended for global replication by WHO.

HRIDAY has been assisting MOHFW and WHO in various anti-tobacco awareness projects and policy research. It was commissioned by MOHFW to develop and pre-test health warnings for tobacco products. It developed a policy brief on establishing a national coordinating mechanism for tobacco control in India. It has a long experience of assisting MOHFW and enjoys good working relationship with the government. It has also retained the independence to criticize the Government whenever needed. HRIDAY's senior leadership is widely experienced in tobacco control and is represented on relevant policy/monitoring committees of the government.

AFTC is a network of 59 organizations in India that demonstrates a sharp focus on tobacco control in their regular programmes and activities and a significant commitment towards advancing tobacco control at all levels. AFTC has been engaged in tobacco control advocacy efforts in the country for the past several years, particularly in advocating a comprehensive tobacco control law. Its approach to advocacy has been very strategic and involves working with the system as well as from its outside to make it stronger and more functional. AFTC, under the leadership of an Advisory Committee works through its Operations Committee of Regular Members, which decides on its areas of action, activities and projects for each year. HRIDAY has been functioning as the AFTC Secretariat since 2003.