

8.3

Integration of Tobacco Control into Health and Development Programmes

This section draws upon the lessons learnt from global as well as the Indian experience (detailed in the preceding chapters and sections), and aims to delineate the cardinal elements in the design of a comprehensive tobacco control programme and methods for its effective delivery.

Tobacco control programmes should be comprehensive in nature, and incorporate the demand and supply reduction measures recommended by the FCTC. Ideally, the measures taken should be the strongest possible and go beyond the minimum mandated by the FCTC. The programme should involve all the stakeholders. It should ultimately be integrated into the existing delivery systems through public, private, public–public, private–private and public–private mechanisms. It is important to involve all stakeholders at all stages of the programme, from development to implementation and evaluation.

Components

A comprehensive tobacco control programme in India should consist of the following:

1. *Laws and policies:* There is a law already in place for tobacco control, which should be adequately publicized and enforced. Law enforcers should be informed and sensitized about its various provisions, such as the ban on smoking in public places, ban on selling tobacco products to legal minors, and regulation of packaging and labelling of

tobacco products. Amendments to the Indian law would need to be made, as required, to bring it in conformity with the FCTC.

2. *Fiscal components:* These should include a rational tax structure that will provide a tax- and price-based disincentive for tobacco consumption in all forms, and not merely transfer consumption from one tobacco segment to another. *Beedis* and oral tobacco products should be taxed at sufficiently high rates. A dedicated tax or cess should be put in place which can be utilized for resourcing tobacco control programmes. These taxes should ensure that the price rise takes inflation into account. The subsidies given to the industry should be discouraged and disincentives should be put in place, both for the industry and the consumer.
3. *Educational component:* Public education should be an integral part of efforts to prevent both initiation of tobacco use and encourage tobacco cessation. The mass media, which encompass radio, television, the print and electronic media, can be used to educate people and would be very effective because of their wide reach. Educational efforts should be aimed at both preventing initiation as well encouraging users to quit. People should be informed about the harmful effects of tobacco use, the benefits of quitting as well as the cessation methods available. Information about the hazards of tobacco should be incorporated into the school curriculum.
4. *Advertising and counter-advertising:* All forms of tobacco product advertising, both direct as well as surrogate, should be effectively banned. This already forms a part of the Indian Tobacco Law. To ensure successful implementation, it is essential that surrogate advertising is checked. Steps should be taken to check cross-border advertising. There should be adequate counter-advertising which deglamourizes tobacco use.
5. *Cessation programmes:* Cessation programmes should be targeted at people who are already using tobacco products. The early benefits of a tobacco control programme, in terms of impact

on health outcomes, are mostly derived from a successful cessation component. Health professionals as well as tobacco users should be sensitized to the benefits of cessation.

6. *Regulation of products:* The purpose of regulation should be to progressively reduce the levels of harmful chemicals and alter physical characteristics that influence the delivery of those chemicals. It requires the development of adequate laboratory capacity for the testing of tobacco products and their emissions. These should not be owned, operated or influenced by the tobacco industry.
7. *Supply-side actions:* Tobacco farmers should be informed about alternative crops which do not harm human health. This should be done only after a thorough in-depth market analysis. They should also be given government assistance during the period of transition. Another essential measure on the supply side is to prevent the smuggling of tobacco products, which will require cooperation at the international level.

Implementation pathways

1. *National Programme for Tobacco Control:* An independent programme that will incorporate the different components (discussed above) is required. It should guide an NCB, with various stakeholders such as policy-makers, technical experts, civil society representatives, etc. This coordinating body will be primarily involved in the design, development and monitoring of the programme. It would require dedicated budgetary support. This can come from a tobacco cess, which will ensure that it is self-sustaining (as described in Section 8.1).
2. *Integration into other health programmes:* The elements of tobacco control can be operationalized by integrating them into various health programmes being undertaken presently. In the Reproductive and Child Health Programme, health education can be imparted to those availing the services. It can also serve as a place for opportunistic screening for tobacco use. Pregnant women who use tobacco can be dissuaded from the habit. Others can be educated about the need to safeguard their infants and children from exposure to second-hand smoke. In the National Cancer Control Programme, separate allocation should be made for tobacco control, which can be used for promoting tobacco cessation and providing mass health education. The vast human resources available with various programmes such as the AIDS Control Programme and Malaria Control Programme can be used additionally for tobacco control, especially for health education activities. This will have immense benefit coupled with a low incremental cost. As a relationship between tuberculosis and smoking is being reported with increasing frequency in the medical literature, the Tuberculosis Control Programme can be used to impart health education as well as screen patients for tobacco use. Government health staff such as doctors, nurses and multipurpose health workers should also be sensitized to the ill-effects of tobacco use and should be encouraged to screen for tobacco use and give health education to the public.
3. *Integration into developmental programmes:* The tobacco control programme should also be operationalized by integrating it into various developmental programmes such as poverty alleviation, rural development, women and child development, and tribal welfare. These programmes have an extensive reach and widespread presence at the grassroots level. These can be used to spread the message about tobacco control. They can also be used to provide tobacco cessation services to the community.

The tobacco control programme can also be integrated with child's rights and environmental programmes. A child's right to breathe in smoke-free air can be linked to tobacco control. It can also be a part of environmental

programmes on the dangers of air pollution and deforestation.

4. *Settings approach:* Tobacco control programmes should use a settings approach. Defined settings such as schools, workplaces, homes and public places should be made smoke free. WHO programmes related to ‘Healthy schools’, ‘Healthy workplaces’ and ‘Healthy cities’, are models wherein tobacco-free norms are developed and observed in different settings. Students, parents, teachers and others should be made aware of, and involved in, tobacco control activities. Schools can also spread the message regarding the harmful effects of tobacco use to neighbourhood communities via students.

Planning

- *Engaging all relevant stakeholders:* Various stakeholders should be involved in the planning process. These include administrators, politicians, civil society groups, technical experts, the media, consumer organizations, etc.
- *Establishing coordinating mechanisms between Central and State Government, and district levels:* There should be a coordinating body at the Central Government level which will monitor the overall progress. A coordinating body will also be required at the State Government and district levels. These bodies should have a mechanism for regular interaction within and among themselves. It will help in ensuring better coordination among various agencies so that there is no repetition or overlap.
- *Goals and targets to be set and monitored:* The programme should have clearly identified goals. Monitoring and evaluation mechanisms must be defined and utilized. It should have short- as well as long-term targets. This will ensure that mid-course corrections can be made to rectify deficiencies and discrepancies.
- *Allocation of resources (funds) to be monitored:* To ensure judicious use, fund allocation should be regularly monitored *vis-à-vis* the targets achieved. This will ensure accountability.
- *Building coalitions and partnerships:* There should be partnerships within, as well as among, civil society groups, government departments and private sector organizations. Grassroots-level NGOs should be encouraged to include tobacco control as part of their activities. The various civil society groups should coordinate among themselves and share their expertise. Private sector resources should be tapped for tobacco control activities. The private sector can be used to fund various community-level activities as part of its corporate social responsibility programmes, apart from implementing work-site programmes. Various ministries such as those of Health, Information and Broadcasting, Finance, Agriculture, Industry and Labour should be collectively involved. There should be an IMCC to oversee the programme.

8.3 INTEGRATION OF TOBACCO CONTROL INTO HEALTH AND DEVELOPMENT PROGRAMMES

KEY MESSAGES

- The tobacco control programme should be comprehensive in nature and involve all the stakeholders in the entire process, right from development to implementation and evaluation.
- It should be integrated into the existing delivery systems such as the health care system and other developmental programmes.
- It will require dedicated budgetary support, which can be drawn from a tobacco cess.