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## What is Possible? A Vision for 2020 and Beyond

The first decade that denotes the dawn of a new century, especially one which also signals the birth of a new millennium, understandably inspires attempts to foretell the future and to identify the forces that are likely to shape it, in terms of threats and opportunities. Such an exercise was also undertaken in India by a wide range of policy-makers, media opinion-makers and celebrity citizens, as the year 2000 was unwrapped by history. In none of these forecasts was the threat of tobacco ever identified as a clear and present danger that would grow to endanger India's developmental efforts in the twenty-first century. Yet, that is the reality we have to contend with, as we envision the future. Tobacco control, therefore, becomes an imperative for urgent multisectoral action, as we resolve to remove the threats and enhance the opportunities for India's unimpeded development.

### **The tobacco epidemic: What could go wrong?**

The gloomy predictions about the growing magnitude of tobacco's threat to India relate to a rise both in the proportion of deaths attributable to tobacco and in the absolute number of persons who consume tobacco. The World Health Organization (WHO) estimated that the proportion of deaths that result from tobacco-related diseases will rise in India, from

**Table 9.1** Current and projected estimates of the number of smokers by country category and year (2000, 2020, 2050) for alternate scenarios of reduced and constant prevalence rates

Country category (by level of development)	Number of smokers (millions) at reduced prevalence (–1% per year)			Number of smokers (millions) at constant prevalence	
	2000	2020	2050	2020	2050
Developed	196.5	177.0	134.7	216.4	222.6
Developing	977.3	1055.2	1093.4	1290.1	1807.2
Economies in transition	108.0	90.1	60.4	110.2	99.8
World	1282.5	1385.1	1341.8	1693.5	2217.9

Source: ECOSOC Report 2002

1.4% of all deaths in 1990 to 13.3% of all deaths in 2020.<sup>1</sup>

The number of persons consuming tobacco is also likely to rise, according to the models presented in the 2002 report of the Economic and Social Council (ECOSOC) of the United Nations.<sup>2</sup> The ECOSOC report provides two scenarios, one in which the whole world will witness a 1% annual decrease in the prevalence of tobacco smoking, on par with the best performing states of the USA such as Oregon, Massachusetts and California, and another in which the current levels of prevalence will continue (Table 9.1). Even in the best case scenario, the absolute number of persons smoking tobacco will increase in developing countries such as India. This is because the population size will increase in these countries at a rate higher than the rate of decline in the prevalence of tobacco use.

The other reasons suggested in the ECOSOC report for the situation worsening in developing countries in the foreseeable future are: (i) a progressive rise in per capita income levels in developing countries (providing more disposable money to be spent on the tobacco addiction), and (ii) a steady shift in the production sites of tobacco to developing country locations (decreasing the local cost of tobacco products). In addition, there would be aggressive attempts by multinational tobacco companies to expand their sales in developing countries, to compensate for the fall in consumption in developed countries.

In India's case, the population is expected to grow by about 300 million between 2000 and 2020.<sup>3</sup> Most of the expansion will occur in the age group of 15–59 years. This is the age group which is most vulnerable to acquiring and continuing the tobacco addiction. Even if the prevalence of tobacco use falls by 1% per year, in the best case scenario of ECOSOC modelling, there is likely to be a net annual increase in the absolute number of persons consuming tobacco in India. Over the next half century, this would translate into a larger burden of deaths and disability arising from tobacco-related diseases. If the results of tobacco control are less satisfactory and the prevalence of tobacco either remains the same as at present or declines at a rate lower than 1% per year, the situation would be even more grim. If the domestic prices of tobacco products fall, the situation could further worsen.

What would happen if India's tobacco production remains the same or even increases? India's ability to export tobacco to the world market is diminishing, because tobacco consumption is declining in developed countries and developing country markets are being increasingly captured by transnational tobacco companies which operate from developed countries. In such a case, the surplus of tobacco produced in India will aggressively seek an increase in the internal market, in one form or the other. It is not accidental that the large-scale increase in the manufacture and sale of oral tobacco products in India coincided with the fall of India's tobacco exports to countries

belonging to the erstwhile Soviet bloc. If demand-reduction measures are not vigorously implemented, tobacco production continues unabated and tobacco exports decline, India would experience the worst case scenario of increasing numbers of people using tobacco and falling victim to its deadly effects over the next half century. In such a case, India will fall victim to its own agricultural success in tobacco.

### Tobacco control: What can be set right?

The grim scenario of rising tobacco-related burdens need not be regarded as *fait accompli*. There is an alternate vision—one of effective tobacco control. There are several ways in which the menace of tobacco can be countered and diminished, if there is a political will and collective societal commitment to strengthen tobacco control in India. This chapter indicates how this can be accomplished, through the following steps.

#### 1. Raise taxes on all tobacco products to increase prices and generate revenue for tobacco control

The case for this has been extensively argued in Sections 6.8, 7.1 and 8.1. The potential for augmenting tax revenue through tobacco tax increases is vast. In 2002, the excise tax revenue from tobacco was around Rs 5600 crore (Rs 56 billion). This was mostly derived from the taxes on cigarettes, which constitute about 14% of the Indian tobacco market. The *beedi* sector and oral tobacco products sector were virtually untouched. Even if one were to ignore the large-scale evasion of excise tax in the cigarette sector, the yield of Rs 5600 crore (Rs 56 billion) from that sector indicates the potential for additional revenue from the other tobacco sectors, if they are brought on par with the cigarette sector in the taxation scheme. Theoretically, the excise tax revenue could be raised to anywhere between Rs 20,000–30,000 crore (Rs 200–300 billion) per year if the entire tobacco sector was taxed at

the rate of the cigarette segment. Even if this were considered impractical, it is not difficult to envisage a taxation scheme which imposes a higher level of taxes than at present on *beedis* and oral tobacco products and, thereby, generates an additional revenue of Rs 6000 crore (Rs 60 billion) per annum. This would also be possible if an earmarked tobacco cess was proposed that covers cigarettes in addition to other tobacco products. Even if a total ban were to be imposed on the manufacture and sale of oral tobacco products (*see below*), the taxation of smoked tobacco products (cigarettes and *beedis*) alone could produce an additional revenue of Rs 6000 crore (Rs 60 billion) through a combination of excise tax parity and an earmarked cess.

#### 2. Spend the additional revenue on social sector initiatives benefiting the poor and on strengthening tobacco control programmes

Since the poor are the predominant consumers of tobacco in India (especially in non-cigarette forms such as *beedis* and chewed tobacco), it is sometimes argued that the increased tax burdens on tobacco products would adversely affect the poor. Apart from the fact that increased tobacco taxes would raise tobacco product prices and, thereby, reduce consumption of those harmful products (especially by the poor who are more price-sensitive than the rich), the best way to counter the argument is to spend a large fraction of the tobacco tax revenue on social sector programmes especially intended to benefit the poor.

About half of the extra money generated through new mechanisms (earmarked tax/cess and rationalization of the excise tax structure) could be utilized for funding programmes intended to increase the access of the poor to school education and primary health care, especially in rural areas and urban slum settings, where tobacco use is particularly high. Investment in education and alleviation of poverty will address the main social determinants of tobacco use and help vulnerable groups to escape the curse of

tobacco addiction. A part of this money could be utilized for providing education and vocational training to the children who are presently engaged in the production of *beedis* and oral tobacco products.

The remaining half of the extra revenue could be utilized specifically for strengthening tobacco control efforts: education of people through the mass media; specially targeted educational programmes, such as for children and adolescents, women's groups and workers; establishing and strengthening community-based and clinic-based tobacco cessation services; establishing tobacco product testing laboratories for regulatory purposes; providing support to civil society groups for undertaking activities related to tobacco control; encouraging research which will provide policy- and programme-relevant information that can help improve the effectiveness of tobacco control measures; establishing efficient tobacco surveillance mechanisms to monitor the patterns of tobacco use and their consequences; invigorating enforcement mechanisms; integrating tobacco control into other development-oriented programmes and creating national-, state- and district-level coordination mechanisms. A part of this money could also be utilized for undertaking operational research into the identification of appropriate mechanisms to facilitate the shift of tobacco farmers to alternative crops.

The creation of such a large fund for tobacco control will also enable the Central Government to provide adequate resources to the State Governments for undertaking effective tobacco control programmes. Without such resources to back up the programmes, the vision of tobacco control will remain confined to Central plans as the States will find it difficult to implement the programmes at the desired level. Infusion of funds into State-level programmes will encourage decentralized design and delivery of activities related to tobacco control, and ensure that the mission to combat tobacco becomes a truly national endeavour.

### **3. Impose a ban on oral tobacco products such as *gutka***

While imposition of an immediate ban on the manufacture and sale of all tobacco products may not be regarded as a feasible course of action for the government to undertake due to a variety of economic and political reasons, there is a strong case for imposing such a ban at least on oral tobacco products. These products are relatively new in the market but are rapidly converting many Indians into addicts and victims. This phenomenon is especially pronounced in the case of children and women, who are usually deterred from smoking by social taboos but can chew tobacco without such inhibitions. Children, in particular, can access these low-priced and easy-to-carry pouches without the fear of detection. The ban on smoking in public places does not extend to the use of chewed tobacco products. Some adults may, therefore, add the chewing habit to their smoking habit, to satisfy the constant craving for nicotine. High rates of oral cancer are likely to result at younger ages from such addictions becoming established in children and young adults. Even at present, India has the highest number of oral cancer cases in the world. A ban on oral tobacco products would, therefore, constitute a timely public health measure.

The danger of such a ban failing, due to smuggling and black market sale of oral tobacco products, is not high. Very few countries manufacture oral tobacco products and none on the scale that India does. Countries such as Australia have banned the manufacture and importation of oral tobacco products and have effectively prevented their entry through smuggling. In any case, India needs to counter the smuggling of all types of tobacco products and oral tobacco products too would be covered by that umbrella of vigilance against illicit trade.

The ethical and legal case for such a ban is also strong. The 'harm principle' and 'precautionary principle' which are invoked for protection of the environment are equally applicable for the protection of public health. While the whole

world is still struggling with the folly of having permitted smoked tobacco products to become established as legal commodities before their harm was adequately recognized, India can at least take steps to eliminate the most recent entrant into the market, on the grounds of manifest and potential threats to health. The provisions of the Prevention of Food Adulteration Act can be effectively invoked to impose such a ban.

The Supreme Court of India did not refute the legal basis for such a ban by the Central (Union) Government. While striking down the ban on *gutka* imposed by some State Governments, it opined that such a ban could be imposed only by the Central Government (*see* Section 6.3). It is now for the Central Government to act decisively in this matter.

#### **4. Strengthen enforcement of existing laws and regulations**

In 2003, India enacted one of the most comprehensive and powerful anti-tobacco laws in the world. Many of the provisions are in conformity with the Framework Convention on Tobacco Control (FCTC) and some are even stronger than those recommended in the FCTC. The rules related to some of the legal provisions have been notified and others are under preparation. The implementation of these rules, however, needs careful attention. If the rules are not adequately enforced, it would defeat the purpose of the legislation and erode the confidence of the people in the process of tobacco control.

The agencies involved in enforcement, at Central and State levels, should be strengthened quantitatively and qualitatively, so as to adequately address the needs of enforcement. This would mean investment in periodic training, establishment of easy reporting and early response systems to deal with violations, coordination mechanisms for concerted action by different enforcement agencies and monitoring methods for evaluating successes and failures.

Successful enforcement of anti-tobacco laws also requires community mobilization to increase people's awareness, enlist their support for the laws and involve them in reporting and 'watchdog' functions. This mandates a continuing educational effort as well as the formation of local community-level implementation and monitoring bodies which will act in tandem with the official enforcement agencies. The support of civil society groups is essential in this context.

#### **5. Establish coordinating mechanisms at Central and State levels**

The mandate of tobacco control involves multisectoral actions, to be undertaken at multiple levels (both within the government and in the broader society). This requires efficient planning, effective coordination and close monitoring. The need for national coordinating mechanisms has been recognized by the FCTC and has been amplified in the Indian context in Section 8.2. The agenda of comprehensive tobacco control in India will flounder if such mechanisms are not established for facilitating regular consultations among major stakeholders and concerted action by implementing agencies. The establishment of Central- and State-level inter-ministerial coordination committees and a National Coordinating Body (such as a National Commission for Tobacco Control) would be essential for this purpose.

#### **6. Mobilize the people through mass education and community empowerment**

All of the governmental measures for tobacco control will succeed only if there is a growing groundswell of popular support for the cause and increasing levels of community participation in the process of implementation.

It is essential, therefore, to increase the knowledge, motivation and skills of the people through mass education, and to create strong community-level coalitions to combat tobacco through government-supported civil society

action. The media too, in its varied forms, needs to be effectively enlisted as a partner in this effort. The energy and idealism of the youth also need to be channelled into well-designed anti-tobacco campaigns to make them powerful agents of social change.

### **7. Promote tobacco cessation through many avenues**

If the objective is to reduce tobacco-related burdens by 2020, it is absolutely essential to promote tobacco cessation effectively and extensively, as most of the burdens of death and disease due to tobacco over the next two decades would arise from current consumers of tobacco. Success in tobacco cessation will yield early benefits in terms of reduced cardiovascular death rates, as the risk of a heart attack is substantially reduced (close to normal) by stopping smoking for 3 years. The cancer risk is lowered more slowly, but some gains would be made in this area too.

Clinic-based counselling services are useful, but they need to become available at the level of primary health centres, and support for cessation must become part of the routine general medical and health care practice. Community-based cessation facilities, which can be run by trained laypersons (especially civil society groups), should become the main model for cessation. The potential role of indigenous methods such as yoga and Indian systems of medicine should be scientifically evaluated. Research needs to identify cessation techniques which are especially appropriate for oral tobacco users and young persons, since most of the available global cessation research has focused on adult smokers.

### **8. Restrict the import of tobacco products into India**

The rules of the World Trade Organization (WTO) require all member states of WTO to adopt non-discriminatory trade practices. Unfortunately, this is often interpreted to mean that foreign manufactured tobacco products

have the right to freely enter and compete in the Indian market. India can, however, effectively restrict the entry of such products by setting stringent regulatory standards for domestic tobacco products, which the foreign tobacco products have to match. Such standards could be set in terms of: the content of toxic chemicals such as tar, nicotine, carbon monoxide, nitrosamines and polycyclic hydrocarbons in the products or their emissions; the nature of packaging and labelling, especially with respect to the size and content of the health warnings and the languages used to convey them; the frequency of regulatory testing and the disclosures required to be made by the industry. Even if some of the foreign manufacturers do comply with these regulations, their uniform application to both foreign and domestic tobacco products will ensure a strong and effective regulatory environment which will, in turn, influence domestic consumption.

### **9. Progressively reduce the area of land under tobacco cultivation in India**

A reduction in the demand for tobacco, through reduced consumption, would lead to reduced production of tobacco, over time. However, the aggressive attempts of the tobacco industry to fully utilize the domestic production of tobacco to produce a greater variety of tobacco products as well as interventions by the government to provide distress subsidies to tobacco farmers may delay such a market response. It would be in the interest of tobacco control if the supply of tobacco is also reduced, alongside effective measures to reduce the demand. The land under tobacco cultivation may be progressively reduced, by encouraging farmers to switch to alternative crops. This would be a more enlightened policy for the government to follow rather than periodically providing bail-out subsidies to tobacco farmers. It is essential that steps are also taken to ensure that this reduction in domestic supply is not compensated by entry of tobacco from other countries. This can be done through a strong regulatory regime and well-designed import restrictions which will not attract the censure of the WTO.

## What could be the impact of such actions?

The results of such interventions can only be evaluated through systematic observation and analysis. In the absence of widespread experience of such interventions being applied in the Indian context, a forecast of the results would be speculative. However, there is sufficient strength in the foundations of international experience to attempt to erect a model of the likely impact of a comprehensive tobacco control programme in India.

If all oral tobacco products are banned completely, a sizeable segment of tobacco consumption in India would be removed. Even if half of the oral tobacco consumers switch to smoking cigarettes or *beedis* to satisfy their craving for nicotine, such a ban is likely to have a major impact on women, children and adolescents. A reduction in the prevalence of tobacco consumption, to the extent of 10%–20%, is therefore likely to result from such a measure.

Fiscal measures, in which tax increases are used to raise the price of tobacco products and lower their consumption, are likely to result in a further reduction in the prevalence of tobacco use. Such measures will serve especially well to rescue the poor from a deadly addiction. The prevalence is, therefore, likely to fall by another 5%.

If other demand-reduction measures recommended by the FCTC (and mostly enacted by the Indian law) are effectively implemented, and educational efforts to enhance popular awareness of the ills associated with tobacco penetrate the mass consciousness, there would be an additional impact on tobacco use prevalence, which may be further reduced by 5%–10% over the next 5 years.

If cessation attempts are encouraged on a wide scale, utilizing methods which are identified to be cost-effective in the Indian context, further reductions in prevalence could occur, ranging between 5% and 10% over the next 5 years.

In 2002, the Subcommittee on Cessation, of the Interagency Committee on Smoking and Health in the United States, outlined 10 recommendations for reducing premature morbidity and mortality by helping millions of Americans to stop using tobacco.<sup>4</sup> The plan included both evidence-based, populationwide strategies designed to promote cessation (e.g. a national quitline network) and a Smokers' Health Fund to finance the programmes (through a \$2 per pack excise tax increase).

The Subcommittee developed a US national tobacco cessation action plan that '(i) targets meaningful reductions in both tobacco use and its human and economic costs; (ii) relies on the strongest scientific evidence; (iii) addresses disparities in tobacco use; (iv) is national in scope and regional in application; (v) includes public-private partnerships; (vi) targets both the immediate and sustained effects of tobacco use; (vii) is comprehensive and integrated, with each component having an independent impact; (viii) is regularly evaluated; and (ix) is securely funded'. The plan was designed to reduce tobacco use by a minimum of 10% in its first year. This target was chosen because of its significant public health benefit and its feasibility. Depositing before the Subcommittee, F.J. Chaloupka estimated that the plan will prevent approximately 3 million premature deaths, through the avenues of smoking cessation and prevention of smoking initiation, as a result of the reduction in smoking prevalence achieved in the first year (F.J. Chaloupka, oral and written testimony to the Subcommittee on Cessation, 3 December 2002, and 20 December 2002).

There are several reasons why India can hope to achieve an even higher rate of reduction, through a combination of measures discussed in this chapter. Given the low level of tobacco control activities so far and the sparse resources allocated till now for that purpose, a comprehensive National Programme for Tobacco Control that is well resourced is likely to have a high impact. If higher taxes and price increases worked well in rich countries, they will work

even better in India, where price elasticity is higher. A ban on oral tobacco products too will have an immediate impact. The complete ban on advertising and the countrywide ban on smoking in public places in India go further than the US regulations.

It is also likely that the global efforts at tobacco control would be galvanized after the coming into force of the FCTC (around early 2005). The events that would occur subsequently across the world would considerably influence and possibly help the Indian efforts at tobacco control. In such a conducive global environment, the National Programme for Tobacco Control may accomplish even better results than suggested above.

India should aim to achieve at least a 30% reduction in the prevalence of tobacco consumption by 2020 and a 25% reduction in tobacco-related mortality by 2050. These targets are not modest, considering the large projected rise in tobacco-attributable mortality that has

been forecast for India. However, a comprehensive tobacco control programme which combines high levels of passion, planning, performance and perseverance has a good chance of accomplishing these goals, or even bettering them.

## References

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