

# 10.1

## Recommendations for the Central Government

As mandated by Parliament of India and as directed by the Supreme Court of India, the Central (Union) Government has the responsibility for initiating legislative and administrative measures for tobacco control at the national level. While the Ministry of Health and Family Welfare must function as the focal point of a national programme, tobacco control requires multisectoral action to be undertaken by several ministries. It is recommended that the Central Government

1. Establish a Secretary-level Inter-ministerial Coordination Committee for developing, implementing and monitoring a National Programme for Tobacco Control (NPTC), which integrates demand-reduction and supply-reduction strategies (as recommended by the WHO Framework Convention on Tobacco Control [FCTC]), and channels them into a multisectoral implementation pathway (Box 10.1).
2. Establish a National Regulatory Authority for regulating the constituents and emissions of tobacco products.
3. Establish and help maintain independent National Laboratories for Tobacco Product Testing, which are free from the influence of the tobacco industry.
4. Effectively enforce existing laws, evolve new laws as may be necessary (such as for imposing a ban and penalties on cross-border advertising) and undertake additional administrative action as may be needed (such as imposition of a nationwide ban on *gutka* under the Prevention of Food Adulteration [PFA] Act).

### Box 10.1 Activities to be included in the National Programme for Tobacco Control

- Effective enforcement of a comprehensive ban on tobacco product advertising and promotion
- Curbs on cross-border advertising
- Strict ban on the sale of tobacco products to and by minors
- Rigorous enforcement of the ban on smoking in public places
- Anti-tobacco health education to be provided in schools and colleges through curricular and co-curricular activities
- Development and implementation of a dedicated media plan to provide health education related to tobacco avoidance
- Effective counter-mechanisms to tackle the influence of the tobacco industry
- Higher taxes on tobacco products, across the board, to protect vulnerable groups of society
- Effective health warnings on the packaging and labelling of tobacco products, to adequately inform consumers
- Setting up a National Regulatory Authority to administer tobacco product regulation
- Providing facilities and resources for promoting tobacco cessation
- Effective controls on illicit trade of tobacco products (smuggling)
- Stringent penal provisions to deal with violators of the law
- Identification and in-depth market analyses of alternative crops for tobacco

5. Pursue a policy of progressively increasing the taxation on all tobacco products to reduce tobacco consumption through price mechanisms.
6. Extend the ambit of tobacco product taxation, especially the excise tax, to hitherto untaxed or lightly taxed products such as *beedis* and chewed tobacco products, and bring their taxes on par with those on cigarettes, to reduce the consumption of such non-cigarette tobacco products through price mechanisms.
7. Discontinue direct and indirect subsidies and financial incentives to tobacco farming and the tobacco industry.
8. Levy an earmarked tobacco cess, whose revenue would be utilized for strengthening health programmes in the country, especially in the area of tobacco control.
9. Establish partnerships with civil society organizations and the private sector (other than the tobacco industry and its affiliates) for advancing the implementation of the NPTC.

10. Establish a National Coordinating Body, with participation of relevant stakeholder groups but excluding the tobacco industry and its affiliates, to guide and monitor the implementation of the NPTC.
11. Integrate elements of the NPTC into other national health programmes and developmental programmes.
12. Establish and support a nationwide surveillance system for monitoring the patterns of tobacco product consumption among different population groups and the trends in major tobacco-related diseases, along with systems for monitoring the determinants of tobacco consumption (from community health beliefs to tobacco industry behaviour).