## **Tobacco control in India: Strategies need to be redefined**

Sir,

I appreciate the concern expressed by Kumar *et al.*, in the Letter to the Editor titled "Tobacco overexploitation in India: An issue urgently to be addressed" published in *Clinical Cancer Investigation Journal* 2012;1:261.

The important areas addressed by the WHO Framework Convention on Tobacco Control (FCTC) include strengthening public awareness, communication, training and education about the dangers of tobacco consumption. A major tobacco control program should aim at creating awareness, reduction of tobacco production, ban of tobacco use in public places and control of the tobacco distribution system.<sup>[1]</sup>

Recently, Government of India has taken initiatives to control tobacco consumption and strengthened several anti-tobacco policies. However, studies suspect a 2-3% growth in tobacco consumption per year<sup>[2]</sup> and an expected 1 million deaths per year due to tobacco use.<sup>[3]</sup>

The problem of tobacco consumption in India is of a complex nature. Tobacco consumption is more prevalent in rural areas than in urban areas and more prevalent in the lower socioeconomic and uneducated populations. Lack of awareness about the ill effects of tobacco is considered one of the major risk factors in these groups. [4] Tobacco consumed in its smokeless form is more common in India than smoking. Beedi is the most common form of tobacco smoking. [2]

Increasing taxes on tobacco is considered one of the effective methods for tobacco control. However, majority of the local gutkha companies are not registered and easily escape taxation. Tax on beedi and smokeless tobacco also is very low and it is difficult to monitor the production and sale of these products. Most of the smokeless tobacco is sold loose.

Ban on smoking in public places allows limited opportunity for smokers and protects the health of nonsmokers. Although Government of India has banned smoking in public places, effective implementation of this law is very poor. India is among the very few countries that have implemented the regulation of a pictorial warning on tobacco packets. However, several studies have revealed a large number of local brands being sold without pictorial warnings or not following the display rule. A large amount of tobacco is consumed or sold loose, which easily escapes these regulations. Large numbers of sellers are not aware of the tobacco regulations as well as its ill effects.<sup>[5]</sup>

A significant change can be brought about only if the existing law is implemented effectively. A separate law-enforcing authority and a separate tobacco control cell at various levels may play a vital role in reducing the tobacco burden.

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## **REFERENCES**

- WHO Framework Convention on Tobacco Control. Geneva: World Health Organization, 2003. Available from: http://whqlibdoc. who.int/publications/2003/9241591013.pdf [Last accessed on 2011 Jan 29].
- 2. Jandoo T, Mehrotra R. Tobacco control in India: Present scenario and challenges ahead. Asian Pac J Cancer Prev 2008;9:805-10.
- Jha P, Jacob B, Gajalakshmi V, Gupta PC, Dhingra N, Kumar R, et al. A nationally representative case control study of smoking and death in India. N Engl J Med 2008;358:1137-47.
- 4. Majra JP, Gur A. Poverty, tobacco and health: An Indian scenario. J Health Popul Nutr 2009;27:316-8.
- Shetty P, Singh H, Manohar V, Veetil SS, Panakaje MS. Tobacco control regulations-knowledge, attitude and practice among tobacco sellers of Mangalore. J Oral Health Res 2012;3:3-6.

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