STRENGTHENING THE GOVERNANCE FOR EFFECTIVE TOBACCO CONTROL IN INDIA

UPENDRA BHOJANI

One of the key components in achieving a substantial reduction in tobacco use and associated disease, economic and ecologic burden in India is to strengthen the governance for tobacco control. In the last decade and a half, a lot has been done in this direction, notably enacting a national legislation (the Cigarette and Other Tobacco Products Act, 2003 COTPA)[1], embracing an international treaty – the WHO Framework Convention on Tobacco Control [2] (FCTC) – and prohibitions on manufacturing and sales of gutka across the country. In addition, there have been state-specific regulations including prohibitions on all forms of chewing tobacco products, the sale of loose cigarette sticks, hukka (smoke pipe) and e-cigarettes. These efforts are commendable.

However, the concept of governance goes beyond an important component of regulations. It also entails coordination with varied stakeholders ensuring overall policy direction and accountability to achieve shared goals. The goal of reducing tobacco use is evident through these regulatory measures. More recently, as part of the National Action Plan and Monitoring Framework for Prevention and Control of Non-Communicable diseases, India set a target of 15% reduction in tobacco use by the year 2020 and 30% reduction by the year 2025.[3] In this paper, I reflect on the four major challenges in tobacco control that imply strengthening governance for tobacco control.

CONFLICTING INTERESTS WITHIN GOVERNMENTS

There exist conflicting mandates/interests within government where, despite the stated commitment to reducing tobacco use, certain government agencies end up promoting tobacco production and trade, and hence its consumption. Some of these conflicts are embodied through the presence of laws that promotes tobacco industry. For example, the Tobacco Boards Act (1975)[4] led to an establishment of the Tobacco Board of India under the union Ministry of Commerce and Industry. The board provides financial, material and technical inputs to tobacco growers and facilitates tobacco trade nationally and internationally.[5]

More recently, an amendment to the Companies Act (2013) legitimized, and in fact mandated, the corporate social responsibility activities by big tobacco companies in India. This is ironical, as the core operations of the tobacco industry of primarily producing lethal products known to kill about 3,500 Indians on daily basis, is itself not in 'social interest'. Preventing these conflicts require amending the existing laws, other conflicts arise out of department/agency policies or simply due to lack of policies preventing such conflicts. For example, many government agencies are investing huge sums of money in the tobacco industry. At least six of the top ten shareholders of the largest tobacco company in India are all government companies.[9]

TOBACCO INDUSTRY INTERFERENCE

Historically, the tobacco industry is known to interfere in public policy related to tobacco control globally and in India. There are several known tactics used by the industry. Pranay Lal and Ashish Pandey articulate the six major strategies used by the tobacco industry in India:

(1) Manipulating the political and legislative process;

(2) Overplaying the employment and economic importance of the tobacco;

(3) Gaining public support by looking respectable;

(4) Creating front groups to show support for tobacco industry;

(5) Discrediting scientific evidence;

(6) Intimidating and threatening governments with litigation.

Several intertwining links between the industry and the governments, as explained in the earlier section, make it easier for the industry to interfere in policy-making.[11] Recognizing the fundamental and irreconcilable conflict between the industry interest and the public health interest, the WHO Framework Convention on Tobacco Control (FCTC) require the member governments to protect tobacco control policies from the vested interests of the tobacco industry. The Article 5.3 of the Convention deliberates the policy measures to protect public health policies from the vested interests of the tobacco industry, including a code of conduct for the public officials/agencies on how to deal with the tobacco industry.

> A recent exploratory study revealed several such examples, pointing to the six major ways in which conflicts of interest arise within governments for tobacco control: (1) public support for the tobacco industry by government institutions/individuals; (2) shareholdings/ownership of tobacco companies by government agencies/functionaries; (3) formal partnerships between the tobacco industry and government agencies; (4) individuals simultaneously holding positions within governments and tobacco industry; (5) conflicting policies; and (6) state incentives for tobacco industry.

Despite over 10 years of the Convention and despite a commitment made by the Union of India to the Karnataka High Court (as part of a Public Interest Litigation[13]), we are yet to see any concrete policy measures in this direction at the national level. On a positive note, states of Punjab and Mizoram have put in place a policy and a code of conduct for public officials to prevent tobacco industry interference. There is need to adopt such measures in other states and at the national level while making active efforts at denormalizing the tobacco industry.

ENHANCING EQUITY

Tobacco use and associated burden is one of the important contributors to the growing health inequity in India. Tobacco use is much more concentrated among poor who suffer disproportionate disease and economic burden. Analysis of the three subsequent rounds of the National Sample Surveys (1999-2000; 2004-2005; 2011-2012) revealed that the marginal reduction in tobacco use over the decade was largely due to reduction of tobacco use among the richer section (43.8% to 36.8%). There was hardly any noticeable change among the poor households (61.5% to 62.7%).[14] The disparities in tobacco use across socio-economic line have persisted over time. Certain gaps in the prevailing tobacco control policies and their selective and weak implementation are likely to have the unintentional effect of worsening these disparities.

High taxes on tobacco products are proven tobacco control measures, especially sensitive in reducing tobacco use among youth and poor. In India, the taxes on tobacco remain far lower than the recommended levels (i.e. at least 70% of consumer price). In fact, increase in tobacco taxes have not kept pace with increase in income/inflation levels resulting in bidis and cigarettes becoming much more affordable in 2011 compared to 1990.[15] In the overall scenario of inadequate tobacco taxes, the bidis, prevalent smoking product among poor, are particularly treated favourably, whether by providing tax exemptions to small manufacturers or levying little or no indirect taxes (like VAT) in many states. The complex and variable tax structure across tobacco products in India is another hurdle, often facilitating switching of tobacco products by consumers negating the impact of tax hikes on select products. The proposed introduction of Goods & Service Tax in the country is the best opportunity to have the highest possible taxes applied uniformly across all the tobacco products, categorizing these products as sin/demerit goods.

The trend analysis of smoking prevalence suggests that the cigarette use is increasing at a faster pace among youth and poor households, and in all likelihood, cigarette smoking is slowly replacing bidi smoking in these groups[14, 16]. It is highly likely that these groups would buy single or loose cigarette sticks and miss out on pictorial health warnings that are otherwise mandated on cigarette packets. The weak implementation of prevailing laws, such as smoking bans in workplaces, are likely to leave poor who work in informal sector vulnerable. Many states in India are yet to bring in a comprehensive ban on all forms of smokeless tobacco products. There is need to focus on policies and their effective implementation that would specifically protect the youth and the poor.

MULTI-SECTORAL ACTIONS FOR TOBACCO CONTROL

Tobacco is not just a health concern. It is a legal commodity traded within the country and also exported. It is perceived as an important source of revenue. It is a major cash crop in the country. It impacts the environment. So, effective tobacco control requires a shared vision and decisive actions from multiple sectors beyond health. While historically, the prevailing tobacco control policies have roots in actions/policies of several sectors, there remains contradictions in how some of the sectors view tobacco[17].

There is room for engendering harmonious actions across sectors for tobacco control. Framing of tobacco control as an effective strategy for prevention and

control of non-communicable diseases and more broadly for poverty reduction and development would ground tobacco control within national (multi-sectoral action plans for non-communicable diseases) and international (sustainable development goals) policy frameworks for inter-sectoral actions. Optimising this would imply stronger leadership by health ministry in advocating for and engendering inter-sectoral actions for tobacco control.

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Dr. Upendra Bhojani
Faculty Member and Assistant Director at the Institute of Public Health, Bengaluru, India

> Tobacco is the only industry that produces products to make huge profits and at the same time damages the health and kills it's consumers