



**COMPENDIUM ON  
GOOD, REPLICABLE AND  
INNOVATIVE PRACTICES (GRIP)  
OF TOBACCO CONTROL IN INDIA - VOLUME II**

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# **Compendium on Good Replicable and Innovative Practices in Tobacco Control in India (GRIP) Volume 2**

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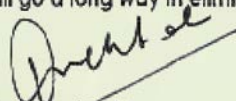
### Foreword

Tobacco use remains a global public health crisis, claiming millions of lives each year and imposing a heavy burden on individuals, families, and society. In low and middle-income countries, including India, where tobacco industry interference and marketing are prevalent, the urgency to address this issue becomes even more critical. It is heartening to see that India has made a huge progress in tobacco control over last two decades since enactment of Cigarette and Other Tobacco Products Act (COTPA). However, the good practices in tobacco control being adopted at national and subnational level not been documented.

Resource Centre for Tobacco Control (RCTC) has made an invaluable contribution to the field of tobacco control by compilation and documentation of various tobacco control initiatives undertaken by various states. Highlighting and disseminating these good practices in form of this book entitled 'Compendium of Good Replicable and Innovative Practices in Tobacco Control in India' will lead to a cascade effect through their potential replication in other states and possibly other countries. This collaborative approach will undoubtedly strengthen the national tobacco control program in our country.

The compendium is a testament to the collective efforts of diverse stakeholders from various states in India to implement effective tobacco control measures. It showcases 16 practices that have been proven successful, and are replicable and scalable in strengthening tobacco control in the country. This compendium shall also serve as a valuable resource to academia, researchers and program implementers in increasing awareness and sensitizing them about the critical importance of tobacco control.

I would like to extend my sincere appreciation to Resource Centre for Tobacco Control for its exceptional dedication towards compiling this compendium which will go a long way in eliminating the tobacco menace from our society.



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# Preface

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### Preface

Tobacco consumption is a major global health concern, causing around 8 million deaths each year, with projections indicating that this number will double by 2025. Addressing the significant physical and economic burden of tobacco use among young people is a critical priority. In response to this public health crisis, India implemented the Cigarettes and Other Tobacco Products Act (COTPA) in 2004, and subsequently established the National Tobacco Control Program (NTCP) in 2008. The objective of NTCP is to raise awareness among the general public about the harmful effects of smoking and other tobacco products, while effectively implementing COTPA. Although various states have implemented successful practices related to different sections of COTPA and elements of NTCP, these efforts are often not documented. Therefore, there has been a dire need to compile and disseminate the good practices in tobacco control at national and subnational level, specifically, the lessons learned, challenges faced, and solutions identified across states to further strengthen tobacco control measures in India.

In 2023, Resource Centre for Tobacco Control, which operates under the Department of Community Medicine and School of Public Health at PGIMER, Chandigarh, organized the "2nd National Conclave on Best Practices under the National Tobacco Control Programme in India" in Chandigarh. The participants of the conclave were selected through a highly comprehensive process where they need to submit a structured concept note of the good practice implemented by them in their state. A group of experts selected the potential good practices based upon the rationale, chronological journey of the intervention, multi-stakeholders and multi-disciplinary engagement, result/outcomes of the intervention, challenges faced in implementation of the intervention, institutionalisation and sustainability of the intervention, and transitory value. During the conclave, the selected participants presented their good practices, while fellow participants and experts provided feedback to improve upon them. Thereafter, these practices were penned down by the participants, o RCTC, which sent them further to the experts for their review. The experts reviewed them and provided feedback to the participants through RCTC which led to documentation of 16 case studies from various states of country.

The documentation of these practices in form of compendium will not only increase awareness and promote cross-learning among stakeholders, but also assist program implementers in their potential replication in their states for strengthening the national tobacco control program in India and achievement of overarching goal of a 'tobacco free India'.

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The current publication is the product of intensive efforts of the virtual Resource Center for Tobacco Control (RCTC) established at the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, in collaboration with various institutions and associations. These include Healix Sekhsaria Institute for Public Health, Navi Mumbai; Strategic Institute of Public Health and Research, Chandigarh; Faith Foundation, Gujarat; Mary Anne Charity Trust, Tamil Nadu; Salaam Bombay Foundation, Mumbai; Generation Saviour Association, Mohali; Ministry of Health and Family Welfare, Government of India, New Delhi; HRIDAY, New Delhi; The International Union Against Tuberculosis and Lung Diseases (The SEA), New Delhi; Cancer Foundation, Jaipur; Voluntary Health Association, Madhya Pradesh; Socio-Economic and Educational Development Society, Bihar; Sambandh Health Foundation, Gurugram, Haryana; Voluntary Health Association of India, New Delhi; MANT, Kolkata; Balajee Sewa Sansthan, Dehradun, Uttarakhand; and Manipal Academy of Higher Education, Manipal.

We would like to acknowledge the contribution of 12 eminent tobacco control experts of the country as the authors of this compendium.

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We would like to acknowledge the extraordinary debt we owe to the esteemed

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thankful for the financial support provided by the Bloomberg Initiative Grant through The Union South East Asia for the conduction of the three-day "2nd National Conclave on Best Practices under National Tobacco Control Programme in India," scheduled from 12th to 14th January 2023 in Chandigarh, and further in the production of this compendium.

Additionally, we are grateful to the efforts of the members of the organizing team, Mr. Rajeev Chaudhary; Mr. Rajesh Bharatiya; Diksha Walia; and Aanchal Garg, who left no stone unturned for the successful collation, designing, and development of the compendium.





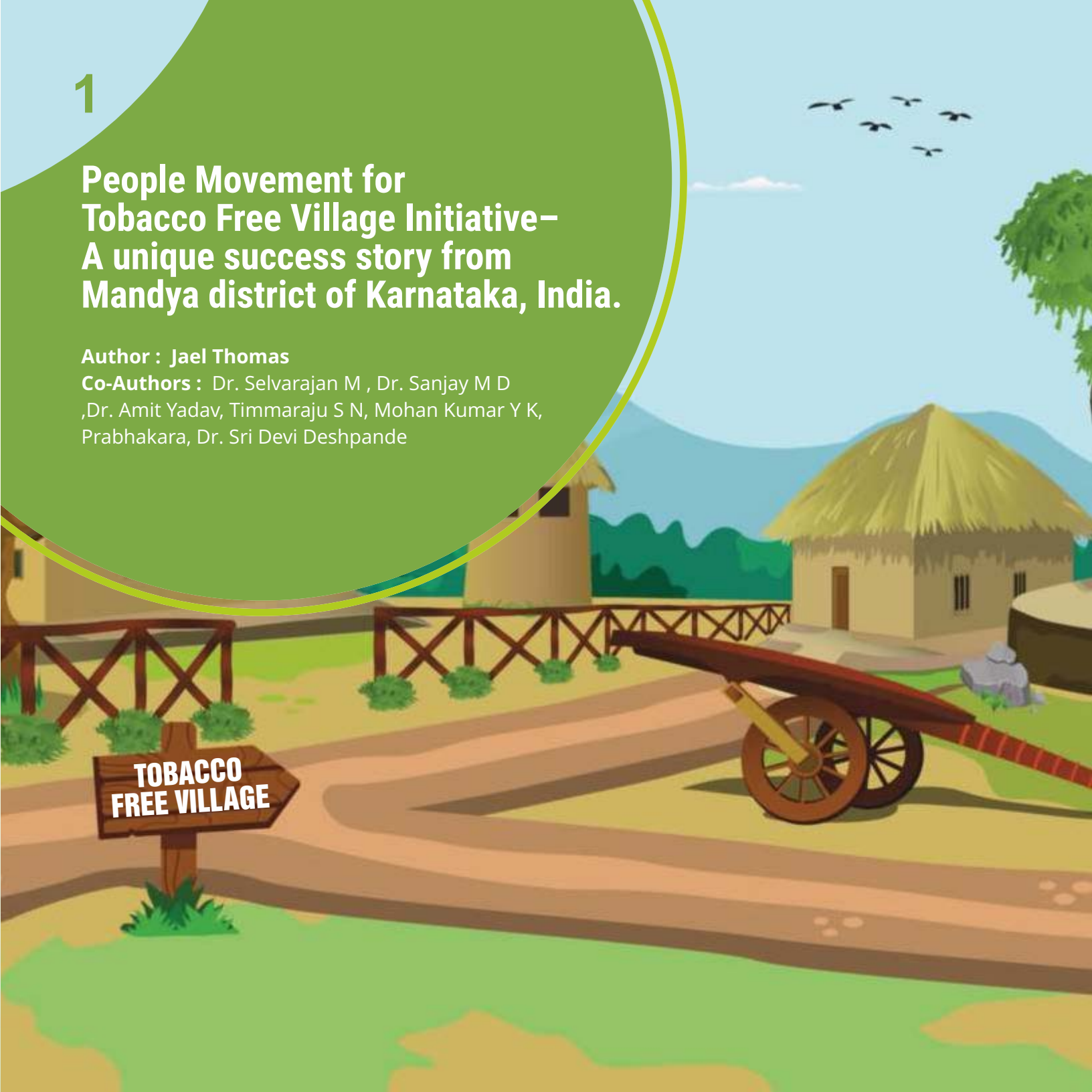


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# People Movement for Tobacco Free Village Initiative– A unique success story from Mandya district of Karnataka, India.

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## Rationale -

The need for this intervention arises from the fact that tobacco prevalence is higher in rural areas than urban areas in Karnataka and awareness of the adverse health effects of tobacco use is low in these areas. The lack of awareness leads to fewer attempts by people to quit smoking and use smokeless tobacco products. Mandya district was chosen for the Tobacco Free Village campaign because of its high tobacco prevalence and the district's Tobacco Control Cell (DTCC) approached the Naguvinahalli Panchayat to implement the campaign. The objective of the campaign was to free the village from the sale and consumption of tobacco products, which is an informed decision of village heads to keep their people away from tobacco products.

Therefore, this case study aims to document the intervention and experience of the People Movement for Tobacco Free Village Initiative in Mandya district. It provides insight into the strategies used, challenges faced and outcomes achieved, which can be replicated in other rural areas to reduce tobacco use and its adverse health effects. The success of this initiative can serve as a model for other districts and states to promote tobacco-free villages and improve public health.

## Intervention or response -

The intervention focused on making Naguvinahalli village in Mandya district of Karnataka, India tobacco-free by implementing various strategies such as sensitizing village officials, conducting awareness campaigns, cessation support, mapping tobacco vendors and enforcing COTPA regulations. The approach was multi-faceted and involved collaboration among various stakeholders to achieve the goal of a tobacco-free village.

1. On March 8, 2021, a District Level Coordination Committee meeting was conducted under the chairmanship of the District Commissioner to discuss making villages tobacco-free, considering the high number of Non-Communicable Diseases reported in Nuguvinahalli Village.
2. A study was conducted under the Non-Communicable Disease program, which identified 242 tobacco users in the village and cessation support was started with the help of ICTC counsellors and Oral Health doctors. Counselling was given twice a month.
3. Key criteria for selecting villages for the Tobacco Free Village Initiative were identified, including small geography

- with less population, less number of points of sale, villages that have taken many public health initiatives before and active and motivated Village Panchayat President and members.
4. The Panchayat administrator and officials were sensitized about the ill effects of tobacco consumption and the District Tobacco Control Cell informed them about the order issued by the Rural Development Department in 2014 to comply with COTPA and work on a tobacco-free village work plan.
  5. On March 16, 2021, a Rose Campaign was conducted to raise awareness among villagers about the ill effects of tobacco consumption, involving school and college students who visited identified shops and handed over a red rose as a symbol of love and respect along with a handout explaining the campaign's objective and sensitizing tobacco sellers on the ill effects of tobacco consumption and COTPA provisions.
  6. A resolution was submitted by the Panchayat Development Officer and approved in the District Level Coordination Committee meeting. The Gram Sabha conducted sensitization about the ill effects of tobacco consumption to villagers.
  7. On March 27, 2021, a school awareness program was conducted, along with an essay competition and prizes were distributed to the winners.
  8. Mapping of tobacco vendors was conducted by the accredited social health activist (ASHA) and a meeting was conducted with tobacco vendors in the villages, of which 99% agreed to stop the sale of tobacco products.
  9. Village-wise meetings were conducted by the District Tobacco Control Cell and the Panchayat members, and a door-to-door campaign was done along with ASHA workers, village leaders, and public health centres.
  10. On May 31, World No Tobacco Day was organized, and villagers were asked to take a pledge on declaring the village tobacco-free. IEC/posters on Tobacco Free Villages were developed and distributed in the Panchayat and COTPA enforcement drives were conducted twice a month.



*(World No Tobacco Day 2021 conducted in Naguvinahalli)*



## Criteria for Tobacco Free Village

### Declaration :

1. No sale and purchase of tobacco products inside the village.
2. Display of tobacco free village board at prominent place like near the main gate and on boundary wall of the village.
3. Signboards that say “sale and usage of tobacco products are prohibited”.
4. No smoking or use of chewing tobacco products inside the village by villagers and other members/visitors.
5. No direct or indirect advertisement of tobacco or related products.
6. A copy of the COTPA shall be available with the head of village council/ panchayath and made available at any time.

### Results/Impact:

The Tobacco Free Village intervention in Naguvinahalli village has yielded significant outcomes. The following table summarizes the impact of the intervention:

### Population: 2252

Number of households: 635

Declaration as Tobacco Free Village: June 22, 2022

Outcome Measures	Baseline (pre-intervention)	Post-intervention
Number of tobacco vendors	14	0
Number of shops displaying tobacco advertisements	6	0
Number of shops selling tobacco products to minors	2	0
Compliance with COTPA regulations in public places	20%	100%
Number of tobacco-related health camps conducted	0	4
Number of people participating in health camps	0	278

As seen in the table, the number of tobacco vendors in the village reduced from 14 to 0 after the intervention and there were no shops displaying tobacco advertisements or selling tobacco products to minors. The compliance with COTPA regulations in public places increased from 20% to 100%. Four health camps were conducted, and 278 people





participated in these camps. These outcomes demonstrate the success of the Tobacco Free Village intervention in creating a tobacco-free environment and promoting the health and well-being of the community.

### **Multi-stakeholder and multi-disciplinary engagement-**

The Karnataka State Rural Development and Panchayat Raj department supported the initiative by conducting meetings with Panchayat members and requesting their support for the tobacco-free village. They also displayed no-smoking boards in all public places. The Education department supported by conducting awareness programs in schools and providing sensitization programs for villagers. The health department provided cessation support for tobacco users. The Milk Federation also participated by spreading awareness through their milk booths. The Tourism department displayed boards at the entrance of the village, emphasizing the importance of not using any tobacco products. Red Cross and NGOs provided additional support in conducting awareness campaigns and sensitizing villagers. The involvement of multiple departments and stakeholders helped to strengthen the implementation of the intervention and contributed to the success of the tobacco-free village initiative.



(IEC at Naguvinahalii conducted by Health Inspecting Officer and ASHA workers along with the support from villagers.)



Institutionalization and sustainability of intervention-

The Tobacco Free Village initiative has been successfully integrated into the community through the formation of the Gram Sabha committee, which serves as a monitoring committee for the initiative. This committee consists of representatives from different departments and sectors, each with specific roles and responsibilities and is chaired by the Gram Panchayat President. The committee is responsible for ensuring regular enforcement of COTPA, conducting health awareness programs and providing technical support on the initiative.

To sustain the initiative over time, regular monitoring and compliance checks are conducted by the district tobacco control cell and ASHA workers. The Graam Sabha committee also meets regularly to review progress and plan future activities. The involvement of multiple stakeholders and departments has helped to create a sense of ownership and responsibility among the community, making it more likely that the initiative will be sustained over time.

In addition, the involvement of local political leaders and NGOs has helped to create public awareness about the ill effects of tobacco consumption, making it more likely that the community will continue to support the initiative. Efforts have also been made to create a culture of non-tobacco use through the regular display of no-smoking boards in public places and the supervision of tobacco sales to minors.

Overall, the intervention has been successfully integrated into the community, and steps have been taken to ensure its ongoing success. The involvement of multiple stakeholders and departments, regular monitoring and compliance checks and the creation of a culture of non-tobacco use are all positive indicators that the initiative will be sustained over time.

### **Translatory value-**

The Tobacco Free Village intervention has brought numerous benefits to the common people. Firstly, it has raised awareness among the villagers about the harmful effects of tobacco consumption, leading to a reduction in tobacco use. This has resulted in improved health outcomes and reduced healthcare costs. Additionally, the intervention has led to the creation of a clean and healthy environment in the village, making it a more attractive place to live and visit. The initiative has also provided an opportunity for the villagers to come together and work towards a common goal, fostering a sense of community and social cohesion. Lastly, the intervention has contributed to the larger goal of achieving a tobacco-free generation by reducing the accessibility of tobacco products, especially to minors, thereby protecting the health of future generations.

### **Challenges faced in implementation of intervention -**

During the implementation of the Tobacco Free Village initiative in Naguvinahalli village, several challenges were faced, including:

Resistance from tobacco vendors: One of the major challenges was to sensitize tobacco vendors who were already selling tobacco products and convince them to switch to alternative work. To overcome this, the project

team had to engage in extensive community mobilization efforts, including regular meetings and discussions with the vendors, and providing them with alternative livelihood options.

**Difficulties in sensitizing the population:** Another challenge was to sensitize and involve each person in the village. The project team had to conduct several rounds of awareness campaigns, meetings and training programs for the villagers to raise their awareness of the harmful effects of tobacco and the benefits of a tobacco-free village.

**Difficulties in follow-up and counselling:** Counselling and regular follow-up with NRT was also challenging as it required a lot of energy and resources. The project team had to train and involve the local ASHA workers and health assistants to provide counselling and follow-up support to the tobacco users.

**Tourist control:** Mandya district is famous for tourism, and controlling tourists who use tobacco was a major challenge. The project team had to work with local authorities and tour operators to create awareness among tourists about the tobacco-free village initiative.

## **Conclusions and Recommendations -**

The initiative aimed to make the village tobacco-free by reducing the accessibility of tobacco and sensitizing villagers about the harmful effects of tobacco use. The implementation involved the formation of a monitoring committee, involving various stakeholders, and conducting regular compliance checks. The result was the declaration of Naguvinahalli village as a tobacco-free village, with no sale or purchase of tobacco products and display of tobacco-free village boards at prominent places. The initiative faced challenges such as controlling the sale of tobacco in border villages, involving every villager, sensitizing tobacco vendors and providing follow-up counselling and NRT. However, the initiative was successful in making Naguvinahalli village tobacco-free and inspiring other villages to take similar actions. The lessons learnt from this initiative include the importance of involving the community and various stakeholders, providing incentives and sensitizing villagers to the ill effects of tobacco use.

## **Acknowledgement -**

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1. The District Health and Family Welfare Officer in Mandya
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4. The Rural Development Department, including the District Commissioner, President, and Panchayat Development Officer
5. The Education Department, including the Block Education Officer, school principals, and teachers

6. The Taluk Health Officer and Health Inspecting Officer in Srirangapatna, Mandya

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2

## Spiralling Transformation of Smoke Free Jhunjhunu City into Smoke-free Jhunjhunu District

Author : Jyoti Choudhary

Co-Author : Dr. Rakesh Gupta





## Rotionale -

The National Cancer Control Program did not have satisfactory implementation in the State. Therefore, back in 2005, RCF which had earlier visited four new districts to promote cancer control in collaboration with district administration. Jhunjhunu became an automatic choice because here the administration was welcoming and provided the desired leadership and sustainability to work in the local district hospital. Almost after a year of working for improving cancer control in the district and following the participation of the president of RCF

in the Sino-Indian workshop held under the auspices of the 13th World Conference on Tobacco or Health (WCTOH) in Washington DC in July, 2006, it was decided in concurrence with all stakeholders to be smokefree to address the issue of passive smoking and to create a model for a smokefree city for the first time in India. After having achieved the smokefree status of Jhunjhunu city on World No Tobacco Day 2007, the model for upscaling the smoke-free status of the district city was undertaken by the empowered team of SRKPS supported by RVHA and The Union of Jhunjhunu. This became imperative in order to protect the entire population from the damage of smoking and save more lives as its ultimate outcome.

## Intervention and Response -

The impetus to this movement was to impart Jhunjhunu district city the status of the first smoke-free city in India.

A policy was framed by Dr. Gupta facilitated

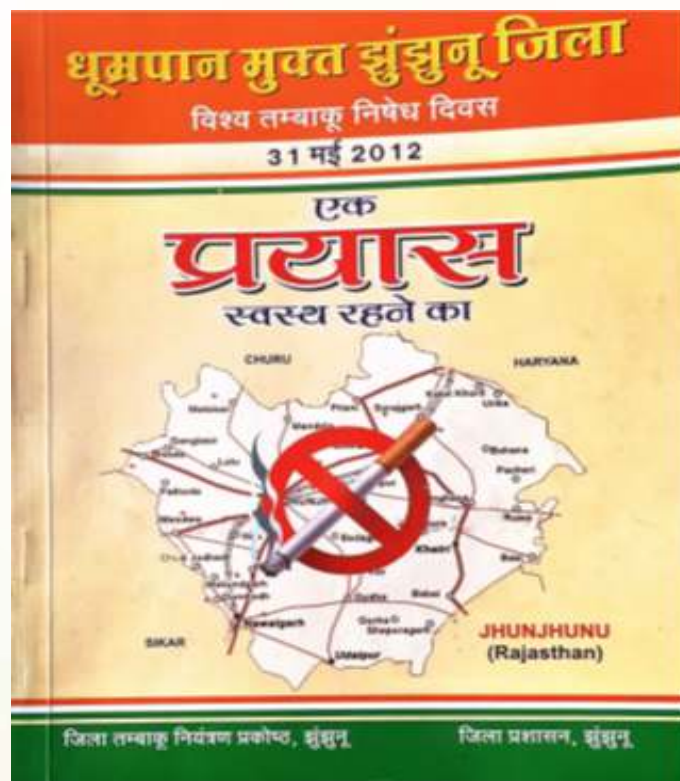


Figure 1 Book published by Jhunjhunu Administration describing process of making Smokefree District Jhunjhunu

through the experts working in American Cancer Society (ACS) on Global Smoke-free Partnership (GSP) in July, 2006. Through interaction, meetings, institutional and community interactive programs plus rallies and awareness programs on utility and timely implementation of Section 4 of COTPA in the public places and public transport was adopted by the city. Also, wall writings were done to boost the awareness efforts as well as sustain the implementation and compliance of the smoke free initiative under the leadership of the district collectorate in coordination with the office of the Superintendent of Police. Due

enforcement measures were undertaken on a regular basis to check smoking and penalize the violators. The major funding for the activity was provided by the State office of Indian Oil Corporation Limited at Jaipur beside some local NGOs.

All the stakeholders engaged from the beginning in cancer control were empowered on the policy of the smokefree city and its implementation. To ensure enforcement, RCF collaborated for achieving the following criteria:

- Reduction in any evidence of presence of tobacco smoke at public places and public transport by over 90%;
- Elimination of tobacco packaging and butts of cigarettes and bidis in the litter in public places by 90%.
- Presence of signs displaying Section 4 at all public places and in the buses at the Government Depot of the City;
- Monitoring and evaluation of the enforcement of COTPA by the offices of SP and CMHO on weekly basis
- Display boards notifying the Smoke-free status of the city at all its entrances and exits.

The declaration function for Smoke-free Jhunjhunu City<sup>1</sup> was chaired by the Chairperson of Jhunjhunu Municipality on May 31, 2007 (WNTD 2007). Its independent review was done by a Delhi-based NGO,

Hriday-Shan which later invited RCF to present the case in a National Consultation held at New Delhi.

Despite the challenges specified in the preceding text, the robust efforts to create India's first smoke-free city developed an empowered and committed local leadership in Shikshit Rojgar Kendra Prashikshan Samiti (SRKPS), a local NGO that had worked as the Nodal Agency for Smoke-free Jhunjhunu City. SRKPS revitalised a collaboration process with the district administration in 2009 to launch a campaign to establish Jhunjhunu as the first smoke-free district in the State of Rajasthan<sup>2</sup>.

The movement was led by the Additional District Collector at the district level and Sub Divisional Magistrates at the sub-district (block) level in coordination with the departments of Education, Health, Women And Child Development and Panchayati Raj Department. SRKPS organised regular orientation and follow-up meetings with these departments on implementation of Section 4 in all offices up to village level. This was followed by empowerment workshops for officials and stakeholders to build an overall capability to interact on COTPA. Signages were displayed simultaneously to ensure an optimal enforcement at every block through the enforcement squads formed in collaboration with the police department and headed by Additional district Collector at District level and by the Sub-Divisional Magistrate at Block level.

The enforcement squads held drives every Friday to enforce the law. Along with local collaborative and technical support provided jointly by NTCP, SRKPS, RVHA and RCF, the Technical and financial support was provided by International Union Against Tuberculosis and Lung Disease (The Union) under the Bloomberg Initiative to Reduce Tobacco Use.

Thus, Jhunjhunu was declared the first district in Rajasthan as Smoke-Free District by the office of the District Collector and Zila Pramukh on WNTD 20123. A third party smokefree compliance assessment study was conducted by Singhania University, Jhunjhunu, Rajasthan. The compliance measures taken into account were similar to the above but additionally self-declaration of smoke-free and compliance of section 4 from all public places were received by the NTCP cell.

### **Multi-stakeholder and multi-disciplinary engagement -**

This first of its kind smokefree movement in India and entire South-East Asia region ensured an excellent multi-stakeholder engagement and assigned roles were actively fulfilled by those responsible:

- **Health Department:** The District Nodal Office of NTCP working under the local CM & HO office coordinated with other key district departments.
- **Education Department:** It implemented section 4 at all education institutions through Principals and headmasters.

- **Panchayati Raj Department:** It build capability of Village Development Officers to implement section 4 and obtained written reports from all Gram Panchayats on compliance at all public places.
- **Department of women and Child development:** Assisted implementation at all offices and angwanwadis.
- **Police Department:** As principle enforcing agency, it ensured compliance within its own units with special focus on police stations. Its main role was to challan the violators which it accomplished through several spontaneous raids in public places throughout the district.
- **Transport Department** complied at all the Bus Depots and within all buses of Jhunjhunu Depot.
- **Media** played a key role in generating community awareness on tobacco control laws and to comply with prohibition on smoking at public places.
- **NGO and CSOs** supported the campaign by organising community awareness activities up to the village level.

### **Results/ Outcome of intervention -**

- Jhunjhunu was declared First smoke free city of India on May 31, 2007.
- Jhunjhunu was declared first smoke free district of Rajasthan in 2012.
- Regular enforcement drives to penalise the violators of smokefree provisions had led to satisfactory compliance of COTPA-



Section 4 at public places with over 80% public places free from active smoking.

- An opinion poll demonstrated that over 90% residents have knowledge of tobacco control laws and smoking prohibition at public places.

### **Challenges faced in Implementation of**

#### **Intervention -**

- Administrative challenges and the resultant drop in compliance in the interim (between 2008- 2009) due to transfer of the District Collector from Jhunjhunu.

### **Institutionalization and sustainability of**

#### **Intervention -**

- As the result of the declaration of Smoke-free Jhunjhunu City, Jhunjhunu was selected as one of the two NTCP district (along with Jaipur) for the State Tobacco Control Cell to initiate an early institutionalization of the tobacco control in the district. Enforcement squads were formed at an early stage. Multi-stakeholder engagement was established and the department heads were made accountable for tobacco control in their respective department. Thus, the process of tobacco control that developed in the district by fulfilling the defined parameters became effective.

#### **Translatory value -**

- Both programs in succession significantly reduced exposure to second hand

smoking at public places

- An enhanced awareness of the masses on ill-effects of tobacco has resulted in decreased prevalence of tobacco use in Jhunjhunu district
- The overall environment for initiating tobacco use by the youth is discouraging
- The process was replicated by PSI, India at Ajmer and Alwar district of Rajasthan in 2014
- SRKPS replicated the same model in the districts of Jalore and Pali in the year 2015
- Currently SRKPS is working in the districts of Sikar and Kota in Rajasthan by the World No Tobacco Day 2023
- Except for creating the model of Smokefree Jhunjhunu city the entire work in the district stated above was supported by The Union and State Tobacco Control Cell led NTCP.

### **Conclusion and recommendations -**

Smoke-free Jhunjhunu City became the best practice, a maiden initiative to be replicated not only countrywide but also for the remaining demo-geographic areas of Jhunjhunu District to be smoke-free. The model driven through the district collectorate as the nodal point was the key to success. This had put all district government agencies in collaborating mode with the local CSOs, Media and above all the communities which were empowered in true sense. The messages for the Smoke-free Jhunjhunu City to be the first in

the country and for the Smoke-free Jhunjhunu to be the first District in Rajasthan gave the desired thrust and ownership by one and all living in Jhunjhunu to participate positively and constructively to succeed. Therefore, it is recommended that in successfully conducting any of the tobacco control programs, obtaining a proactive leadership of the District Collectorate (the designated Chair for NTCP in the district) and their ownership by the local communities is critical. While in the former a top-down approach will be necessary as not every district collector may act on the given mandate, in the case of the latter, the collaborative role of communities, media, enforcement agencies, CSOs and educational institutions is necessary.

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### Acknowledgment -

1. Dr Rakesh Gupta, President of Rajasthan Cancer Foundation for taking the initiative and collaborating with all the district agencies under the leadership of the District Collector Mr BS Detha (IAS)
2. Dr Sumitra Singh, Former Speaker Rajasthan Legislative Assemble for providing her affirmation for creation of Smoke Free Jhunjhunu District
3. Indian Oil Corporation Ltd state office of the IOCL major funder along with and some CSOs as the for making the Jhunjhunu city smokefree.
4. The Union for providing technical and financial support for the creation of smokefree Jhunjhunu district
5. RVHA for providing technical support for the creation of smokefree Jhunjhunu district
6. Dr Harsahay Meena (RAS), then Additional District Collector of Jhunjhunu led the initiative.
7. Ms Suman Panwar (RAS), then under trainee to Additional District Collector of Jhunjhunu
8. District Tobacco Control Cell Jhunjhunu and Department of Medical, Health and Family Welfare



3

## Enforcement of Prohibition of Electronic Cigarettes Act (PECA) 2019: Banning E-Cigarettes by Govt. of Gujarat

Author : Dr. Murali Rao IRS

Co-Author : Ms Susan Samson



## Rationale -

One of the biggest and most preventable threats to global public health is tobacco use, particularly in low and middle-income countries. The Prohibition of Electronic Cigarettes Act (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) was passed in December 2019 to prohibit the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes in the interest of public health to protect the people from harm and for matters connected there with or incidental thereto.

This study was conducted to share the best practice of Gujarat government, regarding enforcement of the above-mentioned law. The e-cigarettes/ENDS and related banned products are still available in kiosks selling tobacco products and on e-commerce sites. These are easily affordable and accessible for children and youth as they are available at points of sale near schools and educational institutes and advertised on various mass media including social media sites and internet sites visited most often by youth. Very few state/UT Governments like Gujarat are working proactively to enforce the ban on e-cigarettes.

## Intervention/ Response- Chronological journey of the intervention -

1. July 3, 2019: The Gujarat government introduced a law banning the e-cigarettes under the purview of the COTPA [1]
2. December 5, 2019: India has banned the production, manufacturing, import and export, sale, distribution, and advertising related to e-cigarettes under PECA 2019 [2]
3. Feb. 26, 2022: Special Operation Group (SOG) sleuths seize e-cigarettes [3] under PECA
4. Sept. 4, 2022: The Directorate of Revenue Intelligence (DRI) seized a consignment of e-cigarettes with a market value of Rs 20 crore by intercepting a truck near Surat.[4] The action was initiated under the provisions of the Indian Customs Act, 1962
5. Sept. 19, 2022: DRI seized e-cigarette sticks worth Rs 48 crore from Gujarat's Mundra Port.[5] The action was initiated under the provisions of the Indian Customs Act, 1962
6. Oct. 4, 2022: Girl seen smoking at Garba (A form of dance) venue, A Vadodara advocate files complaint [6] under PECA
7. Oct. 8, 2022: E-cigarettes seized at Ahmedabad Airport [7] The action was

## Multi-stakeholder and multi-disciplinary engagement-

- initiated under the provisions of the Indian Customs Act, 1962
8. Oct.15, 2022: Smuggling via Gujarat feeds Mumbai e-cigarettes hub [8] The action was initiated under the provisions of the Indian Customs Act, 1962
  9. Nov.3, 2022: The cybercrime cell of Ahmedabad Police held a 24-year-old man from Ellis bridge for allegedly selling prohibited e-cigarettes[9] under PECA
  10. Dec.11, 2022: Nicotine Laced e-cigarettes seized from Rajkot[10] under PECA
  11. Dec.17, 2022: DRI seizes 2,88,40,800 sticks of smuggled Foreign origin cigarettes and 2,86,198 sticks of E-cigarettes in this financial year [11] The action was initiated under the provisions of the Indian Customs Act, 1962
  12. Jan.17, 2023: Rs 80 crore e-cigarettes, other electronic items seized at Mundra Port in Gujarat 4800 e-Cigarettes were seized [12] The action was initiated under the provisions of the Indian Customs Act, 1962
  13. Jan. 22, 2023 Two persons caught with vapes worth Rupees 17 lakh [13] Under PECA

- STCC/DTCC: After a request from STCC, Gujarat Government in July 2019 introduced a law banning the manufacturing, sales, import and advertisement of e-cigarettes in the state. It was done as an executive order which was sent to all DTCCs to initiate action.
- Dept. of Home Affairs/Police Dept.: The cybercrime cell booked violators under PECA 2019
- Directorate of Revenue Intelligence (DRI): Seized a consignment of e-cigarettes The action was initiated under the provisions of the Indian Customs Act, 1962

The action against E-Cigarettes was initiated by STCC, DTCC, Police Department and DRI in close coordination under various available provisions in law.

## Results/ Outcome of intervention -

The general public and all major stakeholder Government departments are now sensitised to the provisions of PECA 2019, banning e-cigarettes. And Department of Home Affairs & DRI have already booked the violators and seized illegal products.

## Challenges faced in implementation of intervention -

The Tobacco Industry (TI) which is marketing most of the e-cigarettes is interfering in

enforcing the PECA 2019 and lobbying with high government . functionaries to weaken or circumvent the law.

The front groups of tobacco industry, the so-called Farmer's union protested against Gujarat state law banning e-cigarettes {14}

### **Institutionalization and sustainability of intervention-**

The Government of Gujarat is sensitising the general public and the stake holder departments about PECA 2019 banning e-cigarettes and to act against the violators. This is being regularly monitored in State Level Coordination Committee (SLCC) being held under the Chairpersonship of PSHFW or officials nominated by him/her and District Level Coordination Committee (DLCC) being held under the Chairpersonship of District Collector or officials nominated by him/her. The Home Department officials are monitoring during Monthly Crime review meetings and DRI is regularly monitoring the seizures of these banned products in all meetings of their officials.

### **Translatory value-**

The interventions in Gujarat have a translatory value and can be replicated in all states and Uts.

General public especially, young children and youth are benefitted as they are saved from

lifelong Nicotine addiction and other health effects of these products.

### **Conclusion and recommendations-**

1. Integrate monitoring, enforcement and compliance to PECA 2019 compliance with NTCP implementation at the State and District levels.
2. State-level committees should also coordinate with enforcement agencies in tracking down e-cigarettes/ENDS and charging the violators with a suitable fine punishment as per the law.
3. Raids should be conducted by authorized enforcement agencies on kiosks especially those close to schools to seize the banned e-cigarettes/ENDS countrywide, randomly on a regular and sustained basis.
4. Sensitisation and training of the doctors and other Health care professionals (HCPs) to promote and practice tobacco cessation according to the prescribed and evidence-based cessation methods. The western literature has termed e-cigarettes as an aid to cessation, this is creating conflict in the minds of HCPs.
5. All stakeholder departments including DRI must be involved in enforcing PECA 2019.



Lesson learnt is that an awareness must be created among the general public about the damage caused by e-cigarettes and all stakeholder departments must act against the violations.

### Acknowledgements -

Our acknowledgements to the co-authors Dr. Murali Rao IRS, Deputy Director, DRI Surat, Gujarat and Ms Susan Samson, -Faith Foundation, Vadodara, Gujarat; Departments of Health and Family Welfare, Home affairs and DRI - all others who were involved in the intervention.

**Table regarding action by Gujarat Govt.to enforce ban and enforce ban on e-cigarettes:**

S.NO	DATE	HEADLINE OF NEWS	DEPT.	QTY.	AMOUNT 1NR	STATUS
1.	July 3	The Gujarat government introduced a law banning the e-cigarettes under the purview of the COTPA [1]	Health & FW Dept.	NA	NA	NA
2.	Dec 5 2019	India has banned e-cigarettes under PECA 2019 [2]	MOH FW	NA	NA	NA
3.	Feb.26 2022	Special Operation Group (SOG) sleuths seize e-cigarettes [3]	Home Dept.	NA	125 Lakh	Court case lodged under PECA 2019
4.	Sept. 4 2022	The DRI seized a consignment of e-cigarettes with a market value of Rs 20 crore by intercepting a truck near Surat.[4]	Revenue	85,600	20 Crores	Court case lodged under Customs Act, 1962
5.	Sept. 19 2022	DRI seized e-cigarette sticks worth Rs 48 crore from Gujarat's Mundra Port.[5]	Revenue	2 Lakh Plus 7500 Puff variants	48 Crores	Court case lodged under Customs Act, 1962
6.	Oct. 4 2022	Girl seen smoking at garba venue, Vadodara advocate files complaint [6]	Home	NA	NA	Court case lodged under PECA 2019

7.	Oct. 8 2022	Girl caught with e-cigarette at Ahmedabad airport Pipa News[7]	Home	NA	NA	Court case lodged under PECA 2019
8.	Oct. 15 2022	Smuggling Via Guj Feeds Mumbai e-Cigarettes Hub[8]	Revenue	NA	NA	Court case lodged under Customs Act, 1962 in various cases
9.	Nov 3 2022	The cybercrime cell of Ahmedabad Police held a 24-year-old man from Ellis bridge for allegedly selling prohibited e-cigarettes[9]	Home	7	19,500	Court case lodged under PECA 2019
10.	Dec 11 2022	Rajkot(Nicotine Laced e-cigarettes seized) [10]	Home	NA	39,300	Court case lodged under PECA 2019
11.	Dec 17 2022	DRI seizes In this financial year alone, DRI has seized 2,88,40,800 sticks of smuggled Foreign origin cigarettes and 2,86,198 sticks of E-cigarettes (Vapes) worth Rs 138 crores in Gujarat [11]	Revenue	2,88,40,800 sticks of smuggled Foreign origin cigarettes and 2,86,198 sticks of E-cigarettes	138 Crore	Court case lodged under Customs Act, 1962
12.	Jan 17 2023	Rs 80 cr. e-cigarettes, other electronic items seized at Mundra Port in Gujarat 4800 e-Cigarettes were seized [12]	Revenue	4800	Rs 80 Crore including other items	Court case lodged under Customs Act, 1962
13.	Jan 22 2023	Two caught with vapes worth 17 lakh [13]	Home	NA	17 Lakh	Details of complaint are awaited

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4

# Monitoring Tobacco Exposure in Over-The-Top Service Providers : A Case Study

Author : Mr. Cyril Alexander



## Rationale -

The Indian film industry has been making significant progress down the ages. Several social developments and technological advancements have come up resulting in the global recognition of Indian Cinema. But there is a need to improve certain domains in the Indian film industry as it is considered a powerful medium that influences the attitudes and perspectives of the viewers. Similar to the influence the industry can create in the minds of the audience, it can also disturb the physical and mental health of the actors and others in the production set up, if it is careless in certain fields.

The film industry has a huge exposure to tobacco and at times promotes and advertises the consumption of tobacco directly and indirectly. This has been regulated to a great deal by the Indian Tobacco Control law by making frequent amendments in the film rules under Section 5 of COTPA 2003. In spite of all the efforts, it is necessary to give a second thought to whether the ultimate outcome of these provisions is really being met.

Therefore, a major step needs to be taken against this serious issue.

The outbreak of the COVID pandemic in 2019 has drastically affected various sectors of the Indian economy. The pandemic has turned out to be a boon rather than a bane for certain

areas. While the outbreak worsened the economic state of every other sector, it was an opportunity for several other fields to flourish. The post-COVID period was a great opportunity for the OTT (Over the Top) platform to multiply their profits. A huge number of Indians shifted their mode of viewing from Theatres to OTT platforms due to its easier accessibility and availability. This ease of enjoying their favorite entertainment in their comfort zones made them continue to prefer digital platforms even after the pandemic period.

While this has been an important progressive change to be talked about, the challenges these OTT platforms pose cannot be ignored. All the entertainments being streamed through the OTT platforms do not adhere to the provisions of COTPA 2003. Displaying scenes involving tobacco consumption without any health scrolls/warnings weakens the outcome of the tobacco control policies implemented by the Government. Hence, it is of utmost importance, that this issue should be addressed and discussed.

## Chronological journey of the intervention

Since the time OTT platforms came into the limelight, Tobacco Monitor has been keen in observing and identifying the tobacco control violations happening at the platform. There have been several instances where the

Tobacco Monitor had played a lead role in persuading the Digital Publisher Content Grievance Council to take action against the violations identified. For every single violation identified in the OTT platform, a series of interventions are being taken up from initially launching the complaint to action being taken by the Grievance Redressal Board.

**List of prominent OTT platforms in India and the list of violating OTT platforms identified by MACT(Mary Anne Charity Trust)**

Prominent OTT platforms in India	Violating OTT platforms- MACT identified
Netflix	Netflix
Disney+Hotstar	Disney+Hotstar
Amazon Prime	Amazon Prime
Eros Now	SonyLiv
Hoichoi	Aha Media
Jio Cinema	Zee5
Ullu	
Zee5	
Voot	
MX Player	
Airtel Xstream	
BigFlix	
Mubi	
Shemaroo	
Sun Nxt	
TVF Play	
Discovery +	
Adda Times	
YuppTV	

For instance, Tobacco Monitor identified a violation in a Tamil movie ‘Pandigai’ which was released in OTT platform ‘Netflix’ and following were the interventions made against the violation.

**January 15, 2019:** A Tamil movie ‘Pandigai’ was released on the OTT platform Netflix. The



movie had a smoking scene of a minor, violating the provisions of Section 77 of Juvenile Justice (Care and Protection of Children) Act 2015.

**April 11, 2022:** Tobacco Monitor identified the violation and a complaint letter was sent to the National Commission for the Protection of Child Rights (NCPCR) in order to take action against this.

**April 27, 2022:** Response was received from the Content Grievance Officer of Netflix India providing an editorial justification of the movie.



**May 19, 2022:** Tobacco Monitor wrote an appeal to the Grievance Redressal Board of Digital Publishers Content Grievance Council regarding the violation and Council rejected the appeal stating that the violation doesn't come under the purview of the Online Curated Content Providers (OCCP)

**June 24, 2022:** The National Commission for the Protection of Child Rights (NCPCR) came up with 'Regulatory Draft Guidelines for Child Participation in the Entertainment Industry or Any Other Commercial Entertainment Activity'.



Another intervention made was with respect to a Telugu movie "Shyam Singh Roi" for which the Kannada version was released on the OTT platform Netflix.

**January 29, 2022:** Tobacco Monitor identified a violation in the Kannada version of the Telugu movie 'Shyam Singh Roi' which was released on the OTT platform 'Netflix'. The movie included several smoking scenes without any health scrolls or health warnings, violating provisions



of Section 5 of COTPA 2003. The complaint letter was sent by Tobacco Monitor to the Tobacco Control Cell of Karnataka, National Steering Committee, Nodal Officer NTCP etc.

**February 14, 2022:** The Content Grievance Officer of Netflix India reverted to the complaint stating that they are governed by IT guidelines and COTPA doesn't come under their purview.

**March 10, 2022:** Tobacco Monitor wrote to the Grievance Redressal Board of Digital Publishers Content Grievance Council regarding the violation and Council dismissed the complaint stating that the violation doesn't come under the purview of the Online Curated Content Providers (OCCP)



## Multi-Stakeholder and Multi-Disciplinary

### Engagement -

Many times, there have been collaborative efforts from several institutional bodies to address the violations happening on the OTT platform. Violations addressed and reported by Tobacco Monitor related to the tobacco exposure caused by child actors has been one of the reasons for the National Commission for the Protection of Child Rights to draft regulatory guidelines for child participation in the entertainment industry. Similarly, the grievance cells of the OTT platforms and the redressal bodies have also been involved many times being the OTT regulatory bodies. Institutions such as Ministry for Information and Broadcasting, Press Council of India, Committees like State Monitoring Committees, National Steering Committee and Advertising bodies have played a significant role while identifying and reporting violations.

### Results/Outcomes of the Intervention -

Interventions made by Tobacco Monitor in OTT platforms have been effective in various ways. The constant follow-up with the concerned bodies has helped in addressing the violations and initiating action.

#### Some of the outcomes delivered are -

- Discussions are being held to come up with an independent tobacco control

policy exclusively for the OTT platforms.

- Some of the interventions rejected by the Grievance Redressal Board have been taken up by the apex institutions and have been in the background for formulating related policy documents for future amendments.
- As a result of continuous efforts, there has been a collaborative involvement of several departments in addressing the violations happening on the OTT platforms.

## Challenges Faced in Implementation of

### Intervention -

The intervention has faced various challenges at different levels:

- Monitoring the OTT platforms has been a serious challenge as there are no effective bodies to address the issue or take up the issue with the concerned bodies.
- Movies being released in theatres abiding to the guidelines under film rules fail to follow the same while being streamed on the OTT platforms
- Existing bodies to regulate the content being streamed on the OTT platforms are not displaying accountability to their role. Often it has been witnessed that such bodies tend to close the complaints

## GRB Members



**Justice Arjan Kumar Sikri**  
Chairman, Grievance Redressal Board, DPOCC



**Gopal Jain**  
Senior Advocate, Supreme Court of India



**Madhu Bhojwani**  
Co-Founder & Partner – Emmay Entertainment



**Dr. Ranjana Kumeri**  
Director, Centre for Social Research



**Suhazini Menon/Ratnam**  
Director, Producer / Head, Organizing Committee Chennai International Film Festival



**Anil Grover**  
Senior Corporate Counsel, Amazon India



**Priyanka Chaudhari**  
Director – Legal, Netflix India

stating the lack of adequate evidence to support the complaint.

- Looking at the Grievance Redressal Board Committee members, it is well understood that they belong to a favoured category, such as those from Amazon, Netflix and Emmay Entertainment. This under-represents the matter of concern and ignores the significance of the issue under discussion.

## Institutionalization and Sustainability of the Intervention -

There have been collaborative efforts at all levels to tackle the issue. Years of effort, debate and discussion have now come to an end and a comprehensive policy document to tackle these violations is soon to be released.

## Translatory Value -

The intervention has in many ways been beneficial:

- The intervention will always keep a check on the content streamed by the OTT platforms.
- This intervention can contribute to bring in a policy level change nationally for monitoring tobacco involved content on OTT platforms.
- Youngsters and children can be safeguarded to a large extent from being influenced by viewing the tobacco-involved contents streamed by OTT platforms.
- In the longer term, this intervention can lead to the creation of a tobacco-free generation.
- OTT platforms such as Netflix and Disney+Hotstar have started to revert to the violations identified.
- Since some cases have been taken up by certain apex bodies, it could be considered that a greater level of involvement and sensitivity is in the offing.

## Conclusion and Recommendations -

Identifying tobacco control violations has been a huge challenge for tobacco control

institutions due to the absence of a proper platform to address those violations. Despite the challenges, Tobacco Monitor through the collaborative efforts of other departments, has been trying to sensitize and educate the OTT platforms regarding the increased tobacco control violations happening in their sphere.

Keeping aside the sensitization and awareness generation, it is time to come up with a solid concrete policy which firmly regulates all the violations:

- A mechanism needs to be adopted to take forward the tobacco control violations happening on the OTT platforms.
- The criteria for empaneling members for the Grievance Redressal Board need to be looked into and guidelines directing the same need to be adopted.
- Whenever complaints on violations are reported against the OTT platforms, the grievance cells often reject the complaint stating that since the violations are identified in movies and OTT platforms are just a medium for streaming the movies, action cannot be taken against these platforms. But it is to be observed that, whenever the violated movies are released theatrically, action is taken against the specific theatres too along with the concerned violators related to the movie. Therefore, OTT platforms alone

shouldn't be excluded from initiated action.

### **Acknowledgement -**

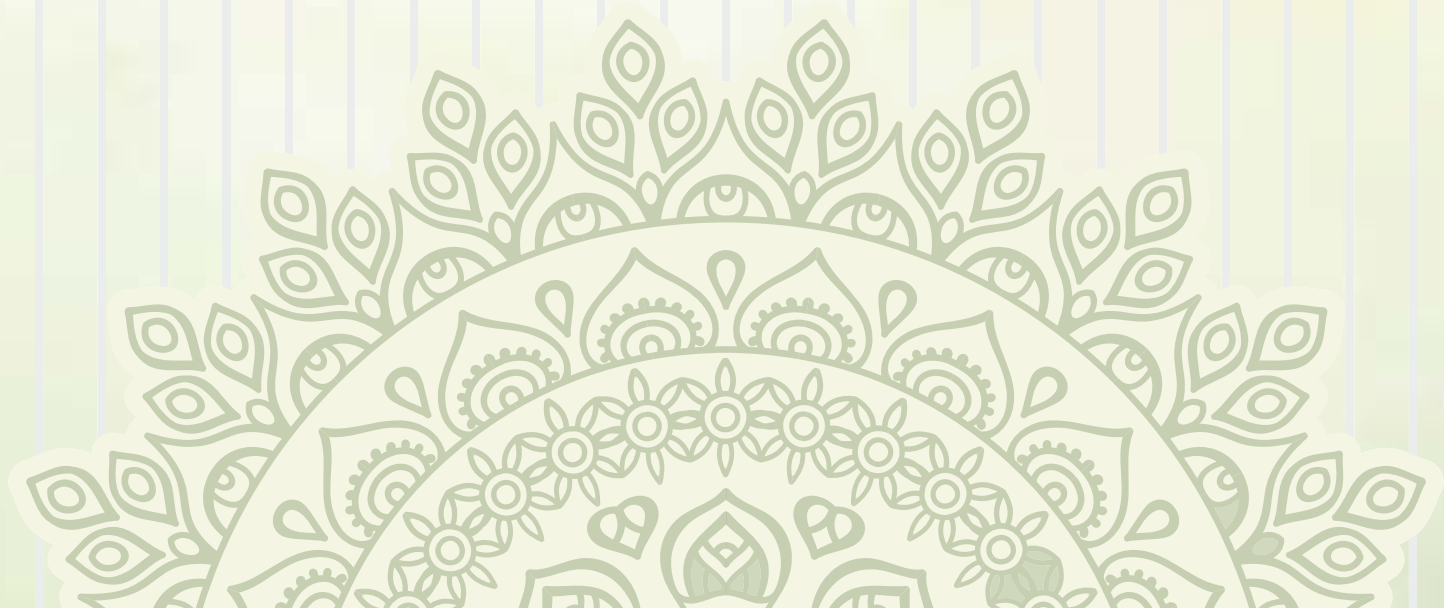
We would like to extend our gratitude to all the apex tobacco control institutions and the National Commission for the Protection of Child Rights for initiating action and formulating guidelines against the violations happening on the OTT platforms.

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5

## Tobacco Free Panchayat in Himachal Pradesh, India: A Bottom-Up Approach for Tobacco End Game

Author : Dr. Gopal Chauhan



## Background -

A village is a small settlement in rural India. More than 90 % population of Himachal Pradesh (a North Indian state) lives in villages. Gram Panchayat (Village Council) is the most effective local self-governance system at the village level in India. There are 3226 Gram Panchayats comprising of 20690 villages in the state.<sup>1</sup> The elected body of the Panchayati Raj Institutions (PRIs) play a vital role in developmental works. They also have the powers to make and implement laws as per local needs. Despite good health indicators, tobacco use remains a big challenge in the State. In the year 2005-06, 40 percent men were tobacco users (NFHS-3)<sup>2</sup>. In order to reduce tobacco use, tobacco control initiatives were initiated in the year 2008. As a result of these initiatives there has been a substantial reduction in tobacco use (22 to 16%) as per the Global Adult Tobacco Survey-2 (GATS-2). As per the Global Youth Tobacco Survey 2019 (GYTS), tobacco use among youth is lowest (1.1%) among all States in India.<sup>3,4</sup> As the results of GATS-2 and GYTS were highly encouraging, so the state has decided to phase out tobacco and to achieve Tobacco Endgame by 2030. An action plan has been prepared to reduce the prevalence of tobacco use below 10% by 2025 and below 5% by 2030. Keeping in view the huge potential of PRIs, the state aims to achieve Tobacco End Game through the Tobacco Free Panchayat initiative.

## Interventions -

Effective tobacco control was initiated in the state as a Government and NGO (GO-NGO) partnership in 2008. Following the Smoke Free Shimla city declaration in the year 2010, the entire state was declared as Smoke Free in 2013 (first among large states in India). The implementation (awareness and enforcement) of the MPOWER policy package was strengthened with key innovations including:

- Notification of the State and Districts level committees for monitoring tobacco use and related policies in 2009
- Empowering more officers and courts to expedite the enforcement of tobacco control laws in 2010
- Creation of flying squads for enforcement of tobacco control laws in 2011
- Sustainable financing (funds collected as fine for COTPA violations is being used for tobacco control) since 2011
- Ban on sale and distribution of smokeless tobacco from 2012
- Enactment of the law for licensing tobacco vendors in 2016
- Issuance of circular to implement article 5.3 of FCTC in 2017
- Ban on electronic cigarettes since 2019

In addition to the above-mentioned initiatives, the real time digital monitoring (E- Health card) of NCDs and associated risk factors (including

tobacco use) has been started since 2019 where more than 65% of the entire population aged more than 18 years has been enrolled. In order to achieve Tobacco End Game, the State Government has announced an award of Rs 5 Lakh to the Gram Panchayat on achieving Tobacco free status in 2021. The detailed protocol has been developed to assess and certify the Gram Panchayat as Tobacco free.<sup>5</sup>

### **Multi-stakeholder and multi-disciplinary engagement -**

Tobacco control requires adequate support of many Government departments, mainly Health, Education, Police, Finance, Agriculture, Excise & Taxation, Rural and Urban Development, Panchayati Raj, General administration including Civil Society organisations and media both at policy and at implementation level. But the role of local Governance and society is most important in policy implementation at the local level. In order to implement the Tobacco Free Panchayat initiative, the state health department has taken a lead in collaboration with the local Gram Panchayat by involving other key stakeholder departments at the local level for awareness, enforcement and monitoring of tobacco control activities. The target is to make a model Tobacco Free Panchayat in each Health Block (76) after ensuring adequate sensitization, awareness of

the key stakeholders and public, including enforcement activities in the Gram Panchayat area by 2025.

### **Outcome -**

The results of the tobacco control initiatives are encouraging so far. All Gram Panchayats have passed a resolution to strengthen and support Tobacco control activities at the village level. Due to local intervention, the PRIs declared Tashijong village in District Kangra as the first Tobacco-free Village in the State in 2011 which motivated the tobacco control activists to scale up the initiative to phase out tobacco. Now it has become a part of the State policy since 2021. All the Gram Panchayats are working to achieve the Status of Tobacco Free Panchayat. Two Gram Panchayats (about 5 villages each) have been assessed and recommended for Tobacco Free Panchayat awards by the team constituted for this purpose in December 2022.

### **Challenges faced in implementation of intervention -**

There are multiple challenges at the village /local level like high cultural acceptance of tobacco use, resistance by small local shopkeepers /retailers and lack of tobacco cessation facilities for tobacco users. Moreover, the law enforcers are located mainly in urban areas/ towns so the enforcement of tobacco control policies is a big challenge in rural areas.



## **Institutionalization and sustainability of**

### **intervention -**

In order to ensure effective implementation of the tobacco free Panchayat scheme detailed protocol/guidelines with a checklist have been prepared by the State Tobacco Control cell in the year 2020. A scientific method has been devised for assessment / evaluation (internal & external) and certification of the Gram Panchayat as tobacco free to qualify for the awards of Rs 5 Lakh. In order to sustain the effort, the orientation of the PRIs and the key stakeholders is the key. Awareness of general public and the target population is also recommended. An internal assessment has to be done by the PRIs and if they are satisfied then the request has to be sent for the external evaluation as per the protocol. The recommendations of the external evaluation exercise have to be sent to the State Government for certification of the Tobacco Free Panchayat and grant of award.

### **Translatory value -**

The Tobacco Free Panchayat initiative is a bottom-up approach to phase out production, use, sale, distribution and storage of Tobacco products at the village level. The initiative will help in achieving Tobacco End Game in the shortest possible time.

## **Conclusion -**

Tobacco Free Panchayat initiative through PRIs is the way forward to achieve tobacco End Game by 2030 in Himachal Pradesh.

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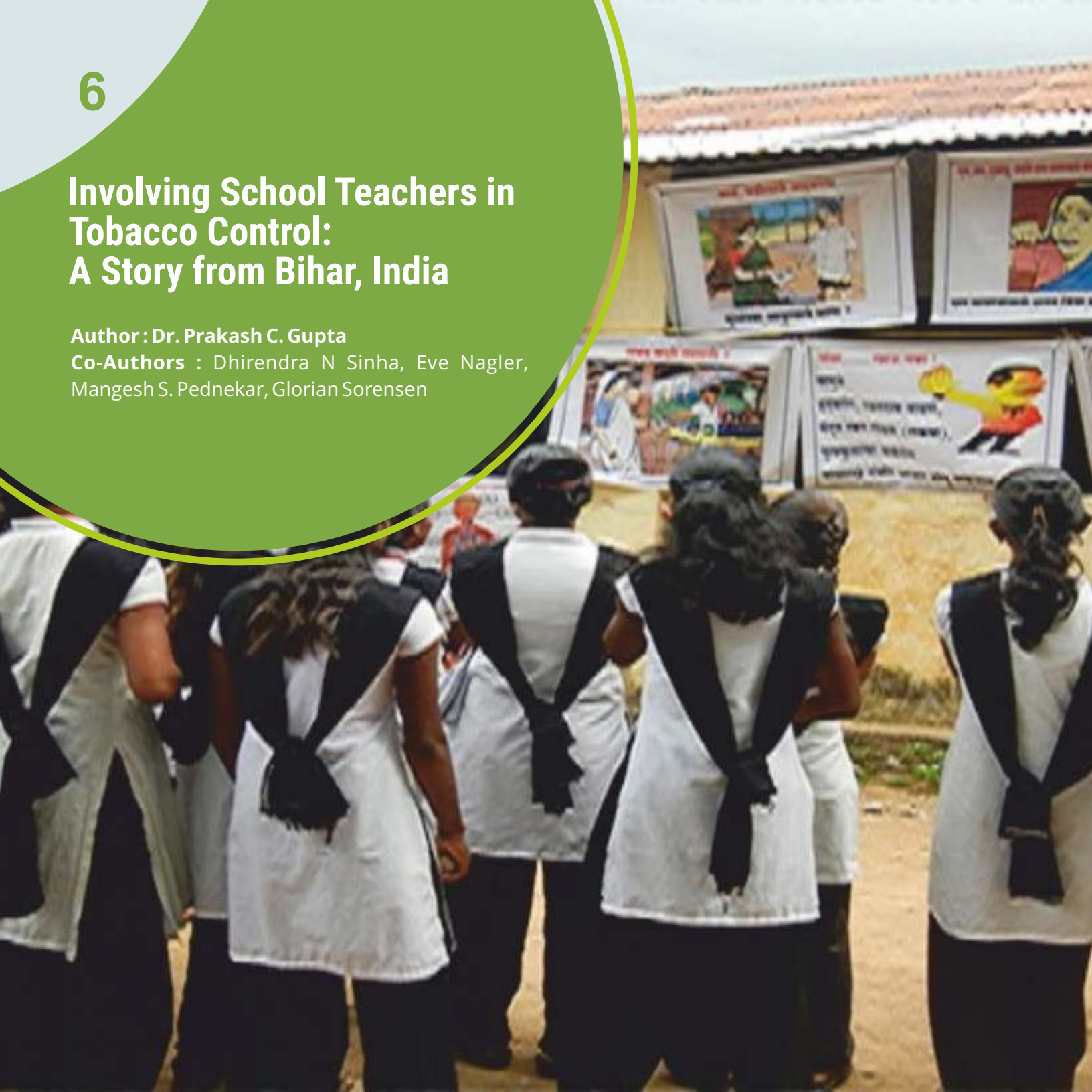
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## Involving School Teachers in Tobacco Control: A Story from Bihar, India

**Author :** Dr. Prakash C. Gupta

**Co-Authors :** Dharendra N Sinha, Eve Nagler,  
Mangesh S. Pednekar, Glorian Sorensen



## Rationale- The need for an intervention by school teachers -

School teachers in India are considered role models not just for their students but also by the community. Indeed, teachers themselves take this role rather seriously (1). One implication for public health is that teachers can be a positive role model for students and their communities by not using tobacco or helping users to quit. School teachers do get updates on changes in curriculum and are often required to contribute to various government projects but there has been no instance of their training and involvement in tobacco control

During 2000-2003, Global School Personnel Surveys were carried out state-wise in India in the state government school system since education is a state-subject in India. A self-administered, anonymous survey was conducted in a random sample of 50 schools (25 in small states) in every state. Among school teachers of Bihar, the prevalence was found to be very high – current use of any kind - 77.8% in Bihar vs. 30.5% in Maharashtra (2,3). The prevalence in Bihar was higher than in most other states, for example in Orissa (4) and comparable to prevalence in the North-Eastern states (5), the area with highest prevalence of tobacco use in India



Figure 1:- Focus Group Discussion with Bihar School Teachers



Figure 2:- Themes of intervention model was developed for school teachers in Bihar

Another much smaller school system is run by the Central Governments, primarily for the benefit of its employees who may be transferred from one state to another. In Bihar, a random sample of 50 of these Central Government schools was also surveyed independently using the same methods during February 2001. The tobacco use prevalence among central government school teachers was found to be much less than the state government schools teachers: daily smoking, 2.4% vs. 14.5%, and daily smokeless tobacco use, 14.1% vs. 41.7%, respectively. In a detailed analysis, a major difference between the two school systems was found to be the existence, awareness and implementation of tobacco control policy in the Central government schools (6). Therefore, a need for helping Bihar Government school teachers for tobacco use cessation and implementing tobacco-free school policy was acutely felt.

### **Intervention/ Response -**

To encourage tobacco use cessation among school teachers and support the adoption of tobacco-free school policies, a randomized controlled intervention trial was conducted in a random sample of 72 schools in Bihar in collaboration with the Education Department of Bihar State during 2009-11. Based on extensive formative research, including pre-testing of intervention materials (Fig. 1), a

locally appropriate intervention model was developed for school teachers in Bihar (7). This model had six themes: 1) Teachers as Role Models 2) Health Effects of Tobacco 3) Motivation to Quit—or Help Others Quit—Tobacco Use 4) Skills to Quit 5) Dealing with Withdrawal and 6) Maintenance and Celebration. In monthly training sessions along with headmasters or designated lead teachers, a trained health educator delivered these six themes during a school academic year. A central focus of the training was on encouraging and helping tobacco users to quit their tobacco use and schools to implement tobacco control policies, organizing group discussions among school teachers on tobacco control and providing reminders in the form of displayed posters. A set of six posters, one for each theme along with copies of a quit booklet and write-ups for tobacco-free school policies were provided to headmasters and lead teachers (Fig. 2). Arrangements were made for wall paintings of tobacco-free school policies and selected scientific facts on tobacco. Headmasters were oriented to implement the program, especially the core components like conducting at least one discussion per month with teachers, the display of a no-tobacco school policy and monthly display of posters.



## **Multi-stakeholder and multi-disciplinary engagement -**

Pre- and post-intervention surveys were conducted among 387 teachers in 36 intervention schools and 369 teachers in 36 control schools. An observation checklist on the compliance with the school's tobacco-free policy was filled out by the field investigator who visited each school for the survey.

## **Results/ Outcome of intervention -**

The baseline prevalence of any tobacco use was 33.2% in the intervention and 37.9% in control schools. Post-intervention surveys showed that the intervention was effective in helping with cessation among school teachers, with 50% quitting in the intervention group compared to 15% in the control group. In an additional 9-month post-intervention survey, there was some relapse. Still, among teachers employed for the entire academic year of the intervention, the adjusted 6-month abstinence rates were 20% for the intervention and 5% for the control group (8). In addition, implementing tobacco control policies was more extensive in the intervention schools than in control schools.

## **Challenges faced in implementing the intervention -**

Schools may not have a proper gate and boundary wall, so the school can't prevent

outsiders from coming into the premises and flouting tobacco-free policies. School teachers are quite busy with multiple activities so there are time constraints, and intervention activities need to be planned and delivered with considerable care.

Teachers who didn't use tobacco thought they didn't need to participate in the intervention program. Special efforts were made and some tweaking of intervention messages was done to encourage non-users to engage with the program.

School grounds were used on holidays for functions, such as marriages, gatherings and community meetings so the tobacco control compliance could get affected outside schools hours.

Schools do not have any funds for tobacco control, even for a simple activity like a wall painting

## **Institutionalization and sustainability of intervention -**

This effective intervention needed upscaling for wider dissemination. A large-scale dissemination of this intervention was tested by implementing it through the Bihar State Department of Education using a train-the-trainer model in a randomized controlled trial design during 2017-22. Circulars were issued by the Education Department to District



Education Officers for facilitating the implementation program. Three pairs of blocks, one pair in each of the three districts of Bihar (Muzaffarpur, Nalanda, and Samastipur) were selected for the study. Blocks in the pair were randomized into intervention and control blocks. Schools in blocks were categorized by the Education Department in clusters, with one cluster coordinator appointed for each cluster. Three selected blocks in the intervention arm contained 46 clusters with 219 schools and in the control arm 40 clusters with 224 schools. The cluster coordinators routinely train school headmasters or designated teachers for changes in curricula and implementation of government programs periodically, generally every month. These cluster coordinators were trained by the project team six times to train headmasters or designated teachers during their routine monthly meetings to implement the intervention during one school year (Fig. 3).



Figure 3:- Training of Cluster Coordinators in a Block Office

Cluster coordinators were provided with requisite intervention material, one set for each school. This set included an implementation manual, some quit booklets and a poster for each theme (Fig. 2). A major objective of the project was to assess whether this model of upscaling works to involve school headmasters or designated teachers in the intervention to conduct the recommended activities as planned in their schools.

We used the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) framework to assess program adoption (school's participation in at least one of six trainings), implementation (of four core program components), and reach (teachers' participation in three or more group discussions). For assessing adoption, it was observed that 94% of Headmasters attended the first training, although participation declined by the sixth training. Among the 112 schools out of 219 with complete data, all met our minimum criteria for implementing the intervention program. The program reach was assessed as adequate for 69% of schools (9).

For assessing the implementation of the activities in the intervention schools compared to control schools, 70 schools in the intervention and 70 schools in control blocks were selected by random sampling. These 140 schools provided a sample size of 421 teachers

in intervention schools and 331 teachers in the control schools. A trained field investigator visited these selected schools and all teachers available on the day of the survey filled out a self-administered questionnaire. Headmasters were independently interviewed in person.

Compared to the headmasters in the control group, headmasters of the intervention group schools were significantly more likely to report having organized discussions of tobacco control in their schools, having a tobacco policy displayed in their schools, and having a ban on the use of smokeless tobacco in addition to smoking. Schools did not have any funds for tobacco control, even for a simple activity like a wall painting but they innovated and displayed cardboard paintings or pencil drawings related to tobacco control in the school. Some activities that were not a part of the intervention training but were clearly inspired by it such as, sharing tobacco information in school morning meetings, in parent-teacher meetings, and in extra-curricular activities were much higher in intervention schools than in control schools (10).

Compared to the control group, intervention group teachers were significantly more likely to report having received training on tobacco control, participated in the group discussions of tobacco control, having a tobacco policy

displayed in their schools, and having a ban on both smoking and smokeless forms of tobacco. Although the intervention training did not include any tobacco-control related activities for students or instruction for teachers to include tobacco control material in their lesson plans, a much higher number of intervention schools reported conducting a program for students and including tobacco information in lesson plans (10).

### Translation and implementation -

This study outlines the development of an intervention program for school teachers in Bihar, testing it for its effectiveness and upscaling the program through the Bihar Government Department of Education infrastructure. The process for upscaling this evidence-based tobacco control intervention was successful. The train-the-trainer model used for imparting the intervention was assessed to be effective. The teachers worked on their own to help others for tobacco-use



Figure 4:- Acceptance of Implementation Manual by Bihar Government

cessation and disseminating tobacco control messages to students, parents and in the community.

To help disseminate this intervention program further, the entire intervention package has been converted into a self-guided implementation manual for headmasters or designated teachers. This manual has been printed and one printed copy of this manual has been distributed to each block in Bihar. A total of 541 manuals have been distributed in 535 blocks across 38 districts in Bihar. A soft copy of this manual and all posters has been given to the Education Department who has agreed to disseminate it to all headmasters in Bihar schools (Fig. 4). The Manual will also be disseminated in other states with the help of local organizations.

### **Conclusion and key recommendations -**

This case study is a culmination of over 20 years of research among school teachers in Bihar. It has already contributed 28 research papers in peer-reviewed journals and dissemination of learnings in national and international conferences and scientific meetings.

The Implementation Manual in Hindi has been placed online for anyone to use (<https://healis.org/pdf/1-22.pdf>).

After intimating Healis, this Manual may be translated into other Indian languages by

interested organizations.

Healis will continue to help repackage the manual as per local requirements and disseminate it in other states until 31 December 2023.

### **Acknowledgements -**

Over the years, many colleagues in Healis and in Dana Farber have made substantial contributions to the studies described here. Without mentioning each name, authors acknowledge and are grateful for their contribution. These studies would not have been possible without the collaboration of the Education Department of Bihar State Government. Authors are grateful to all teachers, headmasters, cluster coordinators, and officials of the Education Department of Bihar State for their cooperation and participation in these studies. These studies were supported by the National Cancer Institute [grants 5R01 CA120958, 5 K05 CA108663, 2R25 CA057713-06 and 5R01 CA200691, all to G.S.].

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# CHILDREN AGAINST TOBACCO MENACE



## Children Against Tobacco (CAT) – Case Study

Author : Mr. Cyril Alexander

## Rationale -

Children are the principal assets of a country and their well-being and welfare decides the well-being of a nation. It is imperative that a safe, healthy and positive environment is ensured for their holistic development. In spite of this understanding, they are exposed to hazardous, life threatening and unlawful situations constantly. One among the several hazards they are frequently exposed to is tobacco. Studies and reports state that since tobacco products are available cheaply, they can be accessed easily by children. Recent studies by GYTS show that the tobacco initiation level among children is less than 15 years, which itself amplifies the gravity of the issue. As tobacco kills half of its consumers each year, the tobacco industry manipulates adolescents to replace existing users. The increasing interference from the tobacco industry and their novel strategies of marketing makes children fall prey to this menace. Hence, it is important that children should be made aware of and rescued from the clutches of tobacco.

## Intervention -

With the aim of reducing the reach of tobacco exposure to young children, MACT (Mary Anne Charity Trust) initiated a child-oriented programme Children Against Tobacco (CAT), a student movement with the objective of creating a tobacco free world. The programme since its commencement in 2009, has been in operation in the educational institutions and

communities across several districts of Tamil Nadu such as Chennai, Trichy, Pudukottai, Coimbatore and Tiruvallur. Besides



rescuing children from tobacco exposure, CAT also takes a wider step in sensitizing public against tobacco consumption through educating children as children are considered as the key knot linking all the important institutions of society.

### The implementation of the programme happens at two levels: -

- Initial Introductory programme - educating the entire child population in schools and communities by providing basic orientation.
- In-depth leadership programme - educating a group of 30 students identified from the entire population covered, belonging to class 6 and above and who are not into any tobacco or substance usage.

Later, a CAT unit is established in schools and communities with an Executive formed with the office bearers elected by the CAT members



and a teacher/volunteer is assigned as the CAT Officer for monitoring and facilitating the



group activities. The established CAT unit acts as a peer group influence on the other children in sensitising them to the evils of tobacco, checking up on the sale of tobacco in and outside the campus or within the community and educating the consumers on the ill-effects of tobacco and guiding them towards cessation.



In schools & communities where a CAT unit has been established, a lot of

activities has been initiated by the CAT students. There has been regular monitoring by the members in order to check tobacco usage in schools. CAT members also express keen interest in identifying any kind of tobacco industry interference. It is ensured that no children from the particular school or community participate in any of the events directly or indirectly involving the tobacco industry. Such events are therefore easily identified and reported by the students. CAT members also put in all their effort to implement Guidelines on Tobacco Free Educational Institutions (ToFEI) in their schools.

### **Chronological Journey of the Intervention -**

The Chronological Journey of the intervention can be tracked back to the child development programmes initiated in earlier times.

**1996** MACT initiated several programmes focussed on child rights and child development which also touched upon tobacco related issues.

**2006:** Understanding the seriousness of the problem, exclusive programme for tobacco control was kick-started.

**2007:** 'Children's Federation for Tobacco Free World' was formed.

**2009:** Under the apex body 'Children's Federation for a Tobacco Free World', a very specific programme titled 'CAT- Children Against Tobacco', was initiated with well-defined, sequential activities involving school children from 8 to 18 years.

Every month around 5000 children receive introductory level training covering around 10 schools.

### **Multi-Stakeholder and Multi-Disciplinary Engagement -**

CAT has been successful with the involvement, cooperation and support of numerous government departments and voluntary groups. The School Management Committees established in each educational institution has shown their support and willingness which has helped in the smooth functioning of this programme in schools. Non-Governmental organizations too have tried to make the initiative a part of their welfare projects and have been associating with MACT for implementation in their target areas. Headmasters, teachers and non-teaching staff in schools play a significant role that has shaped the success of the programme.

Home » States » Tamil Nadu

## Daughter's letter makes Tiruchy man quit tobacco after 20 years

*The transformative decision plunged the staff and students of the government high school at Samuthiram in Manapparai - where both the daughters are enrolled - into an emotional high.*



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### Quitting Tobacco

#### Description of the Outcome -

There have been several instances where CAT students have shown their potential acting as advocates of tobacco control. The intensive training under CAT programme equips them to create awareness among the community they live in, identify the tobacco industry interferences, monitor tobacco control violations and thereby reduce tobacco consumption in their specific localities.

Recently, the daily 'New Indian Express' published a news piece of a young girl who helped her father quit tobacco. It was later found that she was one of the students below 18 years who has attended the CAT training organized in her school in Pudukottai district of Tamil Nadu. The impact created by this CAT student was visible when she went an extra mile by stopping the consumption of 'Hans'(tobacco product) by her father.



## CAT programme shaping future leaders



### Description of the Outcome -

The 30 CAT members who have undergone CAT leadership programme, became the torch bearers for keeping their school campus tobacco free by constantly checking on the tobacco usage among the students and the availability of the products around their school. This reduces the tobacco exposure received by children.

With the establishment of the CAT units in schools, students are becoming familiar about the significance of tobacco control from a very young age and become advocates of tobacco control.

Being CAT members instils leadership quality in the child which helps lead better lives in future.

Similarly, a lot of CAT students have disseminated their knowledge and awareness in making their schools tobacco-free and have also published various research works related to CAT programme, burden caused by tobacco consumption to the society etc. Some of them have also been admitted to prestigious higher education institutions to realize their passion.

## Outcome -

# Facilitating the implementation of Tobacco Free Educational Institutions

## Description of the Outcome -

Children Against Tobacco Programme since its inception has been working towards realizing the goal of tobacco-free educational institutions. Since this goal completely aligns with the guidelines drafted by the Central Ministry of Health and Family Welfare, CAT units functioning in schools ensure that the guidelines are being implemented and educational institutions are made tobacco-free. This goal is met through several measures such as promoting 'Green-Line Campaign' to map the shops/persons selling

### TOBACCO FREE EDUCATIONAL INSTITUTION

Sale of cigarettes and other tobacco products in an area within radius of one hundred yards of this educational institution is strictly prohibited and is a punishable offence.

If you see any violation, please report to –

Name \_\_\_\_\_

Designation \_\_\_\_\_

Contact Person \_\_\_\_\_

OR

Call at Quitline Number – 1800-112-355 (Toll free)

tobacco products within the 100 yards of the school premises, established monitoring mechanism to identify if anyone in school is into tobacco consumption etc.

## Challenges Faced in Implementing of

### Intervention -

Implementing CAT programme in schools and communities has been challenging in different ways:

- Receiving permission from school authorities to establish CAT unit was challenging because often they say that they have a packed schedule or they deny the presence of tobacco usage inside their institution.
- The intervention often received less attention from the officials as the matter was taken lightly, which affected the scope of the intervention.
- In spite of several penalties and arrests, sale of tobacco continues to exist near educational institutions.
- It was found that once the CAT unit is established in schools, the prior enthusiasm shown by the management and school authorities tends to decrease.

### Institutionalisation and Sustainability of Intervention -

A curriculum has been developed for the successful implementation of the CAT programme and it is adhered to till date. The CAT group consists of children studying from

Standard 6-12. When the outgoing children leave the group, they are replaced by freshers from lower classes, who are trained by the senior members, thereby continuing the monitoring activities. The Executive Committee within the CAT unit also gets revised from time to time, providing other CAT members a chance to lead the team thereby sustaining their enthusiasm and interest towards the unit. Monthly meetings between the head office and the CAT officer helps in the better performance of the unit and keeps the programme active and ongoing.

### Translatory Value -

The intervention creates a translatory value in due course of time.

- In the long term, CAT programme helps to make schools as well as communities tobacco-free.
- CAT members apart from monitoring the substance abuse activities in their schools, also enable the community in which they belong by sensitizing and spreading awareness of the ill-effects of tobacco consumption.
- Since schools are considered the major socializing agent, reducing the exposure to tobacco products in schools helps the children to build resistance against tobacco consumption in future.

- Effective implementation of CAT will subsequently cater to the concept of 'tobacco-free generation'

### Conclusion and Recommendations -

CAT programme is an imperative in the current scenario, where the gadgets expose children to many evils, the tobacco companies keep luring them with attractive products, media glamourises the use of these products as 'cool' and 'hep' and awareness among the public on the issue is missing.

The following recommendations can be considered for the effective implementation of the programme.

- There should be increased cooperation among the school authorities and govt. officials in understanding the gravity of the issue and to take the intervention forward.



- CAT units in schools should be treated similar to the other clubs and cells functioning in the school such as NCC/NSS bodies.
- Enforcement should be made stronger in banning the sale of tobacco near educational institutions.

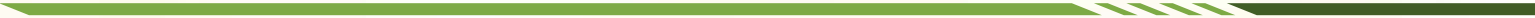
### Acknowledgement -

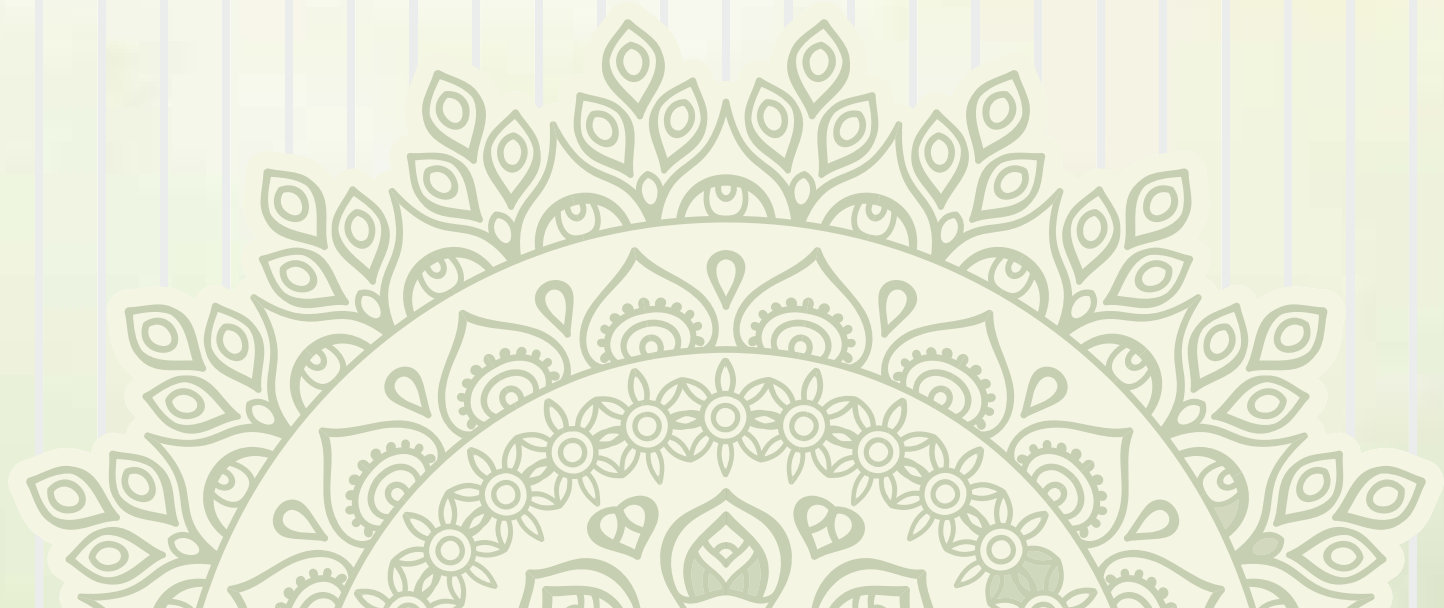
We would like to extend our gratitude to all the educational institutions, communities, Non-Governmental Organizations, School-Management Committees, different Government Bodies and officials for the constant cooperation and support provided to implement the programme.

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8

## Bihar Pan Masala Ban - A Gateway to SLT Free India

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**Co-Authors:** Somil Rastogi, Dr. Amit Yadav

TOBACCO KILLS  
एक लकड़ी का टुकड़ा



## Rationale -

This case study focuses on the rationale of the Bihar Pan Masala Ban as a gateway to an SLT-free India. The prevalence of SLT use in Bihar is alarmingly high, with 23.5% of adults using SLT (Smokeless Tobacco) products including Pan Masala with tobacco. Additionally, 7.3% of children aged 13-15 years use tobacco in any form in Bihar. The aggressive marketing of Pan Masala brands through popular film stars has made it more attractive to the younger generation, making it necessary to protect them from the harmful effects of Pan Masala with tobacco. The case study aims to highlight the effectiveness of the Pan Masala Ban in Bihar in reducing SLT use and the potential for replicability in other parts of India.

## Intervention/ Response -

The following is a chronology of events related to the ban on Gutkha and other SLT products in the state of Bihar, along with subsequent actions taken by the state government to enforce the ban. The timeline also includes instances of non-compliance by the tobacco industry with set norms, leading to further action by regulatory authorities.

1. Bihar bans Gutkha under Rule 2.3.4 of Food Safety and Standards Regulations 2011 on May 30, 2012, becoming the third state to do so after Madhya Pradesh and Kerala.
2. Hon'ble Supreme Court issues directions to Chief Secretaries of all States & UTs to file compliance report on implementation of Gutkha ban on April 3, 2013.
3. Govt. of Bihar bans all SLT products including pan masala on November 7, 2014, in interpretation of Rule 2.3.4 of FSSAI regulations.
4. Tobacco companies start selling Gutkha in twin packs to circumvent the Gutkha ban.
5. On September 23, 2016, Hon'ble Supreme Court issues instructions and bans twin pack sale at the same premise or point of sale. Bihar is the first state to release an order in pursuance of this instruction from the Apex Court.
6. On October 25, 2018, Govt. of Bihar prohibits the sale of scented/flavoured tobacco products as well. Pan Masala is a standardized product and defined by the FSSAI to be sold with the warning, "Chewing of Pan Masala is injurious to health".
7. Regulation 3.1.7 of FSS (Food Products and Food Additives) Regulations, 2011, prohibits the use of Magnesium Carbonate among other additives as an anti-caking agent in food products, including Pan Masala.
8. During the 27th Meeting of FSSAI Board held on February 4, 2019, the Scientific Committee recommends not to allow



- Magnesium Carbonate in Pan Masala as additives.
9. After successful advocacy by Socio Economic and Educational Development Society (SEEDS), the Food Safety Commissioner of Bihar directs all FSOs to collect samples of PAN MASALA for testing to ascertain whether they are in compliance with specified standards under the FSS Act, 2006 & their regulations.
  10. Random survey samples are collected from different districts on July 18, 2019 and found positive for Magnesium Carbonate.
  11. On August 22, 2019, instructions are given for retesting and four legal samples are collected from districts, including one sample for testing Nicotine at the National Tobacco Testing Lab (NTTL).
  12. Testing reveals that 15 Pan Masala Brands contain Magnesium Carbonate. Based on evidence from these test reports, Food Safety Commissioner, Govt. of Bihar exercises powers conferred by clause (a) of sub-section 2 of section 30 of Food Safety Standard Act 2006 and bans 15 Pan Masala brands on August 30, 2019, for one year. These Pan Masala brands include: Rajnigandha, Rajniwas, Supreme, Pan Parag, Bahar, Bahubali, Rajshree, Raunak, Signature, Sir Gold, Shikhar, Vimal, Kamala Pasand, Pan Pasand, and Madhu.
  13. In anticipation of legal challenges to the ban order by Pan Masala Industry, Food Safety Department, Government of Bihar, files a CAVEAT in Patna High Court on September 4, 2019.
  14. For effective implementation of the ban, regular enforcement drives are conducted by Bihar Food Safety Department along with Anti-Tobacco Squad at district and sub-district levels.
  15. On September 13, 2019, one set of legal samples of all these 15 brands of banned Pan Masala is sent to Government of India's NTTL for further testing. Testing results reveal that seven Pan Masala brands are positive for NICOTINE while claiming to be 0% Nicotine.
- The tobacco industry has a history of non-compliance with regulations and there have been several instances where they have failed to meet the prescribed standards. For example, in 2011, samples of tobacco were tested at the Central Tobacco Research Institute (CTRI), Rajahmundry and found to contain nicotine, despite the industry's claims to the contrary. Similarly, in 2005 and 2012, samples from Maharashtra were found to contain Magnesium Carbonate, while in 2017, samples from Chamoli, Uttarakhand were also found to contain this substance.

## Multi-stakeholder and multi-disciplinary engagement -

The implementation and enforcement of the Pan Masala ban in Bihar saw participation from various stakeholders. The State Health Department, through the Food Safety Commissioner, played an instrumental role in the implementation and enforcement of the ban in the state. The National Tobacco Testing Lab (NTTL) was involved in getting more supportive evidence to strengthen the ban.

Anti-tobacco squads formed under the National Tobacco Control Program (NTCP) for the enforcement of the Cigarettes and Other Tobacco Products Act (COTPA) were utilized for effective enforcement of the ban. Food Safety Officers were also included in these squads and officials from other departments like Police, Administration and Health engaged and participated in the enforcement of the ban.

The Department of Information and Public Relations played a crucial role in disseminating this news in the media. Moreover, SEEDS, a national level non-profit organization working for tobacco control for more than a decade in Bihar, Jharkhand and Delhi, provided constant follow-up, assistance and advocacy for effective implementation of the ban. SEEDS provided technical and legal support to the Health Department in the entire process of implementing the Pan Masala ban in the state

of Bihar.

Overall, the collaborative efforts of various departments and sectors, along with the support of non-governmental organizations like SEEDS, strengthened the implementation of the intervention in Bihar.

## Results/ Outcome of intervention -

The following table provides the outcome of the Pan Masala ban intervention in the state of Bihar:

Outcome	Measure
Reduction in availability of major Pan Masala brands	Yes
Awareness generated among SLT users about toxic chemicals	Yes
Compliance with section 5 of COTPA at PoS	Better
Reduction in outdoor advertisements of Pan Masala	Yes
Expected reduction in prevalence of SLT	Yes
Expected decline in oral cancer incidence	Yes





## Challenges faced in implementation of the intervention -

During the implementation process of the pan masala ban in Bihar, several difficulties and obstacles were encountered. One of the major obstacles was the litigation filed by the tobacco industry challenging the ban in Patna High Court. This created a lot of uncertainty and hindered the implementation process. However, the state government was able to effectively respond to these legal challenges by providing a robust defense of the ban and showcasing the harmful effects of SLT use on public health.

Another challenge that was encountered was the lack of specific policy for SLT products. COTPA did not have enough provisions to address the complex type and variety of SLT products and forms of its use. To overcome this, the state government relied on the Food Safety and Standards Act, 2006 and notified SLT as a food product to enforce the ban on its manufacture, storage, distribution and sale.

The aggressive direct and surrogate marketing by pan masala brands was also a major challenge. To counter this, the state government banned the display of pan masala at points of sale, removed outdoor advertisements and generated greater awareness among SLT users about the use of toxic chemicals like nicotine through wide media coverage.

The hesitation of law enforcers due to intensive tobacco industry interference and challenges





to notified legal provisions was a challenge. To overcome this, the state government formed anti-tobacco squads under the NTCP for COTPA enforcement, where Food Safety Officers were also members. Officials from other departments like Police, Administration and Health were also engaged and participated in the enforcement of the ban. The Department of Information and Public Relation played a crucial role in disseminating this news in the media and SEEDS provided technical and legal support to the Health Department in the whole process of implementing the Pan Masala ban in the state of Bihar.

Despite these obstacles, the pan masala ban was successfully implemented in Bihar. The state government's effective response to the legal challenges, reliance on existing food safety laws and collaborative efforts with various stakeholders played a crucial role in overcoming the difficulties encountered during the implementation process.

### **Institutionalization and sustainability of intervention -**

The Pan Masala ban intervention was successfully integrated into the state health department's system through the State Level Tobacco Control Coordination Committee (SLCC) meeting and capacity building of Food Safety Officers (FSOs). The enforcement drives became a regular feature and routine sample

collection and testing by FSOs were ensured even after the ban. These measures ensured the sustainability of the intervention over time and its permanent integration into the organization.

### **Translatory value -**

The Pan Masala ban in Bihar has brought multiple benefits to the common people. First, the ban has significantly reduced the availability of Pan Masala in the market, which has resulted in decreased usage of SLT products, especially among minors and youth. Second, the ban has created greater awareness among the public about the toxic chemicals present in Pan Masala, which has further discouraged its use. Third, the ban has reduced the display of Pan Masala at points of sale, which has contributed to better compliance with the provisions of COTPA. Lastly, the ban has also resulted in a reduction in surrogate advertisements, which were used by Pan Masala brands to circumvent the ban on tobacco advertisements. Overall, the Pan Masala ban has had a positive impact on public health and has contributed to the reduction of the incidence of oral cancer in the state of Bihar. Jharkhand state followed the same approach and the ban is well sustained there as well. The ban on Pan Masala increases the effectiveness of the Gutka ban exponentially and can bring a significant change in the use,



initiation and experimentation with SLT products, particularly by minors and youth.

### **Conclusion and recommendations -**

In conclusion, the ban on Pan Masala twin packs in Bihar has been successful in reducing the use of SLT products in the state. The intervention was integrated into the organization and community through regular enforcement drives and capacity building of Food Safety Officers. The sustained ban in Bihar and its replication in Jharkhand has shown that such bans can bring about a change in the use, initiation and experimentation with SLT products, especially among minors and youth.

Based on the learning from the Pan Masala ban experience in Bihar, we recommend that the ban should be extended pan India and strict action should be taken against violators. Standard procedures for sample collection and testing should be developed at the national level and shared with all states and Union Territories. There should be regular sample collection and testing of such SLT products and the National Tobacco Testing Laboratory should be utilized effectively to support enforcement. Furthermore, tobacco control partners should support the litigations initiated by the tobacco industry against positive action taken for SLT control. The total ban on indirect/surrogate advertisement of

Pan Masala should be imposed under COTPA and FSSAI and any other applicable law. A 50% health warning on Pan Masala packs should also be mandated, mentioning not to use Pan Masala with tobacco or nicotine. Lastly, the sale of Pan Masala in pouches should be prohibited and packaging should be in a tin box with a prescribed minimum quantity of 50 to 100 grams per box.

The case study highlights the importance of effective implementation of tobacco control measures and the need for sustained efforts to combat the tactics of the tobacco industry. It also underscores the importance of collaboration among stakeholders and the need for the development of comprehensive policies to address the complex nature of SLT products.

### **Acknowledgment -**

We would like to express our sincere gratitude to the Socio Economic and Educational Development Society, Patna for their unwavering support, guidance and valuable insight that have been instrumental in the successful implementation of the Pan Masala ban.

We extend our heartfelt appreciation to The Union team for their technical assistance and suggestions in finalizing this case study. We are also grateful to the former Food Safety Commissioner of Bihar for his commitment

and efforts in issuing and enforcing the ban orders.

We acknowledge the invaluable contribution of the Health, Police and Public Relation departments of Bihar, as well as the National Tobacco Testing Lab, without their support and cooperation this case study would not have been possible.

Lastly, we would like to express our appreciation to the RCTC-PGIMER, Chandigarh team for their insightful comments and suggestions in shaping the final version of this case study.

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### Media Glimpses -



9

# Tobacco-Free State Police Academy at Jaipur, Rajasthan

Author: Dr. Rakesh Gupta

**TOBACCO-FREE POLICE STATION**





## Rationale -

This case study had an intriguing genesis. The State Police Academy at Jaipur wanted to eliminate the recurring maintenance cost due to drainage pipes getting blocked in its washrooms due to spitting of the quid by the staff chewing tobacco. Hence, it collaborated with a global NGO working in India for implementing a workplace wellness program. The national lead of the latter, also heading a local NGO, agreed to support the initiative in line with the implementation of the country's maiden initiative of a smoke-free city (Smoke-free Jhunjhunu City) on World No Tobacco Day (WNTD), 2007. The global NGO had also been working then for making a few corporate workplaces tobacco-free in Bengaluru.

## Intervention/ Response -

The process on-site began in February 2008 through a workplan with an end-point to formally declare the Academy Tobacco-Free on World No Tobacco Day, 2008. The workplan comprised the following steps:

1. Concurrence with the Director of Academy on the draft of a specific policy for Tobacco-Free Academy (to be addressed as "TF RPA" hereafter) on the basis of smoke-free policy used for smoke-free Jhunjhunu City (February 8, 2008; please see annexure 1);
2. Approval received from the ADG (Additional Director General) at the State Police Headquarter (PHQ; February 15, 2008)1;
3. Empowerment of the heads of the all the Sections in Academy (Administration, Indoor, Outdoor, Accounts, Garden, Kitchen and Wardens, etc.) by the NGOs on the issues related to tobacco control in India. In addition, through a detailed deliberation on the Policy of TF RPA to understand its Needs, Benefits, implementation Process Challenges, etc. (February 16, 2008);
4. Dissemination of the Policy by every sectional head to every stakeholder working under them to invite any questions, objections, suggestions, etc. they may have to modify the Policy (by March 3, 2008);
5. A full-house event was held on March 4, 2008 to accept the Policy for TF RPA. It was presided over by the ADG, PHQ and addresses by Director of the Academy and the President of the local NGO (then Director[India] of the global NGO) on its core elements and plan of implementation over the next 2 months (until the end of the third week of May 2008);
6. Monitoring and evaluation (M&E) of the implementation process was done through every sectional head on day-to-



- day basis and on weekly basis by the offices of the Administrator of the Academy and the local NGO for reduction by 90% of:
- i. Any evidence of active use of tobacco products and passive smoking (smell of tobacco smoke or spitting of the quid)
  - ii. Presence of tobacco packaging and stubs of cigarette and bidi in the litter
  - iii. Number of current users of tobacco within the Academy staff;
  - iv. Adequacy of the displays referring to (a) the premises of the Academy being tobacco-free, (b) harms of tobacco and (c) benefits of leading a tobacco-free life
  - v. The violations on-site were handled through the counselling and norms laid out under the service rules of the State Police Department and specific cessation services were delivered by the Local NGO through another 4-session workplace health program of the global NGO (Freshstart) to the current users of tobacco in-house in coordination with the Medical Officer of Academy on-site
7. After complete satisfaction of the collaborating agencies to have achieved all the criteria, the Academy was formally

declared Tobacco-Free on 31st May 2008 (WNTD 2008) this event was presided by the ADG, PHQ

8. M&E continued internally every month with report to the Director, Academy for approval and/or any necessary amendments.

### **Multi-stakeholder and multi-disciplinary engagement -**

It has been described in the preceding section. Throughout the entire process, all sectional heads following their initial empowerment session taken by the RCF President had a ready access to the offices of the Administrator of Academy and the local NGO for any support they may find necessary for generating a consensus among their subordinates on the Policy and for its successful implementation. The emergent issues were recorded and handled promptly to the satisfaction of all the stakeholders by the office of the Administrator, Academy.

### **Results/ Outcome of intervention -**

The Academy became the first tobacco-free government workplace in the State of Rajasthan; may be countrywide. The Academy-local NGO collaboration assisted all six Police Training Centres (PTCs) in Rajasthan

State (Jaipur, two in Jodhpur, Kishangarh, Kherwada and Alwar) to be tobacco-free in next one and a half years through the day-long workshops held with their heads, Administrators, medical officers, etc. All these were formally declared tobacco-free by January 2010<sup>2,3</sup>.

### **Challenges faced in implementation of intervention -**

A few section heads were sceptical at the outset because of their perception of the inability of the tobacco users to quit and the undue stress it may put on the productivity of their staff. The Deputy Director, being a smoker rejected it outrightly at the outset. But, the reasoning on the benefits of a tobacco-free life for the tobacco-affected staff and their families, the legacy to be established for the coming generations of the State Police training, staying and/or working in Academy and the important health message going out through their efforts for the State Police and the public at large helped to convince and resolve all administrative and personal challenges and barriers amicably.

The Policy for the TF RPA could not be extended to the families living within its premises despite three meetings with these. Hence, their contribution either way, to the tobacco-free status of the Academy remains unevaluated.

Media events could not be held. The Director, Academy declined it. This restricted the advocacy for replicating the process to be tobacco-free in other government places in the capital city of the State. Also, the collaborating NGOs moved on to the other points on their respective agenda of the India Workplace Initiative being implemented countrywide (the global NGO) and tobacco control state-wide (the local NGO). So, these could not participate any further to oversee the tobacco-free status of the Academy.

### **Institutionalization and sustainability of intervention -**

The TF RPA intervention has become the norm in the Academy. In fact, it has continued till date (December 2022) spanning over 15 years. The key to this sustainability, as observed by the local NGO to the Academy is “the ownership of the TF RPA by every official of the Academy”. Meanwhile, the violation of the Policy had been by a few only and was of low-intensity. All these could be settled with just counselling. Even the senior-most officers in the State Police have applauded and supported TF RPA while being on the premises participating in several functions, events, trainings, etc. Further, the stationary used by the Academy displays its tobacco- (and plastic-) free status on the Front page (Figure 1).

Translatory value- Although this public health initiative is yet to reach out to the common people and masses in the State of Rajasthan, its perceived benefits can be observed in several State Police establishment, e.g., PHQ, Police Commissionerate, Anti-Corruption Bureau and Central Office of Prisons<sup>4</sup>.

This case study was presented by the Director of Academy in the Ninth World Conference on Tobacco Or Health (WCTOH) held at Mumbai in the year 2009 in the symposium held under the auspices of the global NGO for Tobacco-free Workplaces.

The case study of TF RPA was published by the Commonwealth Secretariat, UK in the year 2011 as one of the 17 Good-Practice Case Studies to control non-communicable diseases (NCDs) in 2.2 billion people of the Commonwealth Countries.<sup>5</sup> This international recognition also reflects how very useful it will be to replicate it in the vital government workplaces as well in the other State Police Academies countrywide.

### **Conclusion and recommendations -**

The TF RPA as a follow-up activity to the local NGO initiative of Smoke-free Jhunjhunu City on WNTD 2007<sup>6</sup> was worked out through on-site working for over three and a half months through intensive on-site collaborative working by the global and the Local NGOs with

all cadres of the Academy. Both were maiden achievements then replicated countrywide to strengthen the CSO (civil society organisations)- driven movement for tobacco control growing in the country then at a significant pace.

Although the entire process was very democratic, transparent and participatory and at no point was any one pushed into accepting it by force, its implementation in retrospect appears easier as compared with its replication attempted in some private workplaces such as hospital, an IT institute, a media House, a printing press and a higher secondary school. It can be attributed to the prevailing discipline and “commitment to command” in a police organization. The key factors in replicability to be noted are: (1) a leadership engagement upfront (2) adoption and ownership of the workplace-specific policy by all the stakeholders and (3) its longer term monitoring for the sustainability (at least 3- 5 years), i.e. until it becomes a norm therein.

Nevertheless, it is remarkable, not only because of its spiralling impact to have made all six PTCs state-wide tobacco-free in next 19 months<sup>5,6</sup>, it has sustained till date with minimal in-house efforts and with maintenance of maximal parameters to certify a workplace tobacco-free.

The TF RPA appears to be a unique model

under the continuum of tobacco control and public health for undertaking Workplace Wellness Initiatives to improve upon overall health of the people and to upscale the smoke-free initiatives successfully implemented countrywide.

In the shorter term, its replication by the National Police Academy at Hyderabad and other State Police Academies appears the most appropriate goal to be set, to at least empower the entire police force in the country to lead a tobacco-free life and engage in COTPA enforcement more effectively.

### Acknowledgments -

The author wishes to acknowledge its gratefulness to the then Administration of the State Police Academy, Jaipur, Supervisory team of the American Cancer Society for India Workplace Solutions and Rajasthan Cancer Foundation, Jaipur for their collaborative contribution to realize the envisaged maiden model of a Tobacco-free Government Workplace in India.

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### **Annexure 1 -**

Policy for tobacco-free State Police Academy (an abridged version)

- The policy restricts the use and/or bringing in of any tobacco product anywhere in the premises of Academy any time hereafter. This policy to be developed by a concurrence among all the cadres of the Academy staff will also be applicable hereafter to all including

contractual workers, visitors and events of Academy within or outside the premises of Academy.

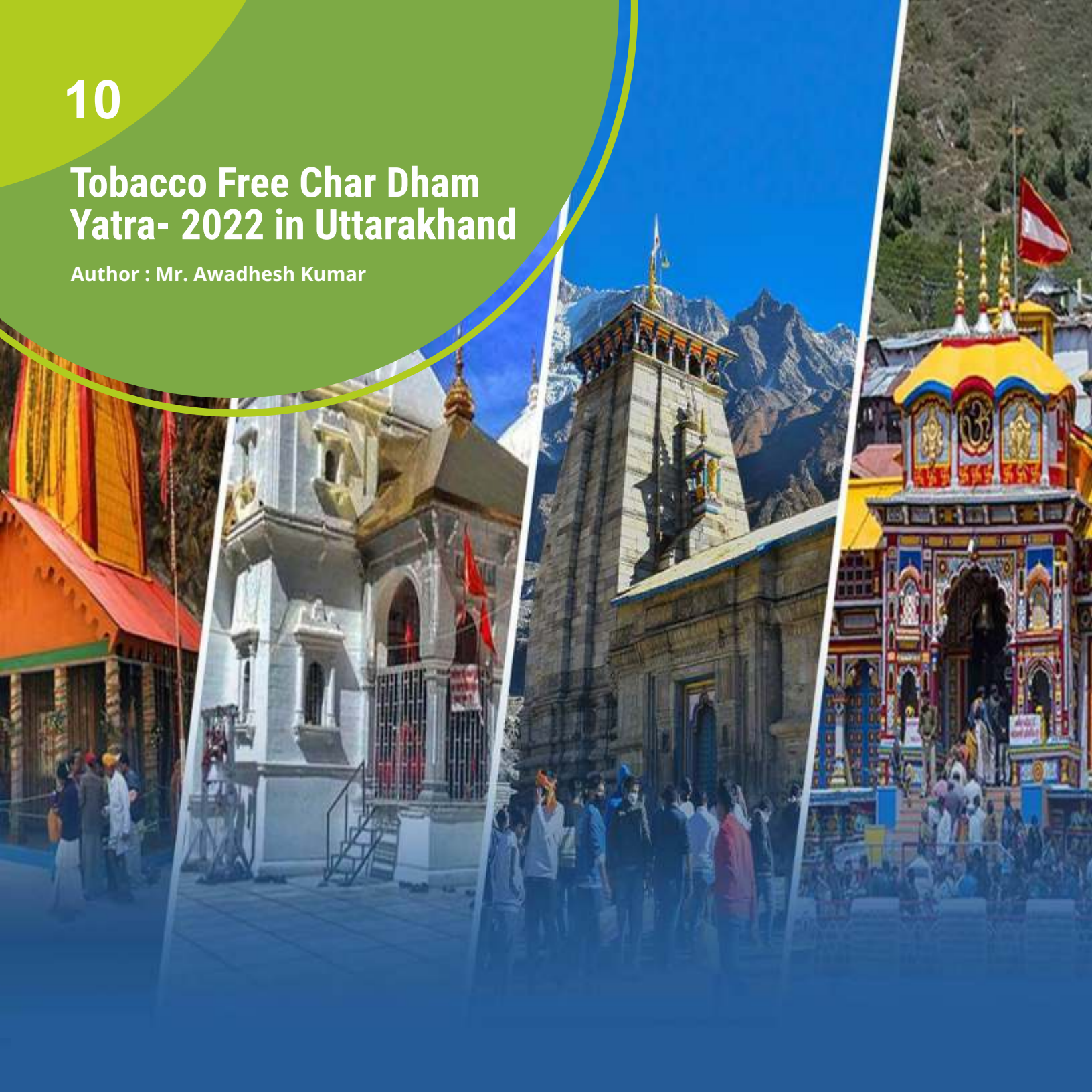
- The process of becoming tobacco-free will have high visibility in all the buildings, administrative, residential, recreational, etc. as well all the open spaces of the Academy - stadium, play-courts, lawns, etc. There will be displays at the entry- and exit- points of the premises exhibiting the tobacco-free status of Academy.
- Any violation/s of the policy will be reported to the Office of the Administrator, the Nodal Officer for the process of implementation of the policy. While first violation will be handled through counselling, any repetition will be dealt with the prevailing administrative rules of the service.



10

# Tobacco Free Char Dham Yatra- 2022 in Uttarakhand

Author : Mr. Awadhesh Kumar





## Rationale -

The Char Dham Yatra of Uttarakhand is one of the most important pilgrimages in India, attracting millions of visitors every year. However, with the increasing number of visitors, there has been a rise in environmental degradation and health issues. The use of tobacco products, including cigarettes and smokeless tobacco, is also a significant concern in the state. In 2022, the Char Dham Yatra witnessed the highest-ever footfall, with over 40 lakh people travelling to the shrines, a rise of 35% from the pre-COVID season in 2019. This surge in visitors also resulted in a rise in the consumption of tobacco products, which can have severe health consequences for both the users and non-users.

Therefore, there is an urgent need to address the issue of tobacco use during the Char Dham Yatra. A tobacco-free Char Dham Yatra will not only improve the health of the visitors but also contribute to environmental sustainability. This case study aims to explore the implementation of a tobacco-free policy during the Char Dham Yatra in 2022, the challenges faced and the outcomes achieved. It will provide insight into the feasibility and effectiveness of a tobacco-free policy for the religious pilgrimage, which can be applied to other pilgrimage sites across the country.

S. No.	Name of Dham (Religious Place)	Population	No. of Pilgrims visited in year 2022
1	Yamunotri	800	4,73,395
2	Gangotri	383	6,12,719
3	Kedarnath	810	14,25,078
4	Badrinath	3250	15,25,183
	Total	5243	40,36,357

(Source: <https://uttarakhandtourism.gov.in/activity/char-dham>)



The statistics from GATS-2 and GYTS-4 highlight the significant prevalence of tobacco use in Uttarakhand, both among adults and students. The figures are higher than the national average, indicating the urgent need for effective tobacco control measures in the state.

The proposal by Balajee Sewa Sansthan (BBS) to make the Char Dham Yatra tobacco-free is a commendable initiative that can effectively sensitise people about the ill-effects of tobacco use. The pilgrimage attracts a large number of visitors, including the rural population which may have higher prevalence of tobacco use. The initiative can also provide an opportunity to implement the Cigarettes and Other Tobacco Products Act (COTPA) effectively in the state.

Furthermore, the initiative can help interrogate the social acceptance of bidi



smoking in the rural areas of Uttarakhand, where it is often linked to heritage and cultural myths. By promoting a tobacco-free Char Dham Yatra, BBS can contribute to creating a culture of tobacco-free living, which can have significant long-term benefits for the health and well-being of the people of Uttarakhand.

### **Intervention/ Response -**

The initiative to make the Char Dham Yatra tobacco-free began with the inspiration drawn from the Tobacco-free Mahakumbh Haridwar 2021 event.

1. December 24, 2021: The idea of making the Char Dham Yatra tobacco-free was initiated, inspired by the Tobacco-free Mahakumbh Haridwar 2021 event.
2. March 23, 2022: During the Uttarakhand Tobacco Free Coalition quarterly review meeting, a decision was taken to implement the tobacco-free yatra.
3. April 7, 2022: A state-level notification was issued for all Garhwal district level officers- District Magistrate, Superintendent of Police, Chief Medical Officer (CMO), Devasthanam board and Nagar Palikas.
4. April 30, 2022: The "Aao Gaon Chalein, Uttarakhand Ko Tambaku Mukta Banayein" campaign was launched by the Health and Education Minister of the State.
5. May 2022: DLCC meetings were held in every district to discuss the plan and strategy under the chairmanship of the District Magistrate, and an order was issued at the district level.
6. May 3, 2022: The yatra began on Akshaya Tritiya day.
7. May 6, 2022: The Kedarnath temple portals were opened.
8. May 8, 2022: The Badrinath temple portals were opened.
9. May-June 2022: Awareness sessions were carried out along the yatra route to make vendors and the community aware of the harmful effects of tobacco products.
10. June 2022: A second review meeting was held to review the progress of the tobacco-free yatra.
11. November 19, 2022: The yatra concluded with the closure of the Badrinath temple.
12. World No Tobacco Day events: The Ministers for Health, Education, Urban development, Agriculture and Tourism endorsed and called for support to make Char Dham Yatra Tobacco-free in their speeches at various places.
13. Enforcement: The law enforcers at the district as well as the police station level were trained for effective implementation. Pilgrims were checked on their entry in the State during the registration, and raids were carried out in various towns and cities along the yatra route, and illegally stored tobacco products were seized.

14. Posters and banners: More than 20,000 banners, posters, hoardings, and boards were put up at appropriate places in the approximately 900 km long route. All tourist and pilgrimage places were issued tobacco-free certificates.
15. Brochures and awareness sessions: About 25,000 brochures were distributed among selected people and officials for

more information about COTPA, harmful effect of tobacco use and to inform about tobacco-free zones and the ban on tobacco and related products.

16. Continual enforcement drives: Police and DTCC team conducted enforcement drives continually with the support of BBS volunteers and UTFC members.





## Multi-stakeholder and multi-disciplinary engagement -

The intervention received support from various departments and sectors, including the State Health Department, Devsthanam Board, Transport Department, Police, Urban Development Department, Panchayati Raj Department and Tourism Department. These departments were involved in both sensitization and enforcement efforts. The State Health Department served as the nodal agency overseen by the Director, National Health Mission (NHM) and the State Nodal Officer (SNO), with support from the entire District Tobacco Control Cell (DTCC) team. The Devsthanam Board, Transport Department and Urban Development Department were also involved in sensitization efforts. The Police and Panchayati Raj Department played a role in enforcement efforts. Additionally, support for signage boards/banners was obtained

from the Punjab National Bank and UCO Bank. The campaign was also supported by The Union and UTFC, as well as other NGOs/CSOs at the district level, print and electronic media.



## Results/ Outcome of intervention -

The table below summarizes the key outcomes of the Tobacco-free Char Dham Yatra campaign:



Milestone	Result
Availability of tobacco products reduced on route	Reduced by 60% on the main yatra route
Number of tobacco shops on the route	Approximately 40-50 before campaign None during the yatra season
Tobacco products usage on the yatra route	Reduced due to non - availability
Litter of tobacco products collected on the route	Lesser than before the campaign
Advertisements or usage of tobacco products	None observed during the yatra season
Awareness of harmful effects of tobacco	Increased among district officials
Compliance with COTPA	100% compliance during the yatra season

The Tobacco-free Char Dham Yatra campaign was a resounding success, as evidenced by the complete compliance with COTPA and the absence of tobacco products, usage and advertisements in all four shrines along the yatra route. The campaign raised awareness about the harmful effect of tobacco products, reduced the availability of these products by 60% and collected lesser litter of tobacco products on the route. Furthermore, the majority of district government and police officials on the yatra route have been empowered on the harmful effects of tobacco use and on the enforcement of COTPA legislation. Overall, the intervention has made the Char Dham Yatra a cleaner, healthier and tobacco-free pilgrimage for millions of people.



### Challenges faced in implementation of intervention -

During the implementation process of the intervention, several difficulties or obstacles were encountered. The first major challenge was the inclement weather conditions, which made it difficult to sustain campaigning on the long yatra route that was approximately 900 kilometers long and covered seven districts



over the course of six months. The hilly terrain, particularly the shrines at 10,000 to 12,000 feet from sea-level, posed a significant challenge. For example, Yamunotri had a 7-kilometer track at a height of 10,000 feet, while Kedarnath had a 21-kilometer track at a height of 11,000 to 12,000 feet. During the rainy season, it was extremely difficult to reach the various hilly locations along the route. Additionally, recurring traffic jams were a challenge. The volunteers faced difficulty in depicting and pasting banners/posters along long routes. Often, it required engagement of administration and enforcement officials in arranging posters, signboards and hoardings. Further, due to the cost of travel and lodging and boarding, the volunteers faced financial challenges. In view of this being a religious event, police were not allowed to take harsh action against pilgrims. Therefore, only a small fine was imposed on some people who were made aware of the order along with seizure of all tobacco products they had carried.

To overcome these challenges, various strategies were employed. For example, the involvement of different departments and sectors helped in ensuring compliance. The Balajee Sewa Sansthan led the campaign and its efforts were supported by other NGOs/CSOs at the district level, print and electronic media.

Moreover, to overcome the difficulty of

reaching hilly locations, the campaign team used helicopters to distribute awareness material and conduct awareness activities. They also engaged local volunteers who were familiar with the terrain and could assist in spreading the message. In terms of the cost of travel and lodging and boarding, the campaign team received support from various organizations, including Punjab National Bank and UCO Bank, which provided funding for signage boards/banners.

### **Institutionalization and sustainability of intervention -**

The successful implementation of the Tobacco-free Char Dham Yatra campaign is a major accomplishment for the organization. It not only achieved its goal of making the yatra tobacco-free but also raised awareness about the harmful effects of tobacco use. This intervention has laid the necessary foundation to sustain its campaigning in the coming years towards making Uttarakhand tobacco-free. The active participation of all stakeholders from various departments other than health, is an indicator of institutionalization. The thorough sensitization of the DTCC teams has prepared them to replicate this initiative the following year and beyond. The Uttarakhand Tobacco Free Coalition will play an important role in the long-term sustainability of the project.

To ensure the ongoing success of the intervention, the organization will continue to collaborate with all stakeholders, including government departments, NGOs



and civil society organizations. The organization will also seek to raise awareness among pilgrims, visitors and residents in the area about the importance of a tobacco-free environment. Regular monitoring and evaluation of the initiative's impact will also be necessary to track progress and identify areas for improvement.

### Translatory value -

The implementation of a tobacco-free policy



during the Char Dham Yatra has brought numerous benefits to the common people who participated in the pilgrimage. Thousands of pilgrims who were made aware of the harmful effects of tobacco and the basic laws governing it will now be more concerned about their health overall and the negative impact of tobacco on them. This will not only help protect them from the harms of tobacco but also help create a healthier and cleaner environment at the holy shrines.

### Conclusion and recommendations -

The Tobacco-free Char Dham Yatra campaign was a successful intervention that aimed to make the annual pilgrimage to Char Dham shrines in India tobacco-free and raise awareness about the harmful effects of tobacco products. The campaign involved various stakeholders to effectively enforce the COTPA Legislation and make the yatra route smoke-free. Despite challenges, the campaign achieved 100% compliance of COTPA, reduced the availability of tobacco products by 60% and successfully educated thousands of pilgrims about the dangers of tobacco use. The campaign also demonstrated the potential for replicability at other religious pilgrimage sites in India and the importance of a partnership model between civil society organizations and the state government machinery in tobacco

control efforts. The intervention highlights the need for ongoing education and awareness programs to maintain the success achieved in making the yatra route smoke-free.

### **Acknowledgment -**

We would like to express our gratitude to all the individuals and organizations that have contributed to the success of the Tobacco-free Char Dham Yatra campaign. First, we acknowledge the efforts of Balajee Sewa Sansthan, who planned and implemented the campaign. Special thanks to Dr Rana J Singh, Deputy Regional Director, The Union, New Delhi, who promoted the campaign and provided technical support. We would also like to thank the Uttarakhand Tobacco Free Coalition for their support and partnership.

We are grateful for the active participation and kind support of Dr Saroj Naithani, Director National Health Mission Uttarakhand. The success of this campaign would not have been possible without the efforts and contributions of all the stakeholders, including the police, transportation, tourism, urban development, Panchayati Raj, the Devasthanam Board, and Char Dham officials.

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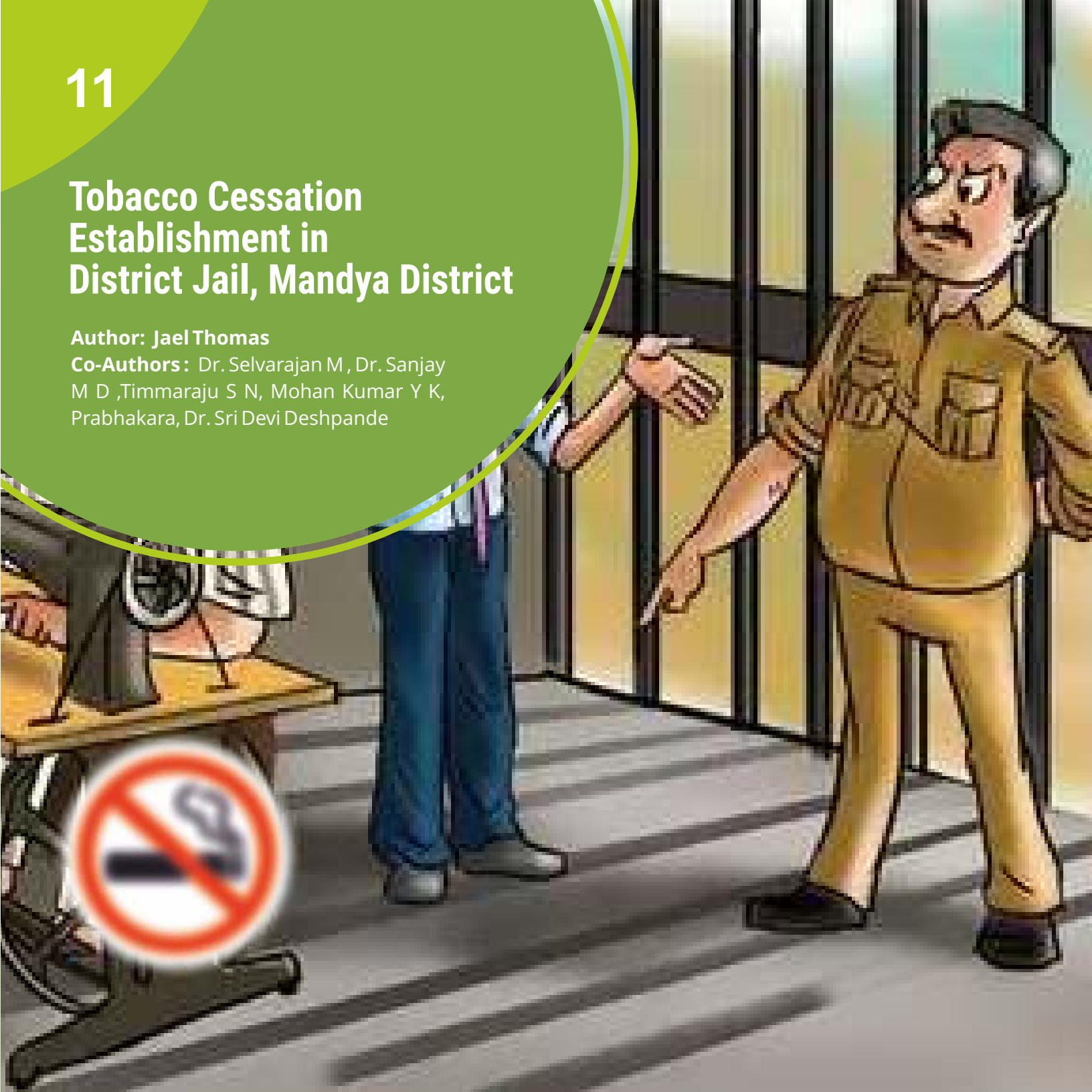




## Tobacco Cessation Establishment in District Jail, Mandya District

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## Rationale -

Prisoners are a vulnerable population with a higher prevalence of tobacco use and addiction as compared to the general population. The use of tobacco products in the prison premises not only affects the health of prisoners but also poses a risk to the health of staff and visitors who are exposed to second-hand smoke. Furthermore, tobacco use in prisons has been linked to increased violence, drug use and other criminal activities, making it important to address tobacco addiction as part of the rehabilitation process for prisoners. The establishment of a tobacco cessation centre in the Mandya district jail can help prisoners quit smoking, reduce the risk of exposure to second-hand smoke and promote a healthier and safer environment within the prison premises.

Thus, the case study aims to evaluate the effectiveness of the tobacco cessation program implemented in the Mandya district jail and provide insight on how similar programs can be established in other correctional facilities to promote better health outcomes for prisoners and the wider community.

## Intervention/ Response -

The intervention for establishing a tobacco cessation program in Mandya District Jail was implemented in the following chronological order:

1. On June 21, 2022, the District Tobacco Control Cell, Department of Health and Family Welfare organized a camp on World Yoga Day in Mandya District Jail for 401 prisoners, out of which 380 were male and 21 were female. It was found that 181 prisoners were tobacco users.
2. On August 28, 2022, a half-day sensitization and awareness program was organized under the Urban National Mission program to educate prisoners on the ill-effects of tobacco consumption and the availability of free tobacco cessation services. The cessation services included counselling and nicotine replacement therapy (NRT). The program was attended by 214 prisoners and free NRT (nicotine gum) was distributed to them with the support of the District Tobacco Control Cell.
3. On November 15, 2022, another sensitization session was organized on World Diabetic Day and the Jailer was provided with an additional 1000 nicotine gum packs by the District Tobacco Control Cell.
4. As there is no full-time tobacco counsellor available in Mandya district under the National Tobacco Control Program, coordination was established with the Integrated Counselling and Testing

Center (ICTC). The counselling was delivered by a team of a prison psychiatrist, counsellor and social worker from the National Tobacco Control Program. The duration of the counselling was from 30-45 minutes.

5. Currently, the District Tobacco Control Cell is providing the required nicotine gum to the prison authorities for distribution to prisoners.
6. Various officers such as the District Health and Family Welfare Officer, District Surveillance Officer, RCHO, Taluk Health Officer, Medical Officer, Block Education Officer, DPC, RCHO, Jailer and other officers were present during the World Yoga Day camp.



(Picture 1: Date: June 21, 2022. Participants: District Health and Family Welfare Officer, District Surveillance Officer, RCHO, Taluk Health Officer, Medical Officer, Block Education Officer, DPC, RCHO, Jailer and other officers were present during world Yoga Day)



(Picture 2; Counselling is given to Prisoners).

### Multi-stakeholder and multi-disciplinary engagement -

The implementation of the intervention to establish a tobacco cessation program in Mandya District Jail was strengthened by the efforts of multiple departments and sectors, including:

1. **Home Department:** The Home Department provided support in arranging the date and stage for conducting awareness programs in the prison. This support helped in ensuring the smooth organization of the events and reaching out to a larger number of prisoners.
2. **Health Department:** The Health Department played a key role in the implementation of the tobacco cessation program. They distributed nicotine gum to the prisoners and provided counselling services through the Integrated Counselling and Testing Center (ICTC) and the District Tobacco Control Cell (DTCC) counsellors. The Health Department also organized camps on special occasions,

such as World Yoga Day and World Diabetic Day, to raise awareness about the harmful effects of tobacco and the availability of free cessation services.

3. **Inter-departmental coordination:** The program involved coordination between different departments and sectors, such as the Health Department, Home Department, District Surveillance Officer, RCHO, Taluk Health Officer, Medical Officer, Block Education Officer, DPC and Jailer. This coordination helped in ensuring the smooth implementation of the program and avoiding duplication of efforts.

4. **Local NGOs:** Local NGOs played a crucial role in providing awareness to the prisoners inside the prison campus. Their involvement in the program helped in reaching out to a larger number of prisoners and creating a positive impact on their attitudes towards tobacco use.

Overall, the multi-stakeholder and multi-disciplinary engagement of different departments and sectors, along with the involvement of local NGOs, played a significant role in the successful implementation of the tobacco cessation program in Mandya District Jail.



(Picture 3: Date: Aug. 24, 2022. Participants: District Health and Family Welfare Officer, District Surveillance Officer, RCHO, Taluk Health Officer, Medical Officer, Block Education Officer, DPC, RCHO, Jailer and other officers were present. District Surveillance officer distributed nicotine gum and leaflets on ill effects of tobacco to the Jailer.)

1	Total Number of Prisoners	401
2	Number of Male Prisoners	380
3	Number of Female prisoners	21
4	Total Number of Tobacco users	181
5	Number of persons quit during 3 months of counselling	51
6	Number of persons who quit tobacco after counselling with NRT	32
7	Counselling under process	98
8	Total Number of prisoners stopped using tobacco within 6 months	83

### Results/ Outcome of intervention

The prevalence of tobacco smoking among the 401 prisoners was found to be 45%, with 181 current tobacco users. After the smoking cessation intervention, 83 prisoners out of 181 (46%) were able to stop using tobacco. Out of



these, 51 (28.1%) stopped smoking after receiving proper counselling about the ill effect of tobacco use and the importance of a healthy life after release from prison. Additionally, 32 (17.67%) prisoners quit tobacco after receiving nicotine replacement therapy, as they had been using tobacco for a long time. For the remaining 98 (54.14%) prisoners, counselling was still ongoing, with sessions held every 15 days over a period of 6 months.

### **Challenges faced in implementation of intervention -**

During the implementation of the intervention, there were a few challenges that were encountered. One of the prisoners refused to take counselling despite multiple efforts to convince him. This could be due to lack of awareness about the harmful effects of tobacco or personal beliefs. However, the other prisoners who were willing to participate in the intervention were counselled properly and provided with NRT. Another challenge was the lack of a dedicated room for cessation activities. This made it difficult to conduct counselling sessions and distribute NRT in a systematic manner. To overcome this, the jail authorities were advised to allocate a separate room for cessation activities. Purchase of nicotine gum was also a challenge as the jail officials had to procure them on their own. To

overcome this, the District Tobacco Control Cell (DTCC) provided support by supplying required nicotine gum to the prison authorities. Sensitization of the jail psychiatrist was necessary to provide greater impact to cessation. This was addressed by involving the jail psychiatrist in the counselling sessions along with the counsellor and social worker from the National Tobacco Control Program (NTCP).

Overall, the challenges encountered during the implementation of the intervention were addressed through effective coordination and cooperation between the different stakeholders involved, including the jail authorities, health department, DTCC and local NGOs.

### **Institutionalization and sustainability of intervention -**

To institutionalize and sustain the intervention, the implementation of tobacco cessation services can be integrated into the existing healthcare infrastructure within the prison and in the community. The establishment of a specific Tobacco Cessation Centre within the prison can provide a dedicated space for cessation services and counselling, which can be staffed by trained healthcare professionals. The success of the intervention can be sustained by ensuring that the necessary

resources are allocated for the provision of cessation services and counselling, including the purchase of nicotine replacement therapies and the involvement of trained healthcare professionals. The implementation of cessation services can also be incorporated into the training programs for healthcare professionals working within the prison and community healthcare system, to ensure that they have the necessary skills and knowledge to provide these services effectively. To ensure the long-term success of the intervention, it is important to establish a monitoring and evaluation system to track the effectiveness of the program and identify areas for improvement. The system can provide feedback to the stakeholders, which can be used to further improve the quality of services provided.

Moreover, it is crucial to create awareness among the prisoners and the community about the health hazards of tobacco use and the availability of tobacco cessation services. This can be achieved through regular health education programs and awareness campaigns.

### **Translatory value -**

The benefits to the common people resulting from the intervention are significant. First, the intervention will reduce the exposure of non-

smokers to second-hand smoke, thereby improving the overall air quality and health of the community in jail. As the prisoners are sensitized about the ill effect of tobacco, they will be less likely to smoke in public places and around their family and friends after release from jail, thereby reducing the prevalence of passive smoking. Second, the intervention will lead to a decrease in the burden of tobacco-related diseases on the healthcare system, resulting in cost savings for both individuals and the government. Tobacco-related illnesses such as lung cancer, heart disease and stroke are costly to treat and can lead to a significant financial burden for both the individuals affected and the healthcare system as a whole.

### **Conclusion and recommendations -**

The case study highlights the high prevalence of tobacco use among male prisoners, and the absence of its use among female prisoners. It suggests the need for measures such as counselling, cessation facilities and reduced accessibility of tobacco and other substances in prisons to control tobacco consumption among prisoners. The study recommends replicating this case study in other prisons to design a policy at the state level by the Home department and inter-departmental coordination with health programs. The lessons learned from this study emphasize the

importance of addressing tobacco use in prisons, despite unfavourable living conditions and the need for gender-specific interventions.

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I would also like to extend my heartfelt thanks to the District Health and Family Welfare Officer of Mandya, the District Surveillance Officer, the Program Officer for National Tobacco Control Program and the Jail Officials of the Home Department, whose assistance was critical to the success of this study.

I would also like to acknowledge the support and assistance provided by the Taluk Health Officer of Mandya, as well as the higher officials of the International Union Tuberculosis and Lung Diseases in New Delhi, and my team members who contributed to the completion of this study.





# Sub-National adoption and implementation of WHO- Framework Convention on Tobacco Control (WHO-FCTC) Article 5.3: Policies in Uttar Pradesh, India

Author : Mr. Vivek Awasthi



## Rationale -

The case study is being conducted to understand the challenges and strategies adopted in implementing tobacco control policies in Uttar Pradesh, India, where the prevalence of tobacco use is high, and the tobacco industry has a significant influence on public health policies. The delivery of adequate health services in the state is a significant challenge due to factors such as lack of resources, low literacy rates, and poverty. Additionally, tobacco control remains a low priority in the face of multiple health issues and a high burden of communicable diseases. This situation creates a significant opportunity for the tobacco industry to interfere with public health policies, with a focus on advancing their own interests. Before the adoption of state-level Article 5.3 policy, reports of tobacco industry interference were common, particularly in relation to youth-targeted initiatives such as industry-funded or industry-led school competitions. However, after the adoption of the Article 5.3 policy under the FCTC, protests by certain industry supporters were reported in several districts such as Ghazibad, Ayodhya, and Lucknow from 2019 to 2022. These protests aimed to derail the process of tobacco vendor licensing. Despite this, the government and NGOs decided to implement the Article 5.3 of FCRC in the absence of any national level policy by

adopting a top-down approach within the state to minimize industry interference.

The case study aims to analyze the effectiveness of state-level article 5.3 policy in minimizing industry interference in the absence of a national-level policy and to assess the impact of the policy on reducing tobacco use in the state.

## Intervention or Response -

1. In November 2019, the State Tobacco Control Cell (STCC) adopted the FCTC Article 5.3 State level policy.
2. Civil societies provided technical support to the STCC and Health department to notify the policy document.
3. In November 2020, the Director General Health Services and Director Secondary Education issued an order for divisional and district level officials not to participate with industry-sponsored/funded organizations like the Foundation for Smoke Free World.
4. Initiatives were taken to shut doors for tobacco industry interference with continuous support from civil societies.
5. District Level Empowered committees in 25 districts in line with state policy were constituted under the Chairmanship of District Magistrate in 2021-2022 to monitor industry interference at the local level.

6. In June 2022, an order was issued from Additional Chief Secretary Health, Government of Uttar Pradesh to all state, division level officials and District Collectors not to collaborate with organizations funded by the tobacco industry.

### Result -

The district level empowered committees have started to review and monitor tobacco industry interference at the local level.

In September 2022, a policy document (circular) was issued by the Director General Health Services UP for all state, division level officials and District Collectors not to display signage/logo of ITC limited. As a result, the ITC logo was not displayed anywhere.

Participation of school children in industry-funded competitions has stopped, especially in Ghaziabad and Ayodhya Municipal Corporations.

While these outcomes demonstrate progress towards reducing tobacco industry interference in health policies in Uttar Pradesh, it is important to note that further evaluation may be required to fully understand the impact of the intervention on tobacco use prevalence and related health outcomes.

### Multi-stakeholders engagement -

Efforts from various departments/sectors that have strengthened the implementation of the intervention are:

1. **Government officials:** Approximately 5650 government officials have been sensitized on the key features of the state policy to stop tobacco industry interference in health policies. This has helped to create awareness among government officials and ensure their support for the policy.
2. **Civil society organizations:** Civil societies are continuously informing policymakers on the industry's clever tactics to derail any progress made in tobacco control. They have also signed the Conflict of Interest (CoI) policy, stating not to partner with the tobacco industry giant such as ITC Limited. This has helped to ensure that civil society organizations do not inadvertently collaborate with the tobacco industry.
3. **District level empowered committees:** The district level empowered committees have been constituted to monitor industry interference at the local level. This has helped to ensure that the policy is implemented effectively at the grassroots level.



4. **Health and Integrated Child Development Scheme (ICDS) department:** In the months of October and November 2022, district level orders stating not to display the logo of ITC in POSHAN Abhiyan were issued from the health and ICDS department. This has helped to ensure that the policy is implemented in all sectors and at all levels.

Overall, the involvement of various departments and sectors has helped to create a comprehensive approach towards implementing the intervention, thereby strengthening the efforts to stop tobacco industry interference in health policies.

### Challenges -

The implementation of the intervention encountered several challenges, including

1. The difficulty of sensitizing officials in a large number of districts, as Uttar Pradesh has 75 districts.
2. Additionally, the process of monitoring and implementation was sometimes delayed due to frequent transfers of committed senior government officials.
3. Moreover, there was a lack of political will in the state, which hindered progress in addressing tobacco industry interference in health policies.

### Institutionalization and Sustainability

#### of intervention -

The institutionalization and sustainability of the intervention is crucial for its long-term success. The District Level Empowered Committees, consisting of empowered local officials, serve as the foundation for sustained implementation. Furthermore, ownership by the nodal department and integration with the National Tobacco Control Program (NTCP) will ensure the intervention's sustainability. A coalition of sensitized and dedicated civil society organizations will also contribute to the effective implementation of the state policy.

#### Translatory value -

The intervention in Uttar Pradesh, being the largest state in India with a high population and number of districts, has significant translational value. The success of this intervention can serve as a model for other states in the country to adopt similar policies and interventions to benefit public health on a larger scale.

### Conclusion and Key Recommendations -

Regular monitoring and anticipating tobacco industry behavior is crucial to pre-emptively prevent potential interference. The "top-down approach" combined with regular sensitization



of officials and policymakers have played a vital role in the adoption and implementation of state policy in line with FCTC Article 5.3. Good practices like displaying declaration boards at appropriate places serve as reminders to government officials and warnings to tobacco industry groups about the government's intentions.

To ensure the institutionalization and sustainability of the intervention, district-level empowered committees should continue to monitor and review tobacco industry interference at the local level. The nodal department should take ownership of the intervention and integrate it with NTCP. A coalition of sensitized and dedicated civil society organizations can also aid in the implementation of state policy. It is

recommended that regular sensitization and training of officials and policymakers should continue to be conducted. The intervention can be sustained by building political will in the state, which can be achieved through continuous advocacy and awareness-raising efforts.

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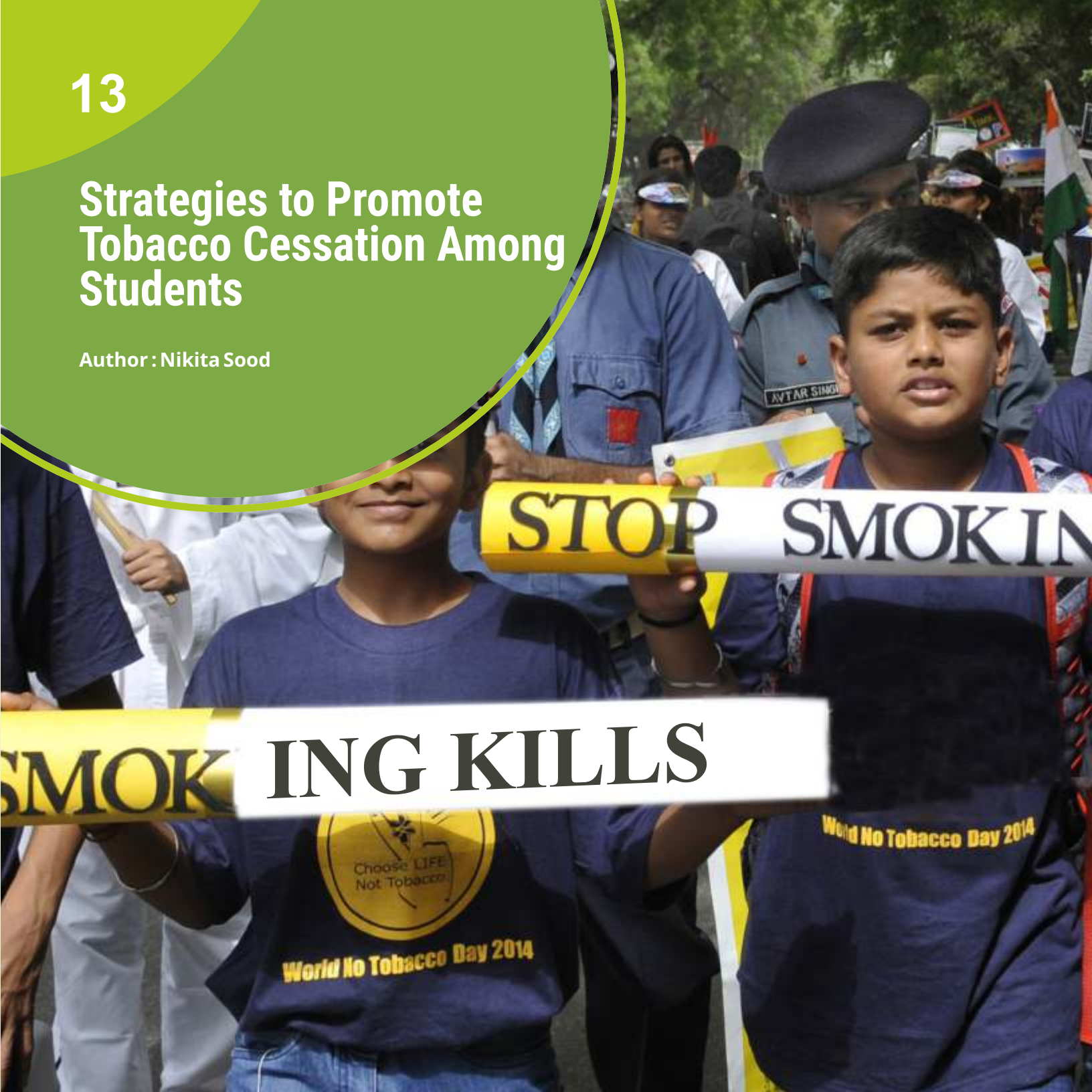
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13

# Strategies to Promote Tobacco Cessation Among Students

Author : Nikita Sood



## Rationale -

The case study is to address the specific issue of tobacco cessation among students in The Tribune School. The school caters to children from diverse socio-economic backgrounds and different types of learners, including those with special needs. Many students in the school are exposed to harmful elements like tobacco, smoking and alcohol outside of the school environment, which puts them at a higher risk of developing addictive habits.

The study aims to identify strategies that can help promote tobacco cessation among students, particularly those who are at a higher risk of getting impacted by these harmful substances. The study recognizes that children who experience abuse, mental stress and depressive tendencies are more vulnerable to getting impacted by these substances. Therefore, the study seeks to identify ways in which the school can support these children and help them overcome their addiction to tobacco.



Given the diverse nature of the student population in The Tribune School, the study recognizes the need for a tailored approach that takes into account the unique needs and challenges of each student.

The study will explore different strategies, such as counselling, support groups and education programs, which can help students quit tobacco and maintain a healthy lifestyle.

## Intervention/ Response -

The intervention to promote tobacco cessation among students in The Tribune School was implemented in a step-by-step manner:

1. **Counselling Session:** The Counselling department conducted a session on substance abuse awareness for students in Grades 8, 9 and 10. During this session, students presented a play and *Taukeer*, a Grade 10



student, presented a rap song. The session focused on the ill-effects of tobacco on health and society.

2. **Anti-Tobacco Program Initiation:** Following the counselling session, an anti-tobacco program was initiated in the school. The program included different awareness activities conducted both inside and outside the school premises.



3. **Rallies:** As part of the program, rallies were conducted to raise awareness about the harmful effects of tobacco. Students raised slogans like "Tambakku chodo, sehat se naata jodo" (Quit tobacco, connect with health).
4. **Poster Making Competitions:** Poster making competitions were also held as part of the program. Students were encouraged to create posters that showcased the dangers of tobacco use and the benefits of quitting.
5. **Rewarding Ceremony:** The school organized a rewarding ceremony to recognize the active participants of the anti-tobacco campaign. Students who actively participated in the awareness activities were recognized and rewarded.

Overall, the intervention was implemented in a systematic manner, with a focus on creating awareness about the harmful effects of tobacco use and promoting tobacco cessation among students.

### Multi-stakeholder and multi-disciplinary engagement -

The implementation of the intervention to promote tobacco cessation among students in The Tribune School was strengthened through the efforts of different departments and

sectors. The following are the specific roles played by each department/sector:

1. **Department of Community Medicine & School of Public Health, PGIMER** The department was involved in conducting the awareness session in the school. They collaborated with officials from STRATEGIC INSTITUTE OF PUBLIC HEALTH EDUCATION AND RESEARCH (SIPHER) to ensure that the session was informative and engaging for both school staff and students.
2. **Strategic Institute of Public Health Education and Research (SIPHER) and HRIDAY (NGO)** These organizations were involved in multi-disciplinary research, capacity building and campaigns linked to the prevention and control of Non-Communicable Diseases (NCDs). They organized meetings with school students Kashish and Aditi of Grade 8th, who created presentations and guided other students about the harmful effects of tobacco use. They also explored online and offline platforms to allow students to share their views and vision.
3. **School Counsellor** The school counsellor played an important role in guiding students and encouraging their participation in the anti-tobacco campaign. They also explored different platforms to engage with students and help them share their thoughts and ideas.

4. **School Staff and Students** The school staff and students actively participated in the different activities organized as part of the anti-tobacco campaign. They took a pledge against tobacco use in the school premises and were oriented to create awareness against tobacco use outside the school premises. They also participated in meetings held for the prevention and control of non-communicable diseases and students participated in the Nasha Mukh Bharat Abhiyan for Elocution/essay writing.

#### Outcome/Results of intervention -

The following table shows the outcome of the intervention conducted in the school:

Intervention Component	Outcome/Result
Awareness session	Increased awareness about the ill-effects of tobacco
Pledge against tobacco use	100% of the students took the pledge against tobacco use
Orientation for creating awareness	Students were oriented to create awareness against tobacco use
Involvement in meetings	School students actively participated in meetings
Education/essay writing competition	School students participated in the competition
Signage boards	Placement of signage boards in and outside school premises
Rally to quit use of tobacco	Students guided parents and neighbours through rallies
Self-evaluation scorecard	Improved functioning of the institution through self-evaluation
Markings to control sale/purchase	Markings done in 100 yards area to control sale/purchase of tobacco
Anti-tobacco monitors	Monitors were deputed in the school to stay vigilant
Counselling services	Students who use tobacco were guided for counselling services
Helping staff sessions	Regular sessions are being held to guide the helping staff
School declared tobacco free zone	The school has been declared a tobacco-free zone internally

The intervention had a positive impact on the school and it resulted in 100% of the students taking a pledge against tobacco use. The placement of signage boards, rallies, and monitoring helped control the sale and purchase of tobacco in the school premises and in the 100 yards area around the school. The counselling services provided by the cessation specialist helped students who use tobacco to quit. The regular sessions conducted for the helping staff also helped in promoting a tobacco-free environment. The school has been declared a tobacco-free zone internally.

#### Challenges faced in implementation of intervention -

During the implementation process of the intervention, some difficulties and obstacles were encountered. One of the challenges was the lack of awareness among people about the harmful effects of tobacco. Many people perceived it as a lesser threat compared to other drugs or alcohol. To overcome this, the counselling department conducted awareness sessions and used different methods like plays, rap songs, rallies and poster-making competitions to sensitize people about the ill-effects of tobacco.

Another obstacle was the involvement of students in the campaign. Children from economically weaker sections of the society

observed tobacco use as a casual activity, and thus, it was challenging to involve them in the campaign. To address this, students were engaged through various activities like pledging, creating presentations, and attending meetings organized by multi-stakeholder organizations like SIPHER and HRIDAY. The involvement of students in such activities not only helped in sensitizing them about the harms of tobacco but also made them more engaged in the campaign.

In addition, monitoring the sale and purchase of tobacco around the school premises was also a challenge. To overcome this, markings were done in a 100-yard area to control the sale and purchase of tobacco around the school. Anti-tobacco monitors were also deputed in the school to stay vigilant and collect data on the number of people who use tobacco. The data was then used to guide people for counselling services by a cessation specialist.

### **Institutionalization and sustainability of intervention -**

The intervention was integrated into the school's policies and practices to make it a permanent part of the institution. The school has been declared a tobacco-free zone internally and the students and staff have taken a pledge against the use of tobacco. The placement of signage boards in and outside the school premises, and the regular physical

inspection by tobacco monitors, have helped in sustaining the intervention. The self-evaluation scorecard is used by the staff to evaluate the effectiveness of the intervention and regular data collection is done by the counselling department for the number of people who use tobacco.

To ensure ongoing success, the school will continue to conduct regular awareness sessions and physical inspections, update on social media to reach those who cannot reach them physically and involve students in anti-tobacco programs. The placement of signage boards, the regular physical inspection by tobacco monitors and the involvement of the school staff and students in meetings will continue to be an integral part of the school's policies and practices. Regular sessions for the helping staff will also be conducted to guide them about not using tobacco or any other products in or outside the school premises.

### **Translatory Value -**

As a result of the intervention, a large number of people were made aware of the harmful effects of tobacco use. This included not only the students of The Tribune School, but also their families and the local community. By raising awareness through rallies, poster making competitions and other activities, the intervention helped to reduce the use of tobacco and promote healthier habits.

Additionally, the involvement of multiple stakeholders, such as the Department of Community Medicine & School of Public Health and NGOs like SIPHER and HRIDAY, helped to ensure the sustainability of the intervention and its integration into the school and wider community. Overall, the intervention had a positive impact on public health and contributed to the goal of creating a tobacco-free society.

### **Conclusion and recommendations -**

Despite some challenges, such as the initial lack of awareness among people and resistance from some staff members, the intervention was able to reach a large number of people and create significant awareness about the harmful effects of tobacco use. The students of The Tribune School played a crucial role in the success of the intervention by spreading awareness among their peers and the community.

The case study also highlights the importance of continuous efforts to sustain the gains made by the intervention. These include regular monitoring, evaluation and sensitization efforts, as well as the integration of tobacco control education into the school curriculum.

Overall, the case study underscores the need for a multi-pronged approach, involving various stakeholders and strategies, to effectively address the issue of tobacco use

and control its harmful effects on public health.

### **Acknowledgement -**

I would like to extend my sincere appreciation to Dr. Sonu Goel, Director, RCTC and Professor, PGIMER, Chandigarh, Mr. Rajeev Kumar Choudhary Project Co-ordinator, E-RCTC, PGIMER, Chandigarh and Dr. Rakesh Gupta, President & Director of Public Health at Strategic Institute for Public Health Education & Research (SIPHER), for their invaluable support and guidance in reviewing my work, providing feedback for improvements, and discussing future prospects. Their unwavering patience and willingness to answer my numerous questions have been invaluable.

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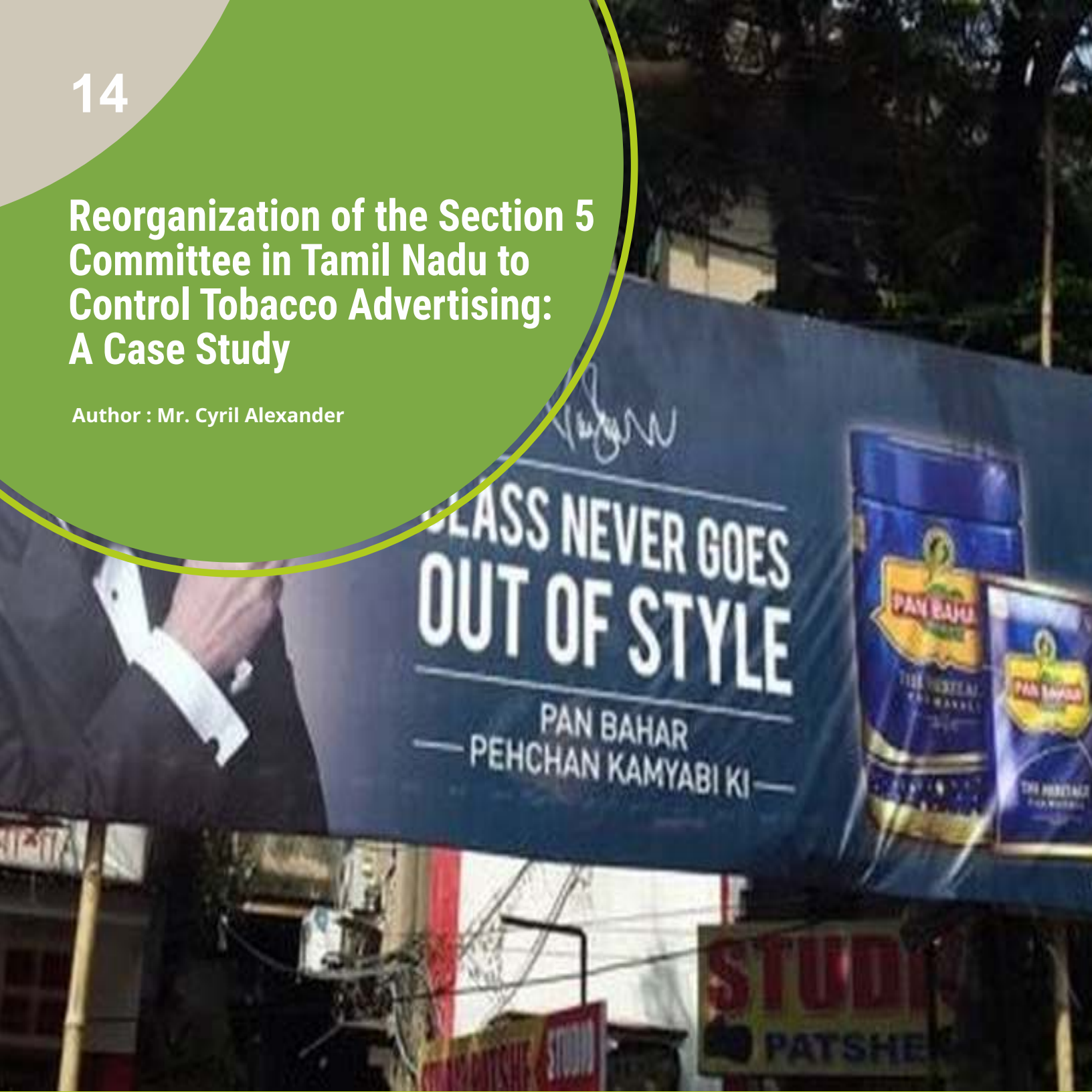
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## Reorganization of the Section 5 Committee in Tamil Nadu to Control Tobacco Advertising: A Case Study

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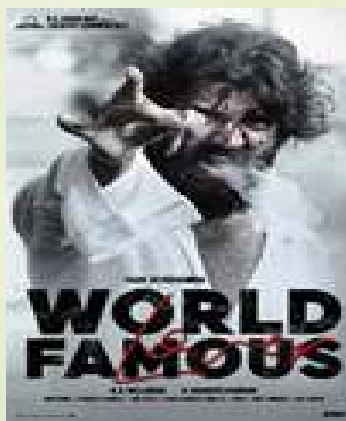
## Rationale -

The purpose of this case study is to examine the reorganization of the Section 5 Committee in Tamil Nadu, India, which was undertaken to control tobacco advertising and promotion in public places. The study aims to analyze the reasons behind the reorganization, the steps taken to implement the change and the outcomes achieved. The reorganization of the Section 5 Committee is a significant step taken by the government of Tamil Nadu in response to the growing concern about tobacco use in the state. The increasing prevalence of tobacco use, particularly among youth, has been a major public health concern in Tamil Nadu and the government keeps implementing various tobacco control initiatives to address this issue. Section 5 of the Cigarettes and Other Tobacco Products Act (COTPA) prohibits the advertising and promotion of tobacco products in public places. However, violations of this section have been rampant in Tamil Nadu, with advertisements and promotions being displayed openly in public places such as movie theaters, shops and restaurants.

In Tamil Nadu, a major section of tobacco control violations has been identified related to direct and indirect advertisements under Section 5 of COTPA. There have been instances where promotional materials of movies showing smoking images are being displayed in public places and movies are shown in

theaters without adhering to Film Rules. The Tobacco Monitor has played a huge role in identifying these complaints and directing them to the concerned bodies for initiating action. This has been one of the key reasons for reorganizing the Section 5 Committee in Tamil Nadu.

Overall, this case study will provide an insight into the effectiveness of the reorganization of the Section 5 Committee in controlling tobacco advertising and promotion in Tamil Nadu and the potential for similar initiatives to be implemented in other parts of India and globally.



## Intervention/Response -

To address the violations occurring exclusively under Section 5 of the Indian Tobacco Control Act, the State of Tamil Nadu established a State Monitoring Committee in accordance with the guidelines issued by the Ministry of Health and Family Welfare, New Delhi. The formation of this committee was a result of efforts made by like-minded individuals and organizations working towards tobacco control.

### **The committee was deemed necessary for the following reasons:**

1. The rise of violations under Section 5 due to the increasing presence of tobacco-related content in movies, series and shows on digital and OTT platforms, which have national reach.
2. Neglect of majority of violations under Section 5 due to the lack of recognition by concerned officials.
3. The need for a State Monitoring Committee in every state to regulate the direct and indirect advertising of tobacco products.

The Committee has been given independent powers and assigned specific roles and responsibilities by the Union Ministry for Health and Family Welfare. Its functions include:

1. Ensuring the formation of District/Local Committees.
2. Ensuring regular quarterly meetings of District/Local Committees.
3. Ensuring effective performance of authorized officers.
4. Reviewing cases handled and decisions arrived at by District/Local Committees.
5. Providing guidance & recommendations to District / Local Committees.
6. Taking decisions on matters referred by District/Local Committees.
7. Collating data/information & forwarding it to the Ministry of Health and Family Welfare.
8. Recommending and initiating action in cases of violation of Section 5.
9. Establishing mechanisms for reporting violations, including quit lines/tobacco helplines.

### **The scope of the Committee includes -**

1. Providing a platform for the public to lodge complaints regarding direct, indirect, or surrogate advertisements of tobacco and allied products in media (print as well as electronic) and taking action as per procedure.



2. Reviewing the enforcement of Section 5 of the Indian Tobacco Control Act.
3. Immediately bringing to the notice of the State and Central Government any program affecting public order.
4. The Second State Monitoring Committee for the State of Tamil Nadu for monitoring tobacco control violations under Section 5 of the Indian Tobacco Control Act of 2003 was reconstituted in 2021 as per the direction of the Hon'ble High Court. The nomination of members can be decided by the Nodal Officer for Tobacco Control in the respective state.

30 Nov 2005- Notification released by the Ministry of Health and Family Welfare, Govt. of India regarding the constitution of a Steering Committee at National Level to deal with violations under Section 5 of COTPA 2003

15 Apr 2008- An Order was released from the Ministry of Health and Family Welfare, Govt. of India to form a Monitoring Committee at State and District levels.

6 May 2008- Guidelines were issued by Govt. of India, Ministry of Health and Family Welfare, New Delhi, D.O.No.P.16015/4/05-PH for constituting the Committee at State level.

26 Sept 2008- The State Monitoring Committee for the State of Tamil Nadu was constituted to monitor cases under Section 5 of COTPA 2003. The term for each Committee was for a period of 2 years, after which the Committee has to be reconstituted.

18 Jul 2014- Release of the Tamil movie 'Velaiyilla Pattathari' in many theatres in and around Tamil Nadu.

15 Jul 2014- Tobacco Monitor identified several smoking scenes involved in the movie which did not possess any health warnings/scrolls. Posters, banners, and huge hanging boards of the actor smoking was displayed in and around the theatres, shopping complex, malls etc in Tamil Nadu.

30 Jul 2014- A representation regarding the violation was submitted in-person to the Director General of Police, Commissioner of Police, City Health Officer and other officials connected to the issue.

### Chronological journey of the intervention -

Name and Designation	Role
Principal Secretary to Government, Health and Family Welfare Department, Government of Tamil Nadu	Chairman
Nodal Officer/Focal Point for Tobacco Control in the State-Director of Public Health and Preventive Medicine	Member Secretary
Additional Director General of Police, Crime, Chennai-4	Member
Joint Director, Directorate of Drugs Control, Anna Salai, Chennai-6	Member
State Tobacco Control Officer(i/c) & Joint Director of Public Health and Preventive Medicine (HEB)	Member
Professor, Dept. of Biochemistry, University of Madras, Chennai-5	Member
Doctor, In - charge of Resource Centre for Tobacco Control, Cancer Institute, Adyar, Chennai-20	Member Representative from Non-Governmental Organization



27 Oct 2021- After several court proceedings and hearings made based on the Public Interest Litigation (PIL) submitted by the petitioner to the High Court of Madras; honourable Mr. Justice S.M Subramaniam ordered to proceed with the further actions regarding the issuing of notice against the violators, and to ensure the smooth functioning of the Committee constituted.

17 Dec 2021- Second State-level Monitoring Committee for Tamil Nadu was constituted. The Nodal Officer of the Committee issued a legal notice addressing to actor and producer Mr. Dhanush, director of the movie Mr. R. Velraj, and to the managers of all the theatres and malls in Tamil Nadu for displaying the violative posters and billboards of the movie.

Jan 2022- A Circulation note sent by the State Tobacco Control Cell to Chairman of Section 5 Committee to take action against the violations reported and to approve and authorize the member secretary to take action against the violations reported.

5 Mar 2022- Proceedings of STCC was issued nominating the authorized officer at state level to take action against violation of Section 5 of COTPA.

12 Apr 2022- Case has been initiated in the Magistrate Court, Saidapet.

### Results/Outcomes of the Intervention -

The Constitution of the Committee has been a significant step towards tobacco control. It has brought about a series of positive change in the society.

Result/Outcome	Description
Addressing Tobacco Control violations	The implementation of State Monitoring Committee to a great extent has helped in channelizing the tobacco control violations being addressed.
Increased sensitization	A huge level of sensitization has taken place among the major strata of society including the vendors, shop owners, industrialists etc with respect to the display of tobacco product advertisements. Even though smoking -involved movies are still displayed in theatres to a larger audience, the health disclaimers and warnings given as per guidelines have reduced the extent of direct tobacco exposure being received to the audience. The implementation of the Committee has increased the number of complaints being received by Tobacco Monitor under Section 5 of COTPA, which has been a major push for the constitution of the second State Monitoring Committee in the year 2021.

### Challenges Faced in Implementation of Intervention -

No policy can be implemented without any challenges. Ensuring the smooth functioning of the Section 5 Committee has been challenging at times:

The outbreak of the COVID pandemic has enhanced the growth of OTT platforms globally. Since OTT platforms are readily accessible, a huge proportion of the Indian population, has now changed their medium of viewing from theatres to OTT. This has posed a major challenge, as OTT platforms don't adhere to any tobacco control regulations while streaming smoking involved scenes, thereby weakening the outcome of the intervention.

Given below are the names of some of the selected movies that were released recently on OTT platforms only or both theatres and OTT platforms and the Violations seen under Section 5 of COTPA for which a complaint has been sent through the Tobacco Monitor Application.

S. No.	Movies released through OTT platforms only	Movies released in theatres and OTT platforms
1	O2	D Block
2	Vattam	Viruman
3	Vadhandhi	Naane Varuven
4		Sita Ramam
5		Buffoon
6		Vendhu Thanindhathu Kaadu
7		Irudhi Pakkam
8		Trigger
9		Maha
10		Poochandi
11		Sinam
12		Love Today

lack of awareness regarding prohibition of tobacco product advertisements has led to increased violations being identified especially in market places and slums.

The Central Ministry of Health and Family Welfare has issued guidelines regarding the constitution of National Steering Committee, to monitor Section 5 of COTPA 2003. It was also directed that the Committee should be re-constituted in all States. Besides these regulations, only a few states have constituted Committees at State level. This again is a challenge to be tackled.

It has been noticed that in some states violations under Section 5 are monitored and action against the violations were taken by

other independent Committees such as State Coordination Committee on Tobacco Control etc.

According to the subrule GSR 698, Section 5 of COTPA, "(8) A Steering Committee shall be constituted under the chairmanship of the Union Health Secretary with representation from among others the Ministry of Information & Broadcasting, Ministry of Law and Justice, Advertising Standards Council of India, Press Council of India, Members of Parliament and Voluntary Organizations. This Committee will take cognizance Suo moto or look into specific violations under Section 5 of the Act. The Committee shall also evaluate cases related to indirect advertising and promotion and pass orders thereof."

Since the State Monitoring Committee is constituted under the National Steering Committee, all the guidelines stated for the formation of the National Committee are applicable to the formation of State Committees too.

### **Multi-Stakeholder and Multi-Disciplinary Engagement -**

The successful implementation of the intervention was due to the collaborative efforts of various government departments and non-governmental organizations. The Department of Health and Family Welfare at

both the State and Central level played a crucial role in ensuring that the State Monitoring Committee was formed and functioning effectively. The State Tobacco Control Cell, the Directorate of Public Health and the Nodal Officer appointed by the Ministry of Health and Family Welfare were also actively involved in monitoring and taking action against tobacco control violations.

Non-governmental organizations related to tobacco control and public health-centered voluntary organizations also played an important role in identifying tobacco control violations under Section 5 of COTPA 2003 and directing complaints to the State Monitoring Committee for appropriate action. Tobacco Monitor, with the help of civil society organizations in and around Tamil Nadu, worked tirelessly to ensure that the Committee was functioning efficiently and that action against violations was taken without delay.

### **Institutionalization and Sustainability of the Intervention -**

The intervention of forming a State Monitoring Committee to monitor violations under Section 5 of COTPA has been integrated into the institutional framework of the State. The High Court has given the officials the power to monitor the functioning of the Committee continuously and to ensure that vacancies are

filled without delay. The Committee has also been provided with the necessary resources to carry out its functions effectively.

The institutionalization of the intervention has ensured its sustainability over time. The State Monitoring Committee is now an integral part of the State's tobacco control policies, and its functioning has strengthened the tobacco control measures in the State. The Committee's success in regulating the display of direct and indirect advertisements involving tobacco consumption has made it an essential component of the State's tobacco control initiatives.

To ensure the ongoing success of the intervention, the officials are monitoring the Committee's functioning and responding to the complaints and information provided to the Committee swiftly. This mechanism ensures that the violations are dealt with promptly and efficiently, thereby reducing the incidence of tobacco exposure in the State.

### **Translatory Value -**

The implementation of the State Monitoring Committee under Section 5 of COTPA has brought several benefits to the common people, such as increased awareness of tobacco control policies, regulated display of tobacco-related advertisements and the potential for long-term reduction of tobacco

exposure in the State. This means that people are now better informed about the harmful effects of tobacco and the measures being taken to protect their health. The Committee's efforts have also prevented the display of advertisements that may have otherwise influenced people to start using tobacco products. Ultimately, the intervention has the potential to significantly reduce the prevalence of tobacco use in the State, leading to improved public health outcomes for all.

### Conclusion and Recommendations -

Tobacco consumption remains a major threat to society, and while the comprehensive tobacco control law COTPA has helped to reduce exposure, it has not been completely effective in preventing tobacco advertising from reaching the public, especially young people. The formation of the State Monitoring Committee to monitor violations under Section 5 of COTPA was a commendable initiative at both the state and central levels to address this issue. However, there are challenges that need to be addressed to strengthen tobacco control policies in the state of Tamil Nadu.

To overcome these challenges, collaborative efforts need to be taken by government, non-government, and voluntary organizations to ensure that the intervention's desired

outcomes are met. Additionally, a provision should be adopted to consider violations happening on over-the-top (OTT) platforms under the Section 5 Committee, and there is a pressing

need to revitalize Section 5 Committees in all states. Sensitization and awareness campaigns should be intensified, especially among the illiterate segments of society.

In summary, sustained efforts are required to tackle tobacco consumption and related violations, and the State Monitoring Committee can play a crucial role in this regard by enforcing the law and raising awareness about the dangers of tobacco use.

### Acknowledgment -

We would like to express our sincere gratitude to all the stakeholders who have played a crucial role in the successful implementation of the intervention. Firstly, we would like to acknowledge the Union Ministry of Health and Family Welfare for releasing the notification to form State Monitoring Committees in all the States, which provided a framework for the intervention. We also extend our gratitude to the Tamil Nadu Ministry of Health and Family





Welfare and the Department of Public Health and Preventive Medicine for their significant contribution in reorganizing the Committee in the State of Tamil Nadu.

We would like to acknowledge the Ministry of Health and Family Welfare, Govt. of India for issuing Order S.O 4729 (E), appointing Dr. Pulkesh Kumar as the Nodal Officer for addressing violations under Section 5 of COTPA. Dr. Kumar's expertise and dedication in addressing the violations have been instrumental in the success of the intervention. We also acknowledge the National Tobacco Control Programme for their efforts in monitoring the Committee's formation and functioning.

We would like to thank all the individuals and organizations who have contributed their time, expertise and resources towards the intervention. Without their support, the successful implementation of the intervention would not have been possible.

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## Rose Campaign-An Innovative IEC: Institutionalization of Tobacco Control at District Level

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## Rationale -

Tobacco is a significant public health threat, leading to millions of deaths annually. In Karnataka, nearly 3 crore people consume tobacco products and the age of initiation of tobacco use is just 19 years. The low compliance rate of COTPA section 6a and 6b among Point of Sale (PoS) owners exacerbates this problem, making it easier for individuals to access and purchase tobacco products. This case study has been conducted to assess the effectiveness of a specific intervention, namely the "rose campaign," in increasing awareness and compliance with COTPA (Cigarette and Other Tobacco Products Act) section 6a and 6b among PoS owners in Karnataka. The campaign involves handing out roses as a symbol of love and affection, along with a small handbill containing emotional lines written by children, to various stakeholders such as students, teachers, parents, SDMC committee members, local political leaders, media and the general public.

The rationale behind this campaign is that it can be an effective way to create awareness about the harmful effects of tobacco and the importance of complying with COTPA regulations. By involving different stakeholders in the campaign, it would have a wider reach and impact in the community. The choice of the rose as a symbol of the campaign is because it is commonly associated with love

and affection. It can help create a positive and non-threatening environment, that can encourage people to listen and be receptive to the message being conveyed. The emotional lines written by children on the handbill can also add a personal touch and appeal to people's emotions.

Overall, this case study can provide insight into the effectiveness of using non-traditional approaches such as the rose campaign in tobacco control efforts. It can also inform future interventions and strategies to increase compliance with COTPA regulations and reduce tobacco use in Karnataka.

## Intervention/ Response -

The "rose campaign," was implemented in the district of Udupi in Karnataka during the financial year 2016-17 on pilot basis. The following is the chronological order of the steps taken in the intervention:

1. **Planning:** The campaign was planned with the objective of increasing awareness and compliance with COTPA section 6a and 6b among PoS owners in the district. The campaign was designed to involve various stakeholders such as students, teachers, parents, SDMC committee members, local political leaders and media.
2. **Mobilization:** Approximately 1200



schools with 2.5 lakh students joined the campaign from the entire district. The local political leaders, SDMC members and media were mobilized to participate in the campaign.

3. **Implementation:** The campaign was launched and the tobacco sellers were gifted a rose along with an appeal not to sell tobacco products to students. The campaign used the rose as a symbol of love and affection, along with emotional lines written by children on a handbill to convey the message of the harmful effects of tobacco and the importance of complying with COTPA regulations.
4. **Enforcement:** After 15 days of the campaign, an extensive enforcement drive was conducted to identify and take action against tobacco sellers who continued the sale of tobacco products within 100 yards of educational institutions. The police and squad team were involved in the enforcement drive.
5. **Media Coverage:** The campaign received significant media coverage, which helped to raise awareness about the harmful effects of tobacco and the importance of complying with COTPA regulations. The media coverage also gave good visibility to the provision of the COTPA 6b provision and mobilized support for the Tobacco-

Free Educational Institution initiative.

Overall, the intervention was successful in mobilizing various stakeholders, raising awareness about the harmful effects of tobacco and the importance of complying with COTPA regulations. The enforcement drive helped ensure compliance and create a tobacco-free environment in educational institutions. The media coverage of the campaign further helped to raise awareness and mobilize support for the initiative.

### Multi-stakeholder and multi-disciplinary engagement -

The success of the "rose campaign" in Udupi district in Karnataka can be attributed to the efforts of various departments and sectors. Below are the specific roles played by different departments/sectors that strengthened the implementation of the intervention:

1. **Department of Education:** The Department of Education played a crucial role in mobilizing schools and students for the campaign. Students and department of Education provided support in disseminating information about the harmful effects of tobacco and the importance of complying with COTPA regulations.
2. **Department of Health:** The Department of Health played a critical role in providing technical expertise and guidance on the

- harmful effects of tobacco and the implementation of COTPA regulations. They also provided support in conducting enforcement drives against tobacco sellers who continued to sell tobacco products within 100 yards of educational institutions.
3. **Police Department:** The police department played a vital role in ensuring compliance with COTPA regulations through enforcement drives against tobacco sellers. They helped in maintaining law and order during the campaign and ensured the safety of all stakeholders involved.
  4. **Rural Development and Panchayat Raj (RDPR) Department:** The RDPR department played a critical role in mobilizing local political leaders and SDMC members to participate in the campaign. They provided support in disseminating information about the harmful effects of tobacco and the importance of complying with COTPA regulations.
  5. **Revenue Department:** The Revenue department played a crucial role in providing support in conducting enforcement drives against tobacco sellers who continued to sell tobacco products within 100 yards of educational institutions. They also provided technical expertise on the implementation of COTPA regulations.
  6. **Civil Society:** Civil society organizations played an essential role in mobilizing support for the campaign and creating awareness about the harmful effects of tobacco. They provided technical expertise on the implementation of COTPA regulations.
  7. **Media:** The media played a critical role in creating awareness about the harmful effects of tobacco and the importance of complying with COTPA regulations. They gave extensive coverage to the campaign, which helped to mobilize support for the initiative.

### Results/ Outcome of intervention -

The impact assessment study revealed that the rose campaign had a significant impact on increasing compliance with COTPA section 6, with compliance rates increasing from an average of 45% to 84.66% in the 1058 schools assessed. This was a remarkable achievement, indicating that the campaign had been successful in raising awareness and mobilizing support for tobacco control among stakeholders.

The success of the campaign was due to the efforts of different departments and sectors.

The Department of Education played a crucial role in declaring 1050 schools as COTPA section 6b compliant, indicating their commitment to tobacco control. The police and squad team played an important role in enforcing the provision by conducting an extensive enforcement drive to ensure that tobacco products were not sold within 100 yards of educational institutions.

Based on the success of the campaign, the Secretary-Health, GoK recommended it for the NTCP and instructed STCC to conduct it in all 176 taluks every year. STCC, Karnataka proposed the campaign as one of the IEC campaigns in the FY 2017-18 NTCP PIP, and the GoI approved it by allocating exclusive funds for the campaign.

Finally, the health department used the action photos from the Rose Campaign in the 2017-year calendar as per the recommendation of the Health Secretary. This further helped raise awareness and promote tobacco control among different stakeholders. Overall, the campaign's success was due to the coordinated efforts of different departments and sectors, demonstrating the importance of inter and intra-departmental coordination in tobacco control initiatives.

### **Challenges faced in the implementation of the intervention -**

One of the challenges faced during the implementation of the intervention was the mobilization of a large number of schools and stakeholders. However, the Departments of Education and Health were able to overcome this challenge by working together and successfully mobilizing 1200 schools and over 10 different stakeholder groups. Another challenge was the lack of budget for the initiative, as it was not initially budgeted for by the Health and Education departments. This made it difficult for some schools to mobilize resources for the campaign. However, tobacco industries reimbursed COTPA fines in two taluks, which helped to mitigate this challenge.

### **Institutionalization and sustainability of intervention -**

The Rose Campaign intervention was successfully institutionalized and sustained over time through its integration into the organization and community. The campaign was recognized as a best practice and replicated across all 176 taluks in Karnataka with funding from the GoI under the NTCP IEC activity. This ensured the continued implementation of the intervention and its integration into the regular activities of the organization. The involvement of multiple

stakeholders, such as the Department of Education, health, police, RDPR, revenue, civil society and media also helped to ensure its sustainability over time. The successful implementation and sustainability of this intervention demonstrated the importance of collaboration and coordination among different sectors and stakeholders in achieving tobacco control goals.

### **Translatory value -**

The benefits of the Rose Campaign intervention were widespread and had a positive impact on the health and wellbeing of the common people. The campaign successfully raised awareness about the harmful effect of tobacco on students and highlighted the importance of enforcing COTPA Section 6b provisions, that prohibit the sale of tobacco products within 100 yards of educational institutions. As a result of the campaign, many tobacco sellers stopped selling tobacco products to students, which prevented them from falling prey to the tobacco epidemic. This has led to a healthier and safer environment for the students and the community at large. Additionally, the involvement of various stakeholders in the campaign, including parents, teachers and local leaders created a sense of ownership and responsibility towards crafting a tobacco-free

educational institution. The success of the campaign set an example for other districts and states to follow with the potential to create a ripple effect towards achieving a tobacco-free society.

### **Conclusion and recommendations -**

The Rose Campaign was a successful public health intervention implemented in the Udupi district of Karnataka, India, with the aim of creating tobacco-free educational institutions. The intervention involved various stakeholders and was able to increase compliance with COTPA section 6 from 45% to 84.66%. The success of the intervention led to its institutionalization and sustainability by making it a part of the NTCP IEC activity since FY 2017-18. One of the key lessons learned from the intervention is the strategic importance of community and multi-stakeholder involvement in promoting tobacco control activities and public health initiatives.

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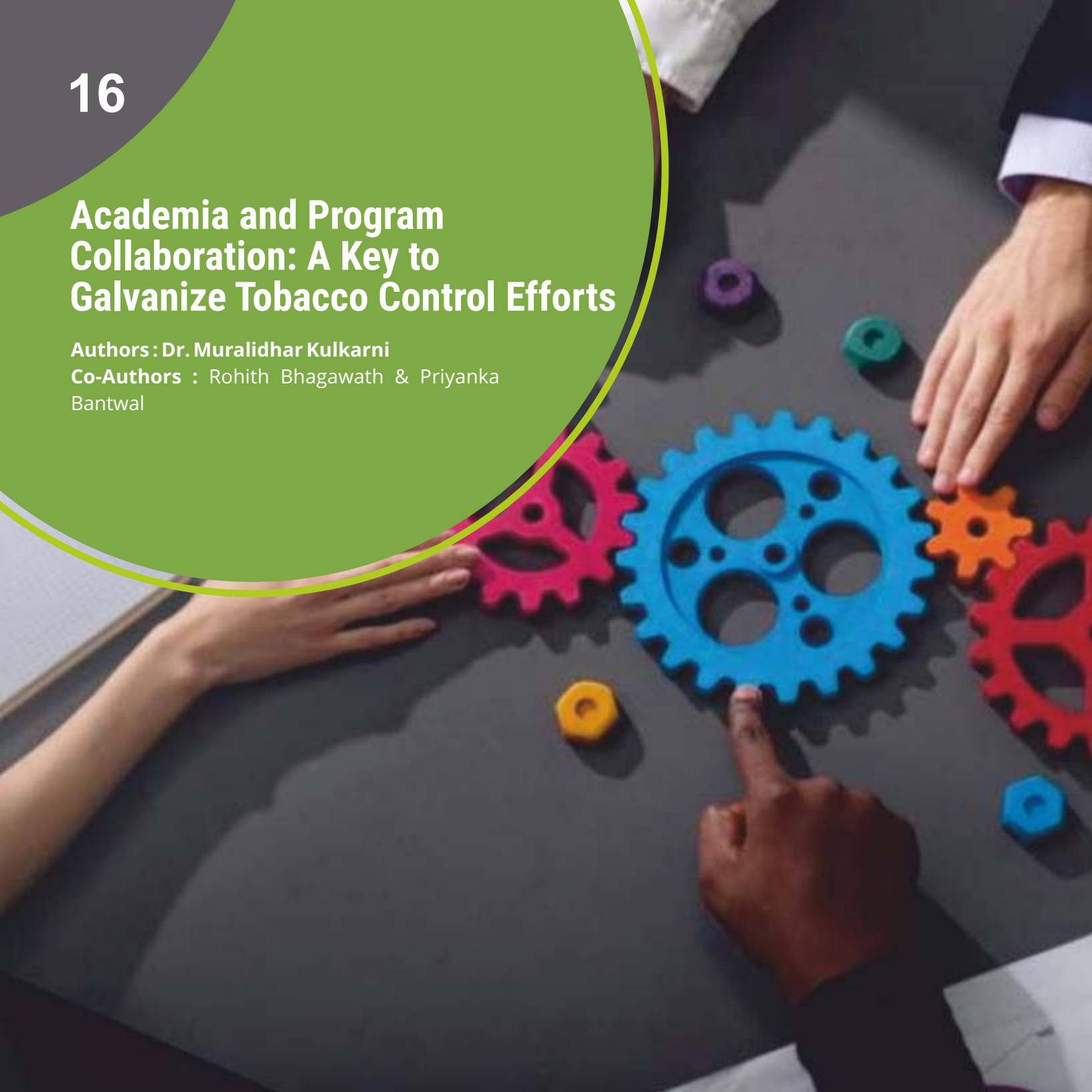


16

## Academia and Program Collaboration: A Key to Galvanize Tobacco Control Efforts

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**Co-Authors :** Rohith Bhagawath & Priyanka  
Bantwal



## Rationale -

India is the second most populous country with a high tobacco burden.<sup>1</sup> Tobacco control policies of India have been quite strong as compared to other parts of the globe.<sup>2</sup> Even though the policies have been implemented from the past decade mainly by few sectors like health, education and police. India has 28 states and 766 districts<sup>3</sup> with only 4 to 5 officials in each district dedicated to tobacco control. The role of effective implementation of demand-supply reduction strategies, followed by multi-sectoral involvement has been highlighted in the related literature.<sup>4</sup> The process of national multi-sectoral policy formulation, adopting it at the state level, the role of key organisations in leading and influencing policy decisions, along with important drivers and challenges encountered in the process have been studied in recent times.<sup>5</sup> Also has been highlighted the participation of diverse individuals and organizations like the Ministry of Health and Family Welfare (MHFW), technical support organisations, research institutes, non-governmental organisations, media, policy entrepreneurs and individuals/society, who share an interdependent relationship targeted at policy development, effective implementation, monitoring and generating awareness with each sharing complimentary roles that are driven with the end goal of

reducing the burden of tobacco in the country.<sup>5</sup> Even though policies have emerged to reduce the burden of tobacco in India, implementation is always a challenge. The COTPA law,<sup>6</sup> which was passed in 2003, had very good rules and policies in place to control tobacco use. Despite the fact that policy implementation occurs in various sectors, the departments involved in policy implementation are always overburdened with multiple activities. As a result, the government decided to create a separate section known as the National Tobacco Control Program (NTCP)<sup>7</sup> for tobacco control. NTCP has excellent programs such as IEC activities, cessation services and awareness campaigns. Every district in the country is working hard to reduce tobacco use, but it is not solely the responsibility of the elected government official to do so. It is always difficult to cater to NTCP program needs and also regulate COTPA (Cigarettes and Other Tobacco Products Act) law violations.

India has approximately 5908 medical colleges and 324 dental schools<sup>9</sup>. There is always a need for combined efforts to strengthen tobacco control activities. Like-minded people in the medical and dental schools should join hands with the Tobacco Control officials and ensure better implementation of the policies and programs while gearing up for future challenges.

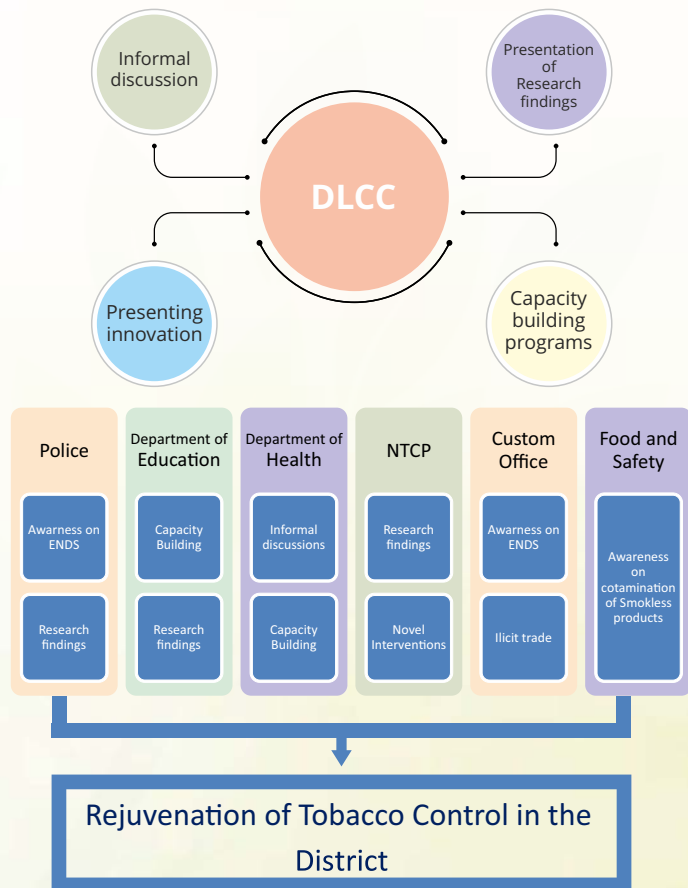
## Intervention/ Response -

Researchers from Department of Community Medicine, KMC, Manipal and allied departments under Manipal Academy of Higher Education aimed to galvanize tobacco control efforts through collaboration between academia and government programs by creating awareness about tobacco control laws and disseminating evidence based research findings. We implemented the following steps:

1. In the first step, we reached out to the local government and expressed our interest in contributing to tobacco control efforts in the district. We highlighted our expertise in public health and research and offered to collaborate with the District Level Coordination Committee (DLCC) on tobacco control initiatives.
2. Once our proposal was accepted, we participated in DLCC meetings as members. We attended these meetings regularly and actively participated in discussions on tobacco control programs, providing suggestions and inputs for their better implementation.
3. We also discussed innovative ideas for tobacco control in the local context, keeping in mind the challenges and opportunities unique to the district. We presented evidence-based intervention that had worked in similar settings and brainstormed with government officials on adapting them to the local context.
4. Our participation in DLCC meetings demonstrated our commitment and interest in tobacco control efforts, which developed faith and involvement from the side of government officials. It led to cooperation among institutions and strengthened our partnership with the government program.
5. We also conducted research on tobacco use and its impact on the population of the district. Our research findings were presented to the DLCC members, which helped them understand the local tobacco use pattern and its consequences. We also suggested evidence-based intervention that could help reduce tobacco use in the district.
6. We collaborated with the government program to implement some of these interventions, including awareness campaigns, cessation services and tobacco-free policies in public places. Our partnership with the government program helped us leverage their resources and reach a broader audience, leading to the successful implementation of these interventions.

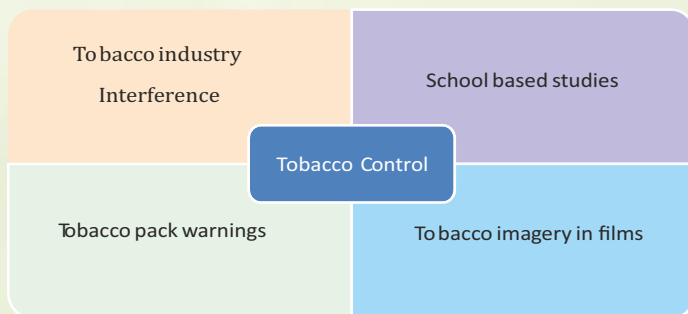
## Multi-stakeholder and multi-disciplinary engagement -

We always approached the district tobacco control authorities with our innovative ideas or the next step of action towards betterment of tobacco control activities in the district. The DTCC members gave an encouraging response and started to regularly invite us for the capacity building programs for various stakeholders.<sup>11</sup> The informal discussion with the stakeholders and policy implementers help us in developing novel innovation towards tobacco control.<sup>12,13</sup> NTCP district authorities showed a complete involvement in all possible ways in innovative measures of TC<sup>14</sup>. The Department of Education has helped us conduct research studies<sup>15-17</sup> for the betterment of tobacco control activities, specifically among adolescents<sup>18</sup> across the district and also valued the outcome and provided a positive response, wherever required. The Police Department, which is the direct policy implementer sought more information on our study results in order to specifically concentrate on the lacunae in TC policies.



### Results/ Outcome of intervention

Research in novel areas, dissemination of research findings, input for better implementation of the program.





## Training for Government authorities -

Taking part in the DLCC meetings improves knowledge about the present tobacco control initiatives taken by district authorities and results presented via research findings.

District tobacco control committee would send requests to train teachers regarding various health effects of tobacco, several laws pertaining to school environment, ways to report and most importantly, ways to tackle susceptible students for tobacco use and basic cessation services for those who have taken up tobacco use.

Similarly, DTCC training programs were provided for district health care providers and Police officials for improving the tobacco control activities in Udupi District.

Policy briefs were submitted to several departments such as DDPI (District Level Coordination Committee) with respect to the implementation of tobacco control activities in schools. Policy briefs regarding tobacco free film rules were also submitted with respect to the low compliance towards regional language programs.

We consulted the state and district tobacco control committees in the beginning and throughout the study for their valuable input and suggestion for improvement.

Microbiological assessment was carried out on smokeless tobacco throughout the state,

which was the first of its kind; study and findings were shared with the Government officials.

## Outcome of intervention -

Intervention	Numbers
Webinars	6
Conferences	8
News Paper reports in the local language	19
YouTube channel	1
Tobacco cessation – In - person and Tele counselling services	20

## Challenges faced in the implementation of the intervention -

During the implementation of our intervention, we encountered several difficulties and obstacles. However, we were able to overcome them through the following strategies:

1. Difficulty in reaching out to government officials: As a private institution, it was initially challenging to establish contact with government officials. However, we overcame this challenge by reaching out to them regularly and expressing our interest in collaborating with them on tobacco control initiatives.
2. Resistance to change: The government officials were initially resistant to change and it took some time to convince them of the need for evidence-based interventions. We overcame this challenge by presenting research findings and highlighting the

success of similar intervention in other settings.

3. Limited resources: The government program had limited resources, which made it difficult to implement some of the interventions we suggested. However, we worked together to find innovative solutions and leverage existing resources to implement the interventions successfully.

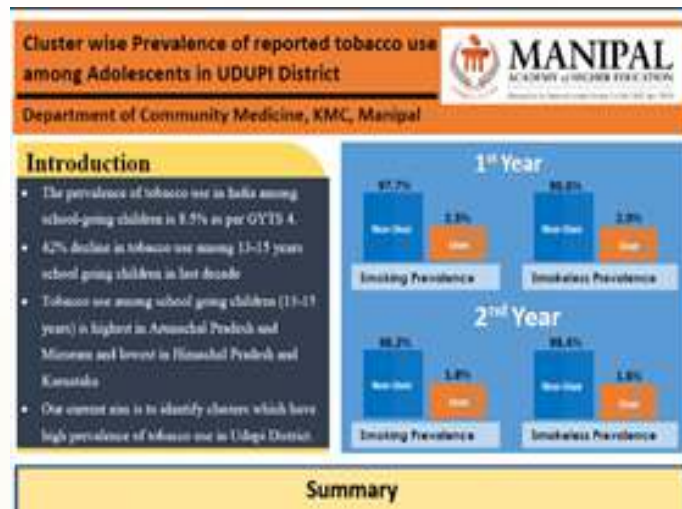


Figure 3: Policy Brief



Figure 2: Newspaper article awareness on harmful effects of Tobacco



Figure 4: Training Programs for stakeholders



Figure 1: Conference



Figure 4: Training Programs for stakeholders





Figure 5: Training for policy implementers



Figure 6: Informal discussion

**ಶಾಲಾ-ಕಾಲೇಜು ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ತಂಬಾಕು ಮಾರಾಟ ಕಂಡುಬಂದಲ್ಲಿ ಹೆಚ್ಚಿನ ದಂಡ ವಿಧಿಸಿ: ಜಿಲ್ಲಾಧಿಕಾರಿ**

ಕಾರ್ಯದ, ನಂ. 15) ಶಾಲಾ-ಕಾಲೇಜುಗಳ ಆವರಣದ ಒಳಗೆ ತಂಬಾಕು ಅಥವಾ ಅದರ ಅಂಶಗಳನ್ನು ಮಾರಾಟ ಮಾಡುವ ಕಾರ್ಯದ ವಿರುದ್ಧ ಕ್ರಮ ಕೈಗೊಂಡು ಶಿಸ್ತು ಕಾಪಾಡುವ ವಿಧಿ, 2006, ಅಡಿಯಲ್ಲಿ ದಂಡವಿಧಿಸುವಂತೆ ಸೂಚಿಸಿ ತಿಳಿಸಿರುವುದು ತಿಳಿಸಿರುವುದು.

ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು ತಂಬಾಕು ಮಾರಾಟದ ವಿರುದ್ಧ ಕ್ರಮ ಕೈಗೊಂಡು ಶಿಸ್ತು ಕಾಪಾಡುವ ವಿಧಿ, 2006, ಅಡಿಯಲ್ಲಿ ದಂಡವಿಧಿಸುವಂತೆ ಸೂಚಿಸಿ ತಿಳಿಸಿರುವುದು ತಿಳಿಸಿರುವುದು.

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Figure 7: Presenting research findings



Figure 8: Capacity building

**COVID-19 & Tobacco**

Dr. Muralidhar M Kulkarni  
Associate Professor, Department of Community Medicine, KMC, Manipal

Figure 9: State tobacco control meet

**ರಾಜ್ಯೀಯ ತಂಬಾಕು ನಿಯಂತ್ರಣ ಕಾರ್ಯಕ್ರಮ 'ತಂಬಾಕು ಸೇವನೆಯ ದುಷ್ಪರಿಣಾಮಗಳ ಬಗ್ಗೆ ಜಾಗೃತಿ ಮೂಡಿಸಿ'**

ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು ತಂಬಾಕು ಮಾರಾಟದ ವಿರುದ್ಧ ಕ್ರಮ ಕೈಗೊಂಡು ಶಿಸ್ತು ಕಾಪಾಡುವ ವಿಧಿ, 2006, ಅಡಿಯಲ್ಲಿ ದಂಡವಿಧಿಸುವಂತೆ ಸೂಚಿಸಿ ತಿಳಿಸಿರುವುದು ತಿಳಿಸಿರುವುದು.

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Figure 10: Stakeholders meet

## **Institutionalization and sustainability of intervention -**

The intervention we implemented to galvanize tobacco control efforts through collaboration between academia and government programs have been successfully integrated into the organization and community, ensuring its sustainability over time. Our team has been receiving funding for research projects and invited to TC meetings in the district, where we continue to provide suggestions and inputs for the better implementation of the program. We have also been invited to train stakeholders on the harmful effects of tobacco and raise awareness of the National Tobacco Control Program. The DTCC has invited us to participate in joint innovative interventions, which has strengthened our partnership with the government program. Through these efforts, we have successfully made the intervention a permanent part of the organization and community, ensuring its ongoing success. We will continue to collaborate with the government program and engage with stakeholders to sustain the intervention over time.

## **Translatory value -**

The intervention of academia and program collaboration in tobacco control efforts has numerous benefits for the common people in

the district. Firstly, it will lead to a reduction in the burden of disease, death and economic consequences associated with tobacco use and second-hand smoke exposure. This will not only save lives but also reduce healthcare costs and increase productivity. Secondly, greater awareness of the harmful effects of tobacco among people will lead to a reduction in tobacco use initiation. This will prevent the younger generation from getting addicted to tobacco and reduce the overall prevalence of tobacco use in the district.

## **Conclusion and recommendations -**

The case study emphasizes the need for consistent effort and involvement of different departments in achieving successful collaboration. The lesson learnt is that working collaboratively with program officials can be a satisfactory experience and lead to positive outcomes in tobacco control efforts.

## **Acknowledgment -**

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2. Departments Involved:



3. Department of Community Medicine, KMC, MAHE, Manipal
4. Department of Commerce, MAHE, Manipal
5. Department of Health Economics, MAHE, Manipal
6. Department of Data Science, MAHE, Manipal

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