

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:610

ANSWERED ON:18.05.2012

TOBACCO ATTRIBUTABLE DISEASES

Adhalrao Patil Shri Shivaji;Solanki Shri Makhansingh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has conducted any study/survey to ascertain the number of people suffering from tobacco attributable diseases in the country;
- (b) if so, the details alongwith the outcome thereof and the steps taken/proposed by the Government for the treatment/management of these diseases, State/UT-wise ;
- (c) whether the Government has examined the efficacy and adequacy of various measures meant to regulate and curb tobacco use in the country;
- (d) if so, the details thereof indicating the extent to which success has been achieved in reducing the number of cases of tobacco attributable diseases and demand as well as supply of tobacco products across the country; and
- (e) the steps taken/proposed by the Government to impose a ban on marketing of tobacco products and also hookah parlours running across the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 610 FOR 18th MAY 2012

(a)&(b): In 2006, Indian Council for Medical Research (ICMR) conducted a study on `Assessment of Burden of Diseases due to Non-communicable Diseases` based on analysis of published literature till 2004. The report identified the risk of disease attributable to tobacco use as follows: Stroke (78%), Tuberculosis (65.6%), Ischemic heart disease (85.2%), Acute myocardial infarction (52%), Oesophageal cancer (43%), Oral cancer (38%) and Lung cancer (16%).

The ICMR's National Cancer Registry Programme collects information on incident cancer cases and to some extent information on its related mortality. Based on the Consolidated Report of Population Based Cancer Registries for the years 2006-08 and based on the survival data from registries at Mumbai, Chennai, Bhopal etc. the estimated number of tobacco related cancer prevalent cases during the year 2011 was 7,40,209 (men 5,32,199 and women 2,08,010). It also estimated 1,43,141 tobacco related deaths in different States of India in 2011.

Further, as per the WHO Global Report on Tobacco Attributable Mortality, (2012):-

7% of all deaths (for ages 30 and over) in India are attributable to tobacco.

The proportion of deaths attributable to tobacco was almost 12% for men and 1% for women.

Tobacco was responsible for 9% of all the Non-Communicable Diseases and 2% of communicable disease related deaths

Within communicable diseases group, deaths attributed to tobacco accounted for 5% of all lower respiratory infections deaths and 4% of tuberculosis deaths.

Within non-communicable diseases group, 9% of deaths are attributable to tobacco, with 58% of deaths due to trachea, bronchus, lung cancers caused due to tobacco use. In addition, 25% of deaths caused by respiratory diseases and 28% of deaths caused by Chronic Obstructive Pulmonary Disease (COPD) are attributable to tobacco.

The following national health programme are under implementation for treatment / management of some of these diseases as under: -

1. National Tobacco Control Programme (NTCP) was launched in the year 2007-08, with the objective to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions made under `The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and

Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003` (COTPA) and (iv) help the people quit tobacco use through Tobacco Cessation Centres. The programme is under implementation in 21 states covering 42 districts.

2. National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) was launched in 2012 and is under implementation in 100 Districts across 21 States/UTs. The main components for implementation of this programme are as under:

- i. Promotion of healthy lifestyle through health education and by creating awareness through print and electronic media.
- ii. Opportunistic screening of persons above the age of 30 years at the point of primary contact with any health care facility, be it the village, community health centre, district hospital, tertiary care hospital etc.
- iii `NCD clinic` at the Community Health Centre (CHC) & District Hospital for screening, diagnosis and management (including diet counseling, lifestyle management) of NCDs (Cancers, Diabetes, Cardiovascular Diseases and Stroke).
- iv. Strengthening of district hospitals for early diagnosis of cancer, chemotherapy facilities and palliative care.
- v. Financial assistance of up to Rs. 1 lakh per patient for chemotherapy drugs for 100 patients per district.
- vi. Strengthening Government Medical College Hospitals and erstwhile Regional Cancer Centres (RCC) across the country as ` Tertiary Cancer Centres for providing comprehensive cancer care services
- vii. Tertiary Care Centres are eligible for financial assistance up to Rs. 6.00 crore (Rs. 4.80 crore from Central Government and Rs. 1.20 crore from State Government).

(c) & (d) Both the programmes are new initiatives and have been launched in the 11th Five year plan. These are new national programmes whose benefits are expected to accrue over a period of time, due to decreased tobacco consumption / prevalences, better enforcement of the Anti Tobacco Laws and greater awareness among people.

The Global Adult Tobacco Survey - India (GATS) was carried out in 2009-10 in the age group of 15 and above to systematically monitor adult tobacco use and track key tobacco control indicators. The survey was carried out in all six geographical regions for both urban and rural areas of 29 states of the country and the two Union Territories of Chandigarh and Puducherry. The data of the GATS - India provides us the base line estimates and is planned to be repeated in 2014-15 to provide the end line data which can be used for evaluation of various interventions under National Tobacco Control Programme (NTCP) and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

(e) There is no blanket ban on marketing of tobacco products. However, `The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, ` (COTPA) enacted in 2003 regulates consumption, production, supply and distribution of tobacco products, by imposing restrictions on advertisement, promotion and sponsorship of tobacco products; prohibiting smoking in public places; prohibiting sale to and by minors, prohibiting sale within a radius of 100 yards of educational institutions and through mandatory depiction of specified pictorial health warnings on all tobacco products.

Further, the Food Safety and Standards (Prohibition and Restrictions on sales) Regulations 2011 notified on 15 August 2011 (F.No. 2-15015/30/2010) by the Food Safety and Standards Authority of India (FSSAI) prohibit the use of nicotine and tobacco as ingredients in any food products (Regulation 2.3.4). The enforcement of the Regulations will be through the State Commissioner for food safety, his officers and Panchayati Raj/Municipal bodies.

Vide an Order dated the 31st March, 2012, the Government of Madhya Pradesh, under authority from the above Regulations issued by FSSAI under the Food Securities and Standards Act, 2006, has banned production and sale of food products like Gutka, containing tobacco and nicotine, in the State of Madhya Pradesh, w.e.f. 1st April, 2012.