GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:444
ANSWERED ON:24.04.2015
HEALTH WARNINGS ON TOBACCO PRODUCTS PACKAGES
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any concrete evidence from research studies that tobacco consumption in any fonn including bidi smoking increases the risk of cancer and heart attacks and if so, the facts in this regard;

(b) whether the Government has deferred its decision to carry bigger pictorial health warnings on cigarette and other tobacco products packages from April 1, 2015;

(c) if so, the details thereof and the reasons therefor;

(d) whether public health groups and civil society have raised concern on the deferment of the implementation of bigger pictorial health warnings; and

(e) if so, the details thereof along with the response of the Government thereto and the time by which depiction of bigger pictorial health warnings on packaging of cigarettes and other tobacco products are likely to be implemented in the country?

Answer

THE MINISTER OF HE ALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 444 FOR 24TH APRIL, 2015

(a):As per the Report on Tobacco Control in India (2004), the relative risk for death due to tobacco use in studies from rural India is 40% to 80% higher for any type of tobacco use, 50% to 60% higher for smoking, 15% and 30% higher for tobacco chewing in men and women, respectively and 40% higher for chewing and smoking combined. An urban study in Mumbai found that the relative risk of dying was more than 50% higher for smokers and about 15% higher for smokeless tobacco users. Studies in India have shown that tobacco chewing in its various forms is directly responsible for cancers of the oral cavity, oespohagus, pharynx, cervix and penis. Beedi and cigarette smoking cause oral, pharyngeal, oesophageal, laryngeal, lung, stomach, gallbladder, urinary bladder and penile cancers. Global data show that cancers in certain other anatomical sites such as the kidney, liver and pancreas and myeloid leukaemia have also been associated with the use of tobacco.

Tobacco use is a major known risk factor for Cardiovascular diseases (CVD). Tobacco use is associated with earlier myocardial infarction coronary (MI) (heart attacks) and coronary heart disease (CHD)-related deaths at an early age. Tobacco use, especially smoking, is associated with vascular diseases. Global studies show the association between active and second-hand smoking, arid CVD, cerebrovascular stroke, peripheral vascular disease and sudden cardial death (SCD). There are a few Indian studies which have looked into effects of active smoking. These indicate an increased risk for beedi as well as cigarette users. The prevalence of'TB is about three times higher among ever-smokers than among never smokers. Tobacco use has an adverse effect on the sexual and reproductive health of both men and women. Men who smoke have a lower sperm count and poorer sperm quality than non-smokers. The effects of maternal tobacco use (smoked and smokeless) during pregnancy include decreased foetal growth, spontaneous abortions, foetal deaths, pregnancy complications including those that predispose to preterm delivery, and long term effects on the surviving children. Exposure to second-hand smoke during pregnancy has been associated with lower infant birth weight. Tobacco use in any form has marked effects upon the soft tissues of the oral cavity.

As per the study titled "Assessment of Burden of Diseases due to Non- communicable Diseases" conducted by Indian Council of Medical Research (ICMR), 2006 which was based on analysis of published literature till 2004, the risk of diseases attributable to tobacco use was for stroke (78%), tuberculosis (65.6%), ischemic heart disease (85.2%), acute myocardial infarction (52%), esophageal cancer (43%), oral cancer (38%) and lung cancer (16%) respectively.

As per a report on Beedi Smoking and Public Health, 2008, published by Ministry of Health and Family Welfare, in India, where beedi smoking and use of smokeless tobacco are common, the major effects of tobacco are seen in the oral cavity, pharynx and esophagus, which together account for almost 75% of tobacco-related cancers. Mortality from tuberculosis is reported to be four times as great among smokers compared to non-smokers. About a quarter of all persistent smokers of cigarette or of beedis are killed by tobacco and are likely to lose about 20 years of life expectancy. A third of the deaths caused by smoking are from vascular disease and half are from tuberculosis or other respiratory disease. Most clinical and epidemiological studies from India demonstrate that beedi smoking is at least as hazardous as cigarette smoking in causing different lung diseases. The risk ratios for development of Chronic Obstructive Pulmonary Disease (COPO) and lung cancer in particular are generally similar for cigarettes and beedis. Beedis

are equally responsible for causing bronchial hyper-responsiveness, impairment of lung function and precipitation of asthma.

As per the WHO Global Status Report (2014) on Non Communicable Diseases, tobacco use increases the risk of cardiovascular disease, cancer, chronic respiratory disease, diabetes and premature death. The WHO has said that tobacco use is currently one of the leading causes of preventable deaths in the world.

(b) to (e): The Committee on Subordinate Legislation (COSL), 16th Lok Sabha is currently examining the Rules related to implementation of the pictorial health warnings on tobacco product packages, notified vide G.S.R. 727 (E) dated 15th October, 2014. The Committee took a briefing on 4 February 2015 by the Ministry of Health & Family Welfare in the background of the representations received against the Rules notified on 15 October 2014. The Committee submitted its interim report in Lok Sabha on 18 March 2015, recommending, inter alia, to keep in abeyance implementation of the Rules till the Committee finalize the examination of the subject and arrive at appropriate conclusions and present an objective report in the House. Considering that the report of the Committee is interim in nature, the Ministry decided to keep the notification in abeyance. Accordingly, a corrigendum was issued on 26th March, 2015 suspending the date of implementation and stating that the rules shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

Some public health groups and civil society representatives have raised concern on the deferment of the implementation of the new pictorial health warnings. Ministry of Health & Family Welfare is awaiting the final report of the Committee on Subordinate Legislation to take a decision on implementation of the rules notified on 15 October 2014.