Pictorial health warnings on tobacco products in India

HRIDAY HEALTH RELATED INFORMATION DISSEMINATION AMONGST YOUTH

85% pictorial health warnings put on hold since April 1, 2015

Tobacco Industry Myths vs. Tobacco Control Facts

Myth: The increase in the size of specified health warning from 40 % to 85 % is arbitrary, excessive and unreasonable.

Fact: Ministry of Health and Family Welfare, Government of India in its notification dated October 15, 2014 announced the 85% pictorial health warnings (PHWs). As per Section 7(1) of Cigarettes and Other Tobacco Products Act, 2003 (COTPA), health warnings including pictorial warnings may be specified in the rules made (under Section 31) by the Central Government. In this case, the Ministry of Health and Family Welfare is the competent Ministry to notify these rules. Existing packaging and labelling rules require rotation of warnings every 24 months (this period is already over on April 1, 2015). Ministry of Health and Family Welfare constituted an expert committee, comprising of subject matter experts from across the country, to look at the global best practices, develop India specific pack warnings, and carry out research/field testing of the warnings before they are recommended for notification by the Ministry. Taking into account the recommendations of the Expert Committee the Ministry notified the warnings on October 15, 2014 (well in advance for the industry to comply with the mandatory rotation by April 1, 2015).

The 85% pictorial health warnings on tobacco products package is best practice being implemented in neighbouring countries. More than 25% of India's population is illiterate and who would benefit from larger warnings rather than textual small warnings that they cannot read and comprehend. Smaller warnings are not noticeable and do not catch attention. According to a study in 2012 in India, 53% of the participants first notice the branding on tobacco packs and only 28% reported seeing the warnings.

Myth: Large tobacco-producing countries such as China, USA, Indonesia and Zimbabwe do not have oversized health warnings and India being 2nd largest producer should adopt a reasonable and pragmatic approach.

Fact: India ranks abysmally low on global health warnings ranking at 136th position. Argentina one of the top ten tobacco producing countries has pictorial health warnings (PHWs) covering 50% (front and back) and is ranked 29th,

Brazil, 3rd largest tobacco producing country has a PHWs covering 100% of the front side of the pack and is ranked 60th, Indonesia another among top ten tobacco producing and a non FCTC country has PHWs covering 40% (front and back) and is ranked 80th placed 56 ranks above India. Even China the world's top tobacco producing country, has health warning of 30% (front and back) is ranked 115th place 21 ranks above India. Globally, nearly 80 countries require PHWs on tobacco products among which 60 countries require the warnings to cover more than 50% whereas countries with the largest warnings are our neighbours in the South East Asia Region including Nepal with 90% PHWs, Thailand 85%, Pakistan 85%, Sri Lanka 80% and Australia leads the world with plain packaging of tobacco products with pictorial warnings covering 82.5% and recently United Kingdom and Ireland have followed Australia in announcing plain packaging while France and New Zealand are actively considering plain packaging. India being world leader in the FCTC negotiations must lead the world in PHWs as well and go ahead with 85% PHWs and consider plain packaging in the near future to protect youth from attractive packaging.

Myth: Large warnings will provide huge boost to illicit trade and adversely impact farmer incomes and livelihoods of millions as well as affect Government's revenue .

Fact: Even the tobacco industry backed reports do not mention PHWs as a contributor to illicit trade in tobacco. While the industry lists corruption, weak enforcement, lack of official controls in free zones, inadequate legislation and sanctions, growth in illegal distribution networks among others as key contributors to illicit trade in tobacco. India must ratify and implement the provisions of WHO-FCTC Protocol on Prohibition of Illicit Trade in Tobacco Products to curb illicit trade of tobacco products in the country.

Tobacco industry not only over-estimates illicit trade of tobacco products, but it has also been found to be involved in the illicit trade of tobacco products. An analysis of illicit trade data of 13 Latin American countries revealed that there is no evidence that tobacco control measures (including PHWs) increased illicit trade of tobacco products in Latin America. Government should consider mandating anti-counterfeit markings on all tobacco products to prevent their illicit trade.

Myth: Large PHWs infringe the intellectual property rights of tobacco companies.

Fact: Section 11 of the Trade Marks Act, 1999 provides for negative rights preventing the unlawful use of a registered trademark by any person other than the person who is registered to be its rightful owner. No registered owner merely because of the registered trademarks gets the right to use that mark free from any regulations. No law prevents the Government to restrict or regulate usage of any trademark. Article 19 of the Constitution allows reasonable restrictions to be imposed for protecting interest of the general public.

Myth: Article 11 of FCTC states that pictorial warnings should not be less than 30%; by implementing 85%, India will go beyond FCTC guidelines and international norms.

Fact: FCTC itself encourages Parties to go beyond the FCTC provisions and guidelines to better protect human health. Article 2(1) of the WHO-FCTC reads “In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law.”

Further, the Guidelines to implement Article 11 of the WHO-FCTC recommend that “Given the evidence that the effectiveness of health warnings and messages increases with their size, Parties should consider using health warnings and messages that cover more than 50% of the principal display areas and aim to cover as much of the principal display areas as possible.”

Currently, India does not even meet the FCTC minimum requirement of 30% (it only provides for 20%), besides the Guidelines to the Article 11 and 13 recommend adoption of plain packaging of tobacco products as introduced by Australia while United Kingdom and Ireland have followed Australia in announcing plain packaging while France and New Zealand are actively considering plain packaging.

Myth: PHWs will impact employment and livelihoods of millions of bidi rollers and tendu pluckers in the country.

Fact: According to the bidi industry claim on people working in the industry and the remuneration that they get, it works out that the industry pays each tendu collector a paltry sum of Rs. 15 per day (5,500/- per annum) while every bidi roller is paid Rs.34.25 per day (12,500/- per annum). It is evident that the industry only exploits tendu leaf collectors (mostly tribals) and bidi rollers by forcing them to live in perpetual poverty with arduous working conditions and occupational health hazards. A large literature has examined the health effects on bidi workers in India, occupational health hazard for bidi workers include: respiratory, dermatological, ophthalmic and podiatric issues.[i]

Myth: Bidi is manufactured only by using sun-dried tobacco and tendu leaves in its natural state and its harmful effects are nil as compared to cigarette. Bidi should not be compared with cigarettes as there is very little tobacco inside each bidi.

Fact: Bidi is equally harmful as any other tobacco product. Bidi contain higher concentrations of nicotine than conventional cigarettes. Research indicates that bidis are hazardous to health and the delivery of nicotine in sufficient quantities initiates and sustains dependence. Bidi smoking poses a very high risk for lung cancer even more than that of cigarette smoking. Studies indicate that bidi smoking is associated with cancer and other adverse health conditions. Bidi smoking increases the risk for oral cancer, lung cancer, stomach cancer, and esophageal cancer. Bidi smoking is associated with a more than threefold increased risk for coronary heart disease and acute myocardial infarction (heart attack).Bidi smoking is associated with emphysema and a nearly fourfold increased risk for chronic bronchitis.

Myth: There is no alternative crop for bidi tobacco farmers or alternative employment for bidi rollers and tendu collectors.

Fact: The Ministry of Health and Family Welfare has started taking initiatives to bring alternative cropping system and provide alternative livelihood options to bidi rollers, tendu pluckers and tobacco farmers. The MoHFW has already collaborated with Central Tobacco Research Institute (CTRI) for a pilot project on alternative cropping system to tobacco growing. The MoHFW is also in discussion with Ministry of Rural Development to work out special projects for the bidi rollers under the National Rural Livelihood Mission (NRLM). There is a State Level Coordination Committee for tobacco control in every state and the members of this Committee are assigned with the task of developing alternative sustainable crop and alternative livelihood means for tobacco growers, bidi rollers, tendu pluckers. Moreover, the government also provides minimum 100 days of job guarantee under the Mahatma Gandhi National Rural Employment Gurantee Act, 2005 with minimum daily wages varying from Rs. 161/- to Rs. 251/- in different states. This is much higher than what the bidi industry pays to tendu pluckers (Rs.15/- per day) and bidi rollers (Rs. 34.25/- per day).

Myth: Retailers/pan shop owners earn their livelihood from sale of tobacco products and the warnings will adversely affect their daily business rendering lakhs of people without any source of income.

Fact: Sale of tobacco products by retailers/pan shop owners is not prohibited, pictorial warnings are just a step to prevent the 20 lakhs youths who initiate tobacco use every year in the country. Pictorial health warnings appropriately informs current and potential about the real health hazards related to tobacco use,, which is their right as a consumer. It also adequately informs tobacco users about the harms of tobacco use and motivate users to quit by reinforcing this message every time they pick up the pack to use tobacco.

Research suggests there is no immediate impact on the sale of tobacco products due to large pictorial warnings which is a long-term strategy to help people understand the hazardous effects of tobacco use. Besides, tobacco products are just one among the many items sold by any vendor.

A product that kills half of its consumers, if used as intended by the manufacturer, must carry warnings proportionate to the threat it poses to the customer.

Myth: Health warnings will impact only the domestic cigarette industry, a large number of the non-cigarette tobacco products escape this regulations since they are sold in unpackaged and unbranded form.

Fact: The regulation mandating larger PHWs apply, without any exception, to all kinds of domestic and imported tobacco products (both cigarette and non-cigarette). The law equally applies to all branded and un-branded tobacco products. The Government is also considering a ban on sale of tobacco products in loose and small packs that will help to keep a check on the illegal, unpackaged, unbranded tobacco products. Sale of loose cigarettes is detrimental to the provision of putting pictorial health warnings on tobacco packs as consumer is unable to read and benefit from this warning, if they are allowed to buy singles.

Myth: Large warnings are unnecessary and do not help achieve the tobacco control objective.

Fact: There is overwhelming evidence that the effectiveness of warnings increases with size and that picture-based warnings are far more effective than text-only messages. Warnings with large pictures are significantly more likely to draw attention and result in greater information processing. Larger pictures improve the recall value for the accompanying text and encourage individuals to imagine health consequences. Health warnings with pictures are also more likely to be accessed when an individual is making relevant judgments and decisions. India has 22 different official languages, therefore PHWs (depicting health impact) would serve to universally communicate the same message to all tobacco consumers across India.

Large PHWs:

- Are among the most prominent and cost-effective health communications available for Tobacco Control.
- Have high awareness and visibility among non-smokers and youth.
- Can increase health knowledge, motivation to quit, and cessation behavior.
- Are especially important for reaching low-literacy tobacco users and children and adolescents.
- Are credible and have high levels of public support.

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