

Advocacy Seminar on “Tobacco: Deadly in any form or disguise”
Jaipur, Rajasthan, August 21, 2007

1. Background

CUTS Centre for Consumer Action, Research & Training (CUTS CART), in partnership with the World Health Organisation (WHO), India and the Ministry of Health & Family Welfare (MoHFW), Government of India (GoI), and in active collaboration with the Department of Health & Family Welfare, Government of Rajasthan (GoR) organised an Advocacy Seminar under the project entitled, “Tobacco: deadly in any form and disguise” in Jaipur, on August 21, 2007.

II. Objective

The objective of the Seminar was to present the learning and experiences gained from the implementation of the project and to consolidate the key points for advocacy, with the policy makers and concerned authorities of the State and the Central Government to control the use of tobacco, especially among children and in public places. It aimed at providing a platform for the representatives of various stakeholders to come together to raise their voice collectively on matters related to tobacco control initiatives.

III. Participants

About 75 participants including representatives from the selected 50 schools of Jaipur city, officials from concerned government departments (especially the Department of Health & Family Welfare), other relevant stakeholders such as selected non-governmental organisations (NGOs) working on health issues, hospitals, tobacco cessation centres, media and certain other individuals working on health issue, participated in the event.



IV. Proceedings

4.1 Inaugural Session:

4.1.1 The Advocacy Seminar started at 10:00 a.m. with Registration of participants followed by screening of a documentary film entitled ‘Choose Life not Tobacco’.

4.1.2 The session formally started at 11.00 am with a welcome speech by Dharmendra Chaturvedi, who briefed the guests and the participants on the project and the seminar.

4.1.3 George Cheriyan, Associate Director & Head, CUTS CART elucidated the focus, objectives and highlights of the implementation of the project. He pointed out that it is the first time that WHO has involved consumer organisations in such a unique project on tobacco control initiatives, mainly focusing on Section 6 and 4 of the Tobacco Control Law, which bans on sale of tobacco to minors and smoking in public places.



4.1.4 George raised the issue regarding the pictorial health warning on the packets of various tobacco products, which is pending before the Indian Parliament. He said as per the tobacco control law enacted by the Central Government in May 2003, all tobacco products required to display large pictorial warnings with skull and bones on all tobacco packages. The rules governing the display of this pictorial warning were notified on July 05, 2006 to be implemented by February 2007. The tobacco and *bidi* industry has been successful in pressurising the Government and delaying the law twice, once in June 2007, and then again indefinitely. Now the Government is arguing that showing skulls and bones will hurt the religious sentiments, which is proved wrong by various scientific studies conducted under the banner of Advocacy Forum for Tobacco Control (AFTC). George demanded that the Central Government should withstand the pressure from the tobacco industry, ensue the speedy implementation of pictorial pack warnings on all tobacco products without further delay or dilution of the law.



4.1.5 Sabita Tripathy and Dharmendra Chaturvedi, the coordinators of the project, made a power point presentation, highlighting the issues related to the project implementation, including the learning and experiences.

4.1.6 Dr Rakesh Gupta, President, Rajasthan Cancer Foundation, Jaipur, while

delivering the special address mentioned that tobacco control should be the mission of every one's life and there is lack of will on the part of leadership to enforce the provisions of tobacco control act and to restrict smoking in public places. He further suggested that the Government should increase tax on the tobacco products like Cigarette, *Bidi* and *Gutkha* to control its use. He also proposed that Government, NGOs

and civil society should join their hands in formulating proper guidelines to address the deadly problem. He urged the Government to activate the “tobacco cell” for monitoring and implementing the Tobacco Control Act effectively.

4.1.7 Dr A U Rehman, Director, Tobacco Cessation Cell, *Bhagawan Mahavir Cancer Research Centre*, Jaipur while delivering his speech on issues for advocacy stated that one fifth of the total death cases and 40 percent of cancer deaths are due to consumption of tobacco



alone. He was critical about mode of enforcement of law and demanded for a ban on cultivation of tobacco plants, and suggested that the planters should be rehabilitated by shifting them to Ayurvedic herbs production. He reiterated that unless and until the root of an evil is not attacked, it cannot be eradicated from the society. He suggested for planning of sustainable programmes for *bidi* workers, inclusion of lessons on the ill effects of tobacco consumption in the school curriculum with credit, showing of slides in cinema halls, display of banners in schools, offices, courts etc. He distributed certificates to the winners of the poster competition.

4.1.8 Dr Dharemveer Kateva of Indian Asthama Care Society, Jaipur supported the demand for showing skull and bones on tobacco products. He stated that if it hurts the religions sentiments then why it is shown on electric transformers etc., as a sign of danger. He appealed to school teachers and students to perform a *dharna* in front of Chief Minister’s residence demanding for ban on tobacco products in the State. He highlighted the importance of active participation of the society in the tobacco control campaign. He distributed certificates to other student participants.

4.1.9 In his speech, Sataya Narayan Pareek of Gayatri Parivar Trust drew examples from the ancient texts and called upon the audience to follow the teachings with heart and soul. He also expressed concern on the increasing use of tobacco among children.



4.1.10 Dr G C Jain, Chief Medical and Health Officer (CMHO 2ND), Jaipur under the Department of Health & Family Welfare, GoR, distributed mementos to the participating schools.

4.1.11 The Seminar concluded with a vote of thanks proposed by Sabita Tripathy to the distinguished dignitaries, guests and participants.

V. Outcome

5.1 The meeting provided a common platform to various stakeholders of the project for coming together and discussing collectively to build synergy in Tobacco Control Initiatives (TCI).

5.2 The meeting also provided an opportunity to the educational institutions, especially the schools and the students to upgrade their knowledge on negative aspects of tobacco consumption and act adequately in discouraging its usage in the society, especially among the children.

5.3 The media coverage helped in presenting the highlights, learning and experiences from the implementation of the project to the larger audience and citizens of the Jaipur city.

5.4 CUTS CART's contribution in the TCI aiming at a tobacco free society was duly recognised and acknowledged.

VI. Issues for Advocacy Emerged out of the Discussions in the Seminar

6.1 Strict legal enforcement of the Tobacco Control Act.

6.2 Increase in tax on the tobacco products and bring all tobacco products in the purview of taxation.

6.3 Display of pictorial warnings on the packets of tobacco products.

6.4 Withstand the pressure of tobacco industry and not to amend the Act for making pictorial warning on tobacco packets optional to tobacco product manufacturers.

6.5 Partnership between educational department and tobacco control cell of Department of Health & Family Welfare for effective implementation of Section 6 of the Tobacco Control Law.

6.6 Increase in the penalty amount for tobacco product sellers near educational institutions.

6.7 Strict ban on the opening of tobacco shops in the periphery of any Government or private institutions like offices, hospitals, courts etc.

6.8 Bans on the cultivation of tobacco products and rehabilitation of the tobacco planters in other areas.

6.9 Use grassroots mechanisms to reachout and to make aware rural citizens by designing some innovative awareness programmes.

6.10 Inclusion of the tobacco control component in their manifesto of various political parties before elections and implementation when coming to power.

6.11 Mandatory screening of one-minute advertisement/film on tobacco control in all cinema halls before every show.

6.12 Inclusion of a chapter on ill effects of tobacco consumption and TCI in the curriculum for every class and making mandatory certain questions from these sections.

6.13 Restriction on selling tobacco products on milk kiosks.

6.14 Proactive engagement of State Government and inclusion of *Panchayati Raj* Institutions (PRIs) in TCI.

6.15 Formation of task groups and monitoring cells in each school and locality.

- 6.16 Regular aggressive awareness campaigns such as rallies, essay and poster competitions etc., and sensitisation programmes.
- 6.17 Develop partnership among various stakeholders.
- 6.18 Formulate clean indoor air policies and emphasise the passive smoking as a health rather than as a nuisance issue.
- 6.19 Encourage and support cessation services/ programme within a larger tobacco control law.
- 6.20 Voluntarily disclosure by the tobacco companies of all information related to tobacco products.