

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

Name of contracting Party:

India

Information on national contact responsible for preparation of the report:

Title

Mr

Family name

SHEEL

First name

VIKAS

Full name of institution

MINISTRY OF HEALTH AND FAMILY WELFARE

Mailing address

Mailing address 1	244 - A Nirman Bhawan,
Mailing address 2	Maulana Azad Road
Post code	110011
Post box	
City	NEW DELHI

Country

India

E-mail

sheelv@ias.nic.in

Alternative email address
ntcp.mohfw@gmail.com

Telephone number
+91 11 23061481

Fax number
+91 11 23061481

Signature of government official submitting the report:

Title

Mr

Family name
SHEEL

First name
VIKAS

Full name of institution
MINISTRY OF HEALTH & FAMILY WELFARE

Mailing address

Mailing address 1	244 'A' , Wing , Nirman Bhawan
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India

E-mail
sheelv@ias.nic.in

Alternative email address
ntcp.mohfw@gmail.com

Telephone number
+91 11 23061481

Fax number
+91 11 23061481

Web page
www.mohfw.gov.in

Period of reporting:

	Month	Year
Start date	September (9)	2018 (19)
End date	January (1)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	19.0	
FEMALE	2.0	
TOTAL (males and females)	10.7	

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	15.2	15.6
FEMALE	1.7	7.8
TOTAL (males and females)	8.6	15.1

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	3.8
FEMALE	0.3
TOTAL (males and females)	2.1

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	5.6
FEMALE	0.6
TOTAL (males and females)	3.1

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	75.3
FEMALE	97.4
TOTAL (males and females)	86.1

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

tobacco smoking includes bidi, manufactured cigarette, hand -rolled cigarette, tobacco rolled in maize leaf and newspaper, pipes, cigar, cheroots, hukkah,water pipe and some other forms like chutta and chillum

Please indicate the age range to which the data used to answer question B11 refer:

From	To
Age range	15

Please indicate the year of the data used to answer question B11:

2017

Please indicate the source of the data used to answer question B11:

Report of the Global Adult Tobacco Survey (GATS 2) India 2016-17

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	person who currently smokes any tobacco product, either daily or occasionally
Daily smoker	person who currently smokes any tobacco product every day
Occasional smoker	person who currently smokes less than daily
Former smoker	
Never smoker	

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

There has been a reduction in the prevalence of tobacco smoking from 14.0 percent in 2009-10 (GATS 1) to 10.7 percent in 2016-17 (GATS 2). This decline is likely to be due to a combination of increased awareness and national tobacco control efforts.

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	15	24	6
MALES - current smokers ¹	25	44	20
MALES - current smokers ¹	45	64	29
MALES - current smokers ¹	65		26
FEMALES - current smokers ¹	15	24	0
FEMALES - current smokers ¹	25	44	1
FEMALES - current smokers ¹	45	64	4
FEMALES - current smokers ¹	65		6
TOTAL (males and females) - current smokers ¹	15	24	3
TOTAL (males and females) - current smokers ¹	25	44	11
TOTAL (males and females) - current smokers ¹	45	64	17
TOTAL (males and females) - current smokers ¹	65		15

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

tobacco smoking includes bidi, manufactured cigarette, hand -rolled cigarette, tobacco rolled in maize leaf and newspaper, pipes, cigar, cheroots, hukkah, water pipe and some other forms like chutta and chillum

Please indicate the year of the data used to answer question B12:

2017

Please indicate the source of the data used to answer question B12:

Report of Global Adult Tobacco Survey (GATS 2) India 2016-17

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

From GATS 1 India 2009-10 to GATS 2 India 2016-17, among adults from all the four age-groups which are 15-24 years, 25-44 years, 44-64 years and 65 years and above, there is a significant decrease in prevalence of tobacco smoking. This decline is likely to be due to a combination of increased awareness and national tobacco control efforts.

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	29.6
Daily users	25.1
Occasional users	4.5
Former users	2.6
Never users	67.7

Females

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	12.8
Daily users	11.1
Occasional users	1.7
Former users	1.3
Never users	85.9

TOTAL (males and females)

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	21.4
Daily users	18.2
Occasional users	3.1
Former users	2.0
Never users	76.6

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Smokeless tobacco products include betel quid with tobacco, khaini or tobacco lime mixture, gutka, areca-nut tobacco lime mixture, mawa, paan masala with tobacco, other oral tobacco products like mishri, gul, gudakhu and nasal use of snuff.

Please indicate the age range to which the data used to answer question B13 refer:

From	To
Age range	15

Please indicate the year of the data used to answer question B13:

2017

Please indicate the source of the data used to answer question B13:
Report of the Global Tobacco Survey (GATS 2) India 2016-17

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

Current user	person who currently uses any smokeless tobacco product, either daily or occasionally
Daily user	person who currently uses any smokeless tobacco product everyday.
Occasional user	person who currently uses any smokeless tobacco product less than daily.
Former user	Former Daily User - person does not currently use smokeless tobacco but has previously used smokeless tobacco products daily over a period of one month or more
Never user	person has not used smokeless tobacco at all.

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Prevalence of smokeless tobacco use has decreased significantly by 4.5 percentage points from 25.9 percent in 2009-10 (GATS 1) to 21.4 percent in 2016-17 (GATS 2). This decline is likely to be due to a combination of increased awareness and national tobacco control efforts.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ²	15	24	17
MALES - current smokers ²	25	44	35
MALES - current smokers ²	45	64	33
MALES - current smokers ²	65		33
FEMALES - current smokers ²	15	24	4
FEMALES - current smokers ²	25	44	11
FEMALES - current smokers ²	45	64	27
FEMALES - current smokers ²	65		27
TOTAL (males and females) - current smokers ²	15	24	11
TOTAL (males and females) - current smokers ²	25	44	23
TOTAL (males and females) - current smokers ²	45	64	27
TOTAL (males and females) - current smokers ²	65		30

Please indicate the smokeless tobacco products included in the answer to question B14:

Smokeless tobacco products include betel quid with tobacco, khaini or tobacco lime mixture, gutka, areca-nut tobacco lime mixture, mawa, paan masala with tobacco, other oral tobacco products like mishri, gul, gudakhu and nasal use of snuff.

In B14 the prevalence provided is for Current smokeless tobacco users. However, the Reporting Instrument question in B14 should ask smokeless tobacco prevalence and not smoking prevalence.

Please indicate the year of the data used to answer question B14:

2017

Please indicate the source of the data used to answer question B14:

Fact Sheet of Global Tobacco Survey (GATS 2) India 2016-17

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

From GATS 1 India 2009-10 to GATS 2 India 2016-17, among adults from all the four age-groups which are 15-24 years, 25-44 years, 44-64 years and 65 years and above, there is a significant decrease in prevalence of smokeless tobacco use. This decline is likely to be due to a combination of increased awareness and national tobacco control efforts.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	13-15	11.20	11.10	
GIRLS - Current users ⁴	13-15	3.70	6.00	
TOTAL (boys and girls) - Current users ⁴	13-15	8.10	9.00	

Please indicate the tobacco products included in calculating prevalence for question B16:

Cigarettes, bidis, smokeless tobacco products including chewing tobacco

Please indicate the year of the data used to answer question B16:

2009

Please indicate the source of the data used to answer question B16:

2009, Global Youth Tobacco Survey

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

current smoker/tobacco users percent smoked/used tobacco on 1 or more days of the past 30 days

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

The trend is not available since GYTS has not been conducted after 2009

Please attach the relevant documentation.

No comment

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Use of novel and emerging tobacco and nicotine products

Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
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B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

38.7% of adults exposed to SHS at Home (Male 38.1% , Female – 39.3%)

30.2% of adults exposed to SHS at Workplace (Male 32.7% , Female – 17.9 %)

23.0% of adults exposed to SHS at any public places includes Government offices/buildings, health care facilities, restaurants, and public Transportation vehicles or stations

Please indicate the year of the data used to answer question B21:

2017

Please indicate the source of the data used to answer question B21:

Report of the Global Adult Tobacco Survey (GATS 2) India 2016-17

Please attach the relevant documentation.

No comment

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Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

1350000

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

9% of deaths due to non-communicable diseases are attributable to tobacco, with 58% of such 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.

Please indicate the year of the data used to answer question B32 and 33:

2008

Please indicate the source of the data used to answer questions B32 and B33:

A study in New England Journal of Medicine. 2008; A study in Indian Journal of Cancer. 2014; Report of Tobacco Control in India, 2004

Please submit a copy of the study you refer to:

No comment

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No comment

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No comment

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Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

The total economic costs attributable to tobacco use from all diseases in India in the year 2011 for persons aged 35-69 amounted to Rs. 1,04,500 crores (US\$ 22.4 billion). Direct medical costs of hospital care and treatment of tobacco attributable diseases amounted to Rs. 16,800 crore (US\$ 3.6 billion), and associated indirect morbidity cost amounted to Rs. 14,700 crore (US\$ 3.1 billion). The cost from premature mortality was Rs. 73,000 crores (US\$ 15.6 billion).

This study considered three major categories of costs to estimate the total economic burden attributable to tobacco: (1) direct medical cost of treating tobacco related diseases; (2) indirect morbidity costs; and (3) indirect mortality costs of premature deaths due to tobacco use. In all the three components, only the portion of the cost that can be attributed to tobacco use is estimated in the study. A prevalence-based attributable-risk approach was used for estimating the direct medical costs and the indirect morbidity costs. To estimate the costs of premature mortality, the study used a human capital approach and estimated the expected value of lost future productivity caused by tobacco attributable premature deaths. All the three components of the costs were estimated separately for males and females aged 35-69 by type of tobacco use, namely, smoked and smokeless tobacco. Apart from estimating the costs at the national level, the study also estimated the costs in thirteen major states of India that accounted for 86 percent of the country's population. These states were selected based on sample size criteria of having at least 2000 households with complete data on morbidity, health care and condition of the aged. Data were taken from a variety of sources, the primary data for estimating the costs of diseases was the unit level data from the 60th round of the National Sample Survey (NSS-2004), namely, "Morbidity, Health Care and the Condition of the Aged". Data for tobacco use prevalence were obtained from the Global Adult Tobacco Survey (GATS 2009-10). The costs were estimated for 2004 and updated for the year 2011 by using consumer price index.

Please indicate the year of the data used to answer question B42:

2011

Please indicate the source of the data used to answer question B42:

Report on ECONOMIC BURDEN OF TOBACCO RELATED DISEASES IN INDIA (2014)

Please submit a copy of the study you refer to:

No comment

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Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
	Tobacco leaves	tonnes	210907.45			

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

Please indicate the year of the data used to answer question B51 and 52:

2016

Please indicate the source of the data used to answer questions B51 and B52:

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2015-16	cigarettes	sticks	308836792
Smoking tobacco products	2015-16	bidis	sticks	7614892
Smoking tobacco products	2016-17	cigarettes	sticks	157866190
Smoking tobacco products	2016-17	bidis	sticks	22369462
Smoking tobacco products	2017-18	cigarettes	sticks	96107108
Smoking tobacco products	2017-18	bidis	sticks	1820415
Other tobacco products	2015-16		kg	46936.09
Other tobacco products	2016-17		kg	42662.92
Other tobacco products	2017-18		kg	73171.81

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No ✘

Please provide any further information on illicit tobacco products.

Please indicate the source of the data used to answer questions in section B6:
Ministry of Finance

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

As per annual report of Tobacco Board (2016-17) tobacco provides employment to 45.7 million people both directly and indirectly

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

Please indicate the year of the data used to answer questions in section B7:

Please indicate the source of the data used to answer questions in section B7:
Annual report Tobacco Board 2016-17

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	No
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	No

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	cigarette	advalorem	28	retail price
Smoking tobacco products	bidi	advalorem	28	retail price
Smoking tobacco products	cigars	advalorem	28	retail price
Smoking tobacco products	cheroot	advalorem	28	retail price
Smokeless tobacco products	chewing tobacco (without lime)	advalorem	28	retail price
Smokeless tobacco products	chewing tobacco (with lime)	advalorem	28	retail price
Smokeless tobacco products	filter khaini	advalorem	28	retail price
Smokeless tobacco products	Jarda	advalorem	28	retail price
Smokeless tobacco products	Pan Masala containing tobacco	advalorem	28	retail price

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

taxes on tobacco products have been regularly increased. From July 2017 Goods and Service Tax has been levied. All tobacco products have been placed in highest tax bracket category of 28%. A cess has been imposed on all tobacco products, except bidis

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No ✘

Please indicate the year of the data used to answer questions B81 to B86:

2017

Please indicate the source of the data used to answer questions B81 to B86:

Ministry of Finance

Please attach the relevant documentation.

No comment

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Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	gold flake king size	20		rupees

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
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Please indicate the year of the data used to answer question B91:

Please indicate the source of the data used to answer question B91:

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

The price of tobacco product (smoking & smokeless tobacco) has increased due to increase in Central Excise as well as the State Tax / Value Added Tax(VAT) by States.

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

National Tobacco Control Cell has been established under National Tobacco Control Programme in the Ministry of Health & Family Welfare, Govt. of India.

A national coordinating mechanism in the form of an Inter-Ministerial task force has been formed at national level under chairpersonship of Cabinet Secretary to review and develop a comprehensive policy on tobacco and tobacco related issues.

Further, as per tobacco control guidelines, each State and district have been directed to constitute similar State/District level coordination committees to review the overall implementation of the National Tobacco Control Programme at sub-national level.

At State and District levels, there are State as well as District Focal Points to monitor the implementation of the programme and tobacco control laws.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

Ministry of Health & Family Welfare launched a dedicated tobacco control programme in 2007-08 in the 11th Five Year Plan with a three tier structure viz. National Tobacco Control Cell at Central level; State Tobacco Control Cell and District Tobacco Control, Cell at District level. There is also a provision of setting up Tobacco Cessation Services at District level. The National Tobacco Control Programme has resulted in provision of dedicated funds and manpower for implementation of the Programme. The Programme has been implemented in all 36 States/UT's covering around 500 districts across the country.

A. National Tobacco Control Cell

The National Tobacco Control Cell (NTCC) under the Ministry of Health & Family Welfare is responsible for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme.

1. The main thrust areas for the NTCP are as under:

- (i) Training of health and social workers, NGOs, school teachers, and enforcement officers;
- (ii) Information, education, and communication (IEC) activities;
- (iii) School programmes;
- (iv) Monitoring of tobacco control laws;
- (v) Coordination with Panchayati Raj Institutions for village level activities;
- (vi) Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level.

2. Major Components and activities:

- Public awareness/mass media campaigns for awareness building and behavioral change.
- Establishment of tobacco product testing laboratories.
- Advocacy and inter-sectoral linkages and Research
- Monitoring and evaluation including Global Adult Tobacco Survey (GATS)/ Global Youth Tobacco Survey (GYTS).
- Expansion of cessation facilities and Setting up National Tobacco Quit-line and helpline.
- Setting up Online reporting mechanism

3. State Tobacco Control Cell

The State Tobacco Control Cell (STCC) is headed by a State Nodal Officer, who is a Senior Officer from State Department of Health preferably on a full time basis, to look after all the NCD programmes.

Major Activities of State Tobacco Control Cell (STCC):

- Training of multiple stakeholders for tobacco control through state level advocacy workshops/sensitization programmes.
- Integrating Tobacco Control with other health programmes/activities
- Incorporating Tobacco Control in the state level Information, Education and Communication (IEC) activities
- Support to strengthen monitoring and enforcement of anti-tobacco law in the states

4. District Tobacco Control Cell (DTCC)

Every identified district shall have a District Tobacco Control Cell (DTCC). The District Tobacco Control Cell is responsible for overall planning, implementation, and monitoring of different activities and achievement of physical and financial targets under the programme at the district level.

- Training and Capacity Building of relevant Stakeholders
 - School Awareness Programmes
 - Setting up and expansion of tobacco cessation facilities including support for pharmacological treatment of tobacco dependence.
 - Information, Education and Communication (IEC)/ Media Campaign
-

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

A notable achievement, as per the second round of Global Adult Tobacco Survey (2016-17), is that the absolute prevalence of tobacco use has decreased by 6 percentage points from 35% in 2009-10 to 29% in 2016-17.

The National Health Policy 2017 of the Government of India identifies coordinated action on 'Addressing tobacco, alcohol and substance abuse' as one of the seven priority areas for improving the environment for health. The policy also recommends an expansion of scope of interventions to include behavior change with respect to tobacco and alcohol use, screening, counseling for primary prevention and secondary prevention from common chronic illness –both communicable and non-communicable diseases. The Policy reiterates 'Relative reduction in prevalence of current tobacco use by 15% by 2020 and 30% by 2025' under the Cross Sectoral goals related to health, which is in sync with the Targets and Indicators for National Monitoring Framework for Prevention and Control of Noncommunicable Diseases.

India ranks at 3rd position on its status of compliance with the Cigarette Package Health warnings with the implementation in 2016 of specified health warnings occupying 85% of the principal display areas and on both the sides of the packs. This is a huge step forward in warning the users and making the youth aware of the adverse health impact of tobacco use.

The Rules related to Smoking in Public Places have been recently amended to curb the menace of mushrooming hookah bars in the country.

India is Party to the WHO Framework Convention on Tobacco Control (WHO FCTC). India hosted the Seventh Session of the Conference of Parties (COP7) in November 2016 and since then Secretary, Department of Health & Family Welfare, Government of India has been elected to serve as the President of the Bureau of the Conference of the Parties to WHO FCTC till 2018.

Toll free Tobacco Cessation Quitline [1800-112-356] and helpline [1800-110-456] are in place to facilitate tobacco cessation and effective enforcement of tobacco control laws.

Ministry, in coordination with the FCTC Secretariat has set up the 'Global Knowledge Hub for Smokeless Tobacco' in India. National Tobacco Testing Laboratories (NTTLs) have been established at Central Drug Testing Laboratory (CDTL), Mumbai, Regional Drug Testing Laboratory (RDTL), Guwahati and apex lab at National Institute of Cancer Prevention and Research (NICPR), Noida for testing tobacco products.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No ✗

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

In view of the huge human and economic loss to the country on account of tobacco use, a comprehensive legislation was adopted by Ministry of Health & Family Welfare in 2003 which prohibits advertising/promotion and regulates production, supply and distribution of cigarettes and other tobacco products. Further, the enabling Rules and regulations have been notified under the framework of the tobacco control legislation thus insulating them from any commercial and other vested interests of the tobacco industry

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

An Inter-Ministerial Committee has been constituted to look into the inter-ministerial issues related to tobacco control and FCTC. A follow-up meeting of the IMC was held in January 2018 to update the status on implementation of various tobacco control measures.

Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

Ministry of Health & family Welfare is pursuing with the Ministry of Finance for development of a comprehensive tax policy on tobacco products. The Union Health Minister also wrote to the Union Finance Minister for introduction of Sin Tax on demerit goods like tobacco, alcohol and sugary drinks.

With the introduction of tax reform in the country through the Goods and Services Tax (GST); all tobacco products and pan masala have been classified as 'demerit products' and placed in the slab of highest tax i.e. 28% and over and above a 'cess' will be imposed on all these demerit goods, For the first time, bidi has been placed in 28% tax bracket category, however, there will be no cess imposition on bidis.

Have you utilized the "Guidelines for implementation of Article 6 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	No
other measures (please specify in C223 below)	

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

The definition of public places is very comprehensive and includes all places visited by public whether as of right or not and includes all public places and private workplaces. But does not include any open spaces. In addition, smoking is also prohibited at open spaces that are visited by the public like auditoriums, stadiums, railway stations, bus stops and such other places. 'No Smoking' signages as per specifications have to be displayed prominently at public places. A physically segregated smoking area, subject to specifications provided by Rules may only be allowed in the following places:-

- Airports
- Hotels with 30 or more rooms
- Restaurants with 30 or more seats.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

National level toll free reporting helpline (1800110456) established for reporting violations.
 Law enforcers manual (2015) has been developed and disseminated by Ministry of Health & Family Welfare to facilitate the state governments in implementation of the smokefree Rules.
 Efforts have been made to mainstream compliance to anti-tobacco law (COTPA) in the monthly crime review meetings at District level and in the licenses issued to eateries and restaurants.
 State Governments have been encouraged to organise trainings to streamline the capacity building of the staff. Ministry, in collaboration with WHO has developed the training Modules for NTCP staff to implement the programme.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Complete
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Partial
other (please specify below)	Partial

Please provide a brief explanation of any "other" policies in the space below

Hotel, Airport

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

The definition of public places is very comprehensive and includes all places visited by public whether as of right or not and includes auditorium, hospital buildings, railway waiting rooms, amusement centres, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances, refreshment rooms, banquet halls, discotheques, canteen, coffee house, pubs, bar, airport lounge, shopping malls, cinema halls and the like.

However, hotels having 30 or more rooms, restaurants having seating capacity of 30 or more persons and airports may create a separate designated smoking room as per specifications and ventilation standards provided in Rules.

Banning tobacco smoking in public transport

All the public conveyance, railways. In addition, sale of tobacco is also banned in railways and its premises.

Banning tobacco smoking in indoor public places

Public place includes all indoor workplaces, including private workplaces.

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

Regular communications are sent to the States to implement the smokefree Rules. States are encouraged to organize training programmes for law enforcers and for advocacy. States conduct raids and impose fines for the violations related to ban on smoking in public places. There are also examples of cities, states, districts, villages going smokefree, all over the country and their numbers are increasing.

Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

Yes ✓

regulating the emissions of tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

Section 11 of the Tobacco Control Act of India (COTPA-2003) mandates setting up of tobacco product testing laboratories. National Tobacco Testing Laboratories (NTTLs) have been established at Central Drug Testing Laboratory (CDTL), Mumbai, Regional Drug Testing Laboratory (RDTL), Guwahati and apex lab at National Institute of Cancer Prevention and Research (NICPR), Noida for testing tobacco products. Small Testing of tobacco products has been initiated. Staff has been recruited and first phase training has been provided for the National Tobacco Testing Laboratories (NTTLs) staff.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. [https://extranet.who.int/dataform/655321?](https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en)

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[token=vm8cu9teqinkjvg&lang=en](https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en))

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

The Rules related to testing of tobacco products for its contents and emissions are yet to be notified.

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	No

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

Section 11 of the Tobacco Control Act of India (COTPA-2003) mandates setting up of tobacco product testing labs. National Tobacco Testing Laboratories (NTTLs) have been established at Central Drug Testing Laboratory (CDTL), Mumbai, Regional Drug Testing Laboratory (RDTL), Guwahati and apex lab at National Institute of Cancer Prevention and Research (NICPR), Noida for testing tobacco products. Small Testing of tobacco products has been initiated. Staff has been recruited and first phase training has been provided for the National Tobacco Testing Laboratories (NTTLs) staff.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

The COTPA, 2003 mandated for disclosing contents and emissions of tobacco products. However, Rules related to testing of tobacco products for its contents and emissions are yet to be notified.

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

No ✗

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? Yes
emissions of tobacco products? No

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

The Ministry of Health & Family Welfare has notified new rules on pictorial health warnings, as per which the pictorial warnings shall be placed on both front and back sides of tobacco product packages and on 85% of the principal display areas. The new rules have been enforced from 1st September, 2018. For the first time, the Tobacco Quitline Number has been added on the tobacco product packs.

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? *(Please refer to programmes implemented since submission of your two-year report.)*

Yes ✓

To whom are these programmes targeted?

- adults or the general public
- children and young people
- men
- women
- pregnant women
- ethnic groups
- other (please specify)
- Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
- health risks of exposure to tobacco smoke?
- benefits of the cessation of tobacco use and tobacco-free lifestyles?
- adverse economic consequences of tobacco production?
- adverse economic consequences of tobacco consumption?
- adverse environmental consequences of tobacco production?
- adverse environmental consequences of tobacco consumption?

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
 - Other
-

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
 - community workers?
 - social workers?
 - media professionals?
 - educators?
 - decision-makers?
 - administrators?
 - other (please specify)
 - Other
-

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

National Level public awareness campaign were aired on TV and radio during the reporting period. In addition, under the rules notified for regulating scenes depicting tobacco use in films and TV programmes, two campaigns have been aired through statutory free airtime.

Dedicated funds were made available to the State and District Tobacco control Programmes to conduct training of a variety of stakeholders at the state/district level.

Ministry has developed structured training modules for the NTCP staff (state & District level) with support of WHO.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Generating earned media has been a very important strategy of the programme and on the eve of the airing of all the new spots a media release is organised in the premises of the Ministry of Health & family Welfare to generate the free media.

Further, under the Rules to regulate depiction of tobacco or their use in films & TV Programmes two spots of 30 second duration are aired. The spots currently being aired related to Second hand Exposure and the related legislation to prohibit smoking in public places in India.

IEC is the major component of the NTCP.

Public Notices, Print advertisements, social media are being used to create awareness on ill effects of tobacco use among general public.

World No Tobacco Day 2017- Walkathon was organized involving school children. NCC students and community workers. In 2018, a month long Autorickshaw rally was conducted with tobacco control messages.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
the domestic Internet?
the global Internet?
- brand stretching and/or brand sharing?
- product placement as a means of advertising or promotion?
- the depiction of tobacco or tobacco use in entertainment media products?
- tobacco sponsorship of international events or activities and/or participants therein?
contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
cross-border advertising, promotion and sponsorship originating from your territory?
the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✘

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No ✘

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Vide circular dated 30th May, 2014, Central Board of Secondary Education (CBSE) has advised all the schools under its affiliation not to allow its student to participate in events sponsored by any firms or by subsidiary of a firm that promotes the use of tobacco in any form and further directed school students not to accept any prize or scholarship instituted by tobacco industry.

Ministry of Health & family Welfare organised a meeting with the Ministry of Information and Broadcasting on the issue of surrogate advertisements under the Cable Television Networks (Regulation) Act, 1995 (CTNA).

Ministry of Health & Family Welfare has also been in talks with the Ministry of corporate affairs on the issue of violation of Article 13 by the Corporates under the New Companies Act of 2013 (India) which mandates all companies to spend 2% of their profits for CSR activities.

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
 - programmes specially designed for underage girls and young women?
 - programmes specially designed for women?
 - programmes specially designed for pregnant women?
 - telephone quitlines?
 - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
 - other (please specify)?
 - Other
-

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
 - health-care facilities?
 - workplaces?
 - sporting environments?
 - other (please specify)?
 - Other
-

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
 - health?
 - education?
-

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
 - secondary and tertiary health care
 - specialist health-care systems (please specify below)
 - specialized centres for cessation counselling and treatment of tobacco dependence
 - rehabilitation centres
 - Other
-

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	
specialized centres for cessation counselling and treatment of tobacco dependence	Fully
rehabilitation centres	Fully
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
 - dentists
 - family doctors
 - practitioners of traditional medicine
 - other medical professionals (please specify below)
 - nurses
 - midwives
 - pharmacists
 - Community workers
 - Social workers
 - other (please specify)
 - Other
-

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
 - dental?
 - nursing?
 - pharmacy?
 - Other
-

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

if any NRT is prescribed, the client has to buy it as an Over-The-Counter drug as out of pocket expense. Bupropion (2 mg) can be purchased as an Over The Counter (OTC) drug without a prescription and above 2mg with prescription.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
 - bupropion
 - varenicline
 - other (please specify)
 - Other
-

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Fully
bupropion	None
varenicline	None
other (please specify below)	

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Under the National Tobacco Control Programme funds are provided to each district tobacco control cell to make a provision of free NRT to those willing to quit tobacco.

IT enabled cessation services are also available (m Cessation). One can register by giving a missed call to the number 011-22901701 or through registering at the <http://www.nhp.gov.in/quit-tobacco>.

The Ministry set up a national Tollfree QUITLINE at Vallabhshai Patel Chest Institute, New Delhi. Toll free Tobacco Cessation Quitline [1800-112-356] established for providing telephonic counselling services. The quitline services has been expanded to Satellite Centres for providing counselling services in regional languages.

mainstreaming of tobacco cessation services in 310 dental colleges under Dental Council of India (DCI) is also being streamlined to establish Tobacco Cessation Centres in their institutions.

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

No ✘

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

No ✘

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

No ✘

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✘

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

No ✘

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✔

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✔

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

An expert committee has been formed by Ministry of Finance with Ministry of Health & Family Welfare as a member. This committee looks into the possible amendments in the various domestic legislations and has been tasked to draw the road map for implementation of the Protocol to eliminate illicit trade in tobacco products.

Govt. of India acceded to the Protocol to eliminate illicit trade in tobacco products on 5th June, 2018.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

File type "pdf"

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

No ✗

prohibiting the sale of tobacco products from vending machines?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

to the public?
 to minors?

prohibiting the sale of cigarettes individually or in small packets?

No ✗

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

State Governments are encouraged to organize sensitisation programmes for law enforcers.

Some of the states have used innovative strategies like partnering with corporates for display of signages at points of sale.

Many educational institutions/universities/colleges are taking steps to become and be declared as tobaccofree, using/adapting the guidelines of Ministry of Health & Family Welfare.

National Council of Educational Research and Training (NCERT) is undertaking activities under National Population Education Project (NPEP) and Adolescence Education Programme (AEP) under which the students are made aware of the ill effects of tobacco/smoking. For the Central Board of Secondary Education, the Board has sensitized all its affiliated schools vide circular No. Acad-04/2012 dated 24.04.2012 for promoting healthy food habits amongst students which also emphasize on tobacco free school.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	Yes
tobacco workers?	Yes
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

In order to encourage tobacco growing farmers to shift to alternate crops/cropping systems, Department of Agriculture, Cooperation & Farmers Welfare (DAC&FW), Ministry of Agriculture & Farmer's Welfare (MOAFW) is implementing its Crop Diversification Programme (CDP). Under the scheme, assistance is being provided under four major components viz. alternate crop demonstration, farm mechanization & value addition, site specific activities and contingency for awareness, training, implementation, monitoring, etc. through State Department of Agriculture.

Department of Agriculture, Cooperation & Farmers Welfare informed that with the implementation of CDP, out of the total tobacco area of 4.67 lakh hectares in the country, about 29,998 hectares in 2015-16 and 51,713.1 hectares in 2016-17 have been diversified with alternative crops/cropping system. The tobacco growers are also growing other crops on the same land, therefore, alternative crops exists on the same farm and vicinity.

To encourage tobacco workers/bidi rollers to shift to alternative vocations, this Ministry has collaborated with Ministry of Labour & Employment to initiate 'Skill Development' programme for bidi rollers to facilitate them to shift to alternative vocations which are equally remunerative.

Have you utilized the "Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**.
<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>
 (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

No comment

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C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	No
the health of persons in relation to the environment?	Yes

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Yes
the health of persons in relation to the environment?	Yes

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Ministry of Health & Family Welfare has supported a Public Interest Litigation filed by a civil Society organization in the "National Green Tribunal on the environmental impact of cigarettes and bidi butts, deforestation caused by tobacco curing and the adverse health impact of tobacco growing.

Have you utilized the "Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C414 please provide details in the space below or refer to section I of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en> (<https://extranet.who.int/dataform/655321?token=vm8cu9teqinkjvg&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

No

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

No

Do you have any civil liability measures that are specific to tobacco control?

No

Do you have any general civil liability provisions that could apply to tobacco control?

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

Yes

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

India is a member of the Expert Group on Article 19 of the WHO FCTC and actively participated in the meeting

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social and economic indicators related to tobacco consumption?
tobacco use among women, with special regard to pregnant women?
- the determinants and consequences of exposure to tobacco smoke?
- identification of effective programmes for the treatment of tobacco dependence?
- identification of alternative livelihoods?
- Other

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

National Family Health Survey 2005-06 –

National Family Health Survey 2015-16 question on tobacco control indicators taken from TAGS- TQS

Global Adult Tobacco Survey (2009-10)

Global Adult Tobacco Survey (2016 - 17)

Global Youth Tobacco Survey, 2009

Fourth Round of Global Youth Tobacco Survey is underway.

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

Fourth Round of Global Youth Tobacco Survey is underway.

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

The 12th Five Year Plan for the National Tobacco Control Programme has been approved and funds have been factored in for conducting GATS and GYTS surveys. It has also been proposed to conduct GYTS with states level estimates on the lines of GATS.

The second round of the Global Adult Tobacco Survey (GATS- 2) completed during 2016-17.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	Yes

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	Yes
Assistance received	Yes

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received Yes

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

WHO bienium country budget.

Vital Strategies for national level public awareness campaign.

Leadership training by Johns Hopkins Bloomberg School of Public Health.

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Upscaling of the National Tobacco Control Programme to cover all the Districts.

Capacity building at national and sub-national level for implementing tobacco control laws with special focus on smokefree rules, TAPS and sale to minors and around educational Institutions.

Training of diverse groups like civil society, health professionals, media, law enforcers for monitoring and implementation of tobacco control laws.

Advocacy and sensitisation of various stakeholder ministries on tobacco control laws and related issues.

Development of operational guidelines and training modules for diverse stakeholders.

Development of a comprehensive tax policy.

Strengthening and upscaling of the cessation services at sub-national level including partnership with private sector

Expanding the National Tobacco Quitline services

Sustain Mass Media campaigns through evidence based PSA/Spots and strengthening evaluation of the campaigns.

Development and dissemination of IEC and training materials at grassroot level.

Strengthen the new initiatives like mCessation

Conduct of the next round of GYTS

More synergy with NCD and other health programmes

Strengthening the Global Knowledge Hub on Smokeless Tobacco Products

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✓

Please provide details in the space below.

Partnership with stakeholder Ministries for providing Alternative livelihoods for tobacco growers and bidi rollers.

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

India is the 2nd consumer and 3rd largest producer of tobacco products in the world and a plethora of tobacco products (both smoking and smokeless) are used in India. A very large section of the tobacco industry is unorganised and bidi industry is a home based industry, mostly women from the low socio-economic strata of the society.

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
 - water pipe tobacco
 - Electronic Nicotine Delivery Systems (ENDS)
 - Electronic Non-Nicotine Delivery Systems (ENNDS)
 - heated tobacco products (HTPs)
 - Other
-

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
 - water pipe tobacco
 - Electronic Nicotine Delivery Systems (ENDS)
 - Electronic Non-Nicotine Delivery Systems (ENNDS)
 - heated tobacco products (HTPs)
 - Other
-

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

The Food Safety and Standards (Prohibition and Restrictions on Sales) Regulation, 2011 was notified on 1st August, 2011, in exercise of the powers conferred under Section 92 read with Section 26 of the Food Safety and Standards Act, 2006. Clause 2.3.4 of the said Regulation expressly prohibits the use of tobacco and nicotine in all food products and reads as: "Product not to contain any substance which may be injurious to health: Tobacco and nicotine shall not be used as ingredients in any food products.

E-cigarettes and like devices have been prohibited vide The Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019

Few State Governments have have prohibited the manufacture, distribution, import and sale of Electronic Nicotine Delivery Systems (ENDS). An advisory has been issued by the Government of India to ensure that any Electronic Nicotine Delivery Systems (ENDS) including e-Cigarettes, Heat-Not-Burn devices, Vape, e-Sheesha, e-Nicotine Flavoured Hookah, and the like devices that enable nicotine delivery are not sold (including online sale), manufactured, distributed, traded, imported and advertised in their jurisdictions, except for the purpose & in the manner and to the extent, as may be approved under the Drugs and Cosmetics Act, 1940 and Rules made thereunder.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

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