

Marathwada Gramin Vikas Sanstha

Advancing Tobacco Control Project

Tobacco use kills nearly six million people worldwide each year. According to the World Health Organization (WHO) estimates, globally, there were 100 million premature deaths due to tobacco in the 20th century, and if the current trends of tobacco use continues, this number is expected to rise to 1 billion in the 21st century.

In **Maharashtra**, according to Global Adult Tobacco Survey-2 in 2016-17 a total of 26.6% adults (men-35.5% and women-17%) use tobacco (smoked and smokeless). The prevalence of tobacco use among persons **aged 15-17** has increased from 2.9% in GATS-1 to **5.5%** in GATS-2. The mean **age at initiation** of tobacco use has decreased from 18.5 years in GATS 1 to **17.4 years** in GATS 2. Every fifty adult was exposed to second-hand smoke at any public place.

Based on the findings of GATS-2 although it is appreciable that the prevalence of smoking has reduced overall in the state, the increase in use of tobacco by people aged 15-17 years, the reduced mean age of initiation of tobacco use and the increase in exposure to second hand smoke call for immediate action. These findings call for an immediate action so as to prevent the younger generation from initiating tobacco use and to protect vulnerable population from second hand smoke. This can be controlled through effective implementation and enforcement of COTPA 2003. Thus based on the guidelines of National Tobacco Control Program, MGVS has been working for tobacco control in Marathwada region of Maharashtra since 2007; recently in October 2019 MGVS has started a new project “**Strengthening WHO MPOWER and NTCP implementation through capacity building, effective enforcement, public education and multi-stakeholder engagement in Maharashtra**” with the technical support of The Union-International Union against Tuberculosis and Lung Disease and Vital Strategy, New Delhi.

Project Objectives:

1. To establish and strengthen politico administrative framework and institutional system at state and district level.
2. To build capacity of stakeholders to improve monitoring and compliance of tobacco control laws at district level.
3. To develop network and coalitions with government and non-governmental organization to ensure multi-stakeholder engagement.
4. To identify and monitor tobacco industry interference in Tobacco control and support development and strengthening of FCTC Article 5.3 in the state.
5. To support policy focused research, monitoring and evaluation of tobacco control program
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National Tobacco Control Programme (NTCP)

Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08 during the 11th Five-Year-Plan, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” (COTPA) (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control.

During the 11th Five Year Plan, NTCP was implemented in 21 states covering 42 districts. To carry forward the momentum generated by the NTCP during the 11th Five Year Plan and baseline data generated through the Global Adult Tobacco Survey (GATS) India 2009-2010, indicating high level

of prevalence of tobacco use, it was upscaled in the 12th Five Year Plan with a goal to reduce the prevalence of tobacco use by 5% by the end of the 12th FYP. As per the second round of GATS, the number of tobacco users has reduced by about 81 lakh (8.1 million).

The main thrust areas for the NTCP are as under:

1. Training of health and social workers, NGOs, school teachers, and enforcement officers;
2. Information, education, and communication (IEC) activities;
3. School programmes;
4. Monitoring of tobacco control laws;
5. Coordination with Panchayati Raj Institutions for village level activities;
6. Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level.

NTCP is implemented through a three-tier structure, i.e.

- (i) National Tobacco Control Cell (NTCC) at Central level
- (ii) State Tobacco Control Cell (STCC) at State level
- (iii) District Tobacco Control Cell (DTCC) at District level. There is also a provision of setting up Tobacco Cessation Services at District level.

NTCP has resulted in provision of dedicated funds and manpower for implementation of the Programme. State/District Tobacco Control components viz. STCC and DTCC Plan have been subsumed in the Flexi-pool for Non- Communicable Disease (NCDs) under National Health Mission (NHM) for effective implementation since 12th Five Year Plan.

Currently, the Programme is being implemented in all 36 States/Union Territories covering around 612 districts across the country.

For downloading State-wise list with Districts under NTCP, [click here](#)

National Tobacco Control Cell (NTCC)

The National Tobacco Control Cell (NTCC) at the Ministry of Health and Family Welfare (MoHFW) is responsible for overall policy formulation, planning, implementation, monitoring and evaluation of the different activities envisaged under the National Tobacco Control Programme (NTCP). The National Cell functions under the direct guidance and supervision of the programme in-charge from the MoHFW i.e. Joint Secretary. The technical assistance is provided by the identified officers in the Directorate General of Health Services.

The programme broadly envisages;

National level:

1. Public awareness/mass media campaigns for awareness building and behavioural change
2. Establishment of tobacco product testing laboratories.National level:
3. Mainstreaming research and training on alternative crops and livelihood with other nodal Ministries.
4. Monitoring and evaluation including surveillance
5. Integrating NTCP as a part of health-care delivery mechanism under the National Health Mission framework.

State Level:

Dedicated State Tobacco Control Cells for effective implementation and monitoring of tobacco control initiatives. The key activities include;

1. State Level Advocacy Workshop

2. Training of Trainers Programme for staff appointed at DTCC under NTCP.
3. Refresher training of the DTCC staff.
4. Training on tobacco cessation for Health care providers.
5. Law enforcers training / sensitization Programme

District Level:

Dedicated District Tobacco Control Cells for effective implementation and monitoring of tobacco control initiatives. The key activities include;

1. Training of Key stakeholders: health and social workers, NGOs, school teachers, enforcement officers etc.
2. Information, Education and Communication (IEC) activities.
3. School Programmes.
4. Monitoring tobacco control laws.
5. Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at the district level.
6. Co-ordination with Panchayati Raj Institutions for inculcating concept of tobacco control at the grassroots.

Tobacco Use in India and Maharashtra

India ranks second in world in total number of tobacco users; India along with Bangladesh constitutes around 95% of smokeless tobacco users in the world. As a result of this number people with tobacco related oral cancer is also highest in India. According to Global Adult Tobacco Survey 2; 2016-17 (GATS-2) 42.4% of men, 14.2% of women and 28.6% of all adults currently either smoke tobacco and/or use smokeless tobacco in India.

GATS-2 also states that 23% of adults were exposed to second hand smoke at a public place. Second-hand smoke is the smoke that fills restaurants, offices or other enclosed spaces when people burn tobacco products such as cigarettes, *bidis* and water-pipes. There are more than 4000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and more than 50 are known to cause cancer. There is no safe level of exposure to second-hand tobacco smoke. In adults, second-hand smoke causes serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer. In infants, it causes sudden death. In pregnant women, it causes low birth weight

In Maharashtra, the GATS-2 reports states that 35.5% of men, 17% of women and 26.6% of all adults currently use some form of tobacco (smoked or smokeless). Prevalence of tobacco use among 15-17 year old adults have increased from 2.9% in GATS-1 to 5.5% in GATS-2. Also the age of initiation of tobacco use has reduced from 18.5 years in GATS-1 to 17.4 years in GATS-2. It also reveals that every fifth adult was exposed to tobacco smoke at public places.

For further reading please click on following link

For more details : [Economic Burden of Tobacco Use- India.pdf](#)

For more details : [Economic Burden of Tobacco Use- Maharashtra.pdf](#)

For more details : [GATS 2 Maharashtra Fact Sheet.pdf](#)

For more details : [GATS-2 INDIA FactSheet.pdf](#)

For more details : [Smokeless Tobacco and Public health in India.pdf](#)

Criteria for Smoke Free city

With the support from government agencies and through multi-department coordination, MGVS aims to make smoke free blocks/cities/districts in Maharashtra state. The criteria for declaring smoke free jurisdictions are given in the table below:

Criteria for Smoke Free city

No.	Criteria	Declaring Smoke free City
1	“No Smoking” Signage at all public places and workplaces <ul style="list-style-type: none">• Presence of signage• Placement of signage• Specification as per COTPA• Displaying name of officer	More than 90% conformity
2	Absence of smoking aids (No ash-tray/matchbox/lighters)	Not present at all in more than 90% of places
3	No direct observation of smoking at peak activity timings	No smoking observed in more than 90% of places
4	No evidence of past smoking -based on absence of cigarette butts and bidi ends	No butts / bidi ends in more than 90% of public places
5	No evidence of recent smoking - as evident from smoking ash and smell	No smoking ash and smell in more than 90% of public places
6	Enforcement mechanisms -Mechanism instituted <ul style="list-style-type: none">• Clear reporting mechanisms• Clear mechanism of redressal for fines, punitive actions and violations• Media and civil society support	Jurisdictions scores high (more than 90 percent) on each count

Achievements in Tobacco control Maharashtra

(Policy Level Achievements☺)

- The Government of Maharashtra (Health Department) has taken a significant step toward promoting a smoke-free environment by issuing notifications for government, non-government, private offices, and public place to declare their premises smoke-free with the broader goal of reducing tobacco consumption and exposure to secondhand smoke.
- In response to the state-level directives from education department and health secretary Government of Maharashtra various districts officials have actively started implementing smoke-free notifications. The district education officers, health officers and district nodal officer of Beed, Ahmednagar, Jalgaon, Nandurbar, and Parbhani have declared the education and health institutions as a smoke-free.
- On July 10, 2023, the Add. Chief Secretary (Public health) Govt of Maharashtra has issued a circular emphasizing on the establishment of Block Level Coordination and Monitoring Committees. These committees, chaired by the Tehsildar and the taluka health officer serving as

the members secretary, are instrumental in ensuring effective enforcement of the COTPA 2003 and monitoring the National Tobacco Control Program at the block and village level.

- The Food and Drug Administration Maharashtra Govt. has passed a government resolution advocating for an 85% pictorial health warning on tobacco products with the aim to enhance awareness about the health risks associated with tobacco use and discourage its consumption especially among the younger generation.
- During SLCC meetings, MGVS raised the issue of Tobacco Vendor Licensing (TVL), prompting the committee to instruct the Urban Development department and Health Department to formulate guidelines for TVL. The completed draft guidelines have now been submitted for approval to the health secretary.
- A significant milestone has been achieved with the drafting and finalization of the comprehensive guidelines on Framework Convention on Tobacco Control Article 5.3 Government resolution for Maharashtra. This resolution, approved by the Chief Secretary of Health is now with the Governor of Maharashtra for approval which will be approved any time soon, underscores the state's dedication to implementing measures that protect public health by addressing the interference of the tobacco industry.
- In a bid to enhance awareness and foster collaboration, focused group discussions were conducted on FCTC Article 5.3 and the Tobacco Control Sustainability Index with Maharashtra State scoring 91 out of 132. Key stakeholders such as Joint Director-NCD, ADHS, UDD, Home Department, TMH, Healis Sekhsaria, District Consultants and TCC Psychologists participated in these discussions, leading to increased awareness and a strengthened network of support for tobacco control initiatives.
- Implemented a signage campaign across five districts in Maharashtra, namely Satara, Solapur, Dhule, Sangli, and Kolhapur, reaching and sensitizing 10,000 individuals directly. The campaign, inaugurated by the district collector/CEO of the district council in collaboration with the entire DTCC team, featured an awareness program conducted through an auto-rickshaw loaded with Information, Education, and Communication (IEC) materials. The auto-rickshaw played tobacco-free slogans and jingles while traversing the districts. The comprehensive campaign spanned 3-5 days, targeting both government and private offices for sensitization. Additionally, COTPA 2003 compliance was reinforced by displaying flex banners within their respective jurisdictions.

Capacity Building:

- Through 5363 one-to-one and group meetings, engaging state and district key administrators, efforts were made to promote smoke-free, TOFEI notifications, the formation of Block Level Coordination and Monitoring Committees (BLCC), enforcement squads, and the implementation of the Cigarettes and Other Tobacco Products Act (COTPA) 2003. The impact of these initiatives is evident in the increased awareness and commitment among administrative bodies to create healthier and cleaner environments, mitigating the risks associated with tobacco use by declaring smoke-free premises.
- Two State level workshops, 9 key officials workshop and 7 enforcement officials' workshops at district level and 58 piggyback workshops were conducted to disseminate knowledge and promote understanding of crucial aspects such as Framework Convention on Tobacco Control Article 5.3, National Tobacco Control Program, and Tobacco Vendor Licensing, NTCP, ENDS Ban and TAPS. This has resulted in increased knowledge on adherence to tobacco control standards

and more effective implementation of national tobacco control programs and tobacco control laws.

- The organization of 58 piggyback sessions for key officials, enforcement officials, judicial, education department has had a profound impact on sensitizing stakeholders about COPTA 2003, FCTC Article 5.3, NTCP, and TVL. By targeting key decision-makers and influencers, these sessions have likely translated into more informed policy decisions, better enforcement strategies, and increased support for tobacco control initiatives.

Support to NTCP:

- The successful conduction of 320 Block Level Coordination and Monitoring Committee (BLCC) meetings in project districts indicates a consistent effort to engage local stakeholders in monitoring and enforcing tobacco control measures. These meetings likely led to better coordination, prompt identification of challenges, and effective implementation of initiatives at the grassroots level.
- Engaging in 126 quarterly review meetings with DLCC members/stakeholders in various districts fosters ongoing collaboration and information sharing. This has likely resulted in a more responsive and adaptive approach to addressing emerging challenges in tobacco control. The impact is seen in the sustained momentum and progress in NTCP and COTPA implementation.
- Attendance at 720 DLCC meetings as an NGO member demonstrates a commitment to active participation in decision-making processes at the district level. The impact includes the NGO contributing valuable insights, perspectives, and support to the committee, enhancing the overall effectiveness of tobacco control initiatives.

Smoke-free/Tobacco-free Initiatives:

- The widened AFTM coalition at both state and district levels signifies a strengthened collaborative effort against tobacco use. The inclusion of various stakeholders from NGOs, CSOs, academic institutions, and tobacco activists enhances the diversity of perspectives and resources available for anti-tobacco initiatives. The collective expertise and varied backgrounds within the coalition contribute to a more effective and well-rounded strategy against tobacco use. The creation of coalitions at both state and district levels. Since Q1 three coalitions meetings have been conducted, one physical meeting and two virtual meetings of AFTM have been conducted.
- Sensitizing 72 NGOs and CSOs through workshops has led to a more informed and motivated network of organizations actively participating in Block Level Coordination and Monitoring Committee (BLCC) committees. This heightened awareness and commitment at the community level broaden the impact of tobacco control initiatives, fostering a stronger foundation for the implementation of smoke-free and tobacco-free measures.
- **Partnership and Networking:**
- Collaborating with prominent organizations such as BEST Mumbai, Healix-Sekharia Institute of Public Health, and Tata Memorial Hospital signifies a strategic approach to addressing tobacco-related issues. These partnerships bring specialized knowledge, resources, and potentially wider community reach to the project. The project can leverage the expertise of these organizations for targeted interventions, public health campaigns, and research initiatives.

- Challaning of total of 20,699 violators in the enforcement drives to remove direct and indirect advertisements from Point of Sale (POS) locations which have resulted in a cleaner, healthier retail environment. This tangible action contributes to a reduction in the visibility and influence of tobacco marketing targeting the youth and younger generations. Since the intervention of MGVS, establishment and re-establishment of enforcement squads and increase in number of challans can be seen.

Support to Policy Focused Research:

- The project successfully conducted both baseline and end-line situational analyses in collaboration with the Government Dental College of Aurangabad, focusing on the project districts. The collected data, gathered systematically for research purposes, will be instrumental in supporting and informing upcoming smoke-free initiatives in the respective project areas.