# Indian Medical Parliamentarians' Forum

## IMPF Policy Brief for Parliamentarians

# Graphic warnings for tobacco products – a missed opportunity to save lives in India

### Introduction

Tobacco is the single most preventable cause of death in the world today. This year, tobacco will kill more than five million people -- more than Tuberculosis, HIV/AIDS and Malaria combined. Tobacco is the only legal consumer product with the potential to cause harm to everyone exposed to it, and it kills up to half of those who use it as intended. Despite this, tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies restricting its use.[1] Pictorial and other forms of health warnings can effectively reverse usage habits and the spread of the global tobacco epidemic.

The purpose of this policy brief is to inform parliamentarians and other policy makers about the issues and concerns of tobacco related health hazards, and also to assist them in instigating and enacting effective legislations in the fight for tobacco control. We hope that parliament and parliamentarians can make meaningful contributions in responding to the epidemic to protect and promote public health.

### Pictorial Warnings

- The Government of India retracted its earlier notifications and issued new rules on March 15, 2008, introducing less comprehensive warning images (**lungs & scorpion - See Box 1)** than those originally proposed. The effectiveness of these images has not been tested, and are widely regarded as being less effective.

- Ineffective health warnings cost lives. One study has found that even if internationally recommended warnings are just half as effective as they might be, 22,000 premature deaths could be averted in India.

- Pictorial health warnings help reduce tobacco use; they are a constant reminder of the sustained risks to users and to those around them.

- Effective packaging messages motivate existing users to make more attempts to give up or reduce consumption.

- Pack warnings are vitally important for India because of the huge burden of disease, suffering and death caused by tobacco use - approximately 10 lakh (1 million) victims annually from 2010.[2]

- Warnings that are graphic, larger and with specific content communicate health risks more effectively and are more likely to arouse emotion that leads to behaviour change.

- Pictorial warnings are especially important for people with lower literacy levels; most of the states are just above or below the national average literacy level of 65%, but in rural areas (where tobacco use is more prevalent) literacy is below 60%.

- Globally, governments which have adopted strong warnings have empowered users (existing and potential) with greater health knowledge, and users in these countries are almost three times more likely to have this knowledge than those from countries with no or weak warning systems.

A historic opportunity to improve public health in India is available to Parliamentarians: the health warnings come up for review and revision within 12 months of initial implementation. Parliamentarians should seize this opportunity to ensure re-alignment of government



**Box 1**

**The warnings notified in March 2008**



**Figure 1: Non-users and users of tobacco, by type**
*Traditional forms of tobacco use is a serious concern in both men and women*
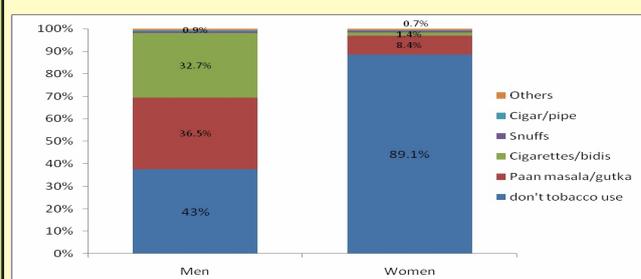


*Note:* Percentage of women and men age 15-49 and men age 15-54 by their use of tobacco, and percentage distribution of those who smoke cigarettes or *bidis*, by number of cigarettes/*bidis* smoked in the 24 hours preceding the survey, India, 2005-06, *Source: National Family Health Survey-3 (NFHS-3), 2005-06.*

packaging and labelling policy with scientific evidence and international best practice, and save millions of lives in India.

## Inaction on health warnings will cost lives

- Most tobacco users do not fully understand the health risks - they tend to underestimate the risks to themselves and others. Pictorial health warnings are now found in many countries worldwide and are effective in informing tobacco users, especially smokers, of the risks of consumption.[3] Pictorial warnings are especially important for people with lower literacy levels (see box 2). *Use of tobacco by education* (see figure 2) *and Tobacco use by gender* (figure 3).

- There is global evidence that tobacco users who are exposed to tested pictorial warnings change their behaviour. In Canada, virtually all smokers (91%) reported having read the warning labels and smokers were influenced by the new warnings.[4] Those who had read, thought about, and discussed the new warnings were seven percent more likely to have quit, made a quit attempt, or reduced their smoking habits three months later.

- The ambiguous images of the lungs and Scorpion have not been tested and will have minimum impact, particularly in regions where scorpions are unheard of. The Ministry had earlier shortlisted photographs of cancerous tumours, sick babies, rotting teeth and diseased throats for use on tobacco products  less "acceptable", but also vastly more effective in preventing smoking related mortality.

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### Box 2

**The Million Death Study:**

- Smoking alone causes 10% of all deaths. Of this 70% of smoking related deaths are in middle age (30-69), amounting to 700,000 (7 lakh) individuals: 600,000 men and 100,000 women.
- One in 5 of all adult male deaths and 1 in 20 of all adult female deaths in middle age is due to smoking.
- Over 1/2 of mortality caused by smoking occurs in illiterate adults

**How the million smokers will die in 2010**

*Given the rise in tobacco use, tuberculosis, stroke and cancers will increase manifold and will wreak havoc on an already weak public health system, further impoverishing the country's poor.*

**Table: Deaths from smoking in year 2010 in India, Ages 30-69, by disease**
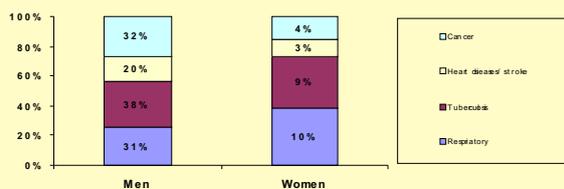


*Source :* Jha, P., Jacob, B., Gajalakshmi, V., *et al* (2008). "A nationally representative case-control study of smoking and death in India." N Engl J Med 358(11): 1137-47

The report concludes that:

- Risk from smoking larger than previously perceived
- Smoking kills early: 70% smoking deaths are at ages 30-69, losing decades of good life
- Even a few *bidis* or cigarettes per day can be lethal
- Stopping smoking works  but, only 2% of Indian users have quit

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## Why and how the Government of India has failed

♦ Failed to meet its legal obligation and international commitments to reduce tobacco use among its people.

♦ The Empowered Group of Ministers (EGoM) presided on a technical matter without commissioning any studies or serious stakeholder consultation, and then reversed actions already prescribed under Indian law.
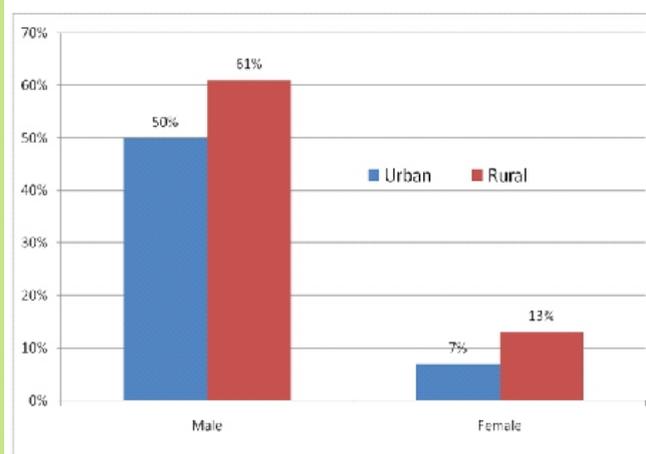
**Use of tobacco by education**
*The poor are more likely to get addicted to tobacco use  as much as 78% of illiterate men consume one form of tobacco*
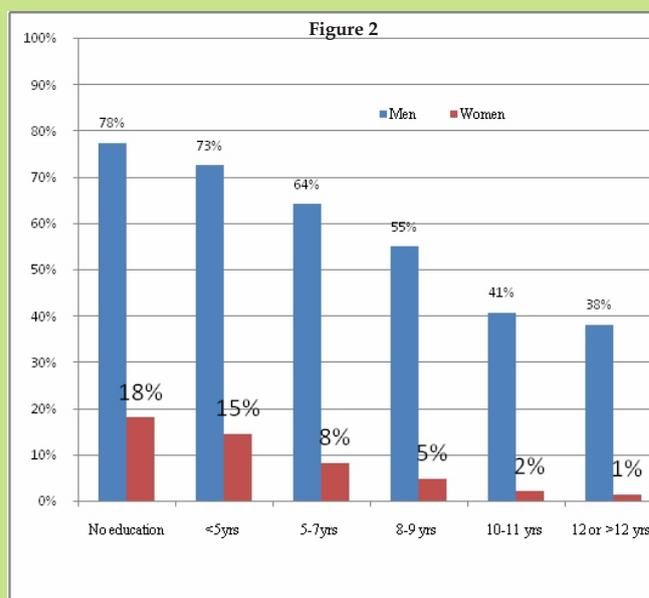


**Source: (NFHS-3), 2005-06.**



**Source: (NFHS-3), 2005-06.**

- Has justified its decision to weaken health warnings on the basis of a million jobs tied up in the tobacco industry. Meanwhile it is predicted that there will be one million annual deaths caused by smoking within two years and millions more with health problems, imposing huge stresses on an already strained public health service. 900,0000 jobs are lost each year due to dying smokers (WHO).

## What has India agreed to do under the FCTC?

The FCTC is the world's first treaty for public health. India ratified the World Health Organisation's Framework Convention on Tobacco Control (FCTC) on September 10,

2003. It sets out the minimum actions that parties to the treaty must take in order to reduce tobacco use and exposure to second-hand smoke. Within three years of ratification of the treaty, Article 11 dictates that Parties must instigate multiple rotating warnings in the country's main languages. It states that at least 30% of the main display areas of cigarette packets should be covered by warnings and recommends at least 50% coverage with information on government-defined constituents and emissions and a ban on misleading terms and package designs. For India, which was among the first 40 countries to become a Party to the FCTC, the deadline to implement these measures was February 2008.

The Government enacted national tobacco-control legislation, "The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003", (COTPA) on 18 May, 2003.[5] In effect, the India Law of 2003 already prescribed best practice but implementation has been allowed to become diluted in subsequent legislation (see box 3: Lip Service).

### Box 3

### Lip Service

*The current prescriptions will render the whole exercise of labelling ineffective*

| Health warning Issues | As mandated Under COPTA | Under current regime |
|---|---|---|
| Laws of regulations banning misleading terms | Yes | Yes, but enforcement weak and ineffective |
| % of principal display areas covered by warnings | 50% | Reduced to 40%, and may be reduced further in real terms |
| Warnings are mandated and specific | Yes | Yes |
| Warnings appear in/on each package/label | Yes | Not specified |
| Warnings describe harmful effects of tobacco use | Yes | Text not specified |
| Warnings are large, clear, visible and legible | Yes | Not specified for diverse forms of packaging |
| Warnings rotate | Yes | Not specified |
| Warnings are written in the principal language(s) | Yes | Yes, but may be rendered ineffective because of cross-state sale |
| Warning include a picture | No | No, adoption of two new untested symbols and date for implementation not specified |

### Examples of best practice picture warnings from other countries (See Box 4)

Indian media and public health experts have voiced their concerns and protests about the non-implementation and subversion of graphic pictorial warnings by the current Government. As a Times of India lead editorial noted ('*Show it as it is*', 19th March, 2008), explicit pictorial warnings have been effective in other countries and should therefore be adopted as a matter of priority. The article cited some best practice examples from Singapore, Brazil, Canada and Thailand.

A comparison between Indian warnings and best practice examples readily explains why experts have stated that "mild pictorial warnings would defeat its purpose of

The impact of graphic warnings has been remarkably similar across very different countries: Surveys and in-depth studies show that the public at large and smokers in particular appreciate the information and are motivated to quit or reduce consumption as a result.

**Brazil**
- 54% of smokers had changed their opinion on the health consequences of smoking as a result of the warnings
- 67% said the warnings made them want to quit
- Impact was greater among lower income and education groups

**Canada**
- 58% of smokers thought more about the health effects of smoking as a result of the warnings
- 44% said the warnings had increased their motivation to quit
- 27% smoked less inside their home as a result of the warnings

**Singapore**
- 71% of smokers said they knew more about the health effects of smoking as a result of the warnings
- 28% said they smoked fewer cigarettes as a result of the warnings
- 14% said they avoided smoking in front of children as a result of the warnings

**Thailand**
- 81% of youth (age 13-17) said the new pictorial warnings made them think more about the health impacts of smoking
- 43% of youth smokers said the pictorial warnings had caused them to reduce the amount they smoked

### Box 4

### Graphic warnings used in some countries



**Brazil**
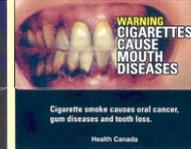


**Canada**



**Singapore**                **Thailand**

scaring away smokers and deterring them from smoking" (Times of India, May 12, 2008).

The significant burden of tobacco-related disease in India requires a proportionate policy response that adopts the most effective possible health warnings.

Health warnings are a cost-effective means of informing the public - adults and youth alike about the hazards of tobacco use. Without this intervention, India's health burden of diseases such as TB, stroke, hypertension, cancer among others, will increase significantly, and can be averted with the adoption of graphic pictorial warnings that are internationally tested.

## Parliamentarians should:

1. Note that ineffective health warnings cost lives. The Government must adopt practices that have been proven to be effective globally and in settings similar to India; the current graphic warnings (scorpion and the x-ray) are untested and unproven for their effectiveness in any country or any region in India.
2. Demand that a non-partisan, empowered committee be constituted which is supported by public health experts.
3. Commission rigorous studies through respected independent or public research institutions to provide evidence as to the impact of existing graphic warnings (scorpion and the x-ray) compared to best practice warnings, and demand a fair and transparent method of research. These studies should be set up as a matter of urgency with reporting of results in time to influence decisions about new warnings in March 2009. It will be necessary for the final reports to:

   ▪ Evaluate effectiveness of current global pictorial warnings, and assess emotional reactions, avoidant behaviors, and self-reporting in different vulnerable communities
   ▪ Conduct behavioural research on pictorial warnings and their association with risks and hazards within different communities.
   ▪ Direct specifications for pictorial warnings for all forms of packaging: irregular *bidi* packs, *gutka* pouches, small boxes of snuff, *zarda* tins etc.
   ▪ Study and make language recommendations based on cross state trade of tobacco products, and consider fines for products that do not comply with language specifications.
   ▪ Create a road map for regular review of graphic messages and adopt warnings that

may improve upon existing best practices, and ones that are effective deterrents for regional markets.

4. Assess the true economic losses that the tobacco industry it would suffer had the original graphic warnings been implemented. Such a study should weigh the revenue gains of the Government from tobacco taxes versus the health, disability, quality of life and ongoing costs of those placed at risk.

*References:*
1. WHO Report on Global Tobacco Epidemic, 2008
2. Jha, P., Jacob, B., Gajalakshmi, V., Gupta, P. C., Dhingra, N., Kumar, R., Sinha, D. N., Dikshit, R. P., Parida, D. K., Kamadod, R., Boreham, J., Peto, R. (2008). "A nationally representative case-control study of smoking and death in India." N Engl J Med 358(11): 1137-47
3. Mackay, J., Eriksen, M., Shafey, O. . (2006). "The Tobacco Atlas (2nd ed.)." Retrieved 1 April 2008, from http://www.cancer.org/docroot/AA/content/AA_2_5_9x_Tobacco_Atlas.asp
4. Hammond, D., Fong, G. T., McDonald, P. W., Cameron, R., Brown, K. S. (2003). "Impact of the graphic Canadian warning labels on adult smoking behaviour." Tob Control 12(4): 391
5. Government of India - Ministry of Law and Justice (2003). The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003. regd No. DL 33004/2003.
6. Hammond, D., Fong, G. T., McNeill, A., Borland, R., Cummings, K. M. (2006). "Effectiveness of cigarette warning labels in informing smokers about the risks of smoking: findings from the International Tobacco Control (ITC) Four Country Survey." Tob Control 15 Suppl 3: iii19-25

*Other Resources*

HRIDAY (2008) Tobacco Control Laws - A Manual, Available at: http://www.hriday-shan.org/hriday/Tabacco%20Control%20Laws%20-%20A%20Resource%20Manual.pdf, as viewed on May 6, 2008

K. Srinath Reddy and Prakash C. Gupta: Report on Tobacco Control in India 2005 Tobacco Control in India, WHO and Ministry of Health and Family Welfare