

# Pictorial Health Warnings on Tobacco Products in India : A Review

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## Abstract:

"The tobacco epidemic in India requires urgent attention". This is where pictorial warnings can play a major role. In a country as diverse as India pictorial warnings can break cultural barriers and help in spreading the adverse effects of tobacco. Though the Indian tobacco control law remains a benchmark and the epicentre of tobacco control efforts in the country by making strict laws towards the packaging of tobacco products and warnings printed on them by passing a law in the form of COTPA (Cigarette and other Tobacco Products Act) the changing political scenario and aggrandisement of the industry have pressurized the government to backtrack on and slow down the implementation of its provisions.

**Keyword:** Tobacco use, marketing, packaging, smokeless tobacco, smoked tobacco.

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"An effective tobacco control strategy is not just a programmatic necessity but also a moral imperative", Dr. Samlee Plianbangchan

## Introduction:

Tobacco packaging warning messages" are warning messages that appear on the packaging of cigarettes and other tobacco products concerning the health effects of those products.<sup>1</sup> Tobacco use is responsible for 01 in 10 global deaths and is the second major cause of mortality in the world. The World Health Organisation (WHO) has estimated that India has the second largest number of smokers in the world after China.<sup>2</sup>

Health warnings on tobacco packages have emerged as an important medium for communicating the health risks of tobacco use to consumers. International guidelines for cigarette health warnings have been established under Article 11 of the WHO's Framework Convention on Tobacco Control (FCTC) - the first international treaty devoted to public health<sup>3</sup>. At present, cigarette packages in the vast majority of countries carry a health warning; however, the position, size and general strength of these warnings vary considerably across jurisdictions.

Till date, more than 180 countries have ratified the treaty.<sup>4</sup> In 2001, Canada became the first country in the world to implement pictorial warnings and set new precedents in terms of the size, which covered 50% of the principal display areas. More than 30 countries have since adopted the FCTC recommendation for pictorial warnings.<sup>5</sup>

## Pictorial Health Warnings in India:

### History & Challenges:

In 1964, as a result of the US Surgeon General's Report, health warning labels on cigarette packages were first introduced in the USA in 1965 to inform consumers about the health risks associated with tobacco use.

Ten years later in 1975, the Government of India passed legislation, for the first time, with the intent to provide similar restrictions. This legislation introduced the first 'text only' health warning, 'cigarette smoking is injurious to health', for all cigarettes and cigarette advertisements in India.<sup>6</sup> This, however, was not very effective in terms of informing tobacco users about the adverse health effects of tobacco use, since the warnings were mandated only on cigarette, while the majority of tobacco users in

India do not use cigarettes. All other non-cigarette tobacco products, including bidi, cheroot, cigar, gutkha etc, were still being sold without the specified warnings.<sup>7</sup>

Nevertheless, with enhanced scientific knowledge and vigorous civil society activities against tobacco use globally, public awareness of tobacco-related health issues gained momentum in India. The major activities around various tobacco control issues included:

1. In the 1980s, civil society groups and the media advocated for stronger tobacco control policies.
2. In 1995, reviewing the Cigarettes Act of 1975, the Parliamentary Committee on Subordinate Legislation of the 10th Lok Sabha, in its 22nd report (Dec 1995), suggested strongly worded statutory rotating warnings made effective through the use of symbols and pictorial depiction. It also recommended the warnings to be large, on all products and printed in regional languages as well.
3. In 2001, the Parliamentary Standing Committee on HRD, recommended depiction of mandatory pictorial warnings, such as skull and crossbones, on packages of cigarettes and other tobacco products.
4. During 1996–2002, the governments of Delhi, Goa, West Bengal, Assam, Tamil Nadu and other states enacted state legislations prohibiting smoking in public places, while the High Court of Kerala in 1999 and the Supreme Court of India in 2001 reiterated the need for smoke-free public places.
5. In 2001, the National Human Rights Commission of India advocated tobacco control as an essential measure to protect human rights.
6. During 2001–2003, state governments imposed a ban on the production and sale of gutkha and pan masala.
7. The Advocacy Forum for Tobacco Control (AFTC), a national alliance of non-governmental organizations (NGOs) formed in 2001, advocated for a comprehensive tobacco control law in India.<sup>7</sup>

These developments provided the thrust and a favourable environment for the introduction of robust tobacco control legislation in India.

Simultaneously, the first global public health treaty on tobacco control was being framed. Finally, in 2003, India adopted a comprehensive tobacco control law, while global efforts culminated in the adoption of WHO FCTC.<sup>7</sup>

(2006)



(2009)



Singh, et al.: Pictorial Health Warnings on Tobacco Products in India : A Review



(2016)



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**Health warning on tobacco product in India  
Implementation of Tobacco Control  
Legislation in India:**

India enacted the Cigarette and Other Tobacco Products (Prohibition on Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA) as a public health legislation that had already assimilated the key objects of the FCTC in discouraging and prohibiting the consumption of tobacco products.

The rules to enforce Section 7 were notified in July 2006 which makes it mandatory to display pictorial warnings on all tobacco products and the legislation prohibits the sale and import of tobacco products without the specified warnings, when a public-spirited citizen demanded its implementation through Public Interest Litigation (PIL) filed in 2004 before the High Court of Himachal Pradesh in Shimla. This triggered the Government of India

into action and it formulated rules related to this section. This was followed by numerous socio political blockades, along with the industry piling up multiple litigations in various high courts across the country, challenging the constitutionality and implementation of the rules. Only after 3 years of battle, both within and outside the court rooms, was an order from the Supreme Court of India passed, ensuring the enforcement of this provision from 31 May 2009.<sup>7</sup>

**An Effective Public Health Policy:**

As in other developing countries, India too suffers Stage II of the tobacco epidemic<sup>7</sup> (Stage II consists of a rapid rise in the number of male smokers to its peak, a start in the rise in female smokers, an upswing in the number of male deaths, but still few deaths in women), hosting nearly 17% of the world's smokers, with the number constantly on the rise.<sup>8</sup>

Article 12 of the WHO FCTC advocates “education, communication, training, and public awareness on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke”.

One such educational effort is defined under the WHO FCTC Article 11 that addresses packaging and labelling of tobacco products: “Each unit packet and package of tobacco products, and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.” (Article 11, 1b).<sup>9</sup>

The Union Health Ministry had notified on 24 September 2015, for mandatory display of new health warnings covering 85% of the principal display area on all tobacco products from 1<sup>st</sup> April 2016, which were implemented in April 2017.

As per the rules laid down under the COTPA, during the rotation period of 24 months, two images of specified health warnings as notified in the schedule, shall be displayed on all tobacco product packages and each of the images shall appear consecutively on the package with an interregnum period of 12 months, the notification issued earlier read. “If the specified health warnings provided are not amended by the central government with new specified health warnings at the end of the rotation period for the next rotation period, then the existing specified health warnings for the second twelve months shall continue for a further period till the 31<sup>st</sup> day of August, 2018,” according to an amendment in the Cigarettes and other Tobacco Products (Packaging and Labelling) Rules, 2008 brought in by the Ministry.<sup>10</sup>

**Tobacco Pack Surveillance System (tpackss)  
\* Cigarette Health Warning Label  
Compliance India - 2013**

Article 11 of the WHO FCTC requires that parties implement effective tobacco packaging and labelling measures to increase public awareness of the negative health impacts of tobacco products.

In October 2013, India's Health Warning Labels (HWLs) – which fulfil the FCTC Article 11 minimum requirements – included the

following:

1. At least 40 percent coverage on the front of the pack
2. Use of full color pictorial health warnings on the front principal display area.

India's HWL size ranked 6th in the WHO South East Asian Region and ranked 123rd globally in 2012. However, FCTC guidelines recommend the use of pictorial warnings on both the front and back of the pack, which India's HWLs did not fulfil.<sup>11</sup>

**\* Packaging & Labelling Amendment Rules, 2014**

The Central Government of India has now introduced the Cigarettes and Other Tobacco Products (Packaging and Labelling) Amendment Rules, 2014, which came into force on April 1, 2015. The aforementioned amendment states that specified health warnings shall now cover at least 85 percent of the principal display area of the package of cigarettes and other tobacco products of which 60 percent shall cover pictorial health warning, whereas 25 percent shall cover textual health warning. This is a significant increase from the earlier prescribed area of 40% of the principle display of the package. The tobacco companies will have to make the best use they can of the remaining 15% space.<sup>12</sup>

In order to ensure that the health warnings are consistent across all products, the text for the textual health warnings and the pictures to be used for the pictorial health warning are being provided by the Central Government. These specified health warnings shall be rotated every 24 months, as opposed to 12 months under the earlier rules. The notification also bars any matter or statement that is inconsistent with or detracts from the specified health warning as inscribed on the tobacco product package.<sup>12</sup>



**Warning on smokeless tobacco products:**

In India, nearly half of the tobacco users consume tobacco in smokeless form. Realizing the need for a warning on smokeless tobacco products (which are classified as food material), the provisions under the Prevention of Food Adulteration Rules (1955) were applied in 1990, which necessitates that every package and advertisement of smokeless tobacco product should have a warning stating that **“chewing of tobacco is injurious to health”**. Packages of arecanut should also state that **“chewing of supari may be injurious to health”**. An expert committee of Directorate General Health Services also provided the minimum font size and other guidelines for this purpose.<sup>13</sup>

**Tobacco Prevalence in India:**

India's tobacco problem is very complex, with a large use of a variety of smoking forms and an array of smokeless tobacco products. Information on prevalence of tobacco use in India is available from surveys carried out in general community.

Two nationwide surveys have been carried out in India for prevalence of tobacco use covering rural as well as urban areas. The second and the most recent nationwide survey (July 1993 to June 1994) revealed that 23.2% males (any age) and 4.0% females (any age) consumed tobacco in any form in urban and 33.6% among males and 8.8% among females in rural areas.<sup>13</sup>

According to the National Family Health Survey (NFHS)-3 survey, conducted in 2005-06, tobacco use is more prevalent among men, rural population, illiterates, poor and vulnerable section of the society. According to the Global Youth Tobacco Survey (GYTS) conducted among 24,000 students aged 13-15 years in

2009, 14.6% students were tobacco users.<sup>14</sup>

According to Global Adult Tobacco Survey (GATS) 2016-17, prevalence of tobacco use has decreased by 6% from 34.6% (GATS 1: 2009) to 28.6% (GATS 2: 2016-17). 19% men, 12.8% women and 21.4% of all adult currently use smokeless tobacco. 42.4% men, 14.2% women and 28.6% of all adult currently either use smoke and/ or smokeless tobacco. Khaini and bidi are most commonly use tobacco products. 11% of adult consume khaini and 8% smoke bidi. The survey conducted had put to rest all apprehensions about the effectiveness of the warnings, since 62% of cigarette smokers and 54% of bidi smokers shared that they had thought of quitting because of the 85% pictorial warnings on the packets. And 46% of smokeless tobacco users thought of quitting because of the warnings on smokeless tobacco products.<sup>15</sup>

**Conclusion:**

In today's era of business marketing packaging is essential to sell any product. This particular method can be used to promote the product and also to provide important information about the product to the consumer.

Pictorial warning on the packet can serve as the most constant deterrent, as the tobacco packet remains with the consumer till the product is consumed. This form of spreading awareness could be feasible, affordable and effective means to help people quit tobacco.

**Suggestions:**

In view of the deep-rooted nature, the eradication of tobacco habit would require concerted action resulting into a social change. Community education regarding tobacco (Anti-tobacco education) and its health hazards targeted at decision-makers, professionals and the general public, especially the youth would necessarily be an integral component of such an action plan.

The Way Ahead: Measures that proved very effective in the developed world, like tax increases on all tobacco products, need to be enforced immediately and the taxes collected should be used to support health promotion and tobacco control programmes. Sustained efforts are needed from the Government to strengthen efforts on alternate cropping and alternate livelihoods to replace employment losses that may come up gradually.

Eventually, if all healthcare professionals participate in tobacco control and cessation, it will have a huge impact. Expansion of Tobacco Control Campaigning to the periphery to reach the community, making them more accessible and widely acceptable, will facilitate millions of current tobacco users to quit the habit.

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