Smokeless tobacco control for COVID-19 containment:





Ahmedabad, India

CITY POPULATION: 8,059,000i

In India, the coronavirus disease (COVID-19) pandemic is driving cities and states to implement smokeless tobacco control measures to curb virus spread. With over 200 million smokeless tobacco users in India, the pandemic presents an opportunity to strengthen tobacco control policies, reduce prevalence and avert years of illness and hundreds of thousands of preventable deaths per year.ⁱⁱ

Smokeless tobacco and COVID-19

Tobacco use is a public health emergency which kills 8 million people globally each year. While cigarettes are the most common form of tobacco use worldwide, smokeless tobacco such as moist snuff, snus and chewing tobacco is a large and increasing concern in South-East Asia. Globally, there are at least 303 million adult smokeless tobacco users, and over 80% of these current users live in the WHO South-East Asia region. To Smokeless tobacco products cause oral, oesophageal and pancreatic cancers, oral health conditions and an increased risk of cardiovascular disease, amongst many other health problems.

Despite the health effects of smokeless tobacco use, control policies are often inadequate in many countries with high prevalence. WHO-recommended measures include using effective, relevant health warning labels, increasing product taxes, banning advertising, promotion and sponsorship of products, prohibition of sales to and by minors, and increasing public awareness of the harm associated with their use.^{iv}

During the COVID-19 pandemic, smokeless tobacco has become an even greater public health concern. Chewing tobacco products such as gutka, khaini, zarda, paan and paan masala, induce salivation and trigger the urge to spit. The act of spitting can facilitate the spread of infectious diseases, potentially including COVID-19. Another risk associated with smokeless tobacco, is the contact of fingers with the lips or nose during use, which may increase the possibility of virus transmission.

National legislation to reduce smokeless tobacco use

India reported its first case of COVID-19 on 30 January 2020. A nationwide lockdown came into effect on 25 March, as reported cases totalled 562. Description 15 April, the Government of India Ministry of Home Affairs announced smokeless tobacco control measures in their revised guidelines for the containment of COVID-19. National directives included the prohibition of spitting in public places, offices, work

places, factories and establishments, punishable by fine, in addition to a ban on sale of liquor, paan, gutka and other tobacco products. Measures were revised from 4 May to prohibit consumption of liquor and tobacco products in public places, and permit liquor and tobacco sales with physical distancing requirements. ix,x

The Ministry of Health and Family Welfare has strengthened these efforts with repeated appeals to states and union territories to implement preventive measures, including prohibiting the sale of non-smoking tobacco products and the use of smokeless tobacco or spitting in public places. Support has also come from the Indian Council of Medical Research, who published an advisory to the public to refrain from consuming and spitting smokeless tobacco in public places. Infographics and videos have been used to raise public awareness of the adverse health impact of spitting smokeless tobacco during the pandemic. The Health Ministry have also advertised their national toll-free tobacco quit line, to support those who are considering quitting.





Source: Ministry of Health & Family Welfare, Government of India

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Implementation and enforcement at the city-level

Like many countries, India's urban centres have faced the largest COVID-19 outbreaks across the country. In May, five cities: Mumbai, Delhi, Ahmedabad, Chennai and Thane, made up almost 50% of the national total case count.xiv

Ahmedabad – the largest city in India's western state of Gujarat – took early action on smokeless tobacco control, recognising the threat to COVID-19 transmission. On 15 March, before the first reported case in Gujarat and well before the existence of the national directive on smokeless tobacco to contain COVID-19 issued under the Disaster Management Act, Gujarat Chief Secretary Anil Mukim introduced a ban on spitting on roads and in public places. The action was punishable by fine of Rs 500xV, and once the new order was implemented by the Amdavad Municipal Corporation (AMC), it resulted in 1244 persons fined on the very first day of enforcement. XVI The AMC built on this measure by increasing the fine to Rs 1000 from 23 March, and issuing police FIRs (first information reports) to those who refused or failed to pay the fine.

Recognising the need to intensify measures to reduce smokeless tobacco use and spitting in public, the city of Ahmedabad took the decision to close stores selling paan and other chewing tobacco on 21 March.^{xvii} Since the introduction of the national directive on smokeless tobacco, the city has remained committed to upholding the relevant bans and limitations on its use.

These measures follow efforts in recent years to prioritize prevention of tobacco-related cancers and other noncommunicable diseases (NCDs) in Ahmedabad. As one of 70 cities in the Partnership for Healthy Cities—a global network supported by Bloomberg Philanthropies in partnership with the

World Health Organization and Vital Strategies—the city had already conducted a population-based household survey of NCD risks prior to the onset of the pandemic. The data from the survey will allow the city to target highly prevalent preventable diseases with evidence-based programs.

Elsewhere in the country, other subnational governments have been recognised for acting early and implementing similar tobacco control policies. The Government of Rajasthan introduced a ban on spitting of chewing tobacco and non-tobacco products in public places, followed by a ban on sale of paan, gutka and other tobacco products, punishable by fine.xviiixix The prohibition of sale of tobacco products was lifted at the end of May due to the growing problem of black market sales and the pressure of economic implications of the ban for smokeless tobacco vendors.xx

Raising the profile of smokeless tobacco as a public health concern

When compared with smoked tobacco products, the health impact of smokeless tobacco is poorly understood by the public, and only legal measures to control its use can be insufficient. In a country where almost 30% of men and 21% of all adults use smokeless tobacco, with the highest prevalence among disadvantaged populations, there is an urgent need to strengthen evidence-based demand reduction policies and awareness campaigns. The COVID-19 pandemic presents a unique opportunity to increase knowledge and ignite progress towards stronger policy to tackle this public health hazard, raising awareness of its independent health risks while also preventing the spread of COVID-19.

Key resources for COVID-19 and Tobacco

- WHO Q&A: Tobacco and COVID-19
- WHO statement: Tobacco use and COVID-19
- WHO Regional Office for Europe <u>Resources for tobacco use control as part of the COVID-19</u> response
- The Union, <u>Deadly Partners Tobacco and COVID-19: A call to action for governments</u>

¹ United Nations, Department of Economic and Social Affairs, Population Division (2018). World Urbanization Prospects: The 2018 Revision, custom data acquired via website. (https://population.un.org/wup/; accessed 22 June 2020)

ii Smokeless tobacco and public health in India. Ministry of Health and Family Welfare Government of India.

⁽http://origin.searo.who.int/india/tobacco/smokeless tobacco and public health in india.pdf; accessed 22 June 2020)

[&]quot;WHO global report on trends in prevalence of tobacco use 2000-2025, third edition. World Health Organization. (https://www.who.int/publications/i/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-editionl; accessed 19 June 2020)

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vi Update on Novel Coronavirus: one positive case reported in Kerala. Government of India Ministry of Health and Family Welfare.

⁽https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1601095; accessed 22 June 2020)

wii MHA Order. Government of India Ministry of Home Affairs. (https://www.mha.gov.in/sites/default/files/MHAorder%20copy.pdf; accessed 22 June 2020) wiii MHA order dt 15.04.2020, with Revised Consolidated Guidelines. Government of India Ministry of Home Affairs.

⁽https://www.mha.gov.in/sites/default/files/MHA%20order%20dt%2015.04.2020%2C%20with%20Revised%20Consolidated%20Guidelines_compressed%20%283%29.pdf; accessed 22 June 2020)

^{*} MHA Order Dt. 17.5.2020 on extension of lockdown till 31.5.2020 with guidelines on lockdown measures. Government of India Ministry of Home Affairs. (https://www.mha.gov.in/sites/default/files/MHAOrderextension 1752020 0.pdf; accessed 22 June 2020)

xi Appeal to the General Public: Not to consume and spit Smokeless Tobacco in Public. 4 April 2020. Indian Council of Medical Research.

⁽https://www.icmr.gov.in/pdf/covid/techdoc/Appeal to the General Public.pdf; accessed 22 June 2020)

^{**}ii Health Minister Harsh Vardhan appeals all states, UTs to ban sale of tobacco products, spitting in public. The Economic Times.

(https://economictimes.indiatimes.com/news/politics-and-nation/health-minister-harsh-vardhan-appeals-all-states-uts-to-ban-sale-of-tobacco-products-spitting-in-public/articleshow/75756789.cms; accessed 22 June 2020)

ill COVID-19 Pandemic and Tobacco Use in India. Ministry of Health and Family Welfare, Government of India. (https://www.mohfw.gov.in/pdf/COVID19PandemicandTobaccoUseinIndia.pdf; accessed 22 June 2020)

xiv Five cities that contribute nearly 50% of total cases key to India's Covid success. The Economic Times. (https://economictimes.indiatimes.com/news/politics-andnation/five-cities-that-contribute-nearly-50-of-total-cases-key-to-indias-covid-success/articleshow/75654952.cms; accessed 22 June 2020) ^{av} Coronavirus: Rs 500 fine for spitting on roads or in public places, says Gujarat Chief Secretary. Asian News International.

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^{xet} Global Adult Tobacco Survey (GATS) data. India: Fact Sheet 2016-2017. World Health Organization. (https://www.who.int/tobacco/surveillance/survey/gats/ind/en/;;

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