



Tobacco Laws and Implementation in the Union Territories of Ladakh in India

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ABSTRACT: Tobacco is usually consumed in as bidi, manufactured cigarette, hand-rolled cigarette, pipe, cigar, hookah, water pipe, and other forms, like chutta, dhunti chillum Union Territories of Jammu, Kashmir, and Ladakh. Concerned over increasing mouth cancer cases in the Union Territories of Jammu, Kashmir, and Ladakh, Government has banned smokeless tobacco products like gutkha and increased taxes on other tobacco-related products. Despite legislation, the effectiveness of this step is a matter of concern. The gutka users can get their regular supply, and shopkeepers are still seen selling gutka pouches. Despite legislation, the effectiveness of this step is a matter of concern. The gutka users can get their regular supply and shopkeepers. According to the WHO, tobacco is the single most significant cause of preventable death globally. The paper examines the tobacco laws, policies, and implementation in the union territory of the Ladakh.

Keywords: Tobacco, public health, Tobacco Laws, Policy Implementation, Ladakh.

I. INTRODUCTION

The use of tobacco is a serious public health issue in India, having a devastating impact. Tobacco consumption is hazardous to the human body. Around six million people are killed every year due to smoking-related diseases, which is more than tuberculosis (TB), HIV/AIDS, and malaria combined [1]. Tobacco was introduced to India in the 17th century. It later merged with existing practices of smoking (mostly of cannabis) [2]. Today India is the second-largest producer of tobacco after China in the world [3]. Despite the entitlement of the right to health and environment [4], India is also second-largest consumer of tobacco in the world [5]. Nearly 28.6% population consumes smoking as per the Global Adult Tobacco Survey, 28.6 percent (266.8 million) of adults in India aged 15 and above currently use tobacco in some form. Among the adults, 24.9 percent (232.4 million) are daily tobacco users, and 3.7 percent (34.4 million) are occasional users [5]. The prevalence of current tobacco use among men was 42.4 percent, and it was 14.2 percent among women. Every third adult (32.5%) from rural areas and every fifth adult (21.2%) from the urban area reported current use of tobacco [6]. Tobacco is deadly in any form or disguise. Scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease, and disability. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis [7]. Smoking also increases the risk for tuberculosis, certain eye diseases, and the immune system's problems, including rheumatoid arthritis.

II. CONTROL PROGRAMME IN INDIA

To actualize tobacco control and fulfill its responsibilities under the WHO-FCTC, the Ministry of Health and Family Welfare, Government of India, propelled National Tobacco Control Program (NTCP) in 2008. Currently, the Programme is being implemented in all 36 States/Union Territories covering around 612 districts across the country. The activities of NTCP are arranging exhibitions, seminars, banners at the District level, implementing the anti-tobacco laws in letter and spirit, sending monthly reports regarding the anti-tobacco activities at the district level to the state[8]. At the headquarters, the exercises focused are promoting Information, Education and Communication (IEC) activities at the district level and multi-sectoral involvement to implement the Act with NGOs, Police Department, Education Department, and the Local Administration. The National Tobacco Control Cell (NTCC) at the Ministry of Health and Family Welfare (MoHFW) is entrusted with overall policy formulation, planning, implementation, monitoring, and evaluation of the different activities visualized under the National Tobacco Control Programme (NTCP) [9].

III. TOBACCO LAWS IN LADDAKH

The Jammu and Kashmir State Prohibition of Smoking (Cinema and Theatre Halls) Act, 2009, Received the consent of the Sadar-i-Riyasat on 25th December 1952 and published in Government Gazette dated 1st Chet, 2009. It says that ‘whereas it is expedient to prohibit smoking in Cinema and Theatre Halls in the Jammu and Kashmir State. ‘No person shall smoke in a Cinema or Theatre Hall, during the prohibition period, except in so far as the smoking may form a part of the performance.’ The expression “prohibition period” means the period beginning from half an hour before a show’s commencement till the end thereof. Any person who contravenes the provision shall be liable to be turned out of the Cinema or Theatre Hall without payment of any compensation. The offender shall be responsible for conviction before a Judicial Magistrate is exposed to a fine, extending to twenty-five rupees. Any police officer not below the rank of a Sub-Inspector may arrest without warrant any person committing in his presence any offence under section 3 above (Fig. 1).

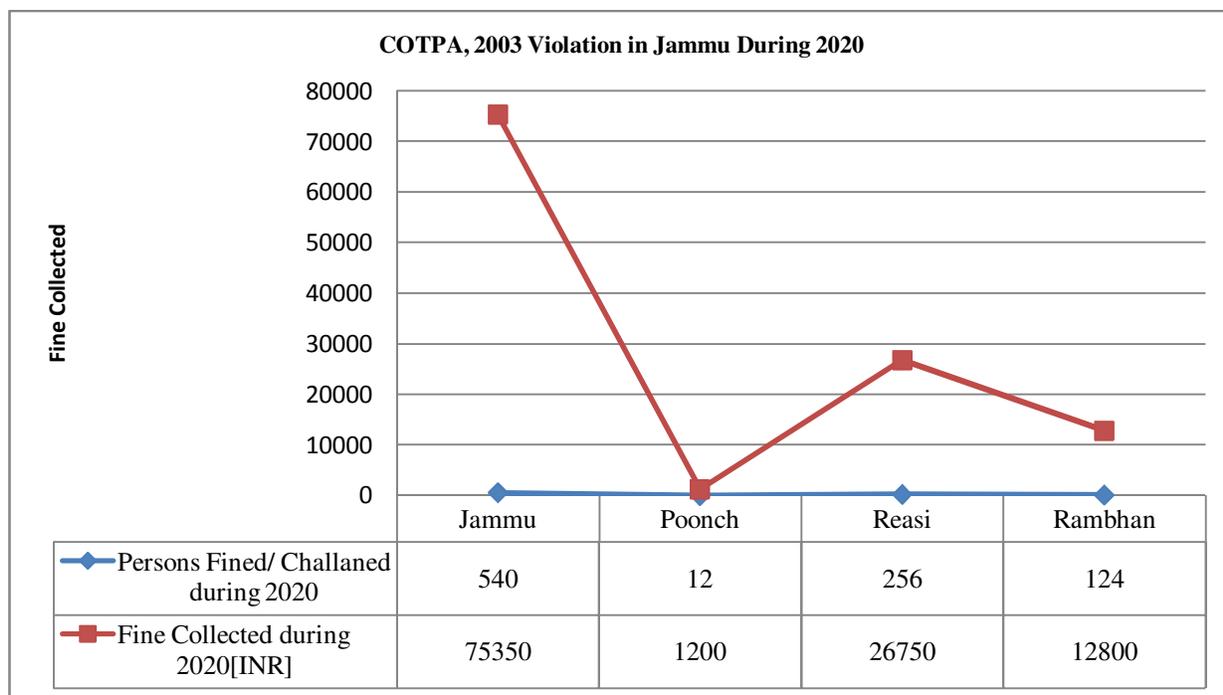


Fig. 1. COTPA, 2003 Violation in Jammu & Ladakh during 2020.
(Source: <http://crimebranchjkpolice.nic.in/docs/cotpa2020.pdf>)

The Jammu & Kashmir High Court in *J.K. Cigarettes Co. Ltd. vs. Union of India* [10] dealt with the levy of excise duty of tobacco products. The preponderance of the judicial opinion tilts for the reform in public health law in India [11].

IV. IMPLEMENTATION OF TOBACCO LAWS

Despite all these measures and comprehensive legislation in place, consumption of Tobacco in UT of J&K has primarily remained unaffected which has posed increased health risks for the populace. According to Health of the Nation’s States Report [12] prepared by the Indian Council of Medical Research, 3,039 disability-adjusted life years (DALY) are lost to tobacco use in Jammu and Kashmir (Fig. 2). This is one of the highest among all the states and even compared to the national average [13]. The Union territory has a 16-18% prevalence rate for COPD, which is higher than the national average of 5-7% [14].

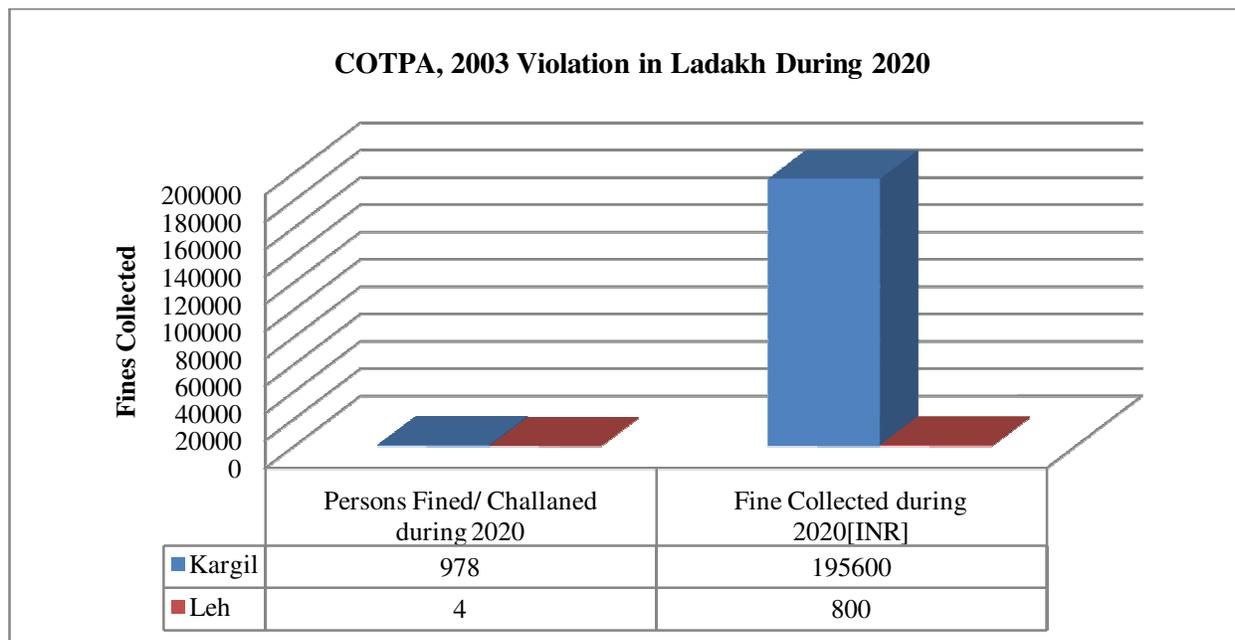


Fig. 2. COTPA, 2003 Violation in Ladakh During 2020. (Source: <http://crimebranchjkpolice.nic.in/docs/cotpa2020.pdf>)

The practice of the sale of loose cigarettes continues in the Union Territory. In addition to this sale of imported cigarettes has also gone up. According to India's laws, these cigarette packets are not structured and either have no pictorial admonition or fewer ones [15]. The biggest reason for this seems to be the ineffective implementation of National Tobacco Control Programme. District Tobacco Control Cells under the programme have been established only in two districts (Budgam, and Jammu) of the Union Territory, a measure loophole. Apart from this, there are only Two Tobacco Cessation Centres functional in the Union Territory. The data also depicts that none of the tobacco users from district Bandipora and Pulwama were counselled as of June 2019 [16]. The organisation of School Programmes about awareness about tobacco has also been on the lower side. Only 6 programs have been conducted since the inception of the NTCP in 2106 [17]. Those also have been restricted to only two districts of Budgam and Leh in the Union Territories of Ladakh [18].

V. CONCLUSION

Effective implementation of the Cigarette and Other Tobacco Products Act, 2003 (COTPA) and National Tobacco Control Programme in the Union Territories of Jammu Kashmir and Ladakh is the need of the hour specially in the covid-19 pandemic [19]. For this purpose, Central and State coordinating mechanisms should be set up to monitor and enhance the effective implementation of tobacco control legislation. The NTCP must be extended to all the districts of the Kashmir Union Territories. Massive awareness programs must be launched in schools, colleges, universities, villages, towns to sensitize people about health risks associated with tobacco consumption. J&K government in May 2016 enforced a complete ban on the sale of loose cigarettes, loose bidis, and loose tobacco in the j&K with immediate effect following section 7 of cigarettes and other tobacco products Act, 2003. Still, on the ground, there was a gross violation and no effective implementation. We conclude that hookah smoking in the Union Territories of Ladakh is associated with an increased risk of lung cancer. The commonly held belief that passage through water renders the smoke harmless seems ill-founded and potentially dangerous. To prevent tobacco use in young people and tobacco consumption among school students should be considered a matter of great concern that requires holistic understanding. Many studies have focused on the prevalence of tobacco consumption among school students in the Union Territories of Ladakh in India. Still, no study has covered the other related factors, such as awareness level, role, and responsibility of schools and parents.

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