

Endgame for tobacco in India

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Background

This chapter describes the meaning of endgame necessity, its components, progress made worldwide, why it is necessary for India, what will be the challenges and how the implementable recommendations can help to achieve the desired goal.

Introduction

A literary meaning of the word “Endgame” means final stage of anything (some action or process such as war, dispute, contest, etc.) (1). It has several synonyms too such as an end, finale, culmination, etc (2). Although when used in reference to tobacco control, it has varied understanding. The one that appears to have a highest clarity is following: stopping commercial sale of tobacco products within a given timeline. This simplistic definition when elaborated for technical and legal purposes respectively means “a permanent elimination within a timeline of structural, social and political dynamics that help sustain the tobacco epidemic” (3).

Endgame is necessary since it is unjust for the governments to allow tobacco industry to make more money through their perverse tactics by making more addicts and deaths through a higher sale of tobacco and nicotine products (3-5). It is also a necessity because episodic thrusts of the existing measures have given some results but not to the extent needed, such as tobacco-free campaigns run in the past by the MoHFW, Government of India, and some states like Rajasthan, Uttarakhand, etc (6). Some facts merit a mention in the context of endgame for tobacco (7). Globally, the number of tobacco-related deaths have increased by about 60% between the years 2008 to 2023 respectively, from 5.4 million to over 8 million now! Forty-four countries are not protected by any of the measures under WHO MPOWER. While this package of demand-reduction measures has extended from 44 countries in the year 2008 to 151 countries in the year 2022, the pace has slowed since the year 2018 (8).

Currently, while tobacco control measures are aimed at reducing an overall burden of tobacco, the tobacco companies are acting unethically to promote their products while subverting, contesting and confronting the regulation (9). Their single-minded goal is to keep on increasing their profits through increased sales of their products which is diametrically opposite to the goal of those working for an effective tobacco control (3). In the year 2018, the basic handbook on tobacco product regulation by WHO has discussed about the failure to regulate tobacco for its contents and emissions. It attributed this failure to: (1) Prevailing challenges in regulating tobacco products; (2) Policy interventions that are highly technical in nature; (3) Translational conversion of science into regulation.¹⁰ Hence, it becomes necessary to move from attempts of regulating tobacco products to working on endgame measures (4).

Following myths prevail in reference to tobacco use and tobacco industry: (1) Tobacco is a normal consumer product; (2) Tobacco industry is just like any other industry; (3) Tobacco epidemic is primarily due to individuals’ choice and behaviour; and (4) Tobacco alone is not the cause of death (1). It is because of these deep-rooted societal norms, a priority has emerged to a change in our focus from people-centric solutions (focusing on behavioural change to stop adolescents initiating tobacco use, and for the current users to quit) to the elimination of the tobacco industry (that it ceases to exist), thus, making our world tobacco-free through an endgame (4).

Following components have been identified for any individual or organization contemplating to work for Tobacco endgame (3):

- 1) The Definition of Endgame that is acceptable to all;
- 2) The Potential Policies such as tobacco/nicotine-free generation, reduction in tobacco retail outlets to a minimum, tobacco-free zones (tobacco-free workplaces, tobacco-free gram panchayats), etc.;
- 3) Normalizing the society for not initiating tobacco use, quitting by the current users and staying

tobacco-free ubiquitously;

- 4) Legal considerations (from global to local) including FCTC treaty and trade agreements to the national and sub-national laws;
- 5) Targets under SDGs and NCD control: e.g., Reduction in tobacco use by 30% by 2025;
- 6) Environmental issues related to: (a) tobacco cultivation, e.g., exposure to pesticides; and (b) tobacco waste products (TWPs);
- 7) Multi-stakeholder engagements by the government/ s inclusive of concerned politicians, policy planners, administrators (the decision makers), public health officials, academicians and researchers, communities, civil societies and the people at large, private health sector and medical/health insurance companies, media, etc.;

- Presently 53 countries working for the endgame either have definite endgame targets (the countries under European Union and Pacific Islands plus another 18 countries) or these are well-positioned for it (7 more countries).
- 23 of these are in LMICs - Africa, Latin America, Middle East, and South Asia
- Their cluster description varies from (a) Endgame ready (India, Bhutan, Sri Lanka & Pakistan), (b) Almost ready, (c) More action needed to (d) Early epidemic stage
- These have a commonality, i.e., an Advanced tobacco control policy and a low smoking prevalence

- 8) Strategic planning for a tobacco-free future by permanently eliminating the structural, social and political dynamics “within a given timeline” that sustain tobacco epidemic. It will depend upon context, jurisdiction, policy, attitude and politics locally etc.; and
- 9) Working with media-building narrative, countering tobacco industry rhetoric, rehabilitating tobacco-crop cultivators and workers of tobacco industry, etc.

Many countries have initiated a consideration to reset their goal from accelerating tobacco control to an endgame for tobacco (Figure 1) (11). It requires to holistically combine measures that focus on tobacco products, those who use these, the market (inclusive of demand and supply) and institutions (government, tobacco industry or a third-party, e.g. a public health agency) as a comprehensive package (5, 12, 13). The need is urgent to work strategically for the endgame through the health- and non-health-sectors and with stakeholders at all levels (14). A demonstrable active and wider public support for policy planners to come on board is critical, especially from the current smokers (6).

The recently concluded tenth Conference of Parties (COP 10) at Panama had several overlapping issues such as human rights, environment and endgame (15). It has prioritized the endgame by establishing an expert group to explore forward-looking measures (Article 2.1) that go beyond minimum FCTC measures and report its findings at COP 11 (16).

Why endgame for India?

India has a national program to control tobacco (NTCP- National Tobacco Control Program) (17), a specific act (COTPA- Cigarette and Other Tobacco Products Act of 2003) (18) and portals to quit tobacco (NTQLS- National tobacco quitline services and mCessation) (19-21), besides pictorial health warnings covering 85% of tobacco products’ packaging.

	Year endgame target set	Target year for achieving endgame
Bhutan	2004	2004
Vatican City	2018	2018
New Zealand	2011	2025
Ireland	2013	2025
Pacific Islands (Cook Islands, Fiji, French Polynesia, Kiribati, Marshall Islands, Micronesia, Niue, New Caledonia, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu)	2013	2025
Sweden	2016	2025
Finland	2018	2030
Denmark	2016	2030
England	2019	2030
Australia	2021	2030
Wales	2022	2030
France	2022	2030
Scotland	2013	2034
Canada	2018	2035
Bangladesh	2016	2040
Netherlands	2019	2040
EU (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Rep., Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden)	2021	2040
Spain	2023	2040
Belgium	2022	2040
Malaysia	2022	2040

Some countries are listed twice as they are included in a regional target and have their own national target.

Figure 2- Countries and Regions with Endgame timelines

Also, India has surged in WHO MPOWER implementation from year 2008 to year 2018 by 8 positions (49th to 40th position) with relative change in scoring by a score of 7 (from 21 to 28; an increase by 33.33%) on the basis of the scoring done for every indicator under MPOWER; except “M” that had the gradient varying from 0 to 3, the rest (“POWER”) had gradient varying from 0-5, accounting for a total score of 34 (4+[5x6]) (22).

Further, beyond the national level initiatives, there are a host of sub-national/state level policy initiatives - often bolder and futuristic - that paves way for endgame like ideas. (e.g., prohibition on certain smokeless tobacco items, government-wide 5.3 policies, vendor licensing, tobacco free generations, etc.

On the contrary, India is a high-burden country with 267 million users (23), 1.35 million deaths annually due to tobacco-related illnesses (24), economic loss of ~1.04% (25) of GDP and humongous adverse impact on environment (26). Except for data on environment, these reports were made 6 to 10 years back while the population of India has increased from 1.29 billion in year 2013 to 1.44 billion in year 2024 (an increase by 0.92% from year 2023) (27) and, thus, presumably with an increase in the actual number of tobacco users and daily deaths due to tobacco-related diseases; the latter increased by over 94% from ~1,800 in year 2003 to ~3,500 daily in year 2018 (24).

Through India has made some progress which is reflected through reduction in prevalence of tobacco use by 6% in adults over a span of 7 years (2009- 2010 to 2016-17; relative reduction by ~17%) (23), reduction in initiation of tobacco use by 8.4% school-going adolescents between 13- 15 years of age (from GYTS 2003 to GYTS 2019) (28), a varied and generally low compliance is being observed in various sections of COTPA (29). Further, the Index for Tobacco Control Sustainability (ITCS) devised by Vital Strategies and the Union for 27 States/UTs has also reported a grim picture for tobacco control in India (22).

India need not wait to first achieve a substantial reduction in prevalence like many countries that have equated endgame to reducing prevalence to less than 5% by the year 2040 (Figure 2) (11). It simply cannot afford to wait similarly in view of the burden of tobacco, tardy progress in its reduction due to poor enforcement and loss of the lives that will occur in the interim and its overall impact on the national productivity. Also, by accomplishing the goal, it will lead the way for its replication by the neighboring countries in the South- East Asia. Hence, it appears appropriate to propose a timeline of December 2030 for the endgame of tobacco in India.

It becomes relevant at this point of time to discuss how endgame for tobacco, i.e., phasing out tobacco use can achieve a tobacco-free future for India. If India can implement the endgame, the number of deaths caused by tobacco from past use will start decreasing immediately, first rather slowly and then rapidly reaching insignificant levels after a few decades.

Challenges for Endgame

Following points can be considered as India-specific challenges whenever the governments in the Centre and the States and the UTs will be approached to frame a policy and/or enact a law to implement the endgame for tobacco:

1. The proposal of the Endgame may get rejected outrightly as coercive, anti-democratic, dictatorial or simply “too radical a concept” that violates the fundamental rights of tobacco industry and all its allies. So, options may be sought within the existing mechanism for tobacco control (NTCP) or as innovations such as tobacco-vendor licensing, tobacco-free gram panchayats, tobacco-free workplaces, tobacco-free generation, etc. as the first step towards the endgame for tobacco. However, their optimal enforcement maybe the “Achilles Heel” for regulation measures to be effective.
2. An argument can be that it violates the fundamental rights of tobacco industry and all its allies like right to trade, right to earn livelihood, etc. Nevertheless, these rights get nullified in favor of the fundamental rights related to public health (by protecting people from harms of tobacco).
3. Government of India has Tobacco Board (30); and Central Tobacco Research Institute (CTRI) (31) for over half a century. It will be challenging to phase-out both these in view of: (1) their mandate (to grow better quality of tobacco and enhance exports); and (2) mutually beneficial relationship with all concerned ministries such as finance, commerce, agriculture, etc. Further, the Life insurance Corporation of India (LIC of India), a government subsidiary, has investments worth 3,500 crores in a cigarette industry (32). The tobacco endgame will remain a dream only unless these investments in tobacco industry will be withdrawn.
4. India as the second largest producer, exporter and consumer of tobacco globally (24, 25, 30), earns a revenue of 53,750 crores (33). But, this total revenue earned amounts to just about 12% of its total spending on managing diseases and deaths due tobacco (1,773.4 billion INR equivalent to 27.5 billion USD) (34).
5. The tobacco industry exerts a direct influence on the government as a partner of the largest tobacco industry of India - ITC. It also exerts covert influence in form of: (1) funding of the political parties and politicians; and, (2) the support it gets from its front groups, farmers, retailers, informal-sector bidi workers, etc. through their protests and demand for alternative vocations. The governments prefer to avoid any legal confrontation with the industry although the governments have had significant victories in the past on issues such as large pictorial warnings, bans on gutka and

e-cigarettes and similar products.

6. Except for the MoHFW, Government of India, and few State Medical and Health Departments, all other ministries have contributed little to inform their departments on the harmful impact of tobacco industry and its allies; and, in acting against these. Hence, their stakes into the interests of the tobacco industry overpowers the concerns these should have on how tobacco adversely affects the health and thus the lives of the people (35). It has led to either missing on stakeholders' engagement or critically delaying the policy decisions.
7. Although the tobacco control initiatives and innovations are still civil society dominated, their strength on ground at the best is sketchy, weak and government-dependent; the guidance or thrust given by these do not get supported by the potential beneficiaries- the governments or the local communities.
8. The public and private health and insurance sectors have not established any suitable provisions to: (a) promote quitting through their respective workforce and (b) motivate their tobacco-using patients to demand treatment for tobacco (nicotine) dependence.
9. Although quitting tobacco formally through existing tobacco cessation services like tobacco cessation clinics, national quitline services and mCessation appears an easy-to-grab solution to reduce tobacco burden, these lack required resources and outreach to be useful in a significant manner.
10. There have been repeated attempts by the tobacco industry to nullify PECA 2019 (36). MOHFW will have to find the way to be persistently on guard to not let advocacy of harm reduction ever nullify the gains of PECA 2019.
11. The shortcomings to enforce notified sections of COTPA (37), needs to be addressed & appropriate legal options sought which can nullify the muscle power of tobacco industry.
12. The potential of threats to the individuals working to counter the motives and/or moves to enhance the profitability of the tobacco industry should also be taken into consideration.
13. The mass media has not been utilized optimally and effectively yet to realize the perceived efficacy of the available provisions of tobacco control through government, private sector and civil societies.
14. We need to strengthen context-based research/epidemiologic studies to know how people will react or respond on tobacco endgame.

Summary:

Skepticism to the call for an endgame of tobacco should be considered acceptable in view of its efficacy and overall utility. The government will need significant support on a sustainable basis from all its stakeholders to endorse, promote, organize and realize the date-bound tobacco endgame goal and to counter tobacco industry rhetoric, threats and political wrath (39). No one thought before the cigarette century (the 19th century; 1901- 2000) that tobacco products will be sold ubiquitously. Also, no one considered in the preceding century, having smoke-free environments, ban on tobacco advertisements, large pictorial warnings, age restriction for selling tobacco products to minors, etc. But all these impossible scenarios became a reality!

There are challenges to the endgame- to prevail on the moneyed (syn. monied) tobacco industry, its capabilities to influence political will, dilute policies of tobacco control, make governments fearful of its legal coercions and above all a fearful assumption tobacco control activists have: (a) to consider it naïve, untimely and inappropriate; (b) that it will offend the government supportive of the tobacco industry; and (c) that it will unduly antagonize the deceptive tobacco industry further. The endgame for tobacco while urging to stop commercial sale of all tobacco products within a timeline through a phase out, eliminates the uncertainty and constant struggle to control tobacco because it assures a measurable endpoint foreseeable in coming years.

High-burden countries like India should not wait to first lower the prevalence to a low 5% as many in the developed countries think. With the proposed timeline of December 2030, India will lose ~1.5 crore lives prematurely in the interim with its huge adverse impact on the overall development of the country. Undoubtedly, India is capable due to its unique ability to act in times of crisis. Its call for the endgame of tobacco is one such moment where the advantage should not be conceded to the tobacco industry (39).

In conclusion, the global effort towards the tobacco endgame involves a comprehensive and complex journey, combining policy interventions, public health initiatives, and international cooperation. By continuing to innovate and implement stringent tobacco control measures, the vision of a tobacco-free future becomes increasingly attainable, safeguarding public health and ensuring a healthier future for generations to come.

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RECOMMENDATIONS

5.4. Endgame for tobacco

5.4.1. Phase-out:

- (a) Tobacco Board (30), the Central Tobacco Research Institute (CTRI) (2), the cultivation of tobacco, the tobacco industry and all its allies;
- (b) governmental investments into tobacco industry along with support to all their employees in alternative occupations that give these equivalent earnings through a specific “time-bound” rehabilitation plan; and
- (c) the current users which will mean directing: (1) these to register for buying any tobacco product as well to definitely quit through a rigid timeline for all and countrywide; (2) every health facility at all levels of healthcare to establish tobacco cessation services through a systems approach besides improving the services of the NTQLS, mCessation, etc.; and (3) licensing of all the retail outlets in next two years followed by an effective reduction in their number (say by 15% to 20% over next 5-7 years) in a manner that these do not exist after the given timeline.

Tobacco industry defined as including cultivation, manufacturing, trade and retailing, should be classified as a unique industry not eligible for any special facility, incentives, subsidies etc. Imperative to stop all incentives, subsidies etc to the tobacco industry. For example, tobacco crop also gets subsidized irrigation water, fertilisers, pesticides etc. The tobacco industry deducts marketing and advertising expenses as legitimate business expenses from its revenue. All these need to stop for achieving the endgame.

5.4.2. Creation of effective communication channel and contents

Creation of effective communication channel and contents that have relevant data, public opinions, emotional appeals and how the human rights are getting violated; the messages to all the stakeholders should highlight:

- (a) the holistic benefits of a tobacco-free life;
- (b) a win-win situation for the country both economically and environmentally without tobacco industry; and
- (c) gains through the protection of lives.

5.4.2.1. Use of all types of regular media (Print, TV and Radio) and the social media (the OTT and other online mediums) to empower their users to understand, talk and demand the endgame for tobacco within the given timeline.

5.4.2.2. Suitable empowerment and adequate funding to of the IEC section under National Health Mission and other departments. They should take lead to highlight the value of endgame in leading a tobacco-free life and associate it with benefits to health & their departments - related messages.

- 5.4.3. Engagement of the victims of tobacco (both users and their dependents), health professionals (e.g. cardiologists, oncologists, etc.), public health experts, economists, religious leaders, celebrities, community leadership and people at large from all walks of life (regardless of their post, place and social status), etc. as very impactful messengers and influencers whose messages should be well-crafted to have the desired effect.
- 5.4.3.1. All the non-users should be suitably engaged, motivated, enriched and empowered to promote the endgame for tobacco by the stated timeline of December 2030.
- 5.4.3.2. Optimal utilization of every platform which will bring the decision-makers and people together for highlighting, brainstorming and discussing the endgame for tobacco, and to provide the solutions for its successful implementation in the given timeline.
- 5.4.4. Any suitable moment can be extremely useful although occasions such as festivals, religious and social gatherings, health-related campaigns, election times, etc. may be utilized specifically.
- 5.4.5. The fundamental right to live healthy (Article 21 of the Constitution of India) (3) should be interpreted to accept and lead a tobacco-free life regardless of the arguments over personal liberty. The experts in the subject nationally and internationally who can coordinate and collaborate in support of the issue and to be impactful should be included for their useful and constructive inputs.
- 5.4.6. The governments in the Centre, States and UTs should ensure adequate availability of the resources, both financial and human along with provisions of their sustainability.
- 5.4.7. Multicenter scientific, social, economic and political research should be supported to generate the corroborative evidence on utility of endgame of tobacco locally as well as nationally.
- 5.4.8. Strategic readiness should be nurtured to effectively tackle the tobacco industry interference and influence at all levels including the media, using adoption of Article 5.3 of FCTC countrywide.