

**High content of tar and nicotine in cigarettes**

†1053. SHRI VISHAMBHAR PRASAD NISHAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that there is not even a single laboratory for testing tobacco in the country;
- (b) if so, the details thereof;
- (c) whether Government is aware that as per global standard, the quantity of tar and nicotine in cigarette should not exceed 10 miligram but in cigarettes made in India this quantity is from 14 to 18 miligram;
- (d) whether it is a fact that consumption of gutka is a major cause of mouth cancer; and
- (e) if so, the steps being taken by Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Yes, currently there is no laboratory facility for testing tobacco products in the country.

(c) There is no global standard for nicotine and tar content. As per the report of World Health Organization (WHO) there is no safe tobacco product and there is no safe level of exposure to tobacco smoke.

(d) The use of tobacco is a major risk factor for cancers in India. A large number of studies from India provide consistent results of an increased risk of oral cancer with the use of different forms of smokeless tobacco used in the country (Gutkha, mishri, gudaku, khaini, etc.)

As per the report of Indian Council of Medical Research (ICMR) 50% of cancers in Males, 25% of cancer in Females in India are tobacco related. [Indian Council of Medical Research. National Cancer Registry Programme. Time Trends in Cancer Incidence Rates 1982- 2005; India. 2009]

(e) The following steps have been taken by the Ministry to discourage tobacco use and create awareness about its harmful effects:

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†Original notice of the question was received in Hindi.

1. The Government of India enacted the Anti-Tobacco law titled “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA), 2003” to regulate the tobacco products in public health interest. The Act has following main provisions:
  - (i) Section - 4: Ban on smoking in public places to protect the health of non-smokers from harmful effects of tobacco smoke (second hand smoke).
  - (ii) Section - 5: Ban on direct/indirect advertisement of tobacco products including sponsorship and promotion.
  - (iii) Section - 6a: Ban on sale of tobacco products to and by minors (less than 18 years of age).
  - (iv) Section - 6b: Ban on sale of tobacco products within 100 yards of educational institutions.
  - (v) Section - 7: Display of pictorial warnings on tobacco products packages.
2. Government of India has launched the National Tobacco Control Programme (NTCP) in the year 2007-08, with the objectives to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions made under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” (COTPA) and (iv) help the people quit tobacco use through Tobacco Cessation Centres.
3. Further, the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011 dated 1st August, 2011, issued under the Food Safety and Standards Act, 2006, lays down that tobacco and nicotine shall not be used as ingredients in any food products. Currently, 34 States/UTs have issued orders for implementation of the Food Safety Regulations banning manufacture, sale and storage of Gutka and Pan Masala containing tobacco or nicotine. Some of the States like Bihar, West Bengal Mizoram, Manipur have expanded the scope of this regulation to include other packages tobacco products like khaini, zarda etc.
4. National level public awareness campaign is a key activity under the National Tobacco Control Programme. A variety of media have been used to reach a wider audience. Dedicated spots have been developed as well as adapted from global best

practices. The Ministry recently launched the testimonial campaign titled ‘SUNITA’ designed to warn people about the devastating health effects of using smokeless tobacco. In addition the Ministry also launched outdoor campaigns focusing on the harmful effects of Tobacco Use (both smoking and chewing forms) and Second hand smoke, including through Hoardings, Bill Boards, exterior train wrap-ups and bus panels.

5. The Ministry has also notified the rules to regulate depiction of tobacco products or their use in films and TV programmes. As per these rules, all films and TV programmes (both Indian and Foreign) depicting tobacco products or their use have to screen a health spot of 30 seconds duration and a disclaimer of 20 seconds duration on the harmful effects of tobacco use, at the beginning and the middle of the films and TV programmes.
6. The Ministry has notified the new graphic health warnings on 15th October, 2014. As per the new rules the pictorial health warnings shall occupy 85% of the principal display area and shall be placed both on the back as well as front panels/sides.

#### **Low quality of health services in Government hospitals**

1054. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware of the low quality of health services available in the Government hospitals in rural and urban areas including scheduled areas;
- (b) if so, the details thereof, State/UT-wise;
- (c) whether Government has any proposal to appoint professionals to tackle this menace; and
- (d) if so, the details thereof and, if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Public Health being a State subject, primary responsibility of ensuring quality of health services lies with State/UT Governments. However, Central Government provides financial and technical assistance to the State/UT Governments under National Health Mission (NHM) to *inter-alia* provide quality health care services in public health facilities. There is considerable variation in the Quality of Care delivered at Public Health Facilities between States/UTs, and also between health facilities within a State.