1.7 Tobacco Control in India.

1.7.1 Cigarettes and Other Tobacco Products Act (COTPA) 2003: In order to discourage tobacco use and protect the youth and masses from the harmful effects of tobacco usage and second hand smoke (SHS), Government of India enacted “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) in 2003”. The Act imposes progressive restriction on all tobacco products to reduce their demand and supply. The law is applicable to all tobacco products and extends to whole of India. The specific provisions of the COTPA include:

1. **Section 4**: Prohibition of smoking in public places
2. **Section 5**: Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarette and other tobacco products.
3. **Section 6(a)**: Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years.
4. **Section 6(b)**: Prohibition of sale of tobacco products within a radius of 100 yards of educational institutions.
5. **Section 7**: Mandatory depiction of statutory warnings (including pictorial warnings on tobacco packs).
6. **Section 7(5)**: Display of tar and nicotine contents on tobacco packs.

1.7.2 National Tobacco Control Programme (NTCP)

The National Tobacco Control Programme was launched by Ministry of Health and Family Welfare, Government of India in 2007-08, during the 11th five year plan, with the following objectives:

➢ To bring about greater awareness about the harmful effects of tobacco use and Tobacco Control Laws.

➢ To facilitate effective implementation of the Tobacco Control Laws.

The programme was launched in 21 states covering 42 districts in a phased manner. In Phase-I of the programme, support was extended for setting up state as well as district cells. However, in Phase –II, only district cells were supported.

The list of states and districts under NTCP is at **ANNEXURE - I**
Coverage of NTCP in India
Structure of the National Tobacco Control Programme

National Level

State Tobacco Control Cell
- State Nodal Officer
- Programme Assistant/Data Entry Operator

State Level

District Tobacco Control Cell
- District Nodal Officer
- Psychologist/Counselor
- Social Worker/Data Entry Operator

District Level

Funds Flow

MoHFW

State Tobacco Control Cell

State Health Society

District Tobacco Control Cell

District Health Society
Chapter II
National Tobacco Control Cell

The National Tobacco Control Cell (NTCC) is responsible for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme. The National Cell functions under the direct guidance and supervision of the programme in-charge from Ministry of Health & Family Welfare i.e. Joint Secretary/Director and the technical assistance is provided by the identified officers from the Directorate General of Health Services i.e. Deputy Director General (DDG) / Chief Medical Officer (CMO). The NTCC is supported by Consultants in specific areas of tobacco control like Policy, Legal, National Coordination and IEC & Advocacy.

The terms of reference of the consultants are at Annexure - II

2. Inter-ministerial Task Force: The multifaceted nature of tobacco epidemic in India calls for greater involvement of various stakeholder Ministries / Departments. Hence, an Inter-Ministerial task force has been constituted at national level under the Chairpersonship of Secretary (Health) to enhance Inter-Ministerial / Inter - Departmental coordination. The task force consists of representatives from 12 Departments of Government of India. In addition representatives from 7 State Governments & 2 from Civil Society Organizations are special invitees to the task force.

1. Secretary, Ministry of Labour.
2. Secretary, Ministry of Commerce.
3. Secretary, Department of Revenue.
4. Secretary, Department of Industrial Policy & Promotion.
5. Secretary, Ministry of Information & Broadcasting.
6. Secretary, Ministry of Agriculture.
7. Secretary, Department of Higher Education.
8. Secretary, Ministry of Rural Development.
9. Secretary, Ministry of Tribal Affairs.
10. Secretary, Department of Women & Child Development.
11. Secretary, Department of Youth Affairs & Sports.
12. CEO, Food Standards & Safety Authority of India.
13. Drug Controller General of India.
Special Invitees:
1. Secretary (Health & ME), Govt. of Jammu & Kashmir
2. Secretary (Health), Govt. of Mizoram
3. Principal Secretary (Health), Govt. of Gujarat
4. Principal Secretary (Health & FW), Govt. of Madhya Pradesh
5. Secretary (Health, Medical & FW), Govt. of Andhra Pradesh
6. Director, Regional Cancer Centre, Guwahati, Assam
7. Director, Regional Cancer Centre, Thiruvananthapuram
8. Dr. Srinath Reddy, President, Public Health Foundation of India
9. Sri Alok Mukhopadhyay, Chief Executive, Voluntary Health Association of India

2.1 **Steering Committee**: A National Level Steering Committee has been constituted under the Chairpersonship of Secretary (Health) to look into specific instances of violation of COTPA (section-5) and take action suo-moto. The steering committee consists of representatives from 3 Departments of Government of India. In addition representatives from Press Information Council of India, Press Information Bureau, Advertising Standards Council of India (ASCI) & from Civil Society Organizations are members of this committee.

2.2 **Major Components and activities**

![Diagram of National Tobacco Control Cell]

2.2.1 **National Level Public awareness/mass media campaigns for awareness building and behavioural change**:

Mass media plays a key role in shaping tobacco-related knowledge, opinion, attitude and behaviour, and is an extremely powerful tool for influencing both individuals and policy-makers. It is effective for disseminating information on the ill-effects of tobacco, discouraging the use of tobacco products, encouraging tobacco cessation and creating awareness about the provisions of COTPA and the need to comply with them.

One of the key objectives of NTCP is to create public awareness about the harmful effects of tobacco usage, second hand smoke and various provisions under COTPA
This can be only achieved through sustained public awareness / mass media campaigns targeting in particular the youth, women and vulnerable population through appropriate communication strategies, using a combination of the media and other grassroot level interventions/approaches. Various TV/Radio spots and publicity materials (posters, stickers, handouts, factsheets) have been developed by Ministry of Health & Family Welfare (MoHFW) focusing on different themes and the same are being used to carry out sustained campaign at regular intervals. These TV/Radio spots have been translated in over 15 Regional languages for a wide variety of audience and can be downloaded from the Ministry’s website at www.mohfw.nic.in.

2.2.2 Establishment of tobacco product testing laboratories:
As a statutory obligation to COTPA, Ministry of Health & Family Welfare is in the process of setting up one apex laboratory and four regional tobacco testing laboratories. These laboratories will test the contents and emissions of all the tobacco products (both smoking and smokeless forms) as per the extant Rules.

2.2.3 Mainstreaming research and training on alternative crops and livelihoods with other nodal Ministries:
Tobacco control is a multi-sectoral subject since there are a number of cross-cutting issues which do not lie within the domain of the Ministry of Health & Family Welfare. Issues like alternative crops (Ministry of Agriculture) and alternative livelihood for bidi rollers (Ministry of labour / Ministry of Rural Development) need involvement of other Government Departments / Ministries. Hence, there is a need to bring on-board these stakeholder Departments / Ministries. The MoHFW has already collaborated with Central Tobacco Research Institute (CTRI) for a pilot project on alternative cropping system to tobacco growing. The MoHFW is also in discussion with Ministry of Rural Development to work out special projects for the bidi workers under the National Rural Livelihood Mission (NRLM). In addition, research on critical and cross cutting issues like alternative livelihoods for people engaged in the tobacco sector and alternative cropping system need to be taken up to build scientific evidence.

2.2.4 Monitoring and Evaluation including Surveillance:
As part of surveillance of tobacco use, Global Adult Tobacco Survey (GATS), India was undertaken in 2009-10 with technical support of WHO and the Centre for Disease Control (CDC), USA, to systematically monitor adult tobacco use and track key tobacco control indicators. The data from GATS is being used to map the extent of tobacco epidemic across states, to facilitate formulation of region / state specific strategies and provide clear direction for future interventions. The GATS-India provides us baseline data and can also be used as a tool to evaluate the implementation of NTCP, if repeated on regular basis. There is a need to integrate the data on tobacco use and other key indicators in the ongoing health surveys like District Level Household and Facility Survey (DLHS), National Sample Survey Organization (NSSO), NCD Steps survey etc.

Further, in order to monitor the implementation of the NTCP at State/ District level NTCC has developed a reporting format in which data is collated at state/district cells and compiled by NTCC on a quarterly basis for regular monitoring of key parameters of the programme. The quarterly reporting format is at Annexure - III.
2.2.5 Integrating NTCP as a part of health-care delivery mechanism under the National Rural Health Mission (NRHM) Framework and with other national health programmes:

Tobacco has been identified as a risk factor for a number of communicable as well as noncommunicable diseases. Hence, it is suggested that the activities of NTCP at state/district level be synergized with NRHM and other national programmes by utilizing the existing manpower and infrastructure.

For capacity building of States/Districts, awareness generation through mass media and monitoring/enforcement of anti-tobacco law, the states must explore the possibilities of integrating it as part of the NRHM activities and through the existing state health care delivery mechanism.

Similarly, the manpower available under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE) may be synergized for tobacco control measures as well. The tobacco cessation services may be included as part of the counselling services under NPCDCS, NMHP/Drug-de-addiction Programme(s), Integrated Counseling cum testing Centre (ICTC) under the National AIDS Control Programme.

To achieve the desired synergy between these programmes, it is suggested that the State Government should depute a common Nodal officer for all NCD programmes like National Tobacco Control Programme (NTCP), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE), since it will not only facilitate in bringing synergy among various common activities under the programmes such as training, IEC, Cessation etc. but also help in optimum resource utilization for various programmes.
Chapter III

NTCP at State level

Every identified State/UT has a State Tobacco Control Cell (STCC) in the State Health Department. The space for setting up the STCC is provided by the State Government. The STCC is responsible for overall planning, implementation and monitoring of the different activities, and achievement of physical and financial targets planned under the programme in the State.

The STCC is headed by a State Nodal Officer, who is a Senior Officer from State Department of Health preferably on a full time basis, to look after all the NCD programmes like [NPCDCS, NTCP, NMHP, NPHCE]. Other team members of this cell include Programme Assistant and Data Entry Operator appointed under NTCP. This cell may be placed as a subset of National Rural Health Mission under the overall supervision of MD NRHM in the states.

3. State level Coordination Committee: Every state should have a State Level Coordination Committee headed by Chief Secretary or his nominee and Principal Secretary/Secretary (Health) as the member secretary. The State Nodal officer will extend support to the member secretary in convening the meetings of the SLCC. The other members of the committee and their roles may be as under:

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Departments/Agencies</th>
<th>Roles</th>
</tr>
</thead>
</table>
| 1.     | Principal Secretary /Secretary (Health) or MD NRHM as Member Secretary | • Nodal Secretary for convening the meeting.  
• Regular monitoring, review and supervision of National Tobacco Control Programme |
| 2.     | Principal Secretary (Home) or his nominee | • Direct the State Police Heads to enforce all the provisions under COTPA  
• Regular review of COTPA implementation in the monthly crime review meetings and regular collection of violation related data. |
| 3.     | Principal Secretary (School / Higher Education) or his nominee | • Implementation of tobacco-free school guidelines in all schools.  
• Make all schools tobacco-free premises.  
• Inclusion of harmful effects of tobacco use in the school curriculum |
<table>
<thead>
<tr>
<th>SI No.</th>
<th>Departments/Agencies</th>
<th>Roles</th>
</tr>
</thead>
</table>
| 4.     | Principal Secretary /Secretary (Finance) or his nominee | • Administration and harmonization of Tax on all tobacco products.  
• Ensure reduction in illicit trade and tax evasion by tobacco industry. |
| 5.     | Principal Secretary/Secretary (Rural Development) | • Alternative Livelihood programme for the Bidi Rollers |
| 6.     | Secretary Labour / Labour commissioner or his nominee | • Ensure that all tobacco products manufactured in registered factories print the pictorial health warnings.  
• Sensitization of Bidi Rollers about the health hazards of bidi rolling  
• Vocational training to bidi rollers for alternative livelihood. |
| 7.     | Secretary Transport/Transport Commissioner or his nominee | • All public transport vehicles to be Smokefree / Tobacco-free.  
• No direct/indirect advertisement of tobacco products like gutkha , pan masala on state transport bus panels and its premises  
• Display of anti-tobacco messages on the Transport department properties including bus panels, bus stands, bus tickets etc. |
| 8.     | Representative from Department of Railways | • All the railway platforms, its premises and trains to be tobacco free.  
• No sale of gutkha, pan masala and other tobacco products on railway platforms and trains  
• Display of anti-tobacco messages on the railway properties including train panels, platform, railway tickets etc. |
| 9.     | Secretary Agriculture or his nominee | • Alternative Cropping options for Tobacco Growers  
• Awareness generation among the farmers about the harmful effects of tobacco growing as well as use. |
| 10.    | Secretary Public Relations/Information or his nominee | • State wide public awareness campaigns on harmful effects of tobacco use and provisions under COTPA.  
• Develop awareness campaign materials for display at local events, melas, state IEC campaigns.  
• Assist in development/adaptation of local IEC campaign materials for display and dissemination at local events, melas, local IEC campaigns. |
| 11.    | Civil Society organizations working on Health / tobacco control or his nominee | • Integrate tobacco control in all their ongoing interventions.  
• Monitor violations of tobacco control laws and bring them to the notice of Authorities/steering committee.  
• Collaborate with State Government/Local Government on awareness generation.  
• Work with the Communities and CBOs, Panchayati Raj Institutions and Urban Local Bodies to create awareness against tobacco use and strengthen the implementation of COTPA. |
| 12.    | Collector/DM from one/two districts or his nominee | • Represent District Administration and highlight the concerns of the implementation at District level. |
| 13.    | Secretary (Law) or his nominee | • Advise the state level committee on legal issues pertaining implementation of COTPA. |
| 14.    | Secretary (Panchayati Raj) or his nominee | • Enforcement of COTPA through the 3-tier elected Panchayati Raj Institution in the rural areas |

SI no 5 & 9 are applicable for tobacco producing and bidi rolling States.
This committee is responsible for overall implementation of National Tobacco Control Programme and COTPA in the state. States may also form a small working group with representatives from select key Departments who will monitor the activities under NTCP on day to day basis. The working group may meet on a monthly basis; however, the SLCC should meet every quarter to review progress.

3.1 **Activities of State Tobacco Control Cell (STCC):** The major activities of STCC are:

3.1.1 **Training:** STCCs should train multiple stakeholders for tobacco control through state level advocacy workshops/sensitization programmes. Efforts should be made to involve all the state government departments for tobacco control. Specific/tailor made trainings should be organized for Academicians, Health / Medical Professionals, Students, Police, Food & Drug Safety authorities, Judiciary, Media etc. For this purpose, they should work very closely with NGO partners and involve them in advocacy workshops.

The STCC should also make efforts to make inroads into the ongoing trainings of different Departments/programmes like Police, RCH, Adolescent Health, Excise Officers etc. wherein a session on harmful effects of tobacco use and the provisions under COTPA may be included.

### Suggestive Training Plan

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>No of trainings</th>
<th>No of participants</th>
<th>Budget (₹.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Level Advocacy Workshop</td>
<td>1</td>
<td>100</td>
<td>50,000</td>
</tr>
<tr>
<td>1 day duration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training of Trainers programme</td>
<td>1</td>
<td>25</td>
<td>30,000</td>
</tr>
<tr>
<td>(2 day duration) on tobacco control laws and related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>issues including NTCP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training on tobacco cessation</td>
<td>2</td>
<td>30</td>
<td>20,000</td>
</tr>
<tr>
<td>(1/2 day) for Health care providers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Indicative only - can be modified as per state specific requirements

3.1.2 **Integrating Tobacco Control** with other health programmes/activities: The tobacco control initiatives may be integrated with NCD programmes like Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE) and also Revised National Tuberculosis Control (RNTCP) programme being implemented in the states. The state team should also collaborate and cooperate with the team members of other health programmes under NRHM.

3.1.3 **Incorporating Tobacco Control in the state level IEC campaign:** The IEC material developed by the NTCC can be locally adapted by the state team. The STCC is expected to guide and organize extensive IEC activities including health melas, bill
boards, hand bills, posters, street plays, local cable network etc. Efforts should also be made to integrate the IEC under NTCP with the State Health IEC under NRHM / NPCDCS /NRTCP or other similar Health Programmes to have better focus and to derive greater benefits.

3.2 Manpower for STCC

There is provision of recruitment of two contractual staff at the state level to assist the State Nodal Officer in tobacco control initiatives. The two personnel are: Programme Assistant and Data Entry Operator.

The terms of reference of the above personnel is at Annexure - IV

The state teams should be trained at the national level by the staff involved in NTCP through training workshops organized at regional level. They should also be given the opportunity to participate in trainings and meetings organized by MoHFW or by other agencies working on tobacco control.

3.3 Role and Responsibilities of STCC:

The following roles and responsibilities of STCC are indicative and not exhaustive:

1. Implementation, supervision and monitoring of the various activities of the programme as per the quarterly report format.
2. Recruitment of the staff at the state /district tobacco control cells, training of the staff and guidance to the District cells.
3. Establishing tobacco cessation clinics in health care facilities and up-scaling tobacco cessation facilities through training of health care providers.
4. Organizing state level training/sensitization programmes on tobacco control.
5. Sharing and disseminating all the government orders and best practices to the districts.
6. Enforcement of COTPA
   - Display the Act and the Rules on the official website of the state and regular communication to the officers of other departments who are authorized for enforcement of various provisions of the Act and the Rules
   - Open a separate head of account, printing of challan and receipt books and sending the same to districts.
   - Constitution of a State Level Monitoring committee for section – 5 of COTPA and to take cognizance of the direct/indirect advertisement of tobacco products.
   - Conducting regular checks at public places, public conveyances, point of sale etc for compliance with COTPA.
7. Adapting IEC materials developed by NTCC and disseminating it to districts.
8. Advocacy and networking with NGOs, Nehru Yuva Kendras Sangthan, National Service Scheme, National Cadet Corps (NCC), Indian Medical Association, Indian Dental Association, Rotary International, SHGs etc for creating awareness against tobacco.

10. Coordination with the Finance/Taxation Department for progressive increase of taxes on tobacco, tobacco products and inputs thereon.

11. Coordination with Department of Education for reaching out to the youth and young children.

12. Ensuring regular reporting to NTCC and assisting districts in timely submission of Utilization Certificate (UC) to ensure regular fund flow.

13. Documentation of the best practices on tobacco control in the state and sharing thereof within the state and beyond.

3.4 Financial Guidelines

Funds shall be released by MoHFW to States/UTs through the State Health Society to carry out various activities under the program. The state Health Society should further release funds to the District Health Society for carrying out the identified activities in the district.

The States/Districts should have the flexibility for inter-usability of funds from one component to another limited to a ceiling of 10%. However, for shifting the budget from one head to another, prior permission of MoHFW is required.

Every state should spend at least 75% of the funds released to it before sending the requisition for the next instalment. The request for instalment should be accompanied by Statement of Expenditure (SOE) and Utilization Certificate (UC) of the funds released.

The prescribed formats for Statement of Expenditure (SOE) and Utilization Certificate (UC) are given at Annexure - V

3.5 Annual budgetary provisions of State Tobacco Control Cell

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>Budgetary Details (₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Remuneration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Programme Assistant -1 @ ₹ 10,000/- per month</td>
<td>1,20,000/-</td>
</tr>
<tr>
<td></td>
<td>b. Data Entry Operator -1 @ ₹ 6000/- per month</td>
<td>72,000/-</td>
</tr>
<tr>
<td>2.</td>
<td>IEC</td>
<td>3,00,000/-</td>
</tr>
<tr>
<td>3.</td>
<td>Training</td>
<td>1,00,000/-</td>
</tr>
<tr>
<td>4.</td>
<td>Contingency expenditure/ Monitoring the implementation of the programme</td>
<td>1,00,000/-</td>
</tr>
<tr>
<td>5.</td>
<td>One time grant for one computer with printer / accessories</td>
<td>60,000/-</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td><strong>7,52,000/-</strong></td>
</tr>
</tbody>
</table>
Every identified district should have a District Tobacco Control Cell (DTCC) in the District Hospital. The space for setting up the DTCC should be provided by the district authorities. The District Tobacco Control Cell is responsible for overall planning, implementation, and monitoring of the different activities and achievement of physical and financial targets under the programme at the district level. The role of the DTCC is crucial as most of the activities under NTCP are to be implemented at district and sub district level.

The DTCC is headed by District Nodal Officer preferably Chief Medical Officer/Civil Surgeon on a full time basis. For achieving synergy, it is desirable that the District Nodal Officer under NTCP is also given the responsibility to look after the NCD programmes like Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE). Other team members of this cell include a Psychologist/Counselor, Social worker and Data Entry Operator appointed on contract basis under NTCP. Every District should constitute an enforcement squad preferably under the Collector/ District Magistrate (DM). The squad will be responsible for monitoring compliance with COTPA and taking action against any violations in the district.

4. District level Coordination Committee (DLCC): Each district should have a District Level Coordination Committee chaired by Collector or District Magistrate, and District Nodal Officer as the member secretary, who should convene the meetings of the Committee. The other members of the Committee and their roles are as under:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Department/Officer</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 1.     | Chief Medical Officer – Member Secretary | • Nodal Officer for convening the meeting.  
        |                    | • Regular monitoring, review and supervision of District Tobacco Control Programme |
| 2.     | Superintendent of Police | • Form enforcement squad  
        |                    | • Enforce and monitor all the provisions under COTPA  
        |                    | • Regular reporting of the violations during the monthly crime review meetings |
| 3.     | District Education officer | • Implementation of tobacco-free educational institutions guidelines.  
        |                    | • Monitor section 4 & 6 of the Tobacco control Act.  
        |                    | • Awareness programmes in the schools and community outreach activities in rural areas/urban slums through involvement of school children. |
| 4.     | Sales tax officer | • Ensure that the tobacco products manufactured and packaged by industries registered under them depict the notified pictorial health warnings thereon.  
        |                    | • Keeping a check on illicit manufacture and trade of tobacco products.  
<pre><code>    |                    | • Check tax evasion by tobacco industry. |
</code></pre>
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Department/Officer</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 5.    | District Information officer (DIO) | • District wide public awareness campaigns on harm effects of tobacco use and provisions under COTPA.  
• Develop local IEC campaign materials for display and dissemination at local events, melas, local IEC campaigns. |
| 6.    | BDO/SDM of select Blocks & Two BDC members on rotation basis | • Represent Block Administration and highlight the concerns of the implementation at Block level.  
• Alternate livelihood programme for bidi rollers under NRLM/SGSY |
| 7.    | Municipal officer | • Enforce all the provisions of COTPA through Municipal Ward committees.  
• Inclusion of compliance with COTPA in all licenses issued to eateries/shops etc |
| 8.    | Principals of select school / colleges | • Implement school programme and create tobacco free educational institutions.  
• Involvement of students in campaigns and organizing events against tobacco use  
• Implement section – 4 & 6 of COTPA |
| 9.    | District Labour Officer | • Ensure that all tobacco products manufactured in registered factories print the pictorial health warnings.  
• Vocational training to bidi rollers for alternative livelihood.  
• Sensitization of bidi rollers about the Health hazards of bidi rolling |
| 10.   | Agriculture Extension officers | • Awareness generation on alternative crops options for tobacco growers  
• Awareness generation among the farmers about the harmful effects of Tobacco growing as well as use. |
| 11.   | Civil Society organizations working on Health / tobacco control/livelihood | • Integrate tobacco control in all their ongoing interventions.  
• Monitor violations of tobacco control laws and bring them to the notice of Authorities/steering committee.  
• Collaborate with State Govt/Local Govt on awareness generation, help planning IEC strategies  
• Work with the Communities and CBOs, Panchayati Raj Institutions and Urban Local Bodies to create awareness against tobacco use and strengthen the implementation of COTPA. |

SI no 9 &10 are applicable for tobacco producing and bidi rolling States

4.1 **Activities of District Tobacco Control Cell (DTCC):** The major activities of District Tobacco Control Cell are:

4.1.1. **Training and Capacity Building of relevant Stakeholders**

a) **Target Trainees:** Training and capacity building is an important activity of DTCC. DTCC, under its initiative, should organize training programmes for multiple-stakeholders in the district, which include Doctors, Nurses, Community Health Workers, ASHAs, Civil Society Organizations, NCC, NSSO, IMA, IDA, Teachers,
officials from Enforcement Dept like Police, Food Authorities, Municipal officers etc.

b) Training Modules: The key areas/topics to be covered for the training programmes should include: introduction of and key provisions under the National Tobacco Control Programme, Tobacco Control Act; prevalence of tobacco use; types and forms of tobacco; adverse health effects of tobacco use; socio-economic consequences of tobacco use; benefits of quitting tobacco; role of civil society and other stakeholders in tobacco control at district level. The participants should be provided with existing training modules and other necessary resource material.

c) Resource persons for training: The resource persons for the training sessions should be carefully selected according to their areas of interest. Effort should be made to identify local resource persons along with a few experts from the State as well as from the national levels.

d) Number and duration of trainings: There should be three categories of trainings at the District level:

i) One District level advocacy and capacity building workshop for multiple stakeholders at District Level. This should be a full day workshop and the number of participants should be 100. Efforts should be made to involve members from the District Administration and the District Magistrate/Collector may be invited as the chief guest in the workshop. Local politicians and policymakers may also be included in the guest list.

ii) Ten training workshops for target groups should be organized throughout the year with 50 participants in each group. These trainings should be of half-a-day and the staff of District Tobacco Control Cell should organize them in the workplaces/offices of the trainees / groups.

iii) Integrating a session on tobacco control laws and related issues in existing training programmes or organized by NRHM or other departments like Police, Food & Drugs Administration, Excise, Department of Women and Child Development etc. The members of District Tobacco Control Cell should make efforts to include a session on tobacco control in the agenda in the existing training programmes under different national programmes (both health and non-health).

Suggestive Training Plan

<table>
<thead>
<tr>
<th>Training Event</th>
<th>No of trainings</th>
<th>No of participants</th>
<th>Budget * per training (₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Level Advocacy Workshop 1 day duration</td>
<td>1</td>
<td>100</td>
<td>50,000</td>
</tr>
<tr>
<td>Training /sensitization ½ day duration</td>
<td>6</td>
<td>50</td>
<td>15,000</td>
</tr>
<tr>
<td>Training on tobacco cessation</td>
<td>4</td>
<td>30</td>
<td>15,000</td>
</tr>
</tbody>
</table>

* Indicative only - can be modified as per district specific requirements

e) Tentative training schedule/ training agenda is at Annexure - VI.
4.1.2. School Awareness Programmes

School awareness programmes should be conducted to help the youth and the adolescents to acquire the knowledge, attitude and skills that are required to make informed choices and decisions and understand the consequences of tobacco use. It will empower students to contribute to the creation of tobacco-free environment in which they can learn and live. It is important to sensitize children at an early age and reinforce the same message at later stage.

There can be two models in school programme: i) integrate tobacco control activities in the schools already having/ existing school health programme; and ii) initiate tobacco control programmes in 50 schools in a district (Tobacco-free School guidelines are at Annexure - VII)

a) Number of schools in a District

50 schools in one district per year should be adopted and included in school awareness programme. Selection of the schools should be done carefully with a combination of government and private schools. The programme should target the students of middle school and onwards.

b) Implementation of School Programme

NGOs working on tobacco control issues or health programmes may be identified by DTCC and engaged for implementing the school programmes. The district nodal officer should regularly guide and monitor the activities of NGOs. S/he should also monitor the activities conducted in the schools covered under the programme. (Guidelines for selection of NGOs under the National Tobacco Control Programme (NTCP) are at Annexure - VIII)

c) For Steps for implementation of school programme refer Annexure - IX

d) Training module and guidelines for Teachers: the following training module for teachers along with other training material has been developed:

- A guide for teachers by Directorate General of Health Services & MoHFW
- Other IEC/Campaign materials developed by MoHFW.

e) The annual budget for school programme per school should be ₹ 8000/- (Total ₹ 8000×50 = ₹ 4,00,000)

4.1.3. Setting up and expansion of tobacco cessation facilities

Tobacco contains nicotine which is a highly addictive substance and leads to chronic nicotine dependency. To overcome this dependency, the tobacco users need help and counselling to gradually quit tobacco use. Thus, death and debilitating disease due to tobacco use can be reduced significantly through an increased emphasis on cessation programmes. Studies\(^\text{11}\) have indicated that by 2050, if the focus is only on prevention of initiation and not cessation of tobacco use, the result will be an additional 160 million deaths among smokers.

a) Setting up Tobacco Cessation Centres (TCCs)

For setting up tobacco cessation centres/services, the first step should be to identify the possible places where tobacco cessation facilities could be integrated. The possible places could be the Medical Colleges, Tertiary Care Centres (TCCs) set up under the NCD programme on Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), Dental Colleges, Specialty Hospitals, District Hospitals, de-addiction clinics, DOTS centres, Private Hospitals, Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), etc. In a district, the efforts should be made to provide tobacco cessation services in OPD preferably 2-3 days in a week in each district hospital where those who want to quit can be referred and counseled as per set protocol. Further, in order to upscale the cessation facilities at district and sub-district level, the Medical Officers, ANM at Community Health centre, Primary Health Centre, Sub-centre should be trained to provide guidance on tobacco cessation so that they act as satellite centre for providing cessation services and to can refer appropriate cases to the District Hospitals.

Space is an important factor for running a TCC and there should be enough privacy to sit for the patients to discuss the problems with the therapist/counselor. Similarly certain equipments like Carbon Monoxide monitor and Spiro-meter are useful in providing effective cessation facilities.

b) Who can provide Tobacco cessation services?

Any health care professional with some training can provide tobacco cessation services that include Doctors, Psychologists, Social Workers, Nurses, and Dentists. Experienced lay counselors can also provide basic tobacco cessation services. However, pharmacological interventions can be carried out only by medical practitioners. ANMs can also be trained to provide simple guidance on tobacco cessation.

c) Training of the manpower

Ideally a TCC should have staff trained in both psychological as well as in pharmacological interventions. But irrespective of professional background, staff in TCC should possess certain attitude and skills which can be developed through trainings.

The staff members of District Tobacco Control Cell, the Psychologist and the Social Worker, should need to be trained, preferably at regional or state level so that they can further train community health workers and other stakeholders in the district. Periodic refresher programmes may also be conducted for them to keep up with the latest developments in the clinical practices for tobacco cessation. There should be four training programmes in a year organised for training various stakeholders/community health workers in the district.

Activities to be conducted by the TCCs

To promote and publicize about the tobacco cessation facilities in the community, the District Tobacco Control Cell should use the local media/wall writing/pamphlets/
posters etc. It should also organize awareness camps in the community where IEC material should be kept for tobacco users.

e) Community-based counselling

Community-based counselling is an effective strategy for primordial prevention and also for helping smokers to quit or in preparing them to quit. The Tobacco cessation services work best when supported by a comprehensive community based counselling. For this purpose, the households having tobacco users may be listed for regular follow up and one to one interaction may be carried out to encourage the tobacco users for complete cessation.

4.1.4. Information, Education and Communication (IEC)/ Media Campaign

a) The District Tobacco Control Cell should use a mix of media methods to reach different target audience. The message on harmful effects of tobacco use should be communicated through health melas, billboards, hand bills, posters, street plays, local cable network, wall writings, traditional/folk media etc. Specific IEC strategies should be developed by DTCC keeping in consideration the local needs. The support of NGOs and other partners may be enlisted to play an important role in organizing IEC activities.

b) The district teams can synergize their campaign with the national level media campaign. To make the campaigns cost effective, the IEC material developed at national level will be sent to states/ districts for adaptation/translation in local language.

c) The district team may develop a mobile exhibition kit with posters and standees. This will have a small tent/kiosk which can be set-up in any conspicuous location or in any exhibition. Some audio-visuals may also be shown which will have an immediate impact. This mobile exhibition kit can be easily carried from one place to another throughout the year and may be run in a cost effective manner.

d) Wall paintings/writings in local languages are also useful and a cost effective strategy of reaching out to the people to educate them about adverse effects of tobacco use and also to communicate about the tobacco control law. Wall writings / paintings on the provisions under COTPA and the signages may be made at all sub-centres, PHCs, CHCs, and school walls.

e) Directorate of Field Publicity (DFP) and song and drama division of DAVP should be approached for developing some popular communications which can be aired on radio or shown in the local channels of Doordarshan through audio-video spots.

4.1.5. Monitoring the enforcement of Tobacco Control Law

a. Every district should have enforcement squads/ teams that will be responsible for regular enforcement drives/raids to monitor any violation of the provisions of COTPA. Regular raids should be conducted in public places like public transports, restaurants, Government buildings, health facilities, educational institutions etc. The collected amount from the penalties should be deposited in a separate head
of account. It is recommended that the funds so generated should be further utilized in tobacco control initiatives or awareness campaigns in the state/district.

b. The DTCC should maintain a record of violations and prepare the violation report which can be submitted to the enforcement authorities. DTCC should coordinate at District level so that COTPA review is included in the monthly crime review meetings of the police authorities and the data is collected as per the format circulated.

c. The MoHFW has developed guidelines for implementation of sections 4, 6 & 7 of COTPA. The said guidelines have been prepared to facilitate the states in implementing the various provisions of the Act. The guidelines also enlist key activities that the state needs to carry out towards implementation of sections 4, 6 & 7 of COTPA. The DTCC can train the enforcement officials as per the guidelines for law enforcers.

d. People should be encouraged to report any violations (of COTPA provisions) to the national toll-free helpline No. 1800 110 456. The violations reported on this help line will be disseminated to the States/Districts (STCC/DTCC) for proper action and follow-up.

4.2 Manpower for District Tobacco Control Programme

In each DTCC, there is provision for recruiting contractual staff to assist the District Nodal Officer in the implementation of the programme. The three personnel are Psychologist/Counselor, Social Worker and Data Entry Operator.

The terms of reference of the above personnel are at Annexure - X

The district level staff should be trained in their respective states. In case there is a training programme organized by any of the neighboring states, a few district teams may collectively participate in the common training programmes.

4.3 Role and Responsibilities:

The following roles and responsibilities of DTCC are indicative and not exhaustive:

1. Implementation, supervision and monitoring of the various activities of the programme as per the standard quarterly format.

2. Recruitment of the staff at the district tobacco control cell and their training.

3. Establish tobacco cessation services in health care facilities and up-scale them through training of health care providers.

4. Organize outreach activities in collaboration with different departments and Programmes.

5. Organize district level trainings/sensitization programmes on tobacco control.

6. Regular compilation of the data related to enforcement, preparation of reports and documenting the best practices and timely submission of quarterly reports to STCC.
7. Enforcement of COTPA

- Display the Tobacco Control Act and the Rules on the official District website and regular communication to the different departments of the government at district level about the provisions of the Act and the role of these departments.
- Constitution of an Enforcement squad preferably under the chairmanship of Collector/DM or his nominee for monitoring compliance with COTPA provisions and taking action on violations.
- Constitution of District Level Monitoring committee for monitoring enforcement of section – 5 of COTPA and for taking cognizance of all the direct/indirect advertisement of tobacco products.
- Inclusion of COTPA in monthly crime review meetings

8. Advocacy by involving Nehru Yuva Kendras, NSS, NCC, SHGs, IMA, IDA, Rotary International etc. for creating awareness at district/sub-district level.

9. Develop awareness campaigns using the local media, cable channels, Local festivals/traditional media/ wall writing and integrating the same with the existing mass media campaign under the District Health Budget for achieving the desired impact in awareness generation.


11. Documentation of the best practices on tobacco control in the district and sharing them with STCC.

4.4 Supervision and monitoring of staff

The district nodal officer will supervise the district staff at the DTCC. The DTCC should be closely monitored and supervised by the STCC. The DTCC should prepare the quarterly report as per the prescribed format and submit it to the STCC.

4.5 Financial Guidelines

The funds shall be released by MoHFW to States/UTs through the State Health Society to carry out various activities under the program. The State Health Society should further release funds to the District Health Society for carrying out the identified activities in the district.

The States/Districts should have the flexibility for inter-usability of funds from one component to another limited to a ceiling of 10%. However, for shifting the budget from one head to another, prior permission of MoHFW is needed.

Every district should spend at least 75% of the funds released to it before sending the requisition for the next instalment. The request for instalment should be accompanied by Statement of Expenditure (SOE) and Utilization Certificate (UC) of the funds released.

The prescribed formats for Statement of Expenditure (SOE) and Utilization Certificate (UC) are at Annexure - V
4.6 Annual budgetary provisions of District Tobacco Control Cell

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>Budget (₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Remuneration</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>One Psychologist/Counsellor @ ₹10,000/- per month</td>
<td>1,20,000/-</td>
</tr>
<tr>
<td>b.</td>
<td>One Social Worker@ ₹ 8000/- per month</td>
<td>96,000/-</td>
</tr>
<tr>
<td>c.</td>
<td>One Data Entry Operator@ ₹ 6000/- per month</td>
<td>72,000/-</td>
</tr>
<tr>
<td>2.</td>
<td>Training</td>
<td>2,00,000/-</td>
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<tr>
<td>3.</td>
<td>IEC</td>
<td>2,00,000/-</td>
</tr>
<tr>
<td>4.</td>
<td>School Program</td>
<td>4,00,000/-</td>
</tr>
<tr>
<td>5.</td>
<td>Monitoring the tobacco control laws and reporting</td>
<td>1,00,000/-</td>
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<tr>
<td>6.</td>
<td>Contingency</td>
<td>1,00,000/-</td>
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<tr>
<td>7.</td>
<td>One time grant for one computer with printer/ accessories</td>
<td>60,000/-</td>
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<td></td>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>₹ 13, 48,000/-</strong></td>
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</tbody>
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4.7 Block Level Interventions:

4.7.1 Block Level Coordination Committee: Such Committee should be constituted on the lines of Block Development Committee (BDC), and should consist of

- Block Chairperson as Chairman of the Committee and all elected members of Block Panchayat and all Gram Pradhans (Village Heads) in that Block
- Block level Govt. Officials from various departments like Education, Health, Cooperatives, Veterinary, Drinking water, Rural Engineering departments
- Prominent NGO/CBO in the Block
- Hon. MLAs and MPs of that region
- In-charge Medical Officer of the Block PHC as Convener

4.7.2 Block level activities:

- Convening the Block Development Committee meetings twice a year with Tobacco Control as special agenda.
- Orientation and sensitization of the elected representatives and officials.
- Undertaking IEC/media campaigns in synergy with the NCD programmes
- Working towards tobacco free schools and offices in their Block
4.8 Village level Interventions:

4.8.1 Village level Committee:

A village level committee should be constituted under the chairmanship of Village Head/Pradhan; other members should include school teacher, Village Panchayat Secretary, ANM, ASHA worker, Anganwadi worker and 2-3 members of the village Panchayat. Alternatively, the existing Village Health & Sanitation Committee may also be used for the same. The meetings need to be convened on monthly basis by the ASHA worker.

4.8.2 Village level activities:

• Developing an annual village action plan towards making the village tobacco free.

• Sensitization of village level officials, Gram Panchayat members and Community Based Organizations like Farmers Clubs, Mothers’ groups, SHGs, Youth/Adolescent Club etc. about health hazards of tobacco use.

• Organizing special IEC campaigns involving school children on ‘World No Tobacco Day’ (31st May) and National Days like Independence Day, Republic Day and Gandhi Jayanti.

• Convening special meetings of Gram Sabha on tobacco control for sensitizing villagers through mass media campaigns, films, nukkad plays, puppet shows, magic shows etc.

• Reporting violations of COTPA after duly orienting people through mass media campaigns

• Developing tobacco control volunteers in every village (at least one per village).

• Utilizing Common Service Facility (a kiosk with internet connectivity) for anti-tobacco activities like accessing information on tobacco control, downloading IEC material, forms, formats for monitoring and uploading village data.
### List of states and districts under NTCP

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the State/ UT</th>
<th>Name of Districts</th>
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</thead>
<tbody>
<tr>
<td><strong>Phase - I (2007-08)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Assam</td>
<td>Kamrup, Johrat</td>
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<td>2.</td>
<td>West Bengal</td>
<td>Cooch Behar, Murshidabad</td>
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<td>4.</td>
<td>Uttar Pradesh</td>
<td>Lucknow, Kanpur</td>
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<td>5.</td>
<td>Delhi</td>
<td>New Delhi, East Delhi</td>
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<td>6.</td>
<td>Rajasthan</td>
<td>Jaipur, Jhunjhunu</td>
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<td>7.</td>
<td>Gujarat</td>
<td>Vadodra, Sabarkantha</td>
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<td>8.</td>
<td>Tamil Nadu</td>
<td>Kancheepuram, Villupuram</td>
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<td>9.</td>
<td>Karnataka</td>
<td>Bangalore (U), Gulbarga</td>
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<tr>
<td><strong>Phase - II (2008-09)</strong></td>
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<tr>
<td>10.</td>
<td>Nagaland</td>
<td>Kohima and Dimapur</td>
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<td>11.</td>
<td>Tripura</td>
<td>West Tripura, Dhalai District</td>
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<td>12.</td>
<td>Mizoram</td>
<td>Aizawl, and Lunglei</td>
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<td>13.</td>
<td>Arunachal Pradesh</td>
<td>West Kameng &amp; East Siang</td>
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<td>14.</td>
<td>Sikkim</td>
<td>East Sikkim &amp; South Sikkim</td>
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<td>15.</td>
<td>Jharkhand</td>
<td>Dhanbad and Jamshedpur</td>
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<td>16.</td>
<td>Bihar</td>
<td>Patna and Munger</td>
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<td>17.</td>
<td>Uttarakhand</td>
<td>Dehradun and Tehri Gadhwal</td>
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<td>Thane and Aurangabad</td>
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<td>19.</td>
<td>Goa</td>
<td>North Goa and South Goa</td>
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<td>20.</td>
<td>Andhra Pradesh</td>
<td>Guntur and Hyderabad</td>
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<tr>
<td>21.</td>
<td>Orissa</td>
<td>Cuttack and Khurda</td>
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