

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 1885
TO BE ANSWERED ON 12TH February, 2021**

IMPACT OF BEEDI SMOKING

1885. DR. KALANIDHI VEERASWAMY:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether it is a fact that more than 70 percent smokers in the country smoke beedis and the economic cost of beedi smoking is more than Rs. 805 billion in the country, if so, the details thereof and the reaction of the Government thereto;

(b) the details of steps taken by the Government to create awareness against harmful effects of beedi smoking;

(c) whether the Government is aware that beedi smoking is peculiarly affecting people in Southern States with Thrombo Agnitis Obliterans (TAO) causing amputation of lower limbs in healthy adults, if so, the details thereof;

(d) whether the Government has conducted any study regarding its prevalence in different States and has launched prevention or eradication programmes thereon; and

(e) if so, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): As per second round of Global Adult Tobacco Survey (GATS-2, 2016-17) conducted in the age group for 15 years and above, out of the 99.5 million smokers in India, 71.8 million smoke bidi.

As per independent study published 2018 in British Medical Journal (Tobacco Control), estimated total costs along with their different components for the age group 30–69, the total direct and indirect costs attributable to bidi smoking amounts to INR 805.5 billion (US\$12.4 billion) or INR 1588 per capita in 2017.

(b): Public Health being a State subject, the primary responsibility for regulation of tobacco products to reduce harm due to tobacco use, lies with the respective States/UT governments, apart from implementation of the provisions of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) (COTPA), 2003 and the Rules made thereunder.

Several steps have been taken by the Government to create awareness against harmful effects of beedi smoking. Some of the major steps are as under;

- The Ministry of Health & Family Welfare has enacted a comprehensive legislation, namely the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003) to discourage the consumption of tobacco products in order to protect the masses from the health hazards attributable to tobacco use.
- The National Tobacco Control Programme (NTCP) was launched by this Ministry in 2007- 08 with the aim 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 under COTPA, 2003 (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control.
- The stakeholders are being made aware on a regular basis about the adverse effects of tobacco usage on health through various anti-tobacco campaigns vide different modes of communication.
- Government of India has notified rules to regulate films and TV programmes depicting scenes of tobacco usage to spread awareness. Such films and TV programmes are statutorily required to run anti-tobacco health spots, disclaimers and static health warnings.
- Size of specified health warnings on tobacco products enhanced w.e.f. 1st April, 2016 to 85% of the principal display area of tobacco product packs. Quitline number has been included in new specified health warnings which came into effect on 1st September, 2018. This will help in creating awareness among tobacco users to change their behaviour and will increase the demand for tobacco cessation.
- The Ministry has set up the National Tobacco Quitline services (toll free number 1800-112-356) to provide tobacco cessation services to the community and has launched a pan-India “mCessation” initiative to reach out to tobacco users who are willing to quit tobacco use and to support them towards successful quitting through text-messaging via mobile phones.
- In order to encourage tobacco workers to shift to alternative vocations, the Ministry of Labour & Employment, Government of India in collaboration with the Ministry of Skill Development & Entrepreneurship, Government of India has initiated ‘Skill Development’ programme for bidi rollers to facilitate them to shift to alternative vocations.
- Department of Agriculture and Cooperation & Farmers Welfare, Ministry of Agriculture and Farmers Welfare has extended Crop Diversification Programme (CDP), an on-going sub-scheme of Rashtriya Krishi Vikas Yojna (RKVY) to 10 tobacco growing States w.e.f 2015-16 to encourage tobacco growing farmers to shift to alternate crops/cropping systems.

- The prevalence of tobacco use has reduced by six percentage points from 34.6% to 28.6% from 2009-10 to 2016-17 as per findings of second round of Global Adult Tobacco Survey.

(c) to (e): As per Monograph on Bidi Smoking and Public Health, 2008, Thromboangiitis Obliterans (TAO) is an occlusive disease of the arteries that mainly affects the legs. It causes claudication and can even lead to gangrene. As per the Monograph, it is typically found in younger men (20-40 years old) of low socioeconomic status who have been heavy bidi smokers from childhood. It has been observed that the risk of TAO is greater with bidi smoking, compared to cigarette smoking.

No estimates are available for prevalence of Thrombo Angitis Obliterans (TAO) in different States. There is no evidence that TAO is peculiarly affecting people in Southern States.