

# An Eagle's Eye on 'Gutkha Ban Legislation' in India

GADDE PRAVEEN<sup>1</sup>, MD. ZABIRUNNISA BEGUM<sup>2</sup>, A. ANITHA REDDY<sup>3</sup>, G.S JAYAPRAKASH<sup>4</sup>, MD. SHAKEEL ANJUM<sup>5</sup>

**Keywords:** Gutkha, Implementation of law, Tobacco control policies

Dear Sir,

According to Global Adult Tobacco Survey, 2009-10, 53.5% of Indians use tobacco products [1]. A great percentage of Indian population (48.07%) is using tobacco and gutkha products. The percentage of male and female tobacco and gutka chewers is 66.2% and 40% respectively [2]. Nowadays tobacco dependents are buying 'cancer at one rupee' i.e. 'gutkha packet at one rupee' which makes it on hand to all.

Against this cancerous background, India has played a leadership role in global tobacco control measures. It is an appreciable stuff here to note that as of May 2013, gutkha is banned in 24 states and 3 union territories of India regardless of losing cosmic amount of revenue from tobacco industry by considering public interest. For example in 2000-2001, the contribution of tobacco to the Indian economy was to the extent of Rs 81,820 million, which accounted for about 12% of the total excise collections [3].

Though Government of India has laid gutkha ban legislation in many states, what is the ground reality? Whether the ban is complete and permanent or it's just on paper [4]. A study conducted by us in 3 states of India (Andhra Pradesh, Karnataka and Maharashtra) revealed that out of 150 retail shops surveyed, 72% of them could find sale or visible display of gutkha, 9% were selling gutkha in other different forms and in only 19% of retail shops we could not find any sale of gutkha. Out of 900 gutkha chewers questioned, 84% were accessible to gutkha after it has banned, 5% were switched over to eating pan or plain areca nut and only 11% of chewers informed that they had no access to gutkha product in any manner and fascinatingly, majority of retail shop owners, gutkha chewers were conscious about the gutkha ban legislation in their respective

states. These statistics reflect a "pseudo permanent ban" of gutkha in India.

At this stage, one may ask "what is the purpose of implementing a law when it doesn't serve to the minimum"? Where we are lacking and how to make a "true permanent ban" of gutkha in India? The answer rests on the "question of its implementation and regulation". Government of India is formulating effectual tobacco control policies and legislations at the centre and state levels. But the subject of its implementation at the gross root level is a life size question. No authority or tobacco control cells are in lively state at these levels which might be the motive for increasing availability of gutkha [3].

To end with, effective tobacco control is reliant on its balanced implementation and regulation. There must be intersectoral coordination involving health ministry and stakeholder departments [5]. A significant change can be brought about only if the existing law is implemented in point of fact. Tobacco control cells from the ground level may play a significant role in dropping the tobacco burden in India [6].

## REFERENCES

- [1] Government of India. Ministry of Health & Family Welfare, Global Adult Tobacco Survey, India, 2010.
- [2] Use of tobacco products to invite deterrent tax: Modi". Hindustan Times. 31<sup>st</sup> October, 2012. Retrieved on 14 March 2014.
- [3] Rao V, Chaturvedi P. Tobacco and health in India. *Indian Journal of Cancer*. 2010; 47: S3-S8.
- [4] In India tobacco and its virtue". The times of India. 6 June 2012. Retrieved on 10<sup>th</sup> March, 2014.
- [5] Jagdish Kaur, D. C. Jain. Tobacco Control Policies in India: Implementation and Challenges. *Indian Journal of Public Health*. 2011; 55(3):220-27.
- [6] Shetty P. Tobacco control in India: Strategies need to be redefined. *Clinical Cancer Investigation Journal*. 2013; 2(3): 271.

### PARTICULARS OF CONTRIBUTORS:

1. Assistant Professor, Department of Public Health Dentistry, Vishnu dental college, Bhimavaram, Andhra Pradesh, India.
2. Assistant Professor, Department of Public Health Dentistry, Vishnu dental college, Bhimavaram, Andhra Pradesh, India.
3. Assistant Professor, Department of Public Health Dentistry, Mamata dental college, Khammam, Andhra Pradesh, India.
4. Assistant Professor, Department of Periodontics, Vishnu dental college, Bhimavaram, Andhra Pradesh, India.
5. Professor, Department of Public Health Dentistry, Sri Sai College of Dental Surgery, Vikarabad, Andhra Pradesh, India.

### NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Gadde Praveen,  
Assistant Professor, Department of Public Health Dentistry, Vishnu Dental College, Bhimavaram, Andhra Pradesh, India.  
E-mail: gaddephd6@gmail.com

FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: **Apr 02, 2014**

Date of Peer Review: **Jul 05, 2014**

Date of Acceptance: **Jul 05, 2014**

Date of Publishing: **Jan 01, 2015**