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IN THE HIGH COURT OF JUDICATURE AT BOMBAY

ORDINARY ORIGINAL CIVIL JURISDICTION

PIL PETITION NO. ^(L) 46 OF 2017

**In the matter of Article 226 of
the Constitution of India**

And

**In the matter of Articles 21 &
47 of the Constitution of India**

And

**In the matter of the Cigarettes
and Other Tobacco Products
Act, 2003**

And



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In the matter of The World
Health Organization
Framework Convention on
Tobacco Control, 2003

And

In the matter of the Life
Insurance Corporation Act,
1956

And

In the matter of the ex-facie
illegal action of the
Respondent Nos. 1-5 in making
investments in Companies
engaged in
manufacturing/selling/advertis
ing of cigarette and other
tobacco products

Petitioners

1. Sumitra Hooda Pednekar aged about 72 years
Indian Inhabitant
R/o 201, Sunvin Apartment
Yari Road,
Near Madhuban Restaurant Andheri (West)
Vesava (Versova)
Mumbai, Maharashtra- 400061
PAN: AAHPP6060E



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Adhaar No.: 622385671107

2. Dr. Pankaj Chaturvedi aged about 48 years
Professor & Surgeon, Tata Memorial Hospital
Indian Inhabitant
C/o, Tata Memorial Hospital
EB Road, Parel
Mumbai
PAN: ABKPC4807A
Email: chaturvedi.pankaj@gmail.com
3. R Venkataramanan aged about 42 years
Managing Trustee, Tata Trusts,
Indian Inhabitant
R/o Flat no. 302, Sterling Heritage,
39 N.S. Patkar Marg, Hughes Road,
Mumbai 400 007
PAN: ABWPR2624J
Email: venkat.ramachandran@gmail.com
4. Dr. Abhay Bang aged about 66 years,
Doctor by profession,
Indian Inhabitant
C/o SEARCH,
Po & Dist: Gadchiroli
PAN: ABOPB5682N;
Aadhar no : 5099 6927 4854
Email : search.gad@gmail.com
5. Ashish Deshmukh aged about 43 years,
Member of Legislative Assembly, Maharashtra
R/o Barrkat, Opposite Collectors Office,
Civil Lines, Nagpur, Maharashtra 440001
PAN: ABKPD3347G
Email: d_ashish@hotmail.com
6. Dr. P. C Gupta aged about 73 years
Doctor by Profession, Indian Inhabitant
R/o 902 Keshav Kunj II B
Plot 3, Sector 15
Sanpada,
Navi Mumbai 400705
PAN:AABPG8192N
Email: pcgupta@healis.org



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7. Lakshman Sethuraman aged about 35 year,
Head, Project Management Group, Tata Trusts
R/o 7G, Sangam Bhavan B wing,
Brahmakumari Marg, Colaba, Mumbai, 400005
PAN: ACCPL6692H
Email: lakshmansethuraman@gmail.com

...Petitioners

Versus

Respondents

1. Life Insurance Corporation of India
Through its Chairman,
177, Babubhai M. Chinai Road,
Churchgate,
Mumbai, Maharashtra- 400032
2. The New India Assurance Co. Ltd.
Through its Chairman
87, M.G Road, Fort
Mumbai, 400001
3. General Insurance Company of India
Through its Chairman
Suraksha, 170, Jamshedji Tata Road,
Churchgate,
Mumbai,
Maharashtra 400020
4. The Oriental Insurance Company Ltd.
Through its Chairman
Oriental House, A-25/27,
Asaf Ali Road,
New Delhi - 110002
5. National Insurance Company Limited



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Through its Chairman)
3, Middleton Street,)
Prafulla Chandra Sen Sarani)
Kolkata,)
West Bengal, 700071, India)

6. Insurance Regulatory and Development Authority

Through Competent Authority)
Parisrama Bhavan, Basheer Bagh,)
Hyderabad,)
Telangana)

7. Union of India)

Through Secretary,)
Ministry of Health & Family Welfare)
Room No. 348; 'A' Wing, Nirman Bhavan,)
New Delhi-110011)

)...Respondents

Please see index on page 1.

TO

THE HONOURABLE CHIEF JUSTICE

AND THE COMPANION HONOURABLE

JUDGES OF HIGH COURT OF

JUDICATURE OF BOMBAY, ORDINARY

ORIGINAL CIVIL JURISDICTION AT BOMBAY.



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8. Ministry of Finance,)
Department of Financial Services,)
3rd floor Jeevan Deep Building,)
SansadMarg,)
New Delhi-110001.)
9. Ministry of CommerceandIndustry,)
UdyogBhavan,)
New Delhi- 110107.)
10. Ministry of Agriculture and Farmers Welfare,)
KrishiBhawan,)
Rajendra Prasad Road,)
New Delhi- 110001.)
11. Union of India)
Through Ministry of Law and Justice,)
4th Floor, A-Wing, ShastriBhawan,)
New Delhi- 110001.)
12. Securities and Exchange Board of India,)
Plot No.C4-A, 'G' Block,)
Bandra-Kurla Complex, Bandra (East),)
Mumbai - 400051.)

13. TIC Limited,)
Virginia House,)
37, Jawaharlal Nehru Road,)
Kolkata - 700071.)
14. Federation of All India Farmers Association,)
4-19-1/24, 2nd Lane, Vijayapuri,)
JKC College Road,)
Guntur, Andhra Pradesh- 522007.)
15. Federation of Karnataka Virginia Tobacco)
Growers Association,)
927, Post Office Road,)
Periyapatna Road, Mysore District,)
Karnataka- 571107.)
16. HemalKampani,)
7, Burdwan Road,)
Burdwan Court,)
Kolkata- 700027)

...Respondents

Amendment carried out as per
the directions given by this
Hon'ble Court vide its order dated
27th April 2017.

17. VAZIR SULTAN TOBACCO INDUSTRIES LTD.,)
1-7-1063/1065, AZAMABAD,)
P.O. BOX 1804,)
HYDERABAD-500020.)

18. DHARAMPAL SATYAPAL LTD.,)
C, 6-10, DHARAMPAL SATYAPAL (DS) ROAD,)
SECTOR - 67, NOIDA - 201309,)

...Respondents

Amendment carried out as per
the directions given by this
Hon'ble Court vide its order dated
4th May 2017.

Advocate for Petitioners

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**THE HUMBLE PETITION OF
THE PETITIONER ABOVE-
NAMED**

MOST RESPECTFULLY SHEWETH:

1. The present Petition is being filed invoking the Public Interest Litigation (hereinafter "**PIL**") jurisdiction of this Hon'ble Court under Article 226 of the Constitution of India; challenging the action of Respondent Nos. 1 to 5 herein, all being Public Sector Insurance Companies, (hereinafter "**the insurance companies**"), for making huge investments in tobacco manufacturing/selling companies.

2. The Petitioners are public spirited persons and lauded by their colleagues and wreathed with laurels of expertise and recognitions in their respective fields. As such, they cannot help but be exceptionally alarmed by the present, clear and continuing hazard of consumable tobacco. The Petitioners, being abreast of the relevant empirical data, have observed trends and implications which make the tobacco hazard a greater threat to the health and welfare of our citizenry, both present and future, than that posed by any other threat e.g. terrorism, insurrection, global warming, epidemics etc. Pertinently, the aforesaid hazard is an entirely man made one, as there is burgeoning and mostly unregulated industry,



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which is instrumental in converting tobacco leaves to various consumable forms thus creating the aforesaid public hazard.

3. Tobacco is the only consumer product that has no benefits and only causes death and disability. . Tobacco causes 90 percent of lung and oral cancers. The list of tobacco related diseases is long and includes heart disease, bronchitis, asthma, impotence, birth defects and growth retardation in babies, etc. Unfortunately, tobacco use remains high in our country. Nearly one third of the population above 15 years of age is using some form of tobacco in India. **TOBACCO CAUSES CANCER** is an admitted position. All these diseases can also affect the 'innocent bystanders' due to second hand smoke. Some startling facts - every day 2200 children smoke their first cigarette and a third of them will die prematurely due to smoking. Every 10 seconds, a human life is lost to tobacco use somewhere in India.

4. Under the circumstances the Petitioners are utterly perplexed by a particular aspect of the tobacco industry. This aspect pertains to the substantial investments made in the said industry by life insurance companies. The said aspect is perplexing because of the inherent, undeniable and irreconcilable contradiction between the nature and object of life insurance companies and the tobacco industry.



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Pertinently and astonishingly, the biggest investments have been made by public sector insurance companies operating with the primary objective of public welfare and using public funds for such operations.

5. The Insurance Companies, along with SUUTI (Specified Undertaking of Unit Trust of India) holds a 32% stake in ITC Ltd which is primarily a tobacco company, though it projects itself as a diversified conglomerate. The 383 crore shares that are held by Respondent Insurance Companies and SUUTI accounting for a majority of stakes in ITC, translates into a humongous amount considering the price at which the stock is currently trading at Rs. 280 per share, the total value of the stake held by these government owned institutions in ITC comes to a staggering Rs 1, 07,000 crore. Out of this figure a huge sum of Rs. 76,505 crore is the amount invested by the public sector insurance companies. This is clearly larger than the Annual Budgets of many of the smaller Indian States and can be a sound substitute for budgetary outlays that the Central Government earmarks for its citizen welfare measures. The government can utilise the amount locked up in a socially undesirable investment for carrying out its stated budgetary plans as far as citizen's health is concerned. Just to name a few; a new health protection scheme for health



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cover up to Rs 1 lakh per family that was sought to be implemented or for implementing the National Dialysis Service Program for which funds have been sought through a PPP mode to provide dialysis at all district hospitals or for providing senior citizens the additional healthcare cover of Rs 30,000 under a new scheme or to strengthen the PM Jan Aushadhi Yojana which seeks to open up 300 generic drug store.

6. It is apparent that the public sector insurance companies are acting to enable the use of public funds to benefit an industry creating a public hazard. Such actions violate the statutes creating the said companies, as well as, various other statutes which protect the public from the hazards of tobacco products. Such actions, also violate the Constitutional mandates precipitating the said statutes, read with the mandate expressly categorising tobacco products as a public hazard. Such violations assail the very foundations of our country's Constitutional identity which is that of welfare state. In light of the forgoing, the present Petitioners, being a part of the responsible, socially aware and concerned intelligentsia are duty bound to draw this Hon'ble Court's attention to the above-mentioned oversight and violations, and pray for urgent ameliorative and remedial measures in that regard.



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7. As such, The Petitioners by way of the present PIL seek to empirically demonstrate that the above-mentioned investments have enable the Tobacco companies to attain a size, scale and clout that which might not have been possible otherwise. Such size, scale and clout in turn render vast public expenditure on anti-tobacco campaign, grossly futile and thus making tobacco companies immune to any/all disincentives. As such the said companies have become infallible and continue to make abnormal profits on the back of an inelastic demand by its addicted users.
8. The Petitioners recognise that this Hon'ble Court might be disinclined to opine on or formulate a policy. However, the Petitioners are also hopefully confident that this Hon'ble Court will exercise its unfettered powers to protect the integrity of the Constitution, the Constitutional identity, the statutes enacted for the public welfare and to cure the prejudicial investments made by the public entities, as referred to hereinabove.
9. A brief description of all the Petitioners is being herein below:
- Petitioner No.1**
- Petitioner No.1 is a conscientious, socially aware and sensitised citizen working tirelessly towards social causes such as women empowerment and deaddiction movement. She is the wife of Maharashtra's former Home & Labour

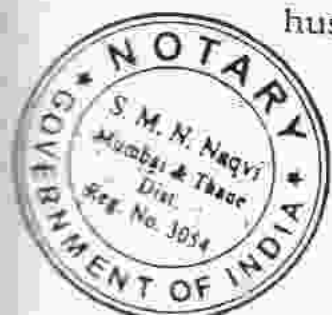


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Minister Late. Sh. Satish Pednekar, who died of throat cancer. Her husband's death was due to his addiction to tobacco. Since the demise of her husband, she has been volunteering in the anti-tobacco campaign in India. She has participated in many sensitization events organized by tobacco control organizations; has written many letters to the Hon'ble Prime Minister, Union Health Minister, Union Finance Minister & State Chief Ministers, Health Ministers on issues such as pictorial pack warnings, VAT increases, Gutka ban, chewing tobacco ban and many more. She interacted with the key officials during the World Health Organization Economics meeting in New Delhi and sensitized them to the hazards posed by the tobacco industry in our country. She made a short film on the ill effects of tobacco which was screened at the "Censor Board of Film Certification: Regulations Governing Tobacco depiction in Movies and Television" in 2013 organized by the Ministry of Health & Family Welfare in collaboration with the World Health Organization. Her story moved the motion picture industry professionals in attendance at the event.

She has been a crusader for in the anti-tobacco campaign and has never hesitated to sensitize and protect her fellow citizens from the hazard of tobacco use after losing her husband to the same preventable malaise.



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Petitioner No.2

Dr Pankaj Chaturvedi is a Professor and Head & Neck cancer Surgeon at Tata Memorial Hospital, Mumbai. He has been invited as visiting faculty in 34 institutions in 21 countries. He is member of several prestigious national and international organizations and he is reviewer of several leading journals and he is the editor of the Textbook of Head and Neck Surgery. He is the Assistant Editor of the International Journal of Head and Neck surgery. He has authored several book chapters and more than 150 papers in international peer reviewed journals. He is Principal investigator of several clinical trials and his main area of interest is early detection and prevention of oral cancer. He is the recipient of the Robert Maxwell Byers award of the American Head and Neck society in year 2010. He was nominated as Council Member of the prestigious International Academy of Oral Oncology. He is also the Secretary General of International Federation of Head Neck Oncologic Societies.

Dr. Chaturvedi has tremendous interest in Public Health issue especially related to Tobacco control. He was the coordinator of the Smoke free Mumbai - www.smokefreemumbai.org campaign. He started the famous Voice of Tobacco Victims Campaign (www.vovindia.org) which has allowed the cancer victims to voice their opinion on the issue of tobacco control. This campaign was instrumental in ban on Gutka all over India and also increase in Tobacco Taxes in some states. He



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received WHO Director General's award in 2010 for this campaign. He represented India as Global Cancer Ambassador to New York to lobby with UN representatives for the special UN summit on Non Communicable diseases. He was awarded Outstanding Young Indian award for his public health initiatives. He was selected as a speaker on behalf of the Civil Society in UN Summit on Non Communicable diseases, 2011 in New York. He is also the recipient of the Judy Wilkenfield Award for excellence in Tobacco Control by Campaign for Tobacco Free Kids, Washington, USA. Recently he was conferred British Medical Journal award popularly known as Oscar of Medicine, On world CSR day he was conferred coveted Social Innovation & Iconic Leadership Award (2016). The Petitioner also led a nationwide campaign against *gutkha*, which included appearing before and exhorting the Hon'ble Apex Court to control/ban *gutkha* in the case of *AnkurGutkha vs. Indian Asthama Care Society &Ors.* being SLP No. 16308/2007. It led to a ban of using plastic material in the sachets of *gutkha* and pan masala vide order dated 7 December 2010. Owing to the continued efforts of the Petitioner and other public spirited persons, eventually, the Hon'ble Apex Court in *Central Arecanut Marketing Copn. &Ors. Union of India*, Transfer Case (Civil) No(s). 1/2010 and other Petitions, including *AnkurGutkha(Supra)*, sought strict compliance to Regulation 2.3.4 of the Food Safety And Standards (Prohibition and Restrictions on Sales)



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Regulations, 2011 ("the Food Safety Regulations"), including by order dated 23 September 2016. The said Regulation prohibits usage of any substance which may be injurious to health. It states that *tobacco and nicotine shall not be used as ingredients in any food products*. This in effect puts a restraint on manufacture of gutkha.

Petitioner No.3

R. Venkataramanan is the Managing Trustee of Tata Trusts. He oversees various public health initiatives undertaken by Tata Trusts. He is also an active participant in various anti-tobacco activities and by virtue of his role at the Tata Trusts has spearheaded many initiatives to fight the menace of tobacco. He is currently a Trustee of the Tata Medical Center Trust which governs the Tata Medical Center, Kolkata, a state-of-the-art cancer hospital and is a member of the governing council of Tata Memorial Centre, Mumbai a grant in aid institution under the Department of Atomic Energy. Due to close interaction with cancer treatment and witnessing suffering of several cancer patients, he has decided to lend support by joining present PIL as a conscious and responsible citizen. He has approached this Hon'ble Court to examine the conduct of insurance companies making investments in tobacco related products, which are hazardous to public health.

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Petitioner No. 4

Dr Abhay Bang is the Director of SEARCH (Society for Education, Action and Research in Community Health) which he founded 25 years ago with his wife, in one of the most underdeveloped districts, Gadchiroli, in the State of Maharashtra. He and his organization are known globally for their pioneering work on reducing child mortality and on tribal health. He has studied the magnitude of tobacco use and its cost to the people of Gadchiroli district. He has led the initiative - *Muktipath*, to reduce tobacco consumption and harm caused by it in Gadchiroli district. He is currently Chairman of the Expert Committee on Tribal Health Government of India, and a member of the Central Health Council, the highest health policy making body, Govt. of India.

They have received 53 awards - international, national, state and private, including the gold medal of the Indian Council of Medical Research, 'Maharashtra Bhushan' the highest award in the state and the 'Global Health Heroes' by the TIME magazine.

Petitioner No.5

Ashish Deshmukh, is a Member of the Legislative Assembly in Maharashtra and a strong anti-tobacco crusader. He is the Chairman of NGO "No Tobacco Association" which since last two decades have undertaken various public education



programs against tobacco, implementation of COTPA 2003 amongst rural and urban areas, public awareness rallies, regularly. Recently in 2016, he implemented successfully the unique concept of "CANCER FREE CONSTITUENCY"(CANCER MUKTA ABHIYAN) where in all types of cancers were diagnosed, treated and educated against cancer. About 2.50 lakhs citizens from 10 rural areas were sensitised through ASHA workers and diagnosed and treated by medical and dental professionals. 5100 patients suspected to have cancers were screened clinically by mammography, examined by PAP smear and were educated with a concept of "Self Mouth Mirror Examination". This unique concept was appreciated in Maharashtra Legislative Assembly and the Government of Maharashtra has requested all MLAs to undertake this humanitarian project for the benefit of sufferers of cancers.

Dr Ashish Deshmukh has participated in 13th World Conference on Tobacco or Health Washington DC 2006 and also at Haridwar India at Holistic approach to Tobacco Control a conference organised by Government of Uttarakhand in 2005.

Petitioner No.6

Dr. Prakash C. Gupta is the Director of Healis - Sekhsaria Institute of Public Health since its foundation on August 1, 2004. He is an Adjunct Professor at the Department of Epidemiology and Biostatistics, Arnold School of Public



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Health, University of South Carolina, USA and a Visiting Scientist at the Harvard School of Public Health, Harvard University, USA. He was a Senior Research Scientist at the Tata Institute of Fundamental Research (joined October 1966), and Honorary Consultant at the Tata Memorial Centre, Mumbai until July 31, 2004. He was President of the 14th World Conference on Tobacco and Health that was held in Mumbai, India during March 8-12, 2009 and of three national conferences on tobacco or health. He was President of the Action Council against Tobacco - India and Founder-Member of the Cancer Foundation of India. He is on advisory panel of numerous NGOs working on cancer control and tobacco control. He has a Doctor of Science degree in Epidemiology from the Johns Hopkins University, U.S.A.(1975), and a Master of Science in Statistics from the Bombay University (1965). He was a Takemi Fellow at the Harvard School of Public Health, Boston, U.S.A. (1984-85), a Visiting Scientist at the International Agency for Research on Cancer, Lyon, France (1993-94) and a Distinguished Visiting Scientist at the Medical Research Council, South Africa during July-August 1998.

Dr. Gupta has authored or co-authored 234 papers in peer-reviewed journals, 34 in peer-reviewed proceedings and books, edited or co-edited 17 scientific reports, proceedings and special issue of journals, contributed 20 chapters in 18 books and has contributed to 88 group publications in



addition to writing numerous commentaries, editorials, letter to editor, e-articles etc.

In editorial capacity, Dr. Gupta has been connected with numerous journals in the past as well as currently including as the Regional Editor for South-East Asia for the journal, Tobacco Control. He has edited special issues of journals and has peer reviewed research papers from over 20 research journals

Dr. Gupta is consulted by many organizations like the World Health Organization, CDC Foundation, an International Agency for Research on Cancer, and others. He is a member of the WHO Study Group on Tobacco Product Regulation (TobReg), Steering Committee of the National Cancer Registry Programme of the Indian Council of Medical Research and many more expert groups. Dr. Gupta has received several prestigious awards. Some important ones are: the Luther Terry Award from the American Cancer Society for Exemplary Leadership in Tobacco Control in the category of Outstanding Research Contribution presented to him during the 12th World Conference on Tobacco or Health in Helsinki, Finland on August 4, 2003; Tobacco Free World Award from the Director General, World Health Organisation, Geneva on May 31, 1999 for Outstanding Contributions to Public Health. Other recognitions include a photograph on the cover of the journal Cancer Research vol. 59 no. 10 issue May 15, 1999



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with a legend inside and oration award from several institutions.

Petitioner No.7

10. LakshmanSethuraman heads cancer infrastructure projects at Tata Trusts and was one of the project coordinators of the Tata Medical Center, Kolkata. Currently working on some major Greenfield hospital concepts as well as on state-wide cancer care programs, Lakshman is also a member of the governing council of the Tata Memorial Centre, Mumbai a grant in aid institution under the Department of Atomic Energy.
11. That the present petition is being filed by way of PIL and the Petitioners do not have any personal interest in the matter.

The Petitioners shall now highlight the key issues leading to the filing of the present Petition:

The Menace of Tobacco

12. The harmful effects of tobacco are well known and have been documented at various times. These effects are on the general public health, the environment as well as the public exchequer.



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13. According to the official website of the World Health Organization ("**WHO**"), India is the second largest consumer of tobacco. According to a Tobacco Fact Sheet released by the Respondent No.7 and Tata Memorial Centre, At current rates of consumption, 1 billion people will be killed in this century because of tobacco. In India, there are 27.5 crore tobacco users i.e. every third Indian adult uses some form of tobacco. Tobacco kills every third tobacco user prematurely through cancer, heart attack, lung diseases, stroke etc. A smoker loses 8 years of his life due to this addiction. Tobacco is responsible for nearly 50% cancers in India and 90% of mouth cancer patients die within 12 months of diagnosis. As per WHO, tobacco addiction is a disease. Therefore, every third adult Indian is suffering from a serious disease. About 10 lac Indians die from tobacco related diseases each year in India. This epidemic kills more people than tuberculosis, accidents, homicides, suicide, AIDS and malaria combined. A copy of the Tobacco Fact Sheet is hereto annexed and marked as Exhibit- "A".

14. Tobacco smoke contains more than 7000 harmful chemicals/toxins and 69 carcinogens including nicotine, tar and other radioactive components. Cigarette smoke consists of components like ammonia, arsenic, carbon monoxide, hydrogen cyanide, DDT, formaldehyde etc. which cause many health problems, the most deadly being cancer. Smokeless

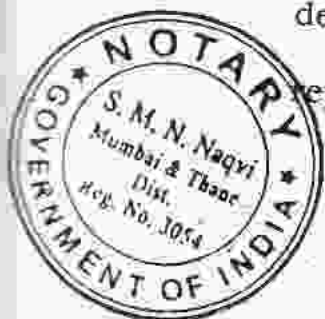


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tobacco contains more than 3000 chemicals including several that cause cancer. Additionally, it is also a prominent reason for Disability Adjusted Life Years (DALYs) lost. It can be easily deduced that Tobacco use, and in particular smoking, is the largest cause of preventable death among adults in India, as it is globally. The agricultural practices related to tobacco farming lead to deforestation and soil degradation. Agrochemical pollution and deforestation in turn leads to ecological disruptions that cause a loss of ecosystem services, including land resources, biodiversity and food sources, which negatively impact human health. It can be safely concluded that there are direct effects to the subject of such smoke and indirect effects to the environment as a result of operation of the business.

15. A joint report on Tobacco Control in India supported by Respondent No.7, Centres for Disease Control and Prevention, USA and WHO noted and estimated that Tobacco use is a serious public health challenge in several regions of the world. It has assumed the dimension of an epidemic resulting in enormous disability, disease and death. It is estimated that five million preventable deaths occur every year globally, attributable to tobacco use. At this rate, the number of such deaths is expected to double by 2020. A copy of the said report is hereto annexed and marked as **Exhibit- "B"**.



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16. According to an article titled *"Attributable deaths from smoking in the last 100 years in India"*, Current Science, Vol.103, No.9, 10 November 2012, Nearly 4.52 trillion cigarettes and 40.3 trillion beedis have been produced between 1910 and 2010 in India, which are estimated to be responsible for nearly 10 crore0 million premature deaths in adult men of under 35 years of age. Of these, 2.2 crore deaths are on accounts of cigarettes alone. A copy of the said Article is hereto annexed and marked as **Exhibit "C"**. Moreover, the butts of these cigarettes are a huge environmental hazard as established in an article titled *"Butt really? The environmental impact of cigarettes"* published in the Tobacco Control, May 2011, Vol.20, Suppl.1. , a copy whereof is hereto annexed and marked as **Exhibit- "D"**.

17. The **Hon'ble Supreme Court in the case of Murli S Deora vs. Union of India and Ors. 2001 Supp. (4) SCR 650,** opined as under:

"Tobacco is universally regarded as one of the major public health hazards and is responsible directly or indirectly for an estimated eight lakh deaths annually in the country. It has also been found that treatment of tobacco related diseases and the loss of productivity caused therein cost the country almost Rs. 13,500 crores annually, which more than offsets all the benefits accruing in the form of revenue and employment generated by tobacco industry".



18. The ill effects of tobacco and economic burdens of tobacco enticed diseases were further acknowledged by the **Hon'ble Supreme Court in Health for Million vs. Union of India &Ors. [Civil Appeal No. 5912-5913/2013]** wherein the Hon'ble Court observed:

"The consumption of tobacco and tobacco products has huge adverse impact on the health of the public at large and, particularly, the poor and weaker sections of the society which are the largest consumers of such products and that unrestricted advertisement of these produces will attract younger generation and innocent minds, who are not aware of grave and adverse consequences of consuming such products. We have no doubt that the Central Government and the State Governments across the country are alive to the serious and grave consequences of advertising tobacco and various products manufactured by using tobacco. They know that the consumption of these products will result in rapid increase in the number of cancer patients and huge proportion of the Budget earmarked for health of the common man will have to be used for treating the patients of cancer."

Despite such strong, unequivocal statements made by the Hon'ble Supreme Court, the stand of insurance companies qua the industry remains unchanged and heavy investments continue to flow.

Economic repercussions of Tobacco related Diseases



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19. The use of tobacco and the associated mortality and morbidity are a significant economic burden on society. As per the findings of the study titled "Economic Burden of Tobacco Related Diseases in India" (2014) commissioned by the Respondent No.7, the total economic costs attributable to tobacco use from all diseases in India in the year 2011 for persons aged 35-69 years amounted to Rs. 1,04,500 crores. This estimated cost was 1.16 % of the GDP and was 12 % more than the combined state and central government expenditures on health in 2011-12. In a simple cost benefit analysis it would sound apathetic that the government, even from a financial point of view, continues to fund the Industry, let alone the Public Interest and Constitutional reasons. A copy of the executive summary of the said study is hereto annexed and marked as Exhibit- "E".

20. It was observed by the Parliament Standing Committee on Science and Technology, Environment and Forests, RajyaSabha, in its 285th report, on "Effects of Tobacco Curing on Environment & Forest" (paras 7 to 10) presented on 10th May, 2016 that *"The Committee finds that financial benefits that accrue in various forms on account of tobacco are negligible compared to losses suffered in terms of deaths of people and the expenditure incurred by the Government on treatment of tobacco related problems of people. Besides financial burden on the exchequer, its social cost/effect on*



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society in terms of expenditure on treatment on tobacco related diseases and loss of lives, is enormous. The Committee therefore recommends, that the cultivation of tobacco needs to be discouraged by providing incentives for shifting to other crops and dis-incentivizing production of tobacco gradually but definitely. The Committee also recommends that to discourage tobacco consumption of tobacco in any form, effective awareness campaigns needs to be launched". A copy of the said report is hereto annexed and marked as **Exhibit- "F"**

Therefore, disincentives from tobacco and incentives towards alternate crop farming need urgent implementation and awareness must increase,

Environmental perils of Tobacco

- 21. Tobacco contributes to deforestation in three ways: forests cleared for cultivation of tobacco, fuel wood stripped from forests for curing and forest resources used for packaging of tobacco, tobacco leaves, cigarettes, etc.
- 22. Tobacco growing depletes soil nutrients at a much faster rate than many other crops, thus rapidly decreasing the fertility of the soil. Tobacco displaces the indigenous flora and fauna and will thus gradually become a source of pests for other crops. It leads to collapse of the food web, thereby destabilizing the predator-prey relationship. Tobacco requires



huge chemical inputs. Such chemicals may run off into water bodies, contaminating local water supplies.

- 23. High levels of pesticide use may also lead to the development of resistance in mosquitoes and flies. Frequent contact with and spraying of chemicals, and storage of tobacco in residential premises of farmers have adverse health effects. Tobacco is heavily dependent on fertilizers. With increased irrigation, mistimed fertilizer application causes excessive leaching, including that of nitrogen and potassium.

Efforts by the Government of India so far.

- 24. In the above conspectus of admitted facts and the existing implemented initiatives to combat the ill-effects and detriment that tobacco causes to public health, the Government of India has been making continued efforts to reduce the use of tobacco and also for the cure of tobacco related diseases.

- 25. The Central Government has, inter alia, implemented the following programs/initiatives in this regard:

- (i) The National Tobacco Control Program (hereinafter "NTCP") was launched in 2007-2008. The Ministry of Health and Family Welfare (Respondent No.7 herein) had collaborated with WHO in 2001-02 to initiate



Tobacco Cessation Clinics (TCCs) in different health care facilities. 18 TCCs were established in government and non-government health facilities all over the country with support from WHO. Provisioning Tobacco Cessation Centres (TCCs) at the district level is an integral part of NTCP. Under the programme, the Government of India supports establishment of TCCs in each district. Currently, the programme is under implementation in 200 districts across 36 States and UTs. Setting up tobacco cessation centre (in district hospitals) is one of the key district level activities under the NTCP which has been subsumed under the Flexi-pool of Non-Communicable Diseases under the umbrella Programme of National Health Mission (NHM). The Ministry has also decided to provide training on tobacco cessation to all the Counsellors working at Integrated Counselling and testing centre (ICTC) under the National Aids Control Programme. In addition, under the NTCP, funds have been released to the State and the District Tobacco Control Cells to train private practitioners on counselling, so that they also take up cessation as a part of their ongoing activities. The position of social worker is supported in all the TCCs under the programme at the district-level. In order to build capacity of the NTCP staff in tobacco cessation activities, standard tobacco dependence treatment



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