





A GACD Implementation Science e-Hub Case Study

Knowledge synthesis on plain packaging to assess existing evidence to promote the selection of evidence-based policies and interventions for implementation in India

This case study was developed based on the work of

A comprehensive knowledge synthesis report on the possibility of plain packaging in India

Project team members

Nossal Institute for Global Health, The University of Melbourne, Melbourne, Australia

Case study summary

This case study outlines the process of synthesising knowledge on tobacco plain packaging policies for implementation in India, emphasising the importance of <u>local context</u> in adopting evidence-based policies and interventions.



Identification and characterisation of implementation issues

With India being the world's second-largest consumer of tobacco, the high prevalence of tobacco use presents significant challenges. The 2003 COTPA act made some inroads but was not sufficiently impactful, leading to considerations of plain packaging as a more effective intervention.



Selection, adaptation, and application of implementation strategies

The proposed plain packaging policy, removing all branding from tobacco products, is based on significant evidence, especially from Australia. However, adapting this to India's context, including its diverse tobacco products, necessitates localised evidence and strategies.



Development and delivery of the stakeholder engagement strategy

An Indo-Australian taskforce, supported by a grant, undertook a comprehensive knowledge synthesis project, leading to a report advocating for plain packaging in India, based on evidence from other jurisdictions and local market research.









Evaluating implementation

The report's launch and subsequent legislative proposals underscored the potential for policy change. However, progress has been slowed by various contextual barriers, including political changes and opposition from the tobacco industry.



Results and key findings

The study highlights the challenges of implementing public health policies in diverse settings, particularly the need for local evidence and the importance of considering the local context alongside international expertise.



Strengths and limitations

The case study's strengths lie in its comprehensive approach and stakeholder engagement. Limitations are primarily due to contextual barriers such as political opposition and the tobacco industry's resistance.



Success factors and challenges

Key to the study's initial success were the strategic <u>engagement of stakeholders</u> and the involvement of credible figures. The main challenges include the demand for local evidence and navigating the political and industrial landscape.



Next steps

Future directions include conducting further research to gather local evidence, aiming to strengthen the argument for plain packaging and facilitate its adoption in India.

References

World Health Organization, WHO global report: mortality attributable to tobacco, W. Press, Editor. 2012: Geneva.

Jhanjee, S., *Tobacco Control in India – Where are we now?* Delhi Psychiatry Journal, 2011. 14(1): p. 26.

Ministry of Health and Family Welfare India, *Tobacco use among students and teachers. Findings from the Global Youth Tobacco Survey and Global School Personnel Survey India.* 2010: New Delhi.

International Institute for Population Sciences & MoHFW India, *Global Adult Tobacco Survey (GATS) India 2009-2010*. New Delhi.

ITC Project, *TCP India National Report. Findings from the Wave 1 Survey (2010-2011).* 2013, University of Waterloo, Canada; Healis-Sekhsaria Institute for Public Health, India.

Ministry of Health and Family Welfare (Government of India), *Economic Burden of Tobacco Related Diseases in India. Executive Summary*. 2014, New Delhi: PHFI and WHO Country Office for India.

World Health Organization, WHO Framework Convention on Tobacco Control. 2003: Geneva.







Ministry of Health and Family Welfare India, *The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003.* 2009: New Delhi.

Arora, M., Tewari A, Nazar PN, Gupta K, Shrivastav R, *Ineffective pictorial health warnings on tobacco products: lessons learnt from India.* Indian Journal of Public Health, 2012. 56(1): p. 61-64.

Yadav, A., India: New Warnings to Cover 85% of Packs. Tobacco Control, 2015. 24(1): p. 3.

Moodie, C., et al., *Plain tobacco packaging: A systematic review.* UK Centre for Tobacco Control Studies, 2012.

Wakefield, M.A., et al., *Introduction effects of the Australian Plain Packaging policy on adult smokers: a cross-sectional study.* BMJ open, 2013. 3(7): p. e003175.

Lok Sabha Secretariat, Fourth Report on the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003, C.o.S. Legislation, Editor. 2015, Government of India Press: New Delhi.

White V, *Australian Secondary Students' Alcohol and Drug (ASSAD)*, Centre for Behavioural Research in Cancer (CBRC), Editor. 2015, Department of Health Canberra.

Hammond D, *Health warning messages on tobacco products: a review* Tobacco Control, 2011. 20(327).

Arora M, T.A., Grills N, Nazar GP, Sonrexa J, Gupta VK, Moodie R, Reddy KS., *Exploring perception of Indians about Plain Packaging of tobacco products*. Frontiers in Public Health, 2013. 1: p. 35.

Dunlop, S., et al., *Impact of Australia's introduction of tobacco plain packs on adult smokers' pack-related perceptions and responses.* BMJ Open, 2014. 4: p. e005836.

Hammond, D., *Standardized packaging of tobacco products: evidence review.* 2014, Irish Department of Health.

Australia India Institute, *Report of the All Taskforce on Tobacco Control: Plain Packaging of tobacco products*. 2012: Melbourne

Hughes N, Grills N, and Aurora M, Effect of plain packaging of tobacco products in low and middle income settings: A systematic review of the literature. Currently under reviewed, 2015.

Jann W and Werich K, *Theories of policy change*, in *Handbook of Public Policy Analysis: Theory, Politics, and Methods*, Fischer F and Miller GJ, Editors. 2007, Taylor and Francis group.

Henggeler, S.W., et al., *Transporting efficacious treatments to field settings: The link between supervisory practices and therapist fidelity in MST programs*. Journal of Clinical Child & Adolescent Psychology, 2002. 31(2): p. 155-67.



Key learning objectives

- 1. Recognize the need for localized evidence when adopting evidence-based policies like tobacco plain packaging in diverse settings.
- 2. Understand how strategic engagement with credible stakeholders can help overcome resistance and build momentum for policy change.







- 3. Learn how political changes and opposition from powerful industries, like tobacco, can slow down policy implementation.
- 4. Understand that further research is necessary to gather local evidence and strengthen the case for policy adoption in India.