Dear Editor,

We would like to congratulate Thakur et al.\(^1\) for this commendable study highlighting the dilemma of smoking in the adolescent age group. This age group is particularly vulnerable to increased lung cancer risk as well as other dangers of smoking.

Interestingly at approximately the same time when this study was being started, that is, October 2012, the Indian state of Himachal Pradesh had introduced a ban on cigarettes, bidis, gutka etc., and using, selling, storing, manufacturing and distributing tobacco-based products was barred under the provisions of Food Safety and Standards Act, 2006. Smoking at public places had already been banned in 2008. Subsequently, Himachal Pradesh was declared as “smoke-free” in December 2013 for achieving 85.42% compliance with the relevant parameters.

Smoking bans have been implemented in many developed countries. In a Cochrane review of 50 studies that studied legislative smoking bans (2010) exposure to smoke was reported to have reduced in workplaces, restaurants, pubs and in public places. The ban had resulted in no consistent evidence of a reduction in smoking prevalence, but the trend was downwards. Total tobacco consumption was reduced in studies where prevalence had declined. There was consistent evidence of a reduction in hospital admissions for cardiac events.\(^2\) In Italy, cigarette consumption was reduced by 2% and annual smoking prevalence decreased by 1–3% in men and by 0.4–2.0% in women as a result of legal intervention.\(^3\)

Thus, smoking bans have largely been helpful in the developed countries.

Though compliance to anti-smoking legislation in this hilly state of India with higher literacy rate have been reported to be more than 80%\(^4\) the smoking rates in adolescents reported in the present study should send alarm bells ringing. The effective implementation of the law need not be overemphasized here, and this cannot be possible without the whole-hearted participation of society: Not only literate but an educated society!

In a Cancer Prevention Survey 2013\(^5\) done in Australia the measures that received greatest support to reduce smoking prevalence included:

- Imposing greater penalties for the sale or supply of tobacco products to those under the age of 18,
- Requiring retailers to have a licence to sell tobacco (as alcohol),
- Banning display of tobacco products at the sales counter.

It is the need of an hour that policies like these are implemented and enforced (of course taking care of the local needs and aspirations). And all this needs to be complemented by community education and mass media campaigns with full public participation for any effective progress to be done against this scourge of tobacco use in any form.

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Letters to the Editor

References

1. Thakur D, Gupta A, Thakur A, Mazta SR, Sharma D. Prevalence of cigarette smoking and its predictors among school going adolescents of North India. South Asian J Cancer 2014;3:193-95.
2. Callinan JE, Clarke A, Doherty K, Kelleher C. Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption. Cochrane Database Syst Rev 2010;CD005992.
3. Gorini G. Impact of the Italian smoking ban and comparison with the evaluation of the Scottish ban. Epidemiol Prev 2011;35:4-18.
4. Kumar R, Chauhan G, Satyanarayana S, Lal P, Singh RJ, Wilson NC. Assessing compliance to smoke-free legislation: Results of a sub-national survey in Himachal Pradesh, India. WHO South East Asia J Public Health 2013;2:52-6.
5. Cancer Prevention Survey 2013 Tobacco Control Module. Cancer Council NSW. Available from: http://www.cancercouncil.com.au/78319/. [Last cited on 2014 Oct 30].

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