



TOBACCO-FREE *Times*

www.rctcpgi.org

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A STEP TO CONTROL THE GLOBAL TOBACCO EPIDEMIC

E-Resource Centre for Tobacco Control, a collaborative beginning of Post Graduate Institute of Medical, Education & Research (PGIMER) Chandigarh and The International Union Against Tuberculosis and Lung Diseases (The Union) features a comprehensive compilation of statistical information about the world's most significant risk factor of cancer: tobacco use. As the tobacco industry intensifies its marketing strategies in developing countries, the proportion of tobacco-attributed deaths worldwide continues to increase. E-RCTC is one element in a growing global information system to monitor the pandemic and support international tobacco control efforts.

The main aim of this collaboration is to facilitate strategic planning and action among those responsible for promoting, developing, implementing and enforcing comprehensive legislation to protect the public and workers from exposure to tobacco smoke. It reflects a high degree of cooperation and collaboration between hundreds of tobacco control advocates around the world who are willing to contribute to end this pandemic. Further, the portal helps in aiding all the countries in vigorously pursuing the tobacco control recommendations which will help in decreasing tobacco-related morbidity and mortality worldwide.

Tobacco Free Times 12th edition released



The 12th edition of Tobacco Free Times feature the concept of "Tobacco Vendor Licensing". It was successfully released during the National Consultation on "Women and Tobacco" held on 27th March, 2021 by Ms Preeti Sudan, IAS, (Chief Guest) and many other eminent tobacco control experts viz. Dr Mira b Aghi, Ms Ashima Sarin, Dr Jagdish Kaur, Dr Nidhi Sejjal Pouranik, Dr Monika Arora, Dr Parakash Gupta, Dr Shalini Singh, Dr Rakesh Gupta, Dr Sonu Goel, Dr Deepak Mishra and Dr Prabhakara of the consultation.

EDITOR'S SPEAK



E-RCTC has made its strides towards ending the tobacco pandemic across the globe. The portal has helped in increasing the collaborations between organizations and health care professionals from different corners of the globe who strive to work on diverse tobacco related issues in their regions. I am very pleased to bring out the 13th Edition of Tobacco Free Times with the theme "Women and Tobacco". This is a much needed topic for discussion in today's world as the fairer sex is being targeted by Tobacco Industry through aggressive marketing of their products by glamorizing them. I urge the government to work on these issues by forming a gender-focused policy for tobacco control.

- Dr Sonu Goel

Director, E-RCTC & Professor, PGIMER Chandigarh

EXPERTS SPEAK



"The team has put incredible efforts to consolidate information from all over the country and making the data approachable with ease to the researchers and policymakers. I appreciate the hardwork for providing valuable insight on strategies to tackle the burden of tobacco product waste in the country which will help us to achieve tangible benefits and making the nation tobacco free."

- Dr. Jagadeeswara Rao Sukhabogi

Professor and Head, Department of Public Health Dentistry Govt. Dental College and Hospital, Hyderabad, Telangana



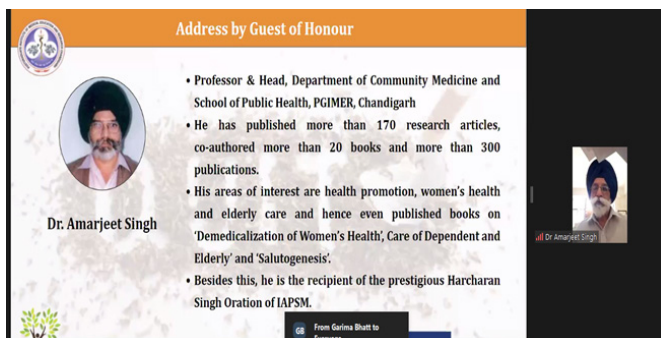
"I congratulate the E-Resource Centre for Tobacco Control (E-RCTC) team for release of 13th edition of bi-monthly news letter "Tobacco Free Times". Beyond a news letter, such effort would help the entire tobacco control fraternity to gain necessary information on relevant themes and activities to support the cause. In the present pandemic situation of COVID 19, I appeal everyone to refrain from tobacco use of any form, as it could enhance the spread of this virus and other such diseases. Further, I wish all implementers, policy makers and stakeholders for very strict implementation of guidelines and laws under tobacco control for greater interest of public health and well-being of the people at large. Best wishes for more success."

- Ms. Mamina Pattnaik

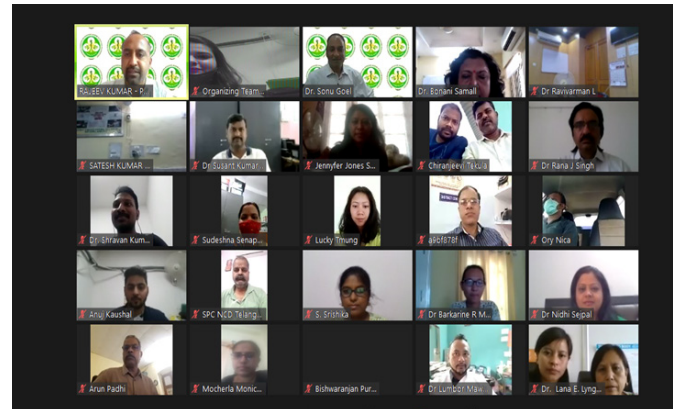
Deputy Drugs Controller-cum-Licensing Authority, Directorate of Drugs Control, Government of Odisha



A regional level capacity building workshop for orientation and sensitization of NTCP implementation and effective enforcement of tobacco control policies was successfully held



A 3-day long regional level capacity building workshop for important stakeholders and partners from four project states (Meghalaya, Odisha, Telangana, Puducherry) was organized by Resource Centre for Tobacco Control under the Department of Community Medicine and School of Public Health PGIMER, Chandigarh in collaboration with The International Union Against Tuberculosis and Lung Diseases, Jawaharlal Institute of



Postgraduate Medical Education & Research, Puducherry, North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong and AIIMS Bhubaneswar. It was successfully held virtually from 28th April-30th April 2021 through a zoom platform for orientation and sensitization of NTCP implementation and effective enforcement of tobacco control policies in the respective states.

The workshop was attended by 80+ participants from various organizations. The event was graced by eminent dignitaries viz. Dr Amarjeet Singh; Dr Rana J Singh; Dr Nidhi Sejal Pouranik; Dr Sonu Goel; Dr Amit Yadav; Mr Pranay Lal; Dr Rakesh Gupta; Dr Gopal Chauhan; Ms Opinder Preet Gill; Ms Ashima Sarin; Ms Vaishakhi Mallik; Mr Deepak Mishra and Dr Kamlesh Jain.

State level capacity building workshop successfully conducted: Puducherry

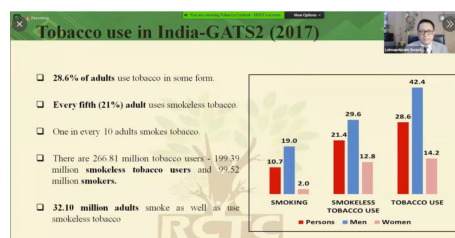


A state level capacity building workshop was successfully organized by PGIMER Chandigarh in collaboration with JIPMER, State Tobacco Control Cell Puducherry and International Union against Tuberculosis and Lung Disease (The Union South-East Asia) at Accord Puducherry on 18th March, 2021. The workshop was hybrid (online and physical) and was attended by 37 participants. Various eminent dignitaries were the speakers of the workshop.

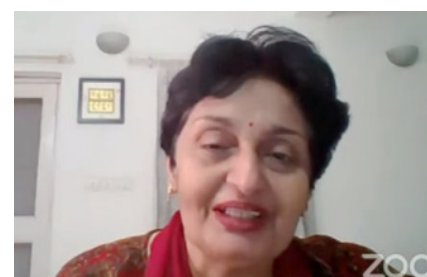
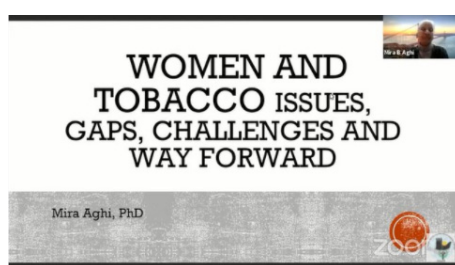
Bonus workshop on “Basics of Tobacco Control” successfully conducted



A bonus workshop on “Basics of Tobacco Control” organized by Resource Centre for Tobacco Control was successfully conducted virtually during the National Conference on Indian association of Preventive and Social Medicine on 13th March, 2021 and was attended by more than 150 participants from across states. Some of the resource persons involved in the course were the key speakers of the workshop viz. Dr P C Gupta, Dr Rana J Singh, Dr Poonam Khattar, Dr Amit Yadav, Dr Suneela Garg, Dr L Swasticharan and Dr Sonu Goel.



National consultation on “Women and Tobacco: issues. Gaps, challenges and way forward” held on 27th March, 2021



A National Consultation on “Women and Tobacco: Issues, Gaps, Challenges and Way forward” was organized by Resource Centre for Tobacco Control, Strategic Institute for Public Health Education and Research, Chandigarh and Generation Saviour Association, Mohali on 27th March, 2021. Eminent dignitaries from disparate background graced the consultation.

IEC materials on tobacco free educational institutions and COTPA sections released

The IEC materials on tobacco free educational institutions and COTPA sections were successfully released during the state level capacity building workshop held in Puducherry on 18th March, 2021.

Placement of signages on tobacco control themes: Odisha

The placement of signages on tobacco control themes viz. “No Tobacco/Smoking Zone”, “Found smoking inside the campus shall have to pay fine up to Rs. 200”, “Tobacco Free Premise”; was done at all CHCs, SDH and DHH of Kalahandi district.

PROJECT UPDATES

Enforcements under COTPA carried out successfully: Odisha

The enforcements and collected fine under COTPA Laws are being carried out on regular intervals in the state of Odisha.

Imparting awareness on tobacco related issues in school campuses: Meghalaya

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences helped the State Tobacco Control Cell in selection of the designs suitable for school students and proper locations for wall paintings on tobacco related issues as a part of imparting awareness in the state.

Mapping of tobacco-free generation components

The data as per the format provided for mapping was successfully prepared and submitted by the State of Meghalaya and Puducherry towards the Tobacco Free generation (TFG). However, the other two states (Odisha and Telangana) are in the process of the same.

Preparation for the case study paper to "Highlight the effort of the Govt. of Meghalaya towards implementation of NTCP before and after 2018"

The collection and compiling of all Government Circulars and Orders of the State of Meghalaya pertaining to the National Tobacco Control Program (NTCP) for preliminary preparation for the case study paper to highlight the effort of the Govt. of Meghalaya towards implementation of NTCP before and after 2018.

Implementation of FCTC article 5.3

The implementation of Article 5.3 of FCTC is in process in all the four states. In this regard, a follow up for notification of FCTC Article 5.3 from the Government has been done in the state of Odisha.

IEC mass awareness campaign conducted: Meghalaya

Three week long IEC mass awareness campaign was organized on National Tobacco Control Programme by the East Khasi Hills - District Tobacco Control Cell at various locations of East Khasi Hills district from 24th February to 15th March, 2021. It included various presentations on ill effect of tobacco use and awareness on COTPA followed by a quiz, street play and concluded by pasting of IEC stickers on COTPA Section 4, Section 6(a) and section 6(b) in all the shops and public areas in the vicinity of the markets.

Collection of datasets for pack warning and loose cigarette study

The datasets from all four states (Telangana, Odisha, Puducherry, Meghalaya) were collected, cleaned and combined for the pack warning and loose cigarette study.

Research paper on "Implementation status of the signage for tobacco free educational institute and its impact on the sale of tobacco products within 100 yards of the establishment." is in process

A literature review for the research paper on "Implementation status of the signage for tobacco free educational institute and its impact on the sale of tobacco products within 100 yards of the establishment." has been successfully done.

One-to-one meetings

A total of fifty eight (58) meetings were held during the month with various high level officials of 4 project states viz. Director, Public Health; State Nodal Officer, State Consultant - NTCP, State Consultants School Health Programme, NHM, CDMO, DPHO, Asst Manager-NCD, DM-RCH, DPM, Health Dept. / NHM, Assistant program officer, RBSK, RKSK, Communication / IEC, NHM, Deputy Drugs Controller-cum-Licensing Authority, Deputy Secretary, Higher Education Department and few other stakeholders ; regarding Regional level workshop to discuss project activities, conduction of NTCP workshops, awareness programs for various stakeholders and the general public as a technical support tobacco control programs in districts and states.



Women and Tobacco



Why focus on women?

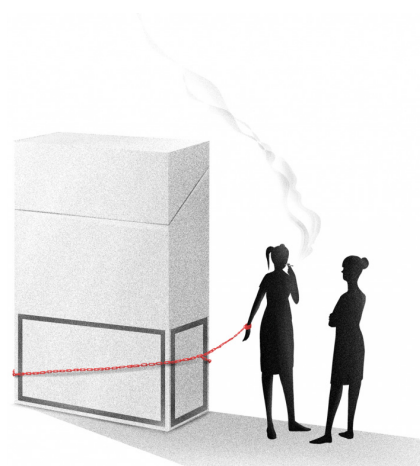
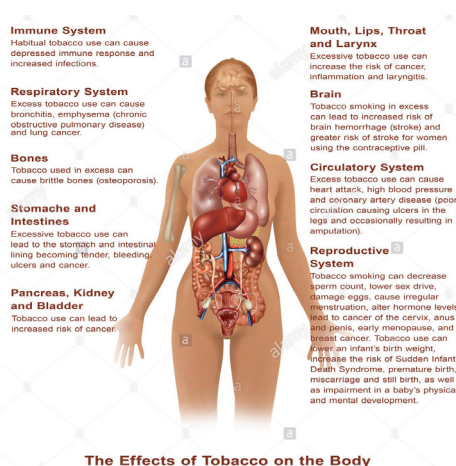
"The true strength of women is seen when she is in hot water and now it is the time to make them realize they are actually in it."

The women is the key focus for tobacco as the rise in the number of women smokers around the world have enormous adverse effects on households' financial status and family health. The health effects of tobacco on women are substantially more than men. Women suffer additional hazards during the time of pregnancy, female cancers and also face the additional hazards in terms of passive smoking. Previously, we had social and cultural constraints which prevented women in involving in tobacco practices, but now over a period of time these constraints are weakening and as a result rising trends of tobacco use among women is seen. Besides this, the tobacco industries also targeting women by marketing light, slim, flavored and many others like tobacco products. However, in India and in some other countries, women also use different forms of tobacco products. It is predicted to have a rise in the number of female users of tobacco over the next several decades as a result of increased prevalence, as well as population growth unless sustained and innovative initiatives are undertaken.



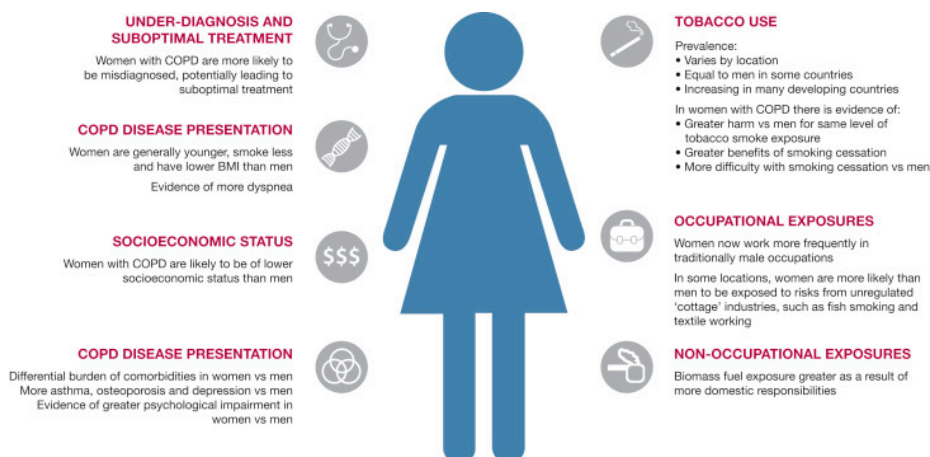
What is the worldwide burden of tobacco use among women?

Globally, the prevalence of smoking is higher for men (40% as of 2006) than for women (nearly 9% as of 2006). However, there is a wide regional variation in smoking prevalence among both males and females. For e.g. in the Americas and Europe the prevalence of female smoking is high, around 17% and 22% respectively. In South-east Asia and Western Pacific region the prevalence of smoking among males and females (37% in and 57% respectively) is 4-5%. Nonetheless, in half the countries surveyed by the Global Youth Tobacco Survey (GYTS), there is no sex difference in rates of youth smoking, indicating a rise in tobacco use among girls.



What is the burden of tobacco use among women in India?

According to the GATS 1 (2009-2010) 47.9% of males and 20.3% of females in India use tobacco. In the same year the GYTS survey established that 19% of the boys and 8.3% of the girls used tobacco. A 27.6% difference in tobacco use between genders among adults whereas a meager 10.7% difference among youth may be indicative of rising tobacco use among girls. Nearly 58.2 million women consume any form of SLT in India. The SLT use among women was over 10% in 16 States of India (GATS 2). Although SLT use has declined from 18.4 per cent (GATS 2009-2010) to 12.8 per cent (GATS 2016-2017) among women, a relative increase in SLT use was evident in nine States of India.



What are the roots of tobacco uptake among women?

Factors underpinning the initiation of tobacco use among women are different from that of men. The roots of tobacco uptake among girls and women often include cultural, psychosocial and socioeconomic factors. In Asian and Pacific countries where smoking has become a symbol of women empowerment, many young females are turning to tobacco use as a sign of freedom. Others take up the habit believing that smoking helps them to achieve one of the so called 'societal standards' of beauty- being slim. Quite contradictory to the actual facts some Indian women believe that chewing tobacco can cure toothaches and can be

useful during childbirth. Several studies have revealed that there is lower self-esteem among girls than boys which is likely to be associated with smoking. Girls also tend to overestimate smoking prevalence in their environment, are less knowledgeable about nicotine and addiction, and usually have parents or friends who smoke which in turn augment the initiation of smoking among them. In developing countries like India, the lack of health education programs and unequal access to health education and information by females results in girls having little or no knowledge on the harmful effects of tobacco use.

What is the level of exposure to Secondhand Smoke (SHS) among women?

In 2004, of the 430000 adult deaths due to SHS exposure, about 64% were women. Although by 2008, an additional 154 million people worldwide had been covered by comprehensive smoke-free laws, nearly 90% of the world's population is not protected. The existing laws do not limit exposure to SHS in homes where women and children are exposed through the smoking of the male family members. SHS compromises women's health, especially in cultures and countries where women do not have the power to negotiate smoke free spaces, even in their homes. A 2002 national survey reported that in China, less than 3% of the women smoked, even so more than half of the women of reproductive age were regularly exposed to tobacco smoke.

Ruminate.....

Men being the majority of world's smokers and largely responsible for women's involuntary exposure to SHS at home; have a duty to join in the gender equality movement and support women's human rights which is a cornerstone for a comprehensive tobacco control.

Why the negative impact of tobacco more severe among women?

Although women and men who smoke share excess risks for many diseases, women experience additional risks that are unique to them. Women who smoke are at increased risk of developing potentially fatal chronic obstructive pulmonary disease (COPD). In industrialized countries, the prevalence of COPD is now almost as high in women as it is in men. Lung cancer mortality rates among women have increased by 800% in United States. Lung cancer even surpassed breast cancer as the leading cause of death due to cancer in the country. In addition smoking also affects reproductive health. Female smokers are at a higher risk to experience infertility and delays in conceiving. Maternal smoking during pregnancy increases risk of prematurity, stillbirth, neonatal death and may cause reduction in secretion of breast milk. Smoking is also a cause of coronary heart disease (CHD) in women; this risk being higher among smoker women using oral contraceptives. Among postmenopausal women, current smokers have lower bone density than non-smokers and an increased risk of hip fracture.



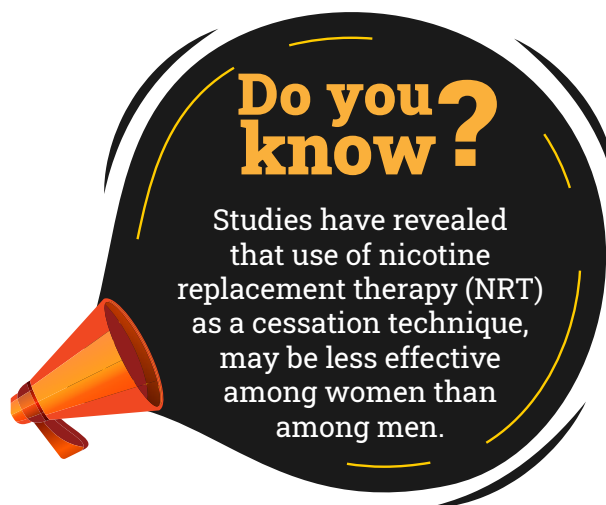
Why the tobacco addiction is stronger among women?

The nicotine content of tobacco products varies widely according to the brand and form of tobacco. More women than men smoke “light” or “ultra-light” cigarettes which is often construed as the safer alternative. In reality, “light” cigarette smokers engage in compensatory smoking. They inhale more deeply and more often, in an effort to achieve the desired amount of nicotine. Women have higher sensitivity to nicotine as compared to men and therefore affects women’s physiology and mood differently from that of men. For example, the rates of nicotine metabolism are significantly higher in women smokers who use oral contraceptives and those who are pregnant.



Why the cessation services are less effective among women?

A report by US Department of Health and Human Services concluded that “across all treatments, women have more difficulty giving up smoking than men, both at the end of treatment and at long-term points of measurement”. Women have also reported having more withdrawal symptoms as compared to men. Because women are more prone to depression there is an increased risk of relapse among female smokers as compared to males. Menopause, with its attendant hormonal changes (leading to behavioral events such as fluctuations in affect or difficulty with weight control) and changes in social roles, provides a barrier to cessation among women. The poverty and lack of social support are the other key barriers making quitting more difficult for them as compared to men.



How the tobacco industry influence women and girls?

One of the powerful influences driving the uptake of tobacco among women is the advertising tactics of tobacco industry. The tobacco industry portrays its product as a symbol of liberation for women by associating cigarette smoking with fashion, freedom and “modern” styles and values. There is enough evidence stating that the tobacco industry considers female consumers as a profitable market. “Female brands”, “light” cigarettes, low prices, easy availability and free samples are few of the strategies employed by tobacco industry and sadly, has succeeded in creating a huge market for the product among young women. In India, where it is deemed culturally incorrect for women to buy cigarettes openly, companies have set up a home-delivery system. Massive advertisement combined with changing gender roles and increased earning capacity among women has created a lucrative market for the product among women globally.

How the employment of women in tobacco industries effects them?



Beedi industry in India is among the biggest unorganized sector employing a large number of women and children. It earns huge profits at a low cost risk and liabilities. It is one of the most exploited industry where the employment of women exceeds that of men. The beedi industry comprises women and girls working for a male dominated industry where the manufacturer, contractor and the consumer are all males. Working for 14-15 hrs. a day they continuously inhale, swallow and expose their skin and mucous surface to tobacco dust predisposing them to development of several ailments.

What is the way forward?

Vigilance in tobacco control: Framing gender related tobacco control policy

A tobacco epidemic among women and girls will not only contribute to rise in health-care costs but also curtail any possibility of improving maternal health and reducing poverty. Application of gender equity framework to tobacco control is integral to effective implementation of WHO-FCTC, especially the articles concerning with SHS, packaging and labelling, health warnings, and ban on TAPS. *A gender equity framework suggests that comprehensive tobacco control requires gender analysis to many sectors outside health- including finance, trade and agriculture- all of which influence tobacco use among women.*

Ruminate.....

The design of tobacco control policies may be gender neutral, yet the policies affect men and women very differently.

Following table proposes WHO-FCTC articles from the lens of gender equity framework.

Gender equity perspective on WHO-FCTC

Article	Content	Interpretation through gender equality framework
Article 11.1a	<ul style="list-style-type: none"> The packaging and labelling of tobacco products should not promote the product by any means that are "false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions" Use of terms like "low tar", "light", "ultra-light", and "mild" is prohibited. 	Such misleading terms have traditionally been targeted at women, beginning in 1927 with a Philip Morris cigarette that was advertised as being "mild as May".
Article 11.1b	<ul style="list-style-type: none"> Place health warnings on tobacco product packaging, with optional use of pictures or pictograms. 	Since the majority of illiterate adults are women, picture-based health warnings are an important component of gender specific tobacco control strategies.
Article 11.3	<ul style="list-style-type: none"> The warnings must appear in the principal language(s) of the country. 	Health warnings should be placed on the packaging of all tobacco products, not only cigarettes, because women in some countries (eg. India) use tobacco in other forms
Article 8.2	<ul style="list-style-type: none"> Adopt and implement, at the national level, effective measures that provide for "protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places" 	Majority of the women are exposed to secondhand tobacco smoke which in addition to other pollutants damage the lungs and thus further harms women's health.
Article 13	<ul style="list-style-type: none"> Implementation of comprehensive ban of tobacco advertising, promotion, and sponsorship in accordance with its constitution or constitutional principles. 	Tobacco industry has long incorporated a gender analysis into its marketing strategies, and thus an effective tobacco control response must also take gender into account. Legislation and policies should specifically address marketing strategies that target women and girls
Article 20	<ul style="list-style-type: none"> Develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control 	To address gender-specific issues, research should investigate differences in the determinants and consequences of tobacco consumption and exposure to tobacco smoke for girls and women, as well as boys and men, at all ages throughout the life-course.
Article 12	<ul style="list-style-type: none"> Promote and strengthen public awareness of tobacco control issues. Provide public access to information on the tobacco industry that is relevant to the objectives of the WHO FCTC 	Tobacco control enthusiasts should establish reciprocal relationships with women's organizations to increase the prominence of tobacco control on women's health and women's rights agendas. Counter advertising debunking the false claims linking tobacco use to women's empowerment in of utmost importance.



Curiosity corner.....

Organizations/treaties addressing gender issues in tobacco control:

1. Framework Convention Alliance
2. International Network of Women Against Tobacco (INWAT)
3. US National Organization of Women.
4. Women's Environment and Development Organization
5. Brazil: REDEH/CEMINA
6. Latin American Women's Health Network
7. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)



Recommendations (from the consultation):

1. Use of tobacco based dentifrices especially among women needs to be addressed.
2. Establish self-help groups for women: e.g. 'Stree Shakti groups' at village levels.
3. The smoking cessation services should be available at obstetrics clinics used as women during childbirth are highly motivated to quit for protecting their babies.
4. There is a need for a gender specific tobacco control policy.
5. The IEC materials used for cessation should be women centric.
6. There should be opportunistic screening among women at various sites.
7. Pack warning should focus on the negative impacts of tobacco use on the reproductive health of women.

EXPERT COMMENTS



"There is a need for specific action plan for focusing issues of women in tobacco control. Joint efforts by Ministry of Labour, Ministry of Health and Family Welfare & Ministry of Women and Child Development is essential in addressing these issues"

- Ms. Preeti Sudan,
Ex- IAS Officer, Secretary, Ministry of Health & Family Welfare, Government of India.



"Need for a focused research on gender specific tobacco related issues and a gender segregated analysis on who are using the tobacco quit line is the need of hour"

- Dr. Monika Arora,
Director, Public Health Foundation of India.



"Equal participation of women in forums to keep a track of the industry activities focusing women is a pressing priority. I salute the RCTC team for highlighting the women centric aspect of tobacco control"

- Dr. Nidhi Sejpal Pouranik,
Senior Technical Advisor, The Union



"Scaling up of research on the addiction patterns among women and how it is different from men is of paramount importance"

- Dr. Shalini Singh,
Director, National Institute of Cancer Prevention and Research



"Despite the studies presenting evidence on the negative effects of tobacco use on the mother and fetus; SLT use among women is the most common problem especially among pregnant women"

- Dr. Prakash C Gupta,
Director of Healix – Sekhsaria Institute for Public Health, Navi Mumbai



Railways Announces Drive Against Smoking, Carrying Inflammable Items

In the view of rising incidents of fire resulting in loss of property and danger to life in various zonal railways, (few incidents appeared to have been caused by smoking onboard) Indian Railways launched a massive drive against smoking and carriage of inflammable material through Railways. The above drive was launched from March 2nd, 2021. Instructions have also been given to zonal railway to conduct intensive drives against smoking in trains and railway premises, and violators may be booked under relevant provisions of Railways Act or Tobacco Act.

<https://www.ndtv.com/india-news/railways-announces-initiatives-against-smoking-carrying-inflammable-items-2397637>



Central government urged to remove 'smoking rooms' at public places

On the eve of World Health Day in Hyderabad, noted personalities from all walks of life have urged the Central Government to remove designated smoking rooms at hotels/restaurants and airports to protect people from second-hand smoke. While appreciating the government for initiating the process to amend COTPA 2003, they appealed for immediate removal of the current provision that permits smoking areas to make India 100 per cent smoke free and check the spread of Covid-19 infection.

<https://telanganatoday.com/central-govt-urged-to-remove-smoking-rooms-at-public-places>



Legal age to buy tobacco, e-cigarettes in Indian River County raised from 18 to 21

The County commissioners in Indian River County, United States of America, unanimously raised the legal age to buy tobacco and e-cigarettes from 18 to 21 years as e-cigarettes are the most commonly used tobacco-related products by 18- to 24-year-olds, according to county staff.

<https://www.tcpalm.com/story/news/2021/04/06/legal-age-buy-tobacco-e-cigarettes-indian-river-county-now-21/7097385002/>

Smoking increases the risk of developing psoriasis

Research shows that smoking increases the risk of developing psoriasis and impacts the severity of the condition for those who already have it. People who have ever smoked, currently smoke, or smoked in the past have a greater risk of developing psoriasis than their peers who have never smoked.

<https://www.medicalnewstoday.com/articles/psoriasis-and-smoking-what-you-need-to-know#smoking-and-psoriasis-the-link>



Tobacco use contributes to 38% of TB deaths: India

Several studies indicate that link between tobacco use and TB in terms of weakened immunity, more harm to the lungs, increased mortality, chances of re-occurrence and a higher risk of contracting the infection is a major concern.

<https://www.newindianexpress.com/cities/hyderabad/2021/mar/25/tobacco--tblethal-for-lungs-2281086.html>



Smoking or vaping among young adults is a risk factor for being medically vulnerable to COVID-19



According to a report of World Health Organization, smoking directly impacts the severity of disease and death in hospitalized COVID-19 patients. Also, a study published by the Journal of Adolescent Health found that smoking or vaping among young adults was the single strongest risk factor for being medically vulnerable to severe COVID-19.

<https://www.thinkadvisor.com/2021/04/09/the-tobacco-epidemic-within-the-pandemic/>



5th NATIONAL CONFERENCE ON TOBACCO OR HEALTH

Multispectral convergence for Tobacco-Free India by 2030:
Leading the way towards SDGs

25-27 September'2021

The three-day scientific programme will focus on diverse public health issues and challenges in tobacco control at the national and sub-national level along with context-specific solutions for their replication towards achieving tobacco free environments. The conference format will include plenary sessions, panel discussions, symposia, oral presentation, poster discussion, and workshops on many aspects of tobacco control which will pave the way towards building effective policy and program.

Registration Details

Category	Early Bird (Live now)	Regular (up to 30-Jun-21)	On Spot Registration
Delegate	INR 1000	INR 1500	INR 2000
Students	INR 600	INR 1000	INR 1500
International Delegates	INR 3000	INR 5000	INR 7000

*GST Cost inclusive

NCTOH 2021 will be
HYBRID CONFERENCE
(Participants may be onsite or Online)

Click here to register:
<https://www.nctoh2020.com/>

Govt urged to raise taxes on tobacco by 30pc: Pakistan

Society for the Protection of the Rights of the Child (SPARC) held a press conference "Saving Youth by Increasing Taxes on Tobacco" and demanded the government to ensure control on tobacco by raising taxes in Fiscal Year 2021-22 on tobacco by at least 30 percent.

<https://nation.com.pk/10-Apr-2021/govt-urged-to-raise-taxes-on-tobacco-by-30pc>

Electronic cigarette tax to increase to 60%: Montgomery County

Council President of Montgomery County, United State of America, Tom Hucker, spearheaded a resolution, introduced at a council meeting to double the current 30% tax rate on wholesale prices of electronic cigarette products to 60%. The resolution, if approved, would go into effect on July 1.

<https://bethesdamagazine.com/bethesda-beat/government/hucker-proposes-doubling-electronic-cigarette-tax-to-60/>

Uncontrolled hypertension among tobacco-users: women of prime childbearing age at risk in India

According to a research, there is a dual risk of uncontrolled hypertension and tobacco use among lower-income women of childbearing age. This calls for coordinated tobacco control and hypertension prevention initiatives to ensure better health of reproductive-age women in India.

<https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01280-x>



Send us your feedback, comments and suggestions at rctcupdates@gmail.com,

Editorial Team : Chief Editor - Dr Sonu Goel, Professor, PGIMER Chandigarh,
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Assistant Editors - Mr Rajeev Choudhary, Project Coordinator, PGIMER Chandigarh,
Dr Kanika Mehta, Program Officer – RCTC & Dr Neema Joseph, State Programme Officer

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