



# TOBACCO-FREE Times

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## Tobacco Endgame Series Edition 2: Regulating Indigenous Tobacco Products

E-Resource Centre for Tobacco Control, a shared initiative of PGIMER and The International Union against Tuberculosis and Lung Diseases (The Union) has arisen effectively over the past 3 years. The portal has acted as a doorway for the policy makers, implementers and various stakeholders to implement diverse tobacco related products. Over the past several decades, we have also seen progress in terms of smoke-free public places, increase in tax, organization of more public education campaigns and other measures contributing to a dramatic decline tobacco use rates. However, tobacco remains the number one cause of preventable disease and death. In order to reach the highest level in the area and attain sustainable development goals, there is a need to push ourselves from 'Tobacco Control' to 'Tobacco Elimination'. In this regard, E-RCTC is introducing a "Tobacco Endgame Hub" to accelerate the efforts to end the tobacco epidemic in India. The Tobacco Endgame Hub shall be a web portal which not only houses information about global good practices towards tobacco endgame but also shall host various webinars, meetings, workshops and generate meaningful evidence for policy advocacy.

## Tobacco Free Times 18<sup>th</sup> Edition released



The 18th edition of Tobacco Free Times, the first edition under "Tobacco Endgame Series" featuring the concept of 'Tobacco Free Generation' was released by Dr. Vijay Singla Cabinet Minister, Department of Health and Family Welfare, Govt. of Punjab in the presence of eminent dignitaries during the Round Table Panel discussion of elected doctor MLAs held on 7th April 2022 to mark the World Health Day. The event was organized by the Department of Community Medicine and School of Public Health, PGIMER, Chandigarh in collaboration with the Indian Medical Association Chandigarh and Strategic Institute for Public Health Education and Research (SIPHER) at Press Club, Chandigarh.

## EDITOR'S SPEAK



The E-RCTC aims to strengthen tobacco control initiatives by disseminating reliable information to varied stakeholders. As there is a need to reach the highest level in the area of tobacco control and attain sustainable development goals, we have to push ourselves from 'Tobacco Control' to 'Tobacco Elimination'. In this regard, we are introducing our first theme-based publication on "Tobacco-Free Generation," (TFG) under the series of "Tobacco Endgame". This newsletter will focus on the various models and step-wise approach towards reaching TFG. Through this, I urge all the tobacco control stalwarts to gear up and strengthen the implementation of tobacco control policies so to achieve tobacco endgame in the country.

- Dr Sonu Goel,  
Director, E-RCTC & Professor, PGIMER Chandigarh

## EXPERTS' SPEAK



Every person has the power to be a leader in creating a better future by starting with this remarkable resource hub. Take the first step and help future generations free themselves from tobacco.

- Ms. Anne Jones,  
Technical Advisor, Tobacco Control, The Union



The e-resource center for tobacco control is doing a commendable job by compiling the tobacco control related work across the country. It gives concise and crisp information for members working in tobacco control. This helps to get the updates easily and helps us to galvanize our contribution towards tobacco control. The latest edition on Tobacco free generation infuses momentum and new energy towards tobacco end game. I hope the tobacco free times will continue in future too and help in the battle against tobacco. Congratulations and good luck to the entire team working for this newsletter.

- Dr.Muralidhar M Kulkarni,  
Associate Professor, Department of Community Medicine,  
Kasturba Medical College, Manipal, Karnataka



This is promising initiative for tobacco control globally which is the preventable cause for non-communicable diseases. It is really a good source of information for stakeholders that serves as one point reference centre. It's a unique initiative that will immensely help the people implementing tobacco control programme at the grassroots level.

- Dr. J S Thakur,  
Professor, Department of Community Medicine & School of Public  
Health, PGIMER Chandigarh & President, World NCD Federation



## PROJECT UPDATES

### Sensitization Webinar for Policy Makers on Tobacco Free Educational Guidelines: Telangana

A sensitization webinar on Tobacco Free Educational Institution (ToFEI) guidelines for policy makers was organised virtually by the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh in collaboration with the AIIMS Bibinagar supported by The UNION, on 16th March, 2022 from 11.00 AM to 1.00 PM. The webinar was conducted on zoom and streamed live on YouTube. Shri Laxman Reddy, Deputy Director Intermediate Education and Shri Yadagiri, Regional Joint Director, Collegiate Education were the Chief Guests for the event. Dr Durgesh Prasad, Assistant Professor, AIIMS Bibinagar; Dr Shravan Kumar State Program Officer, PGIMER and Mr. Rajeev Choudhary, Project Coordinator, PGIMER Chandigarh or were the key speakers during the webinar. 200 participants joined the webinar (100 through zoom and 100 through youtube channel).



### Induction Training for Project Staff Conducted



Director, SEEDS, Bihar; Dr. Gopal Chauhan, State Program Officer, NTCP, Himachal Pradesh; Ms. Asha Tandon, Contract Administrator, The Union and Mr. Rajeev Chaudhary, Project Coordinator, PGIMER Chandigarh. The sessions included: MPOWER Strategy for Advancing Tobacco Control; Introduction to National Tobacco Control Programme (NTCP); Introduction to COTPA (Section- wise); How to effectively Implement NTCP –Field Experience from Bihar and Jharkhand; Introduction to Tobacco Industry Interference (TII) and measuring common TII instances in the field, and Financial reporting of Project Activity .

An induction training for project staff was successfully organized virtually by the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh on 17th March 2022 from 2:00 PM to 5:00 PM with an objective to build capacity and re-orient the newly recruited staff on various tobacco control strategies being implemented at the state and national level. The sessions were facilitated by the renowned tobacco control experts viz. Dr. Rana J Singh, Deputy Regional Director, The Union; Dr. Amit Yadav, Senior Technical Advisor, The Union; Mr. Deepak Mishra, Executive



### Workshop on “Advancing Tobacco Control by Academic Institutions” in 49th IAPSM Conference

A workshop on ‘Advancing Tobacco Control by Academic Institutions’ was conducted virtually during the 49th IAPSM Conference by the Resource Center for Tobacco Control on 6th March, 2022 from 10:00 AM to 1:00 PM. Dr. Rana J Singh, Deputy Regional Director The Union; Dr. L Swasticharan, Addl. DDG, MoHFW GOI; Mr. Praveen Sinha, National Professional Officer, WHO-SEARO; Dr. Amit Yadav, Senior Technical Advisor, The Union SEA; Dr. Muralidhar M Kulkarni, Assistant Professor, Department of Community Medicine, Manipal University; Dr. Sonu Goel, Professor, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh; Dr. Pradeep Aggarwal, Associate Professor, Department of Community Medicine, AIIMS Rishikesh and Dr. Madhur Verma, Assistant Professor, Department of Community Medicine, AIIMS Bathinda were the key speakers of the workshop. Dr. Suneela Garg, Professor, Mualana Azad Medical College, New Delhi and Dr. Rana J Singh, Deputy Regional



Director, The Union graced the occasion by being the Chair and Co- chair of the sessions respectively. During the workshop, the role of national and public health institutions and public health professionals in advancing tobacco control in academia & research was discussed. Key deliberations were held regarding the inclusion of tobacco control in curriculum and institutional engagement with special reference to the example of PGIMER.



## Sensitization Workshop on Tobacco Free Educational Guidelines(TOFEI): Puducherry

A sensitization workshop for teachers of elementary education was conducted by the State Tobacco Control Cell, Puducherry from 3rd to 5th March, 2022 at the Center for Training of Teachers of Elementary Education. Same training for another batch comprising of the teachers from the neighboring districts of Karaikkal and Mahe was conducted on 8th March, 2022 (offline) and 10th March, (online), respectively. Dr. Suriya Kumar, State Tobacco Consultant facilitated all the sessions and technical support was provided by the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh. The main objective of the workshop was to sensitize the participants regarding Cigarette and Other Tobacco Products Act and National Tobacco Control Programme and updated guidelines on Tobacco Free Educational Institutions Guidelines. All the teachers from different parts of the Union Territory were requested to update



the status of their schools regarding tobacco use and adherence to the guidelines through the google forms issued to all schools.

## National Webinar on Regulating Indigenous Tobacco Products Conducted

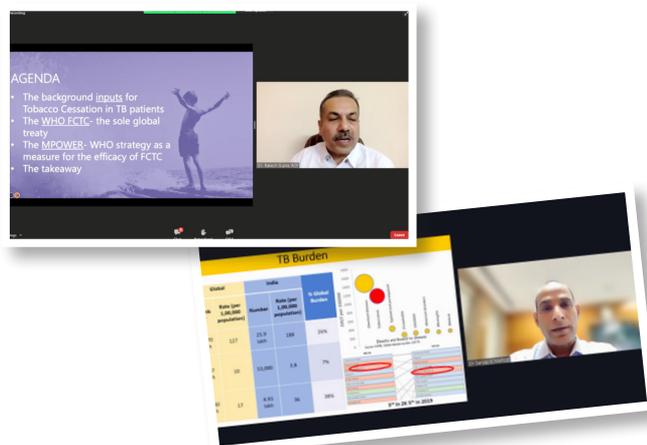
A National Webinar on Regulating Indigenous Tobacco Products was organised by the Resource Center for Tobacco Control, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh supported by The UNION, on 21st April, 2022 from 11.00 AM to 1.00 PM. The webinar was conducted on zoom and streamed live on YouTube. Dr. Nirmalaya Mukherjee, Director-Tobacco Control, MANT, Kolkatta; Dr. Arpit Gupta, Associate Professor, Oral Health Sciences Center, PGIMER Chandigarh; Dr. Ravi Kaushik, Professor, Maulana Azad Medical College, New Delhi and Dr. Gopal Chauhan, State Program Officer, National Tobacco Control Programme, Himachal Pradesh were the key speakers of the webinar. The webinar was joined by 120 participants virtually. Dr. Rana J Singh, Deputy Regional Director, The UNION SEA and Dr. L Swasticharan, Addl DDG, MoHFW, GOI were the Guests of Honor of the event.



## Workshop on “Scaling up Tobacco Cessation in India for eliminating Tuberculosis: Interventions & Way forward” in 76th National Conference of TB and Chest Diseases”

A workshop on ‘Scaling up Tobacco Cessation in India for Eliminating Tuberculosis: Interventions & way Forward’ was conducted virtually during the 76th National Conference of TB and Chest Diseases by the Resource Center for Tobacco Control, PGIMER Chandigarh on 11th April, 2022 from 5:00 PM to 6:30 PM. Dr. Sitanshu Sekhar Kar, Professor & Head, Department of Preventive and Social Medicine, JIPMER, Puducherry; Dr. Rana J Singh, Deputy Regional Director, The Union, SEA; Dr. Rakesh Gupta, President, Rajasthan Cancer Foundation, Jaipur; Dr. Abhishek Ghosh, Associate Professor, Department of Psychiatry, PGIMER, Chandigarh; Dr. Arpit Gupta Associate Professor, Oral Health Sciences Centre, PGIMER, Chandigarh and Dr. L. Swasticharan Addl DDG, Ministry of Health & Family Welfare, New Delhi were the key speakers of the workshop. Dr. P.C. Gupta, Director, Healix Sekhsaria Institute for Public Health, Navi Mumbai, India; Dr. Sanjay Kumar Mattoo, MD (Public Health), DTCD, Jt Dir (Sr CMO-NFSG), Central TB Division, Ministry of HFW / Dte. GHS, Govt. of India; Dr. KS Sachdeva, Regional Director, The UNION SEA and Dr. L. Swasticharan, Addl DDG, Ministry of Health & Family Welfare, New Delhi graced the occasion by being the Chairs of the

sessions. During the workshop, the importance of intergration of TB and Tobacco programmes was discussed. Key deliberations were held regarding the roles of health care professionals in supporting tobacco users quit tobacco use and progress made by the Government of India towards strengthening cessation services in the country.



## Awareness camp organized: Meghalaya

An awareness camp was organized by the State Tobacco Control Cell, Meghalaya on 25th March 2022 at Synod College, Shillong with an objective to raise awareness regarding ill effects of tobacco consumption. Around 500 participants attended the camp alongwith teachers, State Nodal Officers (SNO's) and District Nodal Officers (DNO's).



## Development of IEC material

The IEC materials on the "Ill effects of tobacco use" were developed and designed in (English language) in collaboration with state tobacco control cell of project states. The developed IEC materials were submitted to the State Nodal Officer (SNO), Meghalaya for inputs and approval. In addition to this, two IEC materials regarding 'ToFEI guidelines' and 'Smoking in Public Places' and one IEC material on 'Tobacco Cessation' were prepared in English and in local language in states of Puducherry and Telangana, respectively.

## Supportive Supervision Visit: Telangana

Dr. Sonu Goel, Principal Investigator, Professor, PGIMER Chandigarh, visited Telangana for supportive supervision from 8th-10th April, 2022. During this meet, Dr. Goel, met with Commissioner of Health - Sri Syed Ali Murtaza Rizvi, IAS and Dr Vikas Bhatia, Director AIIMS Bibinagar, Telangana to discuss upon the release of article 5.3 WHO FCTC; conduction of State Level Co-ordination Committee (SLCC) meetings and project activities.

## District Level Coordination Committee Meeting(DLCC)

Two DLCC meetings were held in the state of Telangana on 19th March, 2022 and 22nd April, 2022 in the districts of Siddipet and Kamareddy under the chairmanship of Additional Collector, Mr. Mujamulla Khan respectively. The Program Officer, Dr. Sirisha and SPO, Dr. Shraavan Kumar highlighted the sections of COTPA sections and Tobacco Free Educational Institutions Guidelines. The district collector advised the District Medical Health Officer, to identify the public smoking places, and place the "NO SMOKING" signages in the districts of Telangana.



## Enforcement Drive Conducted

Three (3) enforcement drives were conducted in the Telangana state in which the Vikarabad District Task Force caught four persons on charges of selling banned tobacco products and adulterated tea powder in Kodangal on 13th April, 2022. An enforcement drive was held to check the violation of COTPA Act-2003 at various public places of Hyderabad Telangana on 9th March, 2022. In addition to this, the NTCP officials and their partners attended the drive to check the violation of COTPA Act-2003 at various public places of (East Khasi Hills), Meghalaya on 23rd March, 2022. The enforcement squad comprised of the representatives from Police and Health departments and issued approximately 10 challans.

## One-to-one meetings

A total of twenty (20) meetings were held with the high level officials viz. Principal Secretary of Health and Family Welfare; Project Manager of National Oral Health Programme; State Nodal Officers; District Nodal Officer; Assistant Program Officer, NCD; Additional Director of Health, NCD; IAS Commissioner of Health; District Collector; Program Officer to discuss upon tobacco control activities in the project states; implementation status of the NTCP activities; Article 5.3 FCTC circular release; conduction of State Level Coordination Committee (SLCC) and District Level Coordination Committee (DLCC) meetings.



# Regulating Indigenous Tobacco Products

## Indigenous Tobacco Products

Tobacco is the most widely produced non-food crop in the world [3]. The term 'Indigenous' refers to something being originated or occurs naturally at a particular place. In terms of its definition, tobacco is not indigenous to India. Tobacco cultivation was introduced in India by the Portuguese in the year 1605 [1]. About 15 states in the country grow tobacco, significantly influencing the economy and prosperity of the farming community. Bidi, Hookah, Chewing, Cigar-wrapper, Cheroot, Burley, Oriental, Lanka, Pikka, Natu, Motihari, Jati etc. are the different types of tobacco products grown in the country [2]. *Nicotiana tabacum* and *Nicotiana rustica* are commercially cultivated plants for tobacco. Indian tobacco is referred to as *Lobelia inflata*. It belongs to the Solanaceae family.



## Historical Aspects of Indigenous Tobacco Products

### Smoked Tobacco

There is a lack of historical evidence regarding the exact period during which the practice of tobacco smoking began in India. Some studies report that the use of hookah for tobacco smoking originated in the court of Emperor Akbar in the late 16th century, suggested by royal physicians. Tobacco was an unknown substance at that time. In a small bowl at the top, tobacco, (flavoured with molasses) was kept smouldering with burning charcoal. It was used by both men and women [4]. Bidis were developed soon after, in all possibilities around the Kheda and Panchmahal districts of Gujarat, where cultivation of tobacco was higher. Labourers would roll leftover tobacco in leaves of the Astra tree (*Bauhinia variegata*) and smoke for leisure. Communities across India also experimented using leaves of mango (*Mangifera* spp.), jackfruit (*Artocarpus* spp.), banana, sal (*Shorea robusta*), pandanus (*Pandanus odoratissimus*, kewda) and palash (*Butea monosperma*) [5]. Initially, bidis were made only for self-consumption, but their increasing popularity led to their becoming a home-grown business. Soon the popularity of bidis outpaced that of hookahs by overcoming the impediment of its 'sharing characteristic'. Chutta is a coarsely prepared cheroot varying from 5 to 9 cm in size. Reverse chutta smoking is widespread in certain coastal districts of Andhra Pradesh, particularly Vishakhapatnam and Srikakulam. Men smoke chuttas either conventionally or in a reverse fashion. However, women

smoke chuttas in reverse fashion [6]. But there is a lack of historical evidence regarding this product.

### Smokeless Tobacco



There is a great variety of smokeless tobacco consumption in India. Many of the products are manufactured as cottage and small-scale industries using varying mixtures and their process of manufacturing differs widely [7]. There is a wide range of smokeless tobacco products which are predominantly used in the Indian subcontinent and particularly in India. The main products are pan, khaini, chewing tobacco leaf, gutkha, zarda, tamak pata, gul, kharra, kiwam, mishri, kawa, dhora, gudakhu, dry snuff, creamy snuff, taibur, lal dantmanjan etc. In addition to these, there are various non-marketed products as well. The usage of smokeless tobacco among Indians can be traced back to 1499. Amerigo Vespucci found Indians on Margarita Island, off the coast of Venezuela, who chewed a green herb known as tobacco in order to quench their thirst since it produced an increase in salivation. It was also reported that the Indians chewed tobacco leaves to whiten their teeth and to alleviate hunger [8, 9, 10]. However, references to pan and betel nut appear in ancient Pali and Sanskrit literature as late as 400 BC, in Buddhist Jataka tales and Dharamsutras [11, 12].



## Profiling of Indigenous tobacco products

Indigenous Product	Image	Description	State
<b>Smoked Tobacco</b>			
Hukkah		The smoke is filtered through water kept in a bottle connected to a special receptacle containing a small amount of tobacco, seasoned with molasses and topped with pieces of burning charcoal.	Uttarakhand, Jammu & Kashmir, Haryana and in some North Eastern states like Arunachal Pradesh, Mizoram, Meghalaya and Tripura.
Bidi		A cheap, unfiltered cigarette made of tobacco flakes wrapped in a tendu or leaf.	West Bengal, North Eastern States, Uttar Pradesh, Uttarakhand, Rajasthan, Haryana and Madhya Pradesh.
Chutta		It is a homemade cigar varying from 5 to 9 cm. Reverse chutta smoking is widespread in certain coastal districts of Andhra Pradesh, particularly Vishakhapatnam and Srikakulam.	Rajasthan and North-Eastern states and few districts of Andhra Pradesh, particularly Vishakhapatnam and Srikakulam.
<b>Smokeless Tobacco</b>			
Paan		It is a combination of betel leaf, slaked lime (calcium hydroxide) and pieces of areca nuts, with sweetening added.	Across all states
Khaini		It is sun-dried or fermented coarsely cut tobacco leaf mixed with slaked lime. It is placed in the mouth between the gums and cheeks and sucked slowly for 10-15 minutes.	Delhi, Jharkhand, Bihar, Chhattisgarh, Nagaland, Mizoram, Manipur, Maharashtra, Madhya Pradesh, Uttar Pradesh, Arunachal Pradesh, Sikkim and Assam
Tambakoo		It is finely or coarsely shredded tobacco leaves. It is used for chewing or sucking.	Across all states
Gutkha		It is a mixture of areca nut, slaked lime, catechu and sun-dried, roasted, finely chopped tobacco with flavourings and sweeteners. It is held in the mouth, sucked and chewed.	Mizoram, Arunachal Pradesh and Nagaland
Zarda		It is flavoured chewing tobacco flakes mixed with aromatic spices, menthol, herbs, fragrances, saffron, raw kiwam, silver flakes and sandalwood oil.	Across all states
Gul		Gul is a pyrolysed powdered tobacco product with the ash of tendu leaves, marketed in small tin cans or sachets as a dental care product.	Uttar Pradesh, Uttaranchal, Jharkhand, Bihar and Orissa
Sada Pata		Air cured loose tobacco leaf used for chewing as well as for smoking.	All over India
Kharra		Combination of tobacco, areca nut, lime, catechu with additional ingredients.	Wardha district and Maharashtra
Qiwam		Thick paste prepared from tobacco leaf extract, spices (e.g., saffron, cardamom, aniseed) and additives such as musk.	All states of India



Mishri		It is roasted and powdered tobacco. It is applied to the gums using a finger, used as a dentifrice.	Gujarat and adjoining areas of Maharashtra
Mawa		It is a mixture of thin shavings of areca nut with some tobacco flakes and slaked lime. It is placed in the mouth and chewed for 10 – 20 minutes.	Gujarat and Maharashtra
Dhora		Wet mixture of tobacco, slaked lime, areca nut and other ingredients like catechu (Kattha), peppermint and cardamom. It is chewed and sucked.	Allahbad, Janupur, Uttar Pradesh
Gudakhu		Paste like tobacco preparation made using fine tobacco leaf dust, sheera (molasses), lime and gerumati (red soil). It is rubbed over the teeth and gums with fingertip	Bihar, chattisgarh, Odisha, West Bengal, Uttar Pradesh, Utrakhand
Dry Snuff		Dry powdered tobacco available as unscented plain, mentholised and scented varieties. Used orally and in nasals.	Gujarat, Maharashtra, Goa and Eastern part of India
Creamy Snuff		Commercially manufactured tobacco based paste consisting of finely ground tobacco mixed with clove oil, glycerin, spearmint, menthol, camphor, salts, water and other hydrating agents. It is rubbed in gums and teeth.	Gujarat, Maharashtra, Goa and Eastern part of India
Lal Dantmanjan		Fine red tobacco powder, herbs, and flavorings. Additionally ginger, pepper and camphor may be used. It is used for cleaning teeth.	Bihar, Uttar Pradesh, Uttranchal, Orrisa, Mizoram, Nagaland, Arunachal Pradesh, Assam, Meghalaya, Tripura, Goa, Maharashtra, Manipur and Sikkim
Mainpuri		Mixture of finely cut betel nut and small pieces of tobacco leaves treated in slaked lime and flavouring agents such as powdered cloves, cardamom, Kewara (extract from the fragrant flower of Pandanus odoratissimus) and sandalwood powder. Catechu is sometimes used.	Mainpuri district of Uttar Pradesh

Source: WHO, ICMR [13]



## Historical Aspects of Indigenous Tobacco Products

The use of indigenous tobacco products is associated with significant health risks and causes of death and disease in India similar to non-indigenous tobacco products. Tobacco users in any form are 4-6 times more likely to develop oral cancer compared to non-users and these cancers can form within 5 years of regular use. It is also considered a gateway drug which leads not only to cigarette smoking but also use of other drugs such as alcohol, marijuana, cocaine, and inhalants [14]. Its usage is associated with both short-term effects in the form of gingivitis, dizziness, ulcers, high blood pressure, mouth ulcers etc. and long-term effects like cancer, heart diseases, chronic respiratory diseases, adverse reproductive effects and tooth and bone loss [15].

Regular use of Areca nut can lead to various diseases of the nervous system (Euphoria, increased skin temperatures, salivation, palpitation, and neurotoxicity), cardiovascular (Tachycardia and increased systolic blood pressure, increased coronary artery spasm and increased atherogenesis), gastrointestinal system (hyperlipidemia, hepatotoxicity, decrease growth in weight and BMI), Type II Diabetes, Endocrine System and Reproductive Health (Thyroid, Prostate Hyperplasia, Infertility, Vitamin D Deficiency), blood-related disorders (increased fibrogenesis, decreased production of IL-2 and IFN-  $\gamma$ , Cytotoxic to RBCs), problems of Leukotrienes and arachidonic pathways (Analgesics at high doses, Anti-inflammatory, Carcinogenic and mutagenic) and respiratory disorders (aggravation of asthma, decreased FEV, Dyspnea,

Tachycardia, palpitations, vertigo, vomiting etc. [16].

Pan Masala, another smokeless tobacco, form has also been found to be a leading cause of oral submucous fibrosis that often progresses to oral cancer. It is also associated with the hepatotoxic- increased level of enzymes, deranged carbohydrate and lipid metabolism. It is also found that it is harmful to kidneys and testes leading to increased creatinine and sperm deformities [17]. Some studies have also revealed various side effects of khaini on pulmonary functions which includes pulmonary dysfunctioning and fibrosis [18]. Further, kharra chewing has been found to be associated with severe periodontal health in patients with oral submucous fibrosis (OSMF) [19]. Qiwam/Kiwam consumption is found to be associated with potentially malignant disorders, oral cancer and decreased sperm count [20]. The incidence of micronuclei (MN) was found to have increased in the mucosa cells of gudakhu users, and the increase was significant in those who had used it for more than 5 year [21, 22]. Studies have found bidi smoking to be associated with severe baseline respiratory impairment, all-cause mortality and cardiorespiratory outcomes [23]. Waterpipe smoking is positively associated with lung cancer and there is some evidence that waterpipe smoking is also positively associated with overall cancer mortality. It is also found to be associated with adverse respiratory and cardiovascular outcomes [24, 25].

## Economic effects of Indigenous Tobacco Products

Some recent studies have shown that the economic costs (accounting for direct cost and indirect cost) attributable to tobacco use related diseases and deaths in India are INR 1773.4 billion. The study finds that the economic burden from tobacco accounts for more than 1% of India's GDP while direct health expenditures on tobacco-related diseases account for 5.3% of total private and public health expenditure [26]. Approximately more than 85% of this total burden of diseases is associated with indigenous tobacco product usage because more than 85%

of tobacco consumption in India is in the form of indigenous products [27].

The total expenditure on indigenous tobacco products was found to be 0.36% of GDP in 2011. This is more than the public health expenditure of each of the Indian states in the same time period. Therefore, through proper awareness strategies and programmes, this huge expenditure can be redirected towards more productive activities.

## Challenges and Recommendations

Reducing tobacco use plays a major role in global efforts to achieve the Sustainable Development Goals (SDG) target to reduce 1/3rd of premature deaths from non-communicable diseases (NCDs) by one third by 2030. Most of the 17 SDG's have a direct or indirect relation to tobacco control. Thus, tobacco control strategies will have an important bearing on tobacco endgame and SDG commitments.



### Key Recommendations:

1. Mapping of various tobacco products (including indigenous tobacco products) should be done at the state and regional level.
2. Evidence-based research should be done especially on indigenous tobacco products.
3. There is a need to conduct more webinars/discussions on the indigenous tobacco products which will help in the sensitization of tobacco control workforce to achieve the target.
4. A bottom-up approach should be adopted for the strict implementation of tobacco control related policies and programmes, especially pertaining to indigenous tobacco products.
5. There is a need to strengthen evidence-based advocacy on the regulation of indigenous tobacco products.
6. There is a need of strong partnerships and collaborations with the academic institutions, tobacco control experts, civil society organizations (CSOs) and various stakeholders.
7. There should be mention of indigenous tobacco products in existing tobacco control policies and act (COTPA).



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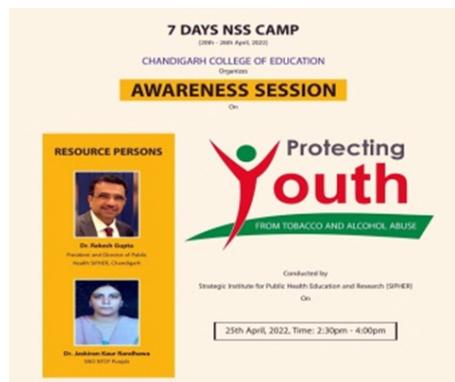
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# Glimpses of State-Wise Activities

An awareness camp on "Protecting Youth from Tobacco and Alcohol Abuse" was conducted at Chandigarh Group of Colleges on 25th April, 2022



A fruitful discussion regarding activities of Generation Saviour Association and the future plans for uplifting the status of Tobacco Control in the State with Dr Vijay Kumar Singla, Hon'ble Health Minister, Punjab.



Tobacco free Village - Tobacco free Uttarakhand Campaign



Block Health Mela was organized by NTCP and Sanghai Youth Tobacco Free & Education Organization at Imphal East



Regional Consultation Workshop organized for effective implementation of tobacco control policies in Raipur



Tobacco cessation training drive: Chattisgarh



Tobacco free signages campaigning with DTC team vill syalidgar, Almora



Display of 'Tobacco Free Board' in Bhojpur, Bihar



Tobacco Cessation Centers giving services to the patients in District Hospital, Tonk, Rajasthan



704 schools conducted 2,769 on-ground anti-tobacco activities: Gujarat

Discussion on 31 days plan for the month of May with WNTD and tobacco free panchayat in Uttarakhand



## MPs urge govt to strengthen 'Tobacco Control Policies':Odisha

In a bid to have dialogue on various strategies with focus on strengthening the national and state policies, and building a conducive environment for reducing tobacco consumption and improving the public health situation, Coalition for Tobacco-Free Odisha, an alliance of civil society organisations and concerned citizens organised a State-level consultation programme - 'Improving public health by strengthening COTPA and Tobacco Control Policies'. In the programme, parliamentarians urged the Centre and the State to take focus action on controlling tobacco consumption in the country and the state.

<https://www.thehansindia.com/amp/news/national/mps-urge-govt-to-strengthen-tobacco-control-policies-739092>



## Vendor Licensing needed to prevent children from tobacco addiction: Karnataka

On the occasion of the World Health Day 2022, public health and child rights advocates urged the government of Karnataka to introduce tobacco vendor licensing (TVL) to prevent children from tobacco addiction and secure their future by building 'Tobacco Free Generation'.

<https://www.thehansindia.com/news/cities/bengaluru/vendor-licensing-needed-to-prevent-children-from-tobacco-addiction-737062>



## MeWeSports: Using sport to prevent substance use in India

Given the lack of a comprehensive national response to the growing problem of alcohol, tobacco and drug use among young people, the MeWeSports programme comes at a crucial time. Sangath's Addictions Research Group (ARG) initiated the MeWeSports programme to work with adolescents, using sports-based approaches to prevent the initiation of substance use, while also improving their mental health and well-being.

<https://www.sportanddev.org/en/article/news/mewesports-using-sport-prevent-substance-use>



## Doctors, cancer victims urge Centre to remove designated smoking rooms from hotels, restaurants, airports

On No Smoking Day, doctors, cancer victims and hotel associations urged the Centre to remove the designated smoking rooms from hotels, restaurants and airports to protect people from second-hand smoke.

<https://www.newindianexpress.com/nation/2022/mar/09/doctors-cancer-victims-urge-centre-to-remove-designated-smoking-rooms-from-hotels-restaurants-2428232.html>



## Passive smoking costs over half of Centre's health budget

A new study has estimated that despite the ban on public smoking, second-hand smoke (SHS) exposure in India leads to direct annual healthcare costs of Rs 56,700 crore, or more than half the Centre's health budget. The healthcare burden attributable to SHS exposure indicated by the new study highlights the need for urgent policy measures to address passive smoking.

<https://www.telegraphindia.com/india/passive-smoking-costs-over-half-of-centres-health-budget/cid/1857297>



## Enforcing laws, higher tax can reduce tobacco use in India

According to Dr Vinayak M Prasad, Unit Head, No Tobacco (TFI) at the WHO Department of Health Promotion, tobacco is the biggest threat to public health and India can achieve the target of 30 per cent relative reduction in its use by 2030 by accelerating the process of enforcing laws at the Centre and State level and increasing taxes on the tobacco products. More actions needed to strengthen effectiveness of film rules as OTT platforms are seen violating the rules.

<https://www.thehindubusinessline.com/economy/policy/enforcing-laws-higher-tax-can-reduce-tobacco-use-in-india-says-who-official-vinayak-prasad/article65193488.ece>



## PIL Seeks Complete Ban On Chewing Tobacco in Bihar

While dealing with a Public Interest Litigation (PIL) plea seeking a complete ban on chewing tobacco, pure tobacco, Khaini, etc in the State of Bihar, the Patna High Court asked the petitioner to approach the competent authority with his grievance and directed such authority to take a decision on the on the representation in 3 months.

<https://www.livelaw.in/news-updates/pil-complete-ban-chewing-tobacco-bihar-patna-hc-competent-authority-decision-representation-3months-197549>



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