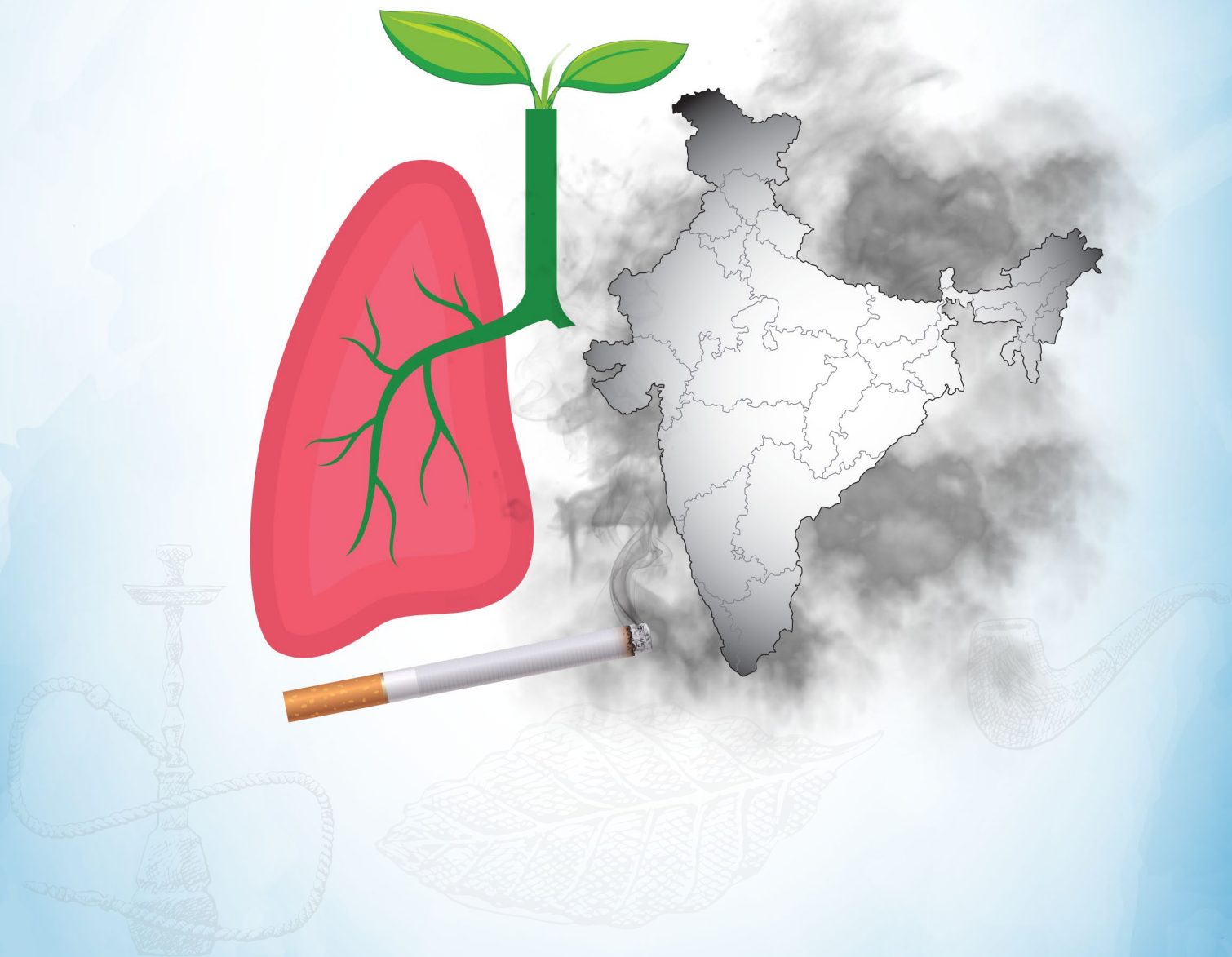




TOBACCO CONTROL PRIORITIES IN INDIA

Progress, Challenges and Solutions - Volume II



Resource Centre for Tobacco Control



TOBACCO CONTROL PRIORITIES IN INDIA
Progress, Challenges and Solutions - Volume II

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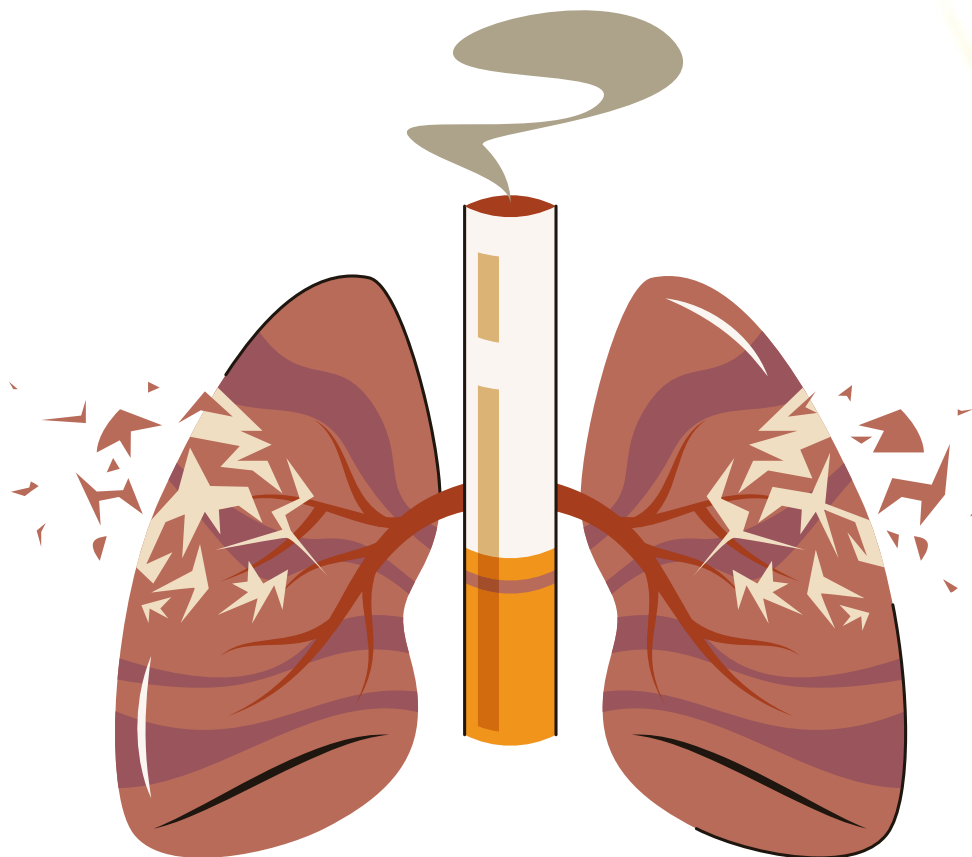
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Preface

Dr. (Prof.) Sonu Goel

Director, RCTC & Professor,
Department of Community Medicine & School of Public Health,
PGIMER, Chandigarh

The fight against tobacco use in India continues to evolve in complexity and urgency. While the nation has made commendable strides in tobacco control over the past two decades—guided by frameworks like the WHO FCTC and the National Tobacco Control Programme (NTCP)—new and emerging challenges demand renewed focus, deeper collaboration, and innovative solutions.

This second volume of *Tobacco Control Priorities in India: Progress, Challenges and Solutions* comes at a crucial moment. As tobacco companies shift their strategies and novel nicotine and tobacco products proliferate, India’s regulatory and implementation efforts must keep pace. This volume addresses the critical gaps and strategic imperatives needed to fortify India’s path towards a tobacco-free future.

Building upon the foundation laid by the first edition, this volume delves into ten emerging and underexplored domains that are shaping the future of tobacco control in India. These include confronting tobacco industry interference in policy, regulating

digital platforms such as OTT media to prevent indirect promotion of tobacco use, countering the youth appeal of flavoured products, and harnessing digital health innovations to scale cessation services. Each chapter not only explores the state of the issue but also recommends actionable solutions grounded in evidence and practice. The book also highlights the contributions of academic institutions, civil society, and media, and explores the evolving landscape of herbal, nicotine, and newer tobacco products.

The Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh, has once again served as a catalyst in compiling this knowledge and convening experts. It is our hope that this book will serve as a practical tool for policymakers, researchers, practitioners, and advocates committed to advancing tobacco control in India.

Let this volume inspire new dialogues, foster stronger collaborations, and guide the next wave of transformative action towards a healthier, tobacco-free India.





Message

Dr. Rana J Singh

Director,
South-East Asia Vital Strategies

It is with great pride that I extend my warmest congratulations to the Resource Centre for Tobacco Control (RCTC) at PGIMER, Chandigarh, on the release of the second volume of *"Tobacco Control Priorities in India – Progress, Challenges, and Solutions."*

This publication arrives at a critical juncture in India's public health journey. While significant progress has been made through policy advancements, regulatory frameworks, and advocacy efforts, the evolving landscape of tobacco and nicotine products continues to present serious challenges. Industry interference, digital marketing loopholes, flavoured products targeting youth, and the emergence of newer addictive substances demand renewed focus and adaptive strategies.

The chapters in this volume illuminate the way forward, offering practical insights and multidimensional approaches—from regulation and cessation to digital innovation and the pivotal role of civil society. They reflect a collective commitment to building a healthier, tobacco-free India.

This volume also helps readers understand various key themes and the latest developments in tobacco control efforts at the national level.

Vital Strategies is proud to collaborate with RCTC in advancing tobacco control in the region. Together, we reaffirm our resolve to protect present and future generations from the harms of tobacco use.





Message

Dr. Suneela Garg

Chair Programme Advisory Committee NIHFW Member DHR, Ex Sub
Dean Prof of Excellence, Head CM
Maulana Azad Medical College, Member Central Coordination
Committee Member Lancet Commission,
Hearing loss COVID INDIA TASK FORCE

The tobacco epidemic globally is one major deterrent to achievement of SDGs. While it gets addressed under SDG 3 through the Framework Convention on Tobacco Control (FCTC) - the World Health Organization (WHO) global treaty (the target 3.a of SDG 3), the progress made globally including India is challenging but slow. As a result, many countries may fall short of achieving the target of reducing tobacco usage (taking 2016 as base year) by 30 per cent by the year 2030. India with its high burden of tobacco use and low quitting along with soaring economic costs of tobacco related diseases and deaths can do better in its context with the engagement of multisectoral stakeholders to strengthen tobacco control under SDGs.

E-RCTC is serving as a comprehensive digital resource hub for policymakers, implementers, researchers, and advocates in the field of tobacco control. ERCTC Houses over 1250 government circulars/orders, IEC materials and vast state-specific media coverage, including capacity building initiatives. This book entitled '*Tobacco Control Priorities in India – Progress, Challenges, and Solutions; Volume II* is an important step towards addressing SDGs'.

The upcoming volume is very exhaustive and aims

to provide insights on critical dimensions of tobacco control in India. It addresses pressing important issues as : Tackling Tobacco Industry Interference, Regulation of OTT Platforms: Strategies to Prevent Promotion of Tobacco/Nicotine Products, Flavoured Tobacco Products: Trapping Youth into Addiction & Control Strategies, Navigating the Future, Insights into Digital Innovation for Tobacco Control in India, Building a Tobacco-Free India, The Contribution of Medical Institutes to Public Health, Understanding Tobacco Product Regulation, Advice in Tobacco Cessation, Role of NGOs in Tobacco Control in India, Herbal, Nicotine, and Newer Tobacco Products and very important Role of Media in Tobacco Control.

The book will provide valuable insights to readers interested in understanding the complexities and nuances of tobacco control efforts in India. The book will also strengthen our collective mission to reduce the burden of tobacco use in India. The current volume would be extremely useful for Policy makers, Programme managers, Academia, Government and Non Government Organizations including Young public health professionals in addressing complexities of tobacco control.





Message

Prof. (Dr.) Saurabh Varshney
Executive Director & CEO,
AIIMS, Deoghar (Jharkhand)

It is a matter of great privilege to write this message for *“Tobacco Control Priorities in India – Progress, Challenges, and Solutions – Volume II”*, a timely and significant contribution by the E-Resource Centre for Tobacco Control (E-RCTC). This volume stands as a beacon of collective commitment towards a tobacco-free India, bringing together insightful perspectives, strategies, and innovations that reflect the evolving landscape of tobacco control in our country.

Tobacco use remains one of the foremost public health challenges in India, demanding sustained, evidence-based, and multisectoral action. The diverse themes addressed in this book—ranging from countering industry interference to regulating emerging platforms and promoting digital innovations—highlight both the complexity of the issue and the opportunities for impactful intervention.

As premier healthcare institutions, including AIIMS Deoghar, continue to play a pivotal role in tobacco cessation, advocacy, and research, publications like this are crucial in guiding policies and practices at all levels. I take this opportunity to sincerely acknowledge the visionary leadership of Prof. (Dr.) Sonu Goel, Director, E-Resource Centre for Tobacco Control (E-RCTC), whose tireless efforts and commitment have been instrumental in advancing tobacco control initiatives nationally and globally.

I commend the entire team of PGIMER Chandigarh and Vital Strategies for curating such a comprehensive and action-oriented volume. May this book inspire continued collaboration and strengthen our resolve in building a healthier, tobacco-free India.





Message

Prof. (Dr.) Vikas Bhatia

Executive Director cum CEO,
AIIMS, Bibinagar, Hyderabad

Tobacco Control Priorities in India — Progress, Challenges, and Solutions — Volume II by E-RCTC brings timely focus to some of the most pressing issues in tobacco control. As tobacco use continues to evolve in form and influence, this volume offers clear, evidence-based insights into the challenges we face and the actions needed to address them.

One of the most persistent barriers to progress is interference by the tobacco industry—often subtle, yet deeply impactful. Whether through marketing strategies, policy influence, or exploiting regulatory gaps, this interference slows down public health efforts and must be addressed with transparency and resolve.

Alongside this, the volume also explores emerging

issues such as the promotion of tobacco on digital platforms, the rise of flavoured products aimed at youth, and the growing presence of newer nicotine alternatives. It highlights the critical roles that media, NGOs, medical institutions, and digital innovation play in shaping an effective response.

At AIIMS, we recognize the need for a strong, collective response—grounded in science, policy, and public health practice. Efforts such as this publication are essential to support informed decisions and effective strategies on the ground.

The insights shared in this volume can serve as a valuable guide for professionals, institutions, and policymakers working to reduce the impact of tobacco and move closer to a tobacco-free India.





Message

Dr. Rakesh Gupta

President,
Rajasthan Cancer Foundation, Jaipur

I am delighted to know about another collaborative effort between e-RCTC, Department of Community Medicine, School of Public Health, PGIMER and Vital Strategies (formerly The Union) maturing to address a very timely need to elaborate on what should be the priorities for advancing and strengthening control of tobacco in India.

All the topics chosen are very pertinent and vital to further improve the efficacy India requires to further reduce the burden of tobacco and becoming tobacco-free. My view is that when our policy planners take the due note of these, their strategic initiatives should be able to comprehensively cover their implementation as a package of solutions and not in piecemeal. It will necessarily mean making provisions for specific

allocation of resources that stay sustained until the end point, the endgame for tobacco (and ENDS) in India.

I am hopeful that this step if undertaken as is proposed here, it will definitely give the expected ROI (return-on-investments: Money, Manpower and Time) made. Therefore, my sincerest plea to all the stakeholders is to “Let regulation of tobacco succeed over the tobacco industry influence”!

I heartily wish all very best for enabling the collaborators fulfill the set objectives to achieve the defined outcomes. I will eagerly await it to get released for the widest dissemination in the country wherever the NTCP has an outreach.



1
Chapter

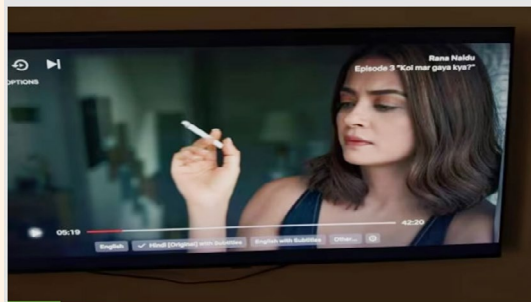
**Regulating OTT
Platforms:
Addressing Tobacco
Depictions in the
Digital Age**



Background

Tobacco kills more than 8 million people annually including 1.35 million people from India alone. India is home to almost 266 million tobacco users aged 15 years or above. Tobacco use is a preventable risk factor for many non-communicable chronic diseases such as cancer, lung disease, cardiovascular disease and stroke. (1) To maintain or increase sales of tobacco products, the tobacco industry needs to attract new customers.

Tobacco companies spend tens of billions each year on advertising, promotion and sponsorship. In particular, the industry targets young people, and worldwide 78% of students aged 13 to 15 years' report being exposed regularly to some form of tobacco advertising, promotion or sponsorship (TAPS). (2)



Exponentially emerging OTT platforms became a new avenue to promote tobacco, e-cigarettes and other vaping products.

Article 13 of WHO FCTC guides the parties in introducing and enforcing a comprehensive ban on tobacco advertising, promotion and sponsorship. (3) Section 5 of COTPA prohibits tobacco advertisement, promotion, and sponsorship on TV and films (4) and the Cable Television

Networks Act (CTNA) prohibits the advertisement of tobacco products on Indian cable networks. (5) The OTT platforms in India were not following the guidelines, applicable to films, TV and similar programs. On World No Tobacco Day 2023, the government of India released the guidelines to regulate the depiction of tobacco/nicotine use on OTT platforms. (6)

What is OTT Platform

An Over-the-Top (OTT) media or video streaming service is a media service that delivers streaming content to viewers via the Internet. Viewers can access OTT content through internet-enabled devices such as smartphones, tablets, laptops, desktops, smart TVs, set-top boxes and gaming consoles. So it is a means of providing television and film content over the internet at the request. Netflix, Amazon Prime, Disney+, and Hulu are the most popular OTT platforms. (7)



Rise of OTT Platforms

OTT platform first appeared in the early 2000s. The technological advances in internet speed provided impetus to the growth of OTT platforms. As per reports Global report of Statista, the OTT market is expected to grow to 4.2 billion users by 2027. The projected revenue in the OTT market Worldwide is estimated to reach US\$295 billion by 2023. (8)

Over 40 national & regional OTT platforms are available in India. The OTT market in India has also grown exponentially in the past few years and is expected to reach Rs 30,000 crore by 2030. Netflix, Amazon Prime Videos, Disney+Hotstar, SonyLiv, and ZEE5 are the most popular OTT platforms in India. There are 45 crore OTT subscribers in India which is expected to reach 50 crores by the end of 2023. (9)

Factors behind the rise of OTT

- Provide a blend of experimental and quality content
- Cost efficient and Freemium content
- Availability of global to regional multi-language content
- Hyper-personalized and private viewing experience.
- Comfort of watching anywhere at viewers' ease.
- Multi-time format based content
- Low cost high-speed Internet
- Increased affordability of smartphones

Impact of Tobacco/E-cigarette/ content depiction on OTT over Youth

The available evidence showed that adolescents who are exposed to smoking or tobacco use incidents in movies are almost 3 times more likely to initiate smoking than those who have the least amount of exposure. The exposure to smoking imagery has been increasing which leads to an increase in smoking initiation, experimentation as well as continuation of smoking among global and Indian youth.



Need for Regulation of OTT Platform

OTT platforms were not abiding by Section - 5 of the Indian Tobacco Control Act (COTPA 2003) GSR 786, GSR 708 which were amendments to COTPA Rules, 2004. The film and TV programs released on traditional television services and theaters have to undergo strict scrutiny while acquiring certification of age appropriation but it was not applicable to OTT platforms. The OTT platforms were following age-based self-classifications such as U, U/A 7+, U/A 13+, U/A 16+ and A, which can't be considered as a norm for a regulatory system. OTT platforms display E-cigarettes and their consumption without adhering to the GOI's Prohibition of

Electronic Cigarette Act 2019 (PECA 2019). Several states/UTs in India have banned hookah bars, however, OTT platforms continued to display Hookah and its consumption without adhering to the rationale of these orders. OTT platforms in some way or another contravene all tobacco control initiatives. For example, the movie "Vikram" released and viewed in theatres abides by the film rules and when it was streamed on the OTT platform 'Disney+Hotstar' it removed all 146 health disclaimers that were displayed during the theatrical release of the movie. In a survey, conducted by YouGov, 57% of the people supported partial censorship for online streaming. They think that a lot of offensive content i.e., unsuitable for public viewing is put up on such platforms.

Film & TV Rules of India

Tobacco imagery in films and television increased in India after it ended conventional tobacco advertising in 2004. The Ministry of Health and Family Welfare (MoHFW) introduced Film and TV rules, which first came out in 2005 and were implemented in 2012 after legal scrutiny and amendments.

Salient Features of Tobacco-Free Film and TV Rules in India

- All films containing tobacco imagery need a strong justification for any tobacco product display to the Central Board of Film Certification.
- Screen anti-tobacco health spots of a minimum thirty seconds duration at the beginning and middle of the film and television program which displays tobacco product use.

- Screen anti-tobacco health warning written in black font on a white background as a prominent static message displayed at the bottom of the screen during the display of tobacco product use:
 - "Smoking causes cancer" or "Smoking kills" for smoking form of tobacco use
 - "Tobacco causes cancer" or "Tobacco kills" for chewing and other form of tobacco
- No display of
 - The brands of cigarettes or other tobacco products or any form of tobacco placement
 - Close-ups of tobacco products, tobacco product packages
 - Such scenes to be masked or blurred by the producer, distributor or broadcaster while screening



Regulation of the OTT Platform for depiction of tobacco/nicotine use

Global Regulation

Globally, few countries have enacted laws and regulations that are also applicable to the OTT platform. However, the majority of the global population is watching unregulated content from streaming platforms. OTT regulation provisions of Singapore, EU, UK, Kenya and Turkey are provided in Table 1.



Table 1. OTT regulation provisions of Singapore, EU, UK, Kenya and Turkey

Country	Law	Provisions for depiction of tobacco
Singapore	Over-The-Top, Video-On-Demand and Niche Services	Drug and Substance Abuse (Including Psychoactive Substance Abuse) Rating: G-rating- There should not be any reference to or depiction of drug and psychoactive substance abuse. Consumption of alcohol or tobacco products should not be promoted.
EU	Audio-Visual Media Services Directive (AVMSD)	<ul style="list-style-type: none"> o The appropriate measures for the protection of minors applicable to television broadcasting services should also apply to on-demand audiovisual media services. o Prohibits audio-visual commercial communications and sponsored content for cigarettes or other tobacco products, e-cigarettes or refill containers
UK	Statutory Rules and Non-Binding Guidance for Providers of On-Demand Programme Services (ODPS)	Similar to EU's AVMSD. The Draft Media bill is under consideration for stringent regulation.
Kenya	Proposed Co-Regulation Framework for Broadcast, Video- on-Demand, and Over-the-top (OTT) Services (2022)	This regulation will apply to broadcasters and OTT content services and tobacco product depiction will influence the content's rating.
Turkey	Regulation of 2019: Provision of Radio, Television and On-Demand Broadcasts on Internet Medium; and Audio- Visual Law (2011)	This law states that media services 'should not encourage the use of addictive substances like tobacco'.

Regulation in India

In India, OTT platforms follow a self-regulatory mechanism under the Digital Media Ethics Code, whereas content in theatres and TV is strictly regulated under Film and Television Rules.

On the occasion of World No Tobacco Day 2023, 31 May, the Ministry of Health and Family Welfare, Government of India announced the guideline under COTPA 2003 for the OTT

platforms to regulate the depiction of tobacco. India became the first and only country in the world to do so.

Publishers of online curated content, such as films, audio-visual programmes, television programmes, serials, series and other such content, that display tobacco products or their use will be required to comply with these guidelines. Earlier such rules were applicable to programs & films released only in theatres, multiplex and cable TVs.



Salient features of Anti-Tobacco warnings on OTT platforms

- 1. Health spots, messages, and disclaimers:** Publishers of online curated content that display tobacco products or their use will be required to comply with specific guidelines. These include the display of anti-tobacco health spots, lasting a minimum of thirty seconds each at the beginning and middle of the program. Furthermore, publishers must exhibit anti-tobacco health warnings as a prominent static message at the bottom of the screen during the display of tobacco products or their use. Additionally, an audio-visual disclaimer on the ill-effects of tobacco use, lasting a minimum of twenty seconds each, must be shown at the beginning and middle of the program.
- 2. Access to content:** The health spots, messages, and disclaimers will be made available to the publisher of the online curated content on the website "mohfw.gov.in" or "ntcp.mohfw.gov.in."
- 3. Legibility and language:** The anti-tobacco health warning message displayed as a static message must be legible and readable, with black font on a white background, and must include the warnings "Tobacco causes cancer" or "Tobacco kills." Furthermore, the health warning message, health spot, and audio-visual disclaimer should be in the same language as used in the online curated content.
- 4. Limitations on display:** The display of tobacco products or their use in online curated content is prohibited from including the brands of cigarettes or other tobacco products or any form of tobacco product placement. Additionally, the display of tobacco products or their use in promotional materials is strictly prohibited.



Provision for violations of OTT Guidelines

The failure to comply with the provisions outlined may result in action taken by an inter-ministerial committee comprising representatives from the Ministry of Health and Family Welfare, Ministry of Information and Broadcasting, and Ministry of Electronics and Information Technology either suo moto, or on receiving a complaint. The committee will identify the publisher of the online curated content, issue a notice providing a reasonable opportunity to explain the failure and require appropriate modifications to the content.



PECA 2019 & its Application to OTT

The Government of India banned e-cigarettes/nicotine products in India by passing the Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019 or PECA 2019. The act prohibits the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes in the interest of public health to protect the people from harm.

The section 4 (ii) of PECA 2019 prohibit the direct or indirect advertisement of e-cigarettes. No person shall, directly or indirectly, advertise electronic cigarettes or take part in any advertisement that directly or indirectly promotes the use of electronic cigarettes. Whoever contravenes the provisions of section 4 (ii), shall be punishable with imprisonment for a term which may extend to one year or with fine which may extend to one lakh rupees, or with both. For the second or subsequent offence, with imprisonment for a term which may extend to three years and with fine which may extend to five lakh rupees.



Consumer Protection Act, 2019 & Its application to OTT

It mandates that “surrogate advertisement” which means an advertisement for goods, product or service, whose advertising is otherwise prohibited or restricted by law cannot be done. by circumventing such prohibition or restriction and portraying it to be an advertisement for other goods, product or service, the advertising of which is not prohibited or restricted by law. CCPA can impose penalty of upto 10 lakh rupees on manufacturers, advertisers and endorsers for any misleading advertisements. For subsequent contraventions, CCPA may impose a penalty of upto 50 lakh rupees. The Authority can prohibit the endorser of a misleading advertisement from making any endorsement for upto 1 year and for subsequent contravention, prohibition can extend upto 3 years.



Provisions of other acts and regulations applicable to OTT platforms in India

- Consumer Protection Act, 2019
- Emblems and Names (Prevention of Improper Use) Act, 1950
- Indecent Representation of Women (Prohibition) Act, 1986
- Indian Penal Code 1860
- Information Technology Act, 2000
- Juvenile Justice (Care and Protection of Children) Act 2015
- Scheduled Castes and Scheduled Tribes (Prevention of

Atrocities) Act, 1989

Juvenile Justice (Care and Protection of Children) Act 2015 & Application on OTT

“S.77. Whoever gives, or causes to be given, to any child any

- intoxicating liquor or
- any narcotic drug or
- tobacco products or
- psychotropic substances,

except on the order of a duly qualified medical practitioner shall be punishable with imprisonment of up to seven years and a fine up to one lakh rupees.



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2

Chapter

Flavoured Tobacco and Youth: The Sweet Trap of Addiction



Background

Flavors and sweeteners are chemicals that are appealing independently and can also increase the use of tobacco products by enhancing the palatability of nicotine and other bitter or harsh constituents (Sarin 2019). Flavored tobacco products (FTPs) are generally used by young and inexperienced tobacco users, with prevalence (72.7%) much higher than non-flavoured tobacco products (Gupta AK 2021). Flavour improves the palatability of tobacco products in cigarettes, cigars, water pipes and smokeless tobacco products which usually attracts the youth. The recent reduced social acceptability of smoking has led to an increase in new tobacco products like e-cigarettes, heated tobacco products and nicotine pouches and flavours are also used in them. To prevent the initiation of tobacco use

especially among youth, all Flavoured Tobacco Products: a gateway to youth tobacco addiction the key stakeholders and government officials should develop strategies and enforce the existing legal provisions to stop tobacco use.



What are flavoured Tobacco products?

The raw tobacco is harsh and distasteful. To increase the palatability and appeal, manufacturers add artificial or natural additives or combinations of additives to tobacco products. Manufacturers of tobacco products add herbs or spice, including strawberry, grape, orange, clove, cinnamon, pineapple, vanilla, coconut, liquorice, cocoa, chocolate, cherry, coffee etc., that adds to a characterizing flavor to the tobacco product or tobacco smoke (FDA 2009).



Image: <https://truthinitiative.org/>

Why Flavorous are added in tobacco products?

- To increase attractiveness or addiction.
- To mask the bitter taste of tobacco and give soothing effect.
- To improve texture and mouth feel.

Flavours used in tobacco and other emerging products

Flavours/additives used in Smoked Tobacco Products

Herb or spice, including strawberry, grape, orange, clove, cinnamon, pineapple, vanilla, coconut, liquorice, cocoa, chocolate, cherry, or coffee.

Flavours/additives used in Smokeless Tobacco Products

Fruit, Spice, Herb, Alcohol, Menthol, Sweet, Floral Etc.

Some Common Flavours used in any tobacco product:

- | | |
|------------------|-----------------------------------|
| • Eucalyptol | • Methyl salicylate |
| • Camphor | • Ethyl salicylate |
| • Menthol | • Diphenyl ether |
| • Vanillin | • Linalool (floral/lavender) |
| • Pulegone | • Acetophenone (oral/sweet) |
| • Cinnamaldehyde | • Anethole (anise) |
| • Eugenol | • γ -Octalactone (coconut) |
| • Coumarine | |

Flavours in E-cigarettes

There are over 7,000 different e-liquid flavours are available for e-cigarettes. The commonly used flavors are Classic, Menthol, Cherry Crush, Java Jolt, Pina Colada, Vanilla Bean, Bad Apple, Iced Berry, Banana, Pomegranate, Peach Pit, Watermelon, CoCoCoconut, Pineapple Punch, Carmel Popcorn, Bubble Gum, Cotton Candy and Tutti Frutti (Drugwatch.com 2023).



Flavours in Nicotine Pouches

Nicotine pouches, also called modern oral nicotine products, are white pouches containing nicotine among other ingredients. Mint, creamy coconut, tart pineapple, sweat, etc. are commonly used flavors in such nicotine pouches



https://reusellcvs.life/product_details/113537098.html

Health risks of FTPs

- As flavouring masks the harshness of the tobacco, FT products are associated with increased tobacco dependence and thus harder to quit.
- Flavoured tobacco is more addictive than regular tobacco products and increases the likelihood of long term tobacco use (CDC).
- The addictive nature of flavoured tobacco combined with additives like sugar, salts, humectants, gum Arabi contribute to respiratory problems, oral diseases and cancer.

Why ban on FTPs is necessary?

Flavoured cigarette bans significantly reduced smoking

among youth and young adults (Rossheim et al., 2020). Flavour, particularly fruit flavour, was more likely to motivate young adults 18–24 to initiate vaping compared adults 35–44 (Landry 2029). There is limited availability of knowledge on how the toxic effects of flavours supplements the toxins already present in tobacco products. The tobacco industry has increased the use of synthetic chemicals due to an inability to meet the demand for natural flavouring substances such as vanillin (vanilla flavours), pyrazines (coffee and chocolate flavourings), petrochemical hydrocarbon precursors, sachharine, thumatin etc.

Impact of Favours bans

The ban on addition of flavours into tobacco products has lead to a reduction in tobacco use. After the flavor ban in San Francisco City, flavoured tobacco use decreased from 81% to 69% among the 18-24 age group and 85% to 76% in 25-34 years age group (Yang 2020).

A sharp decline of 55 million menthol cigarettes and 128 million total cigarettes was observed in Ontario after removing flavours in tobacco products (Chaiton 2020).

Advancements in Tobacco Flavours

To sustain the business, tobacco industry tried various means to circumvent the bans. They developed recombinant, sweet taste- stimulating proteins like thaumatin, which is 2000 times sweeter than table sugar. To produce the flavours within plants, transgenic tobacco plants are being developed. The genes are inserted from other flavouring plants into tobacco plants.



<https://www.science.org/content/article/genetic-engineering-transforms-tobacco-plant-antimalaria-drug-factory>



Indian Scenario

- India is the home of flavour tobacco products. India has the highest proportion of flavoured tobacco in the world because practically 70 to 90% of smokeless tobacco products contains flavours.
- Among the LMICS, India is one of the countries with the highest proportion of unique packs with flavour descriptors and/or imagery (menthol, mint, fruit and citrus flavoured most common flavours in India) (Cohen 2021).
- Capsule cigarettes accounted for the second largest proportion of unique packs in India, with over half being menthol flavored.
- There are no stringent laws to regulate contents and ingredients of tobacco products in India. Therefore, there

is an unrestricted use of flavorings in cigarettes and other tobacco products.



Regulation of Flavoured Tobacco Products

Existing Regulation to control of FTPs

The Food Safety & Standards Act, 2006

The Production, Sale, Storage and Distribution of food products containing tobacco or nicotine such as Gutkha have been prohibited under the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011, notified under the Food Safety and Standards Act, 2006. Under Section 59 of the Food Safety & Standards Act 2006, the punishment shall be imprisonment for a term which may extend to six months and also with fine which may extend to one lakh rupees, if a product is declared unsafe. This can be used to regulate flavouring of smokeless tobacco products.



punishable with rigorous imprisonment for a term which may extend to seven years and shall also be liable to a fine which may extend up to one lakh rupees. Flavoured tobacco products are mostly used by minors and youth. This provision can be used to control the addition of flavours in tobacco products.

Juvenile Justice (Care and Protection of Children) Act, 2015

Giving tobacco or causes to be given tobacco to a minor is a punishable offense under the act. The violator shall be

Section 268 of the Indian Penal Code, 1860

As per the section 268 of IPC, public nuisance is a crime. An action which causes any common injury, danger or annoyance to the public or to the people in general who dwell or occupy property in the vicinity, or which must necessarily cause injury, obstruction, danger or annoyance to persons who may have occasion to use any public right. It attracts a penalty of a fine which may extend up to 200 rupees and repeated violation would be punished for a term of imprisonment that may extend up to 6 months, or with fine, or both.

Global Ban on Flavoured Tobacco products

SNo.	Country	Ban
1	Brazil	Ban-Pending. In 2012, Brazil became the first country in the world to ban menthol tobacco products. However, failed to enact the law due to tobacco industry interference.
2	Chile	Ban-Pending.
3	Ethiopia	Complete ban. Banned menthol flavouring for all forms of tobacco products to children and adolescents in 2015.
4	Turkey	Complete ban. The first country to successfully introduce a ban on flavouring tobacco products including menthol in 2015 and ban fully implemented in 2020.
5	Canada	Complete ban. Menthol cigarettes were initially exempted from a flavour ban in Canada in 2010. By October 2017 menthol cigarettes had been banned.
6	USA	Partial Ban. 2009- banned characterizing flavours other than menthol from combustible cigarette products nationwide. 2022, FDA proposed a rule to prohibit menthol cigarettes and flavored cigars.
7	European Union	Ban- Pending Ban on the sale flavoured cigarettes was introduced. Implementation of the ban on menthol cigarettes was postponed.

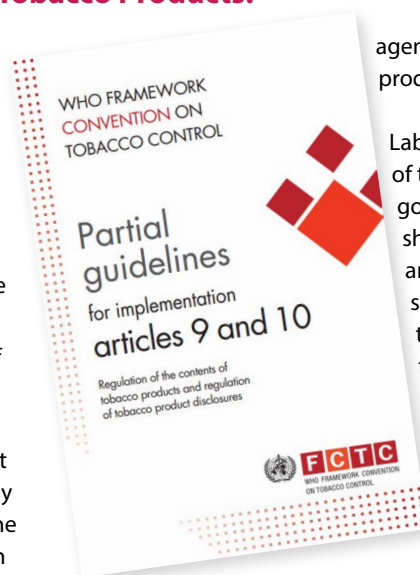


WHO- FCTC Guidelines for Flavored Tobacco Products:

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) includes guidance on regulating the contents of tobacco products including ingredients which contains flavors. Articles 9 and 10 require the Parties to the treaty to:

- Regulate the contents of tobacco products.
- Require manufacturers and importers to disclose the contents of tobacco products.
- Independently test and measure the contents of tobacco products.

The Guidelines for Implementation of Articles 9 and 10 recommend regulation to prohibit or restrict ingredients that may be used to increase palatability in tobacco products. The Guidelines states: "From the perspective of public health, there is no justification for permitting the use of ingredients, such as flavoring



agents, which help make tobacco products attractive."

Laboratories for industry disclosure of tobacco product ingredients and government compliance testing should meet international standards and compliance testing laboratories should be independent of the tobacco industry. The Guidelines further recommend reducing the tobacco companies' ability to market flavors by implementing restrictions on packaging design, including flavor descriptors and advertising (Articles 11 and 13) (WHO-FCTC).

Recommendations

Ministry of Health and Family Welfare (MoHFW)

- Legislation is needed to prohibit the – manufacture, storage, transportation, trade, Import and sale of all the flavored tobacco products under COTPA and FSSAI etc.
- All flavored tobacco product accessories such as filters, capsules and papers should be banned.
- Strict enforcement of COTPA and ban on Tobacco advertisement (including the surrogate advertising which is a form of advertising which is used to promote products which are banned or limited from advertising under government regulations), Promotion and Sponsorship.
- Indian and International tobacco companies should provide every detail on all flavored products sold by them to help the Indian government monitor flavoured products and their harms.
- The government should have a work plan for regularity in inspections and penalties for violations.
- Public awareness and educational campaigns for making masses aware of flavoured tobacco and flavor accessories.
- India, which have banned E-Cigarettes comprehensively under PECA 2019 need to enforce the law forcefully as these harmful products are still available mostly with flavors. The portal of MOHFW for lodging complaints should be monitored regularly.
- MOHFW may organize a physical/virtual meeting of all the stakeholders to work out the way forward.

Ministry of Information and Broadcasting:

- It should effectively stop all forms of surrogate advertising (which is a form of advertising which is used to promote products which are banned or limited from advertising under government regulations) of smokeless and smoking tobacco in Films/TV/OTT platforms by a stricter implementation of Film and TV rules under Section 5 of COTPA.
- It should conduct and sustain campaigning for masses to

educate and make them aware of the risks associated with flavored tobacco, and flavor accessories.

- It should address the promotion of surrogate products, such as flavoured cardamom, by celebrities and athletes.

Ministry of Electronics and Information Technology:

- MEITY to strictly ensure no advertisement (Direct or indirect) of tobacco products/Pan masala and E-Cigarettes etc is allowed on e-commerce sites and social media sites.
- India, which has banned E-Cigarettes comprehensively under PECA 2019, needs to enforce the law forcefully as these harmful products are still available mostly with flavors as additives on e-commerce sites and social media. Legal notices may be sent to the violators before a stricter action is initiated.

Food Safety and Standards Authority of India (FSSAI):

- FSSAI must send advisories to the Commissioners FDA in States/ UTs for strictly enforcing the provisions available under various sections of FSSAI to curb the menace of flavors and other additives in Pan Masala, Areca nut and use of dual pouch with Tobacco to circumvent the ban on Gutkha under section 2.3.4.
- Commissioners FDA of various states and UTs must ensure compliance to the provisions under FSSAI through FSOs as above.

Central Pollution Control Board of India:

Tobacco product waste (TPWs) is a major source of pollution of land and waters. 1.7 lakh tons of waste are generated every year. (ICMRAIIMS study). Tobacco product wastes are diverse in nature, ranging from plastics, foils and filters that are not easily biodegradable.

- There is a need for a comprehensive policy deterrent and a financial levy, that is borne by the manufacturers for creating environmental pollution.
- Tobacco companies and their shareholders must take full responsibility to reduce the environmental burden of their products. Apply The 'polluter pays' principle which is the



commonly accepted practice that those who produce pollution should bear the costs of managing it to prevent damage to human health or the environment.

- The violations of the existing environmental laws and policies related to solid wastes/packaging should be strictly monitored, reported and regulated to ensure compliance.
- Given the irreversible impact of plastics on the environment and the human body, the un-necessary plastic waste generated from the tobacco products, which are mostly flavored, needs stronger and urgent policy shifts for its effective elimination.

National Commission for Protection of Child Rights (NCPCR)

- Stricter implementation of JJ Act so that minors do not have any access to any kind of tobacco/nicotine products which are mostly flavored to attract youngsters.
- Chairperson NCPCR may write a letter to all the CCPR of states and UTs regarding the issue.
- Fines imposed and punishments given, need to be well-publicized as deterrent.

Ministry of Law and Justice

- Mandate building the capacity of stakeholders in the centre and states to take legal action against violations of COTPA 2003 AND PECA-2019 regarding the sale of

Tobacco/Nicotine products which are mostly flavored and protect them against litigation and intimidation of other means.

- To enact a law with comprehensive ban on use of any flavor/s in any of the tobacco/nicotine products and with no exceptions/ exemptions may maximize public health benefits.

Civil Service Organizations:

It is important to engage with a wide range of stakeholders, including but not limited to public health experts, medical professionals, the tobacco industry documents, retailers, consumers, health economists, and advocacy groups, when developing and implementing a policy to target the reduction in consumption of flavored tobacco or its constituents. This will help to ensure that the policy is well-informed and effective.

Academic Institutes/Public Health Organizations:

- Researchers in National Tobacco Testing Labs (NTTLs) and other academic institutes must conduct laboratory studies and disseminate findings to public and various stakeholder ministries to ban/regulate flavors.
- Tobacco/nicotine products content analysis, data collection and research through standard operating procedures are the key components of a comprehensive strategy for regulating flavored or unflavored tobacco products.

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3
Chapter

Food Over Tobacco: Prioritizing Health and Agriculture



Background

A record number of 349 million people across 79 countries—many of whom reside in low- and middle-income nations, including more than 30 on the African continent—experience severe food insecurity. Instead of cultivating wholesome foods, many of these nations use large tracts of fertile land to grow tobacco.

Due to the detrimental effects that tobacco production has on people's health, the environment, and society, tobacco-growing nations frequently experience economic hardship.¹ The production of tobacco have adverse impacts on crop production and the environment, such as soil erosion, water shortages, deforestation, and air and water system contamination. Currently, tobacco is grown in over 125 countries as a cash crop, over an estimated area of 4 million hectares (ha), which is an area larger than the country of Rwanda or one lac times the area of various countries. Tobacco crops absorb more nitrogen, phosphorus, potassium, and the specific agricultural techniques known as "topping" and "De- suckering," which are meant to achieve high nicotine levels and high leaf yields which contribute to the depletion of soil nutrients.²⁻³



Patterns and Trends of Tobacco production:- Global Tobacco Production Trends

Despite government encouragement and subsidies for tobacco production, tobacco growing has declined over time in high- income countries. Transnational tobacco corporations have reduced production costs recently by shifting the production of tobacco leaves to low-income nations. Therefore, tobacco companies are increasingly focusing on these environments, especially African nations, to increase the production of tobacco leaves.⁴ Tobacco is grown in more than 124 countries, over 55% of the world's tobacco is produced in Brazil, China, and India, and they are able to maintain their production without expanding their land area. Indonesia, Malawi, Mozambique, Turkiye, United Republic of Tanzania, United States of America, and Zimbabwe are top ten nations which are involved in tobacco production.⁵ In 2018, the South East Asia Region produced nearly 1.2 million tonnes of tobacco, with 760,268 hectares of harvested area.⁶

Indian Scenario

Ninety-three varieties of tobacco crops including FCV(29), Burley (3), Natu (5), Lanka (2), chewing (17), Bidi (15), Cheroot (3), Cigar (4), Hookah and chewing are grown in India (15). Tobacco farmers, industry and others engaged in tobacco growing make efforts for developing varieties with high solanesol, high flavour, low nicotine etc.⁶

Tobacco varieties in different states on India ⁶

Type	Cultivated States
FCV Tobacco	Andhra Pradesh & Karnataka
Bidi Tobacco	Gujarat, Andhra Pradesh, Karnataka & Maharashtra
Cigar & Cheroot	Tamil Nadu & West Bengal
Hookah Tobacco	Assam, West Bengal, Bihar & UP
Chewing & Snuff	Tamil Nadu, West Bengal, Bihar, Assam, Odisha & U.P
Natu, Burley, Lanka, HDBRG	Andhra Pradesh

III effects of tobacco production on farmers



More than 17 million people worldwide are employed in the tobacco farming industry.⁵ The tobacco crop has no positive use, from the moment it is planted, tobacco crop start to degrade the health of the producer in multiple ways. It causes a form of nicotine poisoning known as "green tobacco sickness" (GTS) which is an occupational condition that affects tobacco farmers. This particular form of acute nicotine intoxication is brought on by nicotine absorption through the moist green tobacco plant.⁷ Depending on the level of

exposure, GTS symptoms include nausea, vomiting, pallor, dizziness, headaches, increased sweating, chills, stomach discomfort, diarrhoea, and increased salivation, prostration, and fatigue. Other symptoms and signs include dyspnea, a cough with or without expectoration, and occasionally dropping blood pressure or heart rate.⁸⁻¹⁰ Daily exposure to chemical pesticides and tobacco dust is an unfortunate fact for tobacco farmers. A tobacco farmer who plants, grows, and harvests tobacco may take in as much nicotine per day as 50



cigarettes. Furthermore, tobacco farmers frequently bring dangerous substances home on their bodies, clothing, or shoes, which exposes their families—particularly children—to additional dangers.¹¹ Large amounts of tobacco smoke are also inhaled by tobacco farmers during the curing process, which raises the danger of lung diseases and other health issues.¹¹ Since women and children are frequently the main workers on tobacco farms, they are more likely to be exposed to the health risks associated with handling green tobacco

leaves and toxic chemicals as well as tobacco smoke during the curing process. Given their body weight in relation to the amount of nicotine absorbed through their skin, children are specially at risk. The negative effects of tobacco farming also disproportionately affect pregnant women, who also have a higher risk of miscarriage. Inhaling tobacco dust while storing and rolling tobacco at home exposes those who roll bidis (hand-rolled cigarettes), particularly women and children, to respiratory illnesses and other health issues.¹²

Table 1:- Risk factors reported for GTS as per systematic review ¹³

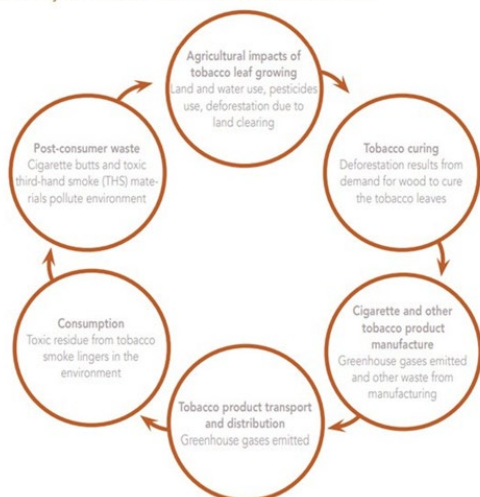
Author (Publication year)	Risk factors reported from their study
Campos <i>et al.</i> , 2020 ^[24]	Sunlight exposure, use of pesticides
Rokhmah <i>et al.</i> , 2019 ^[25]	NR
da Mota E Silva <i>et al.</i> , 2018 ^[26]	Stalk removal of tobacco leaves
Park <i>et al.</i> , 2017 ^[2]	Cotinine concentration at dawn was significantly higher than that at other times; it was significantly lower during the non-harvesting period than during the harvesting period
Saleeon <i>et al.</i> , 2015 ^[17]	Gender of the farmer, smoking, skin rash, wearing a wet suit, process of curing tobacco leaves, and watering tobacco plants
Fassa <i>et al.</i> , 2014 ^[21]	Among men: Age, being a nonsmoker, hanging tobacco sticks in the barn, harvesting wet leaves, and exposure to physical exertion were risk factors for GTS Among women: Tying hands of tobacco, transporting bales, harvesting wet leaves, having had contact with pesticides, and exposure to physical exertion
Van Minh <i>et al.</i> , 2009 ^[1]	Men and increasing age
Arcury <i>et al.</i> , 2008 ^[39]	Task, topping, burning, and working in wet clothing, fewer than 25% of workdays had the largest effect
Parikh <i>et al.</i> , 2005 ^[11]	NR
Arcury <i>et al.</i> , 2001 ^[20]	Task, working in wet clothing, fewer than 25% of workdays
Ghosh <i>et al.</i> , 1986 ^[21]	NR

NR: Not reported, GTS: Green tobacco sickness

III effects of tobacco on environment

The production and consumption of tobacco poses a threat to the wellbeing of the planet, from exposure to pesticides, agrochemicals, second-hand smoke, deforestation, loss of biodiversity all have negative effects on the environment. In order to grow tobacco, chemicals, such as pesticides, fertilisers, and growth regulators, are typically used significantly. The production, distribution, use, and disposal of tobacco are all stages in which tobacco has an impact on the environment (Figure 1).

Figure 1: Life cycle of tobacco – from cultivation to consumer waste



Heavy exposure to pesticides:- It requires a lot of resources to grow tobacco, and pesticides and fertilisers are frequently employed, which degrades the soil. These substances escape into the water, deteriorating lakes, rivers, and drinking water. Since tobacco depletes soil fertility, agricultural land used for growing tobacco has a lower capacity for growing other nutritious crops.

Deforestation:- About 5% of all deforestation is caused by tobacco farming, leading to CO2 emissions and climate change. Trees must be removed, and the land must be cleared, to make room for tobacco crops. About one tree is required to produce 300 cigarettes. Because some of these areas have a limited supply of fertile land for growing food, this causes desertification and hunger. Each year, about 200 000 hectares (ha) of land are cleared for the cultivation and curing of tobacco, which is nearly equal to the area of Cape Verde (403 000 ha).

Deterioration of biodiversity:- By destroying portions of the habitat and leaving smaller, disconnected areas, tobacco farming contributes to habitat fragmentation, which can threaten ecosystems and lead to biodiversity loss. In the form of soil erosion, decreased soil fertility and productivity, and the disruption of water cycles, it is also linked to land degradation or desertification. Fish are killed when chemicals leach into nearby water sources, and this also affects people and other animals who use the water for drinking and domestic purposes, such as cattle.



T.I.I's role in growing tobacco

The tobacco industry creates a variety of implicit and explicit associations with different entities in order to manipulate the perception of the industry that is seen in society for having financial advantages. Such affiliations are frequently used by industries to enhance their reputation (and legitimacy) and gain access to decision-makers for the purpose of influencing public policies. As an illustration, the tobacco industry is well known for its creativity in maintaining connections with governments all over the world. The 10th Sustainability Summit, which was recently held in the capital, was funded by ITC, the largest cigarette manufacturer in India. It has

long provided funding for these summits. In actuality, the CII-ITC Centre of Excellence for Sustainable Development is in charge of organising these summits. The 10th summit included partners from the government ministries (Housing & Urban Poverty Alleviation; Environment, Forests & Climate Change), and GIZ (German Society for International Cooperation, Ltd.). The WHO-FCTC's Article 5.3 calls for the adoption of measures to stop the tobacco industry from interfering with public tobacco control policies due to conflicts of interest between governments and the tobacco industry.¹⁵

Alternative Crops to have Better Return on Investment ⁶:-

Maize, rice, wheat, ragi, cotton, soybean, mustard, castor, groundnut, blackgram, chilli, chickpea, potato, ginger, sugarcane, jute, arecanut, banana, oil palm, eucalyptus along with dairy/ poultry/ fishery have been identified as a viable alternative to tobacco crops.

Suggested crop-shifting schemes for tobacco production identified in India

1. Partial Shifting of tobacco With irrigation:- tobacco and sugar cane Without irrigation:- tobacco and soybean

2. Complete shifting of tobacco With irrigation:- sugarcane and soybean Without irrigation:- soybean and groundnut

Area Under Tobacco Cultivation and Alternate Crops ¹⁶

Tobacco Growing State	Area under Tobacco (in Hectares)	Common crops that may be grown on the same land
Gujarat	1,62,263	5,69,056 Tonnes of Wheat
Karnataka	95,479	2,76,412 Tonnes of Cereals
Andhra Pradesh	84,838	1,06,896 Tonnes of Gram
Uttar Pradesh	35,046	31,261 Tonnes of Pulses
West Bengal	15,150	22,089 Tonnes of Mustard
Bihar	10,266	28,837 Tonnes of Rice

International examples needs to be followed

Sri Lanka tobacco cultivation has declined over the years. In 2017 Sri Lanka committed to shift all its tobacco farmers (nearly 3000) to alternative crops/ livelihoods by 2020. The country achieved 100% targets in introducing alternative crops (Red onion, Beet root) in Kurunegala and puttalam district. Other tobacco growing areas are also being supported to make this shift. Like Sri Lanka, Egypt committed to become a tobacco growing free country. Oman has established a committee on limiting tobacco plantation. The European Union has shifted away from tobacco farming subsidies. Kenya has started growing bamboo instead of tobacco.

Recommendations

1. There is a need to increase awareness among farmers community about the harmful effects of tobacco cultivation on them and their families through effective Information, Education and Communication (IEC) campaigns through civil society partners should create extensive IEC materials for wider dissemination.
2. The government should encourage and initiate good practices to support farmers by providing sustainable alternatives, including affordable seeds and guaranteed minimum prices for non-tobacco crops.
3. There is a need to enhance the health system's capacity to implement strong tobacco control measures through leadership and effective advocacy initiatives.
4. Establish a network of ambassadors at the sub national and state levels to counteract interference from the tobacco industry.
5. Implement substantial taxes on tobacco production in line with the recommendations of the World Health Organization (WHO).
6. Engage the Ministries of Agriculture, Forestry, Environment, and Labor Welfare to facilitate the provision of alternative livelihood opportunities for tobacco farmers.
7. Need based contextual research focusing upon the health effects of tobacco on farming community, effect of implementing subsidized tax on tobacco production on changing alternative cross and similar study should be promoted.





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4
Chapter

Digital Innovations in Tobacco Control: Charting India's Technological Path Forward



Tobacco control is a critical issue in India, given the high prevalence of tobacco use and its associated health risks. Traditional methods of tobacco control, while effective to some extent, often face challenges in reaching and engaging a diverse population across the country.

This is where digital innovation steps in as a game-changer. Digital innovation in tobacco control encompasses the use of technology, such as mobile apps, online platforms, and data analytics, to implement, monitor, and enhance tobacco cessation and prevention efforts. These innovations leverage the widespread use of smartphones and internet connectivity to reach a large number of users, personalize

interventions, and collect real-time data for continuous improvement.

In this newsletter, we aim to highlight the various digital innovations in tobacco control that are making a significant impact in India. These innovations not only facilitate access to tobacco cessation tools but also empower users with knowledge, support, and motivation throughout their quitting journey. By showcasing these digital initiatives, we hope to inspire and encourage efforts towards a tobacco-free India, aligning with national and global tobacco control goals.

Tobacco Monitoring Application Chhattisgarh

In a groundbreaking move towards combating the adverse effects of tobacco, the state government of Chhattisgarh has spearheaded a digital revolution with the introduction of the Tobacco Monitoring App (TMA). This innovative mobile application aims not only to raise awareness but also to save lives by curbing tobacco consumption across the state.

One of the key features of the TMA is its restricted access, ensuring that only authorized personnel, including enforcers and educational institutions, can utilize its functionalities after due verification by district and state nodal officers. This approach not only maintains security but also ensures that the app is used effectively by those recognized by the government for tobacco control initiatives.

The app's features are tailored to address different aspects of tobacco control. The COTPA (Cigarettes and Other Tobacco Products Act) module empowers enforcers to report and monitor tobacco-related violations efficiently. On the other hand, the ToFEI (Tobacco-Free Educational Institute) module streamlines certification processes for educational institutions, making it easier for schools to comply with anti-tobacco regulations.

Despite initial challenges, the TMA has witnessed remarkable adoption across all 36 districts of Chhattisgarh. Over 7000

schools have signed up for ToFEI certification within a year, showcasing the app's widespread impact and accessibility, even in remote areas. The app's success hinges on continuous training programs and streamlined approval processes at district and state levels, ensuring that stakeholders are equipped to utilize its full potential.

The journey of implementing TMA has been marked by challenges that the state had to overcome with strategic planning and collaboration. Challenges such as the lack of available human resources at the district and state levels, insufficient interdepartmental coordination, and the initial hesitancy towards digital modes of operation were carefully addressed during the app's development phase. Collaborative efforts with partners like the APHAL Foundation proved instrumental in refining the app's features to meet the state's specific needs.

Looking ahead, key recommendations such as faster action by district nodal officers, enhanced training support, and improved approval workflows will further strengthen the TMA's impact on tobacco control efforts. By leveraging digital innovations like the TMA, Chhattisgarh sets a commendable example for effective public health interventions through technology-driven solutions.



Tobacco Monitor Application Tamil Nadu

The Tobacco Monitor App represents a significant step forward in empowering individuals to combat tobacco use and fostering collaboration between civil society and government entities. Recognizing the critical need for unified efforts in tobacco control, particularly in light of limited enforcement resources in many areas, the app was developed to bridge the gap between various government departments and encourage their active participation in tobacco control activities mandated by COTPA regulations. Accessible via the Play Store, among the states in districts, the app allows users to report violations and engage in various tobacco-related activities, such as verifying schools for ToFEI certification,




participating in children advocacy through the CAT section, and accessing resources for quitting tobacco. Currently linked with the WHO portal for cessation support, the app also facilitates legal actions against media for smoking or tobacco-related violations. The impact of the app is evident in recent successes, including the seizure of significant quantities of e-cigarettes and related products

worth 30 lakh rupees, thanks to actionable complaints raised through the platform. As the app continues to evolve, efforts are underway to enhance the quit tobacco database and broaden its reach in combating tobacco use comprehensively.

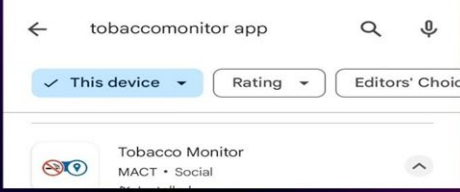
WHAT IS IT?

It is an android app where you can acquire information about the latest happenings related to tobacco eradications, regulations and cessation give complaints on tobacco and tobacco industry related violations


Step 1:



Step 2:



Step 3:



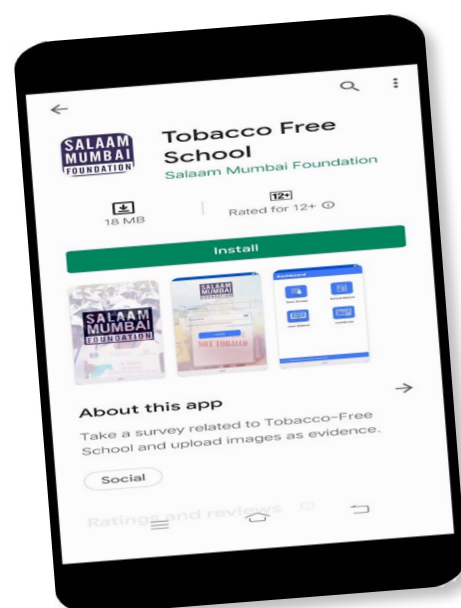
<http://tobaccomonitor.co.in>

English and Assamese

Tobacco-Free School Application Maharashtra

The Tobacco-Free School (TFS) Application, introduced in 2015 to meet the Tobacco-Free Educational Institution (ToEFI) criteria, has seen significant growth across 11 states, establishing itself as a crucial instrument for implementing these standards. Available in Hindi, English, and Marathi, the application can be customized to support additional languages as needed. Primarily used in Maharashtra's 34 districts, the app simplifies the process of meeting the 9 ToEFI criteria for schools. Upon completing these criteria within the app, schools initiate a backend review by the team to ensure adherence to guidelines. Schools receive guidance for any necessary corrections, facilitating their transition to becoming tobacco-free institutions.

With support from the Maharashtra government, over 110,000 schools are actively utilizing the app, with 52,020 schools progressing towards tobacco-free status and 37,406 already declared as such. Endorsed by both the health and education departments of Maharashtra, the app has gained recognition as a reliable monitoring tool, and its adoption is spreading to states like Gujarat, West Bengal, and selectively in Rajasthan.



STOP Tobacco Application– State tobacco cell, Karnataka

The STOP Tobacco App was designed primarily to involve the community in overseeing COTPA Compliance and activating the COTPA Enforcement Mechanism from State to route, thereby guaranteeing a 100% compliance rate and fostering a Smoke-Free, Tobacco advertising, promotion and sponsorship (TAPS) free environment to fulfill the vision of a Tobacco-Free Generation. An initial concept note emphasized the need for an app to monitor COTPA compliance and collect real-time data, resulting in the development of a user-friendly app with essential features to promote community engagement in tobacco control efforts. After its successful trial in 10 districts of Karnataka in 2019, the app expanded to cover all 31 districts by 2022. An important update included the integration of instant feedback mechanisms for complainants following enforcement actions, addressing concerns about transparency. The app's key functionalities include public registration of COTPA violation cases, reporting WHO FCTC Article 5.3 violations, and providing access to a list of TCC counselors with their contact details. Through SMS, the app shares action taken reports with complainants, reflecting

achievements such as 500 downloads, registration, and resolution of 86 cases, highlighting the need for increased promotion. As a government-owned initiative operating in Karnataka, the app's success suggests its potential adoption by other states or international bodies.



MIS reporting- NTCP by MoHFW

The Management Information System under NTCP (MIS-NTCP) is a web-based reporting platform introduced in May 2021, with multiple training sessions held nationwide to ensure its implementation. The system operates in three basic levels: data originates from district tobacco control cells, responsible for gathering data from various program activities at district and block levels. Reporting occurs quarterly through the management system, with submissions going to the state tobacco control cell for review. The state cells oversee and verify district and block data before reporting their state-level activities to the MIS portal. All indicators are reported from district to national levels, facilitating quarterly program monitoring and yearly national reviews based on verified data. This reporting platform extends to the district level, providing insights for targeted enforcement activities and enabling authorities to strengthen processes.

from the Ministry of Health and Family Welfare, with over 52 online and offline training sessions conducted nationwide for NTCP staff and civil society partners supporting MIS implementation. By 2023-2024, 451 districts were covered, 703 NTCP officials were trained, and technical support was provided to over 90 districts. Currently, more than 95% of districts are reporting data, with around 705 districts reporting in the last fiscal year.

Key outputs of MIS include the MIS dashboard, an extension for effective NTCP activity dissemination and public access to state-wise activities. MIS has improved five key domains: efficient reporting, data quality, single-platform data insights, technology-driven reviews, and evidence-based national/state reviews for the tobacco control program. Some states are using MIS data to evaluate district performance, and ongoing efforts aim to enhance MIS's user-friendliness, integrate additional tobacco control dimensions like the National Tobacco Quitline, and incorporate real-time indicators beyond state-owned applications.

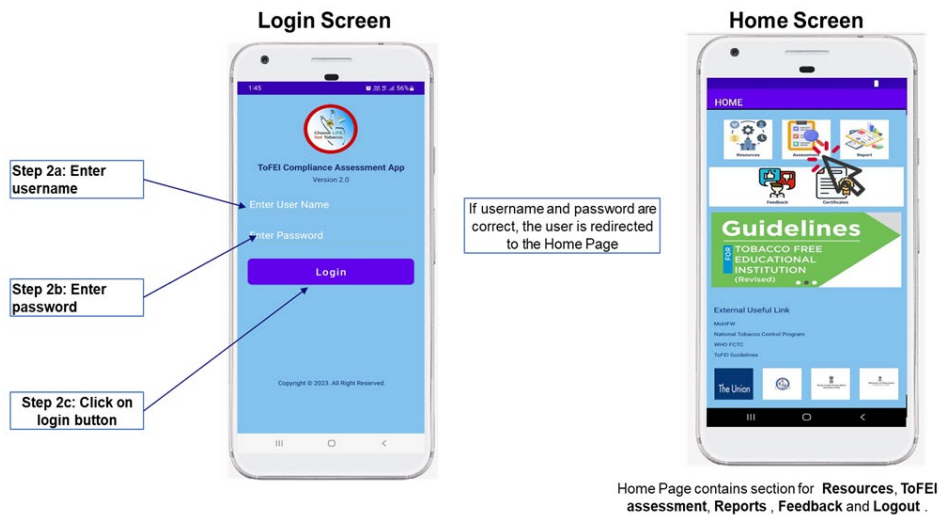
The strengthened adoption of MIS is credited to guidance



ToFEI compliance assessment Application by Vital Strategies

A mobile-based monitoring system offers a practical solution to enhance the implementation of ToFEI guidelines and support educational institutions in becoming tobacco-free. The National Tobacco Control Program (NTCP) includes targeted efforts to promote "Tobacco-Free Educational Institutions," with detailed guidelines featuring nine indicators issued in 2019. The ToFEI Compliance Assessment mobile app was introduced to expedite the monitoring process and enhance transparency in schools' compliance with ToFEI guidelines. It encompasses all nine criteria used to assess ToFEI compliance and enables real-time capture of

signage and violations within schools. Moreover, a real-time dashboard displays the ToFEI status of schools at the district level, facilitating improved monitoring and evaluation. By utilizing the application, schools that score above 90% receive a certificate for ToFEI compliance. Additionally, the app offers crucial information such as details on ToFEI guidelines, COTPA 2003, WHO FCTC documents, and other pertinent links. It also includes a ToFEI compliance monitoring dashboard accessible at admin, state, and district levels.



CanCare- Tobacco Cessation Application Haryana

India's only cessation app provides medically validated, scientifically sound, and digital tobacco cessation services to individuals, incorporating healthcare professionals, counselors, and primary healthcare providers. It aids in brief interventions, quit plan development, and guides users through their tobacco cessation journey. The app offers a range of solutions, serving as a comprehensive platform covering all stages of tobacco de-addiction, both online and offline. Users can self-assess addiction levels, dependence types, quantify willpower, assess comorbidities, and access treatment protocols and medical services.

The app's evidence-based treatment plans are digitally tailored to each user's progress, simplifying their journey with different strategies over time. This approach enhances patient-doctor relationships, builds confidence in the treatment process, evaluates effectiveness, and integrates newer strategies seamlessly. Quantitative and qualitative assessments guide pharmacotherapy or behavioral interventions.

The app's structured journey involves follow-ups, interventions, and tracking of tobacco intake, challenges, and concerns faced by users. Through personalized interventions, including allopathic

and home-based solutions, users overcome hurdles and ultimately achieve tobacco-free status. Implemented successfully at Max Specialty Hospital in Ghaziabad, the app has aided over 216 tobacco users in quitting over three years.

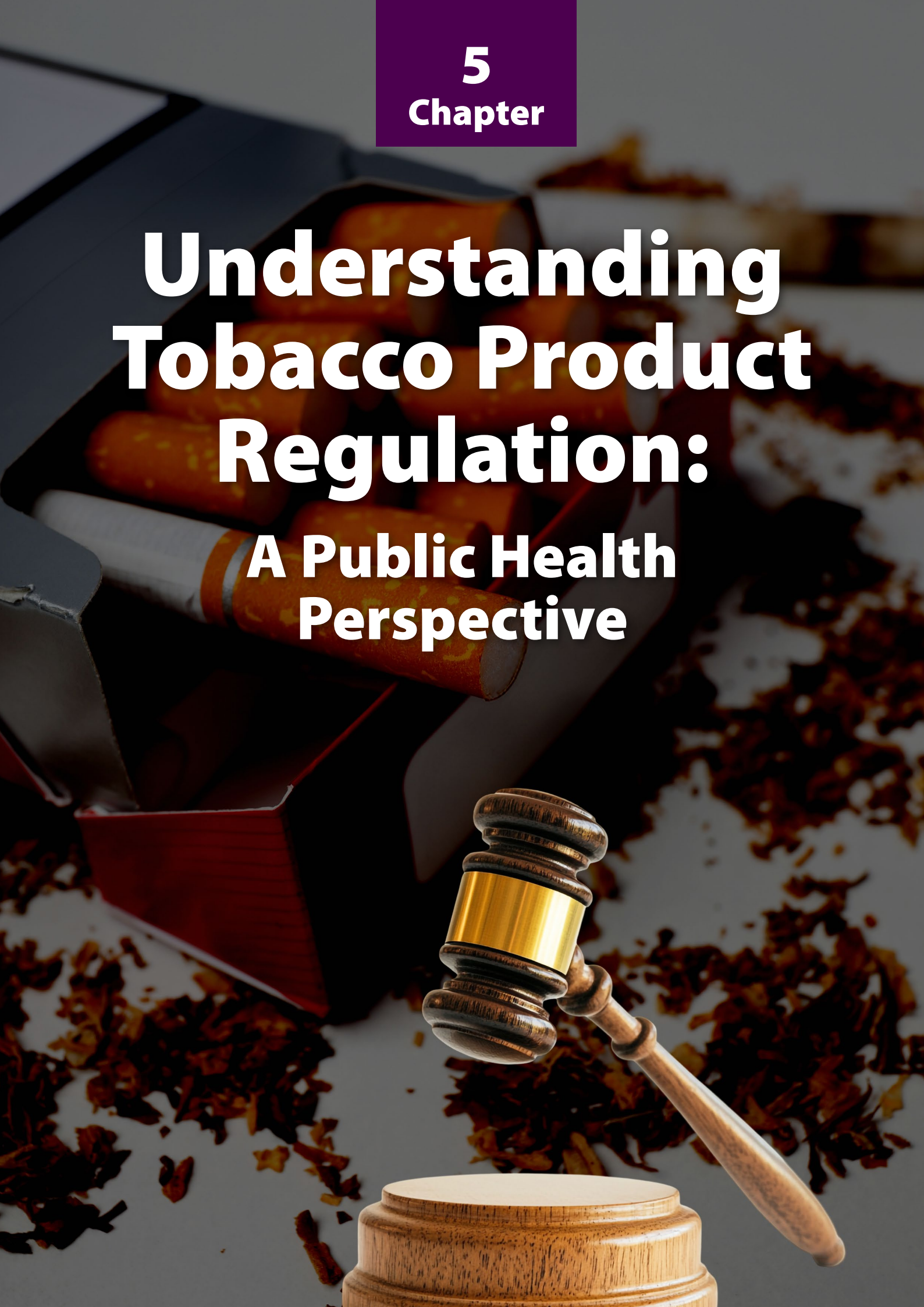
Additionally, doctors across the country, especially certified Tobacco Cessation Specialists, utilize the app to achieve high success rates. The app's features include digital tracking, record maintenance, and a 360-degree approach encompassing motivation, therapy, management, and medications. It also provides access to blog articles for holistic support.



5
Chapter

Understanding Tobacco Product Regulation:

**A Public Health
Perspective**



How can tobacco Product Regulation Improve Public Health?

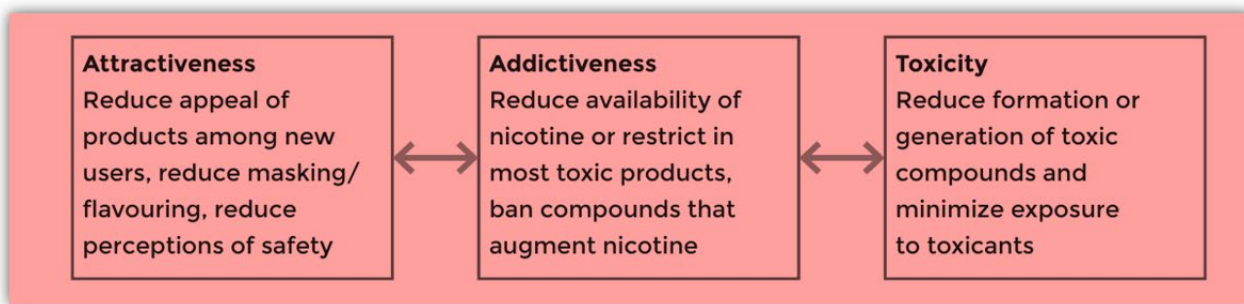
The devastating public health impact of tobacco products is due to a combination of three main factors: attractiveness, which results from product characteristics that encourage the use of tobacco products by a large proportion of the global population; addictiveness, which results mainly from the active drug nicotine contained in tobacco products, that makes users unable to limit consumption or quit tobacco use; and toxicity, which results from users exposure to toxic compounds that are contained in or generated by tobacco products, even when used as intended

Policies could target:

- attractiveness by banning the use of candy or other flavours that appeal to youth, eliminating design features (e.g. ventilation) that support ease of use or reduced perceptions of risk (e.g. ban on use of spices and herbs

such as cinnamon, ginger and mint used to improve the palatability of tobacco products);

- addictiveness by limiting nicotine content of tobacco, regulating aspects of product chemistry such as tobacco pH or factors relating to nicotine absorption, regulating the use of non-nicotine compounds that enhance the effects of nicotine or support nicotine dependence, and/or eliminating nicotine with in the most toxic categories of tobacco products (e.g. combusted products); and
- toxicity by seeking to reduce or eliminate known tobacco toxicants (e.g. tobacco-specific nitrosamines generated during tobacco fermentation), placing limits on the use of toxic additives, reducing emissions, and/or barring the introduction of new products that pose unknown health risks.



Global status of implementation of WHO-FCTC Article 9 and 10

Several countries have taken significant steps towards regulation of tobacco product contents (Article 9) and the disclosure of tobacco product information (Article 10). Notably, 87 Parties (48%) currently regulate emissions, a figure unchanged since 2020. As of the latest reports, approximately half of the Parties to the WHO-FCTC have implemented measures for regulating, testing, or measuring the contents and emissions of tobacco products. While the number of Parties testing tobacco product contents has increased since 2020, there has been no corresponding rise in those measuring and regulating emissions.

Australia, for instance, introduced reforms in November 2022, while EU Member States continue to align their national legislation with the EU’s Tobacco Products Directive. Malaysia, Mauritius, Turkey, Georgia, Uruguay, and Armenia have also introduced measures regulating tobacco product contents, emissions, and import restrictions, with implementation ongoing in

various regions. Countries like Colombia and Mexico are advancing regulatory processes, particularly concerning flavourings and additives in tobacco products, with a focus on health impacts.



There has been progress in the testing of tobacco products, with 95 Parties (52%) now reporting that they have implemented measures for testing contents. However, testing emissions remains stagnant, with only 48% of Parties conducting this work. Access to laboratories for testing remains a challenge, though many Parties have established national or reference laboratories to manage this process. Regarding the regulation of tobacco product disclosures, 70% of Parties require the disclosure of content information to government authorities, though fewer (62%) mandate the same for emissions. Public disclosure of product content is becoming more common, reported by 58% of Parties, while only 47% report public disclosure of emissions.



2023

2020

SECTION D				
Article 9. Regulation of the contents of tobacco products	Number of countries	%	Number of countries	%
Testing and measuring the contents	95	52	88	49
Testing and measuring the emissions	88	48	88	49
Regulating the contents	na	na	103	57
Regulating the emissions	87	48	87	48
Article 10. Regulation of tobacco product disclosures	Number of countries	%	Number of countries	%
Requiring disclosure on the contents to government authorities	127	70	124	69
Requiring disclosure on the emissions to government authorities	112	62	110	61
Requiring public disclosure on the contents	106	58	102	56
Requiring public disclosure on the emissions	86	47	85	47

Source: Global Progress Report, WHO-FCTC, 2023

Case Studies: Different Countries Experiences in regulating tobacco Products

Canada:

In Canada, the Tobacco Act has been amended several times to limit the sale of flavoured tobacco products. The first change in October 2009 banned flavoured cigarettes but allowed menthol cigarettes. Later amendments in 2015, 2017, and 2018 removed the menthol exemption and banned flavour-related images on e-cigarette products. However, flavoured e-cigarettes are still legal. Despite this, Canada has made significant progress in aligning with FCTC articles 9 and 10 by regulating tobacco testing, ingredient restrictions, health warnings, and public disclosures. Ongoing efforts will help close remaining gaps and strengthen Canada's tobacco control measures.



Brazil:

Brazil is a global leader in implementing a comprehensive ban on additives that alter the taste and aroma of tobacco products, including menthol, making it the most extensive ban in the world. This ban, introduced by ANVISA, Brazilian regulatory legal body to oversee tobacco products, through the Collegiate Board Resolution (RDC) 14/2012, was based on scientific evidence and aligned with the principles of the WHO Framework Convention on Tobacco Control. Despite strong opposition from the tobacco industry, which used tactics like legal action, flawed science, and misinformation, Brazil's Supreme Court ruled in favor of ANVISA in 2018. This case highlights the challenges countries may face when implementing similar bans and the need to prepare for strong resistance from the tobacco industry.



India: Similar to articles 9 and 10, the Indian law namely, COTPA (Cigarettes and Other Tobacco products Act) 2003 has following provision for tobacco product regulation:

Section 7: Display of pictorial health warning and nicotine and tar content on tobacco products packs

- Section 7 (5): No person shall, directly or indirectly, produce, supply or distribute tobacco products unless every package produced, supplied or distributed by him indicates on its label, the nicotine and tar content along with the maximum permissible limits.

Section 11: Central Government shall by notification in the Official Gazette grant recognition to such testing laboratory, for testing the nicotine and tar contents in cigarettes and any other tobacco products.

- The National Tobacco Testing Laboratories [NTTLs] are notified under Section 11 of COTPA 2003, as Regulatory as well as Research laboratories.



Indian status of implementation of WHO-FCTC Article 9 and 10

India has made notable progress in implementing WHO-FCTC Articles 9 and 10, driven by strong political will and technical support from various stakeholders. Individual states have enforced food safety regulations, particularly Section 2.3.4 of the 2011 Food Safety and Standards Act, which prohibits the use of tobacco and nicotine in food products. This has led to a nationwide ban on guthka and pan masala containing tobacco, two of the most widely consumed smokeless tobacco products. Additionally, subnational bans on flavoured and packaged smokeless tobacco products have been introduced to further curb consumption. In 2019, India formally recognized three National Tobacco Testing Laboratories (NTTLs) under section 11 of the COTPA Act, 2003, which now test nicotine and tar levels in various tobacco products. India's collaboration with the WHO Tobacco Laboratory Network (TobLabNet) has provided access to global expertise, data, and resources, advancing its efforts to meet the objectives of articles 9 and 10. This partnership enables India to enhance its research capabilities and technology development in tobacco control.

These countries set a strong example for tackling challenges and moving toward a tobacco-free future.

Implementation and Potential Challenges for WHO-FCTC Article 9 and 10

i. Tobacco Industry Interference

The tobacco industry actively opposes and seeks to undermine the implementation of strong regulations on product contents and emissions.

This can manifest in the form of lobbying, litigation, or misinformation campaigns aimed at delaying or weakening the enforcement of articles 9 and 10. The tobacco industry's engineering of cigarettes, including filter venting and nicotine optimization, enhances addiction and alters toxicant exposure while masking harm, making it harder to regulate under tobacco control policies. This strategy complicates efforts to reduce smoking initiation and control health risks. The tobacco industry uses additives in tobacco products to attract non-smokers and amplify nicotine effects, while falsely promoting these additives as beneficial. Internal documents reveal that additives are a key strategy for expanding their market.



ii. Diverse variety of Tobacco Products

The significant diversity of smokeless tobacco products across regions, including forms like snus, guthka, and snuff, presents a challenge for the regulation of product contents and emissions under WHO-FCTC Articles 9 and 10. Variations in ingredients, processing methods, and cultural usage lead to different chemical compositions and health risks, making it difficult to develop a standardized, globally applicable method for evaluating hazardous substances in these products. This necessitates tailored regulatory approaches to effectively manage the diverse range of smokeless tobacco products.



iii. Regulating the attractiveness, addictiveness, and toxicity of tobacco products

One major challenge in implementing articles 9 and 10 of the WHO-FCTC is the regulation of the attractiveness, addictiveness, and toxicity of tobacco products, particularly with emerging products like e-cigarettes. Existing guidelines focus on reducing attractiveness but provide limited direction on mitigating toxicity and addictiveness, and many countries lack the technical and regulatory capacity to effectively enforce these product regulations.



iv. Testing Infrastructure and Standardized Global Protocols

A significant challenge in implementing effective tobacco control regulations is the lack of specialized human resources and fully equipped testing laboratories, particularly in low-resource countries. Establishing these laboratories requires substantial financial investment in equipment and infrastructure, which many nations struggle to secure. This shortage impacts the ability to adopt internationally recognized tobacco testing standards, thereby affecting the accuracy and reliability of regulatory efforts. Furthermore, variations in methodologies, units of measurement, and reporting formats for harmful substances like nicotine and tobacco-specific nitrosamines (TSNAs) across different regions complicate data comparison. This inconsistency hinders the development of a globally applicable database, which is essential for effective regulation and reducing health risks. To meet the objectives of Articles 9 and 10 of the WHO-FCTC, standardized protocols and global harmonization of testing standards are crucial.



v. Legal Frameworks

One of the key challenge is the lack of comprehensive legislation that addresses all tobacco products, including dissolvable tobacco, smokeless tobacco, cigars, snus, and electronic nicotine delivery systems. Current laws often focus only on cigarette content disclosure and testing, neglecting other tobacco products. Additionally, many countries lack robust regulations on flavors and packaging, making it difficult to enforce consistent standards. Expanding these regulations requires overcoming hurdles such as political resistance, scientific complexities, and industry interference.

The current legal frameworks for tobacco control face several limitations in India. Regulations such as COTPA sections 7 and 5 primarily focus on the disclosure of tar and nicotine content, but they lack strong enforcement mechanisms or penalties for non-compliance. Additionally, there are no clear regulations addressing the use of flavoring in tobacco products, nor are there standardized procedures for sample collection and analysis, creating significant gaps in regulatory oversight. Furthermore, many comprehensive tobacco control laws remain inadequate, often failing to extend to newer tobacco or nicotine products, which leaves these emerging products largely unregulated.



vi. Varied Environmental Influences and Microbial Toxins

Environmental factors such as temperature, humidity, soil composition, and regional processing methods significantly influence the chemical makeup of tobacco, including the levels of harmful substances like Tobacco-Specific Nitrosamines (TSNAs) and Polycyclic Aromatic Hydrocarbons (PAHs). These variations across regions make it challenging to develop a single global standard for regulating the harmful substances in tobacco products. Additionally, the role of microbes, enzymes, and viruses in generating carcinogenic chemicals within tobacco products remains poorly understood, further complicating the regulation of tobacco content and emissions under WHO-FCTC Articles 9 and 10. The variability in microbial activity, driven by regional differences in climate and processing, adds complexity to the establishment of uniform standards for the safe evaluation and control of hazardous substances in smokeless tobacco products, necessitating region-specific regulations.

vii. Global Baseline Data

The lack of global baseline data on harmful chemicals in tobacco products creates a significant challenge for the effective implementation of WHO-FCTC Articles 9 and 10. Without standardized data, it becomes difficult to track changes in tobacco product composition, compare products across regions, or evaluate the success of regulations. While some countries have set limits on harmful substances, global differences in product composition and the constant introduction of new products make it hard to apply these standards universally. This data gap hinders the development of evidence-based policies and regulations needed to reduce tobacco-related harm worldwide.

Recommendations

The key recommendations for implementing articles 9 and 10 of the WHO-FCTC requires a comprehensive and collaborative approach. First, updating legislation to encompass emerging tobacco products, such as e-cigarettes and flavored tobacco, is essential. This involves closing legal loopholes by regulating all tobacco products, not just traditional cigarettes. Countries must develop robust guidelines to reduce the toxicity, addictiveness, and attractiveness of tobacco products, while expanding regulatory frameworks to cover flavoring agents and packaging specifications.

To address the lack of technical resources, building and upgrading tobacco and nicotine testing laboratories with advanced equipment is critical for accurately assessing tobacco/nicotine product contents and emissions. Training programs must be introduced to build the capacity of laboratory staff, regulators, and law enforcement to ensure effective implementation of testing methodologies and regulatory standards. International collaboration will be key to harmonizing testing procedures, establishing global standards for data collection, and creating a comprehensive database that accounts for regional variations in tobacco products and cultural practices.

Additionally, investing in research to better understand the role of microbes, enzymes, and environmental factors in forming hazardous substances like Tobacco-Specific Nitrosamines (TSNAs) is crucial. Expanding global research programs on these topics will help fill knowledge gaps and guide evidence-based policymaking. Developing internationally validated biomarkers for assessing health impacts and establishing baseline concentrations for harmful chemicals will support more accurate evaluations of tobacco product risks.


A coordinated international network of research institutions and public health bodies will facilitate knowledge sharing and standardization, ensuring consistency across countries. Implementing global monitoring systems to track changes in tobacco product composition and related health effects will enable ongoing research and policy adaptation.

By addressing the existing gaps in legislation, technical infrastructure, research, and global cooperation, the global community can strengthen the implementation of WHO-FCTC articles 9 and 10. This will lead to more effective regulation of tobacco products, reducing their health impacts and advancing global tobacco control efforts.



6
Chapter

**Scaling Up
Tobacco
Cessation:
The Power of Brief Advice
in Primary Care**

A close-up photograph of a hand holding several cigarettes. The hand is positioned in the center of the frame, with fingers wrapped around the cigarettes. The cigarettes are of various brands, with some showing the filter and others showing the end. The background is a solid, muted blue-grey color. In the foreground, there is a light blue surface with scattered brown cigarette ash and small pieces of tobacco. The overall lighting is soft and even, highlighting the texture of the hand and the cigarettes.

Tobacco cessation is a critical component of improving public health, and integrating brief advice into routine healthcare offers a scalable solution. Brief interventions, guided by evidence-based frameworks like the 5As (Ask, Advise, Assess, Assist, Arrange) and 5Rs (Relevance, Risks, Rewards, Roadblocks, Repetition), empower healthcare providers to deliver impactful, time-efficient counseling. By embedding cessation advice into primary care, hospitals, and community health services, tobacco users can receive consistent support. Digital platforms and teleconsultation further enhance accessibility. Scaling up such approaches ensures wider reach, reduces tobacco-related morbidity and mortality, and fosters a healthier society, aligning with global tobacco control objectives.



Why is Tobacco Cessation important?

Tobacco use is one of the leading preventable causes of death and disease worldwide, and in India, it remains a major public health crisis. With over 267 million tobacco users (smoking and smokeless combined), India accounts for approximately 27% of the global tobacco burden. This adds to over 1 million annual deaths from tobacco-related diseases. It is, therefore a leading cause of death in the country. Most deaths are associated with NCDs like cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), and diabetes.

Tobacco Use in India: Key Statistics

Smoking and Smokeless Tobacco

Prevalence: The Global Adult Tobacco Survey (GATS) found that 11.5% of adults aged 15 years and above in India smoke tobacco while 21.4% use smokeless products such as gutkha, khaini, and betel quid. Tobacco use among Indian youth is equally alarming with NFHS-5 reporting growing trends in smoking and smokeless tobacco use among the youth.

Gender Disparity: Tobacco use in India is higher among men (smoking 29.6%; smokeless tobacco 28.6%) compared to women (smoking 3.2%; smokeless tobacco 5.7%). Despite the gender gap, smokeless tobacco use among women is increasing, especially in rural regions.



status, level of education, and area: tobacco use prevalence tends to vary with both level of socioeconomic status and geographical area. Cultural norms in most rural communities make smokeless tobacco far more accessible; conversely, smoking tends to be higher in urban areas.

These statistics illustrate the high prevalence of tobacco use and associated significant public health impact in India. Even though it remains a major cause of morbidity and mortality, several challenges have been identified in the reducing tobacco consumption

campaigns in India, including social acceptance of tobacco use, easy access to cheap tobacco products, and lapses in cessation services in healthcare settings.



Tobacco Cessation and the Role of Brief Advice

In response to this alarming trend, India has implemented various tobacco control programs, most notably the National Tobacco Control Program (NTCP), to fight the tobacco epidemic. The efforts are meant to heighten awareness, enforce policies, and increase education; however, a gap persists in the implementation of accessible, evidence-based treatment services for tobacco users.

Brief advice is a prescriptive, time-effective intervention that healthcare professionals make while consulting a patient, usually less than 5 minutes, to persuade the patient to smoke cessation. The interventions are usually Assessing the patient's tobacco use status. Providing tailored advice on health risks associated with tobacco use. Encouraging and assisting motivation for quitting. Providing action plans or referral to additional quit support services if needed.

Brief Advice on tobacco cessation takes less than 3 minutes and consists of five A's: • Asking if the patient uses tobacco in any form • Advice on quitting tobacco • Accessing readiness to quitting tobacco use • Assisting with counselling and appropriate treatment • Arranging for follow up.



Why Brief Advice Matters in the Indian Context

The challenges in India are particular—high population density and lack of uniformity concerning health care, as well as social norms surrounding cigarette smoking. Brief advice proves an ideal intervention in that regard. Health professionals have considerable exposure to people who are smoking, especially in primary health care and general visits. Thus, the implementation of brief advice would ensure interventions are brought closer to even the vulnerable, who might not normally be able to access formal services. In addition, the tobacco quitting barriers in India are very diverse. The diverse factors involved include the following:

Economic factors: The affordability and accessibility of

tobacco limit quit attempts Social/cultural influences-social integration of smoking and smokeless tobacco, the latter being part of various cultural habits in some states of India, such as consumption of betel quid.

Psychosocial Stressors: Stress, mental health challenges, and peer pressure further worsen tobacco use in vulnerable populations.

Healthcare providers can enable the users by providing motivation as well as practical strategies that have been tailored to the need of the individual by removing the above-mentioned common barriers through brief advice.



The National Tobacco Control Program and the Future of Tobacco Cessation

India's NTCP has provided a platform for all-rounded tobacco control through awareness campaigns, cessation services, taxation policies, and community education. Yet, the achievement of such ambitious goals as reducing prevalence of tobacco use requires integration of evidence-based approaches like brief advice. This approach not only assists in encouraging quit attempts but also strengthens the link between healthcare workers and community members in dealing with tobacco dependence.

The adoption of brief advice by frontline health workers, such as ASHAs (Accredited Social Health Activists) and other primary care providers, could increase the reach of interventions. Studies in low-resource settings indicate that brief interventions, even if brief in duration, can have a high population-level impact by encouraging behavior change and timely referrals for support.



Global Status of Implementation of Brief Advice in Tobacco Cessation in India

Brief advice has become a popular evidence-based intervention worldwide because of its simplicity, effectiveness, and feasibility in several healthcare settings. It entails time-efficient counselling by health sector professionals, normally less than 5 minutes, to motivate the individual to stop tobacco use and provide support or referral pathways as necessary.

While brief advice has become widely available in high-income countries, its introduction into low- and middle-income countries (LMICs), such as India, has specific opportunities as well as challenges. The country has adopted brief advice within its national tobacco control policies, including global strategies and recommendations as outlined by organizations such as the WHO.

Global Review of Brief Advice

Globally, evidence supports that brief advice delivered by primary care providers can significantly increase quit attempts. The WHO highlights brief advice as one of the most cost-effective interventions for reducing tobacco use prevalence. Many countries have incorporated brief advice as part of their integrated tobacco cessation programs, with mixed success depending on factors such as healthcare system infrastructure, training, and resource availability.

Key findings from global evidence include:

- Success in High-Income Countries: In the United States,

the United Kingdom, and the rest of Europe, countries have been able to scale up the brief advice in primary care, and they have seen a significant decline in smoking rates over time.

- LMICs Implementation: Although there is international evidence to support the use of brief advice, implementation in LMICs remains a challenge because of constraints in healthcare systems, deficits in training, and lack of programmatic support. However, preliminary studies suggest promising results in improving access to cessation services through this approach.

India, a country with more than 267 million tobacco users, is using brief advice as part of a multi-pronged approach toward reducing tobacco prevalence. Given the challenges, India has managed to integrate brief advice into primary care settings along with WHO recommendations and evidence coming from global cessation strategies.

Brief Advice in India: Status and Implementation

In India, the National Tobacco Control Program (NTCP) is the key public health activity against tobacco use. Under the NTCP, the brief advice has been identified as a low-cost intervention scalable across the primary healthcare systems to raise quit





among vulnerable populations, influences the willingness of people to participate in tobacco quitting.

3. **Workload of Health Workers:** Health workers such as ASHAs are usually overburdened with numerous public health tasks, thereby restricting the time and attention that can be devoted to the provision of brief advice interventions.
4. **Training and Capacity Gaps:** Even though training is ongoing, the challenge remains in ensuring that all frontline health workers have the knowledge and skills to deliver effective brief advice.
5. **Stigma and Social Norms:** Cultural norms that normalize tobacco use can undermine the effectiveness of interventions, including brief advice.

Global Best Practices Informing India
Based on global experiences, India can address these challenges by adopting proven strategies such as:

rates. With WHO advice and evidence from successful interventions elsewhere in the world, brief advice has been put into the intervention repertoire of the NTCP.

Status of Progress in India's Implementation

- **Integration of Brief Advice into Primary Health Care:** Efforts have been geared towards integrating brief advice within the services offered by Accredited Social Health Activists, Anganwadi workers, and primary health care at the community and district level. ASHAs and other front-line workers are usually the first contact for health services at the rural level and also play a critical role in delivering brief interventions to the communities.
- **Training and Capacity Building:** The Indian government has invested in training health workers to deliver brief advice effectively, ensuring that these interventions are evidence-based and contextually relevant.
- **Linkages with NTCP Services:** Brief advice is part of a continuum of care within the NTCP, linking individuals to community-based cessation programs and counseling services if needed.

Challenges in the Indian Context

While brief advice has been promising as a strategy for tobacco cessation in India, several systemic and operational challenges have limited its widespread adoption and scale-up:

1. **Resource Constraints:** Most of the rural areas lack the healthcare infrastructure, and the implementation of brief advice would be less effective without proper training and access.
2. **Cultural Barriers:** Acceptance of tobacco use within society, especially in rural settings and

Community-Based Models: Many countries have implemented brief interventions led by community health workers to reach the underprivileged. India can further invest in such models to reach the rural and marginalized groups.

Digital Health Integration: Technology-based solutions, including mobile health interventions, can complement brief advice by improving access and engagement with cessation tools.

Multi-sectoral Partnerships: Effective examples across the globe illustrate that partnership and coordination among sectors such as health, education, and civil society would be important in expanding reach and impacts of brief advice.



The Way Forward

In India, brief advice will require an all-rounded approach in implementing its strategies. The strategy to be adopted is multi-faceted:

1. Expanding training programs to make health workers equipped with skills and confidence in delivering effective brief advice.
2. Infrastructural strengthening in rural and underserved areas to ensure access to tobacco cessation interventions.
3. Increasing public health outreach to reduce stigma and normalize quitting behaviors through education campaigns and awareness initiatives.
4. Developing partnerships with global organizations, leveraging evidence from successful global programs to strengthen brief advice strategies.
5. Scaling digital health interventions to complement face-to-face brief advice and reach tobacco users at scale.

India has an opportunity to learn from international experience and adapt brief advice into its specific social, economic, and health contexts in an effort to strengthen tobacco cessation. Coordination among stakeholders can position brief advice at the center of efforts to reduce prevalence of tobacco use and the resulting health burden in India.



7
Chapter

Driving Change: The Crucial Role of NGOs in Tobacco Control in India





Non-Governmental Organizations (NGOs) play a crucial role in the fight against tobacco use, working at multiple levels—advocacy, policy implementation, public awareness, and cessation support. Their efforts bridge the gap between government initiatives and community needs, ensuring that tobacco control policies translate into real impact.

From grassroots movements to global advocacy, NGOs empower communities with knowledge, mobilize resources,

and challenge the influence of the tobacco industry. As India continues its battle against the tobacco epidemic, recognizing and strengthening the role of NGOs is vital for achieving long-term success in reducing tobacco consumption and its associated health risks.

This issue of our newsletter highlights the invaluable contributions of NGOs in tobacco control, showcasing their efforts, challenges, and impact.



Spotlight: Leading NGOs in Tobacco Control in India



Name of NGO	Location of NGO	Major Area of Interest	Primary Working Regions	Key Activities
Salaam Bombay Foundation	Mumbai	Adolescent tobacco prevention, life skills education	Maharashtra (Primary) and 8 other states	Tobacco-free school campaigns, peer leader programs, integrated life skills in schools
SEEDS (Socio Economic and Educational Development Society)	Bihar	Tobacco control, community health awareness	Bihar (Primary), Jharkhand and Delhi	Community-based awareness campaigns, engaged local leaders for tobacco control advocacy
Manbhumi Ananda Ashram Nityananda Trust (MANT)	West Bengal	Tobacco control, tribal and rural health education	West Bengal, North East India	Tobacco-free village model, active policy advocacy at local and state levels
Generation Saviour Association (GSA)	Punjab	Youth tobacco prevention, health education	Punjab, Haryana, Chandigarh	School and college-based anti-tobacco programs, capacity building workshops
Faith Foundation	Gujarat	Youth tobacco prevention, tribal health	Gujarat	Tobacco awareness campaigns in schools, community sensitization in tribal areas
Strategic Institute for Public Health Education & Research (SIPHER)	Chandigarh	Implementation research, tobacco cessation training	Likely active in Central/ North India (from context)	Cessation helpline promotion, training of healthcare providers
HRIDAY	New Delhi	Youth health advocacy, tobacco prevention	National	Led youth advocacy networks, curriculum-based interventions, supported FCTC awareness
Rajasthan Cancer Foundation (RCF)	Rajasthan	Cancer prevention, tobacco control	Rajasthan	Public sensitization on tobacco and cancer, support to state programs
Balajee Sewa Sansthan	Uttarakhand	Tobacco and TB integration, health education	Uttarakhand & Bihar	TB and tobacco joint interventions, grassroots health mobilization
Voluntary Health Association of India (VHAI)	New Delhi	Public health policy, tobacco control advocacy	National	Advocacy with policymakers, public campaigns, state-level workshops
Uttar Pradesh Voluntary Health Association (UPVHA)	Uttar Pradesh	Community health, tobacco control	Uttar Pradesh	Community engagement and coordination with district tobacco control cells
Healis Sekhsaria Institute of Public Health	Maharashtra	Research, policy, cessation	Maharashtra, other states for research projects	Contribution to evidence on tobacco cessation, worked on bidi worker studies
ICanCaRe	Delhi	Cancer care, cessation support	National	Development of cessation toolkits, supported cancer survivors in quitting tobacco
Voluntary Health Association of Tripura (VHAT)	Tripura	Public health and tobacco control	Tripura	Promoting tobacco-free institutions, rural community programs
Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS)	Rajasthan	Child rights, tobacco control, education	Rajasthan	Supporting tobacco-free village and school models, community education



Kerala Voluntary Health Services	Kerala	Public health training, tobacco control	Kerala	Integration of brief advice in primary care, supported NTCP rollout
Mary Anne Charity Trust (MACT)	Tamil Nadu	Cancer screening, cessation, rural health	Tamil Nadu	Integration of cancer and tobacco screening, trained primary care staff
Narotam Sekhsaria Foundation	Maharashtra	Mental health, cancer support, tobacco cessation	Maharashtra and nationally via collaborations	Support for national cessation efforts, public-private partnerships
Vital Strategies	Global, India chapter	Policy support, advocacy, technical assistance	National	Media campaigns, policy analysis, capacity building for NTCP

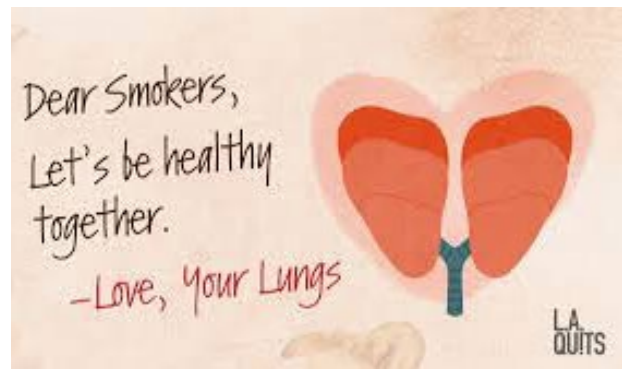
Community engagement and awareness programs



Community engagement and awareness programs play a pivotal role in the success of tobacco control efforts, especially when led by non-governmental organizations (NGOs). These initiatives aim to empower communities with the knowledge and tools to prevent tobacco use and promote cessation. In schools and colleges, NGOs organize interactive sessions, role plays, and workshops to educate the youth about the dangers of tobacco, ensuring that young people understand the long-term health risks involved. Mass media campaigns are also a crucial part of these efforts, using anti-tobacco advertisements, street plays, and community radio programs to reach a wider audience, effectively spreading awareness across diverse groups. Public pledges and signature drives further engage the community, encouraging individuals to commit publicly to avoiding tobacco. Special attention is given to marginalized groups, including laborers, women, and indigenous populations, as they are often more vulnerable to tobacco dependence.



These targeted efforts aim to provide education, resources, and support tailored to the unique needs of these communities. Overall, these multi-faceted programs have shown strong results in not only discouraging the initiation of tobacco use but also in motivating individuals to quit, fostering a more tobacco-free society.



Capacity Building and Trainings



Capacity building and training are key to strengthening the tobacco control movement, with NGOs playing a vital role in empowering various stakeholders. Healthcare professionals, including doctors, nurses, and counselors, are trained in cessation techniques to provide support for those trying to quit. NGOs also educate law enforcement and government officials on tobacco control laws and enforcement strategies to ensure effective policy implementation.

Teachers and community leaders are trained to become

anti-tobacco advocates within their communities, helping influence positive behavior changes, particularly among youth. Additionally, journalists and media professionals are provided with accurate information to improve reporting on tobacco-related issues, shaping public perception.

By enhancing the skills and knowledge of these diverse groups, NGOs help create a more effective and widespread movement against tobacco use.



8
Chapter

TOBACCO-RELATED
IS EVERY HOUR IN INDIA

Religious leaders can also play an important role in controlling the consumption of tobacco by motivating people for the same

OUR STAFF REPORTER
BY ANANDHARAJU

Effective control of tobacco consumption and implementation of the ban is possible only with public participation. Religious leaders can also play an important role in controlling the consumption of tobacco by motivating people for the same," said Dr P. Prasad Choudhary. He was addressing a workshop organized by the Madhya Pradesh Veterinary Health Services Department in

Long Diseases on Tuesday. Dean of MUM Medical College Dr Sanjay Dixit added that more departmental communication and coordination were also important for implementing the policies to control the consumption of tobacco. Executive director of the MPVHA Mahesh Kumar Singh shared a study of health conditions of tendu patta smokers and health status in the state

having a mix of health issues, including neck pain, body pain, burning eyes and so forth as a result of continuously sitting and rolling bidis. Similarly, 70 per cent of the tendu patta pluckers experience a mix of health issues including weakness, body ache, headache and so forth as a result of the long hours of working in the patta plucking and rolling process. The work on the MPOWER policy of the World Health Organisation, that is Monitor, Protect, Offer Help, Warn and Raise Taxes. Nodal officer Dr Amit Malakar said that tobacco-free campuses in industries and institutions must be implemented while regional drug and tobacco dealers are being

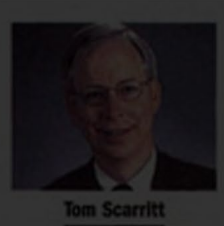
tobacco-related deaths across the country as compared to 5.5 million worldwide which is expected to increase to about 10 million during 2020s. According to Global Adult Tobacco Survey, an estimated 274.9 million Indians consume tobacco in India, the world's third largest producer of tobacco. Tobacco is causing 14 lives per hour in India and 14 million globally

People who consumes tobacco in form - smoking or chewing or exposed to second hand smoke - an increased risk of cancer because tobacco products and second smoke have many chemicals damage the DNA," said Dr V. Goswami, Sr Consultant Oncologist from Fortis Hospital. "Lung cancer is one of the most common forms of cancer worldwide, the most common cause of lung cancer is smoking," he said. Direct link between tobacco and cancer has also been identified. Lung cancer is caused by a variety of factors

The Role of Media in Tobacco Control

COMMENTARY

America should put King's... on \$20... / 6C
Sunday
January 18, 2004
Editorials 2C
Stantis 2C
McManus 4C



Tom Scarritt

Government is servant of taxpayers

If there were any doubts about the depth of anti-tax sentiment in Alabama right now, the vote in Shelby County should have dispelled them. The most affluent county in the state had an easily explained need for more money to build schools for its fast-growing population. The voters said no. There are a number of reasons why Alabamians are unwilling to invest in government. Many simply don't see the need. Most of us do not require Medicaid or mental health services or the intervention of the Department of Human Resources in our daily lives. And we are not fully aware of how much our less-fortunate neighbors depend on the state. Many don't see the possibilities. We have lived with low expectations so long that we cannot conceive of Alabama as a leader in learning and a land of opportunity. We don't believe we can use government to transform our lives and enhance our future. The main reason for the tax revolt, though, is the people who have to pay for government have lost faith in the men they elect and the companies those managers hire. If government is not working for us, why should we pay the bills? Too much of the new government at all levels in this state has centered on self-interest, mismanagement and gross public officials must change their pattern. As Governor Riley we have to restore trust. Whenever a school board or city council meets in secret and destroys trust. Whenever a police officer arrests a person who is innocent and where crimes occur, trust is destroyed. Whenever a manager refuses to open his records to citizens, or makes them a form explaining why they should look at a document that the

Up in smoke

40 years after Alabamian's report, tobacco still ravaging lives

Area must learn to cooperate

By BERNARD KINCAID
As I contemplate my second term as mayor of Birmingham, I feel a tremendous sense of responsibility, first and foremost, of course, to the citizens of our great city; but also to the hundreds of thousands of other residents of the region whose "heart" is Birmingham. I know how much the region will benefit if the core city is strong and growing, and how much the region will suffer if it is allowed to stagnate and deteriorate. If you look around the country, you will see that the most central cities are plagued by underachieving school systems, high unemployment and a lack of adequate housing, the most surrounding cities and towns are retained in their social and economic growth. By the same token, communities linked to thriving urban centers experience higher rates of personal income growth, housing starts and economic expansion. Our cities are linked; therefore, if we are to reach our full potential, we must work together. It stands to reason that our working together multiplies our opportunities while mitigating our risks. "If we hope to reach our full potential, we must work together."
Mayor Bernard Kincaid
Speaking of working together, I would be remiss if I did not acknowledge the wonderful working relationship between the city government of Birmingham and the Jefferson County Commission. My personal relationship with the commission president, Commissioner Larry Langford, and the other commissioners has provided for unprecedented cooperation on economic development projects.



Media is one of the most powerful tools in public health communication, capable of influencing beliefs, shaping behavior, and shifting social norms. Whether through traditional platforms like television and newspapers, or digital channels like Instagram, WhatsApp, and YouTube, media helps bring critical health messages into homes, schools, workplaces, and communities.

In the context of tobacco control, this influence becomes even more crucial. With tobacco killing over 8 million people each year, global and national efforts increasingly rely on media to: Educate the public about health risks, promote cessation services, Support enforcement of tobacco laws, expose deceptive tactics of the tobacco industry and inspire collective action toward tobacco-free living. A well-executed media strategy is not just supportive—it is central to successful tobacco control.



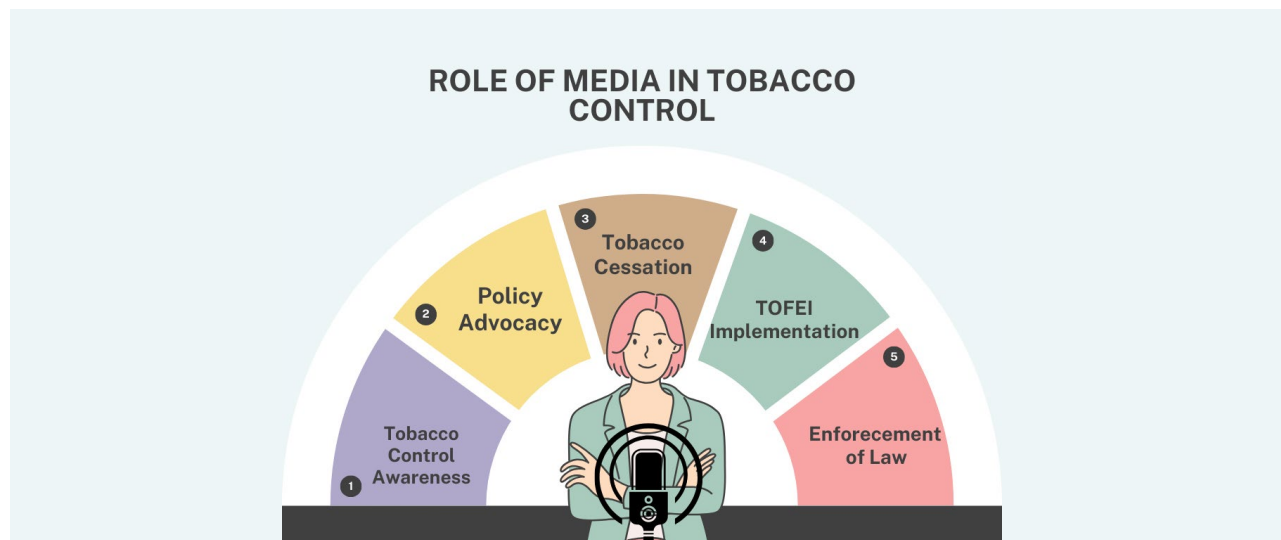
Tobacco control efforts use a diverse range of media to reach different audiences:

Type of Media	Role in Tobacco Control
Television & Radio	Air powerful PSAs, expert interviews, survivor stories
Print Media	Publish editorials, awareness articles, and policy highlights
Cinema Advertising	Run anti-tobacco ads and disclaimers before films
Outdoor Media	Billboards, posters, transit ads spread awareness in public spaces
Digital & Social Media	Target youth with creative content on Instagram, YouTube, WhatsApp etc.
Community Media	Local cable channels, community radio, and street theatre
News Media & Journalism	Investigate tobacco industry tactics and report policy progress

Why Media Matters in Tobacco Control

Media influences knowledge, attitudes, and behaviors at scale—especially when public health messages are delivered consistently and creatively. Strategic media engagement helps:

- **Raise awareness** about the harms of tobacco use.
- **Support enforcement** of tobacco laws (e.g., smoke-free zones, advertising bans).
- **Promote cessation services**, such as quitlines and digital interventions.
- **Debunk misinformation** spread by the tobacco industry.
- **Normalize tobacco-free lifestyles**, especially among youth.
- **Empower communities** to participate in local tobacco control movements.



Tobacco Control Elements Catered Through

Media can support several components of the WHO MPOWER strategy:

- **M** : Monitor tobacco use – through public engagement in surveillance campaigns.
- **P** : Protect people – by promoting smoke-free environments.
- **O** : Offer help to quit – by advertising cessation services and success stories.
- **W** : Warn about dangers – via graphic PSAs, campaigns, and anti-tobacco warnings.
- **E** : Enforce bans – media can report violations and highlight legal enforcement.
- **R** : Raise taxes – media can advocate for policy change and economic disincentives.

Global Presence of Media in Tobacco Control: Good Practices and Real-World Examples

Globally, media campaigns have played a pivotal role in countries with successful tobacco control outcomes. The U.S. “Tips from Former Smokers” campaign led to millions attempting to quit. Australia’s hard-hitting anti-tobacco ads were instrumental in reducing smoking prevalence. WHO and The Union regularly use multimedia storytelling to strengthen global tobacco control advocacy.

Media has emerged as a critical pillar in global tobacco control, playing a powerful role in shaping public attitudes, encouraging cessation, and countering tobacco industry narratives. Effective media strategies, especially when integrated into broader tobacco control policies, can contribute to reductions in tobacco use prevalence and initiation.

1. Public Awareness and Graphic Campaigns

Australia’s “Every Cigarette is Doing You Damage” campaign utilized visceral, graphic television ads to convey the internal harm caused by smoking. It significantly increased public awareness and contributed to reduced smoking rates (Wakefield et al., 2003).

In the United States, the CDC’s “Tips from Former Smokers” campaign featured real individuals suffering from smoking-related diseases. Between 2012 and 2018, the campaign was responsible for over 16.4 million quit attempts (CDC, 2022). Similarly, Brazil implemented strong mass media campaigns alongside graphic pictorial warnings on cigarette packaging. These efforts were instrumental in reducing smoking prevalence and improving public health outcomes (National Cancer Institute, 2011).

2. Youth-Oriented and Digital Media Campaigns

The Truth Initiative in the U.S. successfully engages youth using platforms like TikTok, Instagram, and YouTube, countering tobacco industry messaging and promoting a smoke-free lifestyle (Truth Initiative, 2023).

Canada’s “Break It Off” campaign, modeled after a breakup scenario, targeted young adults using social media, a mobile app, and interactive web tools, proving effective in increasing quit attempts (Health Canada, 2020).

In New Zealand, media campaigns tailored for Māori populations included storytelling on television and radio in Indigenous languages, supporting cultural relevance and smoking cessation (Thompson et al., 2000).

3. Integrated National Campaigns

The United Kingdom’s “Stoptober” campaign offers a comprehensive, multi-channel intervention each October, using TV, online, and social media to promote quitting. Evaluations showed it generated high quit rates and engagement (West et al., 2015).

Similarly, France’s “Moi(s) Sans Tabac” (Month Without Tobacco) used coordinated media messaging across television, radio, SMS, and digital platforms, alongside local health partner support (Santé publique France, 2019). India’s National Tobacco Control Programme (NTCP) mandates health spots and disclaimers before films and OTT content, and its campaigns like “Tears You Apart” have helped raise awareness across diverse audiences (Ministry of Health and Family Welfare, 2021).

4. Media Advocacy and Industry Counteraction

In South Africa, sustained media advocacy campaigns such as “Be the Generation” galvanized public support for plain packaging and tobacco advertising bans, with strong participation from civil society and journalists (Van Walbeek et al., 2019).

Ukraine’s media engagement, supported by WHO, helped build momentum for tax increases and graphic warnings, contributing to policy reform and a decline in tobacco use (WHO, 2017).

In the Philippines, investigative journalism and NGO-led media campaigns exposed tobacco industry interference, strengthening the case for stricter enforcement of the Tobacco Regulation Act (SEATCA, 2020).

Vietnam launched celebrity-endorsed anti-smoking media initiatives, which improved public support for smoke-free policies (WHO Western Pacific Region, 2019).

Thailand’s “Sponsorship is Advertising” campaign highlighted industry sponsorship of events and influenced legislation (WHO, 2013).

Nigeria’s youth-driven Tobacco-Free Nigeria campaign used Instagram influencers and viral messaging to mobilize support for tobacco control policies (Campaign for Tobacco-Free Kids, 2020).



Good Practices Identified

Practice	Example Country	Impact
Graphic Visual Warnings	Australia, Brazil	Increased fear appeal and recall
Real-life Testimonials	USA	Improved quit rates and risk perception
Multi-platform Strategy	UK, Canada	Broadened reach and improved engagement
Youth-centric Content	USA, Nigeria	High engagement and peer sharing
Culturally Adapted Messaging	New Zealand, Vietnam	Greater receptivity among Indigenous groups
Media Advocacy against Industry	Philippines, South Africa	Policy reforms and public opinion shifts

Nepal



Bangladesh



• Myanmar – Patient-1



• Myanmar – Patient-2



Media Landscape in India and Its Contribution

India has a diverse and powerful media landscape, including more than 400 news channels (NDTV, Aaj Tak, India Today, Times Now, Republic TV, CNN-News18, ABP Ananda (Bengali), TV9 Kannada, Sun News (Tamil), ETV Telugu, Zee Punjab Haryana Himachal etc.), thousands of newspapers: (The Times of India, The Hindu, Hindustan Times, Indian Express, Dainik Bhaskar, Dainik Jagran, Amar Ujala, Malayala Manorama, Eenadu, Saksh etc.), and rapidly growing digital platforms (YouTube, Instagram, Facebook, Twitter/X, WhatsApp and OTT platforms (e.g., Hotstar, SonyLIV)).

In India, the Central Board of Film Certification (CBFC), commonly known as the Censor Board, plays a critical role in regulating the portrayal of tobacco use in films, particularly Bollywood productions. Following the Ministry of Health and Family Welfare’s guidelines under the Cigarettes and Other

Tobacco Products Act (COTPA), the CBFC mandates that any film or television program depicting tobacco use must display anti-tobacco health warnings. This includes a 20-second audiovisual health spot at the beginning and middle of the film, a static health warning displayed during scenes showing tobacco use, and a disclaimer on the ill effects of tobacco. These measures, enforced through collaboration between the Ministry and CBFC since 2012 and strengthened in subsequent years, aim to reduce the glamorization of smoking and its influence on youth. Despite initial resistance from filmmakers citing creative freedom, studies have shown increased awareness and recall of anti-tobacco messages among moviegoers, highlighting the effectiveness of integrating public health messaging into mainstream entertainment (Ministry of Health and Family Welfare, 2021; Arora et al., 2016).

TOBACCO USE IS NOT GLAMOUROUS! Tobacco KILLS

ON-SCREEN TOBACCO USE INFLUENCES YOUTH

In the interest of public health,
India is the first country to regulate depiction of tobacco products or their use in films and television programmes

Commemorating ONE YEAR of enforcement of these Rules today
The Government of India would like to thank the Indian film and television fraternity for their support

All Indian and foreign films and television programmes certified/produced on or after October 2, 2012 must

- Have a strong editorial justification explaining the necessity of displaying tobacco products or their use
- Have anti-tobacco health spots of minimum 30 seconds and an audio-visual disclaimer of minimum 20 seconds at the beginning and middle of the broadcast
- Have static anti-tobacco health warning prominently at the bottom of the screen during display of tobacco use/products in the film and television programme

All Indian and foreign films and television programmes certified/produced before October 2, 2012 must

- Have anti-tobacco health spots of minimum 30 seconds duration each at the beginning and middle of the screening
- Have static anti-tobacco health warning prominently at the bottom of the screen during display of tobacco use/products

Total ban on tobacco product placement and depiction of tobacco use in promotional materials and posters of films and television programmes

The Rules are applicable only to films and television programmes that depict tobacco products or their use

For details on the rules please refer to G.S.R. No. 708 (E) dated 21.09.2012

Issued in public interest





Mukesh and Sunita mass media campaigns in India and betel nut campaign in Myanmar. • 30 second documentary, referred to as 'Surgeon' in 2009. • Followed up by 'Mukesh' the story of a 24 year old SLT user in 2011. • Another campaign featuring Sunita, suffering from mouth cancer in 2014. • Betel Nut ill effect in Myanmar in 2017.

Family Welfare, all content streamed on OTT platforms like Netflix, Amazon Prime, and Disney+ Hotstar that depicts tobacco use must include a 30-second anti-tobacco health spot at the beginning and middle of the program, prominent static health warnings during scenes showing tobacco use, and an audio-visual disclaimer on the ill effects of tobacco.

In 2023, the Government of India extended anti-tobacco regulations to Over-The-Top (OTT) streaming platforms under the Cigarettes and Other Tobacco Products Act (COTPA). As per the updated rules issued by the Ministry of Health and

These measures aim to bring digital media in line with cinema and television regulations, addressing the growing influence of web content on young audiences and ensuring consistent public health messaging across all media formats.



Media advocacy by NGOs and grassroots organizations has also helped bring attention to tobacco policy gaps and catalyze government action.

Case Study: Media Success in Tobacco Control – “Tobacco Kills” Campaign (India)

One of India’s most impactful campaigns was the “Tobacco Kills” series featuring real-life testimonies from cancer survivors and affected families. These emotionally resonant ads aired across cinemas and television, contributing significantly to public awareness and increased calls to quitlines. Evaluations showed a rise in quit attempts and public support for tobacco control laws following the campaign’s launch.



Surgeon – Tata Memorial Hospital



Testimony: Mukesh Harane



Testimony: Sunita Tomar



The NEWS Minute beta
-because every minute counts-

Politics Sports News Entertainment South Tech

Tamil Nadu says no to Spell Bee

The Tamil Nadu government has directed all educational institutions not to send their students to the event.

Article: tamil-nadu-bans-educational-institutions-from-participating-classmate-spell-bee-contest/15895606.html

2015

inews

INDIA SPORTS BUSINESS TECHNOLOGY ENTERTAINMENT LIFESTYLE REVIEWS INTERVIEWS LOCAL

Tamil Nadu bans educational institutions from participating in 'Classmate Spell Bee' contest

07 March, 2014

0 0 67 0 5.0/5

Tamil Nadu Education Department has banned all Educational Institutions in Tamil Nadu from participating in "Classmate Spell Bee" competition for which the Title Partner is ITC as a response to the complaint preferred by The State Convener of Tamilnadu People's Forum for Tobacco Control (TNPFTC).

Government Order clearly states that "No educational institution is permitted to participate in the events/ sponsorship/ gift/ prizes/ scholarship or any other that promote any tobacco company either through the use of (tobacco) company or brand name, trademark, logo, or trade insignia or any other distinctive features connected with its non-tobacco products or services in such a way that the tobacco products and the non-

18:20 147.6 50% 81%

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THE NEW INDIAN EXPRESS

NATION WORLD STATES OPINIONS CITE

Chennai **Open in App**

Why should schoolchildren inhale cigarette smoke daily?

Public smoking rampant near 20 schools checked randomly by TNIE

Image used for representational purpose (Photo | Ashwin Prasath, EPS)

AP

Updated on: 30 Jan 2023, 5:58 am · 3 min read

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CHENNAI: Schoolchildren in Chennai are passively inhaling cigarette smoke on a daily basis. A reality check by TNIE near 20 schools selected randomly found men smoking

தமிழ்நாடு அரசே...

கொலை, கொள்ளை, பெண்கள் மீதான வன்முறை மற்றும் பிற சமூக குற்றங்களுக்கு காரணமாக இருக்கும் குட்கா, பான்யராக் உள்ளிட்ட போதை பொருட்களை உடனே தடை செய்து...

கவன ஈர்ப்பு ஆர்ப்பாட்டம்

BAN GUTKA AND PAN PARAG IN TAMILNADU

நாள்: 11, பிப்ரவரி 2023, மாலை 3.00 மணி இடம்: எழுமூர் ராஜரத்தினம் ஸ்டேடியம் அருகில்

புகையிலை கட்டுப்பாட்டிற்கான தமிழ்நாடு மக்கள் அமைப்பு

Tamilnadu People's Forum for Tobacco Control (TNPFTC)

தமிழ்நாட்டு சொந்தங்களே

வாங்க.. கரம் கோர்ப்போம் நம் தேசம் காப்போம்

கொலை, கொள்ளை, பெண்கள் மீதான வன்முறை மற்றும் பிற சமூக குற்றங்களுக்கு காரணமாக இருக்கும்

குட்கா, பான்யராக் உள்ளிட்ட போதை பொருட்களை உடனே தடை செய்து தமிழ் சமூகத்தை, இளைஞர்களை போதை பேரழிவில் இருந்து காத்திட கோரி

கவன ஈர்ப்பு ஆர்ப்பாட்டம்

Ban Gutka and Pan Parag in TamilNadu

11 பிப்ரவரி 2023, மாலை 3 மணி எழுமூர் ராஜரத்தினம் ஸ்டேடியம் அருகில்

TNPFTC புகையிலை கட்டுப்பாட்டிற்கான தமிழ்நாடு மக்கள் அமைப்பு

Tamil Nadu People's Forum for Tobacco Control (TNPFTC)



The Way Forward

To harness the full power of media for tobacco control:

- Invest in sustained, multilingual public health campaigns, especially in regional languages.
- Collaborate with influencers, filmmakers, and journalists to embed anti-tobacco narratives.
- Strengthen digital engagement by leveraging trends and youth-oriented platforms.
- Monitor and counter pro-tobacco content, particularly on OTT and social media.
- Support community media and local storytelling, ensuring grassroots participation.

Media is not just a messenger—it is a partner in the fight against tobacco. As technology evolves, so must our strategies to inform, protect, and inspire tobacco-free futures.

Recommendations for Strengthening Tobacco Control through Media

1. Strategic Media Engagement

- Build sustained, trust-based relationships with journalists and media houses.
- Maintain regular engagement with health and social issue reporters, rather than approaching them only during events.
- Treat journalists as long-term partners and allies in advocacy, not just coverage providers.
- Establish one-on-one relationships with editors and sub-editors who decide final content.
- Develop issue-centric media stories rather than VIP- or event-centric narratives.
- Collaborate with both traditional (print, TV, radio) and digital (social media, OTT) media platforms to maximize reach.

2. Media Content Development and Writing

- Provide clear, concise, and structured press materials tailored to media needs.
- Use top-heavy writing formats—place the most critical information in the beginning.
- Incorporate emotionally compelling human-interest stories supported by data.
- Avoid technical jargon—translate complex public health findings into reader-friendly language.
- Offer pre-packaged content: headlines, quotes, infographics, and visuals to ease journalistic work.
- Use thematic days (e.g., World No Tobacco Day, World Cancer Day) as hooks for relevant stories.

3. Training and Capacity Building

- Organize regular journalist sensitization workshops and boot camps at national and district levels.
- Train researchers and public health professionals in media communication and op-ed writing.
- Build the capacity of PROs and NGOs to frame media-ready narratives and pitch them effectively.
- Promote “media literacy” among tobacco control

advocates to understand media priorities and processes.

4. Policy and Institutional Support

- Advocate for increased and sustained funding from the Ministry of Health and Family Welfare (MoHFW) for mass media campaigns, particularly for tobacco cessation and awareness.
- Mandate collaboration between the MoHFW and Ministry of Information & Broadcasting to eliminate regulatory conflicts and curb surrogate advertising.
- Institutionalize tobacco control communications in NTCP by allocating dedicated funds for media activities and district-level journalist engagement.
- Develop national guidelines for effective media engagement under the tobacco control framework.

5. Advocacy and Law Enforcement through Media

- Use media coverage to amplify tobacco law enforcement actions, such as smoke-free zone implementation, fines, and compliance drives.
- Highlight violations (e.g., missing signage, illegal ads) to build public pressure and prompt administrative responses.
- Frame law enforcement stories as education tools to generate public and political support.
- Showcase successful case studies of smoke-free cities, districts, and panchayats to inspire replication.

6. Countering Tobacco Industry Tactics

- Expose indirect advertising strategies (e.g., CSR branding, school competitions) through investigative reporting and public campaigns.
- Advocate for stronger enforcement of bans on surrogate advertising across all media platforms, including OTT and social media.
- Promote government orders restricting tobacco industry engagement with educational institutions and youth programs.

7. Use of Digital and Social Media

- Leverage social media platforms (X, Facebook, Instagram, YouTube) for low-cost, high-reach advocacy.
- Align digital media efforts with traditional media campaigns to reinforce messaging.
- Regularly post myth-busting content, real-life testimonies, and expert interviews to keep audiences engaged.
- Monitor and evaluate digital campaign performance and adapt messaging based on audience feedback.

8. Research, Monitoring, and Evaluation

- Integrate research tools and evaluation frameworks to measure the impact of media campaigns.
- Use public opinion polls and community-level data to inform media content and policy advocacy.
- Document and disseminate successful media-driven case studies for institutional learning.













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under Department of Community Medicine & School of Public Health, Postgraduate Institute of Medical Education & Research (PGIMER), Sector 12, Chandigarh

www.rctcpgi.org

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