



TOBACCO-FREE Times

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Brief Advice in Tobacco Cessation

Enhancing Research Excellence through the 'Bibliometric Manuscript Writing Program' Initiative by the Resource Centre

The 3rd Bibliometric Manuscript Writing Program organized by the Resource Centre for Tobacco Control (RCTC), Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, was launched on 4th November 2024. The program presents a valuable opportunity to enhance manuscript writing skills, specifically through bibliometric analysis in collaboration with 10 highly qualified and experienced mentors from different parts of the country to achieve significant outcomes throughout this program. After thoroughly selecting, the organizers chose 40 participant teams, each comprising 3-4 authors, including medical professionals, academicians, policymakers, and researchers. As part of this initiative, ten sessions will cover various aspects of bibliometric analysis, equipping participants with the essential skills and insights to develop high-quality manuscripts.



One of the remarkable initiatives by PGIMER Chandigarh is its emphasis on comprehensive documentation on tobacco control, consolidating information in one place and ensuring accessibility to all in digital, printable, and downloadable formats.

- Dr. Navneet Ranjan,
Team Lead, FIND Diagnosis for All

EDITOR'S SPEAK



Brief advice is an evidence-based, simple intervention that aims to counsel tobacco users to quit. Brief Advice is provided by healthcare providers, takes less than 3 minutes. The main focus of brief advice is improving awareness about the harms caused by tobacco use, assessing the person's readiness to quit, guidance, and support for them to start quitting. Its simplicity allows it to be integrated into routine healthcare settings without requiring significant additional resources or time. The 33rd edition of Tobacco-Free Times is a comprehensive summary of Integrating brief advice for tobacco cessation into India's healthcare system for policymakers, health officials, and program managers engaged in advancing tobacco cessation strategies. The content of the edition draws upon the latest research, best practices, and global experiences.

- Dr Sonu Goel,
Director, RCTC and Professor, PGIMER, Chandigarh and Chair,
Tobacco Control Section- The Union

EXPERTS SPEAK

It is heartening to see that the RCTC has consistently invested in fostering dialogue and building capacity for tobacco control. What is crucial is that such dialogue remains inclusive of diverse stakeholders, including implementers, researchers, administrators, and, importantly, civil society and community groups. Wishing the team all the more energy and all the very best for their efforts.



- Dr. Upendra Bhojani,
Lead, Cluster on Chronic Health Conditions & Public Policies, India
Alliance (DBT/Wellcome Trust) Senior Fellow (2023-2028)
Former Director (2019-2023), Institute of Public Health,
Bengaluru (India)

RCTC is doing a fantastic job. The team is hardworking and experienced over the years. I have really learned a lot and am sure to use it as a Nodal Officer for TCC at Goa Medical College. I look forwards for such collaborations in future.



- Dr. MC Dsouza,
TCC Nodal Officer, GMC



PROJECT UPDATES

The Launch Of 31st Edition Of The Newsletter “Tobacco Free Times

The 31st edition is launched in, “Regional Consultation for Key Stakeholders on NTCP to Develop a roadmap for their effective Implementation” the workshop held in Goa on 15-16 October, 2024.

The 31st edition of TFT focused on “Building a Tobacco-Free India: The Contribution of Medical Institutes to Public Health.” This edition outlined the critical role that medical institutions play in advancing tobacco control by utilizing their influence, expertise, and resources.



The Launch of the 32nd Edition of the Newsletter “Tobacco Free Times”

The 32nd edition of TFT is launched in the national consultation held on 11th October 2024, organized by the Department of Community Medicine and School of Public Health, PGIMER, Chandigarh.

This edition was focused on “The Missing Pieces: Unravelling the Challenges and Prospects in Enforcing WHO-FCTC Articles 9 and 10.” This edition discussed global progress in regulating the composition of tobacco products and ensuring information disclosure i.e. Article 9 and 10 of WHO-FCTC.



Regional Consultation for Key Stakeholders on NTCP: To Develop a Roadmap for Effective Implementation

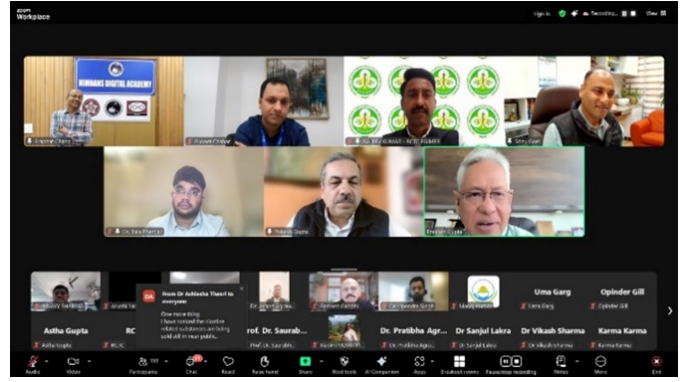
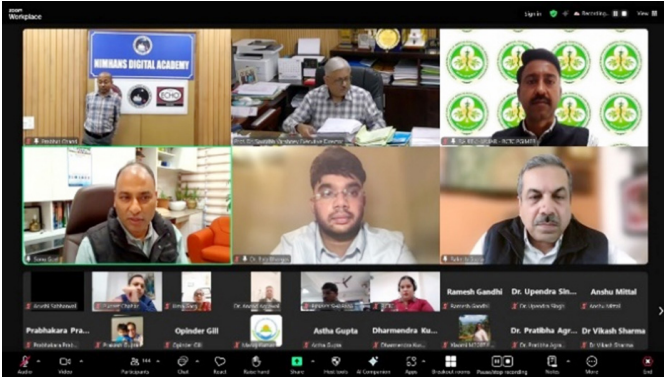


On October 15-16, 2024, a workshop titled “Regional Consultation for Key Stakeholders on NTCP: To Develop a Roadmap for Effective Implementation” was held in Goa, organized by RCTC in collaboration with Vital Strategies & Goa Medical College. Discussions focused on evaluating NTCP implementation in Goa, Kerala, Maharashtra, Tamil Nadu, Telangana, Andhra Pradesh, and Puducherry. Experts addressed challenges and proposed solutions, including strategies for effective program execution. Emphasis was placed on fostering collaboration among stakeholders, strengthening frameworks, and developing a roadmap to enhance tobacco control efforts. This workshop provided actionable insights to advance NTCP’s goals across national and subnational levels.



National Webinar on Scaling Up Tobacco Cessation Services in India

The webinar “Scaling Up Tobacco Cessation Services in India



Integrating Brief Advice Across All Levels” took place on December 4, 2024, featuring esteemed speakers, including Dr. Rana J. Singh and Dr. Prakash Gupta. Discussions focused on embedding brief advice into routine healthcare using tools like the 5As (Ask, Advise, Assess, Assist, Arrange) and 5Rs (Relevance, Risks, Rewards, Roadblocks, Repetition). Challenges such as limited nicotine replacement therapy access and industry interference were highlighted. Proposals included training healthcare personnel, integrating cessation into curricula, and utilizing digital platforms for outreach. The webinar emphasized actionable strategies to scale up tobacco cessation services nationwide.

Participation in the World Conference on Lung Health, Bali

At the 2024 World Conference on Lung Health in Bali, Indonesia, Prof. (Dr.) Sonu Goel actively represented RCTC. He chaired a session, delivered a plenary talk titled “Protecting Public Health: Mobilizing Communities Against Tobacco Industry Influence,” and led the MPOWER Research Group Meeting. Dr. Goel also participated in the Tobacco Control Section Meeting as Chair and contributed to the Union Live interview, discussing impactful initiatives and strategies. These engagements showcased RCTC’s leadership in global tobacco control efforts, strengthening collaborations and raising awareness about the importance of community mobilization in protecting public health from tobacco industry interference.



RCTC’s Participation in Tobacco Control Partners Meeting 2024

The Bloomberg Initiative (BI) Partners Meeting on tobacco control priorities for India in 2024 saw active participation from RCTC. Prof. (Dr.) Sonu Goel presented RCTC’s initiatives through an e-poster and contributed to discussions on tobacco industry interference and strategic communications. He participated in a plenary session and two panel discussions, offering insights into enhancing tobacco control measures. The meeting fostered alignment among stakeholders and emphasized collaborative approaches to address industry challenges and strengthen enforcement frameworks. RCTC’s contributions highlighted its pivotal role in shaping India’s tobacco control strategies for the upcoming year.



Release of Global Tobacco Control Insights Newsletter

RCTC released Global Tobacco Control Insights (Vol. 2, Issue 1) during the 2024 World Conference on Lung Health in Bali, Indonesia. Published under The Union's Tobacco Control Section, the newsletter highlights global advancements, including generational smoking bans, e-cigarette regulations, and higher tobacco taxation. Featuring expert contributions like Dr. Sonu Goel's article on translating evidence into practice, it also showcases achievements from Europe, Asia, Africa, Oceania, and the Americas. The newsletter serves as a resource for policymakers and advocates, emphasizing collaborative progress in tobacco control and inspiring innovative strategies for addressing tobacco-related challenges worldwide.



National Consultation on Eliminating Illegal Nicotine Products

The online consultation "Attempting to Eliminate Illegally Available Nicotine Products in India" took place on November 5, 2024, hosted by SIPHER, Faith Foundation, ECHO India, RCTC, and Generation Saviour Association. The event brought together stakeholders to address enforcement challenges related to the ENDS ban. Discussions emphasized the need for improved inter-state coordination and enforcement mechanisms. Experts drafted recommendations to aid MOHFW in developing a standardized framework for eliminating illegal nicotine products. This consultation aimed to protect youth from nicotine addiction and emphasized collaborative efforts to strengthen enforcement, ensuring a healthier future free from the dangers of illegal tobacco products.



EMPOWERING LIVES:

INTEGRATING BRIEF ADVICE TO SCALE UP TOBACCO CESSATION EFFORTS

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.



Socioeconomic and Regional

Variabilities: It varies with socioeconomic

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 • Assessing 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





- 2. Cultural Barriers:** Acceptance of tobacco use within society, especially in rural settings and 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:

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.

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.



The Way Forward

In India, brief advice will require an all-rounded approach in implementing its strategies. The strategy is 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.





2025

— CALENDAR —



जनवरी		पौष-माघ					
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फरवरी		माघ-फाल्गुन					
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मार्च		फाल्गुन-चैत्र					
रवि	सोम	मंगल	बुध	वीर	शुक्र	शनि	
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अप्रैल		चैत्र - वैशाख					
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मई		वैशाख-ज्येष्ठ					
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GAZETTED HOLIDAYS		RESTRICTED HOLIDAYS	
Guru Gobind Singh Ji B'day	6 Jan	Lohri	13 Jan
Republic Day	26 Jan	Makar Sankranti	14 Jan
Maha Shivratri	26 Feb	Basant Panchmi	2 Feb
Holi	14 Mar	Guru Ravidas B'day	12 Feb
Id-ul-Fitr	31 Mar	Holika Dahan	13 Mar
Mahaveer Jayanti	10 Apr	Ram Navami	6 Apr
Good Friday	18 Apr	Vaisakhi/Vishu	13 Apr
Budhh Purnima	12 May	Easter Sunday	20 Apr
Id-ul-Zuha (Bakrid)	7 Jun	Sri Guru Arjun Dev's day	30 May
Independence Day	15 Aug	Sant Kabir Jayanti	11 Jun
Janmashtami	16 Aug	Moharram	6 Jul
Maharaja Agarsain Jayanti	22 Sept	Raksha Bandhan	9 Aug
M. Gandhi's B'day & Dussehra	2 Oct	Ganesh Chaturthi	27 Aug
Maharishi Valmiki's B'day	7 Oct	Milad-un-Nabi/Id-e-Milad	5 Sept
Diwali	20 Oct	Onam	5 Sept
Guru Nanak Dev Ji B'day	5 Nov	Karwa Chauth	10 Oct
Christmas	25 Dec	Goverdhan Pooja	22 Oct
		Bhai Dooj	23 Oct
		Chhat Pooja	28 Oct
		Guru Teg Bahadur Ji Day	25 Nov
		Christmas eve	24 Dec
		Jor Mela Fatehgarh	26-28 Dec.

जून		ज्येष्ठ-आषाढ					
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जुलाई		आषाढ-श्रावण					
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अगस्त		श्रावण-भाद्रपद					
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सितम्बर		भाद्रपद-आश्विन					
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अक्टूबर		आश्विन-कार्तिक					
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नवम्बर		कार्तिक-मार्गशीर्ष					
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दिसम्बर		मार्गशीर्ष-पौष					
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RESOURCE CENTRE FOR TOBACCO CONTROL

a joint initiative of PGIMER Chandigarh and Vital Strategies (Previously The Union)

Following Resources are available on Resource Centre for Tobacco Control:
Policies and Legislation | Circulars/Orders | Advisories | State Specific IEC Material | Publications and Articles



Write to us for a subscription of Newsletter (Tobacco Free Times) at
rctcupdates@gmail.com



West Bengal extends ban on gutkha, pan masala till November 2025

The West Bengal government has extended its ban on the manufacture, sale, and distribution of gutkha and pan masala containing tobacco or nicotine until November 2025. The decision follows concerns about public health and aligns with the Food Safety and Standards Regulations, 2011. The Health Department cited the empowerment under Section 30 of the Food Safety and Standards Act, 2006 to ensure this ban in the state's interest.

Source: <https://www.indiatoday.in/india/story/west-bengal-extends-ban-on-gutkha-pan-masala-till-november-2025-2623657-2024-10-26>



Tobacco Board of India leads delegation at World Tobacco Middle East

The Tobacco Board of India led a delegation at the World Tobacco Middle East conference to foster international partnerships and address global challenges in the tobacco industry. The discussions focused on promoting sustainability, boosting market opportunities, fair trade, and advancing technological innovation. The delegation emphasized supporting farmers, improving production processes, and enhancing trade policies. This move highlights India's proactive role in addressing global market dynamics while advocating for sustainable and equitable practices in the global tobacco sector.

Source: DD News, <https://ddnews.gov.in/en/tobacco-board-of-india-leads-delegation-at-world-tobacco-middle-east/>



Fake cigarettes, vapes and tobacco seized in raids

Thousands of counterfeit cigarettes, vapes, and hand-rolled tobacco were seized during raids across Goole by police and trading standards officials. The operation, part of Operation CeCe, discovered 440 vapes, 22,500 counterfeit cigarettes, and over 22lbs of illegal tobacco valued at £14,500. These products violate safety standards and contravene the Trademarks Act 1994. Additional raids occurred in Hesse and Hedon as investigations continue. Authorities warn that selling illicit tobacco carries penalties of up to £10,000 or imprisonment.

Source: BBC News, <https://www.bbc.com/news/articles/clyj7pzm3kpo>



Illegal vapes, pills, beer and wine found at shop



A Wolverhampton shop owner, Gurmej Singh, had his licence suspended for six weeks after being caught twice selling illegal goods. A search revealed 200 illegal vapes, Indian erectile dysfunction tablets, illicit chewing tobacco, and hundreds of litres of untaxed beer, wine, and spirits. The investigation also found banned opioid-containing pills, linked to addiction cases abroad. Singh, who previously received a warning for selling untaxed cigars, plans to step back from the business soon, with his son taking over.

Source: BBC News, <https://www.bbc.com/news/articles/c2dpdpewk83o>



Vaping tax and tobacco duty rises set out in Budget

Chancellor Rachel Reeves' recent Budget introduces major tax changes to tackle public health and financial challenges. A £2.20 tax per 10ml of e-cigarette liquid will come into effect in October 2026, with a corresponding £2.20 increase per 100 cigarettes. Additionally, tobacco duties will rise by 2%, with a 10% hike specifically for hand-rolled tobacco, as part of a broader effort to discourage smoking. Alcohol duties will also adjust, with a 1.7% reduction in draught beer taxes to support struggling pubs, while non-draught products like wine and spirits will see higher rates. The sugar tax will increase to address public health concerns, and the government has committed to banning single-use vapes by June 2025. These measures align with the government's broader strategy to reduce smoking and improve public

health outcomes while addressing financial pressures through increased revenues.

Source: : BBC news, <https://www.bbc.com/news/articles/cj0j2mj763do>



EU Countries Want Bloc's Tobacco Tax Law to Include Vapes, E-Cigs



Sixteen EU nations have urged the European Commission to revamp its 2011 tobacco taxation directive to include e-cigarettes and vapes, highlighting fragmented and inconsistent national tax policies. These disparities distort competition and fail to address the evolving tobacco market. Although the EU has set health standards on e-cigarettes, tax policies remain uneven, with countries like France and Germany proposing bans on disposable vapes. The call for legislation reflects delays in updating tobacco taxation laws, with hopes that the new Commission will prioritize this issue.

Source: BBC News, [https://www.reuters.com/world/europe/eu-countries-want-vaping-included-blocs-tobacco-tax-law-2024-12-09/#:~:text=BRUSSELS%2C%20Dec%209%20\(Reuters\),not%20covered%20under%20existing%20legislation](https://www.reuters.com/world/europe/eu-countries-want-vaping-included-blocs-tobacco-tax-law-2024-12-09/#:~:text=BRUSSELS%2C%20Dec%209%20(Reuters),not%20covered%20under%20existing%20legislation)

Youth Tobacco Product Use at a 25-Year Low, Yet Disparities Persist

U.S. middle and high school tobacco use has dropped to its lowest level in 25 years, with 2.25 million students reporting current use in 2024, down from 2.80 million in 2023. This decline is largely driven by reduced e-cigarette use (from 2.13 million to 1.63 million) and lower hookah use. Cigarette smoking also hit a record low at 1.4%. Despite progress, disparities remain, with American Indian and Alaska Native youth showing increased use, while Hispanic and female students saw declines. Continued efforts are vital to reduce youth tobacco use further.

Source: CDC Newsroom, <https://www.cdc.gov/media/releases/2024/p1017-youth-tobacco-use.html>



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