



TOBACCO-FREE *Times*

www.rctcpgi.org

Issue XXXVIII : August-September 2025

RNI Title Approval No : CHAENG01153

Understanding the Tobacco Endgame

RCTC, PGIMER: Strengthening India's Tobacco Control Ecosystem Through Collaboration and Capacity Building



The Resource Centre for Tobacco Control (RCTC), PGIMER, plays a pivotal national role in advancing India's tobacco-control efforts by serving as a hub for collaboration, capacity building and knowledge sharing. RCTC actively builds associations and networks across government agencies, academia, NGOs and international partners, enabling coordinated action and rapid dissemination of evidence. Through regular online sessions, national webinars and virtual trainings, it strengthens the skills of health professionals, program managers and civil-society stakeholders in cessation, enforcement and policy implementation. RCTC also contributes to major conferences and public-health platforms, organizing thematic sessions and supporting dialogue on emerging priorities such as smokeless tobacco and digital cessation tools. Its partnerships and joint initiatives broaden reach, encourage cross-learning and support translation of research into practice. By combining networking, training, and convening power, RCTC significantly supports India's progress toward a stronger, more integrated and evidence-driven tobacco-control ecosystem.

EDITOR'S SPEAK



Welcome to the 38th edition of Tobacco Free Times. This month, we reflect on a pivotal question: "India at the Crossroads—Are We Ready for the Tobacco Endgame?" As the nation moves closer to a transformative phase in tobacco control, this edition brings together insights on the challenges we must confront and the opportunities we must seize. From stronger enforcement and innovative cessation approaches to addressing emerging products and strengthening data-driven research, we explore what it truly means to envision—and achieve—a tobacco-free India.

- Dr Sonu Goel,
Chief Editor, Tobacco Free Times
Director, RCTC, Dept of Community Medicine & School of Public Health

EXPERTS SPEAK

It's a great pleasure to be associated with the Resource Centre. It is, in fact, a treasure trove of resources for students engaged in research and for academic advisors. Organising National Consultations in tobacco control research is a commendable initiative to bring everyone onto one platform, discuss national research priorities, and explore ways and mechanisms to achieve all the set goals. Wishing great success to RCTC.



- Dr. Amod Borle,
Asso. Prof. (Community Medicine), MAMC Delhi



As the Nodal Officer for NTEP in Agra, U.P., I am pleased to witness the impactful initiatives undertaken by RCTC. The valuable newsletters and resources they provide significantly strengthen tobacco control in the field. RCTC is performing exceptionally well in advancing tobacco control, and its efforts are truly commendable. Together, we can advance a more integrated and effective fight against tobacco.

- Dr. S. M. Prajapati,
Nodal officer, NTEP, AGRA, UP



Two Days, One Goal: Strengthening Tobacco Research to Shape India's Public Health Future

On 5–6 August 2025, the Resource Centre for Tobacco Control (RCTC), in collaboration with Vital Strategies, organized a National Consultation on Tobacco Control Research Dissemination and Policy Translation at PGIMER, Chandigarh, under the leadership of Prof. (Dr.) Sonu Goel. Dr. P.C. Gupta (Healis Sekhsaria Institute for Public Health), Dr. Rana J. Singh (Vital Strategies), Dr. Avinash Sunthalia (Ministry of Health & Family Welfare), Dr. Manish Chaturvedi (National Institute of Health and Family Welfare), Dr. Aswini K. Nanda (Central University of Jammu) and Dr. J.G. Vohra (Maharishi Markandeshwar University, Solan).

Plenary presentations laid the foundation: Prof. Goel mapped tobacco research gaps and thematic priorities; Dr. Sunthalia outlined government needs for policy-aligned, operational tobacco research; and Dr. Rana emphasized building a tobacco research–conducive environment. Early-career researchers presented bibliometric studies on gender-specific tobacco cessation, tobacco policy impact, maternal tobacco exposure, tobacco taxation, smokeless tobacco bioavailability, and emerging tobacco products.

After the plenary sessions, an interactive group activity identified seven priority tobacco research areas—tobacco cessation strategies, tobacco legislation/enforcement, tobacco economics, tobacco-related media influence, emerging tobacco products, environmental impact of tobacco, and strengthening tobacco research systems. A high-level panel proposed institutional advocacy cells, AI-driven research platforms, integration of digital health data (e.g., e-Sanjeevani), cross-sectoral funding collaborations, and embedding tobacco control into academic curricula. Underutilized datasets such as GATS, NFHS, GYTS, NIKSHAY, and NSSO were highlighted for enhanced use.

This two-day consultation concluded with a strong call to action for a national tobacco research agenda, standardized methodologies, multi-centric studies, and strengthened funding to empower young researchers. It reinforced the urgency of coordinated, evidence-based strategies to bridge research and policy, positioning tobacco control research as a cornerstone of India's public health priorities and a catalyst for achieving a tobacco-free future.

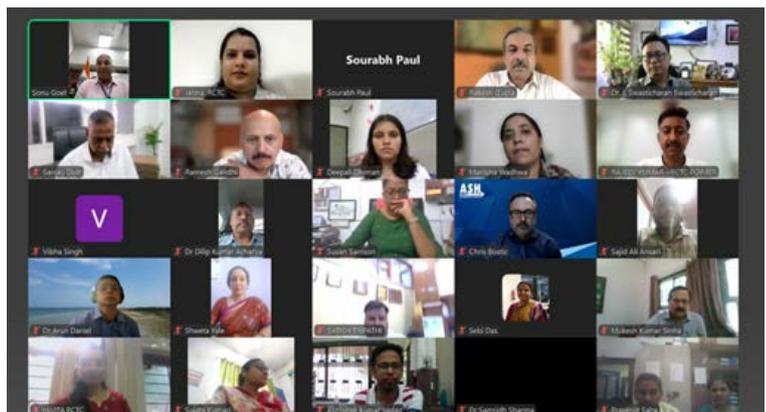


Online Event

International Webinar on Tobacco Endgame

The Resource Centre for Tobacco Control (RCTC), in collaboration with Vital Strategies, organised an International Webinar on “The Tobacco Endgame” on 12 August 2025 (11:00 AM–1:00 PM IST) to advance high-level discussions on bold, time-bound strategies for achieving a tobacco-free future in India. The webinar brought together leading national and global experts, policymakers, legal scholars, researchers, and civil society representatives, and was attended by 310 participants from across India and overseas. Speakers highlighted that while India has made important progress under the MPOWER and WHO-FCTC frameworks, the next stage will require ambitious endgame policies that target both supply and demand. International case studies from New Zealand, Finland and Bhutan were presented to illustrate successful models (e.g. smokefree generation laws and retail phase-out). Participants stressed that India's constitutional provisions and Article 2.1 of the WHO-FCTC provide sufficient legal basis for stronger

action. The session concluded with a call to develop a national endgame target, integrate it into the NTCP, and strengthen safeguards against industry interference.



Release of 36th edition of Tobacco Free times

The 36th edition of Tobacco Free Times (TFT), themed “Herbal and Newer Tobacco Products,” was officially released on 5 August 2025 during the inaugural session of the National Consultation on Tobacco Control Research Dissemination and Policy Translation at PGIMER, Chandigarh. The release was led by Prof. Arun Kumar Aggarwal, Dr. Aswini K. Nanda, Dr. Rakesh Gupta, and Prof. Sonu Goel, Chief Editor of TFT. This edition highlights the increasing use and marketing of herbal and novel nicotine products, their associated health risks, regulatory gaps, and the urgent need for policy action. The dignitaries lauded RCTC’s role in producing evidence-based, timely content to guide tobacco control advocacy and policymaking. As a bi-monthly knowledge product, TFT continues to serve as a vital platform for disseminating research findings, raising public awareness, and fostering informed action among stakeholders working towards a tobacco-free India.



SIPHER Conducts National Consultation on Prohibiting Oral Nicotine Pouches in Collaboration with RCTC and ECHO India

On 11 August 2025, the Strategic Institute for Public Health Education and Research (SIPHER), in collaboration with the RCTC and ECHO India, organized an online National Consultation titled “India at the Crossroads: Prohibiting Oral Nicotine Pouches for a Safer Future”. The two-hour session (2:30–4:30 PM) convened policymakers, public health professionals, researchers, and civil society representatives to address the emerging threat of oral nicotine pouches in India. Discussions focused on their health hazards, aggressive marketing, and regulatory gaps, with a call for urgent prohibition to safeguard youth and vulnerable populations. Expert presentations provided evidence for stricter control measures, while participants explored advocacy strategies and policy recommendations. Registration was facilitated via QR code and online link, enabling nationwide participation. The consultation concluded with a shared commitment to strengthen policy action against oral nicotine pouches for a healthier, tobacco-free future.



Understanding the Tobacco Endgame

An endgame for tobacco represents a bold, paradigm-shifting approach from its regulation. It emphasises that slowing the epidemic is not the same as ending it. It represents a decisive departure from incremental control to ambitious elimination. It redefines success by moving from managing tobacco use to eradicating it altogether within a generation. Unlike conventional control strategies that aim for a reduction in its burden through an effective decrease in its prevalence, the endgame means the elimination of structural, social, and political dynamics that sustain the tobacco epidemic within a defined timeline; i.e., unlike tobacco control, which continues endlessly, it will have an endpoint.

Control vs Endgame - Shifting from Reduction to Elimination

<h3>Tobacco Control (Managing an ongoing Epidemic)</h3>  <p>Focus: use, eliminating it Measures: Tax, warnings, cessation, smoke-free laws Approach: Incremental and reactive Timeline: Indefinite Responsibility: Individual behaviour</p>	<h3>Tobacco Endgame (Defining an End-point)</h3>  <p>Focus: Eliminating tobacco and nicotine use Measures: Supply reduction, retail licensing, generational bans, phasing out tobacco board, farming, export and industries and its allies. Approach: Bold. time-bound systematic Timeline: Within a generation (Dec, 2030) Responsibility: Collective societal and policy actions</p>
--	--

Slowing the epidemic is not the same as ending it

By redefining success and linking it to tangible national goals, the endgame provides a compelling framework to shift any country's narrative—from controlling tobacco to eliminating it entirely. Tobacco is a systemic problem driven by corporate interests, social norms, and structural enablers. By targeting both, demand and supply of tobacco, the strategic shift requires moving the responsibility from the its users to the tobacco industry that has been working continuously to engineer nicotine addiction into its initiators (children, adolescents and youth) who are yet not capable of taking a decision. The endgame's significance lies in four critical shifts:

- **From Individual to Structural Accountability:** Holding the tobacco industry and supply systems responsible for addiction and health harm.
- **From Endless Regulation to Defined Closure:** Setting a measurable endpoint for tobacco use within a generation.
- **From Isolated Policies to Whole-of-Society Mobilization:** Aligning health, finance, agriculture, and education sectors toward a tobacco-free vision.
- **From Burden Management to Generational Protection:** Ensuring that future generations are not trapped in the cycle of addiction, disease, and inequity.



Let us look at the myths and talk about facts

MYTHS

Tobacco is a normal consumer product

The tobacco industry is a normal industry

People die due to many other causes; so why single out tobacco!?

Tobacco epidemic is primarily due to individuals' choice and behaviour

FACTS

Tobacco kills half of its lifetime users

No, it is not a normal industry; it works solely to earn profits despite knowing the toxic and addictive nature of its products

Tobacco is one of the most significant and top cause of millions of deaths due to non-communicable illnesses; over 19,000 daily world over and ~3,700 in India

A big NO again since the initiation into tobacco use by the immature minds of adolescents and youth is majorly due to tobacco advertisement, promotion and sponsorship

Should India be considering the endgame for tobacco and non-medicinal nicotine?

India stands at a pivotal juncture in its fight against tobacco. With over 27 crore (~270 million) users, it bears one of the world's highest burdens of tobacco-related disease and mortality. Every day, tobacco claims nearly 3,700 lives in India, more than roadside accidents, tuberculosis, HIV, and malaria combined. Annually, this accounts for 13.5 lac deaths (1.35 million) annually, over 1% GDP of India's in 2024-25 healthcare costs and lost productivity. Behind these statistics are millions of families facing poverty, suffering due to tobacco-related illnesses and premature loss of lives by 6-10 years.

For over two decades, tobacco control efforts in India have focused on reducing its huge burden of tobacco. Abiding to the recommendations of the WHO FCTC treaty such as raising taxes, enforcing smoke-free and tobacco-free environments, advertising bans, mandating pictorial health warnings and providing cessation support, India has successfully slowed the epidemic and saved countless lives but partially only.

Hence, every stakeholder in tobacco control should respond to a question: *Should India be considering the endgame for the tobacco and non-medicinal nicotine products?*

India's Endgame Readiness — Strengths and Challenges

A study which assessed 153 countries for their endgame readiness using indicators such as FCTC implementation, political commitment, and public support, India ranks among the few low- and middle-income countries deemed due to its strong policies to control tobacco and smoking prevalence below 15%. In other words, the readiness stems from its comprehensive tobacco control framework, demonstrated political actions, and active civil society engagement. India also possesses significant legal, institutional, and policy foundations that uniquely position it to embark on a tobacco endgame journey. Therefore, to consider working for the ongoing global movement for the endgame for tobacco (and non-medicinal nicotine products) appears logical, timely and appropriate.

Let us now look at the strengths of India that form a solid foundation for action:

- **Robust Legal and Policy Framework:** India's tobacco control is anchored in the Cigarettes and Other Tobacco Products Act (COTPA), the National Tobacco Control Programme (NTCP), and its global commitment to the WHO Framework Convention on Tobacco Control (FCTC). These provide both the legislative authority and institutional legitimacy to pursue endgame policies.
- **Experience with Bold Reforms:** India has shown courage in implementing path-breaking measures such as banning electronic nicotine delivery systems (ENDS), mandating 85% pictorial health warnings, and introducing tobacco-free educational institutions. These precedents reflect the government's willingness to adopt strong, sometimes disruptive, public health actions.

- **Judicial and Policy Backing:** India's judiciary has repeatedly upheld public health over commercial interests, reinforcing the constitutional grounding of tobacco control under Articles 21 (Right to Life) and 47 (Duty of the State to Improve Public Health). This legal environment supports the introduction of more ambitious measures like retail licensing and generational bans.
- **Public Health Infrastructure:** With its extensive network of primary health centers and community-based health workers, India has the operational reach to integrate cessation and awareness interventions at the grassroots. This infrastructure can serve as the backbone for piloting and scaling endgame strategies.



Now that we have seen the strengths, let's turn to the challenges — and explore practical solutions for each:

India's tobacco endgame is blocked by four intersecting barriers: socio-cultural normalisation, low awareness, weak enforcement, and political inertia. Yet each challenge also contains a lever for change. With public mobilisation, stronger enforcement, and sustained political accountability, these obstacles can become springboards toward a tobacco-free India.

India is "endgame-ready" in principle — but delivery will require confronting structural, not just administrative, barriers. Progress demands coordinated, multi-sectoral action.

1. Deep-Rooted Socio-Cultural Habits and Customs: Tobacco use in India is intertwined with everyday social and cultural life—whether it is hukka in rural gatherings, gutkha in ceremonies, or bidis during social interactions. These are sustained by customs, social acceptance, and intergenerational practices rather than mere individual choice. Myths persist that tobacco is a "normal consumer product" and that its use reflects personal freedom or habit. The normalisation of tobacco within cultural practices reinforces the epidemic and undermines policy enforcement.

Solutions:

- Integrate anti-tobacco messages into community and cultural platforms.
- Use mass media campaigns to "denormalise tobacco" and highlight its social and health harms and benefits of quitting to be able to lead a tobacco-free life.
- Engage youth groups, local influencers, and traditional community leaders as anti-tobacco champions.

2. Low Public Awareness: Despite decades of awareness efforts, large sections of India's population—especially in rural and low-literacy areas—remain unaware of the full extent of tobacco's harms. According to GATS-2 (2016–17), while over 90% of users knew that tobacco is harmful, more than half believed that it does not affect their health personally.

This gap in perceived risk translates into poor quitting behavior and low demand for cessation services. Even many healthcare providers lack adequate training in nicotine dependence management.

Solutions:

- Strengthen IEC campaigns emphasizing both the harms of use and the benefits of quitting.
- Empower NTCP cells and local NGOs to ensure continuous and locally adapted awareness drives.
- Incorporate endgame education—explaining the goal of a tobacco-free India—into all IEC materials.

3. Poor Enforcement: Enforcement remains the weakest link in India's tobacco control system. The COTPA provisions, although

comprehensive, are poorly implemented due to fragmented agency responsibility, a lack of accountability, and minimal monitoring. Poor compliance with Sections 4–7 (public smoking, advertising, labelling, and sales to minors) is a significant challenge. Findings of a meta-analysis amply reveal it:

COTPA Section	Compliance (Percentage approximated to the nearest whole number)
Section 4—Prohibition on smoking in public and workplaces and public transport	72
Section 5 prohibits advertisement, promotion and sponsorship of tobacco products	59
Section 6 (a) (i) – Prohibition of sale to minors	66
Section 6 (a) (ii) - Prohibition sale by minors	94
Section 6 (b) — Prohibition of sale of tobacco products within 100 yards of educational institutions	51
Section 7— use of graphic health warning labels on tobacco products	58

Solutions:

- Appoint state-level nodal enforcement to be led by a police unit under the Health Department at the State (or Union Territory)- and District- levels to strengthen inter-agency collaboration, especially among police, education, and municipal bodies.
- Develop time-bound action plans along with measurable outcomes.
- Ensure reporting and public dashboards for transparency and accountability on a monthly basis at the state and union territory-level respectively and on a quarterly basis at the national-level.

4. Political Inertia: Political commitment remains sporadic. Tobacco rarely features in election manifestos, and only a few policymakers actively champion the cause. The tobacco industry's deep-rooted alliances with political and business interests further weaken policy reform.

The absence of strong political will reflects a low public demand for tobacco control—voters seldom raise it as a governance issue. This inertia perpetuates limited enforcement and underfunding.

Solutions:

- Advocate directly with political parties to integrate tobacco-free agendas into election manifestos.
- Identify and support political champions to raise tobacco-related questions in Parliament and Assemblies.
- Mobilize civil society to create voter demand for a tobacco-free India, linking it with broader public health and development goals (e.g., TB elimination, economic productivity by living a tobacco-free life).



Strategic Roadmap for India's Tobacco Endgame

Drawing on the country's policy experience, global lessons, and evidence from studies, the following eight strategic pillars outline how India can transition from control to elimination.

1. Set a National Target: India is yet to take a policy decision on the endgame for tobacco and non-medicinal nicotine products. Hence, setting a national target can be an assumption at this moment.

Some among its tobacco control community consider that like many western countries, it should also consider as reducing the prevalence for tobacco use to below 5% by the end of year 2040. But, considering its high burden, heterogeneous spectrum of types on tobacco used and illegal supply of nicotine products online or in grey market and social inequity plus weak enforcement of legal options it has, targeting for a zero prevalence by December 2030 appears to have a high utility value to save on many million lives. Publicly announcing this goal will signal political commitment, unify stakeholders, and institutionalize accountability across health, finance, and social sectors.

2. Integrate Endgame Goals within NTCP: Besides strengthening ongoing efforts to implement National Tobacco Control Programme (NTCP) countrywide, it should include supply-reduction and harm-elimination measures along with demand control measures. Pilot endgame innovations such as tobacco vendor licensing, tobacco-free panchayats, tobacco-free generation in select states before their national scale-up may be useful if their nationwide implementation which will surely like moving in a fast lane cannot be realised at the earliest.

3. Strengthen Legal Preparedness: Anchor new policies in constitutional mandates—Article 21 (Right to Life) and Article 47 (Duty of the State to Improve Public Health)—to ensure legal sustainability.

Draft litigation-resistant, unambiguous laws that close existing loopholes and institutionalize FCTC Article 5.3 compliance to prevent industry interference.

4. Implement Phased Supply Reduction: The endgame does not mean an overnight closure/end. Phasing out tobacco cultivation, tobacco industry, tobacco export and tobacco board which means a stepwise reduction in their respective function, outputs and revenue earned thereof will be vital to achieving the endgame.

5. Secure Sustainable Financing: Expand and earmark tobacco taxation revenues for: Cessation services, Awareness campaigns, and Enforcement infrastructure.

Use Public Health Funds and industry penalties as additional financing streams, ensuring transparent and accountable utilization.

6. Ensure Accountability and Evaluation: Create a National Endgame Dashboard to track progress across states, displaying real-time indicators on prevalence, enforcement, and awareness.

Conduct annual independent reviews, publish findings publicly, and maintain continuous course correction.

The Tobacco Endgame

Eradicating a Worsening Epidemic

MPOWER provides a roadmap for the Tobacco Endgame



Monitoring
tobacco use
and prevention
policies



Protecting
people from
tobacco smoke



Offering
help to quit
tobacco use



Warning
about the
dangers of
tobacco



Enforcing
bans on tobacco
advertising,
promotion and
sponsorship



Raising
taxes on
tobacco for
effective
tobacco control



Global Lessons for India

Tobacco endgame policies have gained momentum across the globe, with countries experimenting with bold and time-bound approaches to eliminate tobacco use. These international experiences provide valuable insights for India as it moves from control to elimination.

Country, Action undertaken and Modify strategy		
New Zealand: Legislating a Smokefree Generation	<p>New Zealand's Smokefree Aotearoa 2025 plan introduced one of the world's most ambitious endgame frameworks. Its approach included a 90% reduction in retail outlets, a ban on tobacco sales to those born after 2008, and mandatory low-nicotine content in cigarettes.</p> <p>While a subsequent change in government delayed some measures, the initiative demonstrated the power of legislative innovation, community engagement, and social marketing in normalizing the concept of an endgame.</p>	Pair bold laws with sustained public support to ensure policy continuity amid political shifts
Finland: Integrating Tobacco and Addiction Policy	Finland aims to achieve less than 5% tobacco use by 2030 through a unified addiction framework that addresses all nicotine products. Its strategy emphasizes cross-sectoral integration—linking public health, taxation, education, and social welfare systems.	Embed tobacco endgame strategies within broader health and social policies for sustainability and accountability.
Bhutan: Pioneering Total Retail Ban	Bhutan became the first nation to impose a total retail ban on tobacco sales (2004), driven by a moral and public health imperative. Despite strong intent, illicit trade and border challenges undermined the policy's success.	Regional cooperation and strong enforcement mechanisms are essential when implementing supply-side restrictions.
Denmark and Ireland: Early-Stage Adaptations	Several European countries are advancing supply-reduction models. Denmark and Ireland are exploring retailer licensing, plain packaging, and phased supply reductions, aligning their goals with a generational approach.	Gradual, data-driven implementation can build political consensus and sustain public support.
Maldives: Tightening Supply through Tax + Licensing	The Maldives has steadily increased excise taxes, banned tobacco advertising and promotion, enforced smoke-free public places, and is now expanding retailer licensing and import-control mechanisms under the Public Health Protection Act — using its compact supply chain to progressively choke retail availability.	Combine high taxation, licensing and import controls to weaken supply at source.
USA: Product-Standard Regulation to Collapse Addiction	The United States FDA is advancing endgame through product regulation — proposing a nationwide ban on menthol cigarettes and flavoured cigars, and a national rule to mandate very-low-nicotine cigarettes, alongside strong enforcement against illegal youth-focused e-cigarette sales.	Regulating nicotine content and flavours can dramatically accelerate consumption decline — even in large, federal political systems.

India now has the legal tools, institutional strength, and public awareness to move beyond incremental tobacco control and embrace a time-bound tobacco endgame. This is no longer an abstract idea — it is an achievable national priority that demands bold political will, transparent enforcement, whole-of-society participation, and a commitment to leave no community behind. Slowing the epidemic is not enough; the next frontier is elimination. Ending tobacco is not only a public health goal — it is a moral, developmental, and generational imperative, and India's opportunity to protect lives, reduce inequities, and redefine success in public health for decades to come.

“Slowing the epidemic is not the same as ending it. The tobacco endgame is India's next step.”



quit tobacco before it's too late



India proposes to retain high tax burden on tobacco, gutka, cigarettes after GST cess ends



India has proposed retaining the overall tax burden on tobacco, gutka, and cigarettes even after the GST compensation cess is abolished. The proposal, submitted to the Group of Ministers (GoM) on rate rationalisation, recommends continuing the National Calamity Contingent Duty (NCCD) on these “sin goods”

Source: CNBCTV, <https://www.cnbctv18.com/economy/india-proposes-to-retain-high-tax-burden-on-tobacco-gutka-cigarettes-after-gst-cess-ends-ws-l-19660449.htm>

GST: Karnataka CM Siddaramaiah bats for higher cess on tobacco products, luxe cars

Karnataka Chief Minister Siddaramaiah urged the Centre to increase the cess on items such as cigarette, pan masala, gutka, and luxury cars and use it to compensate the states for the revenue shortfall arising from the proposed cut in GST rates reiterating his earlier demand.

Karnataka was estimated to lose about Rs 15,000 crore a year due to the rate changes. Revenue Minister Krishna Byre Gowda highlighted the state’s concerns at the GST Council meeting scheduled for September 3-4 in Delhi.

He, however, added that the state welcomed the GST rate cuts but wanted the Centre to compensate states for the consequent revenue shortfall. While the State always suffered financial losses due to the Centre’s actions, the BJP MPs never bothered to raise their voice against the injustice, the CM said.



Source: Economic Times (<https://economictimes.indiatimes.com/news/india/gst-karnataka-cm-siddaramaiah-bats-for-higher-cess-on-tobacco-products-luxe-cars/articleshow/123615181.cms>)

to prevent any reduction in tax incidence once the cess is phased out. The suggested structure would keep the slab at 40% GST plus NCCD.

Currently, these products attract a 28% GST, along with a compensation cess and NCCD. By maintaining NCCD, the government aims to ensure revenue neutrality for the Centre and preserve the deterrent impact of high taxation on tobacco consumption. The NCCD, already levied on these products, was explicitly allowed to continue after the GST roll-out in 2017. The latest proposal reaffirms that the levy will remain part of the tax structure even after the compensation cess ends, ensuring that the overall tax incidence stays unchanged.

If approved, the new framework will maintain the government’s dual objectives: protecting revenue from tobacco products — which are among the largest contributors to indirect tax collections — and promoting public health by discouraging tobacco use through sustained high taxation.

Village-Level Ban in Muktsar (Punjab) on Sale of Tobacco & Related Goods

Bathinda: The panchayat of Katorewala village in Muktsar district that is aiming to make the village drug and tobacco-free, has passed a resolution banning the sale of tobacco and its by-products, energy drinks, and the use of drugs. The panchayat, with a population of nearly 4,000, declared that anyone violating the order would face a fine of Rs 11,000. Out of this, Rs 6,000 would go to the village gurdwara fund, while Rs 5,000 will be given to the person reporting such a violation.



Village sarpanch Harpreet Kaur said the panchayat earlier this week had convened a meeting involving local shopkeepers to hold a debate over substance abuse. The panchayat unanimously passed a resolution imposing stringent prohibitions and penalties to provide a better environment for the residents. As per the resolution, no shopkeeper will stock or sell any product containing tobacco or its substitutes, or energy drinks. If someone is caught taking drugs in a public place, the panchayat will report the matter to the police for legal action.

Source: The Times of India (<https://timesofindia.indiatimes.com/city/chandigarh/muktsar-village-bans-sale-of-tobacco-energy-drinks-drugs/articleshow/123066588.cms>)



Under COTPA Act district administration seized cigarette cartons

District administration seized cartons containing cigarettes from a departmental chain located in Vaishali Nagar, Friday under the Cigarettes and Other Tobacco Products Act (prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) COTPA Act - 2003. Officials said a team was led by Chief Medical and Health Officer (Jaipur-I) Dr Ravi Shekhawat went on an inspection where statutory health warnings were not marked on tobacco products that were kept for sale in departmental store.

In press release issued by district Commissionerate stated, "During action, 168 cigarette packets were seized, violating Section 7 of COTPA Act." Shekhawat said that according to the act, it is mandatory to display clear and pictorial health warnings on all tobacco products sold in the country.

"We are regularly monitoring and taking action to ensure strict

Source: *The Times of India* (<https://timesofindia.indiatimes.com/city/jaipur/under-cotpa-act-district-administration-seized-cigarette-cartons/articleshow/123051333.cms>)



compliance with COTPA Act in the district. Public shall cooperate and immediately inform department about sale of tobacco products without warning at any place, making this public health campaign successful," added Shekhawat.

Health experts warn of rising vaping rates in South African schools

Health experts have raised alarm over the growing trend of vaping among South African school learners, warning of its harmful impact on their health. This concern was voiced during public hearings on the Tobacco Products and Electronic Delivery Systems Control Bill, 2022, held this week.

Vaping involves inhaling and exhaling nicotine-containing vapour through electronic cigarette devices. Experts say its increasing use among young people poses significant health risks. The proposed bill seeks to ban the display of tobacco products at points of sale, introduce plain packaging, and prohibit tobacco sales through vending machines.

Professor Richard Van Zyl-Smith from the Lung Infection and Immunity Unit at the University of Cape Town told Parliament's Health Committee that vaping's rise in schools is alarming. He noted that while tobacco use has long existed, the sudden growth in vaping is new and troubling. He emphasized that the trend has serious effects on learners' health, calling for stronger regulatory measures to curb the practice.



Source: *SABC News* (<https://www.sabcnews.com/sabcnews/health-experts-warn-of-rising-vaping-rates-in-south-african-schools/>)

Mexico Earns Global Recognition for Tobacco Control Policies

Bloomberg Philanthropies has recognized the Mexican government for its progress in implementing policies that ban the advertising, promotion, and sponsorship of



tobacco products. The acknowledgment was presented during the Advances and Outlook in Tobacco and Nicotine Control: Mexico as an International Reference event, held at the National Institute of Respiratory Diseases (INER).

The award comes as Mexico continues to align its strategies with the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC), signed by 192 countries. Tobacco use remains the leading cause of preventable death globally, generating significant economic costs for health systems due to treatments for smoke-related diseases. Authorities noted the need to advance legislative measures, including the constitutional ban on electronic nicotine delivery systems, as part of a broader national health protection agenda.

The country has made significant progress in implementing the MPOWER strategy, says José Moya, Representative in Mexico, PAHO. This framework includes actions to monitor tobacco use, protect the public from smoke exposure, offer cessation support, warn about health risks, enforce bans on promotion, and increase tobacco taxes. He says, however, that interference from the tobacco industry remains a key challenge to fully consolidating these measures.

Source: *Mexico Business* (https://mexicobusiness.news/health/news/mexico-earns-global-recognition-tobacco-control-policies?utm_source=chatgpt.com)

Customs seizes illegal tobacco products in Jashore, Kushtia

On August 21, 2025, following a tip-off from the Central Intelligence Cell, a major operation was conducted under the supervision of the National Board of Revenue (NBR) Member for Customs Implementation and IT. The Customs, Excise, and VAT Commissionerate of Jashore, in collaboration with the Kushtia Customs, Excise, and VAT Department, carried out a 15-hour raid that led to the seizure of unregistered goods from two warehouses.

During the operation, authorities confiscated 324 cartons containing 6,480,000 acetate filter rods, enough to produce

approximately 38,880,000 cigarettes. In addition, three warehouses were sealed for the illegal storage of tobacco products.

In the first warehouse, officials recovered 673,400 kg of redried tobacco stored in 3,337 cartons. The second warehouse contained 102,375 kg of processed tobacco in 4,095 bags, 360 bales of raw tobacco leaves, and 189 bags of tobacco powder. The third warehouse held 146 bales of tobacco leaves and 39 bags of tobacco powder. Authorities have initiated further legal action under the Tobacco Control Act, and investigations into the case are ongoing.

Source: <https://economictimes.indiatimes.com/news/economy/policy/gst-council-defers-rollout-of-40-tax-on-tobacco-and-pan-masala/articleshow/123682136.cms?>



China Intensifies Tobacco Crime Crackdown, Strengthens Cross-Border Cooperation

Shenzhen, Aug 19 (2Firsts) —China has stepped up efforts to combat tobacco-related crimes in 2025, according to official media under the State Tobacco Monopoly Administration (STMA).

Authorities across the country handled 186,000 administrative cases involving tobacco violations in the first half of the year, a 35.9% increase compared to the same period last year. Among these, 10,710 major cases involved counterfeit or smuggled products valued at over 50,000 yuan (approximately \$6,900), marking a 160.3% increase.

Enforcement actions led to the seizure of 2.95 billion counterfeit or illicit cigarettes, up 78.7%, and 18,000 tons of illegal tobacco leaves and shredded tobacco, up 90.0%.

In 2024, the STMA established a national task force to lead and coordinate anti-counterfeit and anti-smuggling operations.

China has also enhanced international cooperation

to crack down on cross-border tobacco crimes. The STMA has deepened intelligence sharing with the European Anti-Fraud Office and regularly briefs the coast guard and public security agencies on smuggling activities from Southeast Asia.



Source: 2FIRSTS (<https://www.2firsts.com/news/china-intensifies-tobacco-crime-crackdown-strengthens-cross-border-cooperation>)

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

Editorial Team : Chief Editor - Dr. Sonu Goel, Professor, PGIMER Chandigarh, Associate Editor - Dr. Rana J Singh, Director – Tobacco Control, South-East Asia, Vital Strategies

Guest Editor: Dr. Rakesh Gupta, President, Rajasthan Cancer Foundation, Jaipur

Assistant Editors - Mr. Rajeev Kumar Chaudhary, Project Coordinator, PGIMER Chandigarh, Dr. Jatina Vij, Technical Officer-RCTC & Tobacco Endgame Hub, PGIMER Chandigarh, Dr. Ravita Yadav, Technical Officer-Taxation, PGIMER Chandigarh, Logistic Support - Ms Deepali Dhiman, Admin cum Finance Officer

Disclaimer: While every care has been taken to ensure the accuracy of the content in this newsletter, PGIMER Chandigarh will not be responsible or liable for any errors or omissions.

