



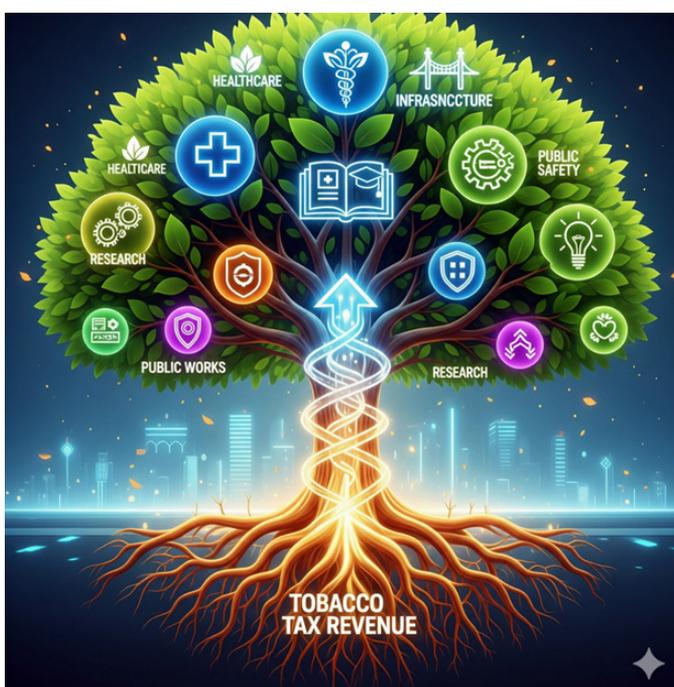
TOBACCO-FREE Times

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Towards a Tobacco-Free India: The Role of Taxation in Curbing the Epidemic



RCTC continues to lead India's efforts in countering Tobacco Industry Interference (TII) by strengthening policy action, building stakeholder capacity, and generating evidence to support Article 5.3 implementation. Through a National Policy Brief and a Case Book documenting real-world TII examples, RCTC has equipped governments with practical tools to recognize and respond to industry tactics. National-level initiatives—including a high-impact webinar and a multi-state workshop—sensitized officials on monitoring allies, front groups, CSR activities, and lobbying strategies of the industry. RCTC's one-to-one guidance supported Haryana in enacting its Article 5.3 policy and Himachal Pradesh in strengthening its amendment. Contributions to the NAMS Task Force Report and special TFT edition (24th) further advanced public awareness. By promoting transparency, preventing conflicts of interest, and fostering civil-society partnerships, RCTC plays a pivotal role in safeguarding public health policies from industry influence.

EDITOR'S SPEAK



Tobacco remains a major public health and development challenge in India, causing over a million deaths annually and heavy economic burdens. Evidence shows that taxation is the most effective and equitable strategy to reduce use, discouraging youth initiation, protecting vulnerable populations, and funding public health. This 39th edition of Tobacco Free Times highlights the life-saving role of taxation, exploring India's history of taxation from Mughal times, global successes and industry interference, while urging collective action for stronger, evidence-based reforms in tobacco taxation toward 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 is always a pleasure to be associated with programs headed by Prof. Sonu Goel. Being engaged with initiatives at RCTC, PGIMER, Chandigarh, has been a valuable experience for me, enriching my knowledge of bibliometric analyses and broadening my understanding of the role of academia and other stakeholders in controlling tobacco use in the country. I look forward to continued association with RCTC, PGIMER, Chandigarh.



- Dr. S. M. Salim Khan,
Professor & HOD, Community Medicine
GMC Srinagar (J&K)



It is always inspiring to be associated with RCTC, PGIMER, and to witness the range of impactful research and activities undertaken with dedication and commitment. The value being created through these initiatives is commendable and makes a significant contribution to advancing tobacco control efforts nationwide.

Prof. Ashwini K Nanda,
Central University, Jammu (J&K)



PROJECT UPDATES

National webinar on “Towards a Tobacco-Free India: The Role of Taxation in Curbing the Epidemic

Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh, in collaboration with Vital Strategies, organized a national webinar on “Towards a Tobacco-Free India: The Role of Taxation in Curbing the Epidemic” on 9th September 2025.

The event brought together distinguished experts, researchers, policymakers, and senior leaders from 10 national institutes—including AllIMS, NICPR, ICMR, NIOH, and NIIR-NCD. Eminent speakers including Prof. Sonu Goel, Dr. Suneela Garg, Dr. Rana J. Singh, Dr. P.C. Gupta, Dr. Upendra Bhojani, Dr. Rijo John, and Dr. L. Swasticharan, deliberated on India’s complex GST-based tobacco taxation system.

Key discussions emphasized the urgent need for higher and uniform taxes across all tobacco products, particularly bidis, in line with WHO recommendations. The panel highlighted that differential taxation enables product substitution, undermines public health goals, and increases affordability among vulnerable groups.

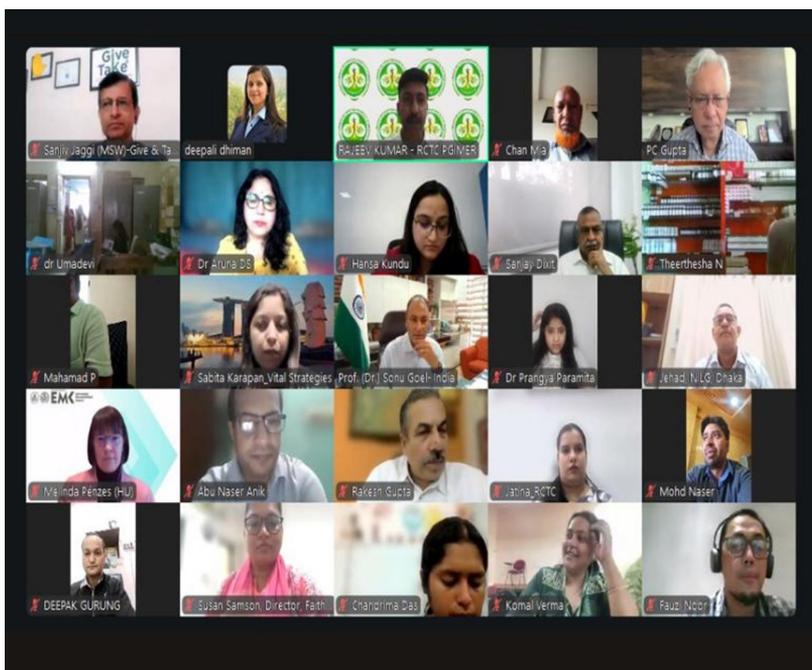
The webinar witnessed the participation of 394 delegates from 29 states and six countries, reflecting broad interest and strong advocacy momentum. RCTC announced that the key insights and evidence generated will be submitted to the Ministry of Health and Family Welfare to support stronger tobacco taxation measures in India.



International Webinar on Tobacco Vendor Licensing: A Step Toward Stronger Tobacco Control

On 9th October 2025, the Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh, in collaboration with Vital Strategies and The Union, organized an international webinar titled “Licensing Tobacco Retailers to Advance Tobacco Control: Experiences from Various Countries.” The event brought together over 1,000 global participants, including experts, researchers, and policymakers, who emphasized that Tobacco Vendor Licensing (TVL) is a crucial next step in tobacco control.

Key speakers, including Dr. Sonu Goel, Dr. P.C. Gupta, and Dr. L. Swasticharan, highlighted the role of TVL in reducing youth exposure and strengthening enforcement mechanisms. Experts from India, Bangladesh, Singapore, and Hungary shared international best practices, demonstrating TVL’s effectiveness in regulating retail environments. The forum concluded with a consensus on integrating mandatory vendor licensing as a core strategy for tobacco control in India, reaffirming RCTC’s commitment to advancing a tobacco-free future.



Planning Meeting on Basic Course on Endgame Course Module Development

A virtual planning meeting was held on 12 Sept. 2025, to advance the development of Endgame Course modules. Discussions centred on finalizing module content within the set timelines, identifying international facilitators for specific modules, and defining the duration of the overall course as well as each module. Experts, including Prof. Sonu Goel, Chris Bostic (ASH), and the RCTC team, contributed valuable insights to strengthen course design and ensure global collaboration. The meeting marked a key step toward creating comprehensive, evidence-based Endgame Courses for India that will support capacity building and accelerate progress toward a tobacco-free future.

KEY DISCUSSION POINTS FOR MEETING:

Module Content Development

1. Finalization of Module Content within the **set timeline**
2. International Modules –**Finalize list of international facilitators** for respective modules
3. **Duration of the Course and Each Module** - Define duration allocated to each module
4. Any suggestion!



Planning Meeting: Strengthening Article 5.3 Policy in Madhya Pradesh

On August 25, 2025, RCTC convened a virtual planning meeting to strengthen the implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) in the state of Madhya Pradesh. The session brought together key stakeholders, including state health officials, technical experts, and representatives from civil society, to discuss strategies for safeguarding public health policies from interference by the tobacco industry. Discussions highlighted the need to develop state-specific guidelines, build the capacity of government officials, and establish monitoring mechanisms to ensure compliance with Article 5.3. The meeting also emphasized the importance of cross-sectoral collaboration and the integration of transparency measures into governance systems. The outcomes of this planning session will inform the development of a roadmap to

advance Article 5.3 implementation in Madhya Pradesh, setting an example for other states to follow.

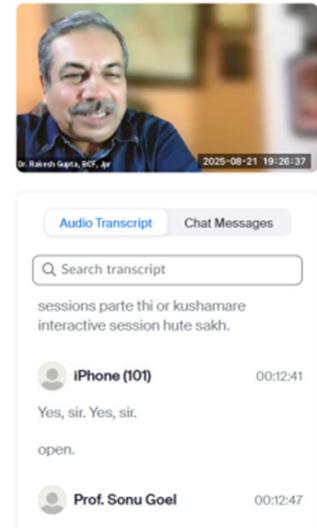


Meeting with the Health Secretary, Government of Uttarakhand, on Strengthening Article 5.3 Implementation

On 23rd September 2025, a meeting was held with Dr. R. Rajesh Kumar, IAS, Health Secretary, Government of Uttarakhand, to discuss strategies for strengthening and effectively implementing Article 5.3 policy in the state. The discussion focused on safeguarding public health policies from tobacco industry interference and enhancing interdepartmental coordination to ensure compliance with Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC). Key points included the establishment of a state-level coordination mechanism, the sensitization of officials across various departments, and the adoption of measures to ensure transparency in government–industry interactions. Dr. Rajesh Kumar appreciated the initiatives of the Resource Centre for Tobacco Control (RCTC), PGIMER, Chandigarh, and assured continued support for institutionalizing the implementation of Article 5.3 to strengthen tobacco control governance in Uttarakhand.



Valedictory Ceremony of Basic Course on Tobacco Control



The Valedictory Ceremony for the 4th Batch of the Basic Course on Tobacco Control was held on 21st August 2025, marking the successful completion of the program. The course aimed at building capacity among participants by enhancing their knowledge and skills in tobacco control policies, strategies, and implementation approaches. Out of 32 participants who participated in the course, 17 received certification after completing the course modules and project work. During the ceremony, participants shared their learning experiences, highlighting the usefulness of the modules in strengthening their professional work. Faculty and mentors commended the participants for their active engagement and commitment

to advancing tobacco control. The event concluded with the distribution of certificates and a call for participants to apply their learning in policy advocacy, research, and program implementation.

To date, four batches of the Basic Course on Tobacco Control have been successfully completed, with over 120 participants from diverse backgrounds—including doctors, public health professionals, social and community health workers, and academia—who have received certificates and gained valuable knowledge and skills through the program.



Towards a Tobacco-Free India: The Role of Taxation in Curbing the Epidemic

Why Taxation is Important

Tobacco use continues to pose one of the gravest challenges to public health in India, causing more than 1.35 million deaths annually and draining the economy through treatment costs and lost productivity. The total economic cost of tobacco use in India was estimated at ₹1.77 lakh crore (approximately US\$ 27.5 billion) in 2017–18, equivalent to 1 % of the country's GDP. Beyond health consequences, tobacco use exacerbates poverty by diverting household resources away from essentials such as food, education, and livelihood.

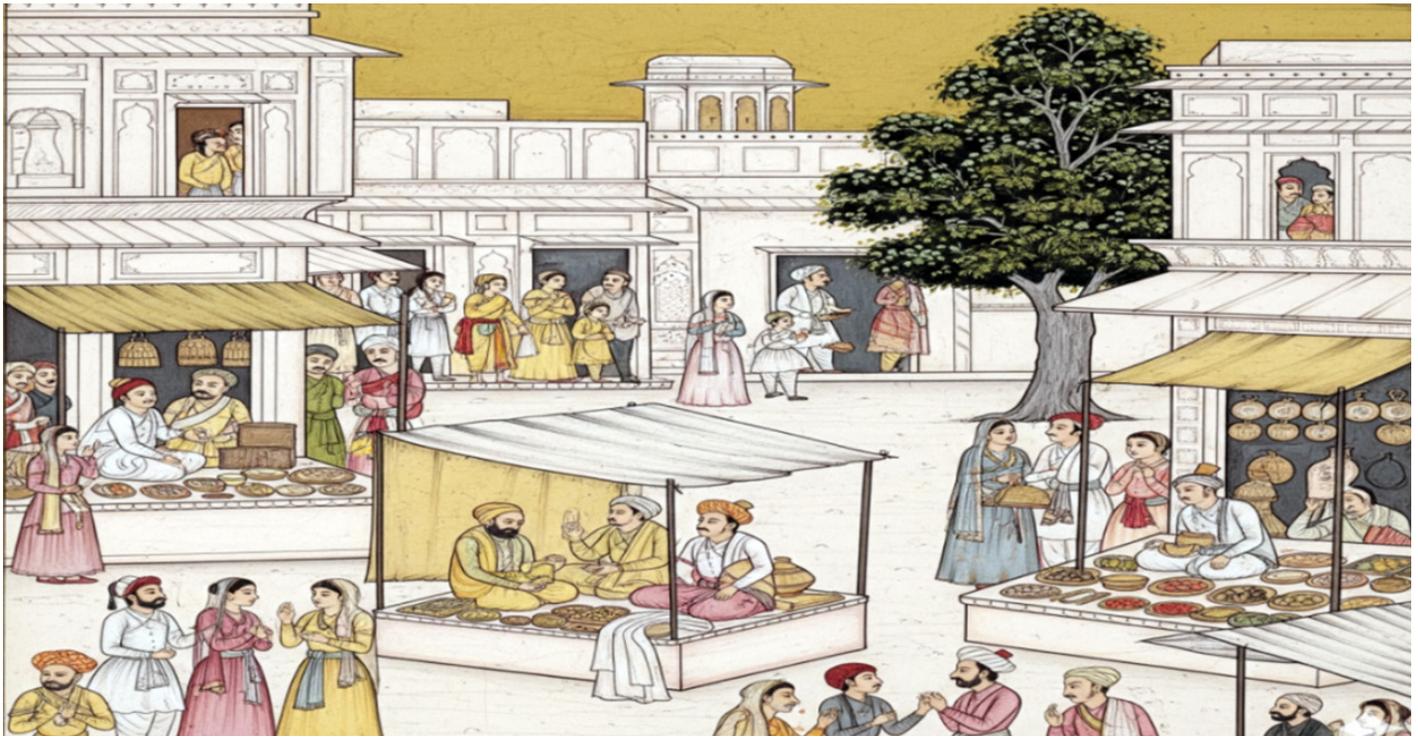
Among all tobacco control measures, taxation has consistently proven to be the most cost-effective tool. Evidence suggests that a 10 % increase in the price of tobacco products results in a 4 % reduction in consumption in high-income countries and up to an 8 % reduction in low- and middle-income countries (LMICs). By making tobacco products less affordable, taxation discourages young people from starting, encourages existing users to quit, and reduces overall consumption. The global evidence is striking: a 50% increase in cigarette prices is expected to result in a 30–40% decrease in tobacco consumption among the poor. Global modelling by the World Bank shows that a modest US\$ 0.25

increase in excise tax per cigarette pack would yield significant health and fiscal benefits. Such an increase would reduce the prevalence of daily smoking from 13.1% to 12.5%, a 4% relative decline, translating into approximately 23.7 million fewer daily smokers. At the same time, this modest tax rise would generate an additional US\$ 41 billion in excise revenue, representing a 29% increase in tobacco tax collections for low- and middle-income countries. This additional revenue could be channelled into development priorities such as universal health coverage, poverty alleviation, and social sector investments, while simultaneously preventing millions of future tobacco-related deaths.

In India, however, the current tax system remains fragmented and unequal. While cigarettes face a moderate tax burden, bidis and smokeless tobacco products, disproportionately consumed by low-income groups, remain highly affordable. This inequity undermines public health efforts and allows harmful products to remain within easy reach of vulnerable populations. For taxation to serve its true purpose, it must be understood not as a fiscal measure but as a public health imperative, central to protecting lives and reducing health inequalities.



Taxing Tobacco Through Time: From Mughal to Modern India



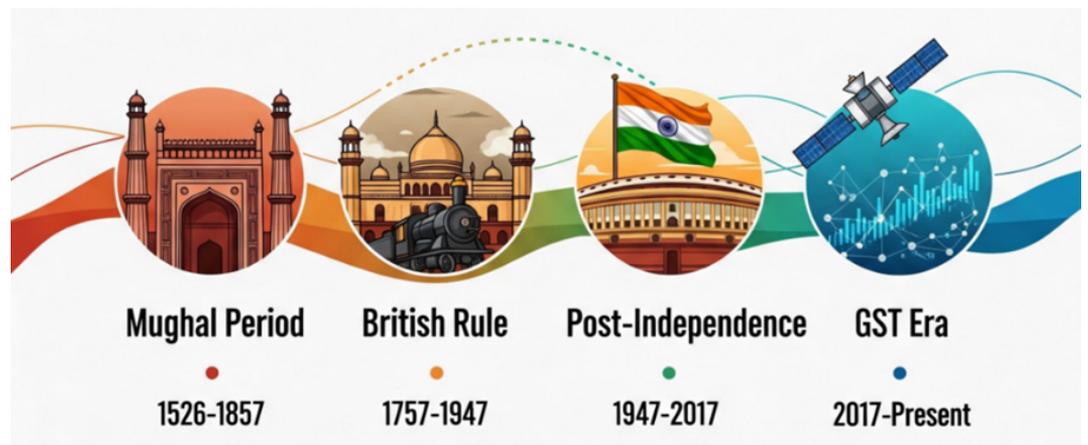
The history of tobacco taxation in India illustrates how economic and political priorities have influenced policy over the centuries. Tobacco, introduced in the late sixteenth century, quickly became a major crop during the Mughal period. Although emperors such as Jahangir and Aurangzeb attempted to ban it, the revenue potential of tobacco ensured its continued use, with rulers imposing land revenues, transit duties, and customs to profit from its trade.

Historical accounts suggest that tobacco taxation in Mughal India was both a symbol of state control and a significant source of revenue. The *Ain-i-Akbari* documents the introduction of duties on agricultural commodities, and scholars note that by the seventeenth century, tobacco cultivation contributed to regional tax collections. Even during Emperor Jahangir's brief prohibition (1617–1619), tobacco continued to circulate through unofficial trade routes, reflecting its economic value. Provincial governors often imposed local duties, and later Mughal administrators began regulating the transport and sale of tobacco through *mohurs* (permits). These early fiscal controls laid the foundation for the excise practices that evolved under British rule.

Under British rule, taxation shifted toward indirect excise duties designed to maximize profits for colonial interests. By the nineteenth century, excise systems such as *Abkari* were well established, while preferential tariffs supported British cigarette manufacturers. The British Crown later consolidated tax policies across presidencies, introducing protective duties that encouraged the growth of local production under foreign control.

After independence, India expanded the colonial framework, imposing excise duties on bidis and chewing tobacco and adding new cesses and welfare-linked surcharges. The shift from *ad valorem* to specific duties was a significant innovation, improving administration while retaining revenue focus. From 2005 onwards, a Value-Added Tax (VAT) was introduced, with rates varying by state and product. Consequently, the effective tax rate on tobacco products differed both across states and among different types of tobacco products within each state.

The most significant reform occurred in 2017 with the introduction of the Goods and Services Tax (GST), which overhauled India's indirect taxation system. Under this reform, tobacco products were placed in the highest tax slab. A compensation cess was also applied to most tobacco products, except for bidis. The overall tax burden on tobacco products, however, remained largely unchanged post-GST compared to pre-GST, except for bidis, whose tax burden increased. However, GST brought uniformity in taxation across states for a given type of tobacco products, as VAT was subsumed into the GST. The differential tax rates between products, however, remained.

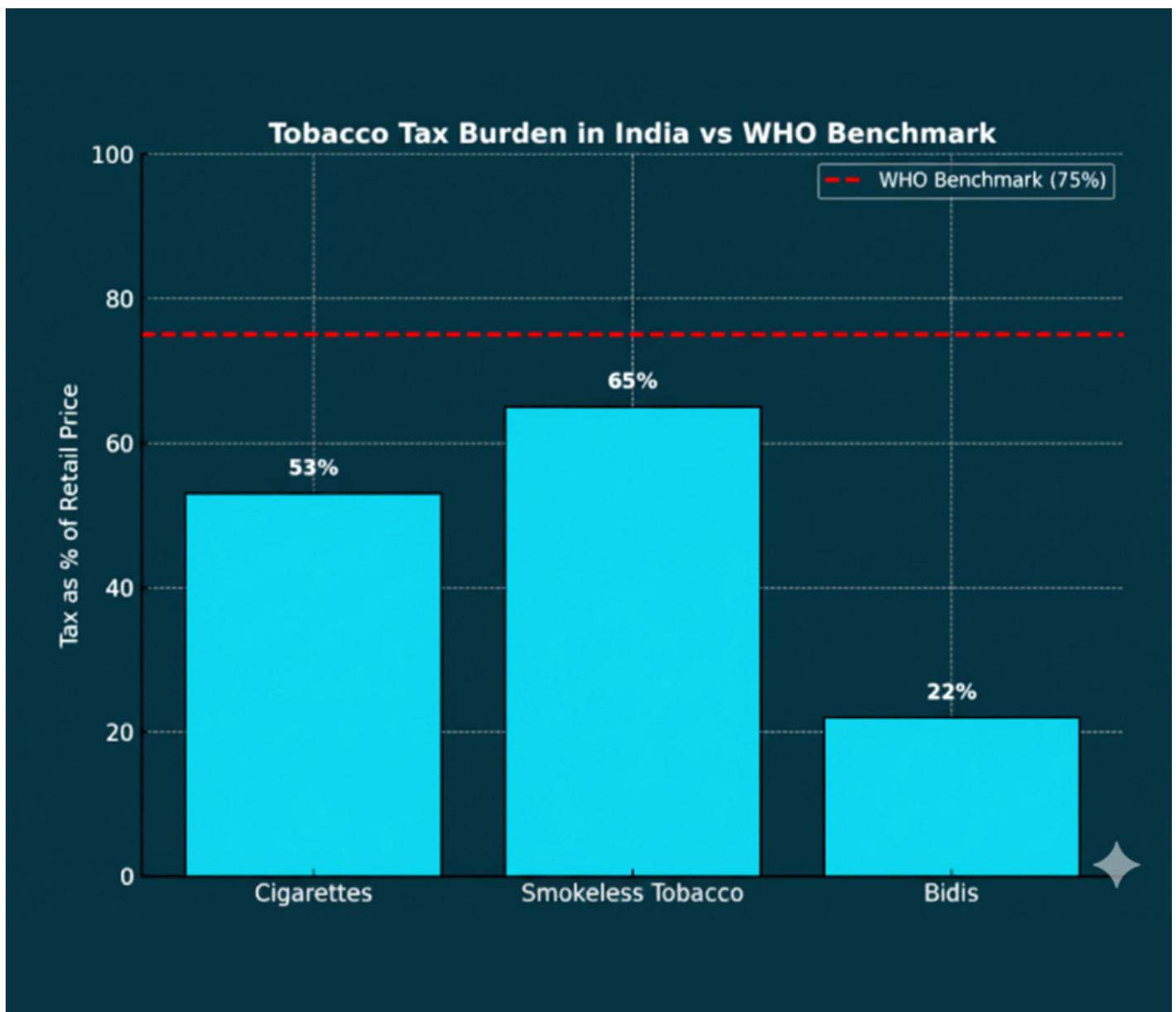


India's Tobacco Taxation Landscape Today

India is home to more than 270 million tobacco users, consuming cigarettes, bidis, and a wide range of smokeless tobacco products. This product diversity has created a highly complex taxation landscape. Despite reforms, current tax burdens remain far below the WHO-recommended benchmark of 75% of retail price. Cigarettes face a tax incidence of about 53 percent, smokeless tobacco around 65 percent, while bidis have the lowest tax burden of only 22 percent under the existing structure. At its 56th meeting, held on 3rd September 2025, the GST Council proposed reducing the GST rate on bidis from 28% to 18% and on tendu leaves (used for rolling bidis) from 18% to 5%. Conversely, the GST on cigarettes and smokeless tobacco products was proposed to increase from the current 28% to 40%. These proposed revisions are scheduled to take effect from 1st April 2026, or upon the expiry of the compensation cess, whichever is earlier. As currently proposed, the changes are expected to make bidis even more affordable than at present, while having no significant impact on the affordability of cigarettes and smokeless tobacco products.

The current tax structure, along with the changes proposed by the GST Council, yields a highly uneven taxation regime across various tobacco products. Evidence from previous studies indicates that

while non-cigarette tobacco products account for nearly 85% of total tobacco consumption, they contribute only about 15% of total tax revenue. The tax burden remains disproportionately concentrated on cigarettes, leaving products such as bidis—predominantly consumed by low-income populations who bear the most significant burden of tobacco-related morbidity and mortality—relatively affordable. This structure runs counter to the principles of tobacco taxation outlined in the WHO Framework Convention on Tobacco Control (FCTC), which advocates for uniformly high taxation across all tobacco products to reduce consumption and safeguard public health effectively. Unless tobacco tax reforms narrow the tax differentials between product categories and substantially increase the overall tax burden on all tobacco products, India's taxation policy will continue to fall short of its full public health potential. Evidence shows that lowering tobacco taxes increases affordability, leading to higher consumption and undermining health outcomes, especially among poorer populations. With the economic cost of bidi smoking already surpassing ₹805 billion per year, maintaining or increasing taxes on these products is not only a fiscal necessity but also a life-saving public health intervention.



Global Lessons for India: Learning from Success Stories

Countries worldwide have shown that bold taxation policies can significantly reduce tobacco use and strengthen public health systems. In the Philippines, the landmark Sin Tax Reform Law of 2012 substantially increased excise duties and earmarked the revenues for universal healthcare. As a result, adult smoking prevalence declined from 28.2% in 2009 to 18.5% by 2021, while a decline was also observed in the youth aged 13 to 15 years old from 17.5% in 2007 down to 10% in 2019.

Thailand's experience demonstrates how sustained excise hikes can reduce smoking rates: Modelling studies suggest that successive 15% annual cigarette tax increases could lead to a 13.4% relative decline in male smoking prevalence by 2025, while earlier policies between 1991 and 2006 achieved approximately a 25% fall in national smoking rates.

In Brazil, continuous tax increases have been instrumental in reducing tobacco consumption; a 10% rise in cigarette prices was estimated to decrease consumption by 5%, while improving fiscal revenue and protecting low-income families.

Similarly, Turkey's excise tax reforms between 2008 and 2012

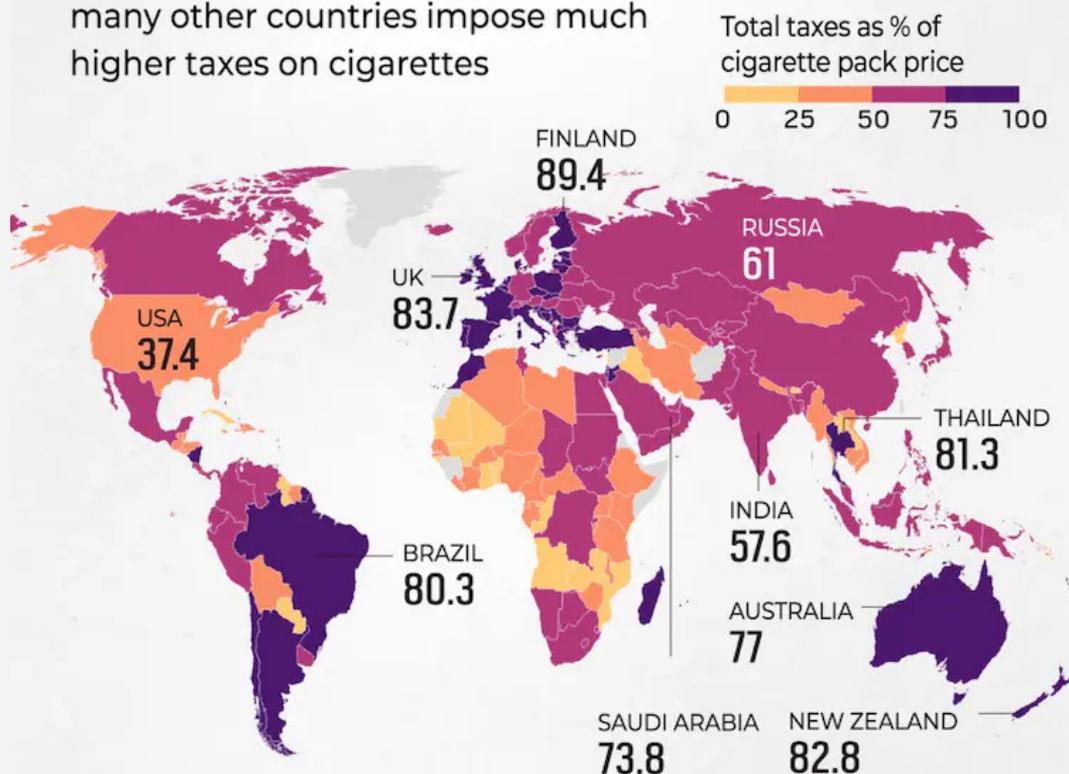
raised retail cigarette prices by about 42.1%, resulting in a drop in smoking prevalence by 14.6%, especially among young and low-income populations.

Australia's consistent annual excise hikes, combined with plain packaging legislation, reduced adult smoking prevalence from 16.1% in 2011–12 to 13.8% in 2017–18 and 10.6% in 2022, one of the lowest rates globally.

In South Africa, smoking prevalence fell from about 32% in 1993 to 24% in 2003, mainly due to excise tax and price increases. Together, these international examples demonstrate that taxation is not merely a fiscal strategy but a proven public health intervention. However, as discussed in the previous section, the taxation landscape for tobacco in India indicates that tobacco taxes have not been effectively utilized as a tool to regulate consumption. The country still has significant progress to make in reforming its current tobacco tax structure to align with international best practices, as recommended by the WHO FCTC and successfully implemented in several other countries.

Low Tax on Cigarettes in India

Brazil, Greece, Thailand, UK and many other countries impose much higher taxes on cigarettes



Livelihoods Beyond Tobacco: Building a Just Transition



Tobacco taxation policies must also address the concerns of workers and farmers who depend on the bidi and tendu leaf industries for survival. In states like Madhya Pradesh, Chhattisgarh, and Odisha, tendu leaf collection is a seasonal livelihood for tribal communities. Similarly, bidi rolling employs millions of women, often in exploitative, low-paying conditions.

Instead of keeping taxes low in the name of “protecting jobs,” the government can invest tobacco tax revenues in alternative

livelihood programs—such as skill development, rural enterprises, and social protection schemes.

Successful transition models exist: in Bangladesh, tobacco farmers have been supported to switch to food crops, while in Kenya, farmers are moving towards sustainable alternatives. India, too, can ensure that a stronger taxation policy is coupled with social justice, helping workers move out of exploitative industries while safeguarding public health.



Strengthening Tobacco Taxation in India: Pathway to Policy Reform and Public Health Gains

Public health leaders and economists agree that taxation is the cornerstone of India's tobacco control efforts. Yet, taxation by itself cannot succeed in isolation. It must be integrated with broader strategies, including cessation support, awareness campaigns, and policies aimed at reducing industry interference.

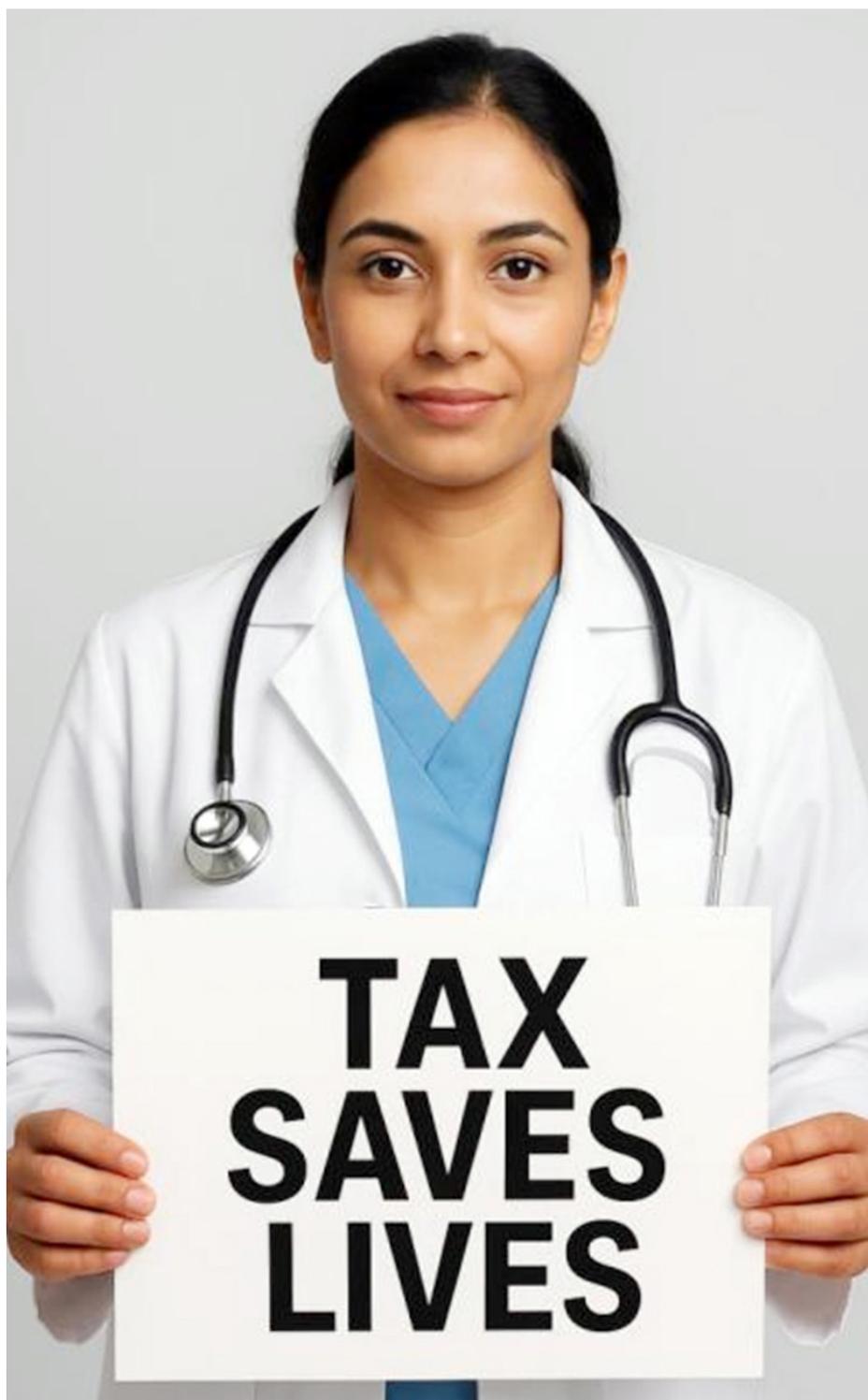
A pathway to reform begins with uniform, predictable taxation across all tobacco products, eliminating differential rates that encourage substitution from costlier to cheaper forms. Closing exemptions for small-scale bidi manufacturers and tiered systems is essential to achieve equity. Taxes should also be regularly

adjusted to account for inflation and income growth so that products do not become more affordable over time.

Equally important is framing taxation primarily as a public health measure, not just a fiscal tool. Higher revenues generated through tobacco taxes must be channelled into health and welfare programs—strengthening cessation services, supporting alternative livelihoods, and funding community health initiatives. This dual focus on health and equity can ensure taxation has long-term social benefits.

Key Recommendations

- Implement a uniform and predictable taxation system across all tobacco products—including bidis and smokeless forms—to ensure fiscal equity, prevent substitution, and curb tax avoidance.
- Make specific excise duties an important part of the taxation structure on all tobacco products
- Gradually reduce the number of tiers of cigarettes to a maximum of 2 tiers for taxation and eventually phase out these tiers completely.
- Reconsider GST exemptions on small businesses engaged in tobacco production and distribution..
- Position taxation as a public health intervention, complemented by sustained health promotion, cessation support, and harm reduction strategies to maximize health gains.
- Earmark and reinvest tobacco tax revenues into health and welfare programmes—supporting cessation services, alternative livelihoods for tobacco workers, and community-based health initiatives.
- Establish a robust monitoring system to track consumption and detect product substitution from higher- to lower-taxed forms, supported by data analytics and market surveillance.
- Standardize packaging and labelling requirements across all tobacco products, particularly smokeless tobacco products, to improve consumer awareness, discourage use through clear health warnings, and to improve the efficiency of taxation.
- Integrate taxation and control policies with national development priorities, such as *Viksit Bharat@2047*, to enhance intersectoral collaboration and public support for a tobacco-free India.



Spain plans smoking ban at bar terraces, beaches and stadiums

On 9 September 2025, the Spanish government introduced a draft law to extend its smoking ban outdoors, covering the terraces of bars and restaurants, stadiums, bus stops and other public outdoor spaces. The proposal also covers e-cigarettes and vaping devices, banning their use in these locations and treating them the same as conventional cigarettes. Health Minister Mónica García Gómez stated that measure prioritises public health over private interests. The bill still needs parliamentary approval, and discussions continue about plain packaging and price increases, which were omitted from the draft.

Link: <https://www.reuters.com/business/healthcare-pharmaceuticals/spain-plans-smoking-ban-bar-terraces-beaches-stadiums-2025-09-09/>



Global Treaty Marks Anniversary in Fight Against Illicit Tobacco Trade

On 25 September 2025, the Secretariat of the Protocol to Eliminate Illicit Trade in Tobacco Products — the first Protocol under the WHO Framework Convention on Tobacco Control (WHO FCTC) — marked its seventh anniversary. Since entering into force in 2018, around 70 governments have joined the Protocol. Illicit trade in tobacco products remains an estimated 11 % of the global tobacco market, costing governments over US \$47 billion in tax revenue annually. The event highlighted the need for stronger tracking, tracing and law enforcement to support tobacco taxation and control efforts.

Link: <https://fctc.who.int/newsroom/news/item/25-09-2025-global-treaty-marks-anniversary-in-fight-against-illicit-tobacco-trade?>

EU member states express scepticism over proposed tobacco tax reform

On 10 October 2025, the European Commission's proposal to increase excise duty on tobacco and e-cigarettes met resistance from many member states. While the Commission argued reforms were overdue, a number of countries voiced concerns over economic impact, smuggling, and the redistribution of tax burdens.



Source: <https://www.eunews.it/en/2025/10/10/tax-hikes-on-tobacco-and-e-cigarettes-member-states-skeptical-of-reform-proposal/>

Ireland raises excise duty and vape tax under Budget 2026

On 7 October 2025, the Irish Finance Minister announced a €0.50 increase in tax on a pack of 20 cigarettes and a €0.50 per ml tax on nicotine-containing e-liquids from November. The move makes Irish cigarettes among the most expensive in the EU, aimed at reducing youth initiation and consumption.



Source: <https://www.thesun.ie/health/15934151/smoking-ireland-budget-cigarettes-vape-alcohol-tax/>

Senegal's 100% Tobacco Tax increase sets the standard for a healthier and fairer Africa

On 18 September 2025, the Senegal legislature adopted Bill 17/2025, amending its General Tax Code to double domestic tobacco tax rates—among the highest in Africa. The increase serves as a model in the region to curb consumption and improve health equity outcomes.



Link: <https://taxjusticeafrica.net/resources/news/senegals-100-tobacco-tax-increase-sets-standard-healthier-and-fairer-africa?>

UN event celebrates 20 Years of the WHO FCTC in driving global action on NCDs

A special side event at the UN High-Level Meeting on Non-Communicable Diseases (NCDs) in New York, held on September 23, 2025, celebrated the 20th anniversary of the WHO Framework Convention on Tobacco Control (WHO FCTC).



The event, co-organized by groups including Cancer Research UK and the Global Alliance for Tobacco Control, positioned the FCTC as a blueprint for effective multilateral cooperation and an accelerator for the Sustainable Development Goals (SDGs). Speakers emphasized that the FCTC's successes—particularly in areas such as tobacco taxation—offer crucial lessons for broader NCD prevention strategies worldwide. The call to action emphasized the urgent need for a renewed global commitment, strong collaboration, and sustainable funding to build on the FCTC's progress and curb the ongoing NCD crisis ahead of COP11.

Source: <https://fctc.who.int/newsroom/news/item/23-09-2025-un-event-celebrates-20-years-of-the-who-fctc-in-driving-global-action-on-ncds>



GST Council defers rollout of 40 % tax on tobacco and pan masala



On 3 September 2025, the GST Council announced that it would delay the implementation of a proposed 40% tax on tobacco and pan-masala products under the GST 2.0 reform, leaving these categories for a later phase outside the September rollout. This decision drew criticism from public health experts who argue that postponing higher tax rates weakens tobacco control efforts and allows continued affordability of harmful products.

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

India launches “Tobacco-Free Youth Campaign 3.0

On 9 October 2025, the Ministry of Health and Family Welfare (MoHFW) launched the “Tobacco-Free Youth Campaign 3.0”, a 60-day nationwide initiative aimed at preventing the initiation of tobacco use among



youth. The campaign emphasises the enhanced enforcement of the Cigarettes and Other Tobacco Products Act, 2003 (COTPA), including the banning of sales to minors and within 100 yards of educational institutions as well as the regulation of e-cigarettes under the Prohibition of Electronic Cigarettes Act, 2019. Schools, villages, social media, and youth volunteers form the backbone of the outreach.

Source: <https://www.mohfw.gov.in/?q=en%2Fpress-info%2F9413&>

Fourth national tobacco-testing laboratory inaugurated in Bengaluru

On 15 October 2025, the National Institute of Mental Health and Neurosciences (NIMHANS) in Bengaluru inaugurated India’s fourth National Tobacco Testing Laboratory (NTTL).



The facility is equipped for advanced chemical and toxicological analyses of tobacco products, reinforcing regulatory oversight and research capacity. The move strengthens India’s ability to monitor product compliance, support policy via evidence, and align enforcement with public health goals.

Source: <https://timesofindia.indiatimes.com/city/bengaluru/fourth-national-tobacco-testing-laboratory-inaugurated-in-bengaluru/articleshow/124560097.cms?>

Himachal Pradesh launches ambulances & youth tobacco drive

On 11 October 2025, in Shimla, the Sukhvinder Singh Sukhu-led state government flagged off 26 advanced life-support ambulances and simultaneously launched a 60-day



“Tobacco-Free Youth” campaign, which will run until 8 December. The initiative prioritises enforcing tobacco-free zones in schools and villages, providing cessation services through 109 “Naye Disha” centres, and conducting school outreach to discourage adolescent use.

Source: <https://timesofindia.indiatimes.com/city/chandigarh/sukhu-flags-off-advanced-life-support-ambulances-launches-tobacco-free-youth-campaign/articleshow/124487427.cms?>

Kukke temple village in Karnataka begins tobacco-free drive

From 15 September 2025, the Subramanya village (near the Kukke Shri temple) in Karnataka prohibited the sale and use of all tobacco products in its jurisdiction. The Gram Panchayat initiated penalties for vendors, installed waste-collection booths, and mobilised schools, hospitals, and community organisations to turn the pilgrimage town into a tobacco-free zone.



Source: <https://timesofindia.indiatimes.com/city/mangaluru/kukke-temple-village-starts-tobacco-free-drive/articleshow/124368860.cms?>

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

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