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Resource Centre for Tobacco Control: Catalysing Collective Action for a Tobacco-Free India

From Institutional Efforts to Collective National Action Building a Tobacco-Free India



The Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh, is working to strengthen India's tobacco control response by bringing together knowledge, evidence, institutions and people towards a common goal: a tobacco-free India.

Through a multi-pronged approach encompassing knowledge management, research, capacity building, policy advocacy and institutional partnerships, RCTC supports the translation of evidence into action. Its national resource platform facilitates access to tobacco control policies, government orders, research, best practices and implementation resources. Its structured training programmes, including the Basic and Advanced Courses on Tobacco Control, are building a skilled network of professionals and practitioners across the country.

Recognising that lasting progress requires collective ownership, RCTC is now advancing institutional collaboration as a key strategy. A significant step in this direction is the NAMS State Chapters and professional association networks, which brings professional associations onto a common platform to strengthen advocacy, knowledge exchange and coordinated action. This collaborative framework is further expanding through the integration of the AIIMS Consortium and Medical College Consortium, with the vision of establishing a broader, coordinated Task Force that mobilises academic institutions, public health experts and professional networks.

The larger ambition is to move beyond isolated institutional efforts towards a connected national movement—where research informs policy, academic institutions drive implementation, professional associations strengthen advocacy, and collective expertise accelerates change. Through these interconnected efforts, RCTC is not merely facilitating tobacco control activities; it is helping build the institutional capacity, partnerships and collective momentum needed to advance India's tobacco-free future.

Editor's Speak



Health is shaped not merely by individual choices, but also by the commercial forces that influence the choices available to individuals and communities. The tobacco industry remains one of the most consequential examples of how commercial interests can undermine public health through aggressive marketing, policy interference, strategic litigation, misleading narratives and the deliberate shaping of public discourse.

The challenge of tobacco control, therefore, extends far beyond preventing tobacco use. It requires confronting the systems, structures and commercial practices that sustain the tobacco epidemic. This demands robust regulation, evidence-informed policymaking, effective implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), and unwavering protection of public health policies from vested commercial interests.

In this 46th edition of *Tobacco Free Times*, we turn our attention to the Commercial Determinants of Health, examining their implications for tobacco control and the collective responsibility of governments, public health institutions, academia and civil society in addressing them. The fundamental principle must remain clear: commercial interests must never take precedence over the right to health.

- Prof. Sonu Goel
Chief Editor, Tobacco Free Times,
President, Resource Centre for Tobacco Control,
PGIMER, Chandigarh

EXPERTS SPEAK



The RCTC–PGIMER, Chandigarh team is doing a wonderful job and taking the lead in several important tobacco control initiatives across the country. I had the privilege of being part of one of their national consultations, and it was truly a well-organised, thoughtfully structured and enriching experience. The consultation provided an excellent opportunity to engage with experts, exchange perspectives and be part of highly informative and insightful learning sessions. Heartiest appreciation to the entire RCTC team for their commendable efforts and continued contribution to strengthening tobacco control in India. Wishing the team many more successes!

Dr. Tejashwini,
State Program officer -NCD, Telangana



Heartiest congratulations to the entire RCTC–PGIMER, Chandigarh team!

Your unwavering commitment, relentless efforts and sustained dedication towards strengthening tobacco control advocacy and raising public awareness are truly commendable. Your work continues to make a meaningful difference in advancing the cause of a tobacco-free society. Keep up the excellent work and wishing the team many more milestones and successes in this important endeavour!

Best wishes,

Dr. Suman Saurabh,
Associate Professor, Department of Community Medicine and Family Medicine, AIIMS Jodhpur

PROJECT UPDATES

State-Level Workshop on "From Evidence to Action: Strengthening Capacity to Address Tobacco Industry Influence and Ensure Effective Implementation of WHO FCTC Article 5.3"

The Resource Centre for Tobacco Control (RCTC), Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, with technical support from Vital Strategies, organised a one-day state-level workshop titled *"From Evidence to Action: Strengthening Capacity to Address Tobacco Industry Influence and Ensure Effective Implementation of WHO FCTC Article 5.3"* on 1 October 2026 at Panjab University, Chandigarh. The workshop brought together 32 participants, including five experts, from Punjab, Haryana, and Himachal Pradesh. Participants represented multiple government departments, including Health (National Health Mission and National Tobacco Control Programme), School Education, Higher Education, and Police, reflecting the importance of a whole-of-government approach to implementing Article 5.3. Smt. Sakshi Sawhney, IAS, Mission Director, National Health Mission, Punjab, attended as the Chief Guest.



The workshop featured three technical sessions covering tobacco industry strategies and emerging nicotine products, India's progress in implementing Article 5.3, and institutional mechanisms for coordinated interdepartmental action. These sessions were followed by an interactive group exercise in which participants identified state-level implementation gaps and proposed priority actions. Key priorities included strengthening enforcement of the Cigarettes and Other Tobacco Products Act (COTPA), with greater involvement of the Police Department; improving interdepartmental coordination; ensuring adequate budgetary allocations; expanding public awareness through digital and multilingual communication; and strengthening preparedness to address emerging products, including oral nicotine pouches. The workshop provided a platform for multisectoral dialogue, knowledge exchange, and identification of actionable priorities. The recommendations emerging from the discussions will inform further state-level engagement to strengthen institutional capacity and support effective implementation of WHO FCTC Article 5.3.

Panel Discussion at EFICON 2026: "Tobacco Control by 2047 – From Policy to Action Towards Viksit Bharat"

On 3 October 2026, the Resource Centre for Tobacco Control (RCTC), PGIMER, Chandigarh, organised a panel discussion titled *"Tobacco Control by 2047: From Policy to Action Towards Viksit Bharat"* at the 7th Annual National Conference of the Epidemiology Foundation of India (EFICON 2026). The session was chaired by Dr. Umesh Kapil and Dr. Ashok Bhardwaj and moderated by Prof. Sonu Goel, who also delivered the keynote address. The discussion brought together experts from Vital Strategies, ICMR-NIOHR, ICMR-NIHR, AIIMS Bathinda, AIIMS Rishikesh, SIPHER, and the Himachal Pradesh National Tobacco Control Programme to deliberate on strategies for translating tobacco-control policies into effective implementation.

Key discussions focused on strengthening enforcement of the Cigarettes and Other Tobacco Products Act (COTPA) and accountability mechanisms; safeguarding public health policymaking from tobacco industry interference through effective implementation of WHO FCTC Article 5.3; integrating tobacco cessation into routine health programmes, including tuberculosis care; and addressing smokeless tobacco and bidi use, with attention to the occupational health and livelihoods of bidi workers. Panellists also highlighted the environmental consequences of tobacco waste, the need for surveillance of emerging nicotine products among young people, and the potential of digital technologies and GIS-based systems to strengthen enforcement, including a proposed QR-code-linked vendor licensing system. Drawing on state-level experiences, including Himachal Pradesh's tobacco-free panchayat initiatives, the panel emphasised the importance of setting ambitious, time-bound tobacco-endgame targets and strengthening coordinated, whole-of-government action. The discussion reinforced the need to bridge the gap between policy commitments and implementation to accelerate progress towards a tobacco-free India well before 2047, contributing to the broader vision of Viksit Bharat.



Release of the World No Tobacco Day 2026 Report by the AIIMS Consortium for Tobacco Control and the Consortium of Medical Colleges for a Tobacco-Free India

During the month, the Resource Centre for Tobacco Control (RCTC), PGIMER, Chandigarh, compiled and released the consolidated report documenting World No Tobacco Day (WNTD) 2026 activities undertaken by the AIIMS Consortium for Tobacco Control and the Consortium of Medical Colleges for a Tobacco-Free India. The activities were conducted in alignment with the WHO theme, "Unmasking the Appeal: Countering Nicotine and Tobacco Addiction," under the banner "One Nation, One Vision: Medical Institutes United Against Tobacco." The report documented initiatives undertaken by 20 institutions, comprising 10 AIIMS and 10 medical colleges. Key activities included community and school-based awareness sessions, nukkad nataks, rallies, pledge ceremonies, oral cancer screening camps, tobacco cessation counselling, training of ASHAs and healthcare workers, COTPA compliance checks around educational institutions, poster and reel competitions, hackathons, webinars, and media outreach. Notable achievements included the registration of 448 patients at the Tobacco Cessation Centre of AIIMS Bathinda, outreach to over 700 beneficiaries by AIIMS Raebareli, and the organisation of 30 awareness activities by Aarupadai Veedu Medical College, Puducherry. Several institutions also uploaded Conflict of Interest declarations on their official websites in accordance with Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC) and undertook initiatives towards achieving Tobacco-Free Campus status. The consolidated report was disseminated to all member institutions and relevant stakeholders to document achievements, facilitate knowledge sharing, and strengthen coordinated efforts towards a Tobacco-Free India.



EFICON Game Zone – Supported by RCTC



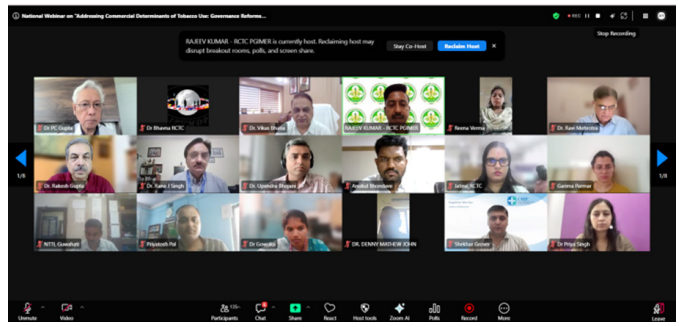
The stall showcased RCTC's resources, including publications and editions of its bi-monthly newsletter, Tobacco Free Times, which delegates could access through QR codes. It also hosted a series of educational competitions: a tobacco cessation-themed Ludo game, a painting competition in which participants created tobacco-control messages, and a Spin the Wheel game in which participants picked chits and completed tobacco-control tasks. The activities drew enthusiastic participation, and more than 60 awards were presented to delegates from across the country. The initiative showed how engaging, game-based approaches can effectively reinforce tobacco-control knowledge among public health professionals and researchers.

45th Edition of Tobacco Free Times Released at EFICON 2026

The Resource Centre for Tobacco Control (RCTC), Department of Community Medicine & School of Public Health, PGIMER Chandigarh, released the 45th edition of its newsletter Tobacco Free Times on 1st October 2026 during EFICON 2026, held at Punjab University, Chandigarh. The newsletter was released by Ms Sakshi Sawhney,IAS, Mission Director NHM, Punjab. This edition focuses on oral nicotine pouches (ONPs), an emerging category of nicotine products marketed as "tobacco-free". It highlights evidence from India showing 68 ONP brands and 445 flavour variants already in the market, with nicotine content ranging from 2 mg to 120 mg per pouch. It also reviews global regulatory responses and calls for timely, evidence-informed regulation to prevent a new generation of nicotine dependence among young people. The edition also features a message from the Editor, Prof. (Dr.) Sonu Goel, expert perspectives, and updates on RCTC's recent activities: national webinars on nicotine pouches and on commercial determinants of tobacco use, the AIIMS Consortium White Paper review meeting, and manuscript-writing workshops. Releasing it at EFICON 2026 helped share this evidence with epidemiologists, public health professionals and young researchers from across the country.



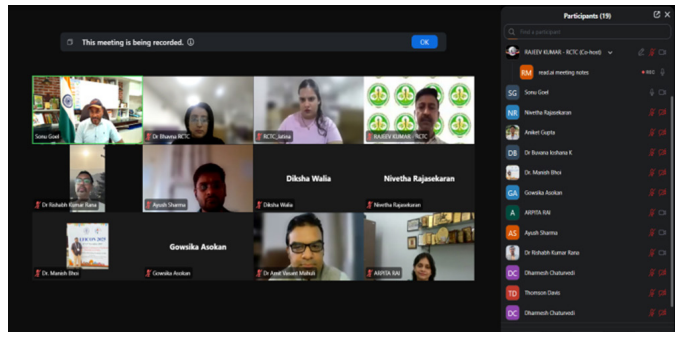
National Webinar on "**Addressing Commercial Determinants of Tobacco Use: Governance Reforms Beyond the Health Sector"**
A webinar on Commercial Determinants of Health (CDoH) in tobacco control was held on 1 September 2026 (11:00 AM–1:00 PM), organized by RCTC in collaboration with Vital Strategies and C-CDOH, Institute of Public Health, Bengaluru. It brought together 18 experts from tobacco control, public health, academia and policy for expert presentations and an interactive panel discussion, concluding with remarks by Prof. Sonu Goel; the session saw strong engagement, with discussion extending beyond the scheduled time. The key takeaway was the need for India to shift from fragmented regulation to a coordinated national CDoH governance framework integrating COTPA, taxation, the National Tobacco Control Programme and Article 5.3, along with transparency, conflict-of-interest safeguards, industry-interference protection, digital marketing surveillance, fiscal measures and whole-of-government coordination.



Research Workshops on qualitative , quantitative and review studies

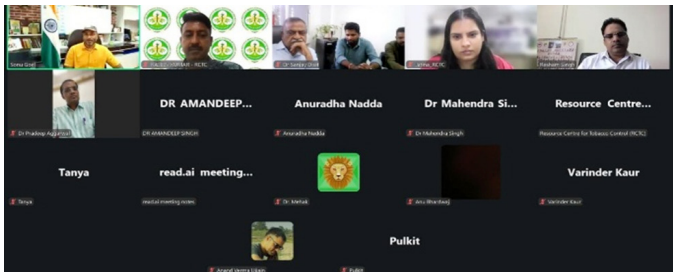
RCTC, PGIMER Chandigarh, organized a series of three manuscript writing workshops for participants working on different study designs. The first, held on 26 August 2026, focused on manuscript writing for systematic reviews, meta-analyses, scoping reviews and narrative reviews, covering review methodologies and PICO(S) formulation, protocol registration on PROSPERO/OSF, data extraction and critical appraisal, statistical meta-analysis (effect measures, heterogeneity, PRISMA diagrams and forest plots), and GRADE certainty-of-evidence assessment. This was followed on 27 August 2026 by a workshop on manuscript writing for primary and secondary quantitative data analysis and commentary articles, which addressed formulating research questions and objectives, methodology for quantitative data analysis, common statistical methods, designing figures and tables, and reference management using EndNote.

The third workshop, held on 2 September 2026, addressed manuscript writing for qualitative studies, covering qualitative research designs, methodology (sampling strategies and data collection through IDIs/FGDs), approaches to qualitative data analysis (thematic, framework, grounded theory and content analysis), development of coding frameworks, and use of qualitative analysis software such as NVivo, ATLAS.ti and MAXQDA.



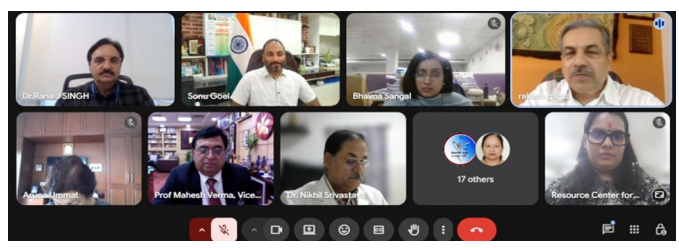
Orientation Meeting on Baseline Assessment of Article 5.3 Implementation in Five Focused States

An online orientation meeting for the nodal persons and study teams involved in the "Baseline and Endline Assessment of Article 5.3 Implementation in Five Focused States (Himachal Pradesh, Haryana, Punjab, Uttarakhand, and Madhya Pradesh)" was conducted on 24 August 2026 from 4:00 PM to 5:00 PM.
The meeting aimed to familiarise the state teams with the study objectives, assessment methodology, data collection procedures, and roles and responsibilities related to the baseline assessment. The FGD and IDI guides were also discussed to facilitate a common understanding of the qualitative assessment component. The orientation provided an opportunity for the nodal persons, field investigators, and other members of the state teams to seek clarifications regarding the study methodology and operational processes. The meeting concluded with emphasis on coordinated implementation, adherence to the study protocol, and active collaboration among the state teams to ensure standardised and effective conduct of the assessment across all five states.



Inaguration of the Consortium of Association for Tobacco Free India

On 13 October 2026, RCTC, PGIMER Chandigarh, launched the Consortium of Associations for a Tobacco-Free India at a virtual meeting chaired by Prof. (Dr.) Sonu Goel, President, RCTC. The meeting had 31 participants, including Guests of Honour Dr. Prakash C. Gupta, Dr. Rakesh Gupta and Dr. Rana J. Singh. Also present were representatives of medical, dental, nursing and public health associations such as EFI, FOGSI, IACC, AOMSI, ISPPD, NRSI, ISPN and the Indian Cancer Society. The consortium aims to build a national, multi-sectoral network that turns tobacco control policy and the NAMS Task Force recommendations into action, builds capacity, generates evidence and supports advocacy. RCTC presented a 10-point agenda of support it will offer member associations and a matching set of deliverables expected from them. Members proposed several collaborations, including a joint position paper with FOGSI, a joint statement with IACC and publicising the consortium in association journals. Each association will nominate two nodal persons, submit an institutional action plan and sign an MoA, and the first quarterly review meeting is planned for January 2027.



Commercial Determinants of Health and Tobacco Control

1 Understanding the Commercial Determinants of Health

1.1 Concepts and Frameworks

The commercial determinants of health (CDoH) refer to the ways in which commercial actors, their products and business practices, and the wider systems in which they operate influence population health and health equity. Their effects can be beneficial, through the provision of goods, employment and innovation, or harmful, when business practices promote products that contribute to disease, influence consumption patterns or undermine public health policies.[1] While the social determinants of health examine the social and economic conditions that shape people's health, the CDoH perspective also considers how commercial actors influence these conditions and whose interests they serve.

Commercial influence operates through several interconnected pathways. These include the products being sold; marketing strategies that shape consumer preferences and demand; pricing and distribution practices that influence product availability and affordability; and efforts to shape scientific evidence, public debate and policy decisions.[1] Commercial power can be exercised directly through lobbying, political donations and litigation; structurally, when governments and communities depend on particular industries for employment, investment or revenue; and discursively, when health-related issues are presented as matters of individual responsibility or consumer freedom rather than being linked to wider commercial influences.

The CDoH perspective does not disregard individual choice or responsibility. Rather, it recognises that people's choices are influenced by the products available to them, how these products are marketed and the policy environments in which they make decisions. In tobacco control, therefore, addressing tobacco use requires more than encouraging individuals to quit. It also requires action on the commercial practices and policy environments that sustain tobacco production, promotion and availability.

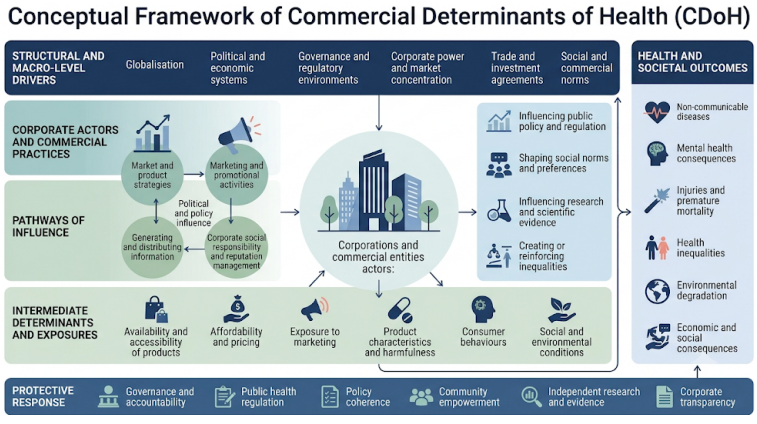


Figure 1. CDoH conceptual framework.

1.2 Commercial Environments and Inequalities

Commercial environments shape everyday consumption by influencing which products people encounter, how easily they can access them and how they are perceived socially. The density of retail outlets, convenience of access and product displays determine people's exposure to different products. Advertising, sponsorship, packaging and digital content further shape consumer preferences by associating products with identity, lifestyle and social belonging. These practices can normalise the consumption of harmful products, particularly among young people.

Beyond exposure and visibility, the affordability of products also influences consumption patterns. Product prices in relation to household income determine how accessible they are to different population groups. Taxation is therefore an important public-health instrument for influencing affordability and consumption. However, its impact may be weakened when incomes rise faster than product prices or when cheaper alternatives remain available. Importantly, these commercial influences and their consequences are not equally distributed. Lower-income households may face a disproportionate financial burden from tobacco expenditure, while tobacco-related illness adds to this burden through healthcare costs and lost earnings. Similar commercial influences affect the consumption of alcohol, sugar-sweetened beverages and ultra-processed foods, although differences in their products, health impacts and regulatory contexts call for tailored policy responses.

1.3 Business Models and the Distribution of Health Costs

Commercial organisations generally seek to generate revenue, expand market share and maximise profits. However, concerns arise when these objectives depend on increasing the consumption of harmful products, sustaining demand despite known health risks or shifting the costs of resulting harm onto others. The tobacco industry illustrates this conflict particularly clearly: maintaining a continuing consumer base runs counter to public-health efforts to prevent tobacco initiation and promote cessation. While companies generate revenue from tobacco sales, the associated costs, including healthcare expenditure, productivity losses, household financial hardship, premature mortality and environmental damage, are borne largely by users, families, health systems and governments. These costs disproportionately affect people living in poverty.[1]

This imbalance between commercial gains and societal costs also creates challenges for governments. Industries that contribute to

employment, investment and tax revenue may simultaneously generate substantial health and economic costs. Dependence on these industries can create competing priorities and pressure to delay or weaken public-health measures. Commercial actors may further influence public debate by emphasising individual responsibility and their economic contributions, shifting attention away from their own business practices and influence over policy. Understanding these dynamics requires four key questions: Who benefits from commercial activities? Who bears their costs? Who shapes the public narrative? And who influences the rules governing the market?

2 Commercial Influence Across Products and Markets

2.1 Shared Strategies and Sector Differences

Commercial actors across sectors such as tobacco, alcohol, ultra-processed foods, sugar-sweetened beverages and gambling employ overlapping strategies to expand markets, influence consumer behaviour and shape policy environments. These include advertising, brand promotion, sponsorship, product innovation, pricing strategies, retail expansion and digital marketing. Such practices associate products with particular lifestyles and social identities while increasing their visibility and accessibility, with potentially greater effects on populations more exposed or vulnerable to commercial influence.[1]

Despite these common strategies, the products and markets differ in their characteristics, health consequences and regulatory requirements. Tobacco is addictive, and no level of tobacco use is safe, making prevention of initiation, cessation and reduced consumption central public-health priorities. Alcohol-related harms vary according to consumption patterns and levels of use. Since food is essential for health and survival, policies must distinguish between foods that support healthy diets and products whose composition and marketing contribute to unhealthy dietary patterns. Gambling presents different concerns, including financial losses, psychological harm and dependence. These differences call for regulatory approaches tailored to the specific characteristics and health implications of each sector.

Tobacco also has a distinct international policy safeguard. Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC) requires Parties to protect public-health policies from the commercial and other vested interests of the tobacco industry. Although commercial influence and conflicts of interest are relevant across sectors, tobacco has a specific treaty-based obligation addressing these concerns. Cross-sector comparisons can help identify common commercial strategies and inform approaches to monitoring and managing conflicts of interest, while recognising the need for sector-specific regulatory responses.

The reach of Article 5.3 also depends on how the "tobacco industry" is defined. Existing definitions tend to focus on the manufacture and marketing of combustible products and often leave out industry-funded researchers, retailers, front groups and tobacco growers, as well as newer products such as synthetic nicotine. A 2026 commentary in Nicotine & Tobacco Research therefore recommends the broader term "commercial tobacco and nicotine industry". It covers entities involved in the commercial manufacture, marketing, distribution or sale of tobacco and/or nicotine products, other than sacred or ceremonial tobacco and nicotine medicines meeting evidence-based therapeutic standards. It also covers parent companies, subsidiaries, industry-funded researchers and any entity controlled by, acting for or collaborating with the industry; recipients of industry financial, strategic or material support are treated as collaborators or affiliates. Companies making nicotine products solely for evidence-based therapeutic use, with no links to the tobacco industry, fall within the pharmaceutical sector instead. A clearer definition helps close loopholes through which industry interests can enter research, policy and regulation.[7]

3 Tobacco Industry Practices and Commercial Influence

3.1 Products, Marketing and Consumption

The tobacco market in India comprises a diverse range of products, including cigarettes, bidis and smokeless tobacco such as khaini, gutkha and zarda. These products vary in their forms of use, pricing and availability, shaping consumption patterns across population groups. Although cigarettes receive considerable attention in tobacco-control policies, bidis and smokeless tobacco account for a substantial proportion of tobacco use in India. The availability of inexpensive products and small retail packs further broadens access across income groups, making it important for tobacco-control measures to address the entire product market rather than focus on individual categories.

The tobacco industry also uses packaging, product presentation and retail channels to maintain product visibility and influence consumer perceptions. Despite restrictions under the Cigarettes and Other Tobacco Products Act (COTPA), indirect promotion and product visibility may persist, particularly at points of sale. These practices, together with differences in taxation across product categories, can influence product appeal, relative affordability and consumer choices, including the possibility of switching between products rather than quitting. Comprehensive tobacco control therefore requires consistent enforcement of advertising and promotion restrictions, effective packaging regulations and taxation measures that address all tobacco products.

3.2 Digital Promotion and Emerging Nicotine Products

Digital platforms have expanded the reach and forms of tobacco promotion beyond conventional advertising channels. Social media, video-sharing platforms and influencer content can expose audiences, particularly young people, to tobacco-related material repeatedly, often blurring the boundaries between advertising, entertainment and personal expression. Recommendation algorithms and targeted content further extend this reach, while commercial associations may not always be clearly disclosed. Tobacco imagery in films and web series can also shape perceptions and normalise tobacco use. Recognising these concerns, The WHO FCTC Article 13 guidelines address tobacco advertising, promotion and sponsorship across media, including cross-border promotion and tobacco imagery in entertainment content.

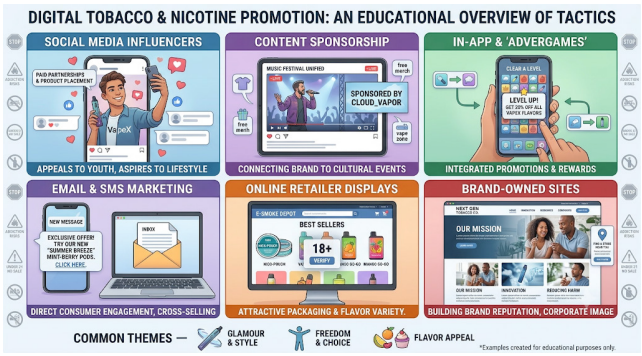


Figure 2. Examples of digital tobacco promotion.

These challenges are compounded by the emergence of new nicotine products and their promotion through digital channels. E-cigarettes, heated tobacco products and other novel nicotine products are often presented through product innovation, appealing designs and lifestyle-oriented messaging, potentially increasing their appeal among young people. In India, the Prohibition of Electronic Cigarettes Act (PECA), 2019 prohibits the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes. However, digital content can be rapidly removed, reposted and circulated across national boundaries, making monitoring and enforcement difficult. Addressing these practices requires effective implementation of existing restrictions, greater platform accountability, transparency in paid promotions and timely mechanisms to identify and remove prohibited content.

3.3 Corporate Political Activity and Interference

The tobacco industry seeks to protect its commercial interests and influence the regulatory environment through lobbying, participation in policy consultations and legal challenges. It may also portray public-health regulations as threats to trade, employment or consumer choice, while using think tanks, public-relations firms and consultants to advance its positions, sometimes without disclosing their affiliations. Corporate social responsibility (CSR) initiatives serve a similar purpose by building institutional relationships and enhancing corporate reputation. The WHO FCTC Article 5.3 guidelines therefore recommend rejecting industry partnerships and denormalising or regulating such activities. The industry may also promote voluntary agreements that lack enforceable standards and fund research that influences policy debates. Transparency in research funding and conflicts of interest, together with independent assessment of evidence, is essential to safeguard policy decisions.[2]

Interference also operates through science. The industry funds, publishes and promotes favourable research, and promotes its own versions of "sound science", while discrediting or sidelining independent evidence that threatens profits. These tactics resemble those used by other harmful industries, including fossil fuels, food and beverages and pharmaceuticals. Industry-funded bodies, such as the Foundation for a Smoke-Free World, and industry-sponsored conferences are examples of how legitimacy is sought among researchers and communities. Professional societies and institutions are therefore encouraged to adopt the broader definition of the industry above when setting policies on research funding, conference participation and engagement, in line with Article 5.3.[7]

Countering such interference requires safeguards across all government departments and levels, rather than within health ministries alone. Evidence from Indian states also points to gaps in awareness, oversight and the prioritisation of Article 5.3 beyond health departments, highlighting the need for a whole-of-government approach.[3]

4 Tobacco-Control Policy and Governance in India

4.1 Policy, Legislative and Institutional Framework

India's tobacco-control framework is based on the WHO Framework Convention on Tobacco Control (WHO FCTC), ratified in 2004, the Cigarettes and Other Tobacco Products Act (COTPA), 2003, the National Tobacco Control Programme (NTCP) and complementary legislation. Article 5.3 requires governments to protect tobacco-control policies from the commercial and other vested interests of the tobacco industry. Its guidelines recommend limiting industry interactions to those strictly necessary for regulation, ensuring transparency, rejecting partnerships and non-binding agreements, preventing conflicts of interest and avoiding preferential treatment.[2]

COTPA prohibits smoking in public places, restricts tobacco advertising, prohibits the sale of tobacco products to minors and within 100 yards of educational institutions, and mandates health warnings on product packaging. PECA, 2019 provides a separate prohibition on electronic cigarettes. The NTCP supports implementation through national, state and district structures, training and cessation services. However, the existence of this framework does not guarantee effective control, which depends on enforcement capacity, adequate resources, coordination and outcome-focused monitoring.

4.2 Fiscal Policy and Tobacco Taxation

Taxation is an important population-level measure for reducing tobacco consumption, discouraging initiation and encouraging cessation, particularly among young people and lower-income groups (WHO FCTC Article 6). Its effectiveness depends on affordability, as tax increases may have limited effects when incomes rise faster than prices or consumers shift to cheaper products. In India, differences in taxation across cigarettes, bidis and smokeless tobacco create an uneven tax structure. From 1 February 2026, most tobacco products became subject to 40% GST, while bidis attract 18%; the compensation cess was withdrawn and central excise duties introduced. This differential warrants monitoring of relative prices and possible substitution across products.[2]

Economic modelling also suggests that reducing tobacco use can generate longer-term economic gains. An India-specific study estimated that a fiscal policy achieving a 10% reduction in consumption could initially reduce GDP and employment, but after accounting for premature deaths averted, result in a net GDP increase of 0.22% and approximately 1.36 million additional jobs over five years.[2]

4.3 Taxation and Affordability

Taxation is among the most effective population-level measures, discouraging initiation and encouraging cessation, especially among young and lower-income groups (WHO FCTC Article 6). What matters is affordability, meaning retail price relative to income, since increases may be absorbed by manufacturers, outpaced by incomes or evaded by switching to cheaper products. In India, differing tax structures for cigarettes, bidis and smokeless tobacco create scope for substitution. From 1 February 2026, cigarettes and most other tobacco products attract 40% Goods and Services Tax (GST) and bidis 18%, the compensation cess was withdrawn and a central excise duty (Rs 2,050–8,500 per 1,000 cigarettes) was introduced; the lower bidi rate sharpens substitution concerns. Economy-wide modelling for India suggests that fiscal measures achieving a 10% fall in consumption would cause short-term GDP and job losses but a net gain once averted deaths are counted: about 0.22% of GDP and 1.36 million jobs over five years.

4.4 Whole-of-Government Action and Accountability

Tobacco control requires coordinated action across finance, commerce, agriculture, education, labour, information technology and local governance, as decisions in these sectors shape the tobacco market and its regulation. Article 5.3 safeguards therefore need to extend beyond health departments.[2] A 2026 assessment across 17 Indian jurisdictions identified limited awareness, weak oversight and low prioritisation of Article 5.3 outside health departments. It also highlighted the value of measures such as public display of requirements, orders issued by non-health departments, complaint mechanisms and restrictions on sponsorship.[4] Effective accountability requires nodal officers, interdepartmental coordination, declarations of interest, public disclosure and periodic reporting across levels of government.

5 Equity and Sustainability

5.1 Young People and Health Inequalities

The effects of commercial tobacco practices are not distributed equally across populations. Young people are particularly vulnerable to product promotion, visibility and retail availability, which can shape perceptions of tobacco use and contribute to initiation. Exposure through points of sale, digital platforms and entertainment media makes it important to address both direct promotion and the wider normalisation of tobacco use. Socioeconomic disadvantage can further increase the burden of tobacco use. For lower-income households, tobacco expenditure can compete with essential spending, while tobacco-related illness may deepen existing financial vulnerability. These patterns highlight the need for tobacco-control policies that address commercial exposure while ensuring equitable access to prevention and cessation support.

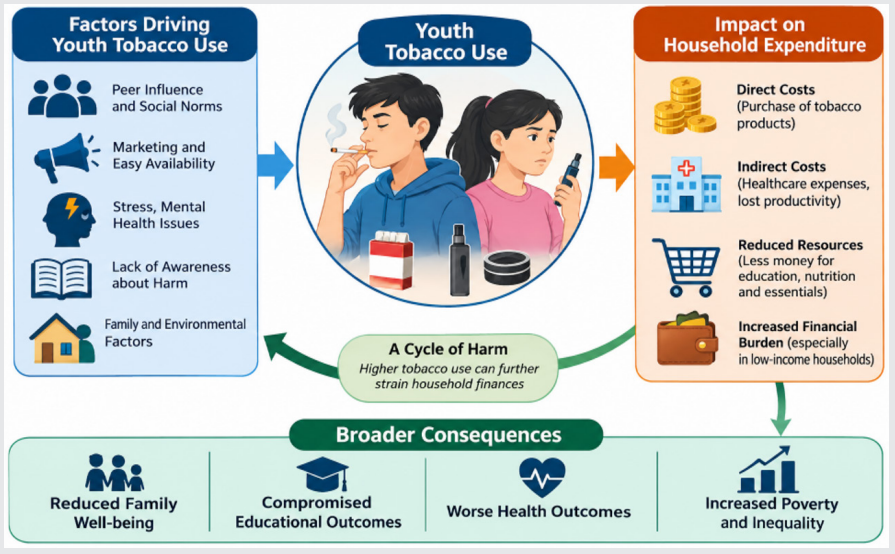


Figure 5. Youth tobacco use and household expenditure.

5.2 Livelihoods and Environmental Sustainability



Tobacco production has significant environmental and social costs, from the use of land, water and agrochemicals in cultivation to deforestation associated with curing and pollution from discarded filters and packaging. Workers face occupational risks at different stages of tobacco production. Those engaged in cultivation may experience green tobacco sickness, while bidi workers may be exposed to tobacco dust and other occupational hazards during processing and rolling. Women, who constitute a substantial part of the informal bidi workforce, face additional vulnerabilities. The largely informal and home-based nature of bidi work can also limit workers' access to occupational health protection and social security.

While tobacco cultivation and manufacturing support livelihoods, a sustainable transition requires viable alternatives backed by finance, technical support, markets and credit. Articles 17 and 18 of the WHO FCTC provide a basis for promoting economically viable alternatives for tobacco growers and workers and addressing the environmental and health consequences of tobacco production.[2] Corporate sustainability claims also require independent assessment across the product life cycle. Growers are part of the industry's upstream supply chain, and the broader definition above therefore includes them. However, accountability should rest with powerful corporate actors rather than with contract or smallholder growers, many of whom are drawn into extractive arrangements with limited choice. Policy should therefore combine scrutiny of the industry with supportive, non-punitive transition pathways for growers, consistent with Article 17.[7]

6 From Evidence to Action: Priorities for India

6.1 Lessons from Implementation

India has made progress in tobacco control. The decline in adult tobacco use recorded between successive Global Adult Tobacco Surveys indicates progress, although the pace and extent of implementation have varied across settings. Differences in administrative capacity, enforcement and coordination influence the effectiveness of tobacco-control measures. A realist evaluation of the National Tobacco Control Programme (NTCP) identified prioritisation, enforcement, collective action and accountability as important influences on implementation.

Similar challenges are evident in the implementation of Article 5.3. A 2026 assessment identified both gaps and enabling practices, including public display of requirements, orders issued by non-health departments, complaint mechanisms and restrictions on sponsorship.[5] At the global level, the WHO's 2025 progress report identified tobacco industry interference as a continuing constraint to implementation of the WHO FCTC, underlining the need for stronger safeguards and accountability.[6]

6.2 Monitoring Commercial Influence

Monitoring tobacco consumption alone does not capture the commercial practices and institutional factors that influence product availability and policymaking. Assessment should therefore extend to product availability and affordability, marketing practices, industry–government interactions, conflicts of interest and implementation of Article 5.3 safeguards.[3] The Global Tobacco Industry Interference Index assesses government performance against Article 5.3 recommendations, although it does not capture all forms of commercial influence. Monitoring should also apply a broad definition of the industry, tracking not only manufacturers but also affiliates, front groups, industry-funded research, sponsorship and CSR or ESG claims, as well as promotion of novel nicotine products and synthetic nicotine, rather than cigarettes alone.[7]

Monitoring also needs to extend to state and district levels, including retail availability near schools, regulatory compliance, product prices and tobacco promotion through digital platforms and entertainment media. Indicators should distinguish between policy adoption, implementation and changes in population outcomes. Such monitoring can help identify where regulatory provisions are not being translated into practice and where commercial influence continues to shape local markets or policymaking.

6.3 Priorities and the Way Forward

Addressing the commercial determinants of tobacco use requires action on the market practices and policy environments that sustain consumption. For India, the following priorities are important:

- **Legislation and enforcement:** Strengthen COTPA provisions relating to penalties, digital promotion, point-of-sale practices and packaging, while ensuring effective enforcement of existing e-cigarette restrictions and adequate resources for state and district tobacco-control structures.
- **Affordability:** Address differences in taxation across cigarettes, bidis and smokeless tobacco, monitor product prices in relation to income and strengthen access to cessation services.
- **Article 5.3 across government:** Establish clear administrative procedures, defined responsibilities, functional interdepartmental committees and transparent disclosure of industry interactions across government departments.[4]
- **Defining the industry:** Adopt a broad, contemporary definition of the tobacco and nicotine industry for Article 5.3 purposes, covering affiliates, front groups, industry-funded researchers and novel nicotine products, and apply it to research funding, partnerships, conferences and sponsorship decisions.[7]
- **Young people and equity:** Enforce restrictions on sales to minors, monitor digital promotion, strengthen tobacco-free schools and improve prevention and cessation services for underserved populations.
- **Livelihoods and environment:** Support alternative livelihoods, credit and social protection for tobacco farmers and workers, alongside measures to address the environmental costs of cultivation, manufacturing and waste.
- **Evidence and accountability:** Strengthen regular surveys, state-level monitoring, independent assessments and transparent reporting.

India's WHO FCTC commitments, the NTCP and state-level initiatives provide an important foundation for tobacco control. However, their effectiveness depends on consistent implementation, adequate enforcement and protection of policymaking from industry interference. Progress should be assessed not only through reductions in tobacco use, but also through improvements in institutional safeguards, reduced access to harmful products and a lower burden on vulnerable communities. Addressing the commercial determinants of health therefore requires tobacco-control efforts to consider the influence of markets, corporate practices and public institutions, with health and equity guiding policy decisions.

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Mongolia Adopts Sweeping Amendments to Its Tobacco Control Law



Mongolia's parliament, the State Great Khural, adopted amendments to the Law on Tobacco Control on 16 October 2026 to cut tobacco use, prevent related illness and deaths, and protect public health. WHO Director-General Tedros Adhanom Ghebreyesus publicly congratulated the country, calling the new rules a major gain for public health. Tobacco Insider describes the package as the first major overhaul in 13 years. It reportedly bans flavoured products and brings vapes under regulation. A former health minister, Chinburen Jigjidsuren, said the amendments were finalised at the parliament's plenary session. The change follows 2025 appeals from WHO for Mongolia to ban flavours and extend rules to e-cigarette devices. WHO estimates tobacco kills around 4,300 people in Mongolia every year. Enforcement is the open question. Local reporting notes that the first tobacco law dates to 1993 and has been revised eight times, yet enforcement remains weak.

Source: OncoDaily (WHO Director-General statement)
Source link: Tedros Adhanom Ghebreyesus: Proud to See Mongolia Strengthen Protections Against Tobacco-Related Harm

WHO FCTC Marks Eight Years of the Protocol to Eliminate Illicit Trade in Tobacco Products



25 September 2026 | WHO Framework Convention on Tobacco Control - The WHO Framework Convention on Tobacco Control marked eight years of the entry into force of the Protocol to Eliminate Illicit Trade in Tobacco Products, highlighting the importance of international cooperation in addressing the illicit tobacco trade. The Protocol is an international legal instrument designed to strengthen measures against the illegal manufacturing, distribution and cross-border movement of tobacco products.

The initiative promotes coordinated action through measures such as tracking and tracing systems, enhanced information-sharing, international cooperation and stronger enforcement mechanisms. These measures aim to prevent illicit trade networks from exploiting regulatory gaps and undermining national tobacco-control policies.

Illicit tobacco trade has significant implications for public health, government revenue and the effectiveness of tobacco-control legislation. It can facilitate the availability of tobacco products at lower prices, potentially increasing accessibility, particularly among price-sensitive populations.

The anniversary provided an opportunity to reaffirm the commitment of participating countries to implementing the Protocol and strengthening cooperation among customs authorities, law-enforcement agencies and public-health institutions.

Source: WHO Framework Convention on Tobacco Control
Source link: Eight years of the Protocol: strengthening international cooperation to eliminate illicit trade in tobacco products

Hong Kong Gazettes New Plain Packaging Requirements for Tobacco Products



Products - 11 September 2026 | Government of Hong Kong - The Government of Hong Kong published three pieces of subsidiary legislation introducing a new phase of tobacco-control measures, including statutory requirements for plain packaging of conventional smoking products. The legislative measures also provide for updated pictorial and textual health warnings on tobacco packaging.

Under the proposed requirements, tobacco packaging will no longer be permitted to display brand logos, distinctive colours, decorative elements, slogans and other promotional features. The objective is to reduce the attractiveness of tobacco products and limit the use of packaging as a marketing tool by the tobacco industry.

The legislation also provides for the revision of existing health warnings, which have been in use for eight years, to highlight the disabilities, disfigurement and reduced quality of life associated with tobacco-related diseases. Additionally, requirements to display tar and nicotine yields on packaging have been removed to avoid misleading consumers through descriptions such as low-tar and light cigarettes.

The measures are scheduled to take effect from March 2027, with full implementation following a transitional period.

Source: Government of the Hong Kong Special Administrative Region
Source link: Plain tobacco packaging gazetted

Australia Conducts Major Crackdown on Illicit Tobacco and Nicotine Networks



7 September 2026 | Australian Border Force (ABF) - The Australian Border Force, in collaboration with several federal, state and territory agencies, conducted a coordinated enforcement operation targeting suspected illicit tobacco and vaping distribution networks across Western Australia and the Northern Territory. The operation, conducted under the name Operation TEMPEST, focused on disrupting illegal supply chains operating through multiple business fronts.

The enforcement action resulted in the seizure of more than 1.77 million illicit cigarettes, 504 kilograms of loose-leaf tobacco, over 9,500 vaping devices and accessories, and 6,310 nicotine pouches. Authorities also identified 66 persons of interest during the operation.

The coordinated initiative involved agencies responsible for border protection, taxation, health regulation and law enforcement, demonstrating a multisectoral approach to addressing illicit tobacco and nicotine distribution.

The operation highlights the increasing complexity of illegal tobacco markets, particularly with the emergence of alternative nicotine products and the use of diverse distribution networks. It also demonstrates the importance of intelligence-led enforcement, interagency collaboration and regulatory oversight to prevent the circulation of illicit tobacco and nicotine products.

Source: Australian Border Force
Source link: Operation TEMPEST targets diversified illicit tobacco networks across WA and NT

WHO Highlights the Impact of Tobacco Tax Reforms in Reducing Smoking

30 September 2026 | World Health Organization (WHO) - The World Health Organization published an analysis highlighting how tobacco tax reforms implemented across emerging economies have contributed to increasing cigarette prices and reducing smoking. The analysis examined developments in 15 countries between 2009 and 2025, identifying improvements in tobacco taxation across all countries included in the assessment.

The findings indicated that substantial increases in tobacco taxes, simplification of tax structures and measures to prevent tobacco products from becoming more affordable as household incomes increase were important components of successful reforms.

WHO emphasised that taxation is among the most effective policy instruments available to governments for reducing tobacco consumption, generating public revenue and protecting population health. Higher tobacco prices can discourage initiation, encourage cessation and reduce consumption, particularly among young people and economically vulnerable populations.

The report also connected tobacco taxation with WHO's 3 by 35 Initiative, which seeks to increase the real prices of tobacco, alcohol and sugary drinks by 2035. The findings provide important evidence for governments seeking to strengthen fiscal policies as part of comprehensive tobacco-control strategies.



Source: World Health Organization (WHO)
Source link: Fifteen years of tobacco tax reform show countries can make harmful products less affordable

NATIONAL

Manipur Extends Ban on Gutkha and Tobacco Products for One Year



The Manipur government extended its ban on tobacco products, including gutkha and pan masala containing tobacco or nicotine, for one year from 27 October 2026. The notification was issued by Commissioner of Food Safety Sumant Singh, who is also the state's Health and Family Welfare secretary. It prohibits the manufacture, storage, transport, distribution and sale of these products with immediate effect, along with chewing tobacco such as chaap tobacco, pure tobacco, khaini and scented or flavoured tobacco, and any other product containing tobacco or nicotine. The wording is broad enough to cover plain chewing tobacco as well as branded sachets. That matters because earlier gutkha bans were often sidestepped by selling pan masala and tobacco separately. Like other state orders, it runs for a year and must be renewed. The report does not describe penalties or enforcement plans.

Source: The Sangai Express
Source link: Ban extended

Uttarakhand Imposes One-Year Ban on Gutkha and Tobacco-Laced Pan Masala



The Uttarakhand government imposed a one-year ban on the manufacture, storage, distribution and sale of gutkha, pan masala and other food products containing tobacco or nicotine. The ban took effect on 13 October 2026 and applies for one year. The order was issued under food safety rules by Food Safety and Drug Administration Commissioner Vinay Shankar Pandey, who said public health was the main reason. The state has imposed such bans before, in 2013, 2015 and 2019. Karnataka imposed a similar one-year ban in August, and Gujarat extended its ban to September 2027. The same report notes that India is the world's largest consumer of smokeless tobacco, with about 26% of adults using it. It adds that nearly one million people die each year from tobacco use. Because these bans lapse after a year, enforcement and renewal decide their real impact.

Source: India TV News
Source link: Uttarakhand imposes one-year ban on gutkha and tobacco-containing pan masala

Gujarat Extends Ban on Gutkha and Tobacco-Based Pan Masala Until September 2027



31 August 2026 | ThePrint / Press Trust of India (PTI) - The Gujarat government extended its prohibition on the manufacture, storage, distribution and sale of gutkha and pan masala containing tobacco or nicotine for another year. The renewed prohibition will come into effect on 13 September 2026 and remain applicable until 12 September 2027, according to the notification issued by the Commissioner of Food Safety.

The restriction applies irrespective of the brand or name under which these products are marketed. It also covers the separate sale of ingredients when they are intended to be mixed to manufacture gutkha or pan masala as a final product. The government has warned of strict legal action against violations of the order.

In support of the decision, the state referred to research findings from Tata Memorial Hospital, Tata Institute of Fundamental Research and other institutions highlighting the carcinogenic nature of gutkha and pan masala consumption and their association with oral cancer.

The extension reflects Gujarat's continued efforts to regulate smokeless tobacco products through state-level food safety provisions and highlights the importance of sustained enforcement to reduce their availability and consumption.

Source: ThePrint / Press Trust of India (PTI)
Source link: Gujarat extends ban on manufacture and sale of gutkha and paan masala until September 2027

India Moves to Restrict New Nicotine Pouch Formulations Amid Addiction Concerns



6 September 2026 | Mint - India's National Tobacco Control Programme (NTCP) recommended that applications for manufacturing, importing and marketing new nicotine pouch formulations be rejected, citing concerns regarding nicotine addiction and potential public-health consequences. The recommendations were considered by the Drugs Technical Advisory Board (DTAB), the country's highest statutory technical advisory body on drug-related matters.

The applications reportedly involved nicotine pouch formulations containing 2 mg, 4 mg and 6 mg of nicotine. These tobacco-free products are generally marketed as small flavoured sachets that are placed between the gum and lip, allowing nicotine absorption through the oral mucosa.

The concerns raised by health authorities included the potential for nicotine dependence, particularly among young people, and the possibility that these products could undermine existing tobacco-control efforts. The recommendations also emphasised the need to prioritise established and evidence-based smoking cessation interventions rather than introducing inadequately evaluated nicotine products.

This development highlights India's emerging regulatory challenges concerning novel nicotine delivery systems and the importance of evidence-based decision-making to prevent the introduction and normalisation of addictive products.

Source: Mint
Source link: India moves to block new nicotine pouch formulations amid addiction risks

Delhi GST Department Seizes Imported Cigarettes Worth Approximately ₹65 Lakh



2 September 2026 | The Times of India - The Delhi government's Goods and Services Tax (GST) Department seized approximately 4.2 lakh sticks of imported cigarettes, estimated to be worth ₹65 lakh, during an enforcement operation targeting illegal tobacco trade and tax-related violations.

The seizure was made by an anti-evasion branch team during a routine inspection of a vehicle transporting imported premium filter cigarettes. During the inspection, officials found that the cigarette packets did not display the prescribed pictorial health warnings on the front of the packaging.

The violation was reported under Section 7 of the Cigarettes and Other Tobacco Products Act (COTPA), 2003, which prohibits the sale, supply or distribution of cigarette packets that do not comply with the statutory packaging and health-warning requirements. These provisions also apply to imported cigarettes intended for sale or distribution in India.

The action highlights the importance of regulatory surveillance of imported tobacco products and the role of taxation and enforcement authorities in ensuring compliance with national tobacco-control legislation. It also reinforces the need for effective monitoring of tobacco packaging and health-warning requirements to prevent non-compliant products from entering the market.

Source: The Times of India
Source link: GST department seizes 4.2 lakh sticks of imported cigarettes

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