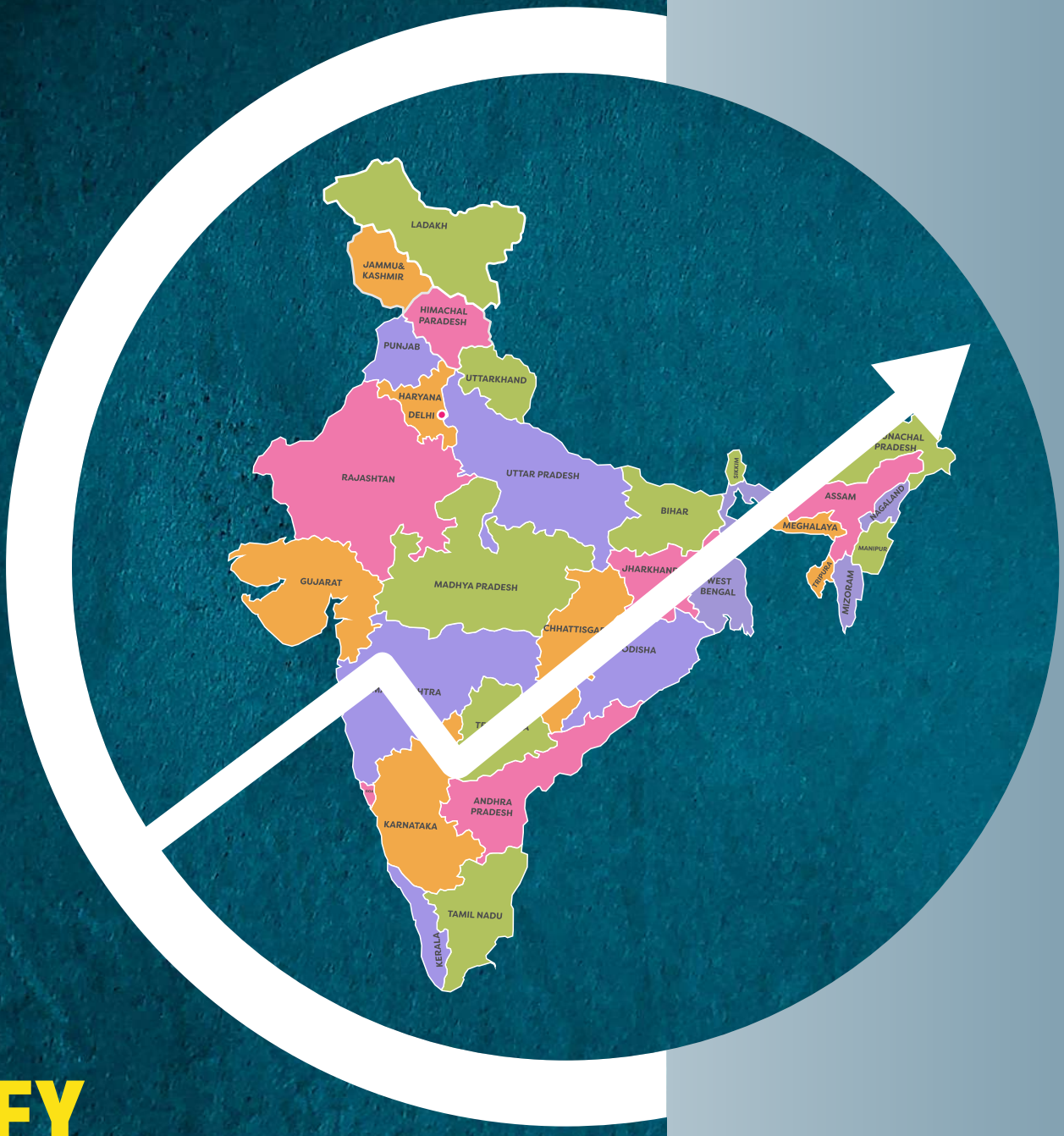

KEY RECOMNDATIONS

By NAMS Task Force for Tobacco Control

Secretariat:

Resource Centre for Tobacco Control

Room No 112, Department of Community Medicine
& School of Public Health, PGIMER Chandigarh - 160012

CONTENTS

FORWARD

स्नातकोत्तर चिकित्सा शिक्षा एवं
अनुसंधान संस्थान,
चण्डीगढ 160 012 (भारत)
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Prof. (Dr.) Vivek Lal
MD (Med), DM (Neuro)
Director
&
Head, Department of Neurology

No: DPGI-4/24/325
Date: 05-04-2024

Message

As the Director of the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, it gives me immense pleasure to present this recommendation document from the National Academy of Medical Sciences (NAMS) Task Force for Tobacco Control. This effort harnesses the expertise of the Resource Centre for Tobacco Control (RCTC), established in the Department of Community Medicine, School of Public Health at PGIMER, Chandigarh. The RCTC has been entrusted by the administrative body of NAMS under the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), with the important responsibility of leading the tobacco control initiative. Under the distinguished guidance of Professor Sonu Goel, Director of RCTC and Convener of the NAMS Task Force on Tobacco Control in India, this initiative underscores our institution's steadfast dedication to addressing one of the most pressing public health challenges of our time.

Tobacco use continues to pose a significant threat to public health in India, contributing to a myriad of preventable diseases and premature deaths. The establishment of the NAMS Task Force on Tobacco Control underscores the national imperative to comprehensively address this issue. With the formation of eight specialized working groups, each focusing on distinct aspects of tobacco control and guided by eminent experts from India, the NAMS Task Force has provided crucial directives and recommendations. These insights are instrumental in shaping policies, advocacy initiatives, and interventions aimed at curbing tobacco use across the country.

At PGIMER, Chandigarh, the RCTC has been at the forefront of research and advocacy efforts aimed at curbing tobacco usage and its associated harms. Through numerous research projects and initiatives, the RCTC has significantly contributed to our understanding of the challenges and opportunities in tobacco control in India. This document serves as a testament.

FORWARD

to the collective dedication and tireless efforts of our team, offering insights, strategies, and evidence-based recommendations to inform tobacco control approaches.

I extend my heartfelt gratitude to the exceptional members of the task force, including the chairs and members of the eight working groups, for their unwavering commitment and continuous efforts that have advanced the mission of tobacco control in the country. Together, we are well-positioned to bring about meaningful change in reducing the impact of tobacco-related diseases and promoting the well-being of our communities.

I strongly urge GoI to incorporate the recommendations put forth by the NAMS Task Force on Tobacco Control into the formulation of policies and comprehensive programs, thereby enhancing the relevance of current directives. The recommendations underscore the significance of rigorous monitoring, enforcement of regulations, fostering public-private collaborations for awareness initiatives, and involving key stakeholders including law enforcement, educators, parents, and media representatives.

I wish that this recommendation document from NAMS plays a pivotal role in the continuous fight against tobacco consumption. Through the consolidation of insights, research discoveries, and evidence-based suggestions, it offers a thorough repository for advocacy endeavors focused on tobacco control. Additionally, the recommendation document holds significant importance in guiding governmental decision-making processes. Its contents furnish policymakers with invaluable perspectives on the most efficient strategies and interventions for addressing tobacco use nationwide. By utilizing the information presented in this document, policymakers can devise and enforce stronger tobacco control policies, consequently advancing the overarching public health objectives and promoting healthier societies.

PREFACE

Dr. Prakash C. Gupta
Chairperson, NAMS Task Force on Tobacco Control
Director - Healis Sekhsaria Institute for Public Health

Prof. Sonu Goel
Convener, Nams Task Force on Tobacco Control
Director, Resource Centre For Tobacco Control
Department of Community Medicine and School of Public Health PGIMER, Chandigarh

It is with great pleasure and a sense of profound responsibility that we introduce this document compiled by the National Academy of Medical Sciences (NAMS) Task Force on Tobacco Control. As the Chairperson and Convener of this esteemed task force, it has been both an honor and a privilege to lead a dedicated team of experts in addressing one of the most critical public health challenges of our time.

At the helm of the Resource Centre for Tobacco Control, within the Department of Community Medicine and the School of Public Health at PGIMER, Chandigarh, the efforts have been multifaceted and relentless. Over the years, the centre has spearheaded numerous tobacco control initiatives, striving to make tangible progress in reducing the burden of tobacco-related diseases and promoting healthier lifestyles.

The NAMS Task Force comprises multiple working groups, namely the Working Group on Tobacco Endgame, Youth Intervention, Tobacco Industry Interference, e-cigarettes, Tobacco Cessation Services, TAPS - Prohibit Brand Sharing/Stretching Regulations, Bidi & Other Indigenous Products, and Smokeless Tobacco Products. Through these concerted efforts, NAMS Task Force aims to enhance tobacco control measures in India.

We hope this recommendation document by NAMS Task Force serves as a crucial tool in the ongoing battle against tobacco use. By compiling insights, research findings, and evidence-based recommendations, it provides a comprehensive resource for advocacy

PREFACE

efforts aimed at tobacco control. Moreover, the document is of paramount importance in informing governmental policymaking processes. The contents offer policymakers valuable insights into the most effective strategies and interventions for combating tobacco use within the country. By leveraging the information within this document, policymakers can develop and implement more robust tobacco control measures, thereby contributing to the broader public health agenda and fostering healthier communities.

As we navigate the complex landscape of tobacco control, it is imperative that we remain steadfast in our commitment to protecting public health and advancing evidence-based interventions. We extend our sincere gratitude to the members of the NAMS Task Force on Tobacco Control for their unwavering dedication and commitment, as well as to the various Working Groups within it. Together, we are poised to make a significant impact in creating a healthier, tobacco-free future for all.

Dr. Prakash C. Gupta
Chairperson, NAMS Task Force on Tobacco Control
Director - Healis Sekhsaria Institute for Public Health

Prof. Sonu Goel
Convener, NAMS Task Force on Tobacco Control
Director, Resource Centre for Tobacco Control
Department of Community Medicine and School of Public Health
PGIMER, Chandigarh

MESSAGE

Dr. Rakesh Gupta
President, Rajasthan Cancer Foundation
Jaipur

The majority now knows that the tobacco industry is the culprit for making world suffer over 8 million deaths annually. Undoubtedly, tobacco menace should be addressed as pandemic!

Despite some commendable governmental measures (COTPA, NTCP, ToFEI, PECA, etc.) and replication of some of the best practices by a few committed civil societies, India as a high burden country needs a significant multiplier effort to downturn its uniquely high burden of tobacco (smokeless tobacco usage dominating smoking and highly subsidized bidis). It has progressed on many fronts such as smoke-free initiatives, larger pictorial warnings, ban on direct advertisement, etc. But to be impactful and effective, it is yet to amend COTPA and introduce vendor licensing, tobacco-free places (zones such as panchayats), tobacco-free generation, etc.

Therefore, the decision last year to collaborate by the National Academy of Medical Sciences (NAMS) and the Resource Centre for Tobacco Control at PGIMER, Chandigarh under its Department of Community Medicine, School of Public Health (RCTC) to address this public health challenge gives a major boost.

Where I foresee its biggest benefit is its potential to engage healthcare professionals (HCPs) and integrate medical institutions (medical, dental, nursing, para-medical, etc.) countrywide under the domain of National Tobacco Control Program (NTCP) resulting into utilization of their vast infrastructure to provide capable human resource on a sustainable basis.

This compendium on recommendations will surely empower policy planner, administrators, NTCP managers and all working for improving the efficacy of tobacco control countrywide. Their collective resources and outreach to the decisive stakeholders will definitely strengthen the regulation of tobacco and give a thrust to the currently ever-growing global call for the endgame of tobacco.As a collaborator and stakeholder, I feel privileged to share my thoughts. Also, I appreciate the RCTC Director, Dr. Sonu Goel and the team for their sincerest efforts.

MESSAGE

Dr Mira B Aghi
Behaviour Scientist and Communication Expert

The recommendations as they are wetted by the experts are already exceptional. It was with a sense of honour and pride that I worked with these experts on recommendations.

The recommendations bear testimony of detailed deliberations from a variety of experts which make them not only of high quality but of appropriate application. Amongst these topics which are all relevant, those which stand out because of their compelling nature are;

Tobacco Endgame because of impending danger to the young and Tobacco Industry Interference because of its destructive nature and Tobacco Cessation Services because of its positive impact if done right.

TAPS is an old policy introduced because of it being a safety wall for all those who are already weak in their temptations.

Bidi & Other Indigenous Products and Smokeless Tobacco Products, although not widely used but are extremely harmful because of its popularity with often special populations who already are bearing huge burdens due to deprivation.

As far as E-cigarette is concerned, we, though, will be watching its developments misleading the public, we are a bit gratified that the Government of India, Ministry of Health in its wisdom has wisely cut the problem in the bud by banning it.

MESSAGE

Dr. Suneela Garg

Chair Programme Advisory Committee NIHFW

Ex Sub Dean Prof of Excellence,Head CM

Maulana Azad Medical College

Tobacco causes approximately 5 million deaths annually worldwide, a number expected to be doubled by 2025.An estimated 250 million persons in India use tobacco in one form or the other. The most common forms of tobacco being used are bidis, cigarettes and khaini. Tobacco is widely recognized as a significant risk factor for non-communicable diseases, including cardiovascular diseases, respiratory diseases, and various types of cancers. Mounting evidences suggest that tobacco use is a serious public health concern that requires government intervention. National Tobacco Control Program (NTCP) was started in the year 2008 with an objective to increase awareness among general public about harmful effects of smoking and other tobacco products and effectively implement enacted Cigarette and Other Products Act (COTPA).

Task force was established under aegis of NAMS to assess the current status of Tobacco control in the country and identify priority areas viz;

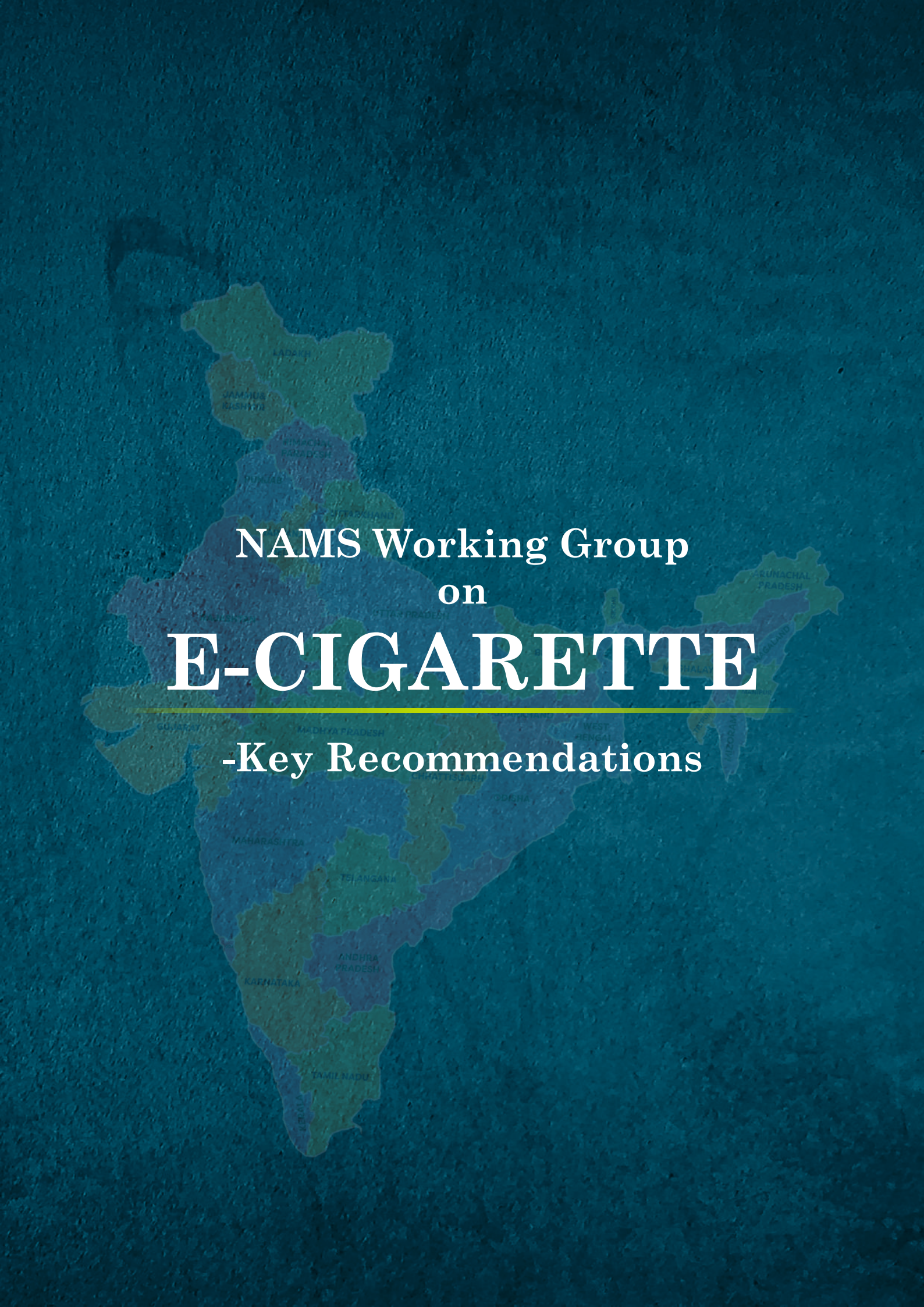
Identification of existing gaps in the thematic areas of Tobacco control in India. To suggest suitable recommendations to various stakeholders for makingimprovements in the area of Tobacco control.

Various committees constituted have dwelled in depth on: Tobacco situation in India; Tobacco CessationServices; Bidi & Other Indigenous Products; E-cigarettes and Youth Interventions; TAPS- Prohibit Brand Sharing/Stretching Tobacco Industry Interference; Tobacco Endgame / TFG; Smokeless Tobacco Products Etc;

Based on TORs of Task Force Suitable recommendations to various stakeholders for making have been encompassed for improvements in the area of Tobacco control. Findinds of the report will be extremely useful for interministerial Coordination, Policy Makers ,Programme Managers, Academia, Agricultural sector and Population at large.

I express my sincere gratitude to NAMS for having identifying this important area of concern swith long lasting implications.Kudos to all the experts and chairs of the task force for addressing the issue of Tobacco Control .If Bharat can do other countries can take a lead from this document.

Best Wishes



NAMS Working Group on E-CIGARETTE

-Key Recommendations

NAMS Working Group on

E-CIGARETTE

- Key Recommendations

Dr Monika Arora

Chair, NAMS Working Group - E-cigarette

E-cigarettes, including Electronic Nicotine Delivery Systems (ENDS) and Electronic Non-Nicotine Delivery Systems (ENNDS), pose significant health risks, including addiction, respiratory and cardiovascular complications, carcinogenic effects, and adverse birth outcomes. These new emerging nicotine products are easily accessible, circumventing India's Prohibition of Electronic Cigarettes Act (PECA), 2019. This legislation was enforced with the intent to curb adolescent experimentation and initiation, but online sales and promotions of these products pose a considerable threat to the success of this public health law. Recommendations include- public messaging & meaningful engagement of adolescents and youth in awareness campaigns to burst myths around ENDS use, strengthen enforcement of PECA, engage healthcare professionals and medical associations to take evidence-based positions on the use of these products, inform and empower educators, and partner with media to address this new addiction and safeguard public health.

WORKING GROUP MEMBERS

- Dr Monika Arora
- Dr Tina Rawal
- Ms Niharika Rao
- Dr Rakesh Gupta
- Dr Shivam Kapoor
- Dr Mangesh S. Pednekar
- Dr. Melina Samar Magsumbol
- Mr Praveen Sinha

NAMS Working Group on

E-CIGARETTE

- Key Recommendations

The working group on E-Cigarette was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommen-dations, which are as follows:

Recognizing the popularity of ENDS products among adolescents due to their availability in various shapes, and sizes along with a vast range of flavours, this review highlights the following measures to strengthen the implementation and compliance of PECA, 2019 at the national and sub-national levels:

Strengthening enforcement of existing regulations

Government:

Ministry of Health and Family Welfare (MoHFW)

1. Establish a mechanism for coordination between stakeholders and ministries and plan quarterly update meetings with the Chief Secretaries, DGPs, Ministry of Electronics and Information Technology, Directors of all Directorate of Revenue Intelligence (DRI) units and other relevant ministries/departments on strict enforcement of PECA-2019 including appropriate reporting mechanism for all stakeholders.
2. Strict monitoring of regulations and action on sale and advertising, promotion of ENDS products on the internet, online stores, and home deliveries aligned to PECA 2019. Collect information/data on E-Cigarettes/ENDS as part of regular national/sub-national tobacco surveillance
3. Do not allow projects/grants promoting "harm reduction or reduced harm" as per the MOHFW Order of 2018 and PECA-2019.
4. Need to enhance the scope of the prevailing policies in line with the WHO FCTC Article 5.3 [state protocols and the MOHFW Code of Conduct to prevent tobacco industry interference] to include the E-Cigarettes/ENDS industry.
5. Need to build the capacity of law enforcers, Directors/officials of Directorate of Revenue Intelligence (DRI) and the police department to enforce the restriction on ENDS products at the central and state level or additional officers may be notified for effective enforcement of provisions under PECA-2019.
6. Formation of district-level committees including CSOs to monitor the availability of ENDS products and take action through existing legal mechanisms.

Ministry of Electronics and Information Technology -

7. Identify, remove and take strict action against violations regarding the sale,

advertisement, and web presence of E-cigarettes/ENDS. All commercial WebPages (.com, .biz, and others as notified) be barred by MOIC/ DEITY and generate regular reports of monitoring.

Ministry of Home Affairs -

8. Authorized enforcement agencies should conduct raids on kiosks particularly those near schools, in order to seize the illegal e-cigarettes.

9. Frame appropriate guidelines elucidating the process for the prompt, complete, and irretrievable disposal of stock of electronic cigarettes seized by authorized officers in coordination with the Central/State Pollution Control Boards.

DRI

10. Mechanism to provide regular update to DRIs in every state and UT to investigate the illegal smuggling of banned E-Cigarettes/ENDS and take appropriate measures under PECA-2019

Health Care Professionals (HCPs), Media and CSOs

11. HCPs should be trained and sensitised to the needs of Indian smokers in order to encourage and implement tobacco cessation. HCPs should not be promoting illegal E-Cigarettes and HTPs for tobacco cessation.

12. Encourage reporting of violations of sale or misleading media stories at the State & local levels and provide a thrust to policymakers, and enforcement officers to take legal action against violators

Public-private partnerships for awareness campaigns

Educational Institution and Community Level:

13. Campaigns and initiatives to create and improve awareness at the school, college/university, and community level regarding the harms of ENDS products and laws about their restriction.

14. Teachers and parents to be engaged in awareness about the adverse impact of nicotine on adolescents' brains and other attributable health effects of e-cigarette use.

15. Mass - Media campaigns to disseminate information on the harms of ENDS products and burst myths associated with them.

16. TOFEI guidelines to be expanded on awareness on ENDS, develop/update teacher training manual for the school health programs on ENDS

NAMS Working Group
on

YOUTH INTERVENTION

-Key Recommendations

NAMS Working Group on

YOUTH INTERVENTION

- Key Recommendations

Opinder Preet K. Gill

Chair, NAMS Working Group - Youth Intervention

Though the National Law, COTPA, 2003 that governs the National Tobacco Control Programme in India prohibits and sale to and by minor of any form of tobacco products and also we have supporting and more biding laws like the Juvenile Justice Act that supports the National Tobacco Control program, the Global Youth Tobacco Survey highlights some concerning facts.

According to GYTS, 2019 8.5% of students, - 9.6% boys and 7.4% of girls use tobacco in any form. It is worth mentioning that despite the laws the availability and accessibility of products is not a challenge for the young. 69% of current cigarette smokers and 78% of current bidi smokers bought the products from the stores and street vendors, 45% of these cigarette smokers and 47% of bidi smokers were not refused by the vendors because of their age.

It is worth mentioning that this fact, that the industry tries to catch the new users young, can only be countered by timely intervention of tobacco control advocates at a young level. For which NTCP also covers and lay emphasis on school programs. In addition to that it has been witnessed that Civil Society Organisations, have been a catalyst in mobilizing the youth and also countering the Industry tactics focused on youth of the country.

Hence with the current scenario where various new emerging products are entering the markets and various mediums like the OTT, Social Media groups, Influencers are being used by the industry to lure the counter's youth towards a deadly habit, it becomes all the more important to not only intensify the youth programs but also involve youth in policy making, creating youth leadership and coming up with age specific studies as well as interventions to safeguard the future generation and also to pave way to Tobacco Free Generation which will only lay grounds for EndGame Tobacco.

WORKING GROUP MEMBERS

- Cyril Alexander
- Jyoti Choudhary
- Susan Samson
- Puneet Chahar
- Tina Rawal
- Aastha Bagga

NAMS Working Group on

YOUTH INTERVENTION

- Key Recommendations

The working group on Youth Intervention was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommendations, which are as follows:

1. COTPA, 2003 Amendment

- Increasing the Age to 21 year: Increasing the age of tobacco use from 18 to 21 years can have a long-lasting impact on tobacco control and give impetus to tobacco control efforts. It is seen that when a person initiates tobacco usage later in life, there are higher are chances of them giving up tobacco usage, as habits developed at a young age are difficult to break. Also, in majority states in India, the permissible age for alcohol consumption is 25 years. Therefore, it is necessary that the age of tobacco use should also be increased from 18 years.
- Uniform Implementation and amendment of Section 6, COTPA 2003- Section 6 under COTPA, 2003 prohibits the sale of tobacco products to and by minors and further prohibits sale within 100 yards of any educational institution. National level data (MIS dashboard) reflects gap in implementation of Section 6 as compared to Section 4 under COTPA. Therefore, prioritising the implementation of Section 6 at state and district tobacco control cell and strengthening the legislation with amendments at the national and state level by

a. Increasing fines

b. Increasing the age from 18-21 years is recommended.

- Complete ban on tobacco product depiction and advertisement on social media and OTT. The age-appropriate warning in OTT platforms fails to serve as a deterrent; therefore, there should be a complete ban on all kinds of tobacco product depiction, advertisement, or similar content not only OTT platforms but also social media apps.
- **Ban on online sale:** Presently, there is no specific law on prohibiting the sale of tobacco products through digital platforms such as online websites and food delivery apps. As a result, they are easily accessible not only to adults but also to children. Regulation prohibiting online sales or through any other application is a must.
- Ease the protocols on implementation of Section 5 and 7: With a handful of litigations regarding the implementation of Section 5 and 7, it becomes evident that there is an ardent need to ease the enforcement protocols of Section 5 and 7 of

COTPA, 2003, so that authorised personnel are not reluctant to take action against the violator.

2. Compulsory Tobacco Vendor Licensing: TVL can also drastically reduce and monitor tobacco consumption. Sales should only be allowed through registered tobacco vends to keep a watchfull eye. Therefore tobacco vendor licensing should be mandated, and no tobacco sale be allowed from a unregistered tobacco vendor.

3. Enforcement guidelines of PECA: To implement PECA, 2019, in letter and spirit for preventing youth from using e-cigarette, enforcement guidelines should be issued by the ministry. Additionally, violations and action taken should be included in the Monthly Crime Review of Police. Despite the law online sale through social media are very rampart, there is a need to curtail them.

Recommendations for Ministry of Education

1. Encouraging and Institutionalising Tobacco-free Jurisdictions: Tobacco-free policies in strategic settings constitute a cost-effective public health approach that encourages the important long-term goal of de-normalizing tobacco use. There is a need to encourage tobacco-free jurisdictions like tobacco-free schools. TOFEI guidelines should be made compulsory and not voluntary for adherence by all kinds of educational institutes. Also, along with making self-evaluation compulsory, there is a need for periodical assessment to maintain the standard. Tobacco control-related events in school-based programs embedded in effectiveness can produce not only short-term effects but also long-term impacts in reducing the prevalence of tobacco use among school-aged youth, thereby reducing the burden of the tobacco epidemic. TOFEI guidelines should be expanded to include awareness of ENDS.

2. Chapter on tobacco control at all levels of learning: Age-appropriate chapters on the ill impact of tobacco should be part of the curriculum at all levels of learning, be it school students or at graduate, and post-graduate levels.

3. Monitoring and mitigating potential TII in the form of any investment or CSR in educational institutes: Big tobacco companies indulge in brand promotion via competitions, CSR aid, plantation drives, sponsorships for cultural events etc., at the national and state level for educational institutions, which are considered as tobacco industry interferences. The Ministry of Education and Ministry of Youth Affairs and Sports should provide clear directions to state governments and department of education, highlighting the need for monitoring and mitigating

such tobacco industry interference incidents at the school level. Further, a dedicated empowered committee at the state level should have included active participation from representatives of the department of education.

4. Tobacco Free Generation – Every child has the right to be raised in an environment that is free from tobacco use and to be given opportunities not to choose to use tobacco at any point in their life. This can only be possible by adopting the Tobacco Free Generation proposal, which advocates legislation precluding the sale and supply of tobacco to individuals born after a certain year. The tobacco Free Generation initiative provides a bold path towards drastically reducing tobacco use and providing youth the opportunity to live a tobacco-free life.

Other recommendations:

- Tailored and Age-specific tobacco cessation services: Tobacco cessation services should also be designed specifically for age groups since the messages and practices differ significantly in impact, especially between adolescents and youth versus adults. Furthermore, dedicated IEC campaigns regarding the available tobacco cessation services can help eliminate the stigma among youth in using cessation services.
- Tobacco and its harmfulness have to be included in every program organized by the government health department.
- Local NGOs especially those working with children, are not supposed to engage in CSR activities funded by tobacco industries.
- Tobacco control clubs/groups have to be formed at school /college levels where they reiterate the harms of tobacco and take steps to prevent their peer from falling into the tobacco trap. Additionally, they support the individuals in their community to quit and get rehabilitated.

NAMS Working Group
on

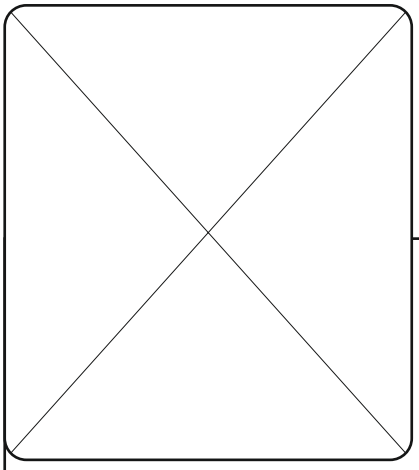
TOBACCO INDUSTRY INTERFERENCE

-Key Recommendations

NAMS Working Group on

TOBACCO INDUSTRY INTERFERENCE

- Key Recommendations



Dr Upendra Bhojani

Chair, NAMS Working Group -
Tobacco Industry Interefence

WORKING GROUP MEMBERS

- Dr Upendra Bhojani
- Dr. Muralidhar M. Kulkarni
- Mr Cyril Alexander
- Mr Vivek Awasthi
- Dr Nirmalya Mukherjee
- Dr Aastha Bagga

NAMS Working Group on

TOBACCO INDUSTRY INTERFERENCE

- Key Recommendations

The working group on Tobacco Industry Interference was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommendations, which are as follows:

In this section we provide recommended actions that may be undertaken by different stakeholders (governments, businesses, civil society) in India in order to prevent the tobacco industry interference in public health.

Government

National level

1. Recognising and framing the tobacco-related harms/burden as a broader development issue and hence making it a part of the national vision and policy documents. That implies to have a national level all-of-the-government articulation of a strategic document/policy setting the vision for preventing tobacco- and nicotine- related harms with tangible goals and multi-departmental strategies (incorporating both supply- and demand-side measures and including but not limited to those promoting alternative safer livelihoods for workers engaged in tobacco industry) to achieve these goals including a review framework.
2. Such a strategic document shall specify how various ministries of the government of India, and the governments across national, state and local level will work together to align their actions to prevent and manage tobacco-related harms. Such a document will articulate, in a tangible manner, how the prevailing conflicts in tobacco-related mandates of various ministries (esp. Health, finance, agriculture, human resources, commerce and industry, cooperative) will be resolved to optimize synergies.
3. There is a need for a national whole-of-the-government policy in line with the WHO FCTC Article 5.3 guidelines. This could be a separate policy and/or could be inserted in the COTPA through appropriate amendment.
4. Such policy at minimum shall include provisions for governments to (1) raise awareness about the addictive and harmful nature of tobacco products and tobacco industry interference with public policies related to tobacco; (2) establish measures (such as code of conduct or protocols) to limit interactions with tobacco industry to the minimum necessary for regulatory purposes and ensuring transparency of such interactions; (3) reject partnerships and non-binding or non-enforceable agreements with tobacco industry; (4) avoid conflict of interests within government officials/employees for tobacco control; (5) mandating tobacco industry to provide

accurate information in transparent manner; (6) denormalise and regulate so-called CSR and related activities by tobacco industry; (7) prohibited any preferential treatment to tobacco industry; (8) treat government-owned tobacco industry in the same way as any other tobacco industry.

5. Government shall issue an advisory to all the states and union territories explaining the WHO FCTC Article 5.3 related commitments and urging for adoption of appropriate policy measures at state level. Here, having a comprehensive national framework/policy cutting across ministries and departments in line with the WHO FCTC Article 5.3 guidelines, and advising it as a minimum framework to states and union territories will ensure uniformity across states and union territories.

6. Government shall consider expanding the scope of the WHO FCTC Article 5.3 related policy to also include elected political leaders, political parties and civil society.

7. Government shall consider disallowing retiring senior officers (who would have served in decision making capacities) from key business-related sectors (finance, industry, agriculture etc.) to join tobacco industry boards.

8. It is important to recognise that the tobacco industry is a special case wherein the core business of the industry (i.e. production of the lethal products) is not aligned with the desirable social goals. In such circumstances, the CSR activities by the tobacco industry ends up promoting the societal image of the industry while allowing the industry representatives an access to decision makers creating potential for policy/program interference. Hence, the tobacco industry shall not be allowed to publicize the claims of CSR like other sectors. This will require an amendment to the Companies Act (section 135) barring tobacco industry to engage in mandatory spending on CSR. Instead, the industry may be made liable to pay financial costs or a specific tax and the funds generated shall be used towards restoring/addressing health and environmental damages. A committee jointly formed through representatives from the Ministry of Health and Family Welfare and the Ministry of Corporate Affairs may govern the allocation of such funds.

9. In a similar logic, considering the negative impact of the tobacco industry on population health, social outcomes and environment, the tobacco industry shall either be excluded from ESG rating exercises treating it as a sin sector endeavor or it needs to be compared with other sin/extractive industries. In either case, the tobacco industry shall not be allowed to publicize the ESG activities/ratings.

Instead, the tobacco industry shall be mandated to comply with ESG norms and mandated to report in a tobacco sector-specific template as part of the Business Responsibility and Sustainability Reporting that includes its compliance with the prevailing tobacco control laws.

10. Tobacco industry, being a special case, shall be mandated to be registered and function as tobacco business, preventing them from also operating into other sectors or emerging into a business conglomerate. Government shall adopt an operational definition of tobacco industry as any individuals and/or entities engaged in tobacco production, import, export, wholesale or retail business of tobacco but also including a wide range of supporting entities specializing in such areas as marketing, packaging, legal services and lobbying.
11. Government agencies and business undertakings shall not invest in tobacco industry and divest the existing investments in a time-bound manner.
12. Tobacco industry shall be put in a negative list excluding it from any investment (domestic or foreign) and industrial incentives including any tax-related incentives/exemptions.
13. Government shall regulate lobbying and/or personal relation activities by industries (including tobacco industry) making it transparent and providing information in the public domain.
14. Government (ideally through the ministry of health and family welfare) shall establish and fund robust monitoring and violation reporting mechanisms, ideally an autonomous independent body, to track progress of implementation of the WHO FCTC Article 5.3. This shall include periodic production of Indian Tobacco Industry Interference Index and establishment of an observatory to monitor tobacco industry interference. Such an observatory shall include representatives from relevant government agencies, academic and civil society organizations.

State level

1. Several state governments that are yet to adopt a state-wide whole-of-the-government policy in line with the WHO FCTC Article 5.3 shall adopt the appropriate policy at earliest. Ideally, this could be achieved through amending the COTPA at state level or alternatively adopting a separate policy.
2. States that have adopted a policy (protocol or code of conduct) in line with the WHO FCTC Article 5.3 require to amend these policies in order to close some of the gaps in these policies in order to address all the recommendations provided in the guidelines for the WHO FCTC Article 5.3 (especially including but not limited

todenormalising and regulating CSR, preventing preferential treatment to tobacco industry, treating government-owned tobacco industry in the same way as any other tobacco industry, mandating tobacco industry to provide accurate information in transparent manner, code of conduct for public officials, constitution of empowered committee).

3. States that have adopted a policy in line with the WHO FCTC Article 5.3 need to develop a detailed and operational implementation and enforcement related guidance. Governments shall strictly enforce the policy and sever ties with the tobacco industry.
4. Government shall consider expanding the scope of the WHO FCTC Article 5.3 related policy to also include elected political leaders, political parties and civil society.
5. Government shall consider disallowing retiring senior officers (who would have served in decision making capacities) from key business-related sectors (finance, industry, agriculture etc.) to join tobacco industry boards.
6. Government agencies and business undertakings shall not invest in tobacco industry and divest the existing investments in a time-bound manner.
7. Tobacco industry shall be put in a negative list excluding it from any investment (domestic or foreign) and industrial incentives including any tax-related incentives/exemptions.
8. Government (ideally through the ministry of health and family welfare) shall establish and fund robust monitoring and violation reporting mechanisms, ideally an autonomous independent body, to track progress of implementation of the WHO FCTC Article 5.3. This shall include periodic production of Indian Tobacco Industry Interference Index and establishment of an observatory to monitor tobacco industry interference. Such an observatory shall include representatives from relevant government agencies, academic and civil society organizations.
9. Government shall consider prohibiting societies and trusts receiving tobacco industry funding (donations, CSR etc.).

Civil society

(we include here the entities that are not government in nature and not for-profit private businesses, and hence including but not limited to community-based organizations, non-government and voluntary organizations, faith-based organizations, academic institutions, research organizations)

NAMS Working Group on

TOBACCO INDUSTRY INTERFERENCE

- Key Recommendations

1. Civil society organizations shall not receive tobacco industry funds (donations, CSR etc.) and shall adopt a policy in line with the WHO FCTC Article 5.3.
2. Civil society organizations shall raise awareness on tobacco-related harms and the tobacco industry interference with tobacco related public policy and programs.
3. Civil society organizations shall invest in building capacity of relevant stakeholders including courses on tobacco control for effectively monitoring and addressing tobacco industry interference.
4. Civil society organizations shall support the state- and national-level tobacco control authorities in their endeavors to prevent tobacco industry interference including but not limited to monitoring of tobacco industry interference and bringing it to the notice of relevant authorities.
5. Civil society organizations may play a mediating role sensitizing and bringing together diverse stakeholders for shared understanding and actions for preventing tobacco industry interference.
6. Civil society organizations shall invest in researching various facets related to tobacco industry interference and promote knowledge dissemination raising profile and understanding of the issues related to tobacco industry interference.

Businesses

1. Businesses operating in the tobacco sector aimed at producing tobacco for human consumption (recreational use) shall consider deliberate, planned and tangible exit from tobacco business.
2. Businesses operating in the tobacco sector must comply with the prevailing tobacco control regulations.
3. Conglomerate businesses that also operate in tobacco sector shall make tobacco-sector specific reporting as part of their Business Responsibility and Sustainability Reports to the SEBI
4. Businesses shall consider divesting from tobacco sector investments and adopt appropriate ethical financing frameworks.
5. Businesses shall consider raising awareness about the addictive and harmful nature of tobacco products and tobacco industry interference among their employees.

NAMS Working Group
on

TOBACCO ENDGAME

-Key Recommendations

NAMS Working Group on

TOBACCO ENDGAME

- Key Recommendations

Dr Sonu Goel

Chair, NAMS Working Group - Tobacco Endgame

India's tobacco endgame involves a multifaceted approach aimed at drastically reducing tobacco use nationwide. Key strategies include stringent tobacco control policies, such as increased taxation, comprehensive bans on advertising and promotion, and smoke-free public spaces. Promoting public awareness through mass media campaigns and education programs plays a crucial role in changing social norms and discouraging tobacco consumption. Strengthening tobacco cessation services and providing support for those looking to quit are also integral components. Collaborative efforts between government agencies, public health organizations, civil society, and international partners further enhance the effectiveness of these initiatives. Achieving the tobacco endgame in India requires sustained commitment, political will, and ongoing evaluation to ensure progress towards a tobacco-free future for all Indians.

WORKING GROUP MEMBERS

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NAMS Working Group on

TOBACCO ENDGAME

- Key Recommendations

The working group on Tobacco Endgame was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommendations, which are as follows:

A. We recommend prioritizing "Endgame for Tobacco in India by December 2030" as the top priority within the existing continuum of tobacco control. By then, there should be a complete and permanent elimination of the structural, social, and political dynamics that help sustain the tobacco epidemic in the country.

This recommendation can be subdivided into three components:

1. **Proposal:** A top-down proactive approach nationally and in the States and UTs, along with multi-stakeholder engagement at the highest level of governance, is imperative for the endgame to begin. These approaches should take into consideration existing policies, political will, and the attitudes of all stakeholders to eliminate the ubiquitous availability and, thus, easy access of tobacco products to vulnerable populations. Enabling stakeholders to make this decision will require advocacy efforts and mass media campaigns involving influencers. Seeking demonstrable support from people in different geographical areas across the country will be vital due to its impact value in influencing political will.

2. **Action plan:** The workplan for achieving the endgame for tobacco should begin with the endpoint in mind. It should be formally launched after collaborative efforts have generated a comprehensive workplan through thorough deliberations with key stakeholders, preferably starting in the national capital and then extending outreach to the States, UTs, districts, and feasible localities. All stakeholders involved in tobacco control should unanimously agree on all aspects related to the endgame for tobacco in India by December 2030. This includes all entities connected to the tobacco sector, from cultivation to its eventual cessation, such as politicians, administrators, healthcare workers, civil societies, activists, academia, media, and others.

3. **Implementation:** Under strategic initiatives, the needs will be to: An unambiguous and unwavering decision by the political leadership to stop commercial sale of all tobacco products in the given timeline through a phase-

out mechanism to be put in place; (a) It will need a concrete and staged phase-out plan for the Tobacco Board, the Central Tobacco Research Institute (CTRI), the cultivation of tobacco, the tobacco industry and all its allies and governmental investments into tobacco industry along with support to all their employees in alternative occupations that give these equivalent earnings. (b) For the current users, it will mean directing: (i) These to register for buying any tobacco product as well to definitely quit through a rigid timeline for all and countrywide; (ii) every health facility at all levels of healthcare to establish tobacco cessation services through a Systems Approach besides improving the services of the NTQLS, mCessation, etc.; (iii) raising the age-bar to buy any consumable tobacco product by one-year every year; and (iv) licensing of all the retail outlets in next two years followed by an effective reduction in their number (say by 15% to 20% over next 5-7 years) in a manner that these do not exist after December 2030.

B. We will need to create effective communication channels and content that include relevant data, public opinions, emotional appeals, and the violation of human rights. Messages to all stakeholders should highlight:

(a) The holistic benefits of a tobacco-free life;

(b) A win-win situation for the country both economically and environmentally without the tobacco industry; and

(c) Gains through the protection of lives.

In addition to using all types of regular media (Print, TV, and Radio), particularly social media, it will be necessary to empower users to understand, discuss, and demand the endgame within the given timeline. Within the government health system, the IEC section should take the lead in highlighting the value of the endgame in leading a tobacco-free life and associating it with other health-related messages.

C. The victims of tobacco (both users and their dependents), health professionals (e.g. cardiologists, oncologists, etc.), public health experts, economists, religious leaders, celebrities, community leaders, and people from all walks of life (regardless of their position, location, and social status), among others,

should be engaged as very impactful messengers and influencers whose messages needs to be well-crafted to have the desired effect. Non-users should also be appropriately engaged, motivated, enriched, and empowered to support the endgame for tobacco by the specified deadline of December 2030.

D. In future, every platform that brings decision-makers and people together should be utilized optimally. Any suitable moment can be extremely useful, although occasions such as festivals, religious and social gatherings, health-related campaigns, election times, etc. may be utilized specifically;

E. The fundamental right to live a healthy life (Article 21 of the Constitution of India) must be interconnected with the freedom to live a tobacco-free life as granted under its section on Personal Liberty. It is crucial to include experts in the field, both nationally and internationally, who can coordinate and collaborate effectively to provide valuable and constructive inputs in support of this issue and to ensure its impactfulness.

F. The governments at the Centre, in the States, and in UTs should ensure the adequate availability of resources, both financial and human, as well as provisions for their sustainability.

G. Multicenter scientific, social, economic, and political research should be supported to generate corroborative evidence on the utility of the tobacco endgame both locally as well as nationally.

H. Strategic readiness should be nurtured to effectively tackle interference and influence from the tobacco industry at all levels, including the media, by adopting Article 5.3 of the FCTC nationwide.

NAMS Working Group
on

TOBACCO CESSATION SERVICES

-Key Recommendations

NAMS Working Group on

TOBACCO CESSATION SERVICES

- Key Recommendations

Dr Rana J Singh

Chair, NAMS Working Group - Tabaco cessation servcice

Tobacco control is one of the crucial elements for global NCD strategy of WHO and remains unique with its international legal instrument called Framework Convention for Tobacco Control (FCTC). "O" i.e. Offer help to quit is among the six evidence-based measures MPOWER under WHO FCTC and can be considered as missed "Opportunity" with only 30% of the global population being covered by comprehensive cessation services.

With implementation of other tobacco control public health measures like smokefree laws, TAPS bans, tobacco taxes, health warnings, IEC campaigns, there is need for effective and adequately available tobacco cessation services. Currently, India has instituted measures for population level interventions like National Tobacco Quitline Services(NTQLS) and m-cessation to clinical intervention like establishing tobacco cessation clinics at various levels for helping tobacco users to quit tobacco along with integration with other public health programmes.

I appreciate the efforts by National Academy of Medical Sciences (NAMS) and Resource for Tobacco Control (RCTC) at School of Public Health, PGIMER Chandigarh to compile the recommendations for various strategies of tobacco control including tobacco cessation. "O" should be now regarded as an Opportunity to advance tobacco control in India and the recommendations shall serve as a guiding document to take tobacco cessation to next level in India.

WORKING GROUP MEMBERS

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NAMS Working Group on

TOBACCO CESSATION SERVICES

- Key Recommendations

The working group on* Scaling up Tobacco Cessation in India *was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommendations, which are as follows:

1. Constitutions of a national expert group/ advisory group for advancing tobacco cessation in India with half yearly review of existing services.
2. Drafting of National Strategic Action Plan for advancing tobacco cessation at all levels of healthcare in India in both governmental and private health care sectors.
3. Updating and/ or revising the existing guidelines (Health worker guides/ tobacco dependence treatment guidelines, guidelines for doctors etc.) on tobacco cessation and dependence for health care workers and professionals (Medical/ Dental/ Nursing/ AYUSH).
4. Drafting of guidelines with focus on product specific intervention models/ youth and adolescent, women and vulnerable population (elderly, tribals, slums etc.) to ensure equal opportunities to these for availing cessation services.
5. Dedicated IEC/ mass media Campaigns in all regional languages besides Hindi and English for enhancing awareness about harms of tobacco and availability of tobacco cessation services in India.
6. Integration of National Tobacco Quit line Services (NTQLS) with m-cessation to address the unattended calls and exploring use of IVRS/ Chatbot/Whatsapp/ AI along with Public Private Partnership (PPP) models to scale up Quit line services.
7. Training/ capacity building program specific to tobacco cessation via cascade training approach should be developed by MoHFW and implemented by state and UT governments.
8. Integration of cessation indicators from all levels (NTQLS/ m-cessation, TCCs, Brief advice at primary level, other program like NTEP, NOHP) into existing Management Information System (MIS platform) under NTCP to dynamically assess the overall coverage of cessation services at all levels of healthcare.
9. Involvement of private bodies/ national associations of health professionals (IDA/IMA/ associations of Nurses, Pharmacists etc.) for promotion of cessation services in India.
10. Ensuring the quality of the delivery of tobacco cessation service through accreditation of all TCCs under Indian Public Health Standards (IPHS) through

NABH and other accreditation agencies.

11. ICMR should have specific call to research to promote multi- centre high quality evidence/ operational research for tobacco cessation in India with sustainable funding support. Further, opportunities for collaborative research with existing national institutes of eminence working in tobacco control. (RCTC, PGIMER/ NICPR, National Resource centre for oral health and tobacco cessation/ NIMHANS etc.) should be promoted with further involvement of AIIMS and state medical institutes.
12. Insurance Regulatory and Development Authority of India (IRDAI) and PMJAY Ayushman Bharat and other state health insurance schemes should be mandated to reimburse the entire cost of tobacco dependence treatment for all tobacco users registering with any health/ Life insurance.
13. Nicotine replacement therapy should be readily and sufficiently available at TCCs at district hospitals under NTCP till primary health care level.
14. Continuing with the Over-The-Counter access to Nicotine Gum/Lozenges upto 2 mg (as per schedule K of drugs and cosmetic act, 1945) to ease its access and its optimal utilisation by the tobacco users who are willing to quit. Further, global literature suggests limited evidence of its abuse/ dual use/ use by teens or non-smokers.

Recommendations for State Government and relevant departments

1. Focus and expansion of brief cessation services/ community cessation services upto the primary health care level with training of ASHAs, ANMs for providing brief advice.
2. Further, establishing an integrated reporting mechanism into Community Based Assessment Checklist (CBAC) form for brief tobacco cessation services, outcome and referrals to TCCs.
3. Leveraging on State health helplines with existing resources to include tobacco cessation services and serve as subsidiaries to the NTQLS for a mutual support and efficacy.
4. The State NHMs should be enabled to integrate tobacco cessation services into all national health programs under its umbrage such as NTEP, NOHP, NP-NCD, RBSK, NMHP, HIV AIDS, etc.

5. Exploring PPP model to further promote and expand coverage of cessation services at all levels of health care.
6. All health institutions (Medical/Dental/AYUSH/ Nursing/ private hospitals with OPDs) should establish tobacco cessation centres with adequate training to the staff for efficient cessation services.
7. Satellite tobacco cessation clinics should be established as an extension of the existing TCCs at district hospitals/ medical colleges/ dental colleges/ private hospitals etc.
8. Tobacco Cessation Center should be part of the Inspection performa under regular inspection/ renewal/establishment/ evaluation under NMC/ DCI/ Other governing/ professional regulatory bodies.
9. Geotagging of the TCCs (Public/ private) in the state should be prioritised for ease of tobacco users to locate the tobacco cessation services available nearby.
10. Medical/ Dental/ AYUSH/ Nursing colleges should have provision of tobacco cessation skill certification for the students as part of the internship program.
11. State NTCP cell should establish a mechanism for integrated reporting and monitoring/evaluation of cessation services from all levels and connecting district tobacco control cells (DTCC) to TCCs with in districts.
12. Workplace cessation- All workplaces (Govt. or private) should motivate their employees with tobacco use to quit and should have provision to offer aid for tobacco cessation services to existing users in collaboration with private/ govt. tobacco cessation centres.
13. Further, State Govt. and other institutions/ private offices should have protocol to have a declaration about no tobacco use while hiring employee with any false declaration leading to legal proceedings.
14. Public sector undertakings (PSUs) and corporate offices to declare themselves as tobacco free to protect employees from second, third and fourth hand tobacco use.

NAMS Working Group
on

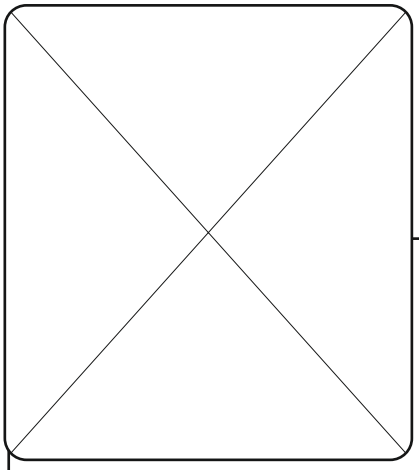
TAPS- PROHIBIT BRAND SHARING/ STRETCHING

-Key Recommendations

NAMS Working Group on

TAPS- PROHIBIT BRAND SHARING/STRETCHING

- Key Recommendations



Mr. Ranjit Singh

Chair, NAMS Working Group -
Taps- Prohibit Brand Sharing/stretching

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NAMS Working Group on

TAPS- PROHIBIT BRAND SHARING/STRETCHING

- Key Recommendations

The working group on Taps- Prohibit Brand Sharing/Stretching was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommendations, which are as follows:

INTRODUCTION

Globally, tobacco use continues to be the leading cause of preventable death, estimated to kill more than seven million people annually worldwide. The burden of mortality and morbidity due to consumption of tobacco is very high in India. As per the Global Adult Tobacco Survey-India (GATS -2016-17), almost 27 crores adults of age 15 years and above use tobacco in some form. This usage contributes to nearly 50% of all cancers in the country and over 13.5 lakh death, thus significantly impacting public health.

The tobacco industry either directly or indirectly through false, misleading, deceptive or erroneous impression indulge in tobacco advertising, promotion and sponsorship (TAPS), inter-alia encouraging users to continue with their habit, and influencing non-users especially youth to intiate tobacco use. As per the Global Youth Tobacco Survey (GYTS-4, 2019), the mean age of initiation of tobacco products among children ranges from 7 to 10 years. In India over 26.7 crore adults (28.6% of those aged 15 and above) using tobacco. Studies have established that exposure to TAPS is significantly related to the increased use of tobacco among the youth.

"The consumption of tobacco and tobacco products has huge adverse impact on the health of the public at large and, particularly, the poor and weaker sections of the society which are the largest consumers of such products and that unrestricted advertisement of these produces will attract younger generation and innocent minds, who are not aware of grave and adverse consequences of consuming such products"..

The Frame Work Convention on Tobacco Control (FCTC), the first public health treaty adopted by World Health Assembly in May 2004, Article 13 of the WHO FCTC and its guidelines mandate a comprehensive ban on all TAPS. India has ratified FCTC on 27th February 2005 and is therefore obligated to comply with the treaty provisions and its guidelines to reduce tobacco consumption globally. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade

and Commerce, Production, Supply and Distribution) Act 2003, popularly known as COTPA, is enacted to discourage tobacco use and one of the key objectives is to eliminate all tobacco advertisements, promotion and sponsorship. Section 5 of COTPA specifically bans all direct and indirect advertisements that promotes the use or consumption of cigarettes or any other tobacco product through all mediums. However, there are some key gaps in COTPA as far as TAPS regulation is concerned, such as exemption to point of sale advertisements, no specific provisions addressing promotion through, corporate social responsibility activities, online sale, product display, new mediums(internet, smart phones etc), flavouring etc. Thus, the existing gaps undermines the law, which otherwise envisions a comprehensive ban on tobacco advertisements. Further the implementation of the ban on TAPS is very weak in India as the enforcement agencies limit their effort in only addressing violation of compoundable offence which is punishable with fine and there is minimal effort to enforce non-compundable offence related to TAPS under section 5 and related Rules of COTPA. There is also rampant brand stretching of tobacco products, where tobacco brand name, emblem, trademark, logo or trade insignia or any other distinctive feature is connected with a non-tobacco product to mark a clear association.

TAPS also, faces challenges, from conflicting legislation, for example, the Cable TV Network Regulation that allows advertisements of co-branded products and the Food Safety Act 2006 and its regulations allow advertisements of Pan Masala, which is sold with smokeless tobacco products.

RECOMMENDATIONS:

After deliberation on existing policies, guidelines, laws and global best practices, the working group on TAPS recommends as follows:

Recommendations for Central Government

1. **Ban point of sale advertising and promotion:** All kind of advertising and promotion at point of sale including visible display of all tobacco products should be banned. This may be done by removing the proviso under section 5 of COTPA that currently makes exception for point-of-sale advertising. A study assessing data from 130 countries found that point of sale advertising bans are significantly associated with reduced smoking experimentation among youth.

A study reviewing data from 77 countries estimated that having a point of sale display ban reduced daily smoking prevalence by about 7%. At least 42 countries comprehensively ban TAPS (Tobacco Advertising, Promotion and Sponsorship) including point of sale advertising, and 21 of these countries also ban tobacco product display. This is also alighned with the proposed amendments under the draft COTPA Amendment Bill 2020.

2. **Comprehensive TAPS ban law:** A comprehensive TAPS ban law should be introduced by aligning with Article 13 of WHO-FCTC and its guidelines and inter-alia include specific provisions under section 5 of COTPA to address promotion through, corporate social responsibility activities, online sale, distribution of free samples, product display, new mediums (e.g. sms, internet, mobile based apps, smart phones etc.), sponsorship etc., through a Model TAPS Ban Law-Annexure-1.

3. **Amend definition of indirect advertisement under COTPA Rules:** Definition of 'indirect advertisement' under the 2004 COTPA Rules, should be amended to include a ban on the use of a trade name or trade mark of tobacco product for marketing, promoting or advertising other goods, services and events.

4. **Activate Section 5 Monitoring Committee:** The committee constituted at the national level for monitoring violations under Section 5 of the COTPA should be renotified and strengthenend for making them active and functional to mitigate all incidences of TAPS within their jurisdiction. The committee members should be sensitized on the need to continuously monitor TAPS and conduct regular follow-up with regard to violations.

5. **Effective enforcement of COTPA provisions**: Concerted and coordinated effort should be made by the Centre with the State/UT`s Governments to rigorously enforce Section 5 of COTPA, in line with the Hon`ble Supreme Court`s direction, …"the Governments of all the States shall be bound to rigorously implement the provisions of the 2003 Act and the 2004 Rules as amended from time to time".

6. **Maintain consistency across various laws:** Central Government should resolve discrepancis in the Cable TV Network Act, Food Safety and Standards

Act, Consumer Protection Act, Juvenile Justice Act and COTPA with respect to TAPS laws. This may be achieved by inserting a clause having overriding effect of COTPA on other laws. A clear and uniform policy against TAPS, especially brand stretching of tobacco products by harmonising different laws and regulations is necessary to mitigate the problem permanently.

7. **Health warnings on Pan Masala and Areca Nut products:** The Food Safety and Standards (Labelling and Display) Amendment Regulations, 2022, should be immediately implemented which mandates that all packages of Pan Masala should have a warning "Chewing of Pan Masala is Injurious to Health" covering 50% of the front-of-pack of the label. A similar provision should be implemented for all areca nut products under the Act.

8. **Ban on advertising of Pan Masala and Areca Nut Products:** Central Government should prohibit all direct and indirect advertisements of Pan Masala and Areca Nut products through all mediums, by making suitable modifications in the Food Safety and Standards Act and Regulations. The Act classifies pan masala and areca nut as products 'injurious to health' under the packaging and labelling regulations 2.4.5 clause 30 and 31. Thus, a ban on their advertisement shall be in the interest of public health as there is rampant direct and indirect advertisement in print, electronic and outdoor media, of pan masala by undermining the harmful and injurious nature of the product.

9. **No direct or indirect advertising or promotion of brand stretching and brand sharing products:** Central Government should apprise all manufacturers and producers who apply for any registrations that registration of a trade name or trade mark shall not entitle its advertisement and promotion in contravention of the comprehensive TAPS laws. Tobacco Products, Pan Masala and Food Products have been registered in different classes of Trade Marks, but having the same word mark/brand name, colour, logo, proprietor, address etc., which has led to surrogate advertisements of tobacco and its ancillary products due to lack of clear guidelines.

10. **Prohibit registration of brand extension and brand sharing products:** Central Government should introduce adequate safguards in the Trademarks

Act, to prevent brand extension or brand sharing.

11. **Guidelines for implementation of section 5 and its regulations:** Central Government should introduce guidelines for effective implementation of section 5 of COTPA and its enabling Rules including the Rules regulating depiction of tobacco products and its use in Films, TV Programmes and OTT or streaming platforms.

Reccomendations for State Governments

12. All State Governments should constitute monitoring committees at the state and district levels for acting against violation of Section 5 of the COTPA, within their jurisdiction. The committee members should be sensitized on the need to continuously monitor TAPS and conduct regular follow-up with regard to violations.

13. The Authorized Officers at the State Level shall file a complaint before the Judicial Magistrate for violation of section 5 of COTPA as it's a non-compoundable offence.

14. Municipal authorities in the State/UTs should implement the Ministry of Health & Family Welfare(MOHFW), advisory dated 21st September 2017 and the Ministry of Housing and Urban Poverty Alleviation advisory dated Sept. 28, 2018, inter-alia requesting State Governments to develop mechanism for licensing of tobacco vendors. Enforcement of TAPS laws can be improved by making its compliance a condition in the licensing of tobacco vendors. Including condition that suspension or withdrawal of a vendor's license for violations of COTPA is an effective sanction.

Reccomendations for Civil Societies

15. Civil Societies at the National, State and District Level should actively participate in the implementation of Section 5 of COTPA, by reporting violation to the Monitoring Committees.

16. Civil Societies should disseminate information and generate awareness on the TAPS laws, to improve enforcement.

17. Civil Societies should file regular complaint on the MoHFW/WHO portal, violation-reporting.in, for contravention of section 5 of COTPA.

18. Civil Societies should register grievance before the Digital Publisher Content Grievances Council (DPCGC), for contravention of OTT Rules.

Annexure-1

5 (1) No person shall initiate, produce, disseminate or broadcast any advertisement or promotion of cigarette or any other tobacco product through any medium and no person shall directly or indirectly promote the use or consumption of cigarettes or any other tobacco products.

Explanation-for the purpose of this section, "medium" means, audio, audio-visual, print (including newspapers or magazines whether domestic or international, pamphlets, leaflets, flyers and letters), billboards, hoardings, posters, signs, non-tobacco products, tobacco accessories, buildings or other structures, vehicles, television, radio, films, music, games, live performances, the internet including over-the-top media services, social media platforms, mobile telephones, and other new technologies.

(2) No person, for any direct or indirect pecuniary benefit or otherwise, shall-

(a) display, cause to display, or permit or authorise to display any advertisement of cigarettes or any other tobacco product on any medium.

(b) supply or offer to supply free samples of a tobacco product, including in connection with marketing surveys or taste testing; or

(c) import, distribute, sell or offer for sale any confectionery or other food product or any toy or any other article that is designed to resemble a tobacco product or the packaging of which is designed to resemble the packaging commonly associated with a tobacco product; or

(d) offer to sell any tobacco product at a discounted price; or

(e) provide gifts or discounted products with the purchase of any tobacco product; or

(f) offer or engage in any incentive promotions, loyalty schemes, or competitions associated with tobacco products or brand names whether requiring the purchase of

tobacco products or not; or

(g) offer to sell or expose to sell any tobacco product on the internet, whether for cash or on credit, or by way of exchange or by any other means; or

(h) use a name, brand, mark or trademark of a tobacco product on or in association with, or for marketing, promoting or advertising, any other product, service or event; or

(i) use particular colours, layouts or presentation that are associated with particular tobacco products for marketing, promoting or advertising, any other product, service or event; or

(j) use additives in any form that can impart, intensify, modify or enhance the flavour or increase dependance of cigarettes or any other tobacco products; or

(k) market tobacco products with the aid of a name, mark or brand which is known as, or in use as, a name or brand for any other product, service or event; or

(l) use tobacco products when advertising other goods and services.

(3) No person shall—

(a) provide, receive, initiate or be a party to sponsorship in relation to cigarette or any other tobacco products;

(b) promote or agree to promote whether directly or indirectly any mark, trade mark or brand name of cigarettes or any other tobacco products;

(c) promote through contribution or otherwise, or through an activity under corporate social responsibility, cigarettes or any other tobacco products.

Explanation-for the purpose of this section, "promote" means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly.

Explanation-for the purpose of this section, "sponsorship" means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly.

Explanation-for the purpose of this section, "trade mark" means the whole or a part

of a trade mark that is registered under the Trade Marks Act, 1999 in respect of goods that are or include tobacco products, irrespective of whether the same or similar marks are also registered in respect of other goods or services.

(4) No person shall display, cause to display, or permit or authorize to display, cigarette or any other tobacco product, or their package, at the entrance or inside a warehouse or a shop where cigarettes or any other tobacco products are offered for distribution or sale.

Explanation.–For the purpose of this section, "display" means, when cigarette or any other tobacco product or their package is visible to any member of the public in general and not during the course of a transaction for the sale of any specific tobacco product.

(5) The owner or person in control of a warehouse or a shop where cigarettes or any other tobacco products are offered for distribution or sale, shall, ensure that cigarettes and other tobacco products are kept in a closed container or dispenser that is not accessible to any member of the public;

Provided that a board, listing the kind of cigarettes and other tobacco products available for sale, may be displaced in a manner as prescribed by rules made under this Act.

NAMS Working Group
on

BIDI & OTHER INDIGENOUS PRODUCTS

-Key Recommendations

NAMS Working Group on

BIDI & OTHER INDIGENOUS PRODUCTS

- Key Recommendations

Dr Pankaj Bhardwaj

Chair, NAMS Working Group -
Bidi & Other Indigenous Products

Bidi smoking poses severe health risks, including lung cancer, cardiovascular diseases, and respiratory issues. It is often underestimated as a significant public health concern as it is a highly localised issue in limited geographic regions, not inviting the attention of the global health advocates. The thin and unfiltered tobacco leaf wrapped in a tendu leaf exposes users to even more toxins than regular cigarettes. Chronic bidi smoking is linked to a heightened risk of ailments, which makes addressing this issue a need of the hour. Comprehensive regulatory measures along with behavioural change interventions such as increased taxation, stringent advertising restrictions, and widespread education campaigns would prove vital for bidi control, thus preventing a surge in tobacco-related illnesses and safeguard public well-being.

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NAMS Working Group on

BIDI & OTHER INDIGENOUS PRODUCTS

- Key Recommendations

The working group on* Bidi & Other Indigenous Products *was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommendations, which are as follows:

Recommendations for the Academia and Medical Institutions:

- Medical institutions to establish an improved surveillance system at national, sub national and medical college level, to monitor bidi related diseases along with intensive and targeted public awareness campaigns for health risks associated with bidi smoking.
- Strengthening and expansion of the tobacco cessation programs to provide accessible resources and support tailored for bidi smokers willing to quit.
- Academicians can conduct operational and exploratory research in various domains such as bidi taxation, brand analysis, compliance with existing laws, vendor density prevalence and illicit trade, which are largely unexplored in the bidi industry. This will help develop effective prevention and cessation strategies as well as to counter the misleading narratives of tobacco industry.
- Research institutions to generate novel evidences on bidi cessation through behavioural change intervention that could be replicable in different settings and languages across the country.
- Agricultural institutions can research the viable crop alternative crops to help bidi farmers to switch from their current jobs.
- Academia may collaborate with government departments and civil society organizations to advocate for tobacco control policies to include bidi at the local, national, and international levels. This can include working with policymakers to conduct research, develop evidence-based policies, design interventions and providing expert testimony and consultations.

Recommendations for the Civil Society Organisations:

- Civil society organizations can help raise awareness about the health risks of bidi rolling amongst the workers along with their sensitization regarding alternate livelihoods opportunities. This can include organising awareness campaigns, providing information and engaging with the local rural and tribal communities to promote healthy livelihoods.
- Organisations working for environment protection should evaluate and

document the environmental burden of bidi trade, especially the impact tendu leaf collection has on the forest, and inform the policymakers and other stakeholders

- Organisations aiming for social inclusion and human rights must investigate and expose the exploitative incidents and practices in bidi trade that undermine basic concept of equity.

Recommendations for bidi control – tax-price measures:

- Considering the health, environmental and economic burden due to the bidi consumption, it is of utmost importance that the Ministry of Commerce and Industry along with the Ministry of Micro, Small and Medium Enterprises propose to revisit the status of bidi industry as a cottage industry and the regulatory and tax relaxation the industry enjoys, considering the heavy toll on health of its consumers and the people involved in the production.
- Reduction and finally elimination of the production volume threshold for taxation of bidi industry through annual reductions by the year 2030.
- India is a signatory to the WHO FCTC which proposed the tax proportion on tobacco products to be 75%. An increased taxation of the bidi sticks, initially to include ad valorem and compensation cess equal to other tobacco products, while targeting WHO recommended taxation, through annual increments by the year 2040, in order to reduce affordability amongst chronic users and youth initiation.
- Extension of laws on cigarettes to include bidi, such as ban on sale of loose sticks and enforcement of tobacco vendor licensing norms to reduce black marketing and illegal circulation, so that 100% regulation may be achieved in a longer run.
- Earmarking a fixed proportion of increased revenue for rehabilitation of workers associated in the bidi lifecycle, such as tobacco farmers, bidi rollers, middle-man and distributors, and bidi industry workers. While the harmful effects to the health are well documented for these workers, insufficient access to alternative livelihood options refrain them from rehabilitating. The inflow of surplus revenue may be used for upliftment of this vulnerable sect of the population.

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BIDI & OTHER INDIGENOUS PRODUCTS

- Key Recommendations

General Recommendations:

- Being largely fragmented and unregulated, bidi industry gives way to illicit product circulation in the market. Implementation of licensing at every stage of bidi manufacturing and selling by the vendors, regulation of production and marketing of bidi will be the key to elimination of such violations resulting in better implementation of control policies.
- Bidi packs constantly violate the norms for pictorial health warnings which should be stringently monitored for an increased awareness amongst all users, especially the uneducated.
- Similar to declaration of cigarette manufacturing as an occupational health hazard in the labour code, bidi rolling must also be recognised as an occupational health deterrent to all ages and gender, due to high and constant nicotine exposure amongst the bidi rollers, thus necessitating the prioritization of health education amongst bidi workers.
- Considering the value chain analysis of the bidi industry, it is evident that only 3% of the profits go to the bidi tobacco farmers. The Ministry of Skill Development and Entrepreneurship should provide support for vocational rehabilitation to help bidi workers transition to alternative livelihoods and Crop Diversification Programs, with trainings and education programs, provision of subsidies and infrastructure for starting new businesses, and job placement services for better and safer income-generation occupations.
- There is a dire need of tax reforms with increase the taxes on bidis to discourage smoking, while allocation of additional revenue collection to bidi workers for social welfare programs and alternate livelihood.
- Framework for regulation and tracking of bidi tobacco from cultivation to processing and manufacture of bidi, possibly by inclusion of the bidi tobacco as per the standard operating procedures for tobacco auctions under the Tobacco Board of India.
- The environmental burden posed by the bidi product wastes are diverse in nature, ranging from paper, plastics and filters. There is a need for a comprehensive policy deterrent and a financial levy, that is borne by the manufacturers.

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- Given the enormous cost incurred for cleaning of the consumed product wastes, the strategies for greater sensitization of various stakeholders (users, supply chain, regulators, civil societies, academia, researchers, public health bodies etc) for effective implementation of existing regulations and adopting stronger norms to reduce its environmental impact are needed.
- Currently, no manufacturer fully complies with environmental laws. The bidi manufacturing companies and their shareholders must take full responsibility to reduce the environmental burden of their products.
- The violations of the existing environmental laws and policies related to solid wastes/packaging should be strictly monitored, reported and regulated to ensure compliance.
- Given the irreversible impact of plastics on the environment and the human body, the unnecessary plastic waste generated from the bidi, needs stronger and urgent policy shift for its effective elimination.
- The bidi workers are often underpaid. There is need to adopt, implement and enforce centralised minimum wage laws, and social security benefits, such as pension and medical benefits to ensure that bidi workers receive a uniform and fair compensation for their work. This might also provide positive repercussions of increasing the input costs thus raising the final product costs, thus reducing availability.
- Such a form of exploitation creates a cycle which the workers find extremely difficult to cope from, pushing generations into the same profession and highly frequent incidences of child labour. Thus, necessary amendments in the Bidi and Cigar Workers (Conditions of Employment) Act, 1966, Child Protection Laws and Labour laws need to be made for a stringent enforcement with clearly defined and harsher penalisation provisions.
- Setting up of accessible, convenient, transparent & efficient grievance redressal mechanism for workers to report low or delay payment and other exploitations.

NAMS Working Group
on

SMOKELESS TOBACCO PRODUCTS

-Key Recommendations

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SMOKELESS TOBACCO PRODUCTS

- Key Recommendations

Dr. Shalini Singh

Chair, NAMS Working Group -
Smokeless Tobacco Products

Tobacco consumption is one of the leading causes of preventable deaths globally, and it poses substantial burden on economy, health and society. Smokeless tobacco products are most commonly used in South East Asia region especially India. It is essential to formulate effective policies and strong regulatory framework for effective tobacco control. Reducing the tobacco production and consumption are essential to protect public health. An understanding of tobacco use patterns and prevalence is a necessity to design targeted interventions. Continuous efforts for education and awareness campaigns are needed to change the social acceptance and attitudes towards the use of different forms of tobacco. Evidence-based cessation supports and their accessibility helps individuals attempting to quit tobacco use. It is obvious that tobacco control is a global public health priority that entails across border collaborations. Initiatives such as exchanging data, sharing best practices and implementing WHO Framework Convention on Tobacco Control (FCTC) in low - and middle-income countries are vital for achieving the goals of global tobacco control. To curb the global tobacco epidemic, continued commitment from public health advocates, civil society and government bodies is essential to achieve a tobacco-free society. This proposed book on Tobacco Control is an excellent move by the National Academy of Medical Sciences (NAMS) Task Force for Tobacco Control in collaboration with other esteemed Institutes in the country for identifying the gaps and providing a comprehensive overview of tobacco control aspects both nationally and globally. It may serve as a comprehensive guide for public health professionals, researchers and policymakers. Various aspects of tobacco control starting from indigenous tobacco products to evolving challenges posed by the new and emerging tobacco products have been explored in the book. This book will be very useful to all the stakeholders in the region and beyond and they shall be able to make the best use of the evidences and come up with better strategies to implement the existing policies in their countries and develop future policies to strengthen effective tobacco control.

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NAMS Working Group on

SMOKELESS TOBACCO PRODUCTS

- Key Recommendations

The working group on Smokeless Tobacco Products was engaged in extensive deliberations which led to the formulation of a comprehensive set of key recommendations, which are as follows:

Given the colossal burden of SLT use in the country and the gaps in its effective regulation, the following priority actions have been suggested by the experts on the task force. These steps and actions should be undertaken to ensure effective SLT control in the country. At various levels, implementation of these recommendations will strengthen India's tobacco control efforts to curb SLT use and mitigate the associated adverse health effects on both individuals and the community at large.

1. **Effective and full implementation of the WHO-FCTC provisions and guidelines with a focus on SLT control:** An overall commitment to implementing effectively and fully the provisions of the WHO-FCTC and their guidelines by all arms of the government is an important first step to meet the goals of tobacco control, including SLT control. This is also a clear recommendation and a target for achieving the 'health for all' goal under the United Nations Sustainable Development Goals.
2. **Effective implementation and enforcement of COTPA, FSSA, JJA, and other laws and regulations applicable to SLT control:** All enforcement officials under various legislation should be well trained to effectively implement the provisions of tobacco control laws regarding SLT control.
3. **Advancing research for SLT control:** While there is a felt need for a national research policy on tobacco control, focus should be given to research dedicated to the impact and implications of SLT use in the country. Medical, dental, and other health institutions should collaborate and focus on multi-centric multi-product-based research questions that will support effective policy for SLT control in the country. Efforts should be made to identify, understand, and mitigate the tobacco industry tactics used for luring youth and vulnerable groups. Research priorities and policy should support the vision of a tobacco-free generation in India. Research is limited in areas of SLT economics and taxation, SLT cessation, SLT illicit trade, SLT initiation and experimentation, SLT packaging and labeling, SLT use in public places, etc. There is a need for the expansion of state-wise time trend registry data on the use of SLT products and their adverse health outcomes.
4. **Tobacco Industry Interference:** Policy guidelines similar to the Code of Conduct adopted by the Ministry of Health and Family Welfare should be

adopted and implemented across all departments at the national and state levels that are in line with the WHO FCTC Article 5.3. Appropriate training should be provided at different levels for effective implementation of the same.

5. **Increase the minimum legal age of purchase to 21 years with the aim of a tobacco-free generation:** Despite the ban on the sale of tobacco products to any person below the age of 18 years under COTPA and the ban on giving and causing to be given tobacco products to minors under Section 77 of the Juvenile Justice Act, tobacco use and exposure to minors are abundantly visible in the country. Legislative efforts should be made to protect minors from tobacco industry commercial interests by increasing the minimum legal age for the sale of all tobacco products to 21 years. Besides, it is evident that delayed initiation of tobacco use reduces the chances of addiction, and several countries globally have thus mandated the minimum legal age for the sale of tobacco products to 21 years, along with implementing a tobacco-free generation that impedes sales and supply of tobacco products to any individual born after a specific year.

6. **Standard Packaging for SLT Products:** The packaging of smokeless tobacco products, along with all other tobacco products, should be standardized with mandates on pack size, shape, weight, height, packaging material, etc. The expert group suggests that SLT packs should not be packed in less than 50gms standard cylindrical tin packs of minimum 5cm diameter and 7 cm in height without any plastic or paper packaging outside or inside such pack. This may be done by the Ministry of Health and Family Welfare along with the rotation of PHW under Section 7 of COTPA.

7. **Compliance with the Pictorial Health Warnings on SLT products:** The majority of SLT products in the country do not comply with the PHW regulations prescribed by the Ministry of Health and Family Welfare. Strict directions should be issued by the MoHFW and other competent authorities to all SLT manufacturers to comply with the PHW regulations. All violator companies should be prosecuted by the competent authorities for violation of Section 7 of COTPA.

8. **Pictorial health warnings on non-tobacco products such as Pan Masala, Meethi Supari, etc.:** Such products that contain areca nut as one of the ingredients should also display pictorial health warnings, as most of these products are consumed along with SLT products, especially by minors. It can be

done by the FSSAI by issuing an appropriate notification to this effect under FSSA.

9. **Prohibition of brand stretching or brand sharing of tobacco products:** The WHO FCTC Article 13 and COTPA prohibit any kind of direct and indirect advertising, promotion, and sponsorship (TAPS) of tobacco products and brands. Brand stretching and brand sharing of tobacco products are inherently TAPS and should be prohibited. However, as SLT products are majorly consumed in combination with areca nut products, tobacco industries manufacture and advertise several non-tobacco products such as meethi supari (areca nut mixed with sugar, condiments, and flavors), Pan Masala, Mouth Fresheners, containing areca nut as the key ingredient while using the same established brands of SLT products. Hence, registration and manufacturing of any non-tobacco products with the existing tobacco brands and vice-versa should be completely prohibited. Moreover, advertisements of non-tobacco products such as Pan Masala and products containing areca nut and products classified as injurious to health by the FSSA should be completely prohibited.

10. **Prohibition of additives in Smokeless Tobacco Products:** Addition of any additives such as flavors, sweeteners, fragrances to increase the attractiveness or palatability of the SLT products should be prohibited. Guidelines or explanations on the violation of existing regulations on the prohibition of any ingredients like tobacco or nicotine in any food items by FSSAI (Food Safety and Standards Authority of India) should be issued with strict compliance monitoring by all state and district level food safety officials.

11. **Cessation Services focused on Smokeless Tobacco use:** Promotion of cessation services for users of SLT products should be encouraged in all government health programs through health institutions, with a focus on raising awareness about the benefits of SLT cessation in regional languages through mass media campaigns. Effective training modules should be developed, and all healthcare providers should receive periodic training for providing effective SLT cessation services. The training modules should be developed with a context- and gender-sensitive approach to understanding the socio-cultural factors influencing SLT use patterns in the country.

12. **Comprehensive approach to SLT taxation:** In India, tobacco leaves, the main raw material used for SLT products, are taxed at a rate of 5%, which includes

2.5% Central and 2.5% State Goods and Services Tax. Additionally, final SLT products are sold in small packs at minimal prices. To achieve the WHO's recommended 75% tax on the retail price of tobacco products, a comprehensive approach to SLT taxation should be adopted in the country's annual budgets. All SLT products, along with tobacco leaves, should be taxed at a higher rate that is adjusted for inflation and based on a higher base price, which can be achieved by standardizing product packaging with larger pack sizes. No subsidies or GST exemptions should be extended for any tobacco or sin products, including SLT products.

13. **Vendor Licensing for the sale of tobacco products:** Enforcement of tobacco control measures is hindered by the absence of compliance monitoring at points of sale. Introducing tobacco vendor licensing in India can address this issue. This will also help regulate easy availability and accessibility, especially to minors. Retail vendor licensing should be adopted and implemented to regulate tobacco sales as per the prescriptions of the law, in line with the provisions of COTPA and WHO-FCTC. Over time, exclusive tobacco vendor licenses should be considered, and shops selling products aimed at minors (e.g., stationery, toys, chocolates, confectionaries, food items, etc.) should not be permitted to sell tobacco products. Moreover, it will aid in monitoring the illicit trade of tobacco products through tracking and tracing and ensure compliance with existing tobacco control legislation.

14. **Regulation of SLT Products:** Regulation of SLT products and their contents is not well defined under COTPA. A detailed analysis of their harmful nature, both at the physical and chemical levels, along with their toxicity and emissions, is required. Periodic testing of SLT products marketed in the country, as well as any new SLT products, should be carried out by the National Tobacco Testing Laboratories and shared with the MoHFW and state governments for taking effective and appropriate regulatory measures. Such periodic testing of SLT products would also help map the regional diversity of SLT products from samples received from various states.

15. **Impose a ban on spitting in public places:** COVID-19 provided an opportunity for some nations in the South East Asia Region (SEAR) to reduce tobacco use during the pandemic by strictly prohibiting public smoking and spitting. India made a mass appeal to discontinue SLT product use and

prohibited public spitting to control the detrimental spread of COVID-19 and to promote awareness programs like the Swachh Bharat Mission in 2020. Efforts should be made to make the public aware of the implications of public spitting following SLT use, and a ban on public spitting should be imposed to curb the health burden of public spitting and meet the goals of public sanitation and hygiene.

16. **Evidence-based mass communication and awareness of adverse health impacts of SLT use:** The MoHFW, under the NTCP, should consider a comprehensive IEC and BCC plan focused on SLT control. This plan should be evidence-based and field-tested, with mass dissemination that caters to the unique burden of SLT use across different states and at the national level. It should also address the social media audience while countering tobacco promotion on such platforms.

17. **Ban on online sale of SLT products:** The MoHFW should consider issuing a notification to ban the online sale of tobacco products. Several grocery delivery vendors, including online delivery vendors, are selling tobacco products in violation of various provisions of COTPA, the Juvenile Justice Act, and the FSSA. Online sale is also inherently considered TAPS as per WHO-FCTC Article 13 guidelines.

18. **Ban on online promotion of SLT products, especially through social media:** Steps should be taken by the MoHFW to prevent online promotion of tobacco products, including SLT products and their surrogates, especially through social media. Such promotions violate the intent of COTPA Section 6 and are contrary to the definition of indirect advertisement under COTPA, vitiating Section 77 of the Juvenile Justice Act to the extent it entices a minor to tobacco use.