



How compliant is Beedi to Ban on Advertising and Pictorial Health Warnings?

An Observational Study from 17 Indian States



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School of Public Health, AIIMS Jodhpur | Vital Strategies



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About the Institution

School of Public Health, All India Institute of Medical Sciences (AIIMS) Jodhpur

School of Public Health at AIIMS Jodhpur is established to address public health issues and offer highest standard of care to community. Since inception, we have taken many initiatives for tobacco sensitization in community through screening camps, awareness sessions and IEC development. Tobacco control has been a major component of the flagship School Health Promotion Program of SPH since 2019. Faculty members including the PI are designated Nodal persons for Scientific Group, National Tobacco Testing Laboratory (NTTL) under the MoHFW since September 2020.

In the past two years, we have worked to quantify the holistic burden due bidi by generating national and state estimates of environmental, health and economic burden due to bidi smoking. By partnering with other partners of The Union, SPH AIIMS Jodhpur has developed 3 major national reports with corresponding state factsheets for states/UTs. “Environmental Burden due to Tobacco Consumption in India” enumerated the indiscriminate amount of waste disposed in the environment by bidi and other tobacco products. “The Lifecycle Approach to Bidi Trade in India” deciphered the fragmented data on bidi lifecycle which today, serves as a comprehensive document on every aspect of bidi lifecycle from raw material to labour statistics, working conditions and even an estimation of annual production. “Tax and Regulatory Implications of Bidi Industry” was a novel document which projects implications of increased taxation and regulation of bidi with increase in government revenue and decrease health burden. Due to the strong government liaisons, these reports were disseminated amongst the top-ranking governmental stakeholders across all relevant ministries in the country.

Vital Strategies, India

Vital Strategies is a global public health and scientific organization supporting Data for health, Partnership for healthy city, control of lead poisoning, civil registration and vital statistics (CRVS), tobacco control and environmental health/ climate change. Vital Strategies India is a social enterprise with office in New Delhi and serves as regional hub for Southeast Asian countries viz. India, Bangladesh, Maldives, Bhutan, Nepal and Sri Lanka. Vital Strategies India office has a potential to reach 2 billion low and middle- income population in South Asian countries. Tobacco Control Division, Vital Strategies is working closely with its partners and state governments in adopting digital means to monitor and report Cigarettes and Other Tobacco Products Act, 2003 or COTPA, 2003 and Tobacco Free Educational Institutions (ToFEI) compliance.

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Preface

Beedi remains one of the most widely consumed forms of tobacco in India, particularly among rural and low-income populations. Despite the comprehensive provisions of the Cigarettes and Other Tobacco Products Act (COTPA), 2003, aimed at regulating tobacco use and protecting public health, compliance with the law continues to be inconsistent. Recognizing this gap, the present countrywide observational study was undertaken across 17 states to assess adherence to two key sections of COTPA—Section 5, which prohibits tobacco advertising, and Section 7, which governs packaging and health warnings—at various points of sale including tea stalls, local shops, markets, and transport hubs.

The study reveals that overall compliance with these provisions remains unsatisfactory. Although direct advertising of beedis was relatively low, widespread violations were observed in both signage and packaging. Nearly three-fourths of advertisement boards failed to meet legal specifications, and less than one-fifth displayed required health warnings. Packaging compliance was similarly weak: while most beedi packets carried health warnings, only a third met the mandated standards in terms of size, clarity, and coverage. The continued sale of loose beedis, observed in over one-fourth of outlets, further undermines the intent of the law.

Notably, compliance levels varied across states, with Delhi, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Tripura, and Punjab showing comparatively better adherence than states such as Maharashtra, Odisha, Kerala, Tamil Nadu, Gujarat, and Bihar. These regional differences likely reflect variations in enforcement, local tobacco use patterns, and population characteristics.

The findings underscore the urgent need to strengthen systematic enforcement, enhance vendor awareness, and ensure uniform compliance across states. Recommendations include instituting regular risk-based monitoring, imposing consistent penalties for violations, providing clear vendor guidelines in local languages, curbing loose beedi sales, and ensuring that packaging fully meets mandated health warning and Quitline specifications. The development of state-specific enforcement action plans, supported by a central compliance tracking system, will be vital to improving accountability and guiding targeted interventions.

By highlighting these persistent challenges and actionable solutions, this study aims to inform policymakers, enforcement agencies, and public health practitioners in their efforts to advance India's tobacco control agenda and safeguard vulnerable populations from the health harms associated with beedi consumption.

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Executive summary

Beedi continues to be one of the most consumed tobacco products in India, particularly among rural and low-income groups, despite strong provisions under the Cigarettes and Other Tobacco Products Act (COTPA), 2003. This countrywide observational study, conducted across 17 states in priority districts, assessed compliance with Section 5 (prohibition of advertisement) and Section 7 (packaging and health warnings) of COTPA at points of sale such as tea stalls, local shops, markets, and transport hubs. The study's findings highlight that compliance to both these sections of COTPA are largely unsatisfactory. The findings reveal that while direct advertising of beedis was relatively low at 5% of outlets, violations remained widespread. Nearly three-fourths of advertisement boards failed to comply with COTPA specifications and only 19% displayed health warnings, while 31% of outlets prominently displayed beedi products. Surrogate promotions and celebrity endorsements, though less frequent, were still evident. Packaging compliance was also weak—although 81% of packets carried health warnings, only one-third met the required specifications, with frequent issues such as distorted images and inadequate coverage below the mandated 85% of the display area. Quitline information was present on 70% of packets but often only on one side, and the sale of loose beedis was reported in 27% of outlets, undermining the law's intent. Inter-state comparisons revealed relatively better compliance in Delhi, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Tripura, and Punjab, as compared to the states of Maharashtra, Orissa, Kerala, Tamil Nadu, Gujarat, Bihar, and Uttar Pradesh. Regional variations could be attributed to local tobacco use practices, enforcement measures from governments apart from population demographic characteristics.

The findings highlight that while overt point-of-sale advertising is largely absent for beedi products, significant gaps remain in packaging, labelling, and enforcement against loose product sales, reflecting weak regulatory oversight. To address these challenges, the study recommends strengthening systematic inspections including vigorous and regular enforcement drives and risk-based monitoring, especially in poor compliant regions; applying stricter and consistent penalties for violations; enhancing tobacco vendor sensitization with simple guidelines in local languages; reducing loose sales through targeted enforcement, ensuring inclusion of beedi products that are often overlooked; and ensuring health warnings and Quitline information fully comply with mandated specifications. Additionally, developing and implementing state-specific enforcement action plans, supported by a central compliance tracking system, will improve accountability and guide resource allocation. Strengthened monitoring and state-led action are critical to advancing India's tobacco control agenda and protecting vulnerable populations from the harms of beedi consumption.

Background

Beedi is one of the most widely used and affordable forms of tobacco in India, particularly among lower-income and rural populations. An estimated 7.7% of Indian adults smoke beedis, making them the second most commonly consumed tobacco product in the country.¹ The health burden associated with beedi smoking is significant, contributing to high rates of cancers, cardiovascular diseases, respiratory illnesses, and premature deaths.²

In response to this public health crisis, the Government of India enacted the Cigarettes and Other Tobacco Products Act (COTPA) in 2003, a comprehensive legislation aimed at regulating the production, supply, and use of tobacco products. Among its various provisions, two sections are of particular relevance to consumer protection and demand reduction. Section 5 prohibits the advertisement, promotion, and sponsorship of tobacco products to reduce exposure to pro-tobacco messaging, particularly among youth and vulnerable populations. Section 7 mandates that all tobacco product packages display pictorial health warnings covering prescribed proportions of the packaging surface to inform users about the dangers of tobacco use and to discourage initiation.³ These provisions reflect India's commitment to global tobacco control norms under the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC).

However, despite the presence of strong legal provisions, the implementation and enforcement of COTPA remains inconsistent across the country. This challenge is particularly pronounced in the case of beedis, which remain one of the most affordable and widely consumed tobacco products in India. Beedis, often marketed and sold in informal and unregulated settings, escape stringent regulatory oversight due to their fragmented production systems and low-cost nature. Common violations include the sale of loose sticks without packaging, which circumvents the requirement for health warnings, and the presence of indirect advertising or promotional materials at points of sale. These practices dilute the effectiveness of COTPA's provisions, perpetuate tobacco consumption, and disproportionately affect lower socio-economic groups who are the primary consumers of beedis.

Recognizing these challenges, there is a clear need for systematic, large-scale evidence to evaluate the implementation of COTPA in relation to beedis across India. This countrywide observational study has been designed to assess compliance with Sections 5 and 7 of COTPA, by documenting violations, analysing patterns of non-compliance, and highlighting region-specific challenges. The findings aim to provide actionable insights for policymakers, enforcement agencies, and public health stakeholders. Strengthening the enforcement of these provisions is critical to advancing India's tobacco control agenda and protecting vulnerable populations from the harms of tobacco use.

Study objectives:

- To assess compliance with Sections 5 and 7 of COTPA concerning packaging and labelling regulations, beedi promotion, sale of loose beedi sticks and advertising of beedi and their surrogate products.
- To identify enforcement gaps, and strengthen regulatory strategies to control beedi use.

Methodology

This study employed a cross-sectional, multi-state observational design to assess compliance with Sections 5 and 7 of the Cigarettes and Other Tobacco Products Act (COTPA), 2003, specifically focusing on beedi products. A total of 17 states were purposively selected to ensure geographic diversity and representation from regions with varying patterns of beedi consumption in terms of top beedi consuming and producing states.

Study period and training:

Data collection was conducted between July and August 2025. Prior to fieldwork, investigators from all participating states underwent online training sessions covering study objectives, observation protocols, use of the data collection tools, and ethical considerations. The training also included a pilot test of the data collection instruments to ensure validity, reliability, and feasibility across sites.

Study settings and sampling:

Within each state, one priority district was identified in consultation with regional partners with extensive experience of working in the field of tobacco control. From each district, 10 observation sites were purposively selected to capture diverse contexts of beedi sale and use. The sites included common points of sale such as tea stalls, local shops, street vendors, and those located in public markets, bus stations, and railway stations. This approach facilitated systematic observation enabling assessment of contextual variations in compliance.

Data collection tools and procedures:

Two pre-tested, structured observational checklists were developed in Google Forms, and were used to assess compliance with (i) Section 5 (Point-of-Sale advertising, promotion, and sponsorship restrictions), and (ii) Section 7 (Pictorial Health Warning requirements on beedi packaging). Each investigator observed 10 points-of-sale (POS) per district for Section 5 compliance. Simultaneously, they procured three major beedi brands available at each POS to evaluate Section 7 compliance. Recurring brands were excluded from subsequent procurements to ensure a diverse sample of products.

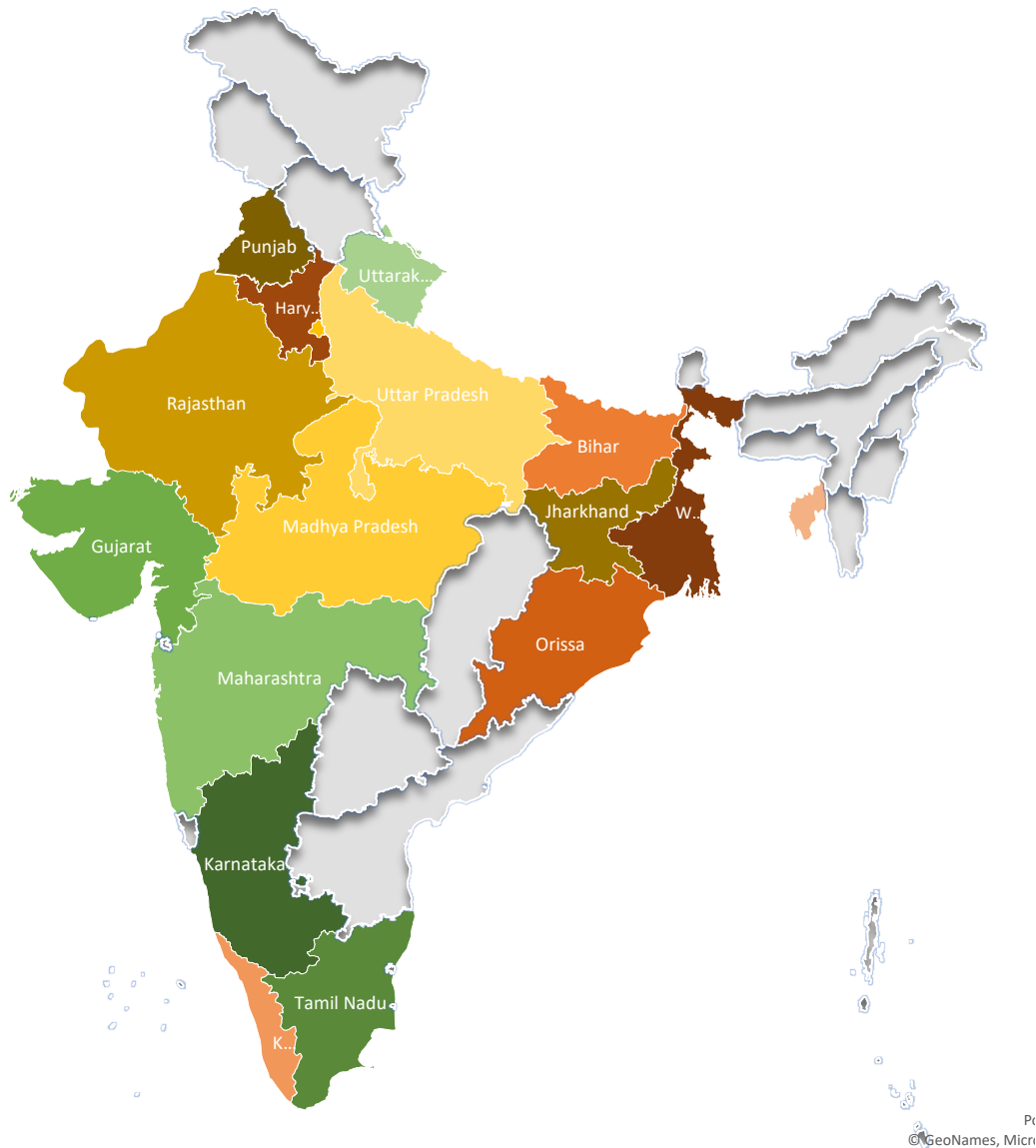
Observation protocol:

Investigators recorded observations during regular business hours on weekdays, ensuring consistency across sites. Each POS assessment required approximately 20–30 minutes. Specific instances of violations were photographed and uploaded in real time via the Google Form, following a standardized photography protocol (ensuring clear visibility of signage, packaging, and contextual evidence without identifying individuals).

Quality assurance and data management:

Duplicate entries and incomplete submissions were screened and excluded from the analysis. All data were coded and analyzed using descriptive statistics to assess compliance patterns across states.

Figure 1: States included in the multi-state observational study on beedi product COTPA compliance for Sections 5 and 7



Section 5 (Prohibition of advertisement of cigarettes and other tobacco products)

Under Section 5 of COTPA, 2003, all forms of direct and indirect advertisement of tobacco products are prohibited, including brand promotion, logos, imagery, sponsorships, and promotional schemes. As per the G.S.R. 345(E), 31 May 2005, only display of a single Point of Sale (PoS) board is allowed at retail outlets, which must strictly adhere to prescribed guidelines. The board can only carry the text “Tobacco products sold here” in white letters on a black background, without any brand name, logo, or promotional design. Its size cannot exceed 60 cm × 45 cm, and it must also display the specified pictorial health warning as notified by the Ministry of Health and Family Welfare.⁴ These restrictions ensure that PoS boards serve merely as an indication of product availability and not as an advertisement or promotional tool for tobacco products. Following checklist was considered for observational data collection to assess compliance:

Location: Tea Stalls, Local Shop, Street Vendor, Market, Bus Station, Railway Station

- Whether beedi advertisement visible at point of sale
- Type and number of advertisements and any violations to specifications
- Size exceeding 60 × 45 cm
- Board is illuminated or backlit
 - Board displays brand pack shot or brand name of beedi
 - Board shows any promotional message or picture
- Health warning in prescribed format as per COTPA
 - White board with black letters
 - Size more than 20 × 15 cm
 - Print on uppermost portion
 - Local Indian language used
- Any misleading or false claims about benefits of beedi use
- Any sponsorship or promotion of events, activities, gifts, coupons, competitions by beedi manufacturers
- Any indirect/surrogate advertisement using brand name or logo
- Any advertisement featuring celebrities promoting beedi products
- Any promotional items distributed/displayed (clothing, accessories, coupons, free gifts, merchandise)

Section 7 (Health warnings and loose sale of tobacco products)

Under Section 7 of COTPA, 2003, no person shall manufacture, sell, or distribute cigarettes or any other tobacco products unless every package carries the prescribed health warning. The guidelines mandate that each tobacco pack must display pictorial and textual health warnings covering the top half of both the front and back panels of the pack. These warnings must be legible, prominent, and not obscured, and should be printed in the same language as used on the package. The law specifies that the warnings should clearly communicate the harmful effects of tobacco use, such as “Tobacco causes painful death”, accompanied by government-approved images. In addition, every pack must prominently display the Quitline number (1800-11-2356) printed in white font on a black background, to encourage users to seek cessation support. Following checklist was considered for observational data collection to assess compliance:

Packs bought from various tobacco Points of Sale – Local Shops, Tea Stalls, Street Vendors, Bus Station, Railway Station, Market

- Whether latest government-mandated picture health warning is displayed
- Whether textual warning “TOBACCO CAUSES CANCER” or “TOBACCO CAUSES PAINFUL DEATH” is written
- Whether health warning covers 85% of principal display area on both sides (non-compliance if only one side)
- Whether pictorial warning is distorted, shortened, or compressed
- Presence of Quitline message: “QUIT TODAY CALL 1800-11-2356” in white font on black background
- Whether Quitline number and text warning cover 25% of both sides of the packet
- Shape of packet observed (Conical / Rectangular / Cylindrical (roll type) / Square / Other)
- Sale of loose beedi sticks observed
- Observers were instructed to document compliance using structured response options and upload up to five photographs per site as supporting evidence.

Figure 2: Health warnings specified as part of the Cigarettes and other Tobacco Products (Packaging and Labelling) Amendment Rules, 2024



Results and Inferences

The study was carried out across 17 states selected to ensure geographic diversity and representation from regions with varying patterns of beedi consumption.

Section 5: (Prohibition of advertisement of cigarettes and other tobacco products)

The compliance assessment of Section 5 of COTPA, 2003 for beedi was conducted across 170 points of sale including tea stalls, local shops, markets, bus stations, railway stations, metro stations, and shopping malls. A majority of shops surveyed were permanent or fixed (66%), while 34% were temporary or movable. Most outlets were general shops that sold tobacco along with other products (43%), followed by shops that mainly sold non-tobacco items but also included beedis (44%), and only 13% were exclusive tobacco shops. Local shops (32%) and markets (28%) accounted for the largest share of observed locations, followed by tea stalls (19%) and bus stations (9%). Beedi advertisements at the point of sale (PoS) were found in only 5% of outlets, with posters being the most common form (89%), while boards and stickers were less frequent. Amongst the 170 sites observed, 21 PoS had advertisement materials, and out of those 21, 29% exceeded the permitted size of 60x45 cm, and only 19% displayed health warnings, though very few complied with COTPA specifications. No misleading claims in form of healthy products, organic products, harmless/less harmful products were observed during the study. Nevertheless, beedi products were prominently displayed in 31% of outlets, while promotions using brand names or logos were observed in 2% of cases. Surrogate advertisements, and distribution of promotional items were also observed though at some PoS (1% each). Comparative analysis across the 17 states revealed that Delhi, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal,

and Tripura reflecting higher compliance with stronger enforcement and fewer violations. In contrast, Maharashtra and Orissa, followed by Kerala, Tamil Nadu, and Gujarat, demonstrated lower compliance with presence of beedi ads, high visibility of products, or indirect advertisements.

Table 1: Summary findings of compliance of Section 5 of COTPA, 2003 for beedi products in India

Parameters for Violations	Findings
Beedi products prominently displayed and visible	31%
Product promotions observed using beedi brand names or logos	2%
Indirect/surrogate advertisement using beedi brand names or logos	1%
Advertisements featuring celebrities promoting beedi products	1%
Promotional items (branded clothing, accessories, coupons, free gifts or merchandise related to beedi products) distributed or displayed	1%
Advertisements at the Point of Sale	11%
Parameters for Compliance	Findings
Advertisement board having the following specifications as per COTPA 2003: Multi-coloured or only in black and white Size exceeding 60X45 cm Display of brand packshot or brand name of beedi products Display of promotional message or picture	71%
Advertisement board displaying health warning	19%
Health warning compliant with COTPA-2003 specification: -White background with black letter -Display at uppermost portion of a board -Written in any local Indian language	29%
<i>Of the observed PoS advertisements, 29% exceeded the permitted size of 60x45 cm, and only 19% displayed health warnings</i>	

Section 7 (Health warnings and loose sale of tobacco products)

A total of 259 beedi brands were procured during the study, and after exclusion of duplicates, 157 brands were analysed. The compliance assessment of Section 7 showed that 81% of beedi packets carried health warnings; however, only 33% adhered to the prescribed specifications. While 83% of warnings were printed in white font on a red background and 65% contained mandated messages such as “TOBACCO CAUSES CANCER” or “TOBACCO CAUSES PAINFUL DEATH,” significant gaps in compliance persisted. About 82% of warnings were correctly placed below pictorial depictions, but only 40% covered the mandated 85% of the principal display area. Additionally, 60% of packets had distorted or compressed images.

Quitline information was displayed on 70% of packets, though only 37% complied with the requirement of displaying it on both sides. Packet shapes varied, with conical packets being most common (48%), followed by square (22%), cylindrical (16%), and rectangular (15%). The sale of loose beedis was reported in 27% of outlets, highlighting continued non-compliance with packaging rules. Comparative analysis across the 17 states revealed that Rajasthan and Punjab demonstrated higher compliance in

terms of health warning presence, proper placement, and inclusion of the Quitline message. In contrast, Bihar and Kerala, followed by Uttar Pradesh and Maharashtra, showed lower compliance, with weaknesses in, particularly health warning placement, availability of the latest picture warnings, Quitline coverage, and higher prevalence of loose beedi stick sales

Table 2: Summary findings of compliance of Section 7 of COTPA, 2003 for beedi products in India

Parameters for Compliance	Findings (India)
Health warning present on beedi packet	81%
Latest picture available on package as per government mandate	33%
Health warning written in white font on red background	83%
Text warning: “TOBACCO CAUSES CANCER” / “TOBACCO CAUSES PAINFUL DEATH	65%
Health warning placed at the bottom and below the pictorial representation	82%
Health warning covers 85% of principal display area	40%
“Quitline message “QUIT TODAY CALL 1800-11-2356” in white font on black background	70%
Quitline number & text warning cover 25% of the package on both sides	37%
Parameters for Violations	
Picture size is distorted, shortened or compressed	60%
Sale of loose beedi sticks observed	27%
<i>Of the observed 157 beedi brands, 81% of beedi packets carried health warnings, however, only 33% adhered to the prescribed specifications</i>	

Table 3: State-wise findings for the compliance of Section 5 of COTPA, 2003 for beedi products in India

Assessed Parameters	Bihar	Delhi	Gujarat	Haryana	Jharkhand	Karnataka	Kerala	Madhya Pradesh	Maharashtra	Orissa	Punjab	Rajasthan	Tamil Nadu	Tripura	Uttar Pradesh	Uttarakhand	West Bengal
Beedi products advertisements present at the Point of Sale	0%	0%	0%	10%	0%	0%	0%	0%	18%	50%	10%	0%	0%	0%	0%	0%	0%
Advertisement board having the following specifications as per COTPA 2003 Multi-coloured	0%	0%	0%	10%	0%	0%	0%	0%	18%	40%	0%	0%	0%	0%	0%	0%	0%
Size exceeding 60X45 cm	0%	0%	0%	0%	0%	0%	0%	0%	9%	50%	0%	0%	0%	0%	0%	0%	0%
Display of brand packshot or brand name of beedi products	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%
Display of promotional message or picture	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%
Advertisement board displaying health warning.	0%	0%	0%	10%	0%	0%	0%	0%	0%	30%	0%	0%	0%	0%	0%	0%	0%
Health warning compliant with COTPA-2003 specification: White background with black letter	0%	0%	0%	10%	0%	0%	0%	0%	0%	30%	0%	0%	0%	0%	0%	0%	0%
Display at uppermost portion of a board	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%
Written in any local Indian language	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Misleading or false claims about the benefits of beedi use present in advertisements	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Beedi products are sold by minors	0%	0%	0%	0%	0%	0%	0%	0%	9%	0%	0%	0%	0%	0%	0%	0%	0%
Beedi products prominently displayed and visible	0%	0%	45%	20%	8%	0%	58%	40%	91%	50%	10%	30%	50%	10%	4%	71%	0%
Product promotions observed using beedi brand names or logos	0%	0%	0%	10%	0%	0%	0%	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%
Indirect/surrogate advertisement using beedi brand names or logos	0%	0%	0%	0%	0%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Advertisements featuring celebrities promoting beedi products	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%
Promotional items (branded clothing, accessories, coupons, free gifts or merchandise related to beedi products) distributed or displayed	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%
Sponsorship or promotion of events, activities, or competitions by beedi product manufacturers observed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Table 4: State-wise findings for the compliance of Section 7 of COTPA, 2003 for beedi products in India

Assessed Parameters	Bihar	Delhi	Gujarat	Haryana	Jharkhand	Karnataka	Kerala	Madhya Pradesh	Maharashtra	Orissa	Punjab	Rajasthan	Tamil Nadu	Tripura	Uttar Pradesh	Uttarakhand	West Bengal
Health warning present on beedi packet	20%	100%	91%	90%	64%	78%	11%	70%	100%	90%	100%	100%	82%	100%	83%	93%	100%
Latest picture available on package as per government mandate	0%	17%	55%	90%	27%	33%	11%	10%	0%	40%	40%	70%	9%	18%	9%	29%	0%
Health warning written in white font on red background	10%	100%	91%	90%	55%	56%	0%	80%	91%	80%	100%	100%	73%	100%	22%	93%	40%
Text warning: "TOBACCO CAUSES CANCER" / "TOBACCO CAUSES PAINFUL DEATH"	10%	100%	45%	90%	64%	44%	0%	40%	36%	50%	100%	100%	45%	100%	2%	64%	40%
Health warning placed at the bottom and below the pictorial representation	0%	100%	64%	50%	64%	56%	11%	60%	100%	70%	100%	100%	82%	91%	3%	93%	100%
Health warning covers 85% of principal display area	0%	33%	91%	90%	36%	22%	0%	0%	64%	0%	20%	80%	64%	18%	17%	14%	0%
Picture size is distorted, shortened or compressed	10%	83%	18%	0%	64%	78%	11%	60%	82%	90%	100%	20%	18%	100%	9%	64%	100%
"Quitline message "QUIT TODAY CALL 1800-11-2356" in white font on black background	0%	100%	59%	90%	45%	56%	0%	80%	82%	40%	100%	100%	45%	0%	35%	93%	20%
Quitline number & text warning cover 25% of the package on both sides	0%	0%	91%	90%	45%	44%	0%	10%	36%	20%	10%	100%	9%	45%	13%	7%	0%
Sale of loose beedi sticks observed	0%	0%	0%	0%	0%	33%	78%	0%	91%	100%	10%	10%	82%	45%	0%	0%	0%

What this study adds

First national-level assessment of beedi compliance:

This is the first-ever systematic, countrywide study to assess compliance of beedi products with Sections 5 and 7 of the Cigarettes and Other Tobacco Products Act (COTPA), 2003. Where previous studies focus primarily on compliance assessment of cigarettes or smokeless tobacco, this study is beedi-specific, providing an evidence base for targeted policy and enforcement strategies.

Addresses a major policy and enforcement gap:

Despite beedi being one of the most consumed tobacco products in India, regulatory monitoring and enforcement data specific to this product have been limited. This study fills that critical gap by documenting the extent and nature of violations across diverse regions and settings.

Relevance for other Low- and Middle-Income Countries (LMICs):

Findings from this study hold significance beyond India, as several LMICs are engaged in the legal and illicit cross-border trade of beedis and similar low-cost, hand-rolled tobacco products. The evidence offers insights for countries facing parallel enforcement challenges in regulating informal tobacco markets.

Implications for traditional and indigenous tobacco products:

The study demonstrates the need to extend tobacco control efforts beyond cigarettes, and to include traditional or locally produced smoked and smokeless tobacco products. These products often fall outside the scope of consistent enforcement despite their high prevalence and health risks.

Supports implementation of the WHO Framework Convention on Tobacco Control (FCTC):

The findings align and reinforce the objectives of the WHO FCTC, particularly Articles 11 and 13, which emphasize the need for effective health warnings and comprehensive bans on tobacco advertising, promotion, and sponsorship. Strengthening COTPA enforcement for beedi products contributes directly to India's and other countries' compliance with FCTC obligations.

Study limitations

Convenience sampling of the tobacco point of sales could also lead to selection bias and could affect the reliability and validity of the exact compliance picture in relation to beedi. However, including all types of outlets has ensured comprehensive coverage. The study findings underscore the need for a comprehensive and context-specific approach to tobacco control, considering vendors' diverse preferences, challenges, and perceptions that could also associate with non-compliance for Section 5, COTPA.

Conclusion

The compliance assessment of Sections 5 and 7 of COTPA, 2003 for beedi products highlights significant gaps in adherence to both advertisement and packaging regulations. While direct advertising at the point of sale was relatively low (5%), violations were evident in terms of oversized promotional materials, inadequate display of health warnings, and prominent visibility of products. Packaging compliance was also weak, with a large proportion of beedi packets failing to meet mandated specifications. Although most packets displayed health warnings (81%), only one-third adhered fully to the required standards, and many showed distorted images or inadequate coverage. Quitline information was present in most cases but often not displayed on both sides as mandated. The continued sale of loose beedis (27%) further undermines regulatory enforcement. Overall, the findings suggest that while overt advertising is limited, widespread non-compliance in packaging and labelling, along with product visibility at points of sale, indicates weak enforcement and the need for strengthened monitoring and stricter regulatory actions to ensure effective tobacco control. Since the analysis of health warnings was based on beedi packets available at outlets during the survey period, it may not fully capture variations across manufacturers, regions, or time.

Recommendations

1. The study highlights the necessity for stricter enforcement of tobacco control laws and the need of implementing a vendor licensing system, offering crucial insights for policymakers. For vendors, it indicates that these measures could help formalize the market and ensure adherence to regulations.
2. These findings highlight the need to strengthen local enforcement strategies. Municipal authorities and health departments should collaborate to carry out regular inspections, ensure compliance with signage regulations, and act against repeated violations. Implement systematic, risk-based inspections focusing on states and districts with high levels of non-compliance. Deploy dedicated enforcement teams to monitor retail outlets, markets, and public spaces for violations related to advertisements, promotional activities, and loose sales of tobacco products including beedis.
3. Targeted vendor education initiatives—especially in market areas—can play a key role in bridging the gap between policy and on-ground implementation. Conduct regular training and awareness programs for shopkeepers and vendors on COTPA regulations, proper display of health warnings, statutory text, Quitline information, and legal restrictions on promotions. Provide easy-to-access guidance materials in local languages.

4. Develop tailored action plans for each state based on observed compliance patterns. For states with poor adherence, increase monitoring frequency, introduce awareness campaigns for both vendors and consumers, and engage local authorities in enforcement.
5. Undertake operational and policy research to evaluate the effectiveness of current tobacco control measures, including Section 5 and 7 implementations.

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This study is a collective outcome of the shared expertise, collaboration, and commitment of all our partners. The detailed list of partner institutions and organizations is provided in the Annexure.

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Annexure A

List of partner states and organisations involved in data collection

Partner States	Organisation
Bihar	Socio Economic and Educational Development Society, (SEEDS)
Delhi	Indian Council of Medical Research (ICMR)- National Institute of Cancer Prevention and Research (NICPR)
Gujarat	Faith Foundation
Haryana	Generation Saviour Association
Jharkhand	Socio Economic and Educational Development Society, (SEEDS)
Karnataka	Vital Strategies
Kerala	Kerala Voluntary Health Services
Madhya Pradesh	Madhya Pradesh Voluntary Health Association
Maharashtra	Marathwada Gramin Vikas Sanstha
Orissa	National Law University
Punjab	Generation Saviour Association
Rajasthan	Shikshit Rojgar Kendra Prabandhak Samiti
Tamil Nadu	Mary Anne Charity Trust (MACT)
Tripura	Voluntary Health Association of Tripura (VHAT)
Uttar Pradesh	Uttar Pradesh Voluntary Health Association
Uttarakhand	Balajee Sewa Sansthan
West Bengal	Manbhumi Ananda Ashram Nityananda Trust (MANT)

Annexure B: List of Districts

- Amroha, Uttar Pradesh
- Bengaluru, Karnataka
- Chennai, Tamil Nadu
- Chh. Sambhajinagar, Maharashtra
- Chitrakoot, Madhya Pradesh
- Cuttack, Odisha
- Dehradun, Uttarakhand
- East Delhi, Delhi
- Gautam Buddha Nagar, Noida, Uttar Pradesh
- Jhunjhunu, Rajasthan
- Kottayam, Kerala
- Mau, Uttar Pradesh
- Mohali, Punjab
- North 24 Parganas, West Bengal
- Panchkula, Haryana
- Patna, Bihar
- Rajgarh, Madhya Pradesh
- Ranchi, Jharkhand
- Vadodara, Gujarat
- West Tripura, Tripura

Annexure C: COTPA Section 5 Observational Assessment (TAPS Ban)



Annexure D: Section 7 Observational Assessment (Health Warnings)



