NEWSLETTER

Department of Community Medicine
Maulana Azad Medical College, New Delhi, India

IN THIS ISSUE

"Unmasking the appeal – countering nicotine and tobacco addiction"

Theme for World No Tobacco Day 2026

This year's theme calls for pulling back the carefully constructed curtain of glamour, technology, and lifestyle imagery that the tobacco and nicotine industries have built over decades. It is a call to expose, educate, and protect — especially our youth.

Disclaimer: *The views expressed in this newsletter are solely of the authors and/or the participants and do not necessarily reflect the views or official stance of the department or the institution.*

EDITORIAL

- *Dr. Amod L. Borle*

Every year on 31 May, the world pauses to reflect on tobacco and nicotine addiction. For 2026, the World Health Organization (WHO) has issued a theme that is both urgent and revealing: "Unmasking the appeal – countering nicotine and tobacco addiction".

This theme is discussing a deliberate act of pulling back the carefully constructed curtain of glamour, technology, and lifestyle imagery that the tobacco and nicotine industries have built over decades.

Global & Indian Scenario of Tobacco Use Among Adolescents

40 M **Children aged 13–15 use tobacco/nicotine globally**	**15 M** **Adolescents currently use e-cigarettes worldwide**	**3×** **More likely to smoke if they vape first**

GYTS-4 India Data (2019)

The Global Youth Tobacco Survey found that e-cigarette awareness stood at 27.3% in boys and 26.4% in girls aged 13–15. Use was reported in 3.4% of boys and 2.1% of girls — even before the widespread penetration of social media marketing. The GYTS-4 data indicates that 8.4% of Indian students aged 13–15 currently use tobacco products.

The number of tobacco users globally has dropped from 1.38 billion in 2000 to 1.2 billion in 2024**.** An outbreak Of **E-Cigarette, Or Vaping, Product Use-Associated Lung Injury (EVALI)** was reported in the USA in 2019 accounting for 68 deaths.

The Crisis in India

On one hand, the country has enacted some of the most progressive tobacco legislation in the world. On the other, it remains the second-largest tobacco-consuming nation globally, with over 267 million adult users, The Ministry of Health and Family Welfare estimates that nearly 13 lakh deaths annually in India are attributable to tobacco. Tobacco is a leading risk factor for non-communicable diseases (NCDs) such as cardiovascular disease, respiratory illness, cancer and hypertension. The recent NFHS-6 report states that 36.3% men and 8.4% women aged 15 years and above consumed tobacco. The recent working paper by members of the Economic Advisory Council to the Prime Minister (EAC-PM) highlights that the per capita expenditure on tobacco grew by 58% in rural areas and 77% in urban areas between 2011-12 and 2023-24. Tobacco now accounts for around 1.5% of monthly per capita consumption expenditure (MPCE) in rural areas and 1% in urban areas. This trend, notably higher among poorer households, creates significant public health and fiscal challenges, increasing healthcare burden.

Breaking the cycle of nicotine addiction requires a comprehensive and sustained effort. The table highlights the factors that appeal to the young through different forms of marketing and policy level solutions to it. The World No Tobacco Day 2026 campaign calls for stronger enforcement of tobacco control laws, particularly against illicit online sales and surrogate promotion on social media. The theme, **"Unmask the Appeal,"** highlights the deceptive tactics used by the tobacco and nicotine industry to attract young users. By increasing awareness, empowering youth, and closing policy gaps, we can protect future generations from the health and economic consequences of nicotine dependence. Together, we can build a healthier, tobacco-free future.

How the Industry Appeals to the Young People: Forms of Marketing	
Social Media & Digital Marketing	• Tobacco-promoting posts on social media featuring celebrities or influencers – openly glamourising risk and to overcome aversion among adolescents. 23.4 % of students between 13-15 saw an advertisement on internet related to any tobacco product (GYTS-4). • Influence both initiation and continuation, acts as a peer promotion pipeline • Blind spots in digital media marketing regulation
Flavour Engineering	• 16,000 unique flavours, additives like mint mask the harshness of raw nicotine eliminate the unpleasant first-use experience that once acted as a natural deterrent function as neurological primers, conditioning young brains to associate nicotine delivery with pleasure and reward, creates false perception of safe to use direct toxic effects on the flavouring chemical
Product Design	• Nicotine levels, pH and additives are deliberately engineered to optimise addiction and delivery • Some products deliver nicotine concentrations equal to or exceeding conventional cigarettes despite "reduced harm" claims • Nicotine analogues and synthetic compounds are now used to circumvent regulations
Public Perception of the Product	• Mislabelling of the products (mild/low tar/organic) to make them appear safe. • Many e – liquids marketed as no nicotine contained nicotine when tested. • Newer emerging products being marketed as less harmful, cleaner products and cessation tools and encouraging to switch to those products.
SOLUTIONS: POLICY FRAMEWORK	
Increased Taxation	• Increase taxation on Bidis • Dedicate a fixed percentage of tobacco taxes directly to tobacco cessation
Advertisement	• Ban advertisement of all forms of advertisement in digital forms & celebrity marketing • Cost effective counter marketing campaigns via digital media • Hold legal accountability for people marketing via digital media • Ban flavour descriptive or misleading advertisement
Strengthen PECA & COTPA	• Strengthening digital enforcement mechanisms to identify and shut down illicit e-cigarette sales on e-commerce platforms and social media marketplaces. • Expanding the scope of Prohibition of Electronic Cigarettes (PECA) Act and Cigarettes & Other Tobacco Products Act (COTPA) enforcement to include nicotine pouches and novel synthetic nicotine devices that exploit definitional gaps in existing legislation.
Flavour Regulation	• Ban all flavouring, flavour descriptors on packaging, monitor new flavour emergence • Ban nicotine analogues and synthetic nicotine compounds • Regulate additives and independent lab testing
School-Based Intervention Programmes	• Mandatory tobacco-free school environment policies with active monitoring and enforcement. • Age-appropriate, evidence-based health literacy curricula that teach adolescents to critically evaluate marketing claims — the core skill of "unmasking the appeal." • Peer education programmes that leverage the same social networks the industry exploits, redirecting them towards informed refusal.
Healthcare System Response	• Accessible decentralised Cessation services • Routine screening for tobacco uses and its ill effects • Build diagnostic capacity for nicotine dependence and cancer screening. • More research on the nicotine dependence

Historical Perspective & Importance of World No Tobacco Day

World No Tobacco Day (WNTD) is observed globally every year on 31st May to raise awareness about the harmful effects of tobacco use and promote healthier, tobacco-free lifestyles. Established by the World Health Organization (WHO) in 1987, the day highlights the dangers of tobacco consumption, the tactics used by tobacco companies, and the actions people and governments can take to protect present and future generations from tobacco-related harm. Tobacco use remains one of the leading preventable causes of death worldwide, causing more than 8 million deaths annually, including around 1.2 million deaths due to exposure to second-hand smoke.

The WHO supports WNTD through campaigns, educational materials, policy advocacy, and international coordination. Since 1988, every year has been associated with a specific theme focusing on various aspects of tobacco control, such as youth protection, environmental harm, illicit trade, and industry tactics.

Current and past themes include the following:

- 2016: "Get ready for plain packaging".
- 2017: "Tobacco: a threat to development"
- 2018: "Tobacco breaks hearts: choose health, not tobacco"
- 2019: "Tobacco and lung health".
- 2020: "Tobacco and related industry tactics to attract younger generations".
- 2021: "Commit to quit".
- 2022: "Tobacco: threat to our environment"
- 2023: "Grow food, not tobacco"
- 2024: "Protecting children from tobacco industry interference".
- 2025: "Unmasking the appeal: exposing industry tactics on tobacco and nicotine products".
- 2026: "Unmasking the appeal: countering nicotine and tobacco addiction".

World No Tobacco Day also encourages governments, institutions, and communities worldwide to organize awareness campaigns, debates, rallies, educational activities, and implement stronger tobacco-control measures. The day serves as a reminder of every individual's right to health and the collective responsibility to reduce tobacco addiction and its devastating health, social, environmental, and economic consequences.

– Dr. Aparna Mohan & Dr Sujit Kumar

Smoking Kills — Quit Smoking Now!!

Smoking leads to an increased risk of various cardiovascular diseases including myocardial infarction, atherosclerosis, Tobacco consumption is widely prevalent in India resulting in high morbidity and mortality every year. The most prevalent form of tobacco consumption globally and in India is smoking. Smoking leads to an increased risk of various cardiovascular diseases including myocardial infarction, atherosclerosis, cerebrovascular diseases including stroke, and respiratory diseases including chronic obstructive pulmonary disease. A recent systematic review has also documented the high prevalence of pulmonary tuberculosis along with its severity in smokers. This has vast public health importance as India suffers the largest tuberculosis burden in the world. Besides, maternal smoking also adversely affects fetal growth causing premature and low-birth weight babies. Most malignancies Including oral cancer, esophageal cancer, gastric cancer, lung cancer, bladder cancer, etc. have smoking as a risk factor. Lung cancer remains the leading cause of death in India caused by smoking.

Cigarette smoking leads to exposure of hundreds of toxic chemicals which can cause the above potential diseases including increased risk of carcinogenesis. However, the addiction is caused by nicotine which stimulates the dopaminergic reward pathways in the brain.

Thus, nicotine replacement therapy can be offered in the form of gums and patches for quitting smoking. E cigarettes came in Indian market few years back as they had fewer toxic chemicals causing harm reduction, however, due to diseases like vaping associated lung injury, E-cigarettes are banned in India. Other drugs used in smoking cessation include Varenicline and Bupropion. However, it must be remembered that they are prescription drugs only to be prescribed by a qualified and registered medical practitioner.National Tobacco Control Program in India focuses on tobacco quitting by various interventions including adopting the MPOWER (***M****onitor tobacco use & prevention policies,* ***P****rotect people from tobacco smoke,* ***O****ffer help to quit,****W****arn about the dangers,****E****nforce bans and* ***R****aise taxes on tobacco*). It also mandates creation of tobacco cessation centres in all medical institutions across the country. Such centres will help patients in tobacco cessation as well as provide community services for the same.

Besides tobacco control programs, drugs, nicotine replacement therapy, it is the motivation and counseling which matters a lot in smoking cessation is not only a medical but a behavioral issue. Thus, we must understand the entire aspects of tobacco cessation and holistically help our patients achieve the same.

– Dr. Pranav Ish, Dr. Vidushi Rathi, Dr. Ravindra Nath, Dr. Tanmaya Talukdar

Unmask the Appeal – Countering Tobacco and Nicotine Addiction

In a world increasingly aware of health risks, tobacco and nicotine continue to maintain a stubborn grip on millions. Despite decades of warning labels, public health campaigns, and policy interventions, the allure persists—subtle, adaptive, and deeply embedded in behavior and culture. In India, tobacco grips nearly 267 million adults, causing over 1.3 million deaths yearly—many linked to TB and heart disease common in Delhi. Despite progress through strict laws, smokeless tobacco like gutkha and khaini remains culturally embedded, sustaining addiction's subtle pull. This newsletter unmasks that appeal to empower quitting. To counter this epidemic effectively, we must first unmask what makes tobacco and nicotine so appealing.

The Illusion of Control

One of the most powerful myths surrounding nicotine use is the illusion of control. Many users believe they can quit whenever they want, underestimating the addictive potential of nicotine. Unlike other substances, nicotine dependence often develops quietly. A few cigarettes during stress, an occasional vape at social gatherings—what starts as casual use can quickly evolve into a daily necessity.

Nicotine acts on the brain's reward pathways, releasing dopamine and creating a temporary sense of pleasure, relaxation, and focus. Over time, the brain adapts, demanding more frequent doses to maintain the same effect. What feels like a choice gradually becomes a compulsion.

The Changing Face of Tobacco

Traditional cigarettes are no longer the sole players in the nicotine market. E-cigarettes, vapes, nicotine pouches, and heated tobacco products have reshaped the landscape. Marketed as "safer alternatives," these products often attract younger users who might never have picked up a cigarette.

Flavored options, sleek designs, and aggressive digital marketing make these products particularly appealing to adolescents and young adults. The perception of reduced harm lowers the psychological barrier to initiation, even though many of these products still carry significant health risks and high addiction potential.

The Social and Psychological Hooks

Nicotine addiction is not purely biochemical; it is deeply intertwined with psychological and social factors. Stress, anxiety, peer pressure, and even boredom can act as triggers. For many, tobacco becomes a coping mechanism. A cigarette break offers a pause in a hectic day, a moment of solitude, or a shared ritual with colleagues. Over time, these associations become conditioned responses—lighting up becomes synonymous with relief.

Advertising and media have historically reinforced these associations. Even today, subtle portrayals of smoking or vaping in films and social media continue to normalize the behavior.

The Youth Trap

Perhaps the most concerning aspect of the tobacco epidemic today is its shift toward younger populations. Adolescents are particularly vulnerable due to ongoing brain development. Nicotine exposure during this period can impair attention, learning, and impulse control, while increasing susceptibility to other addictions. Peer influence plays a major role. The desire to fit in, appear mature, or experiment can override awareness of long-term risks. Social media further amplifies this effect, with trends and influencer culture often glamorizing nicotine use. Once hooked, young users face a longer trajectory of addiction, increasing their lifetime exposure to harm.

Health Consequences: Beyond the Obvious

While the link between smoking and lung cancer is well established, the full spectrum of tobacco-related harm is often underappreciated. Tobacco use contributes to:

- Cardiovascular diseases such as hypertension, coronary artery disease, and stroke
- Chronic respiratory conditions like COPD and asthma exacerbations
- Multiple cancers, including oral, esophageal, bladder, and pancreatic
- Reproductive health issues and adverse pregnancy outcomes
- Reduced immunity and delayed wound healing

Emerging evidence also highlights the impact of nicotine on mental health, including its role in anxiety and mood disorders. The short-term relief it provides often masks a longer-term worsening of

psychological well-being.

Breaking the Cycle: What Works

Countering tobacco and nicotine addiction requires a multi-pronged approach—individual, community, and policy-level interventions must work together.

1. Behavioral Support

Counseling, whether individual or group-based, remains a cornerstone of cessation. Identifying triggers, developing coping strategies, and building motivation are critical components.

2. Pharmacological Aids

Nicotine replacement therapy (NRT), bupropion, and varenicline have shown effectiveness in improving quit rates. These interventions help manage withdrawal symptoms and reduce cravings.

3. Policy Measures

Public health policies play a crucial role in reducing tobacco use:

- Taxation and price increases
- Smoke-free public spaces
- Advertising restrictions
- Graphic health warnings
- Regulation of emerging nicotine products

4. Community Engagement

Grassroots initiatives, school-based programs, and workplace interventions can create supportive environments for prevention and cessation.

The Role of Healthcare Professionals

Healthcare providers are uniquely positioned to influence tobacco cessation. Even brief interventions—asking about tobacco use, advising cessation, and offering support—can significantly increase quit attempts.

The "5 A's" framework (Ask, Advise, Assess, Assist, Arrange) provides a structured approach that can be integrated into routine clinical practice.

Importantly, healthcare professionals must also address newer forms of nicotine use, including vaping, which patients may not perceive as harmful.

Reframing the Narrative

To truly counter tobacco and nicotine addiction, we must shift the narrative. Instead of focusing solely on risks, we should highlight the benefits of quitting—improved health, financial savings, better quality of life, and enhanced physical and mental performance.

Equally important is addressing stigma. Addiction is not a moral failing but a complex interplay of biology, psychology, and environment.

Compassionate, non-judgmental support is essential for effective intervention.

Focus on wins: fresher breath, extra cash (₹200/day saved), better stamina. Ditch shame—addiction is biology plus habit, not weakness.

A Collective Responsibility

The fight against tobacco and nicotine addiction is not the responsibility of individuals alone. Governments, healthcare systems, educators, families, and communities all have a role to play.

Unmasking the appeal requires transparency—about industry tactics, product risks, and the realities of addiction. Empowering individuals with accurate information and supportive environments can shift the balance.

Moving Forward

As nicotine products continue to evolve, so must our strategies. Research, surveillance, and innovation in cessation approaches are essential. Digital tools, mobile health interventions, and personalized therapies offer new avenues for engagement.

Ultimately, countering tobacco and nicotine addiction is about reclaiming control—at both individual and societal levels. By understanding the forces that sustain this epidemic, we can dismantle them, one layer at a time.

The appeal of tobacco may be carefully constructed, but it is not unbreakable. With informed action, sustained commitment, and collective effort, we can move toward a future where nicotine no longer holds power over health and well-being.

Unmasking tobacco's false charm—control, social cool, relief—frees users. Quit hotlines (1800-11-2356) and apps await. Who's ready to break free?

-Dr. Kruthik, Dr. Shweta Goswami

Rethinking The Role of Taxation in India's Tobacco Control Policy

Every year, around World No Tobacco Day, calls for higher tobacco taxes dominate public health discussions. The logic is compelling and well supported by evidence: increasing prices reduces tobacco consumption, particularly among young people and first-time users. The World Health Organization continues to identify taxation as one of the most effective tobacco-control measures globally. Yet India's tobacco epidemic also reveals the limits of relying on taxation alone in a country where addiction is deeply intertwined with poverty, informal labour, and social normalization.

India is home to nearly 267 million tobacco users and records more than 1.3 million tobacco-attributable deaths annually. Unlike many high-income countries, however, India's tobacco burden is not driven primarily by cigarettes. A substantial proportion of users consume bidis and smokeless tobacco products such as *khaini*, *gutkha*, and *zarda*. These products are inexpensive, locally available, and deeply embedded within everyday social and occupational life.

For many low-income Indians, tobacco is not merely recreational. A daily wage labourer may use *khaini* during long shifts to suppress hunger and fatigue. Truck drivers often smoke bidis during overnight journeys to stay awake. In oral cancer wards across the country, many patients are not affluent cigarette smokers, but rural users of cheap smokeless tobacco purchased in sachets costing only a few rupees. Public health messaging built around cigarette smoking often fails to capture this distinctly Indian reality.

There is substantial global evidence that higher tobacco taxes reduce initiation and overall consumption. India itself has witnessed a decline in tobacco use prevalence over the past decade. Studies have shown that some price-sensitive users may substitute toward cheaper tobacco products rather than quitting nicotine entirely when cigarette prices rise.

This substitution effect is particularly concerning because studies suggest bidi smoking may expose users to substantial levels of tar, nicotine, and carbon monoxide, sometimes comparable to or even exceeding manufactured cigarettes.

Smokeless tobacco products, meanwhile, remain a major driver of India's enormous burden of oral cancers and precancerous lesions. India continues to account for one of the world's highest rates of oral malignancy, strongly linked to chewing tobacco use.The structure of India's tobacco economy further complicates taxation-based approaches. Large segments of the bidi and smokeless tobacco industries operate through fragmented and informal production networks that are difficult to regulate uniformly. Small manufacturing units, inconsistent enforcement, and illicit supply chains weaken the deterrent effect of taxation in many regions. Cheap tobacco products therefore remain widely accessible despite repeated tax revisions.

At the same time, millions of Indians remain economically dependent on the tobacco industry. Women engaged in bidi rolling often work in poorly ventilated homes under exploitative conditions, facing chronic nicotine exposure and limited livelihood alternatives. Taxation may gradually reduce demand, but without parallel investments in social protection and alternative employment, it cannot dismantle the structural vulnerabilities sustaining tobacco dependence. This does not diminish the importance of taxation. Higher tobacco taxes remain an essential public health tool. But India's experience demonstrates that fiscal policy alone cannot address an epidemic sustained by addiction, informality, inequality, and social acceptance.

A more effective strategy must combine taxation with stronger regulation of smokeless tobacco, accessible cessation services, behavioural support, and meaningful livelihood transitions for vulnerable workers. Without these complementary interventions, the burden of tobacco control risks falling disproportionately on those least able to quit and least able to bear the consequences of addiction.

- ***Dr. Kinshuk Gupta***

Central Excise (Amendment) Bill, 2025

Key Changes in Duties on Tobacco Products

Cigarette excise duties	From ₹200–735 to **₹2,700–11,000** per 1000 sticks, based on size & type ↑
Filter cigarettes up to 65mm	Duty rises from ₹440 to **₹3,000** per 1000 sticks **(+582%)** ↑
Premium cigarettes (70–75mm)	Duty jumps from ₹545 to **₹7,000** per 1000 sticks **(+1,184%)** ↑
Chewing tobacco	Duty quadrupled from 25% to 100% ↑
Hookah tobacco	Duty increased from 25% to 40% ↑
Raw tobacco (FCV, sun-cured, burley)	Duty raised from 64% to 70% ↑
Jarda scented tobacco	Duty remains unchanged at 100% =
Cut tobacco	Shifted from per-kg levy to a flat 10% tax ↑

HIGHER TAXES • HEALTHIER PEOPLE • STRONGER NATION

Source: Bhaskar English, Jan 2026.

WORLD NO TOBACCO DAY

31 MAY, 2026

UNMASKING THE APPEAL – COUNTERING NICOTINE AND TOBACCO ADDICTION

THE REALITY

40 MILLION ADOLESCENTS GLOBALLY USE TOBACCO PRODUCTS

IN SOME COUNTRIES, TEENAGERS ARE **9 TIMES** MORE LIKELY THAN ADULTS TO VAPE

EXPOSING HIDDEN INDUSTRY TACTICS THAT PROMOTE ADDICTION AMONG YOUTH

FLAVORS – Sweet and fruity flavors hook young minds

SOCIAL MEDIA MANIPULATION – Influencers and trendy content make it seem normal and cool

SLEEK DESIGNS – Trendy looks and discreet devices hide the harm

MISLEADING MESSAGES – "Safer alternatives" and false claims create a false sense of safety

AGGRESSIVE MARKETING – Ads, sponsorships and promotions target youth

TARGETING YOUNG PEOPLE – Their goal: lifetime customers, not your well-being

PROMOTING POLICY ACTION

- BAN FLAVORS
- ADVERTISING RESTRICTIONS
- PLAIN PACKAGING
- TIGHTER DIGITAL MARKETING REGULATIONS

EMPOWERING YOUTH AND THE PUBLIC WITH KNOWLEDGE AND TOOLS

KNOW	THINK	RESIST	SPEAK UP
Spot the tactics and misinformation	Question what they try to sell	Choose health, not addiction	Support each other and raise awareness

Source: ICMR Website

Source: WHO

Beyond Smoke: Unmasking the New Face of Nicotine Addiction

Introduction

Tobacco use remains one of the leading preventable causes of death worldwide, causing more than eight million deaths annually through direct use and second-hand smoke exposure. It contributes significantly to cardiovascular diseases, respiratory illnesses, stroke, and multiple cancers. In India, tobacco continues to be a major public health concern due to the widespread use of both smoked and smokeless tobacco products. According to GATS-2, about 28.6% of Indian adults use tobacco in some form, and smokeless tobacco contributes heavily to the country's high burden of oral cancer.

The World Health Organization (WHO) announced the theme for World No Tobacco Day 2026 as "Unmasking the appeal – countering nicotine and tobacco addiction." The campaign aims to expose how the tobacco and nicotine industry continues to redesign and market addictive products to attract children, adolescents, and young adults.

The Evolving Tobacco Industry

The tobacco industry has expanded beyond conventional cigarettes and now aggressively markets newer nicotine products such as e-cigarettes, heated tobacco products, nicotine pouches, and synthetic nicotine devices. These products are often promoted as modern, safer, or less harmful alternatives. Attractive flavours such as mint, fruit, and candy reduce the harshness of nicotine and increase experimentation among young people. Sleek packaging, colourful designs, and compact devices further enhance their appeal.

Why Youth Are at Greater Risk?

Adolescents are particularly vulnerable to nicotine addiction because the brain continues to develop during teenage years. Nicotine exposure affects attention, learning, impulse control, and mood regulation, increasing the risk of long-term dependence. Peer influence, stress, curiosity, and social media exposure also contribute to initiation. Studies suggest that adolescents who use e-cigarettes are more likely to transition to conventional tobacco products later, raising concerns that these devices may act as a gateway to tobacco addiction.

Digital Marketing and Public Health Challenges

Digital media has become a major tool for tobacco promotion. Influencer marketing, surrogate advertisements, and social media videos normalize nicotine use and make these products appear fashionable and socially acceptable. WHO has warned that such

marketing strategies are specifically designed to attract youth and sustain addiction.

India has implemented several tobacco control measures, including the Cigarettes and Other Tobacco Products Act (COTPA), pictorial health warnings, tobacco-free educational institutions, quit line services, and the ban on electronic cigarettes. However, challenges such as weak enforcement, online promotion, and surrogate advertising continue to hinder progress.

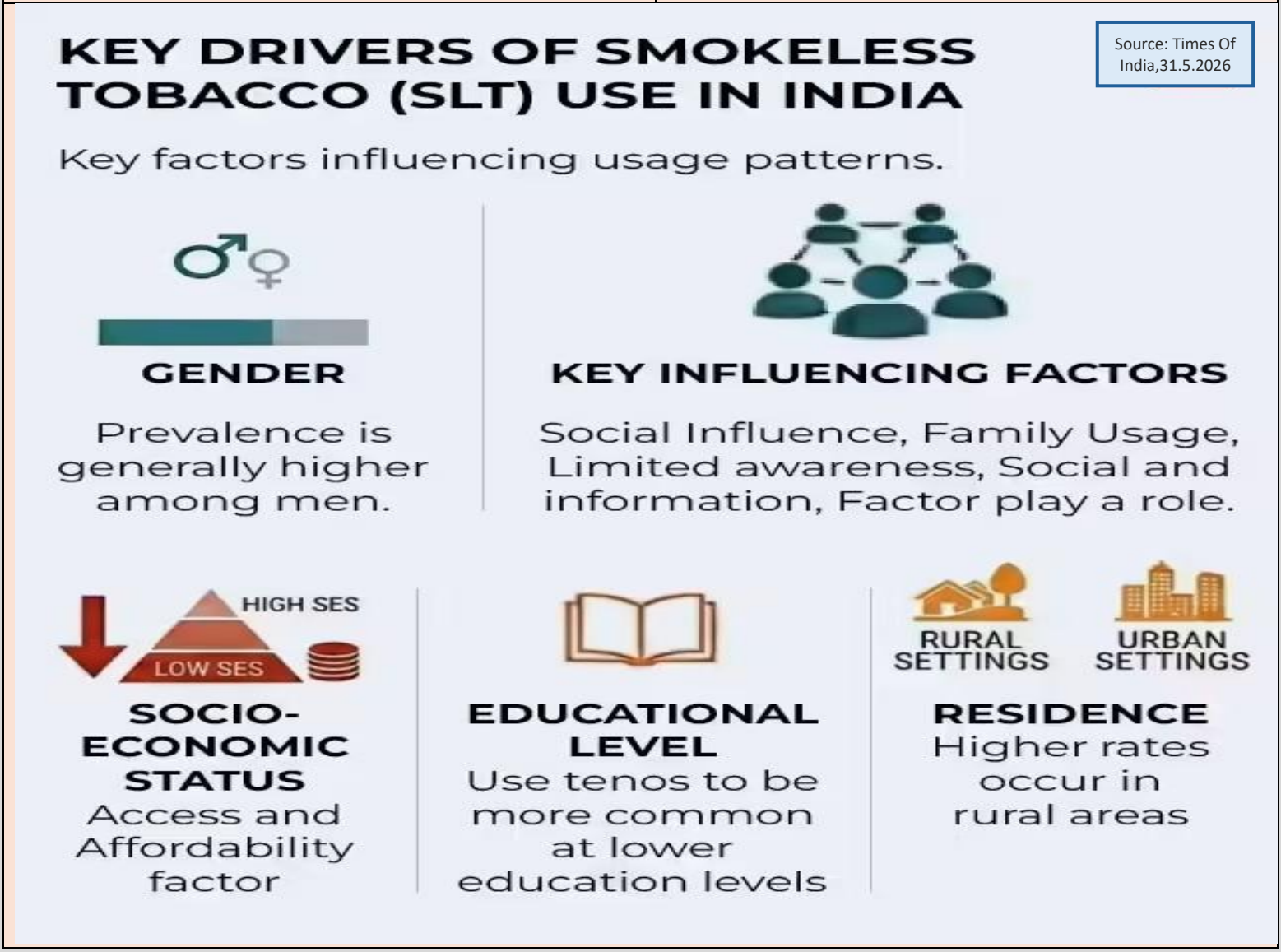
Future directions

Future tobacco control should focus on stronger regulation of digital marketing, flavour restrictions, youth-focused prevention programmes, and better cessation support. Surveillance systems also need to be improved so that emerging products are identified early and tracked consistently. In India, enforcement against online promotion, illicit supply, and surrogate advertising should be strengthened. Health workers, educators, parents, and policymakers all have a role in reducing youth initiation and supporting cessation.

Conclusion

The tobacco epidemic has evolved beyond conventional cigarettes into a more complex public-health threat shaped by sophisticated marketing and rapidly changing nicotine delivery systems. The 2026 World No Tobacco Day theme highlights the need to expose deceptive industry tactics and protect youth from addiction. Strong policy implementation, public awareness, cessation services, and regulation of emerging products remain essential for reducing the global burden of tobacco and nicotine use.

Dr. Abhishek Gautam



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Initiating Tobacco-Based Economic Reforms in India: A Step Forward Post-Industrial Regulation

India remains the second largest producer and consumer of tobacco in the world, despite adult tobacco use declining from 34.8% in 2009 to 29% by 2016–17. Tobacco claims approximately 1.35 million Indian lives annually. Legislative frameworks such as COTPA 2003, PECA 2019, and the landmark 2026 GST reforms—which raised taxes on cigarettes, pan masala, gutkha, and chewing tobacco by 40%—reflect a sustained regulatory push. Yet a critical gap persists: bidis, responsible for roughly 85% of smoked tobacco consumption, were excluded from the 2026 tax reforms. Since bidis deliver higher tar per puff and have no filters, higher taxes on cigarettes simply redirect the most vulnerable users toward cheaper and more harmful alternatives. Two groups bear the heaviest burden. Among daily-wage and casual labourers, tobacco use prevalence reaches 45%, with poor households spending up to 10% of total expenditure on tobacco and alcohol. The youth are equally at risk: the median age of initiation for bidi use is 10.5 years and for smokeless tobacco 9.9 years, with the industry actively targeting young consumers through surrogate advertising, celebrity endorsements, and digital platforms. Regulation alone has demonstrably failed these groups. Full nationalisation of the tobacco industry is not feasible for India. Stock market collapse, constitutional litigation, and obligations under Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) present insurmountable barriers. However, a 51–49 majority state ownership model—mirroring successful precedents in ONGC, Coal India, and the State Bank of India—offers a viable alternative.

Under this structure, the government holds strategic authority over board decisions, pricing, and product specifications, while private partners retain operational and commercial autonomy. Profits beyond excise revenues are reinvested directly into public health programmes.

Three immediate policy levers follow naturally from state majority ownership: mandatory plain packaging with graphic health warnings, progressive price increases, and systematic reduction of nicotine content in tobacco products. Together, these measures reduce dependence and erode demand domestically while preserving short-term profitability—a balance necessary to retain private shareholders during the transition period. As domestic sales decline, sustainability requires international expansion.

The China National Tobacco Corporation (CNTC), the world's largest tobacco company by volume, producing roughly 40% of global cigarettes, demonstrates how state-owned export-oriented tobacco enterprises can remain commercially viable. If India vacates the export market in low-to-middle income countries, transnational private firms will fill the gap. State-directed export allows India to capture those revenues and use foreign capital to fund domestic healthcare infrastructure and tobacco-cessation programmes. The bidi sector demands special attention. Currently a patchwork of shell companies designed to avoid excise duties, it employs 4.6 million workers—predominantly women and children—who earn only 17% of the wages paid in comparable industries. Despite these labour costs, the sector contributes just 0.5% of GDP. Bringing it under majority state ownership would formalise the workforce, close gender-based wage gaps, end child labour, and simultaneously subject the sector to the same public-health-oriented pricing and packaging reforms applied to other tobacco products. For decades, warnings and taxes have failed to adequately curb India's tobacco epidemic. By stepping into the boardroom as a 51% majority owner—rather than attempting outright nationalisation—the government can control products, protect exploited bidi workers, and systematically dismantle domestic tobacco demand from within. Revenue generated abroad sustains the model until domestic consumption is reduced to negligible levels. It is a strategy built not on prohibition, but on ownership.

-Dr. Anuprabha Gayen

QUIT VAPING, TOBACCO AND SMOKING TODAY!

Your health. Your future. Your life.

BREAK FREE FROM NICOTINE. LIVE FREELY.

15 MILLION adolescents (aged 13–15) worldwide already use e-cigarettes.

9x In countries with available data, adolescents are on average nine times more likely to vape than adults.

40 MILLION adolescents (aged 13–15) worldwide use tobacco.

YOU CAN DO IT!

Quitting can be tough, but you don't have to do it alone!

Here are some tools, resources, and expert tips to help you stay on track and break free from nicotine and tobacco for good.

National Tobacco Quitline 1800-112-356

HERE ARE A FEW QUICK TIPS!

DELAY

Delay as long as you can before giving in to your urge.

DEEP BREATHING

Take 10 deep breaths to relax yourself from within until the urge passes.

DRINK WATER

Drinking water is a healthy alternative to sticking a cigarette in your mouth.

DO SOMETHING ELSE TO DISTRACT YOURSELF

Take a shower, read, go for a walk, listen to music!

EVERY CHOICE YOU MAKE TODAY BUILDS A HEALTHIER TOMORROW.

BETTER MENTAL WELL-BEING | STRONGER HEART | BETTER LUNGS, MORE ENERGY | A BRIGHTER FUTURE

YOU HAVE THE POWER. WE HAVE THE SUPPORT. A BETTER YOU IS POSSIBLE.

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ACTIVITY REPORT — MAMC ON WNTD 2026

The Department of Community Medicine, Maulana Azad Medical College, engaged with the community to spread awareness regarding the harmful effects of tobacco use. The awareness activities focused on the direct impact of tobacco on the health of consumers, the impact of flavours on addiction, and ways to quit tobacco. Tobacco consumers were counselled to quit tobacco and referred to the tobacco cessation centre at Maulana Azad Institute of Dental Sciences.

Activity	Location(s)	Beneficiaries Reached	Key Outcome
Oral Cancer Screening Camps	BVK Centre, Delhi Gate Centre, UHTC Gokalpuri, RHTC Barwala	76	07 suspected lesions identified and referred
Health Talks	BVK Centre, Delhi Gate Centre, UHTC Gokalpuri, RHTC Barwala, RHTC Burari	120	Awareness on tobacco harms and cessation
Nukkad Natak	MAMC Campus	34	Student-led advocacy against tobacco use
School Awareness Session	RHTC Burari	35	Interactive education for adolescents

Awareness campaigns at RHTC and UHTC, Community Medicine, MAMC

Oral Cancer Screening Camps at RHTC and UHTC, Community Medicine, MAMC and Nukkad Natak conducted in Lok Nayak Hospital

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Source: WHO Website