



Compendium

WHO FCTC KNOWLEDGE HUB ON SMOKELESS TOBACCO



2022-2024

ICMR – National Institute of Cancer Prevention and Research

Department of Health Research, Ministry of Health and Family Welfare
Government of India

I – 7, Sector – 39A, Noida, Dist. Gautam Buddha Nagar, Uttar Pradesh – 201 301, INDIA

<https://nicpr.org/>

<https://extranet.who.int/fctcapps/fctcapps/fctc/kh/slt>

EDITORS

Dr. Shalini Singh

Director, ICMR-NICPR
&
WHO FCTC KH-SLT

Dr. Prashant Kumar Singh

Scientist E, ICMR-NICPR
Nodal Officer
WHO FCTC KH-SLT

EDITORIAL TEAM

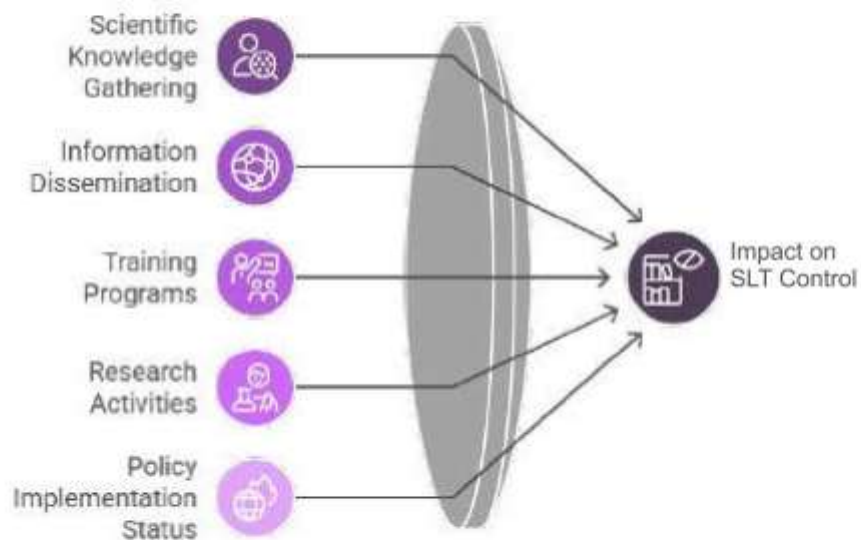
**Ms. Sanchita Roy
Pradhan**

**Dr. Vandana
Tamrakar**

**Mr. Anit Singh
Mallik**

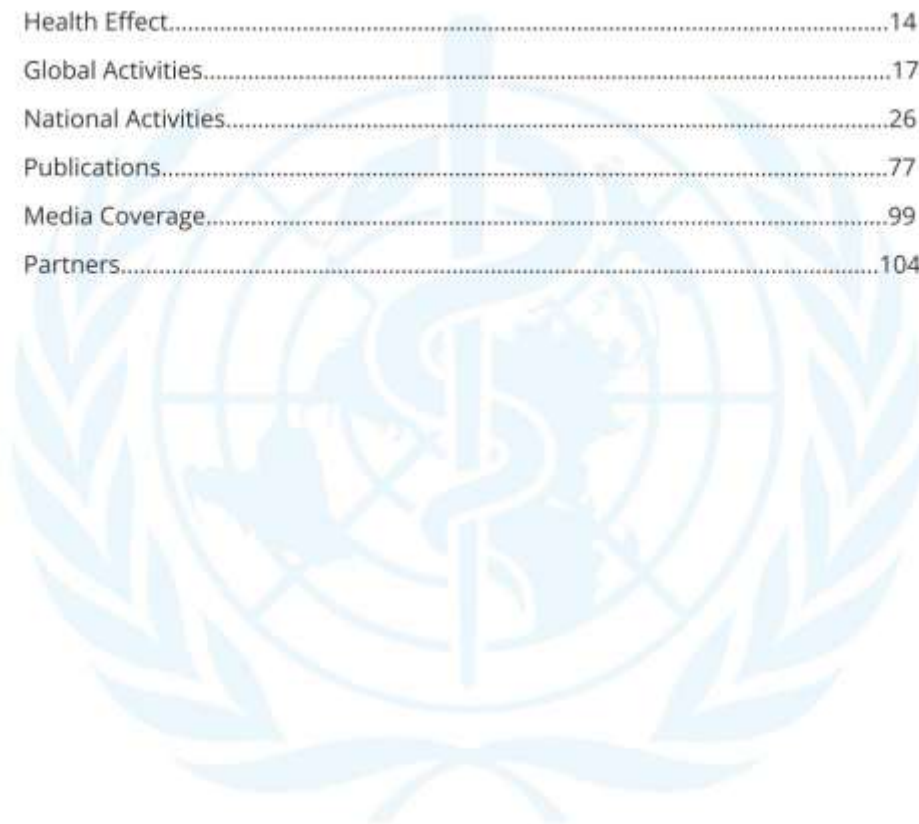
WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT) serves as the focal point to gather, produce and disseminate the scientific knowledge and information on smokeless tobacco. With the training and research as core activities, the KH SLT highlights the global policy implementation status on smokeless tobacco. This Compendium is an impressive combination of graphics, photos, and an accompanying narrative, all of which chronicle the KH-SLT activities from 2022 to 2024.

KH-SLT's Impactful Contributions



Contents

Director's Message	07
Abbreviations.....	09
About KH-SLT	11
Health Effect.....	14
Global Activities.....	17
National Activities.....	26
Publications.....	77
Media Coverage.....	99
Partners.....	104



From The Director's Desk



Dear Colleagues and Partners,

It gives me immense pleasure to present this Compendium of activities of the WHO FCTC Knowledge Hub on Smokeless Tobacco for the period 2022–2024. This compendium reflects our steadfast commitment to advancing global smokeless tobacco control through evidence generation, knowledge dissemination, and capacity building initiatives

Over these three transformative years, the Knowledge Hub has strengthened its role as a premier global knowledge partner, deepening engagement with Parties to the WHO Framework Convention on Tobacco Control (FCTC) and providing critical scientific and policy support for effective implementation of smokeless tobacco-related treaty provisions. Our expanding collaborative network now encompasses regional organizations, academic institutions, and civil society partners, creating a robust framework to address the complex challenges that smokeless tobacco presents to the global public health.

This period witnessed unprecedented growth in our knowledge dissemination activities through international and regional consultations, specialized training workshops, targeted webinars, expert group meetings, and participation in major conferences, reaching policymakers, researchers, and physicians globally. Our digital platform continues serving as the authentic repository for smokeless tobacco research outputs, technical briefs, and evidence-based advocacy materials, supporting stakeholders in implementing effective tobacco control measures.

Central to our work has been advancing implementation of key WHO FCTC articles in the smokeless tobacco context, particularly content regulation and disclosure requirements under Articles 9 and 10, education and public awareness programs outlined in Article 12, and cessation support services mandated by Article 14. These efforts have resulted in more comprehensive policy frameworks addressing the unique challenges posed by smokeless tobacco products.

Recognizing that smokeless tobacco use disproportionately affects women, youth, and marginalized populations, we prioritized research and interventions through equity-centered and gender-sensitive approaches. This focus ensures that tobacco control policies are inclusive and responsive to diverse demographic needs, leading to more effective and equitable public health outcomes.



Our technical contributions include comprehensive policy briefs addressing health consequences of smokeless tobacco use, enforcement strategies for restricting tobacco advertising, innovative taxation frameworks, and effective public health warnings tailored to smokeless tobacco products. These resources have become essential tools for policymakers to strengthen tobacco control measures in their jurisdictions.

Through strategic partnerships with regional and national governments, WHO SEARO, WHO India Office, and key stakeholders, we have significantly contributed to the global evidence base for smokeless tobacco control. Our technical assistance helped Parties strengthen monitoring and surveillance systems, generating crucial country-specific data that drives evidence-based policy development and enhances capacity to address smokeless tobacco use through scientifically sound interventions.

The scientific publications, reports, and policy briefs produced during this period continue shaping national policies and meaningfully contributing to reducing the global burden of smokeless tobacco-related morbidity and mortality. Our research outputs are increasingly recognized as essential resources in the international tobacco control community, informing both policy development and implementation strategies across diverse contexts.

These achievements reflect the exceptional dedication of our scientists, researchers, and administrative staff, whose tireless efforts advance WHO FCTC objectives in smokeless tobacco control. We extend deepest appreciation to the WHO FCTC Secretariat, WHO SEARO, WHO India Office, The Union, Vital Strategies and all valued collaborators for their invaluable guidance and sustained partnership.

We are profoundly grateful to the Director General, Indian Council of Medical Research (ICMR), and the Ministry of Health and Family Welfare, Government of India, for their steadfast encouragement and institutional support, which has been instrumental in enabling our continued growth and impact.

This compendium represents more than achievements—it testifies what sustained commitment, scientific rigor, and coordinated global action can accomplish. We hope it serves as an essential resource inspiring continued collaboration in our collective pursuit of a tobacco-free future, building foundations for a world free from the devastating impacts of all kinds of tobacco use.

Best wishes,

Dr. Shalini Singh

Director,

WHO FCTC Knowledge Hub on Smokeless Tobacco

www.nicpr.res.in | www.cancerindia.org.in

[WHO FCTC Knowledge Hub on Smokeless Tobacco](#)

ABBREVIATIONS

AIIMS	All India Institute of Medical Sciences
ANMs	Auxiliary Nurse and Midwives
APOCP	Asian Pacific Organization for Cancer Prevention
ARI	Acute respiratory infection
ASHAs	Accredited Social Health Activists
CI	Confidence Interval
CVDs	Cardiovascular disease
COP	Conference of Parties
Cr	Crore (10 million is equal to one crore)
DALY	Disability adjusted life years
DHS	Demographic and Health Surveys
GATS	Global Adult Tobacco Survey
GYTS	Global Youth Tobacco Survey
HWL	Health warning label
ICMR	Indian Council of Medical Research
KH-SLT	Knowledge Hub on Smokeless Tobacco
LASI	Longitudinal Aging Study in India
LMIC	Low-income and middle-income country
MANT	Manbhumi Ananda Ashram Nityananda Trust
MICS	Multiple Indicator Cluster Surveys
MoHFW	Ministry of Health and Family Welfare
MOP	Meeting of Parties
NAMS	The National Academy of Medical Sciences
NCTOH	National Conference on Tobacco or Health
NFHS	National Family Health Survey
NICPR	National Institute of Cancer Prevention and Research

NRT	Nicotine replacement therapy
NTTL	National Tobacco Testing Laboratories
OTT	Over-the-top
OVE	Oral Visual Examination
PGIMER	Postgraduate Institute of Medical Education and Research
PHW	Pictorial Health Warning
POS	Point of Sale
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta Analysis
SEAR	South-East Asia Region
SEATCA	Southeast Asia Tobacco Control Alliance
SEEDS	Socio-Economic and Educational Development Society
SHS	Second Hand Smoke
SLT	Smokeless tobacco
TAPS	Tobacco advertisement promotion & sponsorship
TFI	Tobacco Free Initiative
TOEFI	Tobacco Free Educational Institutions
VBA	Very brief advice
WHO FCTC	World Health Organization Framework Convention on Tobacco Control
WHO TobLabNet	WHO Tobacco Laboratory Network
WNTD	World No Tobacco Day

About KH-SLT

Smokeless Tobacco (SLT) is an addiction for millions of people worldwide, and research indicates its increasing use by young individuals in many countries. Smokeless Tobacco (SLT) is consumed in the unburnt form, either orally or nasally, and is commonly known as chewing tobacco, oral tobacco, spit or spitting tobacco, dip, chew, or snuff. Smokeless Tobacco (SLT) consumption involves chewing tobacco, often along with betel quid (betel leaf, areca nut, lime, and catechu). This is one of the most common addictions globally, particularly in the South-East Asia Region. The 11 countries in the South-East Asia Region have over 290 million Smokeless Tobacco (SLT) users, which is nearly 80% of the global number of users. Smokeless Tobacco (SLT) users outnumber the estimated number of smokers in the Region.

The health impacts of smokeless tobacco are well documented and are known to cause a variety of cancers, including oral, esophageal, and pancreatic cancer. Given the growing socio-economic and health concerns related to Smokeless Tobacco (SLT), particularly in low and lower-middle-income countries, a need for research on various aspects, including effective regulation of Smokeless Tobacco (SLT) use, has been highlighted in various sessions of the Conference of Parties (COP) of the WHO Framework Convention on Tobacco Control (FCTC).

Given the high burden of smokeless tobacco use in India and its efforts to effectively regulate smokeless tobacco use, the Convention Secretariat, in collaboration with the Ministry of Health and Family Welfare (MoHFW), Government of India established the WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT), in line with the mandate given to it at the Sixth Session of the Conference of the Parties to the WHO FCTC COP (FCTC/COP 6(8)) on 6th April, 2016.

The WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT) is housed at ICMR-NICPR (National Institute of Cancer Prevention and Research). The primary objective of WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT) is to assist Parties in improving smokeless tobacco control in consultation with WHO FCTC Secretariat. The WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT) collects and generates evidence on different aspects of smokeless tobacco (SLT) to inform policy for control of Smokeless Tobacco (SLT).

The hub may take the help of other agencies in this exercise. WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT) has a dedicated infrastructural setup and staff for smooth functioning. The Director ICMR- NICPR supervises the consultants/experts and allied staff of the Hub. The entire team collectively functions to develop the knowledge base and to use data mining tools for developing and implementing virtual network platforms for sharing data and expertise in their respective domains. The Hub is also involved in disseminating the produced material via varied channels to relevant stakeholders (via the web portal, consultations at request, training, workshops, and conferences, etc) The WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT) has also developed a searchable web portal of Smokeless Tobacco (SLT) -related information such as epidemiology, manufacturing process, health effects, product constituents, prevention and control policies, population-based cessation interventions, etc.

WHO FCTC KH SLT Impacting Tobacco Control Through Multidimensional Activities

Smokeless Tobacco Control - A Stepwise Approach





The WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT) is established with a mandate to:

- ▶ To generate and share expertise, information, knowledge and provide training, regionally and globally on Smokeless Tobacco (SLT), as appropriate;
- ▶ To promote and facilitate, as appropriate, communication among the Parties to the Convention, observers to the COP, including Inter-governmental organizations, Non-governmental organizations, and other stakeholders on Smokeless Tobacco (SLT); and
- ▶ To support the Convention Secretariat in hosting meetings, prepare technical materials, and participate in technical and subsidiary body meetings on Smokeless Tobacco (SLT) as appropriate

VISION AND MISSION OF KH-SLT

To generate awareness around the world on the harms of Smokeless Tobacco (SLT) use and support global Smokeless Tobacco (SLT) control efforts. Support can be provided via scientific evidence and technical research inputs in coordination with all relevant disciplines and stakeholders globally, especially among Parties with high Smokeless Tobacco (SLT) burden.

THEMATIC AREAS OF KH-SLT

Surveillance and monitoring: Focus on comprehensive surveillance to assess the range of Smokeless Tobacco (SLT) use, changes in patterns of use, as well as evaluate the impact of policies, interventions, and other steps taken to address its use.

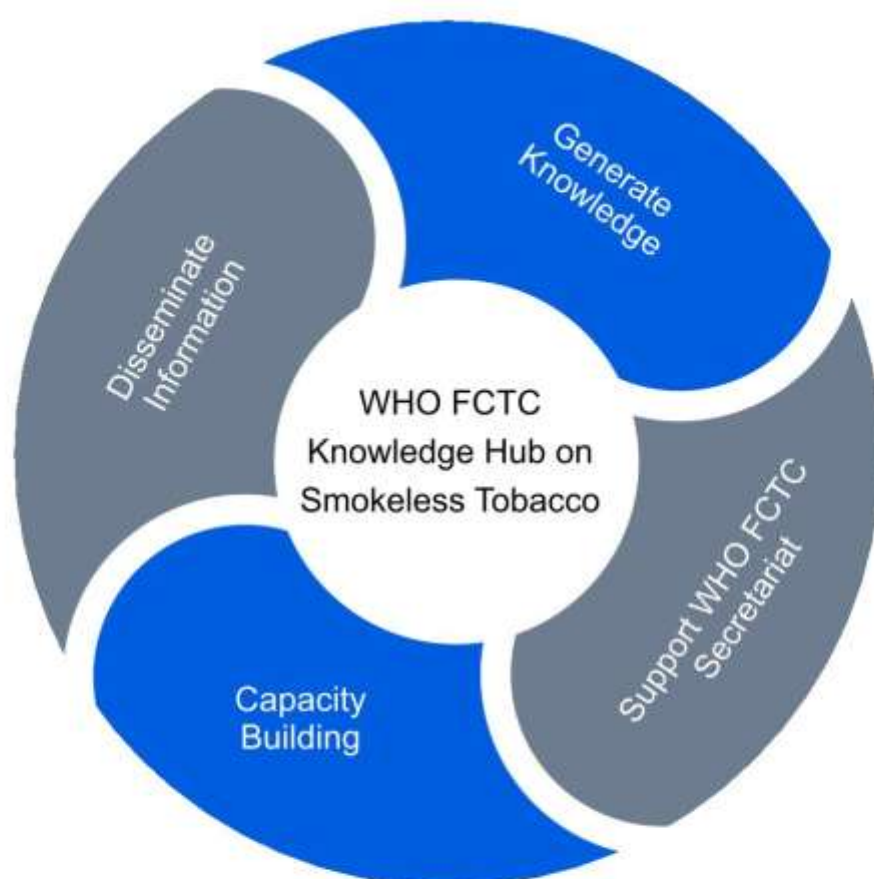
Policy reform: Undertake Smokeless Tobacco (SLT) relevant policy research for Parties to give due priority on Smokeless Tobacco (SLT) control as mandated under the WHO FCTC. Such research to support policy reforms beyond cigarettes as may be needed.

Products: Undertake more comprehensive characterization of the properties of different Smokeless Tobacco (SLT) products and their constituents. Additionally, focus on non-tobacco products (such as areca nut) that are frequently used in conjunction with Smokeless Tobacco (SLT).

Health effects: Contribute to and expand on the research body on specific health effects of various Smokeless Tobacco (SLT) products.

Economics and marketing: Collate and compile information on pricing and sales volume of Smokeless Tobacco (SLT), to understand patterns of use and develop effective public health interventions on Smokeless Tobacco (SLT) control.

Interventions: Design, develop, test and implement new interventions for Smokeless Tobacco (SLT) use prevention and cessation at both the population and individual levels



WHO FCTC KH-SLT WEBSITE

A centralized platform with uniform web design has been developed for all knowledge hubs under <https://extranet.who.int/fctcapps/fctcapps/fctc/kh>. With a URL for KH-SLT (<https://extranet.who.int/fctcapps/fctcapps/fctc/kh/slt>).

This website is an exclusive portal for all information on SLT gathered by the KH-SLT. The website is envisaged to provide a one-step knowledge and solution hub on various aspects of SLT. The KH-SLT disseminates gathered information primarily, although not exclusively, through this interactive portal, which is synchronized with the WHO FCTC information platform. As a general principle, all the material published on the website is freely accessible and public.

The website provides information on SLT use in terms of epidemiology, products, chemical profiling, manufacturing, economics, advertising, and marketing of SLT. The website also provides information on the Hub Partners, both national and international, as well as updates on SLT control activities across the globe. The website also mentions key events and factsheets on SLT-specific information.



Global Activities



Innovations in mobilizing resources for WHO FCTC implementation

The WHO FCTC Knowledge Hub on Smokeless Tobacco participated in this online event organized by the Southeast Asia Tobacco Control Alliance (SEATCA), as an observer to the conference of the Parties to the WHO FCTC, and the Thai Health Promotion Foundation (ThaiHealth) on 25th August 2022 from 1:00 pm to 2:30 pm Geneva/ 6:00 pm to 7:30 pm Bangkok.

Launch of the publication: Implementation Practices in Smokeless Tobacco Control.

This event was organized by the Secretariat of the WHO FCTC and the WHO FCTC Knowledge Hub on Smokeless Tobacco on 6th October 2022.

Dr. Shalini Singh, Director, ICMR-NICPR, delivered her talk titled Supporting Parties in strengthening Smokeless Tobacco Control Policies: Activities of the WHO FCTC Knowledge Hub on Smokeless Tobacco.

Webinar

Launch of new publication: Implementation practices in smokeless tobacco control

Thursday, 6 October 2022 | 10:30-12:00 (CET) via Zoom

The main objective of this webinar will be to launch the new publication of the Secretariat of the WHO FCTC: Implementation practices in smokeless tobacco control.

The use of smokeless tobacco (SLT) is a global concern and these products are available in the markets of nearly two-thirds of the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC). Over 350,000 people die each year among the nearly 350 million SLT users worldwide. 90% of the burden of SLT use is in low-resource countries. Among them, the majority of users are among the adults in African, South-East Asia and Western Pacific regions, but SLT use is also high among the youth in the South-East Asia Region.

This webinar, with the participation of distinguished panelists, will also provide an overview of the current status in SLT use and discuss challenges and policy options for regulation of SLT.

The webinar will be conducted in English.

Panelists

Dr L. Sureshchawan,
Ministry of Health and Family Welfare, India

Dr Shalini Singh,
WHO FCTC Knowledge Hub on Smokeless Tobacco and ICMR/NICPR, India

Prof. Rumana Harque,
AIM Foundation, Bangladesh

Dr Jagdish Kaur,
WHO Regional Office for South-east Asia

Mr Prasay Lal,
International Union Against Tuberculosis and Lung Disease (The Union), an observer to the Conference of the Parties of the WHO FCTC



Register at https://who.zoom.us/webinar/register/WN_OuFvNH2RiC73nVX80blgw



**Supporting Parties in strengthening Smokeless Tobacco Control Policies:
Activities of the WHO FCTC Knowledge Hub on Smokeless Tobacco
6th October, 2022**

Dr Shalini Singh
DIRECTOR
ICMR-NICPR
WHO FCTC Knowledge Hub on Smokeless Tobacco
National Tobacco Testing Laboratory



Cardiovascular Mortality due to Tobacco use in India

- Cardiovascular Diseases (CVDs) are responsible for nearly half of the deaths among tobacco users; percentage much higher among younger tobacco users
- Leading cause of Premature mortality



7th Plenary meeting of WHO Tobacco Laboratory Network (TobLabNet) from

Dr. Shalini Singh, Director ICMR-NICPR & WHO FCTC Knowledge Hub on Smokeless Tobacco and Scientist from National Tobacco Laboratory participated in the meeting from 6th to 10th December 2022 in Singapore. Pertinent issues related to testing of tobacco products and support of the Ministry of Health and Family Welfare (MoHFW), India in implementation of Tobacco Control policies were discussed. The discussions on the contribution of the TobLabNet to the development of WHO Global Goods (Technical Products) on nicotine and tobacco product testing were of value for tobacco control in the country.

Discussions were held with other members on the development of SOPs and collaborative studies for identifying various harmful constituents present in smokeless tobacco products, possible research areas related to the nicotine testing, training needs, frequency and funding of activities. Waste disposal of nicotine and tobacco products were also discussed in the meeting.



Dr. Shalini Singh (Second row centred), Director of ICMR-NICPR and WHO FCTC KH-SLT along with other participants

Visit of Global Tobacco Regulators Forum Delegates

Delegates of global tobacco regulators forum visited WHO FCTC Knowledge Hub on smokeless tobacco and National Tobacco Testing Laboratory (NTTL), ICMR-NICPR on 27th April 2023. Various aspects of tobacco regulatory challenges in India and Southeast Asia region were discussed amongst the Scientists and Global experts.

DELEGATES OF GLOBAL TOBACCO REGULATORS FORUM VISITED, ICMR-NICPR

27 APRIL, 2023



Regional meeting on tobacco policy acceleration and data-to-action in WHO South-East Asia Region.

Dr. Prashant Kumar Singh, Scientist E & Nodal officer of WHO FCTC Knowledge Hub on Smokeless Tobacco participated and presented “Recent evidences and work done at WHO FCTC Knowledge Hub on Smokeless Tobacco” at the Regional meeting on tobacco policy acceleration and data-to-action in WHO South-East Asia Region organized by WHO South-East Asia Region, 3rd to 5th May, 2023, Nepal and assisted the Parties at WHO South-East Asia Region.



Government of Nepal Delegate's Visit

Delegates of Government of Nepal visited WHO FCTC Knowledge Hub on smokeless tobacco and NTTL, ICMR-NICPR on 2nd June 2023. Discussion on various aspects of tobacco control challenges and experiences held between the Scientists and Nepal Government delegates.



6th meeting of the WHO Framework Convention on Tobacco Control (WHO FCTC) Knowledge Hubs

Dr. Shalini Singh, Director of WHO FCTC Knowledge Hub on Smokeless Tobacco and ICMR-NICPR, participated in the 6th meeting of the WHO Framework Convention on Tobacco Control (WHO FCTC) from 25-27 September 2023 in Helsinki, Finland. Dr. Singh presented the workplans of the knowledge hub and took part in several group activities during the event.



Dr. Shalini Singh, Director of WHO FCTC KH SLT at 6th meeting of the WHO FCTC Knowledge Hub



Dr. Shalini Singh, with the Knowledge Hub partners at 6th meeting of the WHO FCTC Knowledge Hub

Collaboration meeting with WHO FCTC Knowledge Hub for Public Awareness, France

WHO FCTC Knowledge Hub on Smokeless Tobacco shared a Collaboration Proposal for the Development of IEC Material for Public Awareness on Smokeless Tobacco Cessation and Antenatal Care with WHO FCTC Knowledge Hub for Public Awareness and the two Knowledge Hubs had their inception meeting on 15th July 2024 virtually. Both the Knowledge Hubs shared their respective mandate and working guidelines in the meeting and the work for collaboration was discussed.





7th meeting of the WHO FCTC Knowledge Hubs:

Dr. Shalini Singh, Director ICMR-NICPR and WHO FCTC Knowledge Hub on Smokeless Tobacco participated in the 7th meeting of the WHO FCTC Knowledge Hubs in Bangkok from 18th to 19th November 2024. Dr. Singh also delivered a presentation of the work done by the WHO FCTC KH SLT in the event.

South Asia Tobacco Control Leadership Program:

Dr. Prashant Kumar Singh, Scientist E & Nodal Officer WHO FCTC KH SLT participated in the South Asia Tobacco Control Leadership Program as a resource personal organized by the John Hopkins School of Public Health, USA held from 8th to 13th December 2024 in Colombo, Sri Lanka





National Activities

Cancer Awareness Program

The Knowledge Hub successfully organized a 'Cancer Awareness Program' on February 7, 2022 at National Institute of Cancer Prevention and Research (ICMR-NICPR) for the maintenance staff of the institute. Information about oral, breast and cervical cancer symptoms and where to access care was provided.

Number of participants/ trainees: 30



Oral Cancer Screening Workshop

A two-day workshop was organized in collaboration with York University, UK to provide hands-on training to female community health workers in the local language (Hindi) so that they can screen the potentially malignant lesions in oral cavity between 28 to 29th March 2022 from 9:30 am to 5 pm.

Number of participants/ trainees: 15 (community health workers)

Workshop for Community Health Workers



Workshop Organization

York University collaborates to organize the workshop.



Training Session

Participants receive hands-on training in Hindi.



Screening Skills

Participants learn to screen for oral lesions.



Workshop Completion

The two-day workshop concludes successfully.



Release of article on tobacco cessation clinic in regional language (Hindi)

An article on tobacco cessation clinic in regional language was released on 24th May 2022.

TOBACCO CESSATION CLINIC

तंबाकू निषेध क्लिनिक

संस्थान की तम्बाकू निषेध क्लिनिक है मुख्य आकर्षण

राष्ट्रीय कैंसर रोकथाम एवं अनुसंधान संस्थान, नोएडा के तम्बाकू निषेध क्लिनिक में तम्बाकू खाने वालों को तम्बाकू छुड़वाने में निशुल्क मदद प्रदान की जाती है। यह क्लिनिक संस्थान के ग्राउंड फ्लोर में कमरा नंबर 9 में स्थित है जहाँ सुबह 9 बजे से 1 बजे तक कोई भी व्यक्ति जो धूम्रपान या तम्बाकू का सेवन करता है और इस बुरी आदत को छुड़वाना चाहता है तो वह बिना किसी रेफरल के अपने मुख की जांच के साथ साथ सलाह ले सकता है और तम्बाकू खाने की इस बुरी आदत से मुक्ति पा सकता है और मुख के कैंसर के साथ साथ अन्य कई प्रकार की गंभीर बिमारियों से स्वयं को बचा सकता है।



कौन कौन करवा सकता है क्लिनिक में पंजीकरण:

- ▶ धूम्रपान करने वाले (सिगरेट, बीड़ी, हुक्का, पाइप, सिगार)
 - ▶ धुआं रहित तंबाकू उपयोगकर्ता/तंबाकू चबाना (खैनी, गुटखा, पान मसाला, जर्दा, तंबाकू के साथ पान)
- कैंसर ही नहीं, तंबाकू खाने से होती हैं और भी जानलेवा बीमारियां तम्बाकू सेवन अथवा धूम्रपान एक ऐसी बीमारी है जो हमें और हमारे अपनों को जीवन भर रुलाने की वजह बन सकती है। समाज का हर तबक़ा, हर उम्र के लोग इसकी की चपेट में आते जा रहे हैं। आज बच्चे, बूढ़े, महिलाएं, पुरुष सभी तम्बाकू सेवन अथवा धूम्रपान की लत घिरे हुए हैं और यह स्थिति दिन ब दिन भयावह रूप लेती जा रही है। तम्बाकू के किसी भी रूप में सेवन से टीबी, इम्फेसीमा, मुंह, गले और फेफड़ों का कैंसर, ल्यूकेमिया, हार्ट डिजीज, ब्रेन स्ट्रोक, डायबिटीज, क्रोनिक ब्रोन्काइटिस, आंखों के रोग, नंपुसकता, इनफर्टिलिटी, पेट्रिक अल्सर, गर्भधारण करने में दिक्कत, गर्भपात, कोल्ड-फ्लू, श्वसन-तन्त्र में संक्रमण, स्वाद और गंध में कमी, समय से पहले बुढ़ापा और ऑस्टियोपोराइसिस जैसी बीमारियों का जोखिम बढ़ जाता है।

आइये आज ही सहायता के लिए संपर्क करें तम्बाकू छुड़वाने में हम आपकी पूरी सहायता कर सकते हैं, आज ही क्लिनिक में आकर बात करें। योग्य और प्रशिक्षित चिकित्सक और परामर्श दाता आपकी पूर्ण रूप से सहायता करेंगे व्यवहारिक परामर्श और आवश्यकतानुसार निकोटिन च्युइंग गम और फ़ॉलोअप द्वारा आपकी इस तम्बाकू खाने की बुरी आदत को छुड़वाया जायेगा। तम्बाकू से होने वाले शारीरिक, मानसिक व आर्थिक नुकसान के बारे में बताकर तम्बाकू न सेवन करने की सलाह भी सभी को दी जाती है। तो आइये आज ही अपने बेहतर स्वास्थ्य के लिए एक कदम तम्बाकू छुड़वाने की क्लिनिक की ओर बढ़ाते हैं और स्वयं को कैंसर जैसे गंभीर बीमारी से बचाते हैं

आपका स्वास्थ्य अनमोल है

डॉ प्रशांत कुमार सिंह, वैज्ञानिक 'डी'

चंद्रेश प्रज्ञा वर्मा, (मेडिकल सोशल वर्कर)

एन आई सी पी आर - कैंसर रोकथाम एवं जन स्वास्थ्य विभाग

Release of A-To-Z Awareness for Oral Cancer on social media handle.

icmr NICPR
National Institute of Cancer Research and Control
भारतीय कैंसर रोकथाम एवं अनुसंधान संस्थान

75
Azadi Ka
Amrit Mahotsav

A TO Z AWARENESS FOR ORAL CANCER

A wareness about the symptoms of oral cancer	B etaquid is one of the risk factor	C onsuming any amount of alcohol can cause oral cancer	D ifficulty in chewing and swallowing: early symptom	E ating balanced diet of fruits and vegetables is protective	F ix up a self mouth exam atleast once a month	G o for oral examination
H pv infection is a risk factor for oral cancer	I mprove your immunity	J aw swelling, ill fitting denture needs correction	K nowledge is the key for Cancer Prevention	L eukoplakia and Erythroplakia may be precancerous	M en affected more than women	N o to smokeless tobacco
O ral cancer awareness month is April	P ractising good oral hygiene	Q uit smoking and alcohol	R educed mouth opening is one of the symptoms	S oreness is early symptoms	T reatment if taken is curable	U nexplained persistent bleeding from the gums
V isit your dentist immediately if any symptoms persist	W ORLD NO TOBACCO DAY 31st MAY	X cess exposure to sun; increases risk of lip cancer	Y our life is precious so care for it	Z eal & energy to fight oral cancer		



Oral Screening Camp on World No Tobacco Day 2022

To observe the World No Tobacco Day, 31st May 2022, the Knowledge Hub organized an '[Oral Screening Camp](#)' at the local Bus depot, Noida (Uttar Pradesh) for the bus drivers and operators. Tobacco cessation experts shared the information about the adverse effects of tobacco consumption and delivered tobacco cessation advice along with the oral screening. Total 100 participants attended the screening camp and received the counselling.

Number of participants/ trainees: 100



Webinar / Talk on World No Tobacco Day 2022

“O-PMD Hub”, Dept. of Dental & Oral Surgery, Lady Hardinge Medical College & Associated Hospitals, New Delhi

On the World No Tobacco Day, 31st May 2022, the “O-PMD Hub”, A National Resource Centre, under the National Oral Health Programme, MoHFW, Govt. of India and Department of Dental & Oral Surgery, Lady Hardinge Medical College & Associated Hospitals, New Delhi organized a webinar in association with Indian Dental Association West Delhi Branch. As one of the speakers, **Dr. Shalini Singh**, Director-National Institute of Cancer Prevention & Research (ICMR-NICPR) shared insights on “Smokeless Tobacco Use among Women: A Neglected Issue”. The webinar included discussion on “Tobacco: An Epidemic” by **Dr. K.S. Sachdeva**, Regional Director- The Union, South Asia at International Union against Tuberculosis and Lung Disease. **Dr. Jagdish Kaur**, Regional Advisor (TFI) - World Health Organization shared her expert views

“O-PMD Hub”
A National Resource Centre, Under The National Oral Health Programme, MoHFW, Govt. of India

and

Dept. of Dental & Oral Surgery
Lady Hardinge Medical College & Associated Hospitals,
New Delhi-110 001

in association with

ida
Indian Dental Association
West Delhi Branch

present a webinar on

WORLD NO TOBACCO DAY
31st May 2022, Tuesday 3:00 to 4:00PM

Speakers

- Dr. Roshni Singh Sandhu**
Specialist in Oral and Maxillofacial Surgery, National Institute of Cancer Prevention & Research
- Dr. Shalini Singh**
Director, National Institute of Cancer Prevention & Research
- Dr. Jagdish Kaur**
Regional Advisor (TFI), World Health Organization

Moderators

- Dr. Prakash Sharma**
Regional Director, The Union, South Asia, International Union Against Tuberculosis and Lung Disease
- Dr. Rajat Sharma**
Regional Director, The Union, South Asia, International Union Against Tuberculosis and Lung Disease

Program Schedule

- 3:00pm - 3:05pm - Welcome & Introduction
- 3:05pm - 3:10pm - Opening Remarks by Director LHMCC, New Delhi- Dr. Ram Chander
- 3:10pm - 3:20pm - Tobacco: An Epidemic- Dr. K.S. Sachdeva
- 3:20pm - 3:40pm - Smokeless Tobacco Use Among Women: A Neglected Issue- Dr. Shalini Singh
- 3:40pm - 3:50pm - Tobacco-A Threat to Environment- Dr. Jagdish Kaur
- 3:50pm - 4:00pm - Q&A and Discussion

Tobacco: Threat to our Environment
ZOOM LINK: <https://us02web.zoom.us/j/91963873021>
Meeting ID: 810 630 7302 • Passcode: 123456

“O-PMD Hub” www.NationalOralHealthHelpline (Toll Free) 1800 91-2022
Contact: email: opmdhublhmcc@gmail.com | Call @ 80 906 4175

Orientation program of WHO FCTC Knowledge Hub on Smokeless Tobacco

Orientation program of WHO FCTC Knowledge Hub on smokeless tobacco held on 21st June 2022 from 9:30 am to 4 pm to create familiarity with the objectives of working for the Knowledge hub and to infuse new ideas for the same. The origin of tobacco, the influence of agro-ecological zones on different varieties of Indian tobacco products, tobacco control policies and legislation, along with implementation gaps at varying tiers, ToEFI guidelines for tobacco-free educational institutions were discussed. The entire discussion was about breaking the ice and ensuring that the recently recruited team understands the fundamental goal of the project and encourage each member to contribute new evidence-based insights to the Knowledge Hub.

Distinguished Guests:

Mr. Pranay Lal, Senior Technical Advisor, The International Union Against Tuberculosis and Lung Disease (The Union),

Dr. Amit Yadav, Senior Technical Advisor, The International Union Against Tuberculosis and Lung Disease (The Union), and

Mr. Deepak Mishra, Executive Director, Socio Economic and Development Society, Patna

Attendees: Faculty members, Scientists and Technical staff of the WHO FCTC Knowledge Hub on Smokeless Tobacco

National Workshop On “Emerging Challenges and Opportunities for Implementation of Illicit Tobacco Protocol, Standardized Packaging of Tobacco Products and Prompting Research in Tobacco Control in India”.

The WHO FCTC Knowledge Hub on Smokeless Tobacco participated in this National workshop organized by International Union Against Tuberculosis and Lung Disease (The Union) from 27th to 30th September 2022 in Indore, India.

Dr Shalini Singh, Director, ICMR-NICPR, chaired the session titled “Challenges in mitigating illicit trade in tobacco products”; “Standard Packaging” & “Research gaps and opportunities to advance tobacco taxation in India” of four eminent speakers and expressed her views on the scarcity of data on the quantity of consumption and how efforts should be made in research for per day per person consumption of SLTs and accordingly the standard size of the product should be decided. She also recommended that the standard size of the product must be larger than the daily consumption which will directly impact the affordability of the consumer.

Dr. Prashant Kumar Singh, ICMR-NICPR delivered his talk on the product specific packaging – challenges and opportunities for SLT, Cigarette and Bidi where he shared that the majority of the SLT are in pouches and a very low number has Health Warning Label (HWL) compliance. He also shared that with the help of a study on health warning rules, and implementation has increased collectively at national level, but it varies among the categories of SLT products. Under National Tobacco Control Programme (NTCP), Ministry of Health and Family Welfare (MoHFW), India releases Pictorial Health Warning (PHW) guidelines for a particular year but only 2% of available tobacco products in the market comply with the warning guideline. He also added SLT and Bidi are available in the market with many violations like a blur, cropped image, changed color, absence of toll-free no., etc. and if the PHW guideline is not followed it will not contribute to tobacco control in the country.

Team WHO FCTC KH-SLT displayed smokeless tobacco products with poor compliance of labelling and packing rules during the workshop.



Dr. Prashant Kumar Singh,
Nodal Officer of the
WHO FCTC KH-SLT while delivering his talk



Team WHO FCTC KH-SLT displayed smokeless tobacco
products with poor compliance
of labelling and packing rules during the workshop



Dr. Shalini Singh (Front row centred), Director of ICMR-NICPR and WHO FCTC KH-SLT along with other workshop participants.

3rd IAPSM Young Leaders' National Conclave-2022.

The WHO FCTC Knowledge Hub on Smokeless Tobacco participated in this National Conclave organized by the Department of Community Medicine and Family Medicine, AIIMS, Bhubaneswar, India from 10th to 12th November 2022. Three scientists along with Dr. Shalini Singh, Director, ICMR-NICPR & WHO FCTC KH SLT, participated and conducted a pre-conference workshop on 'Addressing modifiable risk factors for preventing Cancer: special focus on tobacco use and obesity and hands-on training on oral and breast cancer screening' on 10th November 2022.

Dr. Prashant Kumar Singh, Nodal Officer of the WHO FCTC KH-SLT delivered his talk titled "Modifiable risk factors of cancer and lifestyle disease including obesity".

Dr. Sudhir Tanwar, Scientist-B, participated and conducted a workshop on oral cancer screening and demonstrated the technique of Oral Visual Examination (OVE) for screening of oral potential malignant disorders.





3rd IAPSM
Young Leaders' National Conclave
10th - 12th November, 2022 | AIIIMS Bhubaneswar, Odisha

Attend Pre-Conference Workshop



DR EKTA GUPTA
Scientist E (Medical) at ICMR-NICPR



DR PRASHANT KUMAR SINGH
Scientist D, Preventive Oncology & Population Health
at ICMR-NICPR, Scientist at
Indian Council of Medical Research - National Institute
of Cancer Prevention & Research

Title: Addressing modifiable risk factors for preventing Cancer : special focus on tobacco use and obesity and hands on training on oral and breast cancer screening
Date: 10th November, 2022 | **Time:** 9:30 am - 1 pm
Venue: Department of CM & FM, Academic block (3rd Floor) Audio-Visual Room (Room number 319)
www.iapsm-ylnc2022.com



Dr. Shalini Singh, Director of ICMR-NICPR and WHO FCTC KH-SLT while getting felicitated by the organizing committee

11th General Assembly of the Asia Pacific Organisation for Cancer Prevention and the APOCP11 Conference on Cancer Prevention.

The WHO FCTC Knowledge Hub on Smokeless Tobacco participated in the conference hosted by the Cancer Foundation of India, Kolkata from 8th to 10th December 2022.

Dr Shalini Singh, Director, ICMR-NICPR delivered her plenary talk on “smokeless tobacco use among women: a neglected issue” and gave insight on the metabolism of nicotine in pregnant and lactating women, the effects of nicotine on babies, the socio-cultural acceptance of SLT. The reason for SLT initiation and the access of women to cessation services was also discussed in her talk.



Dr. Shalini Singh, Director ICMR-NICPR and WHO FCTC KH-SLT delivering her Plenary Talk at 11th APOCP Conference, Kolkata, India.

Ms. Sagarika Rout delivered her talk titled “Association of Genital Infections as Early Symptoms of Cervical cancer among Women Tobacco users in India” and **Ms. Isha Joshi** delivered her talk titled “Association between secondhand smoke and neonatal mortality in India” their respective study findings at 11th APOCP Conference, Kolkata, India

Nine researchers from WHO FCTC KH-SLT presented their respective study findings at 11th APOCP Conference, Kolkata, India.



Dr. Vandana Tamrakar: Prevalence and socio-economic disparity in tobacco use among men and women in India; in comparison of NFHS-4 and NFHS-5. (Poster no. 5)

Ms. Chandresh Pragma Verma: Challenges associated with community cancer screening (cervical, breast and oral) among older adults: A community-based pilot study in low- and middle-income setting. (Poster no. 9)

Ms. Sanchita Roy Pradhan: Role of Smokeless Tobacco in Metabolic Reprogramming and Cancer Initiation. (Poster no. 10)

Ms. Sweta Yadav: "Question Wording" influences responses of Self-Reported Cancer Screening Status among Women in a Nationally Representative Survey: An Analysis of the National Family Health Survey (NFHS-4, 2015–16, and NFHS-5, 2019–21). (Poster no. 21)

Ms. Varsha Pandey: Development and testing of behavioral change intervention package for smokeless tobacco (SLT) cessation among low-income communities: A pilot study from low-income communities in India. (Poster no. 31)

Dr. Malasha Kumari: Awareness, perception and preventive behavior of female undergraduate students of GPG college regarding cervical cancer, Human Papilloma Virus infection, HPV vaccination: A cross-sectional study. (Poster no. 53)

Ms. Rupal Jain: Consumption of smokeless tobacco among pregnant and lactating women: A challenge for cancer prevention in India. (Poster no. 57)



2nd National Conclave On “Public Health Nutrition: Measuring Progress Towards Achieving Sustainable Development Goals”.

The WHO FCTC Knowledge Hub on Smokeless Tobacco participated in the 2nd National Conclave on “Public Health Nutrition: Measuring Progress Towards Achieving Sustainable Development Goals” organized by Center of Excellence on Public Health Nutrition, National Institute of Technology (NIT), Rourkela, India from 16th to 17th December 2022. Dr Prashant Kumar Singh, Nodal officer WHO FCTC KH SLT, ICMR-NICPR delivered his talk on Smokeless Tobacco Use and Women's Health in India. He also shared how the focus on women and girls is essential to achieve the national targets for tobacco control and sustainable development goals of ensuring healthy lives and promote well-being for all.



Dr. Prashant Kumar Singh, Nodal Officer of the WHO FCTC KH-SLT
at 2nd National Conclave on Public Health Nutrition

Health Awareness Program

A "Health awareness program" at the Government Junior High School, Noida, India on World Cancer Day was successfully organized by the WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-NICPR.

Number of participants/ trainees: 95



विश्व कैंसर दिवस

विश्व कैंसर दिवस से एक दिन पूर्व "राष्ट्रीय कैंसर रोकथाम एवं अनुसंधान संस्थान" द्वारा सरकारी जूनियर हाई स्कूल, नोएडा में स्वास्थ्य जागरूकता वार्ता आयोजित की गयी, जिसमें विद्यार्थियों को कैंसर से बचाव योग्य स्वस्थ जीवन शैली के बारे में बताया गया

"दृष्टों में स्वास्थ्य के प्रति जागरूकता फैलाए
आओ हम सब मिलकर विश्व कैंसर दिवस मनाएं"

Inaugural lecture of TOCOIndia टोको - An online lecture series on Tobacco Control in India

TOCOIndia टोको - An online lecture series on Tobacco Control in India was inaugurated by the WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-NICPR on 9 February 2023. **Dr. Shalini Singh**, Director, WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-NICPR provided a comprehensive presentation discussing about the WHO FCTC, role of the Knowledge Hub on Smokeless Tobacco, and an overview of the tobacco control efforts at ICMR-NICPR.



Brief summary of the talk:

- ▶ Global mission to protect the present and future generations from the devastating outcomes of tobacco consumptions and an overall Global target of 30% relative reduction in current tobacco use by 2025.
- ▶ First ever White Paper on Smokeless Tobacco and Women's Health (Singh et al., 2020) presented the prevalence of SLT consumption among pregnant women using both GATS and NFHS data showing great disparity in the datasets.
- ▶ ICMR Task Force Study on SLT and Reproductive and Mental health first ever attempts made by ICMR-NICPR to prepare a tool for SLT cessation among women focusing on maternal and child health.
- ▶ "Smokeless tobacco with public health nutrition" (Saxena et al., 2022) is the first of its kind systematic review which reveals that SLT has an impact on body weight, leading to anaemia and adverse birth outcomes during maternity and increased risk of metabolic syndrome and gall stone disease.
- ▶ ASTRA study examined the impact of behavioural change intervention on SLT quit. Out of 44 participants, included in the survey, 22 had quit tobacco during 26 weeks of follow-up.

2nd National Consultation on Smokeless Tobacco in India

The “2nd National Consultation on Smokeless Tobacco in India” organized by WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-National Institute of Cancer Prevention and Research (ICMR-NICPR), NOIDA in collaboration with National Tobacco Control Programme, Ministry of Health and Family Welfare, Govt. of India, International Union Against Tuberculosis and Lung Disease (The Union), South East Asia Regional Office, New Delhi and Socio-Economic and Educational Development Society (SEEDS) at India International Centre, New Delhi.

Number of participants/ trainees: 106

Inaugural Session



Dr. Shalini Singh, Director, ICMR-NICPR while addressing in the inaugural session

Objectives of the National Consultation:

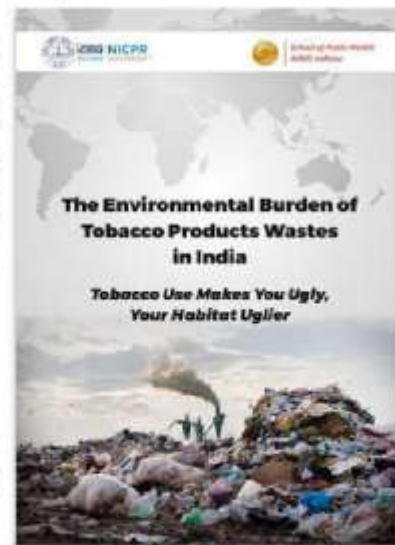
- ▶ Engage with national multi-sectoral partners and organizations to share experiences and ideate on innovative strategies for effective SLT control in India.
- ▶ Develop a national roadmap towards curbing the SLT epidemic in the country.
- ▶ Identification of research priorities for SLT control for the country.

The meeting was attended by eminent scientists, experts, Indian state representatives working on various fronts for tobacco control in the country.

Case studies and parties experience in implementing SLT control policies were discussed and panel discussions were held to address the challenges related to SLT control, environmental burden, health burden, surrogate advertisements, economics, illicit trade and implementation of environmental laws, utilizing NTTLs to enhance policy implementation and identifying research question on SLT control in India.

The two days consultation was divided into eight sessions along with the inaugural session.

The National report on "Environmental burden due to tobacco product waste in India" was also released on 21st February 2023 at the event.



Release of National report on "Environmental burden due to tobacco product waste in India"

Group Photograph Day 1



Group Photograph Day 2



3rd National Consultation on Emerging Challenges and Opportunities in Tobacco Control

The "3rd National Consultation on Emerging Challenges and Opportunities in Tobacco Control" organized by WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-National Institute of Cancer Prevention and Research (ICMR-NICPR), NOIDA in collaboration with National Tobacco Control Cell, NTCP, Ministry of Health and Family Welfare (MoHFW), Government of India, International Union Against Tuberculosis and Lung Disease (The Union), South East Asia Regional Office, New Delhi and Socio-Economic and Educational Development Society (SEEDS) at India International Centre, New Delhi.

Number of participants/ trainees:110



Observation of World No Tobacco Day 2023

A poster design competition on 25th May 2023 and an online quiz competition on 29th May was also organized by the WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-NICPR to observe the World No Tobacco Day 2023 with the theme Grow Food NOT TOBACCO

A No Tobacco Awareness Rally was also organized by ICMR-NICPR on 30th May 2023 with all the institutional staff. Students from Government Post Graduate College, Noida also walked hand-in-hand in the rally with placards and anti-tobacco slogans with ICMR-NICPR.

On 31st May on World No Tobacco Day 2023, ICMR-National Institute of Cancer Prevention and Research declared Tobacco Free Institute. In the leadership of Dr. Shalini Singh, Director, ICMR-NICPR, all the staff of the Institute participated in No tobacco pledge followed by prize distribution to participants of poster design and online quiz competition.

WORLD NO TOBACCO DAY 2023
 31st May 2023
 Theme: **Grow Food NOT TOBACCO**

**Observation of
World No Tobacco Day**

Free Registration Quiz competition Poster design competition

GROW FOOD **NOT TOBACCO**

Link for Online Registration:
<https://forms.gle/awFemvU11718yDz18wv0j7y01A8t01014>

Last Date of Registration: 22/05/2023
 E-certificate will be issued to all participants by email



Posters designed by the participants.



Participants while attempting the online quiz competition



No Tobacco Awareness Rally



Dr. Shalini Singh, Director ICMR-NICPR
while addressing the staff on World No Tobacco Day, 2023

2nd lecture of **TOCOIndiaटोको** - An online lecture series on **TO**bacco **CO**ntrOl in India

2nd lecture of **TOCOIndiaटोको** - An online lecture series on TOBacco COntrol in India organized by the WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-NICPR on 6th June 2023. **Dr. Prakash C. Gupta**, Director of Healix – Sekhsaria Institute of Public Health Navi Mumbai, India presented his talk titled "Progress in Tobacco Control: Some Roadblocks" in the session.

Number of participants/ trainees: 69



Brief summary of the talk:

- ▶ Globally most extensive data are available on cigarette smoking which shows a huge burden of smoking tobacco contributing to nearly 7 million deaths every year among smokers in the world.
- ▶ Tobacco causes a spectrum of non-fatal diseases as well in addition to cancer, stroke, heart disease, lung disease etc. It affects eye, causes impotence in male and hampers reproductive outcomes in females.
- ▶ The main roadblocks in tobacco control are caused by the tobacco industry. They fought a strong battle against strong warning labels.
- ▶ Tobacco industry spends a huge amount of money in designing tobacco packs and making them catchy which can attract children and young adolescents, their main target.
- ▶ In India, advertisement of any tobacco product is banned. But the tobacco industry is promoting their products using surrogate advertisements and using non-regulated media like internet and OTT platforms.
- ▶ Ratification of the FCTC, implementation of COTPA, vendor licensing, undertaking National Tobacco Control Program and successfully contesting the tobacco industry's legal challenges are some of the accomplishments of MoHFW (Ministry of Health and Family Welfare).
- ▶ Tobacco taxation is one of the most effective strategies for tobacco control, but it is uneven and the products are getting more affordable.
- ▶ Environmental Impact of tobacco requires considerable attention. Fires caused by discarded cigarette butts lead to loss of lives, property and forests. Packets of tobacco products are toxic wastes. Curing of tobacco leaves using firewood may lead to deforestation. Growing of tobacco caused far more depletion of soil nutrients compared to other crops.
- ▶ A lot of progress has been achieved in implementing policies and controlling tobacco. Still the burden of tobacco is huge and a lot more is remaining and need to be done. People should understand and realise the public health benefit of tobacco control.

3rd National Training Workshop on Strengthening Monitoring and Evaluation of NTCP in the country- prioritizing and reorienting Academic and Public Health Institutes

Dr. Prashant Kumar Singh, Scientist E & Nodal officer of WHO FCTC Knowledge Hub on Smokeless Tobacco participated and sensitized community medicine professionals on various aspects of tobacco control in the "3rd National Training Workshop on Strengthening Monitoring and Evaluation of NTCP in the country- prioritizing and reorienting Academic and Public Health Institutes" organized by International Union Against Tuberculosis and Lung Disease (The Union), 27 to 30th June 2023, Goa.



Dr. Prashant Kumar Singh, Scientist E & Nodal Officer WHO FCTC KH SLT while delivering his talk at the event.

3rd lecture of TOCOIndiaटोको - An online lecture series on Tobacco COntrol in India

3rd lecture of TOCOIndiaटोको - An online lecture series on TOBacco COntrol in India organized by the WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-NICPR on 10th July 2023. **Dr. Rana J Singh**, Deputy Regional Director, The Union South-East Asia Office, New Delhi, India delivered his talk on "TB & Tobacco" in the session.

Number of participants/ trainees: 100



Brief summary of the talk:

- ▶ Globally TB is the leading cause of mortality contributing to nearly 1.5 million deaths annually with a quarter of the population being infected with TB.
- ▶ Current rates of decline in TB incidence and case fatality ratio are 2% and 3% respectively which is much lower as compared to the desired fall.
- ▶ There are many evidences including reviews, systematic reviews and meta-analysis conducted by foreign as well as Indian authors that support the correlation between tuberculosis and tobacco exposure.
- ▶ Evidences reveal that smokers are more likely to suffer from cough, dyspnoea, chest radiograph appearance of upper zone involvement, cavity and miliary appearance, positive sputum culture, positive smear for acid-fast bacilli which are clinical manifestations of tuberculosis. (Leung CC et.al, 2003; Altet-Gomez MN et.al.)
- ▶ To control the TB epidemic, it is now highly required to control tobacco. Patients with tuberculosis need and should receive counselling and assistance to quit tobacco.
- ▶ To bring an END to TB in India, TB-tobacco integration is required through proper policy (both technical and operational) development and planning
In 2017, India developed a joint TB-Tobacco Collaborative Framework, and is implementing the same through its National TB and Tobacco Control Programs.

Citation Award

Dr Shalini Singh, Director ICMR-NICPR and WHO FCTC KH-SLT and **Dr. Prashant Kumar Singh**, Scientist E & Nodal officer, the WHO FCTC Knowledge Hub on Smokeless Tobacco awarded with the Citation award on 18th July 2023 jointly by The National Academy of Medical Sciences (NAMS, New Delhi); PGIMER Chandigarh and International Union Against TB & Lung Disease (The Union), New Delhi in recognition and appreciation of their exceptional contributions to public health and demonstration of visionary leadership in improving the well-being of communities in India and his efforts towards 'Tobacco-Free India'.



Dr. Prashant Kumar Singh, Scientist E & Nodal Officer
WHO FCTC KH SLT while receiving the award

Good, Replicable and Innovative Practices of Tobacco Control in India

Dr. Shalini Singh, Director ICMR-NICPR and WHO FCTC Knowledge Hub on Smokeless Tobacco, participated as a chief guest in SIPHER-ECHO webinar on “Good, Replicable and Innovative Practices of Tobacco Control in India” organized by Strategic Institute for Public Health Education and research (SIPHER), PGIMER Chandigarh on 2nd August 2023 and expressed her views on the role of National Tobacco testing Laboratories in tobacco control in India.

The poster features logos for the Strategic Institute for Public Health Education & Research (SIPHER), ECHO India, and the Resource Center for Tobacco Control. It details the technical collaboration, organizers, topic, chief guest (Dr. Shalini Singh), presenter (Dr. Leimapokpam Swasticharan), date and time (Wednesday, August 02, 2023, 4:00 PM - 5:00 PM), a registration link, and a list of participants.

STRATEGIC INSTITUTE FOR PUBLIC HEALTH EDUCATION & RESEARCH

ECHO India

RESOURCE CENTER FOR TOBACCO CONTROL

Technical collaboration ECHO India

Organised by:
Strategic Institute for Public Health Education and Research (SIPHER),
E-Resource Centre for Tobacco Control (E-RCTC) under Department of Community
Medicine & School of Public Health, PGIMER Chandigarh

SIPHER-ECHO webinar on "Good, Replicable and Innovative Practices of Tobacco Control in India"

Topic: Establishment of National Tobacco Testing Laboratories in India

CHIEF GUEST

Dr. Shalini Singh
Director, ICMR- National Institute of Cancer Prevention & Research

PRESENTER

Dr. Leimapokpam Swasticharan, MD MPH
Additional Deputy Director General of Health Services, Directorate General of Health Services, Ministry of Health and Family Welfare, Govt. of India

Wednesday | August 02, 2023 | 4.00 PM - 5.00 PM

REGISTER NOW:
<https://iecho.org/public/program/PRGM1679995348205ICPEK6NA35>

Participants: Those interested in tobacco control, cancer preventions, non-communicable diseases and public health

Second round of Sensitization of Institute Staff on Tobacco Free Institute Initiative

Second round of Sensitization of Institute Staff on Tobacco Free Institute Initiative organized by WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-National Institute of Cancer Prevention and Research (ICMR-NICPR), NOIDA on 11th August 2023.

Number of participants/ trainees: 13 participants from House Keeping & Maintenance



4th lecture of TOCOIndiaटोको - An online lecture series on Tobacco COntrol in India

4th lecture of TOCOIndiaटोको - An online lecture series on TOBacco COntrol in India organized by the WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-NICPR on 28th August 2023. **Mr. Ranjit Singh**, Advocate & Legal Consultant, Supreme Court of India delivered his talk on "Tobacco Warnings: Existing Rules & Challenges" in the session.

Number of participants/ trainees: 63



Brief summary of the talk:

- ▶ As per the guidelines of Article 11 of WHO FCTC, Indian Government notified tobacco packaging and labelling rules in 2008 which was enforced in May 2009. It mandated warning to occupy at least 40% of the principal display area of the front panel of the pack which should be rotated every 24 months.
- ▶ The rule was amended in 2014, mandating health warnings to cover 85% of the principal display areas and applicable to both sides (front and back) of the tobacco packages. 60% should cover pictorial health warning and 25% should cover textual health warning.
- ▶ All rules for tobacco control in India are mentioned in various sections in COTPA since 2003 which get amended at regular intervals.
- ▶ All produced, manufactured and imported (for sale) tobacco products in India should carry health warning as specified by the rules.
- ▶ Globally, India is among the top 10 countries to successfully implement tobacco packaging and labelling policies with 85% of the principal display area (both front and back) being covered by both pictorial and textual health warnings
- ▶ Plain packaging is a very effective way for tobacco control which should be mandated and properly implemented as early as possible.

Project Jagrati - A Cancer Awareness Program organized by Rotary Club & Indian Cancer Society.

Dr. Shalini Singh, Director, WHO FCTC Knowledge Hub on Smokeless Tobacco and ICMR-NICPR, along with the Scientists of ICMR-NICPR participated in a cancer awareness program organized by Rotary Club and Cancer Society in Noida on 3rd September 2023 at Sector 31, Noida, Uttar Pradesh



Dr. Shalini Singh, Director of WHO FCTC KH SLT & ICMR-NICPR and other Scientists while delivering their talk at the event.

5th lecture of TOCOIndiaटोको - An online lecture series on Tobacco COntrol in India

5th Session of TOCOIndiaटोको - An online lecture series on TOBacco COntrol in India was organized by WHO FCTC Knowledge Hub on Smokeless Tobacco. Speaker: **Dr. Upendra Bhojani**, Faculty & India Alliance (DBT/Wellcome Trust) Senior Fellow, Institute of Public Health, Bengaluru (India).

Topic: Commercial Determinants of Tobacco-related Harms on 3rd October 2023 at 3:30 to 4:30 PM

Number of participants/ trainees: 106



Brief summary of the talk:

- ▶ Unhealthy commodities (products) are produced via corporations (agencies) which basically comprises of business, market and political practices which in turn are regulated by Global drivers (structure).
- ▶ Tobacco is one of the most harmful commodities produced commercially.
- ▶ Tobacco addiction also increases tobacco consumption expenditure (many times at the expense of food and child education) and health medical costs thereby enhancing economic burden.
- ▶ Tobacco marketing strategies include targeting youth by selling near schools, displaying and advertising products, sale of single sticks, giving discounts and free samples without any health warnings and not following any age restriction.
- ▶ Occupational hazards and exploitations are faced largely by women and child workers with low wages and no security particularly in bidi sector.
- ▶ Corporations are even playing politically to fulfil their own requirements and causing roadblocks to tobacco control by overplaying economic and livelihood significances, by using litigations, by lobbying and using front groups and by funding political parties, NGOs, science etc.
- ▶ Political and economic system, governance, stratification and norms serve as structure or Global drivers to regulate production by corporations.

Regional consultation to prioritize tobacco control in South-East Asia with PreCOP10 and PreMOP3 meetings

Dr. Shalini Singh, Director of WHO FCTC Knowledge Hub on Smokeless Tobacco and ICMR-NICPR, participated in the Regional consultation to prioritize tobacco control in South-East Asia with PreCOP10 and PreMOP3 meetings from 10 to 13 October 2023 in Bangalore, India and delivered her talk on "Prioritizing research in smokeless tobacco in the Regional context".



Dr. Shalini Singh, Director of WHO FCTC KH SLT & ICMR-NICPR while delivering her talk

6th lecture of TOCOIndiaटोको - An online lecture series on Tobacco Control in India

6th Session of TOCOIndiaटोको - An online lecture series on Tobacco Control in India was organized by WHO FCTC Knowledge Hub on Smokeless Tobacco. **Speaker: Dr. Amit Yadav**, Senior Technical Adviser, International Union Against Tuberculosis and Lung Disease (The Union), South-East Asia Office, New Delhi.

Topic: Point of Sale (POS) to Online Platforms (OTT): Story of Unabated Surrogate Advertising and Promotion of Tobacco Products on 8th December 2023 at 3:30 to 4:30 PM

Number of participants/ trainees: 98



Brief summary of the talk:

- ▶ The Cigarettes Act, 1975 provides certain restrictions on the production, supply and distribution of cigarettes and for matters connected therewith or incidental thereto.
- ▶ One of the important factors contributing to tobacco epidemic is tobacco advertising, promotion, and sponsorship (TAPS), employed by tobacco industry to increase the demand for its products.
- ▶ As per 2011 Film Rules, promotional materials and posters of films and television programmes shall not depict any tobacco products or their usage in any form. Still, during the promotion of the recent “Animal” movie, tobacco use (smoking) by the actor is being glamourised through posters.
- ▶ Smokeless tobacco brands are also promoted through surrogate advertisements on private radio stations as evident from a study by Singh et al.
- ▶ In May 2023, after rule 10, rule 11 was inserted with amendment in the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Rules, 2004, to cover online content.
- ▶ It mandates display of anti-tobacco health spots, messages and audio-visual disclaimer in online curated contents of tobacco products by the publisher.

45th FOUNDATION DAY, ICMR-NICPR

ICMR-National Institute of Cancer Prevention and Research celebrated 45th Foundation Day on 15th January 2024. On this occasion cancer awareness camp was arranged by WHO FCTC KH SLT and Division of Preventive Oncology and Population Health for various neighbouring school students. The day marked with interactive sessions; expert talks on cancer prevention; prize and medal distribution for academic and non-academic categories.





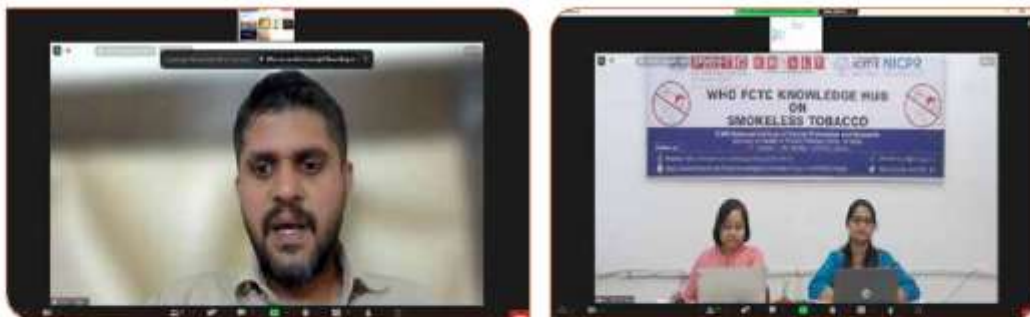




7th lecture of TOCOIndiaटोको - An online lecture series on Tobacco Control in India

7th Session of TOCOIndiaटोको - An online lecture series on TOBacco COntrol in India was organized by WHO FCTC Knowledge Hub on Smokeless Tobacco. **Speaker: Dr. Shivam Kapoor**, Technical Advisor, STOP at the Tobacco Control Division, Vital Strategies, New Delhi, India. **Topic:** "Tobacco Industry Interference: Past, Present, Future" Products on 27th March 2024 at 3:00 to 4:00 PM

Number of participants/ trainees: 92

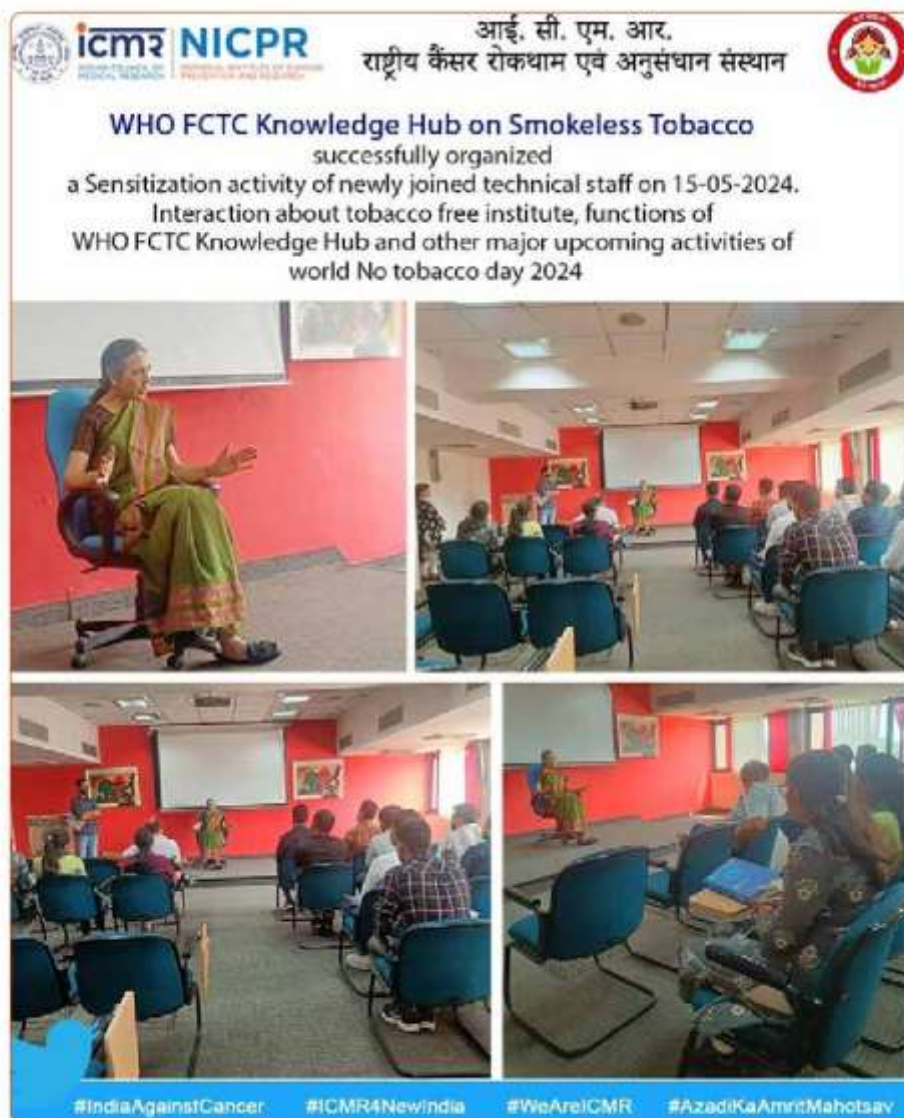


Brief summary of the talk:

- ▶ Article 5.3 of WHO FCTC also remained at the margins of tobacco control debates.
- ▶ No government has fully publicised and implemented policies throughout the government to insulate the policy making process from TII.
- ▶ The absence of measures to prevent TII remains the most significant omission in India's tobacco control legislation, the 2003 Cigarettes and other Tobacco Products Act (COTPA) and the Ministry's code of conduct (2020).
- ▶ According to Policy Dystopia Model (PDM), the industry uses a range of action-based strategies to build and disseminate its dystopian narrative in order to prevent, pre-empt, weaken, delay and undermine tobacco control policies. The strategies include coalition management, information management, direct access and influence, litigation, illicit trade and reputation management.
- ▶ The Global Tobacco Industry Interference Index rates countries on their response to tobacco industry interference through a survey questionnaire containing 20 questions covering 7 indicators of industry interference. These include Participation in Policy Development, TI Corporate Social Responsibility, Benefits to the Industry, Unnecessary Interaction, Measures for Transparency, Conflict of Interest and Preventive Measures.

Sensitization activity of newly joined technical staff

The WHO FCTC Knowledge Hub on Smokeless Tobacco successfully organized a Sensitization activity of newly joined technical staff on 10-05-2024. Interaction about tobacco free institute, functions of WHO FCTC Knowledge Hub and other major upcoming activities of world No tobacco day 2024



icmr NICPR **आई. सी. एम. आर.**
राष्ट्रीय कैंसर रोकथाम एवं अनुसंधान संस्थान

WHO FCTC Knowledge Hub on Smokeless Tobacco
successfully organized
a Sensitization activity of newly joined technical staff on 15-05-2024.
Interaction about tobacco free institute, functions of
WHO FCTC Knowledge Hub and other major upcoming activities of
world No tobacco day 2024

#IndiaAgainstCancer #ICMR4NewIndia #WeAreICMR #AzadiKaAmritMahotsav

WORLD NO TOBACCO DAY 31 MAY 2024 ACTIVITIES

No Tobacco Pledge & Slogan/Poem Competition

WHO FCTC Knowledge Hub on Smokeless Tobacco successfully organized various activities "NO TOBACCO PLEDGE" & "SLOGAN/POEM COMPETITION" at ICMR-NICPR in observance of world No tobacco day 2024.



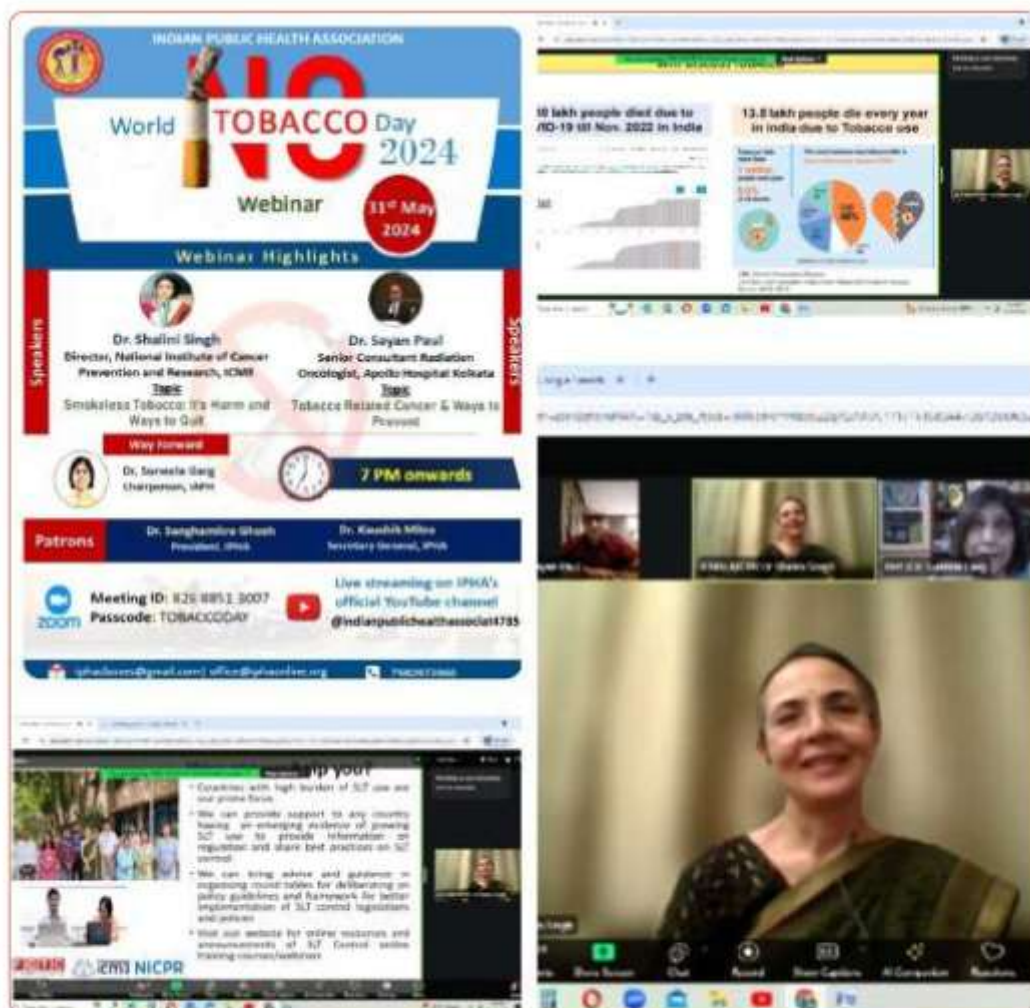
Oral Health Screening Camp & Tobacco Awareness

WHO FCTC Knowledge Hub on Smokeless Tobacco successfully organized "Oral Health Screening Camp & Tobacco Awareness" at DLF MALL, SECTOR 18, NOIDA in observance of world No tobacco day 2024 on 31 st May 2024.



Keynote Lecture at Indian Public Health Association

Dr. Shalini Singh, Director WHO FCTC KH SLT & ICMR-NICPR participated as a keynote speaker and delivered her talk on the topic titled “Smokeless Tobacco: It's Harm and Ways to Quit” on the occasion of World No Tobacco Day 2024 organized by Indian Public Health Association



8th lecture of TOCOIndiaटोको - An online lecture series on Tobacco Control in India

8th Session of TOCOIndiaटोको - An online lecture series on Tobacco Control in India was organized by WHO FCTC Knowledge Hub on Smokeless Tobacco. **Speaker: Dr. Nirmalya Mukherjee**, Director, Centre for Public Health Research, MANT, Kolkata, India.
Topic: "Protection of Children from Tobacco" on 26th June 2024 at 3:30 to 4:30 PM
Number of participants/ trainees: 212



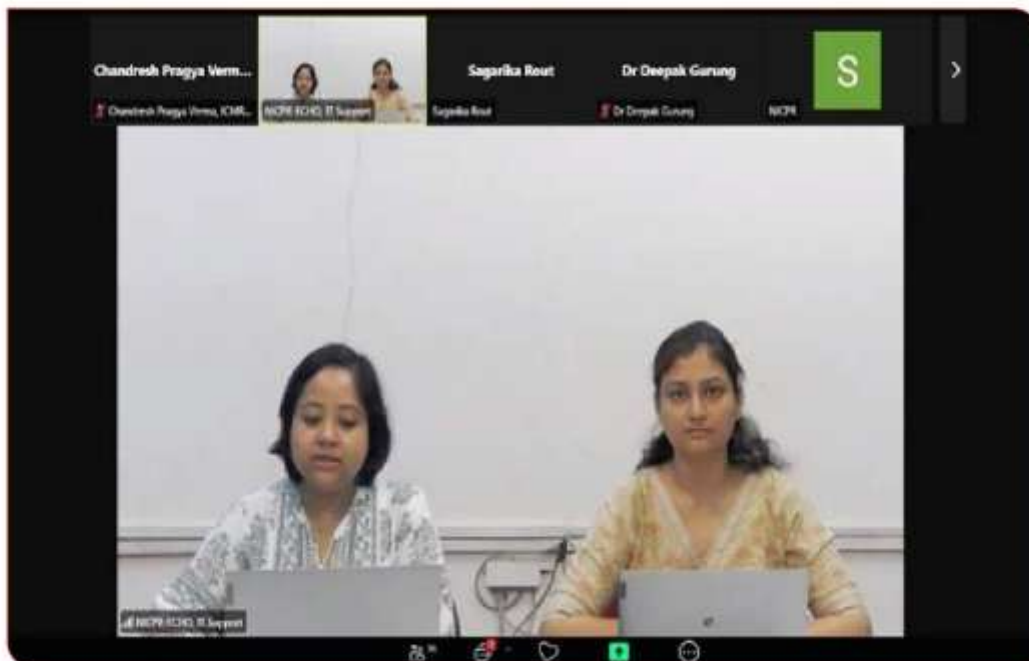
Brief summary of the talk:

- ▶ Children and young people once addicted to tobacco find it difficult to quit. Taking this opportunity of them being their life time consumers, tobacco industries are actively targeting schools, children and youth with new tobacco products in different packaging.
- ▶ Approximately 30% to 50% of smokers make quit attempts with only 7.5% managing to succeed. This percentage is only about 5% in case of Indian tobacco users who attempted to quit tobacco.
- ▶ To maintain profits, the tobacco industry targets children and youth as “replacement smokers” to replace customers lost to death or quitting as young people are more likely than adults to get addicted to tobacco.
- ▶ To protect young people, age of 21 years should be mandated to be the age for sale of tobacco. This has been proved to work as people who have not initiated tobacco by age 21 years are unlikely ever will.
- ▶ A study conducted by Vital Strategy found that smokeless tobacco products were marketed on Instagram (42%), followed by Facebook (39%) and You Tube (12%), while smoking products were marketed on Facebook (53%), followed by Instagram (31%) and Twitter (10%).
- ▶ The tobacco industries have now changed their focus from developed to developing countries.
- ▶ In India, Section 5 (3) (b) of COTPA restricts any person from promoting the use or consumption of any trademark or brand name of cigarettes or any other tobacco product in exchange for a sponsorship, gift, prize or scholarship.
- ▶ But still the tobacco industries use their dirty tactics to normalize tobacco use and promote their highly appealing products by segmenting the market into women, youth, racial/ethnic minorities and vulnerable population.
- ▶ Another crucial angle lies in the involvement of child labour in tobacco industry especially *Bidi* in prominent India. As per WHO, nearly 10% of female workers and 5% of male workers in the *bidi* industry in India are below age 14 years. Moreover, 40% of those children never went to school.
- ▶ Denormalization of tobacco use include complete prohibition of smoking in public places and presence of counter messages of public acceptance to smoking. Prevention interventions and evidence-based cessation interventions among youth must play an important role in tobacco control among youths.
- ▶ There should be complete and effective regulations to make tobacco products less appealing (regulating packaging, flavours etc.) and restrictions on all types of tobacco advertisements and promotions whether its online or offline.

9th lecture of TOCOIndiaटोको - An online lecture series on TOBacco COntrol in India

9th Session of TOCOIndiaटोको - An online lecture series on TOBacco COntrol in India was organized by WHO FCTC Knowledge Hub on Smokeless Tobacco. **Speaker: Dr. Yogesh Kumar Jain**, Project Manager, BI Project at School of Public Health, AIIMS Jodhpur.

Topic: "Burden of bidi consumption in India" on 22nd October 2024 at 3:30 to 4:30 PM
Number of participants/ trainees: 98



Brief Summary of the talk:

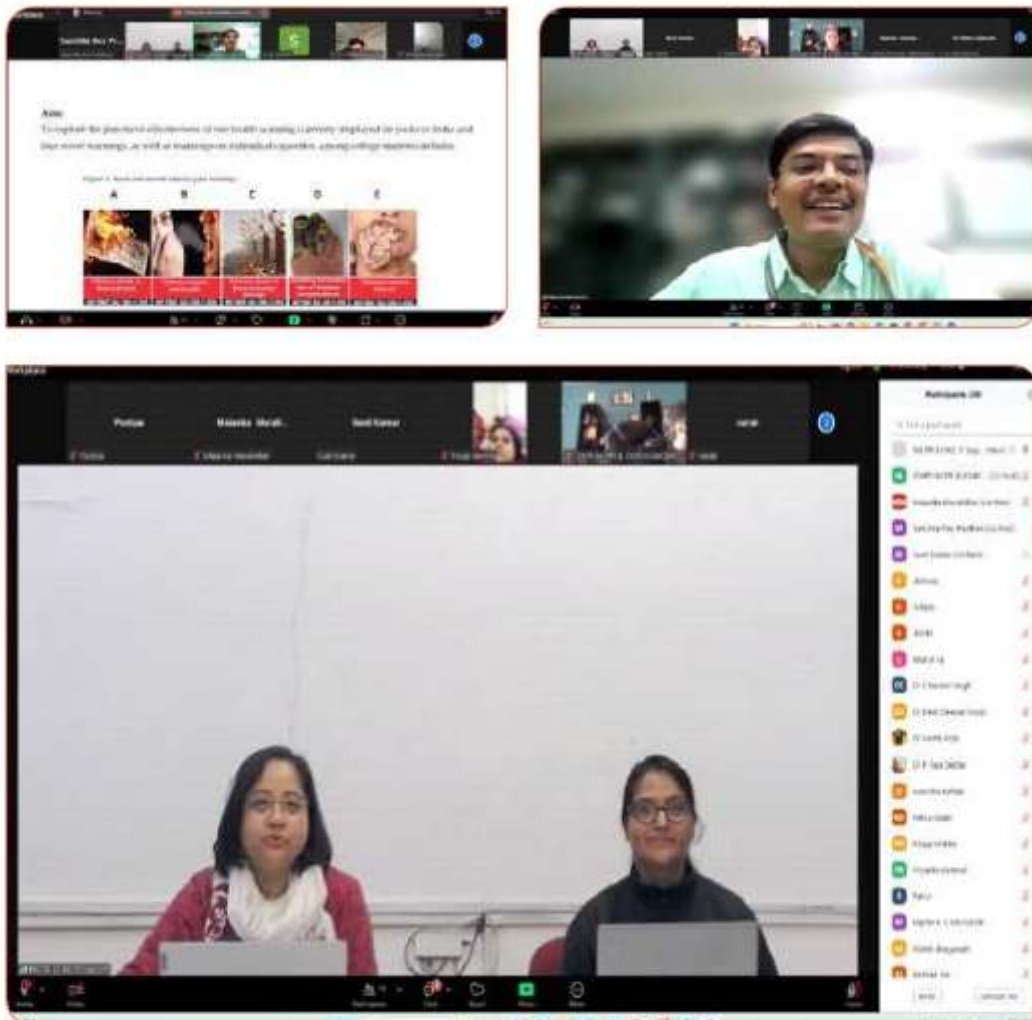
- ▶ Dr Jain talked about the burden of bidi consumption in India covering the bidi trade cycle, health and economic burden to environmental burden of bidi consumption in India.
- ▶ Bidi comes with a misleading perception and marketed as organic, harmless and safer alternative to conventional tobacco products.
- ▶ This misleading perception is not only limited to consumers but also in the eyes of the top tiered policy makers, leading to less taxed and often termed as a subsidized industry.
- ▶ The cheaper price of bidi products makes it lucrative to the vulnerable population such as young and the poor.
- ▶ Due to less enforcement of tobacco control laws, no or poor health warnings are visible on bidi product packaging.
- ▶ Bidi is socially and culturally accepted product in many segments of the society in India making bidi as the second most consumed form of tobacco in the country.
- ▶ Bidi industries often come with the narratives of livelihood and employment opportunities for lakhs of people working with them.
- ▶ Tobacco cultivating farmers are exposed to tobacco related hazards and there are well documented evidences of sexual harassment, snake bites etc for Tendu Patta collectors.
- ▶ Bidi rollers roll the bidis without any safety measures making them exposed to tobacco dusts and other hazards directly to their lungs and skins making them more vulnerable to diseases.
- ▶ Approximately 60 thousand crores to 1 lakh crore bidi sticks are produced annually in India, contributing to 5.5 lakhs annual deaths for users and bidi rollers.
- ▶ Bidi tobacco is cultivated in 141.5 thousand hectares and producing 264.46 thousand tonnes of tobacco annually in India, on the contrary to the loads of existing food security within the country.
- ▶ The manufacturing of bidi is a labour extensive process, involving both women and children with no occupational safety, health facilities, pension schemes etc and it is largely unregulated.

- ▶ Bidi is distributed by a network of small retailers, wholesalers and street vendors. The bidi is taxed at 22% being regarded as “swadesi” produce and only 20.6% bidi sticks are taxed in the country.
- ▶ Despite of the government subsidies and tax exemptions, the annual turnover of bidi industries is 40 lakhs INR.
- ▶ Bidi consumption comes with health risks and high morbidity and mortality that includes diseases such as cardiovascular diseases, respiratory diseases, COPDs and cancers.
- ▶ As per GATS 2, the prevalence in India, the prevalence of bidi consumption is 7.7%, consisting 87 million adult males out of which 77 million comes from rural areas.
- ▶ While GYTS 4 reported the prevalence of bidi use as 2.1%, and the mean age of initiation is 10.5 years, and 7.2 crore active bidi smokers in India.
- ▶ Bidis are equally harmful as cigarettes. However, it is made up of tendu leaves which are self-extinguishable in nature, that makes the users to drag more forcibly leading to more CO (1.39 times) and nicotine (1.42) inhalation than cigarettes.
- ▶ Bidi usage for prolonged time reduces the lung capacity with age and it causes over all 5.5 lakhs annual deaths, 1.4 crores disability adjusted life years, 1.3 crores premature loss of life years
- ▶ Bidi consumption costs 21.43 lakh crores INR or 30.4 billion US dollar disability and death in India, which is 1.08% of the total annual GDP of the country.
- ▶ The states such as Maharashtra, Tamil Nadu and Uttar Pradesh are the mostly effected states in terms of morbidity, mortality and GDP loss due to bidi consumption.
- ▶ Production and consumption of bidi generates significant waste, including tobacco dust and leaf waste, non-biodegradable litters from the packaging.
- ▶ The toxins thus generated are bioaccumulated in the food chain and impacts the marine and human health.
- ▶ 13.8 thousand tonnes of waste is generated in India due to bidi product packaging.
- ▶ 54% of the waste are generated from non-biodegradable plastic and 39 thousand tonnes from filters used in certain bidi sticks.
- ▶ The states such as Hariyana, Uttar Pradesh, West Bengal, Assam, Gujrat and Tamil Nadu are the mostly contributing to the environment burden of bidi consumption in India.

10th lecture of **TOCOIndiaटोको** - An online lecture series on **TO**bacco **CO**ntrol in India

10th Session of TOCOIndiaटोको - An online lecture series on TOBacco COntrol in India was organized by WHO FCTC Knowledge Hub on Smokeless Tobacco. **Speaker: Dr. Muralidhar M Kulkarni**, Professor, Department of Community Medicine KMC, Manipal Member Secretary, Institutional ethics committee, Faculty - MAHE, FAIMER Institute.

Topic: "Evidence based recommendations for preventing tobacco uptake among adolescents"



Brief Summary of the talk:

- ▶ Dr. Murlidhar delivered his talk on the recommendations for preventing tobacco uptake among adolescents and young adults based on the findings from few of his research works conducted in Karnataka and Udupi.
- ▶ In GATS 2 (2016-17), Udupi district is declared as the COTPA high compliance district with good ongoing tobacco control programming.
- ▶ One of his research works measured the prevalence of different tobacco use and the factors associated with the usage among school going adolescents aged 11-15 years.
- ▶ Mostly the team conducted prospective cohort study in schools of Udupi district, Karnataka with participants in 6th to 8th grade students in year 1 and 7th to 9th grade students in year 2.
- ▶ The research works mostly used survey questionnaires from the GYTS and UK SDD Survey and MYTRI.
- ▶ Questions have been asked on exposure to tobacco imagery in films and they were asked if they had seen any of the 27 most popular movies.
- ▶ Students was also asked if they have any intention to use tobacco in future post exposure to tobacco advertisements and popular movies.
- ▶ The study used the key definitions such as ever smoking, incident smoking and ever SLT use.
- ▶ The team approached 46706 students in the first year of the study out of which 3658 (8%) students participated in the study.
- ▶ Among all the participants 2.3% found ever smoking which was determined by salivary cotinine assessment.
- ▶ The odds of ever smoking were not increased among students who had seen any of the listed movies containing tobacco imagery.
- ▶ The exploratory analysis suggests, exposure to tobacco imagery in movies categorized in relation to their compliance with COTPA smoke-free film rules, it was observed that exposure to an audio-visual disclaimer at the start of the movies was associated with a significantly lower risk of smoking.

- ▶ In the second year of the study, 44117 (93.6%) students participated in the study and the student's surveys were linked with year 1 and year 2.
- ▶ The common risk factors observed for tobacco use in studies are rebelliousness, low family wealth, male gender, Muslim religion, low parental education, smoking within the peers, smoking parents, smoking sibling.
- ▶ The on-screen health warnings significantly reduced the smoking uptake among the study participants.
- ▶ Another study findings suggested that there was a notable increase in the smoking susceptibility as the exposure to smoking imagery increased in the study participants.
- ▶ The depiction of smoking in movies also found ineffective for smoking susceptibility, overshadowing any anti-tobacco messages as per the Indian tobacco-free film rules.
- ▶ Over all, the study findings suggest that the tobacco control rules are very effective in our country if effectively enforced across the movie industry. These tobacco-free film rules if not implemented properly, will continue to pose risk for increasing smoking uptake among young adults.

Cancer Prevention Program

The WHO FCTC Knowledge Hub on Smokeless Tobacco participated in the cancer prevention program called Project Jagriti to spread awareness to the mass specially targeting the young generation organized by Rotary club, Noida on 22nd December 2024. The team contributed in delivering the awareness on tobacco related harms and preventing mechanisms.





PUBLICATIONS
WHO FCTC KH SLT



ICC's Cricket World Cup 2023 and the dirty game of surrogate advertisements of smokeless tobacco

PUBLISHED	IF	ISSUE
28 May 2024	5.2	Tobacco Control Industry Watch
CITATION	Singh PK, Yadav A, Rout S, Verma CP, Pandey V, Pradhan SR, Tamrakar V, Singh S. ICC's Cricket World Cup 2023 and the dirty game of surrogate advertisements of smokeless tobacco. Tob Control. 2024 May 28;tc-2024-058632. doi: 10.1136/tc-2024-058632. Epub ahead of print. PMID: 38806234.	
WEBPAGE	https://tobaccocontrol.bmj.com/content/early/2024/05/28/tc-2024-058632	

Summary

This study discusses the issue of surrogate advertisements of smokeless tobacco during the ICC's Cricket World Cup 2023. It highlights the prevalence of smokeless tobacco consumption, particularly in India, and the tobacco industry's use of surrogate advertising to promote these products. The study emphasizes the need for stricter regulations and actions to combat the harmful effects of smokeless tobacco consumption, especially in the context of sports events.

The Lifetime Health and Economic Burden of Smokeless Tobacco use in Bangladesh, India, and Pakistan: Results From ASTRAMOD

PUBLISHED	IF	ISSUE
08 May 2024	3.79	Nicotine and Tobacco Research
CITATION	Coyle, K., Singh, P. K., Kaushik, R., Huque, R., Khan, Z., Mehrotra, R., ... & Pokhrel, S. (2024). The Lifetime Health and Economic Burden of Smokeless Tobacco use in Bangladesh, India, and Pakistan: Results From ASTRAMOD. <i>Nicotine and Tobacco Research</i> , ntae067.	
WEBPAGE	https://doi.org/10.1093/ntr/ntae067	

Abstract

Introduction: Under the current policy landscapes, the lifetime health and economic burden of smokeless tobacco (ST) products, consumed by over 297 million ST users in South Asia, is unknown. The aim of this study was to estimate the lifetime health effects and costs attributable to current and future ST use in Bangladesh, India, and Pakistan where the majority of ST users live.

Aims and Methods: We developed a Markov-based state-transition model (ASTRAMOD) to predict the lifetime costs of treatment of four diseases (oral, pharyngeal, esophageal cancers, and stroke) and disability-adjusted life years (DALYs), attributable to the current and future use of ST under existing ST policy scenario. Country-specific Global Adult Tobacco Surveys, life tables, and meta-analyses of South Asian and South East Asian studies were used to populate the model. A probabilistic sensitivity analysis evaluated the uncertainty in model predictions.

Results: If there were no change in the current ST policies, the lifetime ST-attributable treatment costs would be over US\$19 billion in India, over US\$1.5 billion in Bangladesh, and over US\$3 billion in Pakistan. For all countries, the attributable costs are higher for younger cohorts with costs declining with increasing age for those over 50. The model predicted that a typical 15-year-old male adolescent would gain 0.07–0.18 life years, avert 0.07–0.19 DALYs, and generate a cost-savings of US\$7–21 on healthcare spending if ST policies were changed to eliminate ST use.

Conclusions: Policy interventions aimed at decreasing the uptake of ST and increasing quitting success have the potential to substantially decrease the economic and health burden of ST. Implications: This study provides the most comprehensive estimates of the lifetime health and economic burden of ST by 5-year age and sex cohorts. This is also the first study that highlights the scale of health and economic burden of ST in Bangladesh, India, and Pakistan if there were no changes in the current ST policies. Policymakers and practitioners can use the reported data to justify their decisions to improve current ST policies and practices in their country. Researchers can use the ASTRAMOD methodology to estimate the impact of future ST policy changes.

Behavioural support and nicotine replacement therapy for smokeless tobacco cessation in Bangladesh, India and Pakistan: A pilot randomized controlled trial

PUBLISHED	IF	ISSUE
20 May 2024	7.2	Addiction
CITATION	Siddiqui F, Kanaan M, Croucher R, Bauld L, Fieroze F, Kumar P, Mazhar L, Pandey V, Jackson C, Huque R, Iqbal R, Siddiqui K; ASTRA Global Health Research Group. Behavioural support and nicotine replacement therapy for smokeless tobacco cessation in Bangladesh, India and Pakistan: A pilot randomized controlled trial. <i>Addiction</i> . 2024 May 20. doi: 10.1111/add.16515. Epub ahead of print. PMID: 38769627.	
WEBPAGE	https://onlinelibrary.wiley.com/doi/10.1111/add.16515	

Abstract

Background and aims: Smokeless tobacco (ST) use in South Asia is high, yet interventions to support its cessation are lacking. We tested the feasibility of delivering interventions for ST cessation in South Asia.

Design: We used a 2 × 2 factorial design, pilot randomized controlled trial with a duration of 26 weeks, including baseline and follow-up (6, 12 and 26 weeks) assessments.

Setting: Two primary health-care facilities each in Dhaka (Bangladesh) and Karachi (Pakistan) and a walk-in cancer screening clinic in Noida (India) took part. **Participants:** Adult daily ST users willing to make a quit attempt within 30 days. Of 392 screened, 264 participants [mean age: 35 years, standard deviation = 12.5, 140 (53%) male] were recruited between December 2020 and December 2021; 132 from Bangladesh, 44 from India and 88 from Pakistan.

Interventions: Participants were randomized to one of three treatment options [8-week support through nicotine replacement therapy (NRT, n = 66), a behavioural intervention for smokeless tobacco cessation in adults (BISCA, n = 66) or their combination (n = 66)] or the control condition of very brief advice (VBA) to quit (n = 66). **Measurements:** Recruitment and retention, data completeness and feasibility of intervention delivery were evaluated. Biochemically verified abstinence from tobacco, using salivary cotinine, was measured at 26 weeks.

Findings: Retention rates were 94.7% at 6 weeks, dropping to 89.4% at 26 weeks. Attendance in BISCA pre-quit (100%) and quit sessions (86.3%) was high, but lower in post-quit sessions (65.9%), with variability among countries. Adherence to NRT also varied (45.5% Bangladesh, 90% India). Data completion for key variables exceeded 93% among time-points, except at 26 weeks for questions on nicotine dependence (90%), urges (89%) and saliva samples (62.7%). Among follow-up time-points, self-reported abstinence was generally higher among participants receiving BISCA and/or NRT at 26 weeks, biochemically verified abstinence was observed among 16 (12.1%) participants receiving BISCA and 13 (9.8%) participants receiving NRT.

Conclusions: This multi-country pilot randomized controlled trial of tobacco cessation among adult smokeless tobacco users in South Asia demonstrated the ability to recruit and retain participants and report abstinence, suggesting that a future definitive smokeless tobacco cessation trial is viable.

Keywords: Behavioural support, nicotine replacement, pilot trial, smokeless tobacco, South Asia, tobacco cessation.

Tobacco exposure among antenatal women in India: Challenges in tobacco

PUBLISHED	IF	ISSUE
24 January 2024	4.2	The Indian Journal of Medical Research
CITATION	Chaudhary J, Gupta E, Singh PK, Singh S. Tobacco exposure among antenatal women in India: Challenges in tobacco screening & cessation counselling. Indian J Med Res. 2023 Nov 1;158(5&6):477-482. doi: 10.4103/ijmr.ijmr_188_23. Epub 2024 Jan 24. PMID: 38088423; PMCID: PMC10878484.	
WEBPAGE	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10878484/	

Abstract

Links between tobacco use and poor pregnancy outcomes are well established. Despite various tobacco control measures taken by the government, nearly 5-8 per cent of pregnant women consume tobacco in India. Antenatal check-ups are an opportunity to assess and assist women in quitting tobacco during pregnancy. This review highlights the challenges faced in identifying pregnant tobacco users and providing cessation counselling to them in a formal healthcare setup in the Indian context. For this narrative review, open access databases like PubMed and Google Scholar were searched, using the following search terms: challenges, quitting tobacco use, smokeless tobacco, pregnancy and India. Original articles published between 2010 and July 2022 were included in the English language with available free full text. Out of the thirty articles found to be eligible, seven were included in the review. Official websites of the National Health Mission and National Tobacco Control Programme were also searched to retrieve available data on health education and training material for healthcare workers: medical officers, Auxiliary Nurse and Midwives (ANMs), Accredited Social Health Activists (ASHAs) and list of tobacco cessation centres. This review identified the factors such as myths surrounding tobacco use, lack of targeted screening, inadequate training of healthcare workers and inaccessibility of cessation services, which are posing as challenges in controlling tobacco use in this vulnerable section of the population. Specific strategies to address these issues at the micro, meso and macro levels can prove to be vital in controlling tobacco use in pregnant women. This review also identified the vital role of gynaecologists and healthcare workers such as ANMs and ASHA in identifying and providing brief tobacco cessation counselling to pregnant users.

Keywords: Antenatal care services, India, pregnancy, review, tobacco cessation

Trends in age of tobacco use initiation over time in Bangladesh, India and Pakistan: analysis of cross-sectional

PUBLISHED	IF	ISSUE
09 December 2023	2.4	BMJ Open
CITATION	Singh L, Jain P, Kumar C, Singh A, Lal P, Yadav A, Singh PK, Singh S. Trends in age of tobacco use initiation over time in Bangladesh, India and Pakistan: analysis of cross-sectional nationally representative surveys. <i>BMJ Open</i> . 2023 Dec 9;13(12): e067875. doi: 10.1136/bmjopen-2022-067875. PMID: 38070918; PMCID: PMC10729284.	
WEBPAGE	https://bmjopen.bmj.com/content/13/12/e067875.citation-tools	

Abstract

Objective Tobacco use begins at an early age and typically leads to a long-term addiction. The age of initiation for tobacco use is not well studied in South Asia, where 22% of tobacco smokers and 81% of smokeless tobacco (SLT) users reside.

Methods: Data from the nationally representative Global Adult Tobacco Surveys in India, Bangladesh and Pakistan were analysed to examine patterns of initiation among smokers and smokeless tobacco users.

Results: Data on 94 651 individuals were analysed, of which 13 396 reported were ever daily smokers and 17 684 were ever SLT users. The proportion of individuals initiating tobacco use before the age of 15 years has increased over time. The rates of SLT initiation among those aged 15–24 years increased markedly in Bangladesh (by 7.8%) and Pakistan (by 37.7%) between 1983 and 1999–2000. Among males, the increase in SLT initiation was higher in individuals aged below 15 years compared with other age groups in India and Bangladesh. Smoking initiation among females aged below 15 years has also significantly increased in India over time. Compared with the initiation of tobacco smoking before the age of 15 years, a greater increase in the proportion of SLT users was observed in urban areas.

Conclusion: Our findings indicate that the proportion of youth initiating tobacco (both smoking and smokeless) before the age of 15 years has increased over time in all three countries. Moreover, variations in age at initiation for different types of tobacco products across countries, and by rurality, were noticeable. Younger youths (aged up to 15 years) should therefore be a priority population for tobacco control interventions. Strategies such as raising the legal age of tobacco sale and use to 21 years, and other measures under WHO Framework Convention on Tobacco Control (FCTC), may prevent underage use and avert lifelong addiction to tobacco products.

India's environmental burden of tobacco use and its policy implications.

PUBLISHED	IF	ISSUE
06 December 2023	5.0	Lancet Regional Southeast Asia
CITATION	Jain YK, Bhardwaj P, Joshi NK, Singh PK, Lal P, Kapoor S, Gupta MK, Goel AD, Sharma PP, Singh S. India's environmental burden of tobacco use and its policy implications. Lancet Reg Health Southeast Asia. 2023 Dec 6; 20:100329. doi: 10.1016/j.lansea.2023.100329. PMID: 38149288; PMCID: PMC10750095.	
WEBPAGE	https://bmjopen.bmj.com/content/13/12/e067875.citation-tools	

Summary

This study discusses the environmental burden of tobacco use in India and its policy implications. Key points include:

Environmental Impact: The study conducted in India revealed that a significant amount of waste (170,330.49 tonnes annually) is generated by cigarette, bidi, and smokeless tobacco products. This waste includes paper, plastic, foil, and filter components, with plastics constituting a major share (43.2%). Improper disposal of these wastes contributes to the discharge of microplastics, heavy metals, and toxins into landfills and marine debris.

Policy Implications: The document highlights the need for a strict tobacco product waste reduction policy in India. Suggestions include classifying tobacco-related waste as hazardous, implementing extended producer responsibility for tobacco companies to manage clean-up and recycling, increasing taxation to fund clean-up expenses, and extending the ban on single-use plastics to cigarette filters and tobacco product packaging. The National Green Tribunal has directed the Central Pollution Control Board to frame guidelines for tobacco waste, focusing on filter waste but neglecting plastic, paper, and foil components.

Overall, the study emphasizes the urgent need for policies to address the environmental threat posed by tobacco products, hold tobacco companies accountable for their waste, and educate the public on proper disposal practices.

Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control 2023

CITATION	Contributed in 2023 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control
WEBPAGE	https://fctc.who.int/publications/m/item/2023-global-progress-report#:~:text=Overview,FCTC)%20on%2027%20February%202005

Acknowledgement

This report was prepared by the Convention Secretariat, which serves as the secretariat of both the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products. Tibor Szilagyi, Team Lead, Reporting and Knowledge Management, led the overall work on data analysis and preparation of the report. The report benefited from the guidance and inputs provided by Adriana Blanco Marquizo, Head of the Convention Secretariat. Hanna Ollila, from the WHO FCTC Knowledge Hub on Surveillance, coordinated the data analysis. Ramona Brad, Sara Hitchman, Leticia Martínez López, Rosanna Ojala, Hanna Ollila and Tibor Szilagyi drafted some parts of the report. Important contributions were made by Alison Louise Commar of the No Tobacco Unit (TFI) of the WHO Department of Health Promotion to the section on the prevalence of tobacco use. Contributions to the analysis on specific articles of the WHO FCTC were received from WHO FCTC Knowledge Hubs, including from the WHO FCTC Knowledge Hub on Legal Challenges, the WHO FCTC Knowledge Hub for Public Awareness (in relation to Article 12), the WHO FCTC Knowledge Hub on Smokeless Tobacco, the WHO FCTC Knowledge Hub on Surveillance, the WHO FCTC Knowledge Hub on Taxation, the WHO FCTC Knowledge Hub for Waterpipe Tobacco Smoking, the WHO FCTC Knowledge Hub for Article 5.3, and the WHO FCTC Knowledge Hub for Articles 17 and 18. Special recognition goes to Fernando Cantu Bazaldua and Nina Goltsch, from the Statistics Division of the United Nations Industrial Development Organization, an Observer to the Conference of the Parties, for data on global tobacco manufacturing trends. All these contributions are warmly acknowledged.

Estimating the weight of consumed tobacco product waste in various Indian states: a novel method to assess the potential burden of tobacco product waste.

PUBLISHED	IF	ISSUE
21 September 2023	5.2	Tobacco Control
CITATION	Jain YK, Bhardwaj P, Joshi NK, Singh PK, Lal P, Kapoor S, Gupta MK, Goel AD, Sharma PP, Singh S. Estimating the weight of consumed tobacco product waste in various Indian states: a novel method to assess the potential burden of tobacco product waste. <i>Tob Control</i> . 2023 Sep 21;tc-2023-058118. doi: 10.1136/tc-2023-058118. Epub ahead of print. PMID: 37734958.	
WEBPAGE	https://pubmed.ncbi.nlm.nih.gov/37734958/	

Abstract

Introduction: The direct morbidity and mortality caused by tobacco are well documented, but such products also contribute to a range of environmental pollutants resulting from tobacco product waste. No previous studies have yet quantified tobacco product waste in a low-income and middle-income country (LMIC). This study estimates the potential annual waste generated due to consumption of smoked and smokeless tobacco products in India and its states.

Methodology: We systematically collected samples of smoked and smokeless tobacco products from 33 districts of 17 Indian states/union territories. Stratified weights of plastic, paper, foil and filter packaging components, and gross empty package weights were recorded. Prevalence of smoking and smokeless tobacco use at national and state-level estimates was derived from the Global Adult Tobacco Survey (2016-2017) to quantify waste potentially generated by tobacco products.

Results: We included 222 brands of tobacco products (70 cigarette, 94 bidi and 58 smokeless tobacco brands) in the final analysis. A total of 170 331 ($\pm 29\ 332$) tonnes of waste was estimated to be generated annually, out of which 43.2% was plastic, 3.6% was foil and 0.8% was filter. Two-thirds of the overall waste was contributed by smokeless products alone. Maximum waste was generated in Uttar Pradesh (20.9%; 35 723.7 \pm 6151.6 tonnes), Maharashtra (8.9%; 15 116.84 \pm 2603.12 tonnes) and West Bengal (8.6%; 14 636.32 \pm 2520.37 tonnes).

Conclusion: This study provides first of its kind national-level evidence on the types (plastic, paper, foil and filter) and quantity of waste potentially generated by use of tobacco products in India. Similar studies from other LMICs can serve to raise consciousness about many negative environmental impacts of tobacco products and need for policies to address them.

Keywords: environment; low/middle income country; non-cigarette tobacco products; packaging and labelling; public policy.

Determinants of quit attempts among current Indian tobacco users: Findings from global Adult tobacco survey, 2016-17

PUBLISHED	IF	ISSUE
July 2023	2.7	Clinical Epidemiology and Global Health
CITATION	Nair V, Mallya SD, Pandey AK, Singh PK, Yadav A, Kulkarni MM. Determinants of quit attempts among current Indian tobacco users: Findings from global Adult tobacco survey, 2016-17. Clinical Epidemiology and Global Health. 2023 Jul 21:101366.	
WEBPAGE	https://cegh.net/article/S2213-3984(23)00153-7/fulltext	

Abstract

Problem Considered

Tobacco use is the second most common preventable cause of death in the world and quitting tobacco is an important strategy to prevent premature morbidity and mortality. The objective of this study was to determine the correlates of quit attempts among tobacco users in India from GATS-2 data.

Methods : Complex sample analysis was considered for logistic regression analysis to identify the correlates of quit attempts using Global Adult Tobacco Survey (GATS)- 2 (2016–17) data. Weighted estimates were calculated for sample statistics.

Results : A marked difference was observed in quit attempt rates across various states of India ($p < 0.001$). The quit attempt rate among current smokers and smokeless tobacco users was 33.7% [95% confidence interval (CI) = 32.8–34.7] and 28.9% [95% CI = 28.1–29.6] in India as per GATS 2. Individuals from scheduled caste and other backward classes had higher odds of making a quit attempt among current smokers. Among the smokeless tobacco users (SLT), factors namely age, belonging to other backward classes and having a belief that tobacco use is dangerous to health were independently associated with quit attempts. Majority of the users, 83.5% (95%CI = 82.2–84.8) of the smokers and 88% (95%CI = 87.0–88.9) of the SLT users made a quit attempt without any cessation aid.

Conclusion :Formulating tobacco control policies specific to the groups identified may bridge the gap between tobacco users and cessation services. The varying quit attempt rates reported across the country necessitates stringent implementation of tobacco control policies and programmes.

Keywords : [Current tobacco users](#), [GATS](#), [Quit attempt](#), [SDG](#), [Tobacco](#)

Determinants of initiation, continuation and cessation of smokeless tobacco among pregnant and lactating women: A qualitative study from low-income communities in urban India

PUBLISHED	IF	ISSUE
26 July 2023	2.7	Health Policy and Planning
CITATION	Singh S, Jain R, Joshi I, Chandra R, Singh L, Singh PK. Determinants of initiation, continuation and cessation of smokeless tobacco among pregnant and lactating women: A qualitative study from low-income communities in urban India. Health Policy and Planning. 2023 Jul 26: czad056.	
WEBPAGE	https://academic.oup.com/heapol/article/38/8/907/7231467	

Abstract

Smokeless tobacco (SLT) consumption increases the risk of cardiovascular diseases and cancer and leads to adverse reproductive health outcomes among women and newborns. This study examines the factors associated with initiation, continuation and cessation of SLT use among women in the reproductive age so as to formulate and include prevention and cessation interventions from its inception. The study was conducted in urban low-income communities in India. Using snowball and purposive sampling techniques, in-depth interviews were conducted with 20 pregnant and 22 lactating women who currently used SLT products. Data were analysed using thematic analysis with the help of QSR NVivo software. Findings revealed that factors such as people influencing usage change with different life stages including pre-marital and post-marital periods. Perceived health benefits altered taste preferences during pregnancy and social influences were also studied. Women were found to be more aware of the harmful effects of tobacco during pregnancy than during breastfeeding. Social stigma around women consuming tobacco acted as a major driving factor for cessation. Most of the participants were willing to quit but were not aware of any technique or programme for cessation. The findings of the study highlight the need to develop behavioural change intervention tools, which are culturally and locally appropriate and have a gender-sensitive approach. Different socio-cultural factors associated with initiation/cessation at different life stages should also be taken into consideration while developing these tools.

Keywords: Smokeless Tobacco, women's health, reproductive health, India

Cognition of Older Adults? A Propensity Score Matching Analysis based on a Large-Scale Survey

PUBLISHED	IF	ISSUE
09 July 2023	3.7	Nicotine and Tobacco Research
CITATION	Singh L, Chandra R, Pai M, Singh A, Mazumdar S, Singh Balhara YP, Singh PK, Singh S. How Does Tobacco Use Affect the Cognition of Older Adults? A Propensity Score Matching Analysis based on a Large-Scale Survey. Nicotine and Tobacco Research. 2023 Jul 9; ntad117.	
WEBPAGE	https://doi.org/10.1093/ntr/ntad117 , https://pubmed.ncbi.nlm.nih.gov/37422916/	

Abstract

Introduction: Tobacco is a well-established risk factor for cancer, but it's a association with other morbidities needs consideration. The low-income and middle-income countries (LMICs) with unprecedented demographic transformation lack evidence on tobacco use and its impact on cognitive health.

Aims and methods: Using a propensity score matching approach, we utilized data from the Longitudinal Ageing Study of India. Study employed 1:1 nearest neighbor matching with the replacement methodology. We estimated the odds of the poor cognitive score and tobacco use among older adults based on five different models for ever tobacco user, former tobacco user, current tobacco user, current smokers, and current smokeless tobacco users with reference to never tobacco users.

Results: The estimated average treatment effect for the treated and the untreated group has shown a higher likelihood of cognitive decline among ever (OR -0.26; 95%CI -0.43 to -0.09), current (OR -0.28; 95%CI -0.45 to -0.10), and former (OR -0.53; 95%CI -0.87 to -0.19) tobacco users compared to never tobacco users. The finding further suggests the odds of lower cognitive scores among older adults who were smokers (OR -0.53; 95%CI -0.87 to -0.19) and smokeless tobacco users (OR -0.22; 95%CI -0.43 to -0.01) as compared to never tobacco users.

Conclusions: Interventions designed to prevent the incidence of cognitive impairment should focus on limiting the use of tobacco. Strategies under the tobacco-free generation initiative should be amplified in order to prevent future generations from productivity loss, premature ageing and to promote healthy aging.

Implications: Evidence of a definitive association between tobacco consumption and cognition among older adults is sporadic in LMICs. Though tobacco is a risk factor for various diseases including cancer, the extent of its impact on cognitive health among the older population is limited. This study contributes to the existing literature by highlighting poor cognitive outcomes among older adults who smoke tobacco and/or consume smokeless tobacco as compared to never-tobacco users. Our findings emphasize the need to accelerate programmes related to tobacco-free generation in LMICs to reach a higher quality of life and healthy aging in pursuit of achieving the sustainable development goal of "good health and well-being."

Estimating the quantity of smokeless tobacco consumption among older adults in India

PUBLISHED	IF	ISSUE
09 July 2023	2.7	Clinical Epidemiology and Global Health
CITATION	Singh, L., Sinha, P., Singh, A., Singh, PK., Singh, S. Estimating the quantity of smokeless tobacco consumption among older adults in India .2022. Clinical Epidemiology and Global Health, Vol.17. p. 101150.	
WEBPAGE	https://www.sciencedirect.com/science/article/pii/S2213398422001920	

Abstract

Problem considered : Globally, smokeless tobacco (SLT) users are highest in India. Whilst studies examined prevalence and determinants of SLT use, no evidence exists which examined the quantity of SLT consumed.

Methods : Study utilized national representative data from the Longitudinal Aging Study in India (LASI) which adopted a multistage stratified area probability cluster sampling design. First, we computed the average SLT consumption per day (in grams) from the LASI data. Consecutively, we further utilized the projected population approximations from the 26th round of the official United Nations population estimates and prevalence rate of current SLT use from the Global Adult Tobacco Survey (GATS-2) and LASI Survey, separately to estimate SLT use pattern for the entire Indian population aged 45 or above.

Results : The prevalence of current SLT use among older adults was 17.2% wherein the SLT use is higher among men (20.8%). On average, an older adult consumes 1.01 g of SLT on a daily basis. The range of SLT quantity consumed by users' according to the LASI and GATS-2 prevalence, varies from 65,000 kg to 85,000 kg per day whereas, annual consumption ranges from 23 million kilograms to 32 million kilograms, respectively.

Conclusion : The development of SLT cessation services examining the quantitative aspects of SLT use would be beneficial in tackling the high SLT burden in India and improving the rates of intention to quit.

Keywords: Tobacco, Smokeless tobacco, Older population, India

Social desirability and under-reporting of smokeless tobacco use among reproductive age women: Evidence from National Family Health Survey

PUBLISHED	IF	ISSUE
September 2024	4.7	SSM -Population Health
CITATION	Singh, P., Jain, P., Singh, N., Singh, L., Kumar, C., Yadav, A., Subramanian, S. and Singh, S., 2022. Social desirability and under-reporting of smokeless tobacco use among reproductive age women: Evidence from National Family Health Survey. SSM - Population Health, p.101257.	
WEBPAGE	https://www.sciencedirect.com/science/article/pii/S2352827322002361	

Abstract

Introduction : This study hypothesises that the presence of a third person during the interaction between the survey investigator and the woman respondent leads to underreporting of smokeless tobacco (SLT) use by Indian women, including pregnant and breastfeeding women.

Methods : Cross-sectional data from the National Family Health Survey conducted in 2015–16 was analysed for SLT use among women aged 15–49. Multivariate logistic regression examined the odds of SLT use reporting by women respondents in the presence of their husbands and other male or female adults.

Results : SLT use reporting by women significantly varied by the presence of someone during the interview. The analysis shows that the odds of reporting SLT use among women who were neither pregnant nor lactating was 20.6% lower when they were interviewed in the presence of their husbands than when they were interviewed alone. Similarly, compared to those interviewed alone, the odds of women reporting SLT use was 16.5% lower among pregnant and breastfeeding women interviewed in the presence of any adult female. The odds of women under-reporting SLT use were higher in Central and Western India.

Conclusion : This study argues that the current survey estimates misconstrue the authentic prevalence of tobacco use among women in India, including pregnant and lactating women. Due to social desirability or the presence of a third person during the survey interview, those respondents who do not report their tobacco use status are also more likely to forego essential support for successful tobacco cessation. Survey methodology must be strengthened to avert the presence of a third person during the interview to ensure better reporting and population health estimates.

Keywords : Smokeless tobacco, Social desirability, Women, Survey methodology, India, DHS, NFHS

Prevalence of smoking and smokeless tobacco use during breastfeeding: A cross-sectional secondary data analysis based on 0.32 million sample women in 78 low-income and middle-income countries

PUBLISHED	IF	ISSUE
18 September 2022	9.6	EClinicalMedicine
CITATION	Singh PK, Singh L, Wehrmeister FC, Singh N, Kumar C, Singh A, Sinha DN, Bhutta ZA, Singh S. Prevalence of smoking and smokeless tobacco use during breastfeeding: A cross-sectional secondary data analysis based on 0.32 million sample women in 78 low-income and middle-income countries. EClinicalMedicine. 2022 Sep 18; 53:101660.	
WEBPAGE	https://pubmed.ncbi.nlm.nih.gov/36159043/	

Abstract

Background: Smoking and smokeless tobacco use during the postpartum period is well studied in high-income countries, whereas low-income and middle-income countries (LMICs) lack evidence.

Methods: In this cross-sectional study we used data from the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) conducted in 78 LMICs between January 2010 and December 2019 to study tobacco use among 0.32 million sample lactating women. Age-standardized prevalence of smoking and smokeless tobacco use was estimated and presented with a 95% Confidence Interval (CI) for 78 LMICs. Pooled estimates overall and by WHO regions were obtained using random-effects meta-analyses. Country-level and community-level variance to understand contextual factors was also quantified using multilevel modelling.

Findings: Pooled prevalence of any tobacco use among breastfeeding women in LMICs was 3.61% (95% CI 3.53-3.70); with the lowest prevalence in regions of the Americas (1.44%, 1.26-1.63) and the highest in the Southeast Asia region (6.13%, 6.0-6.27). The pooled prevalence of tobacco smoking was reported to be 1.16% (1.11-1.21), with the highest prevalence in the Eastern Mediterranean region (4.27%, 3.88-4.67) and the lowest in the African region (0.81%, 0.76-0.86). The pooled prevalence of smokeless tobacco use was reported to be 2.56% (2.49-2.63), with the highest prevalence in the Southeast Asia region (4.92%, 4.80-5.04). Illiterate and poor women in LMICs bore the enormous burden of tobacco use.

Interpretation: The prevalence of smoking and smokeless tobacco use among lactating women in LMICs varied considerably across different WHO regions. Considering the cross-sectional design of the study, caution is required while interpreting the results. To improve mothers' and children's health and nutrition outcomes and reduce health inequalities in LMICs, reducing tobacco use through evidence-based interventions is critical.

Smokeless Tobacco Use and Public Health Nutrition: A Global Systematic Review

PUBLISHED	IF	ISSUE
27 May 2022	4.6	Public Health Nutrition
CITATION	Saxena, S., Singh, P., Singh, L., Kashyap, S., & Singh, S. (2022). Smokeless Tobacco Use and Public Health Nutrition: A Global Systematic Review. <i>Public Health Nutrition</i> , 1-31. doi:10.1017/S1368980022001331	
WEBPAGE	https://pubmed.ncbi.nlm.nih.gov/35618706/	

Abstract

Objective: Tobacco consumption among low- and middle-income countries where food insecurity remains a challenge poses several concerns. This review examines the available global evidence linking smokeless tobacco (SLT) use with public health nutrition and its implications.

Design: Systematic review of articles extracted from PubMed and Scopus from January 2000 to December 2020.

Setting: Included studies that demonstrated the relationship between SLT and nutrition-related factors, that is, BMI, malnutrition, anaemia, poor birth outcomes and metabolic disorders. Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines have been followed to conduct the systematic evidence review.

Participants: A total of thirty-four studies were finally used in the systematic review, which included cross-sectional (thirty-one) and cohort (three).

Results: SLT use has a huge impact on body weight, alteration in taste, poor oral health, and consumption of fruits and vegetables leading to malnutrition. Maternal use of SLT not only leads to anaemia but also hampers birth outcomes. Increased risk of metabolic syndrome and gallstone disease among SLT users are also well documented in the studies.

Conclusion: The review highlights the linkages between SLT usage and poor nutritional outcomes. Tobacco control efforts should be convergent with public health nutrition to achieve overall health benefits. Attention is also required to explore suitable mechanisms for SLT cessation combined with enhancing food and nutrition security at the community level in sync with investments in public health nutrition intervention.

Keywords: BMI; Food insecurity; Metabolic disorders; Nutrition; Smokeless tobacco.

Figure 2 - Diagrammatic representation of the association between smokeless tobacco use and public health nutrition; SLT, smokeless tobacco

Less intake of fruits and vegetables



Mixed Effect of Alcohol, Smoking, and Smokeless Tobacco Use on Hypertension among Adult Population in India: A Nationally Representative Cross-Sectional Study

PUBLISHED	IF	ISSUE
09 March 2022	4.6	International Journal of Environment Research and Public Health
CITATION	Singh PK, Dubey R, Singh L, Singh N, Kumar C, Kashyap S, Subramanian SV, Singh S. Mixed Effect of Alcohol, Smoking, and Smokeless Tobacco Use on Hypertension among Adult Population in India: A Nationally Representative Cross-Sectional Study. <i>Int J Environ Res Public Health</i> . 2022 Mar 9;19(6):3239. doi: 10.3390/ijerph19063239. PMID: 35328927; PMCID: PMC8950998.	
WEBPAGE	https://pubmed.ncbi.nlm.nih.gov/35328927/	

Abstract

Sporadic evidence is available on the association of consuming multiple substances with the risk of hypertension among adults in India where there is a substantial rise in cases. This study assesses the mutually exclusive and mixed consumption patterns of alcohol, tobacco smoking and smokeless tobacco use and their association with hypertension among the adult population in India. Nationally representative samples of men and women drawn from the National Family and Health Survey (2015-2016) were analyzed. A clinical blood pressure measurement above 140 mmHg (systolic blood pressure) and 90 mmHg (diastolic blood pressure) was considered in the study as hypertension. Association between mutually exclusive categories of alcohol, tobacco smoking and smokeless tobacco and hypertension were examined using multivariate binary logistic regression models. Daily consumption of alcohol among male smokeless tobacco users had the highest likelihood to be hypertensive (OR: 2.32, 95% CI: 1.99-2.71) compared to the no-substance-users. Women who smoked, and those who used any smokeless tobacco with a daily intake of alcohol had 71% (OR: 1.71, 95% CI: 1.14-2.56) and 51% (OR: 1.51, 95% CI: 1.25-1.82) higher probability of being hypertensive compared to the no-substance-users, respectively. In order to curb the burden of hypertension among the population, there is a need for an integrated and more focused intervention addressing the consumption behavior of alcohol and tobacco.

Keywords: India; alcohol; hypertension; smokeless tobacco; smoking.

Smokeless Tobacco Use among Pregnant Women in India: The Tale of Two Nationally Representative Surveys

PUBLISHED	IF	ISSUE
27 May 2022	2.5	Asia Pacific Journal of Cancer Prevention - Short Communication Volume: 23 , Issue: 2
CITATION	Singh PK, Jain P, Singh N, Singh L, Singh S. Smokeless Tobacco Use among Pregnant Women in India: The Tale of Two Nationally Representative Surveys. Asian Pac J Cancer Prev. 2022 Feb 1;23(2):389-392. doi: 10.31557/APJCP.2022.23.2.389. PMID: 35225448.	
WEBPAGE	https://pubmed.ncbi.nlm.nih.gov/35225448/	

Abstract

The prevalence of smokeless tobacco (SLT) is pervasive in many Asian countries, including India. SLT use among pregnant women is markedly high and is considered to be a global concern. Consequently, the associated health effects of SLT consumption on pregnant women and the foetus cause long-term adverse effects. Therefore, this article aims to understand the extent of deviation in SLT use estimates among Indian pregnant women based on two nationally representative surveys and its implications. Responses of 1,403 pregnant women were recorded in the Global Adult Tobacco Survey (GATS 2016-17), whereas 184,641 pregnant women were interviewed in the fourth round of the Demographic and Health Survey or the National Family Health Survey (DHS NFHS 2015-16). Considerable differences in SLT use patterns among pregnant women between the GATS-2 and the NFHS-4 was evident. Overall, the prevalence of SLT use among pregnant women was reported to be higher in GATS than NFHS and this pattern remains similar between age groups of 15 to 34. In the absence of reliable estimates of SLT use among pregnant women, its adverse implications for both reproductive, maternal and child health policies, tobacco control efforts and data quality issues need to be acknowledged and addressed in a targeted manner.

Keywords: India; Pregnant women; maternal and child health; smokeless tobacco.

Does secondhand smoke exposure increase the risk of acute respiratory infections among children aged 0-59 months in households that use clean cooking fuel? A cross-sectional study based on 601 509 households in India. *Indoor Air*

PUBLISHED	IF	ISSUE
January 2022	5.8	Indoor Air Issue: 1
CITATION	Singh PK, Sinha P, Singh N, Singh L, Singh S. Does secondhand smoke exposure increase the risk of acute respiratory infections among children aged 0-59 months in households that use clean cooking fuel? A cross-sectional study based on 601 509 households in India. <i>Indoor Air</i> . 2022 Jan;32(1):e12980. doi: 10.1111/ina.12980. Epub 2022 Jan 11. PMID: 35014716.	
WEBPAGE	https://pubmed.ncbi.nlm.nih.gov/35014716/	

Abstract

This study examines whether exposure to second hand smoke (SHS) increases the risk of acute respiratory infections (ARI) among children aged 0-59 months. Study utilized nationally representative data from National Family Health Survey (2015-2016), which adopted two-stage stratified random sampling. Four mutually exclusive groups based on the type of cooking fuel usage and SHS exposure were created. Descriptive statistics and multivariate logistics regression analysis were applied. At the national level, 10.5% prevalence of ARI was reported during 2015-2016. About 47.9% (95%CI 47.7-48.2) of households was exposed to SHS and used solid biomass fuel for cooking. Nearly, 20.7% of households with clean fuel usage was exposed to SHS. Regression analysis suggests that the likelihood of ARI among children who were living in households with solid biomass fuel usage and exposed to SHS was 11% (95%CI 1.06-1.17) greater than children living in households with clean fuel usage with no SHS exposure. Moreover, our results further revealed that the odds of ARI among children living in households with clean fuel but exposed to SHS were 19% (95%CI 1.13-1.25) higher than the children living in the household with no SHS exposure and clean fuel use. Children living in households exposed to SHS are at higher risk of ARI.

Keywords: India; Second hand smoke; acute respiratory infections; child health; cooking fuel.

Publication of an Article titled “Tobacco use during pregnancy: a threat to motherhood”.

On World No Tobacco Day, an article on “Tobacco use during pregnancy: a threat to motherhood” in LMICs was published on [downtoearth.org.in](https://www.downtoearth.org.in). The article shares the information on the study being supported by the Indian Council of Medical Research (ICMR). Pregnant women consuming tobacco are being screened and behavioral intervention is being provided to quit tobacco during their ante-natal check-ups. With this article, women are being urged to choose good habits for themselves and their children. Women who want to quit and seek help are also encouraged to visit ICMR-NICPR, Sector -39, Noida for free counselling and behavioral intervention. Besides, information on quit line services under the National Tobacco Control Programme have also been shared.

Available at: <https://www.downtoearth.org.in/blog/health/tobacco-use-during-pregnancy-a-threat-to-motherhood-83097>





जागरण सिटी

नोएडा

www.jagran.com

तंबाकू उत्पाद से भारत में प्रतिवर्ष 1.7 लाख टन कचरे का उत्पादन

8% के रूप में कचरा कैंडी से उत्पन्न होता है

24% के रूप में कचरा सिगरेट से निकलता है

68% के रूप में कचरा शिश्त तंबाकू उत्पाद से होता है

कचरा	भारत	अंतर अमेरा
पर्यटक	7426	1714
फेरा	6322	1459
शिश्त	39	9
कुल	13789	3182

कचरा	भारत	अंतर अमेरा
पर्यटक	64093	13827
फेरा	51712	11656
कुल	115806	24984

कचरा	भारत	अंतर अमेरा
पर्यटक	2090	377
फेरा	31730	5812
फर्नी	6195	1124
शिश्त	1324	242
कुल	41250	7556

सिगरेट से के उत्पादन से प्रतिवर्ष 77 बिलियन कचरा, फर्नी से 15 बिलियन, पर्यटक से 600 टन सिगरेट से तीन बिलियन कचरा निकलता है।

- कैंडी की पर्यटक से 54 बिलियन, फेरा से 46 बिलियन कचरा पैदा होता है।
- शिश्त तंबाकू से 55 और 45 बिलियन फेरा से कचरा पैदा होता है।
- 22 लाख फेरा पैदा होती है। शिश्त तंबाकू की पर्यटक के लिए प्रयोग

तंबाकू उत्पाद से सबसे ज्यादा कचरा उत्पन्न करने में

सिगरेट, शिश्त तंबाकू के उत्पादन से निकलने वाला कचरा में सबसे ज्यादा कचरा उत्पन्न करने में शिश्त तंबाकू उत्पाद से सबसे ज्यादा कचरा उत्पन्न होता है।

शिश्त तंबाकू उत्पाद से निकलने वाला कचरा में सबसे ज्यादा कचरा उत्पन्न करने में शिश्त तंबाकू उत्पाद से सबसे ज्यादा कचरा उत्पन्न होता है।

हिन्दुस्तान
www.livehindustan.com

चलते-चलते

शुक्रवादि
आज का
28 मार्च 2023

देश में गुटखा-सिगरेट की पैकिंग का कचरा 33 बड़े विमान बराबर

साल भर में करीब छह हजार टन एल्यूमीनियम का पैकिंग में होता है इस्तेमाल

कागज का कूड़ा

कुल पैकिंग कागज: ₹1,671.40 करोड़

शिश्त: 31,419.10 करोड़

फेरा: 6311.83 करोड़

कुल कागज का कुल मूल्य: **89,402.13**

फिल्टर के अवशेष

शिश्त: 39.87 करोड़

फेरा: 1315.16 करोड़

कुल फिल्टर का कुल मूल्य: **1354.23**

देश में तंबाकू का सेवन

शिश्त से 4% सेवन

फेरा से 7.3% सेवन

कुल सेवन: **28.6%**

यूपी में निकलता है सबसे ज्यादा कचरा

उत्पन्न होने में सबसे ज्यादा कचरा उत्पन्न करने वाला राज्य है।

उत्पन्न होने में सबसे ज्यादा कचरा उत्पन्न करने वाला राज्य है।

उत्पन्न होने में सबसे ज्यादा कचरा उत्पन्न करने वाला राज्य है।

पांच प्रतिशत सेस लगाने की सिफारिश

एचआईवी/एड्स के रोकथाम के लिए पांच प्रतिशत सेस लगाने की सिफारिश की गई है।

एचआईवी/एड्स के रोकथाम के लिए पांच प्रतिशत सेस लगाने की सिफारिश की गई है।

एचआईवी/एड्स के रोकथाम के लिए पांच प्रतिशत सेस लगाने की सिफारिश की गई है।

03 हजार टन की पैकिंग कागज, सालाना तंबाकू उत्पादों के सेवन के कारण फेरा से पैदा होता है

66 सिगरेट-शिश्त के साथ ही कुल तंबाकू उत्पादों के सेवन का पैकिंग कागज का कचरा पैदा होता है।

— डॉ. प्राणवी सिंह, विशेषज्ञ, स्वास्थ्य विभाग

ThePrint

Partner With Us

Surrogate brand partners leverage through content marketing campaigns, content creator strategies to help strengthen campaigns, gain and reach target audience.

partners@theprint.in



[Home](#)
[POLITICS](#)
[GOVERNANCE](#)
[ECONOMY](#)
[DEFENCE](#)
[INDIA](#)
[GROUND REPORTS](#)
[OPINION](#)
[EVENTS](#)
[VIDEO](#)
[MORE](#)

Home / News / Over 40 pc ads in Cricket World Cup 2023 promoted smokeless tobacco brands: Study

Over 40 pc ads in Cricket World Cup 2023 promoted smokeless tobacco brands: Study

PAYAL BANERJEE | 31 May 2023 08:01 pm IST



Text Size: A- A+

New Delhi, May 31 (PTI) Nearly half of the advertisements telecast during the last 17 matches of the Cricket World Cup 2023 were surrogate promotion of smokeless tobacco brands, according to a study that has called for a complete ban on promoting tobacco products in all sports.

According to the study conducted by a group of experts from the Indian Council of Medical Research (ICMR) and Vital Strategies, of the total 41.3 per cent surrogate advertisements of smokeless tobacco (SLT) brands, 39.9 per cent were telecast during India's matches and 37.8 per cent during matches featuring one or both teams from South Asia (Afghanistan, Bangladesh, Pakistan and Sri Lanka).



Most Popular

Koda unlikely to exit India. Might rope in local partner to understand market

Vishal Mittal | 13 Jun 2023

49,000 in every million kids & teens in India have impaired kidney function — 1st nationwide survey

Shilpi Gulwani Datta | 7 July 2023

Keep doing Hindu-Muslim if you want to come down to 6 seats from 100—Ram Vilas Paswan

Ram Vilas Paswan | 13 Jun 2023



New Delhi to Bardoona

PRESS TRUST OF INDIA

India's premier news agency

Election
Login
Subscribe

HOME NATIONAL INTERNATIONAL BUSINESS ENTERTAINMENT SPORTS CRIME LEGAL HEALTH & COBACE FACT CHECK PRESS RELEASES BROADCAST Q

Home > National > Over 40 pc ads in Cricket ...

4 SAH MORE STORIES

Over 40 pc ads in Cricket World Cup 2023 promoted smokeless tobacco brands: Study

By Payal Banerjee

NEW DELHI: Nearly half of the advertisements telecast during the last 17 matches of the Cricket World Cup 2023 were surrogate promotion of smokeless tobacco brands, according to a study that has called for a complete ban on promoting tobacco products in all sports.

According to the study conducted by a group of experts from the Indian Council of Medical Research (ICMR) and Vital Strategies, of the total 41.3 per cent surrogate advertisements of smokeless tobacco (SLT) brands, 39.9 per cent were telecast during India's matches and 37.8 per cent during matches featuring one or both teams from South Asia (Afghanistan, Bangladesh, Pakistan and Sri Lanka).

Cardamom was the main product promoted through such advertisements.

UP: Woman shot dead, 3 family members injured in late-night attack

Twelve more killed in lightning strikes in Bihar

Rahul Gandhi arrives in Silchar

TOP VIDEOS

India should take Arctic as a serious project: Deputy Speaker of Russia's State Duma

Over 40 pc ads in Cricket World Cup 2023 promoted smokeless tobacco brands: Study

PTI - Last Updated: May 31, 2024, 08:30:00 PM IST



Synopsis

According to the study conducted by a group of experts from the Indian Council of Medical Research (ICMR) and Vital Strategies, of the total 41.3 per cent surrogate advertisements of smokeless tobacco (SLT) brands, 39.9 per cent were telecast during India's matches and 37.8 per cent during matches featuring one or both teams from South Asia (Afghanistan, Bangladesh, Pakistan and Sri Lanka).



About 41 per cent of advertisements shown between the days during the 2023 ICC Men's Cricket World Cup were surrogate ads of smokeless tobacco.

Nearly half of the advertisements telecast during the last 17 matches of the [Cricket World Cup 2023](#) were surrogate promotion of [smokeless tobacco brands](#), according to a study that has called for a complete ban on promoting [tobacco products](#) in all sports. According to the study conducted by a group of experts from the [Indian Council of Medical Research \(ICMR\) and Vital Strategies](#),

of the total 41.3 per cent surrogate advertisements of smokeless tobacco (SLT) brands, 39.9 per cent were telecast during India's matches and 37.8 per cent during matches featuring one or both teams from South Asia (Afghanistan,

Most Searched Stocks

Indian Railway Finance Corporation Share Price	188.23
04:08 PM 13 Jul 2024	↑110.5 (5.32%)
One97 Communications Share Price	436.55
03:59 PM 11 Jul 2024	↑124.1 (5.85%)
YES Bank Share Price	26.64



**National
Partners**



National Government Organizations

- ▶ Ministry of Health and Family Welfare, Government of India

National Health and Research Institutes

- ▶ Tata Memorial Centre, Mumbai
- ▶ All India Institute of Medical Sciences, New Delhi
- ▶ All India Institute of Medical Sciences, Jodhpur
- ▶ National Centre Disease Control
- ▶ Center for Dental Education and Research
- ▶ Central Design Bureau for Medical and Health Buildings
- ▶ University College of Medical Sciences, New Delhi.

Public Health Foundation of India, New Delhi.

- ▶ Healis Sekhsaria Institute for Public Health, Mumbai, India.
- ▶ JIPMER, Puducherry
- ▶ National Tobacco Control Cell (NTCC), New Delhi

National NGOs

- ▶ SAMBANDH
- ▶ HRIDAY
- ▶ Voluntary Health Association





International Governmental Organizations

- ▶ World Health Organization
- ▶ Regional Office of the World Health Organization, New Delhi
- ▶ National Cancer Institute, Bethesda, USA.
- ▶ Centers for Disease Control and Prevention, USA
- ▶ National Institute of Health, USA

International NGO's

- ▶ International Union Against Tuberculosis and Lung Disease, Paris, France.
- ▶ Vital Strategies
- ▶ Bill & Melinda Gates Foundation
- ▶ Wellcome Trust, UK

WHO FCTC Other Knowledge Hubs

- ▶ Knowledge Hub on Surveillance, National Institute of Health & Welfare, Finland.
- ▶ Knowledge Hub for Waterpipe Tobacco Smoking, American University of Beirut, Lebanon
- ▶ Knowledge Hub on Tobacco Taxation, University of Cape Town, South Africa
- ▶ Knowledge Hub on International Cooperation, International cooperation on Tobacco Control, Uruguay
- ▶ Knowledge Hub on Legal Challenges, McCabe Centre for Cancer, Australia.
- ▶ Knowledge Hub for Article 5.3, Thammasat University, Thailand.
- ▶ Knowledge Hub for Articles 17 and 18, Oswaldo Cruz Foundation (Fiocruz), Brazil.
- ▶ WHO FCTC Knowledge Hub for Public Awareness (In relation to Article 12), Santé publique, France

Namaste



ICMR – National Institute of Cancer Prevention and Research

Department of Health Research, Ministry of Health and Family Welfare
Government of India

1 – 7, Sector – 39A, Noida, Distt. Gautam Buddha Nagar, Uttar Pradesh – 201 301, INDIA

<https://nicpr.org/>

<https://extranet.who.int/fctcapps/fctcapps/fctc/kh/slt>