Panel Discussion: Summary Report

India's Evolving Landscape of Nicotine Addiction:

From Traditional to New Generational Products

7th National Conference on Tobacco or Health (NCTOH) 2026 |
AIIMS Raebareli | 1 February 2026

Organizer

Organizer: ICMR – National Institute of Cancer Prevention and Research (ICMR-NICPR), Noida

In association with: 7th National Conference on Tobacco or Health (NCTOH 2026)

Venue: AIIMS Raebareli

Date & Time: 1 February 2026 | 11:00 AM – 12:00 PM

Session Moderator: Dr. (Prof.) Shalini Singh, Director ICMR-NICPR, Director KH-SLT, Director NTTL

Main Aim of the Session

The panel discussion was convened to provide a multidisciplinary, evidence-based examination of India's rapidly changing nicotine product landscape. While India has made significant strides in tobacco control through COTPA, NTCP, and the PECA framework, the emergence and proliferation of new-generation nicotine delivery systems — including e-cigarettes, heated tobacco products, nicotine pouches, and high-nicotine pod devices — presents a fresh set of challenges that existing frameworks are not fully equipped to address.

The session aimed to critically assess the health, neurobiological, regulatory, and legal dimensions of this evolving landscape; expose industry tactics driving youth uptake; and chart a forward-looking, coordinated response for India's tobacco endgame.

Key Speakers

- **Prof. Shekhar Kashyap** — Cardiologist, Formerly Army Hospital Research and Referral, New Delhi
- **Dr. Santanu Nath** — Head, Department of Psychiatry, AIIMS Deoghar
- **Dr. Vedha** — National Professional Officer – Tobacco Control, WHO India Country Office, New Delhi
- **Dr. Shivam Kapoor** — Technical Advisor, STOP India & Global Monitoring, Vital Strategies
- **Mr. Ranjeet Singh** — Public Health Lawyer, Supreme Court of India, New Delhi

Key Discussion Points by Expert

Topic: "Hearts Don't Lie: Why Every Puff Still Kills - Traditional or 'Modern''

Prof. Shekhar Kashyap — Cardiovascular Risks Across Nicotine Delivery Systems

Prof. Kashyap opened by challenging the widespread perception that "modern" nicotine products are cardiovascularly safer than combustible tobacco. His key discussion points included:

- Nicotine and associated toxicants contribute to endothelial dysfunction, elevated heart rate and blood pressure, pro-thrombotic states, and heightened risk of acute cardiac events regardless of the delivery mode.
- Newer devices alter exposure patterns but do not eliminate hemodynamic stress — and cannot therefore be considered cardiovascularly safe.
- Industry "reduced risk" claims lack robust independent long-term cardiovascular evidence and should not be used to justify product switching over cessation.
- Non-nicotine pharmacotherapies — including varenicline, bupropion, and cytisine — offer effective cessation support when combined with structured behavioural counselling, and should be the mainstay of clinical management rather than product substitution.

Topic: "Hijacked Brains: How New Nicotine Products Create Addiction Faster Than Ever Before"

Dr. Santanu Nath — Neurobiology of Addiction and Adolescent Risk

Drawing on clinical experience at AIIMS Deoghar, Dr. Nath addressed the neurobiological mechanisms that make new-generation nicotine products especially dangerous for young users:

- High-nicotine pod systems deliver rapid, repeated dopamine spikes in the brain's reward circuitry, reinforcing dependence far more quickly than most traditional tobacco products.
- Smooth aerosol delivery and high nicotine concentrations enable deeper inhalation and more frequent dosing cycles — accelerating the onset of compulsive use.

- In adolescents, exposure to high-dose nicotine interferes with ongoing brain maturation, including white matter myelination and executive control pathways, elevating long-term addiction vulnerability and impulse dysregulation.
- Clinical presentations among modern device users include higher dependence severity, pronounced withdrawal symptoms (irritability, anxiety, sleep disturbance), and increased co-morbid mood disorders compared with traditional tobacco users.
- There is a concerning pattern of these products acting as a gateway to broader substance use in vulnerable youth populations.
- Treatment must be multimodal: structured cognitive behavioural therapy, motivational enhancement, pharmacotherapy (bupropion, varenicline, cytisine where appropriate), family involvement, digital follow-up, and close relapse monitoring.

Topic: "The Silent Invasion: How New Nicotine Products are Outpacing India's Tobacco Control Success Story"

Dr. Vedha — Regulatory Gaps and the “Silent Invasion”

Dr. Vedha offered a public health policy perspective grounded in WHO’s global experience and India-specific surveillance observations:

- Manufacturers are exploiting definitional and product-scope gaps to position novel nicotine products — especially those using synthetic nicotine — outside the ambit of existing tobacco regulation.
- Key market tactics include “harm reduction” narrative manipulation, lifestyle and wellness branding, influencer-led digital marketing, modular product design (devices sold as separate components), and cross-border e-commerce channels that bypass age controls.
- Weak enforcement of age-verification systems in both online and retail environments is enabling significant youth access.
- India urgently needs real-time surveillance systems integrating novel product use into national surveys, youth monitoring, e-commerce audits, and poison/exposure reporting to enable early detection and regulatory response.
- Global lessons are instructive: Japan has documented substantial dual-use populations; Pakistan is reassessing its market after rapid proliferation. Early precautionary regulation, product-definition clarity, and mandatory age verification have proved more effective than post-hoc restriction.

Topic: "Decoding the Global Deception of 'Safer' Nicotine Products"

Dr. Shivam Kapoor — Decoding Industry Tactics

Dr. Kapoor shared findings from global tobacco industry monitoring work at Vital Strategies, with direct relevance to the Indian context:

- A central industry tactic is rebranding addiction as innovation and harm reduction — deploying medicalized language and lifestyle positioning to normalise continued nicotine consumption.
- Common methods include surrogate branding, front groups and think tanks projecting a “voice of doctors” or independent experts, commissioned surveys, and influencer-led digital campaigns operating outside traditional advertising controls.
- Red flags in industry-funded research include opaque funding disclosures, sponsor control over data, selective endpoints, short follow-up periods that understate long-term risk, and amplification through affiliated publishing networks.

- Youth, young adults, and urban first-time users are the primary targets of “safer product” messaging, particularly through digital platforms and peer networks.
- Effective counter-strategies documented internationally include rapid myth-busting communications, systematic exposure of conflicts of interest, transparent funding disclosure requirements, and youth-focused media literacy programmes that directly challenge harm-reduction misbranding.

Topic: "Legal Landscape of Tobacco Control in India: Addressing Regulatory Gaps for Emerging Products"

Mr. Ranjeet Singh — Legal and Regulatory Gaps

Mr. Singh assessed the current legal framework governing tobacco and nicotine products in India, identifying several structural inadequacies:

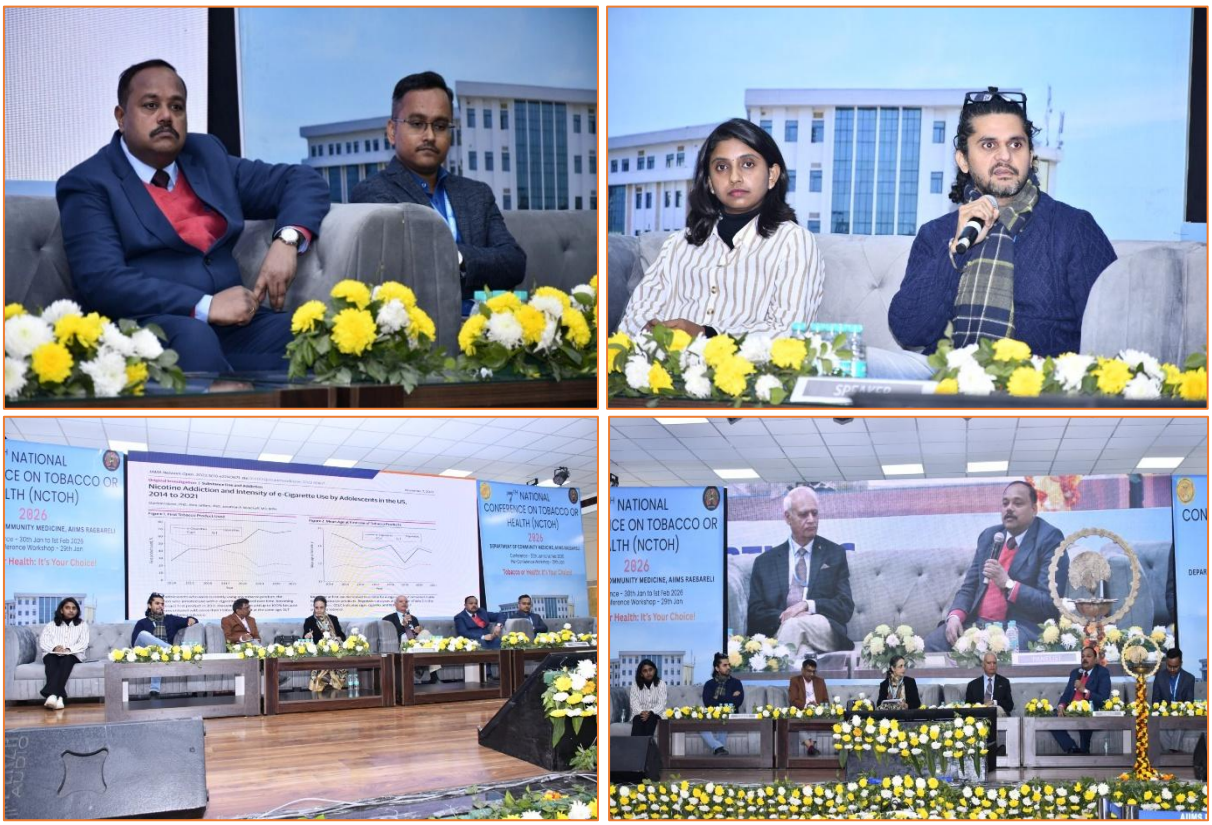
- COTPA was designed for combustible and smokeless tobacco and does not comprehensively address emerging nicotine delivery systems — e-cigarettes, heated tobacco products, or oral nicotine pouches.
- Critical definitional gaps allow circumvention through component-based product sales (devices, liquids, pods sold separately), effectively disaggregating a regulated product into unregulated parts.
- Nicotine as a chemical substance is not explicitly covered under COTPA, leaving several novel nicotine products entirely outside its regulatory ambit.
- State-level Poison Acts have been applied to fill some gaps, but enforcement remains fragmented and inconsistent across jurisdictions.
- Under PECA, possession is not an offence whereas storage is — creating significant enforcement ambiguities in practice.
- PECA prescribes no product quality or safety standards, as it is framed primarily in public health interest rather than as a product regulation law.
- Comprehensive, future-ready legislation is needed that explicitly covers all non-therapeutic nicotine delivery formats with clear product definitions, uniform national enforcement provisions, and adaptive mechanisms to address new products as they emerge.

Key Points That Emerged from the Discussion

Across all five expert presentations, several cross-cutting themes and critical action points emerged:

- **No nicotine product is risk-free:** Whether combustible, smokeless, or electronically delivered, all nicotine products carry cardiovascular, neurobiological, and addiction-related harm. The “reduced risk” framing is an industry construct not supported by independent longitudinal evidence.
- **Youth are the primary target and the highest-risk population:** New-generation devices are designed — through flavours, form factor, and delivery efficiency — to appeal to and rapidly addict young users, whose developing brains are uniquely vulnerable to nicotine’s effects.
- **India’s regulatory architecture has significant blind spots:** COTPA, PECA, and associated state laws do not adequately cover the full range of novel products entering the Indian market. Definitional loopholes, component-based sales, and the exclusion of synthetic nicotine create substantial enforcement gaps.

- **Industry interference is systematic and sophisticated:** Tobacco and nicotine companies deploy coordinated global playbooks — narrative control, front groups, selective science, influencer ecosystems — that are now visible in the Indian context and require active, evidence-based counter-measures.
- **Surveillance systems are not fit for purpose:** India's national surveys and monitoring frameworks do not yet capture novel nicotine product use with sufficient granularity or frequency to inform timely policy responses.
- **Clinical systems are underprepared:** Healthcare providers, psychiatrists, and cessation services have limited training and tools to address the specific dependence profiles created by high-nicotine pod-based systems, particularly among youth.



Photographs from the panel discussion

Conclusion

The panel discussion reinforced a clear and urgent message: India stands at a critical inflection point in its tobacco control trajectory. The gains achieved through decades of legislative effort, cessation programming, and public health advocacy are at risk of being eroded by a new wave of nicotine products that are better engineered for addiction, better marketed to youth, and better designed to evade regulation than their predecessors.

The convergence of cardiovascular harm, rapid neurobiological dependence, regulatory gaps, and sophisticated industry interference demands a coordinated, cross-sectoral response. Panellists unanimously called for:

- Precautionary regulation of all novel and emerging nicotine delivery systems, ahead of evidence accumulation rather than waiting for harm to manifest at scale.

- Legislative reform that closes definitional gaps in COTPA and PECA, explicitly covers synthetic nicotine and component-based product sales, and provides a uniform national enforcement framework.
- Strengthened real-time surveillance integrating novel product indicators across national health surveys, youth monitoring, digital marketing audits, and rapid regulatory intelligence systems.
- Capacity building in clinical settings to address the distinct dependence and withdrawal profiles of users of high-nicotine modern devices, especially adolescents and young adults.
- Counter-industry communication strategies that proactively expose conflicts of interest, debunk harm-reduction misbranding, and build media and health literacy among vulnerable populations.

The session concluded with a call for India to adopt a comprehensive Tobacco Endgame strategy — one that encompasses both traditional tobacco products and all non-therapeutic nicotine delivery systems — to protect public health, safeguard youth, and honour the commitments made under the WHO Framework Convention on Tobacco Control.

Group Photograph