ICMR – National Institute of Cancer Prevention and Research

WHO FCTC Knowledge Hub on Smokeless Tobacco

CONSULTATION REPORT

National Consultation on

Countering Nicotine and Tobacco Addiction in India:

From Evidence to Action

2nd June 2026

Venue: Multipurpose Hall (Kamla Devi Complex)

India International Centre, Max Muller Road, New Delhi

Organised by

ICMR–National Institute of Cancer Prevention and Research

Department of Health Research, Ministry of Health & Family Welfare

Government of India

I-7, Sector-39, Noida, Gautam Buddha Nagar, Uttar Pradesh

In collaboration with

CPHR-MANT and Vital Strategies

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Background

India is home to approximately 27 crore tobacco and nicotine users, making it one of the largest consumer populations in the world for these products. The country's tobacco landscape is uniquely complex: smokeless tobacco products — khaini, gutka, zarda, pan masala with tobacco, and betel quid — dominate consumption patterns, used by an estimated 20 crore people, while smoked forms including bidis and cigarettes add to an already overwhelming public health burden.

India has demonstrated consistent leadership in tobacco control. The Cigarettes and Other Tobacco Products Act (COTPA) 2003 and the Prohibition of Electronic Cigarettes Act (PECA) 2019, supported by the sustained National Tobacco Control Programme (NTCP), have together contributed to a measurable national decline in tobacco use. India has also played a leading role in the WHO Framework Convention on Tobacco Control (FCTC) process, including at COP11 at Geneva in November 2025, which formally endorsed 16 forward-looking measures including generational sales restrictions, flavour bans, and phasing out of commercial tobacco products.

Yet even as India's regulatory architecture has strengthened, the tobacco and nicotine industry has kept pace — continuously reinventing itself, introducing new products, repackaging existing ones, rebranding under the garb of 'harm reduction', and targeting youth through sophisticated digital marketing. The most recent and concerning manifestation of this trend is the emergence of nicotine pouches — small oral sachets marketed as tobacco-free, modern, and safe — which are now being actively sold across Indian cities through online platforms, tobacco retail shops, and gig-based delivery services, in clear violation of multiple existing Indian laws.

It was against this backdrop that ICMR-NICPR, designated as the WHO FCTC Knowledge Hub on Smokeless Tobacco, convened this National Consultation in collaboration with CPHR-MANT, Kolkata and Vital Strategies. The event was anchored around the simultaneous release of a landmark study factsheet titled 'Unmasking Nicotine Pouches in India: Product Availability and Industry Tactics' — the first systematic, multi-city assessment of nicotine pouch availability, marketing practices, and sales strategies in India. The consultation brought together over 100 participants including drug regulators, State Nodal Officers for tobacco control, cardiologists, psychiatrists, dental and public health specialists, lawyers, AYUSH practitioners, communication specialists, civil society representatives, and policy professionals from WHO, NITI Aayog, and the Ministry of Health and Family Welfare (MoHFW).

Inaugural Session

The consultation began at 9:30 AM with registration of participants, followed by the inaugural session chaired by Prof. (Dr.) Shalini Singh, Director, ICMR-NICPR.

Welcome

The welcome address was delivered by Dr. Ekta Gupta, Scientist-E, ICMR-NICPR, who set the tone for the day by underlining the importance of translating scientific evidence into actionable policy at a moment when novel nicotine products are rapidly penetrating the Indian market.

Opening Remarks and Objectives: Prof. (Dr.) Shalini Singh, Director, ICMR-NICPR

Prof. Singh opened with an observation that has guided much of ICMR-NICPR's work in recent years: for too long, the public conversation about tobacco has focused on the visible manifestations of the epidemic — the smoke, the stains, the spitting, the cancer — while nicotine, the molecule that initiates, perpetuates, and sustains addiction, has remained hidden. Now, she said, nicotine is being repackaged and reintroduced in new forms such as nicotine pouches and dispersible strips that existing regulatory frameworks were not designed to anticipate.

She outlined five objectives of the consultation: to build a shared, evidence-grounded understanding of the threats posed by nicotine pouches; to generate consensus on enforcement mechanisms and the regulatory pathway; to discuss the clinical aspects of nicotine-free tobacco cessation including promising alternatives such as Cytisine; to devise communication strategies to counter the industry's digital campaigns targeting youth; and to consolidate all recommendations into a form suitable for transmission to the Ministry of Health and Family Welfare, state health departments, and the WHO FCTC Secretariat. She also highlighted the Institute's achievement of winning the WHO's World No Tobacco Day Award 2026 for its outstanding contribution to tobacco control and congratulated Dr Prashant Kumar Singh for his steadfast efforts in tobacco control.

Message from Shri Prabhakar (IAS), Joint Secretary, National Tobacco Control Programme (NTCP), Ministry of Health & Family Welfare, Government of India

A message from Shri Prabhakar (IAS), Joint Secretary, NTCP, MoHFW, was conveyed at the inaugural session, as he was unable to be present in person due to prior official commitments. In his message, he acknowledged India's consistent leadership through COTPA, PECA, and the NTCP, and the significant progress made in reducing tobacco use through strengthened policies, expanded cessation services, enhanced enforcement, and coordinated multisectoral action.

He drew attention to the rapidly evolving landscape of nicotine and tobacco products, which present new and complex public health challenges requiring timely evidence generation, stronger regulatory preparedness, coordinated enforcement, and effective risk communication strategies. Of particular concern, he noted, is the increasing appeal of novel nicotine products among children, adolescents, and young adults, driven by sophisticated marketing, attractive packaging, flavours, and misleading harm-reduction narratives. He expressed confidence that the consultation would contribute meaningfully to translating evidence into actionable strategies and called for continued collaboration across governments, academia, healthcare providers, and civil society.

Address: Mr. L. M. Singh, Managing Director India and Global Head, Vital Strategies

Mr. L. M. Singh underscored that nicotine addiction is not just a public health threat but an economic one also. He said that India's youth are its greatest demographic asset, but addiction beginning as early as age seven or nine directly undermines the country's development potential and its vision of Viksit Bharat. He noted that 68 of the unique nicotine pouch brands found in the study were available online, reflecting the power of digital commerce. He called for India's strengths in digital technology and AI to be deployed in surveillance, cessation support, and counter-messaging.

Address: Prof. (Dr.) K. Srinath Reddy, Chancellor, PHFI Institute of Public Health Sciences

Prof. Reddy offered a sweeping historical perspective on India's tobacco control journey, from the early 2000s when the country fought ferociously for an effective FCTC, to the present moment when nicotine itself has become the industry's new frontier. He described the tobacco industry's four-stage response to regulation — deny, delay, dilute, derail — and warned that nicotine is a potent vasoconstrictor that raises heart rate and blood pressure, can trigger acute strokes particularly with sublingual delivery, and causes DNA damage and immune disruption. He endorsed Cytisine as a promising, cost-effective, plant-based cessation option and called for ICMR to accelerate its evaluation, production, and approval in India.

Address: Dr. Ramrao D. Patil, DDG-Ayush, DGHS Ayush Vertical, MoHFW

Dr. Patil highlighted the role that AYUSH systems — Yoga, Ayurveda, Panchakarma, Dhoomvarti — can play in tobacco cessation, particularly in addressing the psychological and behavioural dimensions of addiction. He noted that operational guidelines for establishing tobacco cessation centres in AYUSH institutes have been developed and should be implemented across all AYUSH medical colleges and institutions nationwide.

Address: Dr. L. Swasticharan, DDG-NCDs & Director (EMR), NTCC, MoHFW

Dr. Swasticharan offered a detailed account of India's tobacco control trajectory, from being observers at early FCTC negotiations to leading from the front at recent COPs. He congratulated ICMR-NICPR's WHO FCTC Knowledge Hub on Smokeless Tobacco on winning the WHO WNTD 2026 Award and described how the threat of nicotine pouches had first come to his attention during a visit to RIVM in the Netherlands. He called for a coordinated 'Operation Nicotine Pouch' to be launched using all available legal provisions simultaneously across states and UTs.

Address: Prof. (Dr.) M. Srinivas, Member, NITI Aayog

Prof. Srinivas congratulated ICMR-NICPR on winning the WHO WNTD 2026 award and stressed that nicotine addiction beginning in childhood is a direct threat to India's development trajectory. He called for a concerted focus on reaching children in schools and colleges with science-based evidence that counters the industry's lifestyle messaging, and expressed NITI Aayog's full support for comprehensive tobacco and nicotine control across all domains.

Release of Factsheet and Vote of Thanks

The inaugural session concluded with the joint release of the factsheet titled 'Unmasking Nicotine Pouches in India: Product Availability and Industry Tactics' by all dignitaries on the dais, followed by a presentation of the study findings by the research team. The vote of thanks was delivered by Dr. Prashant Kumar Singh, Scientist-E, ICMR-NICPR, and Nodal Officer, WHO FCTC Knowledge Hub on Smokeless Tobacco.

[Photographs of the inaugural Session]



Felicitation of the delegates



Prof. (Dr.) Shalini Singh, Director, ICMR-NICPR while delivering her opening remarks



Address by Mr. L. M. Singh, Managing Director India and Global Head, Vital Strategies



Address by Prof. (Dr.) K. Srinath Reddy, Chancellor, PHFI Institute of Public Health Sciences



Address by Dr. Ramrao D. Patil, DDG-Ayush, DGHS Ayush Vertical, MoHFW



Address by Dr. L. Swasticharan, DDG-NCDs & Director (EMR), NTCC, MoHFW



Address by Prof. (Dr.) M. Srinivas, Member, NITI Aayog



Release of Factsheet 'Unmasking Nicotine Pouches in India: Product Availability and Industry Tactics'



Vote of Thanks by Dr. Prashant Kumar Singh

About the Study: Unmasking Nicotine Pouches in India

The study represents the first multi-city, systematic assessment of nicotine pouch availability, marketing practices, and sales strategies in India. It was conducted by ICMR-NICPR in collaboration with CPHR-MANT, with field support from MACT, Faith Foundation, Generation Saviour Association (GSA), and the Department of Public Health Dentistry, Goa Dental College and Hospital. The study covered ten cities: New Delhi, Chandigarh, Ahmedabad, Mumbai, Hyderabad, Bengaluru, Kolkata, Chennai, Guwahati, and the North Goa Beach Belt, through point-of-sale surveys, online/internet electronic vendor mapping, and social media analysis.

Key Findings

- Nicotine pouches were available in 7 out of 10 surveyed cities, with 9 out of every 100 POS outlets selling them.
- 68 unique brands were available through online platforms and third-party e-commerce. Of these, 63.2% were from international manufacturers, indicating significant cross-border penetration.
- 445 unique flavours were identified across eight categories including mint/menthol, fruit, desserts, and alcohol-themed variants.
- Nicotine content ranged from 2 mg to an alarming 120 mg per pouch. Products were priced between Rs. 200 and Rs. 1,500 per can (each containing 15–20 pouches).
- Hookah and modern retail tobacco shops were the most common offline outlets. Vendors described the typical buyer as a working man aged 18–40 years.
- The study identified six key social media promotional tactics — the ‘Sly Six’ — including influencer seeding, cross-category marketing with caffeine pouches, lifestyle normalisation, viral short-form content, and free sample giveaways.
- Marketing messages prominently used misleading risk-reduction claims such as ‘tobacco-free’, ‘cancer-free’, ‘99% safer than tobacco’, and helps to ‘quit smoking’.

Legal and Regulatory Status

Nicotine pouches are comprehensively prohibited under multiple existing Indian laws and are sold illegally in the market. Under the Drugs and Cosmetics Act 1940, nicotine pouches are unapproved drugs with unauthorised therapeutic claims. Under FSSAI Regulation 2.3.4, they are prohibited food items. PECA 2019 prohibits electronic nicotine delivery systems. The Poisons Act 1919, Environment Protection Act 1986, and Insecticides Act 1968 provide further grounds for enforcement. The enforcement action by the Directorate of Drugs Control, Tamil Nadu (Drug Alert No. 423, dated 18.02.2026) was highlighted as a replicable model for all states and UTs.

Panel Discussion – 1: Monitoring and Countering the Availability of Nicotine Pouches and Other Novel Nicotine/Tobacco Products

Moderator	Dr. Nirmalya Mukherjee, Designation and affiliation should be written for all or for no one to maintain uniformity
Chairs	Dr. Annam Visala Dr. L. Swasticharan
Rapporteur	Dr. Ruchika Gupta, ICMR-NICPR
Panelists	Shri Thiru N.C. Ravichandran, Asst. Director of Drugs Control, Tamil Nadu Shri Naman Gupta, Drugs Inspector, Himachal Pradesh Mr. Ripan Mehta, State Drug Controller, Haryana Mr. Cyril Alexander, MACT, Chennai Adv. Narender Ahuja Vivek, Ex-State Joint Drug Controller, Haryana Dr. Ravinder Kumar, SNO-NTCP, Himachal Pradesh Prof. Yogesh Pratap Singh, Vice-Chancellor, NLU Tripura

Tamil Nadu: Civil Society Complaint Triggers Drug Authority Action

Mr. Cyril Alexander of MACT, Chennai, described how his organisation's complaint to the Tamil Nadu Directorate of Drugs Control triggered what has since become a model enforcement action. MACT's motivation was child protection: nicotine pouches, if allowed to proliferate unchecked, would undo decades of tobacco control work among children. A two-pronged approach was adopted — An FIR has been filed for immediate enforcement through drug control law, and a longer-term push for state legislation. Shri Thiru N.C. Ravichandran confirmed that show cause notices were issued to manufacturers, distributors, and online marketplace operators under the Drugs and Cosmetics Act, as nicotine pouches are unapproved drugs with unauthorised therapeutic claims.

Himachal Pradesh: Invoking Existing Provisions, Tracking Online Sales

Shri Naman Gupta clarified that Himachal Pradesh has not issued a blanket ban but has invoked all applicable existing provisions, including the Drugs and Cosmetics Act 1940. Dr. Ravinder Kumar described how decoy orders for nicotine pouches were placed online and were delivered within days without age verification by the vendors. . As a step forward the courier networks have been sensitized and drug inspectors across the state to decline deliveries of such products.

Haryana: Poison Act Notification and Multi-Statute Approach

Mr. Ripan Mehta informed the panel that Haryana in 2015 notified nicotine as a poison under the Poisons Act and that nicotine pouches are in the category of unapproved drug therefore the No-objection certificate for their export license should not be given. Adv. Narender Ahuja Vivek provided a detailed legal analysis demonstrating that the Drugs and Cosmetics Act, FSSAI Regulation 2.3.4, Poisons Act (read with the Juvenile Justice Act, which makes supplying poison to a minor punishable by up to seven years' imprisonment), and the Insecticides Act can all be invoked simultaneously without requiring any new central legislation.

Legal Framework: The Central Government's Role

Prof. Yogesh Pratap Singh laid out the broader legal landscape and recommended that the Jan Vishwas Act mechanism be used to simultaneously amend multiple statutes — FSSAI, Poisons Act, Drugs and Cosmetics Act, Environment Protection Act, Insecticides Act — to explicitly address nicotine pouches. Chair Dr. L. Swasticharan summed up the consensus by calling for a national 'Operation Nicotine

Pouch' — a coordinated advisory to all state drug controllers invoking all applicable statutory provisions, backed by a dedicated workshop for state nodal officers.

[Photographs of Panel discussion 1]

















Panel Discussion – 2: Future of Nicotine-Free Tobacco Cessation and a Nicotine-Free Generation in India

Moderator	Prof. (Dr.) Shalini Singh, Director, ICMR-NICPR
Chairs	Prof. (Dr.) K. Srinath Reddy, Chancellor, PHFI Dr. Vaishali Goel, ADG, NTCP, MoHFW Dr. Ramrao D. Patil, DDG-Ayush, MoHFW
Rapporteur	Dr. Sandeep Kumar, ICMR-NICPR
Panelists	Prof. (Dr.) Shekhar Kashyap, Cardiologist Prof. Aswini Y. Balappanavar, MAIDS, New Delhi Prof. Prabhu Dayal, Dept of Psychiatry, AIIMS, New Delhi Dr. Rana J. Singh, Director, Vital Strategies Dr. K. Krishnaraj, SNO-NTCP, Tamil Nadu Dr. Rajani P., SNO-NTCP, Karnataka

The Case for Cytisine for Tobacco/Nicotine cessation

Prof. Shekhar Kashyap made a strong case for Cytisine as one of the most promising cessation option. Cytisine has been used since the early 1960s and has generated strong evidence from Eastern Europe, particularly Poland, where it contributed to a 60% drop in cigarette consumption over 20 years and a two-thirds reduction in lung cancer and cardiovascular deaths. The WHO has included Cytisine in the Tobacco cessation guidelines, 2024 and in its Model List of Essential Medicines in September 2025. The cost of Cytisine is 5–10% that of NRT, its dropout rate in trials is just 2% compared to 20% for varenicline, and its treatment course is only 25 days. He highlighted that CytisineCytisine is already listed in the Homeopathic Pharmacopoeia of India (ninth Volume, 2006).

Cessation Evidence for Smokeless Tobacco Users

Prof. Prabhu Dayal presented the Cochrane evidence: counselling is most effective (RR 1.75), varenicline comes second (RR 1.35), and NRT has limited effectiveness in SLT users (RR 1.24). He highlighted a largely unaddressed issue that many Indian SLT products contain areca nut, the active principle of which is and alkaloid - arecoline with a distinct receptor pathway. This requires cessation protocols which are effective for both tobacco/nicotine and acrecoline dependance. Prof. Aswini Y. Balappanavar shared that 80 dental colleges now submit monthly cessation reports, with an overall quit rate of 7% — higher than many international benchmarks, but the subgroup analysis by the tobacco type was not available.

State-Level Experiences and Programmatic Realities

Dr. Rana J. Singh noted that nationally, only 4–5% of tobacco users access any cessation service, and even in well-established TCCs, no medication is routinely used. Dr. Krishnaraj (Tamil Nadu) described the challenge of very low denominators in formal cessation records and the state's efforts to extend counselling to the primary level. Dr. Rajani P. (Karnataka) shared how cross-programme integration across TB, mental health, RBSK/RKSK and training of over 200 adolescent health counsellors resulted in a 400% increase in brief counselling reach. Karnataka has included varenicline, bupropion, and NRTs in its state essential drugs list.

AYUSH and Summing Up

Dr. Ramrao D. Patil argued that Yoga, Ayurveda, panchakarma, and herbal preparations such as Dhoomvarti have an important complementary role for managing

withdrawal symptoms. Prof. K. Srinath Reddy delivered the closing synthesis, calling for de-medicalisation of tobacco cessation and endorsing CytisineCytisine and behavioural therapies as the most promising pathway for India's smokeless tobacco users. His key message: we need to go from *"silos to synergies*".

[Photographs of Panel discussion 2]















Working Groups

Following the panel discussions, participants divided into three parallel working groups for in-depth deliberation. Each group presented its findings and recommendations to the plenary. The presentations from all three working groups are summarised below.

Working Group 1:

Clinical Aspects of Non-Nicotine Tobacco Cessation in India

Moderators: Prof. Shekhar Kashyap and Dr. Rana J. Singh | Rapporteur: Dr. Anwita Khaitan

The working group examined two key questions: the current evidence for non-nicotine pharmacotherapy (Cytisine, bupropion, and varenicline), and the challenges in behaviour counselling through the 5As framework and how to address gaps at TCCs and Ayushman Aarogya Mandirs (AAMs).

On Cytisine

The group reviewed the evidence for CytisineCytisine comprehensively and reached a strong consensus in its favour. The key points noted were:

- Cytisine has been included in the WHO 2024 tobacco control guidelines and was added to the WHO Model List of Essential Medicines on 5th September 2025.
- It is a partial agonist of nicotinic acetylcholine receptors, similar in mechanism to varenicline, and gives comparable quit rates at a fraction of the cost. Safety and efficacy data are already available from multiple international trials.
- The side effect profile is very favourable: nausea occurs in only 10% of users on Cytisine as compared to 25% for varenicline. Dropout rate from trials due to Cytisine is only 2%.
- The treatment course is only 25 days compared to 12 weeks for NRT, making it far easier to adhere to and more cost-effective.
- Being a partial agonist, Cytisine has a negligible probability of misuse or of perpetuating nicotine addiction, in contrast to NRT, which carries a risk of replacing one form of nicotine dependence with another.
- Given that tobacco use in India constitutes an epidemic affecting over 270 million people, the group recommended that India should consider fast tracking of the approval pathway for inclusion of Cytisine for tobacco/nicotine cessation.

The group laid out a tentative process for introduction of Cytisine in India:

- Redraft the National Tobacco Dependence Treatment Guidelines to introduce Cytisine as a recommended pharmacotherapy.
- Apply for and receive regulatory approval from DCGI for using Cytisine as a pharmacotherapy for tobacco/nicotine cessation.
- Initiate the process of adding Cytisine to the Indian Pharmacopoeia.
- Include Cytisine in the National Essential Drug List of India.
- Facilitate import of the generic formulation and get Indian bulk pharmaceutical manufacturers on board.
- Consider subsidising or incentivising manufacture of Cytisine in its generic form by Indian pharmaceutical companies.
- Conduct operational research on the introduction of Cytisine in the Indian health system, including within the AYUSH pathway, with focus on oral tobacco/nicotine users.

On Behaviour Counselling and Infrastructure Gaps

The group identified the following key challenges in delivering 5A-based brief counselling at TCCs and AAMs:

- Inadequate training of healthcare providers.
- Time constraints due to competing clinical duties.
- Perceived difficulty in implementation and low felt need among providers.
- Low system readiness and lack of incentives for health workers.
- High loss-to-follow-up of tobacco users on cessation therapy.

The recommendations to address these gaps were:

- Structured capacity-building and regular refresher training for all healthcare providers at TCCs and AAMs.
- Enhancement of accessibility and availability of counselling services at all levels of the health system.
- Institutionalizing brief advice on tobacco/nicotine cessation as a routine component of all outpatient consultations at AAMs.
- Making NTCP Satellite Cessation Centres fully operational as recommended under the National Tobacco Control Programme.
- Incentivising health workers for successful cessation outcomes.
- Using digital tools, mobile-based platforms, and community health workers (ASHAs, ANMs) for continuity and monitoring.
- Mandating tobacco/nicotine use status as a ‘vital sign’ to be recorded on all patient cards and health records across public health facilities, creating a system-wide trigger for cessation counselling.

Working Group 2:

Regulating Novel and Emerging Nicotine Products, Including Nicotine Pouches

Moderators: Prof. Yogesh Pratap Singh and Dr. Avinash Sunthlia | Rapporteur: Dr. Bhagyashree Rout, ICMR-NICPR

The working group deliberated on four questions: (i). the appropriate legal classification of nicotine pouches and the enforcement implications; (ii). how import controls and e-commerce obligations should apply; (iii). what Article 5.3 mechanisms are needed for ……..; and (iv). what monitoring actions should follow a ban at state and national levels.

The group's recommendations, drawn from the existing statutory framework, were specific and action-oriented:

- The Drug Controller General of India (DCGI) should be requested to issue a circular to all State Drug Controllers to take enforcement action under the Drugs and Cosmetics Act, since oral nicotine pouches (except approved NRT forms such as gums, patches, and lozenges) are unapproved drugs. Their manufacture and sale amounts to a contravention of Section 18 of the D&C Act, punishable under Section 27(b)(ii).
- The Food Safety and Standards Authority of India (FSSAI) should send a direction to all State Food Safety Commissioners to take action against oral nicotine pouches as a prohibited food product under Regulation 2.3.4 of the FSSAI Regulations 2011, which expressly bans tobacco and nicotine as ingredients in any oral consumable.
- Since nicotine pouch labels universally omit the mandatory warning 'Not for sale to persons below 18 years of age', supplying a hazardous/poisonous substance to a minor is an offence under Section 77 of the Juvenile Justice (Care and Protection of Children) Act 2015, and enforcement authorities at all levels are empowered to invoke this provision.
- All states and UTs should be directed to notify nicotine in chemical form as a poison under the Poisons Act 1919 (amended 2015), following the precedent of Punjab, Haryana, Chandigarh, and Karnataka.
- Since oral nicotine pouches are an unapproved drug in India, all CDSCO and Directorate General of Foreign Trade (DGFT) officials should be directed not to allow any import. States should not issue NOC for export-only manufacturing, thus ensuring these products cannot be manufactured on Indian soil.
- Action must be taken under the Consumer Protection Act 2019 and the Drugs and Magic Remedies (Objectionable Advertisements) Act against all misleading and surrogate advertisements on all platforms including social media and e-commerce sites.
- A comprehensive legislation on the pattern of PECA 2019 is required to ban oral nicotine pouches and all other unapproved nicotine products completely — covering all routes of administration and all flavoured and unflavoured variants. This would close the regulatory gap that currently makes it possible for industry to argue that existing laws do not explicitly cover these products.

Working Group 3:

Effective Communication Strategies on Nicotine and Tobacco Addiction in India

Moderators: Ms. Chemi Lhamo | Rapporteur: Ms. Ananya Saha, ICMR-NICPR

The working group examined three questions: (i). what communication frameworks can counter the industry's narrative positioning nicotine pouches as modern and safe; (ii). how to build a rapid response to social media marketing and; (iii). how Ayushman Bharat Digital Mission (ABDM) platforms can be used for effective communication especially targeting youth.

Communication Frameworks

The group recommended a fundamental shift in public health communication on nicotine and tobacco products, with the following elements:

- Shift the narrative from disease-centred framing to a focus on the deadly impact of nicotine addiction itself, making nicotine — not just tobacco — the central villain.

- Actively bust industry-driven myths: that nicotine pouches are effective for quitting smoking, are less harmful, are plant-based or environment-friendly, or constitute a legitimate form of NRT.
- Dismantle the industry's glamorisation narrative. Hard-hitting messaging should position nicotine as a deadly poison with severe cardiovascular, neurological, and oral health consequences. Social belonging, empowerment, and stress relief — key industry messaging themes — should be countered directly.
- Develop tailored IEC materials for specific target audiences, with particular emphasis on youth-directed content that exposes the deliberate marketing tactics of the industry.

Countering Social Media Marketing

The group's recommendations for a rapid-response social media counter-strategy included:

- Create a comprehensive 'Nicotine-Free India' communication strategy that integrates social and digital media and influencer engagement as core components.
- Leverage AI and digital media monitoring tools to identify online promotional tactics, track key brands, and build an institutionalised early-warning system within government mechanisms to enable rapid enforcement responses.
- Design evidence and data-driven counter-marketing campaigns on social media, using data storytelling and creative tactics to dispel myths and misinformation.
- Amplify WHO and government health warnings on the harms of nicotine through digital channels, engaging public figures and credible voices.
- Pursue celebrity endorsements from persons with no tobacco or nicotine affiliation, engage youth influencers, and use film-making as a medium to reach young audiences.
- Engage mass and print media channels such as podcasts and youth magazines to reach audiences beyond social media platforms.

Ayushman Bharat Digital Mission Platforms

The group recommended using ABDM's existing digital infrastructure for tobacco and nicotine control communication:

- Create a central repository of existing literature, policies, factsheets, and other evidence for knowledge dissemination across all stakeholders, accessible through ABDM platforms.
- Integrate pop-up messaging, ABHA ID-linked cessation reminders, and quit support resources within the ABDM ecosystem so that tobacco users are reached at points of healthcare contact.
- Include resources and modules for health and educational clubs through school health programme calendars, ensuring that anti-nicotine education is embedded in the routine school health infrastructure.

[Photographs from Working Group Sessions]


National Consultation on Countering Nicotine and Tobacco Addiction in India
From Evidence to Action
Group 3




EXIT



Key Recommendations from the National Consultation

The following recommendations emerged from the panel discussions, working groups, and plenary deliberations. They are intended for transmission to MoHFW, state health departments, and the WHO FCTC Secretariat.

Regulatory and Legal Action on Nicotine Pouches

- Section 18 of the Drugs and Cosmetics Act 1940, punishable under Section 27(b)(ii) with a minimum three years' imprisonment, provides grounds for enforcement action against oral nicotine pouches; DCGI can issue a circular to all State Drug Controllers to this effect.
- Regulation 2.3.4 of the FSSAI Regulations 2011 allows oral nicotine pouches to be treated as prohibited food items; FSSAI can direct all State Food Safety Commissioners accordingly.
- Notification of nicotine in chemical form as a Class A poison under the Poisons Act 1919 has precedent in Punjab, Haryana, Chandigarh, and Karnataka; other states and UTs could follow suit.
- Section 77 of the Juvenile Justice Act 2015 offers a route against suppliers of oral nicotine pouches to minors, particularly relevant since pouch labels universally omit the mandatory 'Not for sale to persons below 18 years' warning; state child protection and enforcement authorities could invoke it more actively.
- Import of oral nicotine pouches at all ports of entry could be prohibited as unapproved drugs, a step CDSCO and DGFT are positioned to take jointly.
- No NOC or manufacturing licence for oral nicotine pouches, including for export, should be granted if DCGI applied existing drug licensing provisions strictly.
- The Consumer Protection Act 2019 and the Drugs and Magic Remedies (Objectionable Advertisements) Act together offer grounds against misleading and surrogate advertising for nicotine pouches across all platforms, including social media and e-commerce sites; relevant enforcement authorities could invoke these.
- A comprehensive legislation on the pattern of PECA 2019, covering all routes of administration and both flavoured and unflavoured products, could be enacted to ban oral nicotine pouches and other unapproved nicotine products.

- The Jan Vishwas Act mechanism allows simultaneous amendment of multiple statutes and could be used to explicitly to address nicotine pouches across the relevant legal framework.
- A national 'Operation Nicotine Pouch', backed by a dedicated workshop for State Nodal Officers and Drug Controllers, could help coordinate implementation across all states and UTs.

Nicotine-Free Tobacco Cessation

- Cytisine's inclusion in WHO's Model List of Essential Medicines (September 2025) and the WHO clinical treatment guideline for tobacco cessation in adults (2024) provides a basis for Emergency Use Authorisation or expedited regulatory approval as a non-nicotine pharmacotherapy for tobacco/nicotine use disorder; DCGI could act on this.
- India's National Tobacco Dependence Treatment Guidelines could be redrafted as National Tobacco/Nicotine Dependence Treatment Guidelines incorporating Cytisine as a recommended first-line pharmacotherapy.
- Inclusion of Cytisine in the National List of Essential Medicines of India and the Indian Pharmacopoeia would facilitate import of the generic formulation and could incentivise Indian bulk manufacturers to produce it at subsidised cost.
- The feasibility of Cytisine-based cessation within India's public health system, including the AYUSH clinics, warrants operational research, with particular focus on the 200 million oral tobacco/nicotine users for whom NRT shows limited efficacy.
- Recording tobacco/nicotine use status as a 'vital sign' on all patient cards and health records across public health facilities could strengthen routine identification and follow-up.
- The 5A-based brief counselling at TCCs and Ayushman Aarogya Mandirs could be strengthened through structured capacity-building and regular refresher training; NTCP Satellite Cessation Centres could be made fully operational, with health workers commended for successful cessation outcomes.
- Continuity of care and reduced loss-to-follow-up could be achieved through systematic deployment of digital tools, mobile-based platforms, and community health workers (ASHAs, ANMs).
- AYUSH guidelines for tobacco cessation centres could be implemented across all AYUSH medical colleges, integrating Dhoomvarti, Yoga, and Ayurvedic medicines into cessation protocols.

Towards a Nicotine-Free Generation

- A time-bound, generation-based nicotine control target, aligned with the global Nicotine-Free Generation movement, could ensure that no child born from a defined year onward is ever sold or supplied any nicotine or tobacco product; this would require India's adoption at policy level.
- An inter-sectoral roadmap to prevent lifelong nicotine dependence in the next generation could be jointly developed by MoHFW, the Ministry of Education, and the Ministry of Women and Child Development.

Communication and Public Awareness

- A comprehensive 'Nicotine-Free India' communication strategy, integrating social and digital media, influencer marketing, AI-based monitoring, and counter-marketing campaigns as core components, could be developed.

- AI and digital media monitoring tools could be deployed to track industry promotional tactics online and build an early-warning system within government to enable rapid enforcement responses.
- Hard-hitting counter-messaging that repositions nicotine as a deadly poison could directly dismantle the industry's glamorisation and harm-reduction narratives.
- Celebrity and youth influencer engagement, drawn from persons with no tobacco or nicotine affiliation, could help reach young audiences.
- ABDM platforms could be used to create a central repository of evidence, integrate cessation reminders, and deliver anti-nicotine modules through school health programme calendars.
- Sustained public awareness campaigns could proactively counter misleading risk-reduction and lifestyle marketing claims.
- WHO FCTC Article 5.3 and the MoHFW Code of Conduct (2020) provide a framework for continuous monitoring of the tobacco and nicotine industry, to track new product launches, marketing strategies, and industry interference with health policy.

Concluding Remarks – Prof. K. Srinath Reddy

Prof. K. Srinath Reddy closed the consultation by noting that tobacco control, whatever its costs, "brings the most wonderful people together to combat it" and distilled the day into a handful of messages to be carried forward.

Nicotine, not just tobacco smoke, is now the new frontier. The study findings released today on the availability of nicotine pouches across several cities, 68 brands online, flavours built for youth appeal, nicotine content up to 120mg — indicate that the threat is already here, not emerging.

I Industry's old playbook in a new wrapper. Deny, delay, dilute, derail — now dressed in "tobacco-free" and "99% safer" language to launder an addictive, unapproved product into acceptance.

Outrage has moved tobacco control before; it must move this too. It was never the distant promise of personal harm alone that shifted public opinion. Change came when tobacco smoke was recognised as harming innocent bystanders—spouses, children, commuters, and others who never consented to the risk. The public demand for smoke-free spaces, reinforced by judicial action, sustained advocacy, media engagement, and growing scientific evidence, ultimately created the momentum for India's smoke-free laws under COTPA. Nicotine pouches reaching minors, with labels that omit any warning against youth use, demand the same sense of public outrage today.

Law needs public sentiment behind it, not just statutes. COTPA itself did not begin in a policy chamber. It began with one woman's complaint for unintentional exposure to second hand smoke on a Kerala bus, built into a public interest litigation as evidence and sentiment converged, till the government moved.

Media, especially regional media, is underused. Reaching public through regional correspondents in the local language with real data, has the power to influence communities.

Parents and schools are natural allies. Parent-teacher associations and school principals, worried about what their children are being exposed to, are an underused resource for increasing public pressure.

Cessation must go nicotine-free too. Cytisine deserves priority, not footnote status — a cost-effective, non-nicotine pharmacotherapy, especially for the 200 million users for whom NRT falls short. He urged ICMR to accelerate its evaluation and approval.

Use every legal instrument, not just one. The Drugs and Cosmetics Act, FSSAI Regulations, the Poisons Act, the Juvenile Justice Act, and consumer protection law are not mutually exclusive — as he put it, *"Kaman mein bahut teer hain, sabko istemal kijiye"* — there are many arrows in the quiver, use them all; or, in the language of modern warfare, launch multiple drones at once.

He closed by calling on all present to move forward together, towards a nicotine-free, tobacco-free India.

The vote of thanks was delivered by Dr. Prashant Kumar Singh, Scientist-E, ICMR-NICPR, and Nodal Officer, WHO FCTC Knowledge Hub on Smokeless Tobacco.

[Photographs from the Concluding Session]



















Concluding remarks by Prof. K. Srinath Reddy



Vote of thanks was by Dr. Prashant Kumar Singh, Scientist-E, ICMR-NICPR, and Nodal Officer, WHO FCTC Knowledge Hub on Smokeless Tobacco.

Annexure I: Programme Agenda

National Consultation on Countering Nicotine and Tobacco Addiction in India: From Evidence to Action

2nd June 2026 | Multipurpose Hall (Kamla Devi Complex), IIC, Max Muller Road, New Delhi

Timing	Description	
0830-0930	Registration of Participants	NICPR Team
0930-1030	**Inaugural Session**	
	Welcome	Dr. Ekta Gupta, Scientist-E, NICPR
	Opening Remarks & Objectives	Prof. (Dr.) Shalini Singh Director, NICPR
	Address by Dignitaries • Mr. L. M. Singh, Managing Director India and Global Head, Vital Strategies, New Delhi • Prof. (Dr.) K. Srinath Reddy, Chancellor, PHFI Institute of Public Health Sciences • Dr Ramrao D Patil, DDG-Ayush, DGHS Ayush Vertical, Ministry of Health & Family Welfare, Government of India • Dr. L. Swasticharan, DDG-NCDs & Director (EMR), National Tobacco Control Cell (NTCC), Ministry of Health & Family Welfare, Government of India • Shri Prabhakar (IAS), Joint Secretary, National Tobacco Control Programme (NTCP), Ministry of Health & Family Welfare, Government of India • Prof. (Dr.) M. Srinivas, Member, NITI Aayog	
	Release of Factsheet: *"Unmasking Nicotine Pouches in India: Product Availability and Industry Tactics"* All Dignitaries	
	Presentation of the Factsheet	Study team
	Vote of thanks	Dr. Prashant Kumar Singh Scientist-E, NICPR & Nodal Officer, WHO FCTC Knowledge Hub on Smokeless Tobacco (KH-SLT), NICPR
1030-1100	**GROUP PHOTOGRAPH FOLLOWED BY HIGH TEA**	
	Technical Session	
1100-1145	Panel Discussion – 1 Monitoring and countering availability of nicotine pouches and other novel nicotine/tobacco products	Moderator: Dr. Nirmalaya Mukherjee Chairs: Dr. Annam Visala and Dr. L. Swasticharan Rapporteur: Dr. Ruchika Gupta, Scientists E, NICPR Panelist: • Shri Thiru. N. C. Ravichandran, Assistant Director of Drugs Control, Tamil Nadu • Shri Naman Gupta, Drugs Inspector, Himachal Pradesh • Mr. Ripan Mehta, State Drug Controller, Haryana • Mr. Cyril Alexander, MACT, Chennai • Adv. Shri. Narender Ahuja Vivek, Ex-State Joint Drug Controller, Haryana • Dr Ravinder Kumar, SNO-NTCP, Himachal Pradesh • Prof. Yogesh Pratap Singh, Vice-chancellor, NLU, Tripura
1145-1230	Panel Discussion – 2 Future of nicotine-free tobacco cessation and nicotine-free generation in India	Moderator: Dr Shalini Singh Chairs: Dr. Vaishali Goel & Dr Ramrao D Patil Rapporteur: Dr. Sandeep Kumar, Scientists C, NICPR Panelist: • Prof. (Dr.) Shekhar Kashyap, Cardiologist • Prof. Aswini Y Balappanavar, MAIDS New Delhi • Prof. Prabhu Dayal, Dept of Psychiatry, AIIMS, New Delhi • Dr. Rana J. Singh, Director, Vital Strategies

		• Dr. K. Krishnaraj, SNO-NTCP, Tamil Nadu • Dr. Rajani. P, SNO-NTCP, Karnataka
1230-1330	Working Group – 1: Clinical aspects of non-nicotine tobacco cessation in India *Facilitator's Framing:* This working group focuses on the clinical science and service delivery infrastructure for cessation approaches that do not rely on nicotine replacement. The group may aim to produce evidence based recommendations suitable for adoption by the Ministry of Health, and India's network of District Tobacco Cessation Centres. *Key Discussion Points:* • What is the current evidence for non-nicotine pharmacotherapy — Cytisine, bupropion, varenicline? • Challenges in behavior counseling (5As) and how to address the gaps at the TCCs, Ayushman Aarogya Mandirs? At the end, the group should identify a presenter or the moderator can present	Moderator: Prof. (Dr.) Shekhar Kashyap & Dr. Rana J. Singh Rapporteur: Dr. Anwita Khaitan, Delhi Members: Dr. Vaishali Goel, Delhi Prof. Prabhu Dayal, Delhi Prof. Aswini Y Balappanavar, Delhi Dr. Suneel Vatsyayan, Delhi Prof. Abhishek Mehta, Delhi Dr. V.P.K. Vedha, Delhi Dr. Rajesh Sagar, Delhi Dr. Akshatha Gadiyar, Goa Dr. Anwita Khaitan, Delhi Mr. Ripan Mehta, Haryana Dr. Puneet Chahar, Delhi Dr. Upendra Singh Bhadauria, Delhi Dr. Ravinder Kumar, Himachal Pradesh Dr. Rajani. P, Karnataka Dr. T. Pravin, Tamil Nadu Dr. Rashmi Mehra, Delhi Dr. Paramita Bhattacharya, West Bengal Dr. Ruchika Gupta, Uttar Pradesh Dr. Nazneen Arif, Uttar Pradesh Dr. Pramod Kumar, Uttar Pradesh Dr. Sandeep Kumar, Uttar Pradesh Others delegates
	Working Group – 2: Regulating novel and emerging nicotine products, such as nicotine pouches in India *Facilitator's Framing:* India has demonstrated regulatory leadership with PECA 2019. However, the nicotine pouch market which does not fit neatly into the definition of an electronic cigarette — exposes a significant regulatory gap. This working group could deliberate on regulatory architecture, classification, enforcement, and India's positioning in global normative processes. *Tentative Discussion Points:* • Should nicotine pouches be classified under COTPA, the Drugs and Cosmetics Act, or FSSA — and what are the enforcement implications of chosen pathway? • How should import controls and e-commerce platform obligations be applied to restrict availability? • What Article 5.3 mechanisms are needed to counter industry interference in the regulatory process? • What monitoring actions are to be taken at state and national level	Moderator: Prof. Yogesh Pratap Singh & Dr. Avinash Sunthlia Rapporteur: Dr. Bhagyashree Rout, NICPR Members: Dr. Rakesh Gupta, Punjab Mr. Ashish Pandey, Delhi Dr. Mausumi Bharadwaj, Uttar Pradesh Dr. Deepa Bisth, Uttar Pradesh Dr. Amit Yadav, Delhi Mr. Praveen Sinha, Delhi Mr. Ranjit Singh, Delhi Dr. Shivam Kapoor, Delhi Dr. Anuj Kumar, Uttar Pradesh Dr. K. Krishnaraj, Tamil Nadu Dr. Hansa Kundu, Delhi Dr. K. Krishnaraj, Tamil Nadu Ms. Pritha Das, West Bengal Mr. Cyril Alexander, Tamil Nadu Ms. Susan Samson, Gujarat Ms. Jael Thomas, Karnataka Shri Thiru. N. C. Ravichandran, Tamil Nadu Sh. Naman Gupta, Himachal Pradesh Adv. Mr.Narender Ahuja Vivek, Haryana Mr. Deepak K. Mishra, Delhi/Bihar Mr Vivek Awasthi, Uttar Pradesh Mr Awadhesh Kumar, Uttarakhand Dr. Romshi Raina, Delhi Dr. Deepankar Pant, Delhi Others delegates

	after banning nicotine pouches and other novel products? At the end, the group should identify a presenter or the moderator can present	
	Working Group – 3: Effective communication strategies on nicotine and tobacco addiction in India *Facilitator's Framing:* Communication is both the frontline defence against industry misinformation and the primary mechanism for translating knolwedge into behaviour change at the population level. This working group must address both the strategic framing challenges and the operational infrastructure for effective tobacco-related health communication in India. *Key Discussion Points:* • What communication frameworks can counter industry narrative positioning nicotine pouches as modern and harm-reduction products, particularly among youth? • How can a rapid response to counter social media maketing be framed? • How can Ayushman Bharat Digital Mission platforms be used for effective communication for countering tobacco/nicotine addiction among youth? At the end, the group should identify a presenter or the moderator can present	Moderator: Ms. Chemi Lhamo Rapporteur: Ms. Ananya Saha, NICPR Members: Prof. Rambha Pathak, Uttar Pradesh Dr. Sumesh Kumar, Delhi Dr. Ekta Gupta, Uttar Pradesh Dr. Nidhi Bhatnagar, Delhi Dr. Pritam Datta, Delhi Dr. Sanjay Singh, Delhi Mr. Mukesh Kerariwal, Delhi Ms. Chemi, Delhi Ms. Opinder Preet Kaur Gill, Punjab Dr. Chandravali Madan, Delhi Ms. Jyoti Choudhary, Rajasthan Dr. Ramesh Bhatta, Assam Dr. V. Soujanya Lakshmi, Andhra Pradesh Dr. N. Dayaljit Singh, Delhi Ms Jaspreet Kaur, Delhi Dr. Divya Tripathi, Delhi Mr. Shravan Upadhyay, Delhi Mr. Aman Kaushik, Delhi Dr. Smita Asthana, Uttar Pradesh Dr. Malasha Kumari, Uttar Pradesh Dr. CP Yadav, Uttar Pradesh Dr. Radhika Gupta, Delhi Others delegates
1330-1430	LUNCH BREAK	
1430-1530	Presentation by Working Groups (10min. for presentation by each working group)	Moderator: Dr. Amit Yadav Representatives from working groups & open discussion
1530-1545	Concluding remarks	Prof. (Dr.) K. Srinath Reddy, Chancellor, PHFI Institute of Public Health Sciences
15.45-15.50	Vote of thanks	Dr. Prashant Kr. Singh, Scientist & Nodal Officer, NICPR
16:00	TEA	

Annexure II: Factsheet – Unmasking Nicotine Pouches in India

The factsheet titled ‘Unmasking Nicotine Pouches in India: Product Availability and Industry Tactics’ was released at the inaugural session.

The factsheet is available online at:

https://nicpr.org/wp-content/uploads/2026/06/FactSheet_on_NicAlert_Study_in_India.pdf

Unmasking Nicotine Pouches in India

Product Availability and Industry Tactics

INTRODUCTION

India has emerged as a **Global Leader in Tobacco Control**[1] through laws such as the Cigarettes and Other Tobacco Products Act (COTPA) and the Prohibition of Electronic Cigarettes Act (PECA). However, nicotine pouches have emerged as a new and largely unregulated public health concern.

Marketed as “tobacco-free,” “modern,” and “safer alternatives,” these products target youth through flavoured variants, sleek packaging, influencer campaigns, and aggressive digital marketing strategies similar to those used for e-cigarettes.[2]

NICOTINE

Nicotine is a naturally occurring chemical primarily found in tobacco plants, although it can also be manufactured synthetically. Nicotine is a highly addictive substance that acts on nicotinic receptors in the human body. Nicotine receptors stimulate dopamine release in the brain, driving cravings and addiction similar to highly addictive drugs. It is commonly present in tobacco and other nicotine-containing products.

WHAT ARE NICOTINE POUCHES?



Nicotine pouches are oral nicotine delivery products comprising small sachets containing purified nicotine, flavouring agents, and other additives, which are placed between the gum and lip for nicotine absorption.[3] Unlike conventional smokeless tobacco products, nicotine pouches do not contain tobacco leaf, allowing manufacturers to position them outside the scope of existing tobacco control regulations in certain jurisdictions.[4]

HEALTH HARMS OF NICOTINE/ NICOTINE POUCHES[5]

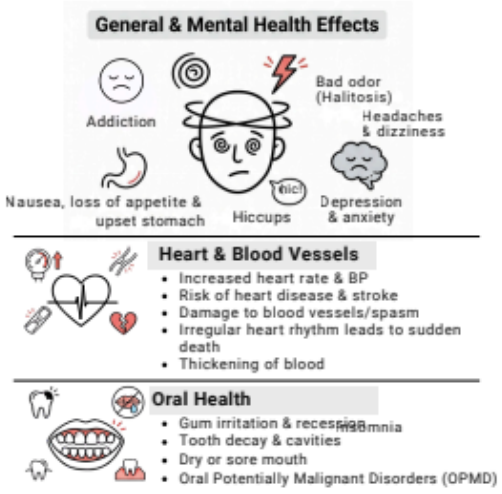
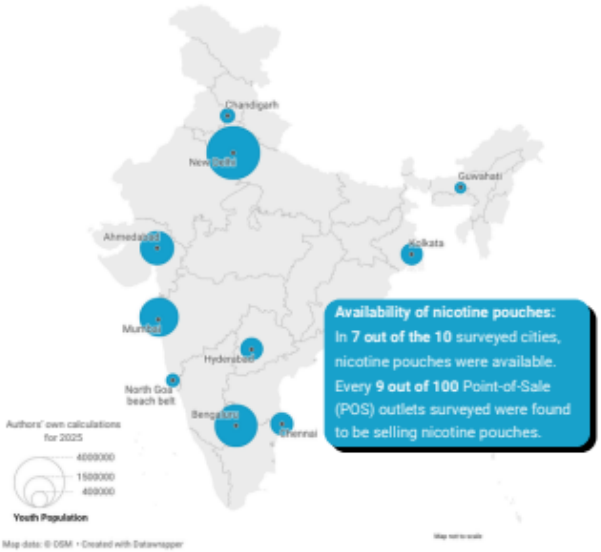


FIGURE 1: STUDY LOCATIONS



Availability of nicotine pouches: In **7 out of the 10** surveyed cities, nicotine pouches were available. Every **9 out of 100** Point-of-Sale (POS) outlets surveyed were found to be selling nicotine pouches.

ABOUT THE STUDY

The study presents a multi-state assessment of nicotine pouch availability, marketing practices, and sales strategies in India through point-of-sale surveys, online/internet electronic vendors (IEVs), and social media analysis. Surveys conducted across 10 cities explored the market presence and growing popularity of nicotine pouches across diverse regions of the country.

1. Dubey P, Shukla S, Agarwal SJ, Satpathy N, Jena PK. Tobacco Control Scale (TCS) for Tobacco Control Policy Analysis of India. Asian Pac J Cancer Prev. 2025 Jun 1;26(6):1865-7. doi:10.31557/APJCP.2025.26.6.1865 PubMed PMID: 40542745; PubMed Central PMCID: PMC12374502.
2. Czopilicki L, Tfayli D, Spindle TR, Ibrahim M, Kennedy RD, Dowd A, et al. Content analysis of marketing features in US nicotine pouch ads from 2021 to 2023. Tob Control. 2024 Dec 3;tc-2024-059010. doi: 10.1136/tc-2024-059010
3. Smoking and Tobacco use. Nicotine Pouches. Centre for Disease control and prevention; 2025. Available from: https://www.cdc.gov/tobacco/nicotine-pouches/index.html#cdc_generic_section_2-nicotine-pouches
4. Grandolfo E, Ogden H, Fearon IM, Malt L, Stevenson M, Weaver S, et al. Tobacco-Free Nicotine Pouches and Their Potential Contribution to Tobacco Harm Reduction: A Scoping Review. Cureus. 2024 Feb;16(2):e54228. doi:10.7759/cureus.54228 PubMed PMID: 38496068; PubMed Central PMCID: PMC10944327.
5. Abid S, Aggarwal A, Duarte F, Sethi S, Iyengar S, Zarich S. Nicotine pouches and youth: emerging patterns and potential cardiovascular risks. Front Public Health. 2025;13:1632313. doi:10.3389/fpubh.2025.1632313 PubMed PMID: 41358246; PubMed Central PMCID: PMC12675456.

Annexure III: Photographs



[Release of factsheet by dignitaries on the dais]



[Group photograph after the inaugural session]





[Panel Discussion 1 in progress]



[Panel Discussion 2 in progress]


National Consultation on Countering Nicotine and Tobacco Addiction in India:
from Evidence to Action
Group 3





[Working group sessions]





[Concluding session and vote of thanks]

Annexure IV: List of Participants

National Consultation on Countering Nicotine and Tobacco Addiction in India: From Evidence to Action

2nd June 2026 | India International Centre, New Delhi

Dr. Abhishek Mehta	Professor, Dept of Public Health Dentistry	Jamia Millia Islamia	New Delhi
Dr. Amit Yadav	Deputy Director	Vital Strategies	New Delhi
Dr. Anwita Khaitan	Assistant Professor	AIIMS-CAPFIMS	New Delhi
Aman Kaushik	Program Manager	SEEDS	New Delhi
Ananya Saha	Research Consultant	ICMR-NICPR	Noida
Anit Singh Malik	Consultant	ICMR-NICPR	Noida
Dr. Anuj Kumar	Scientist	ICMR-NICPR	Noida
Dr. Aastha Chungh	Technical Coordinator	WHO India	New Delhi
Prof. Aswini Y Balappanavar	Professor, Public Health Dentistry	Maulana Azad Medical College	New Delhi
Mr. Ashish Kr Pandey	Director SEAR-EMR	Vital Strategies	New York
Ms. Asha Tandon	Senior Finance & Contracts Manager	Vital Strategies	New Delhi
Dr. Akshatha Gadiyar	Assistant Professor	Goa Dental College and Hospital	Goa
Mr. Awadhesh Kumar	Executive Director	Bharat Sevak Samaj	Uttarakhand
Dr. CP Yadav	Scientist	ICMR-NICPR	Noida
Ms. Chemi Lhamo	Strategic Communication	Vital Strategies	New Delhi
Mr. Cyril Alexander	Executive Director	Mary Anne Charity Trust (MACT)	Tamil Nadu
Dr. Chandravali Madan	Technical Specialist	Vital Strategies	Delhi
Mr. Deepak K. Mishra	Executive Director	SEEDS	New Delhi
Dr. Deepa Bisht	Scientist	ICMR-NICPR	Noida
Dr. Deepankar Pant	Project Scientist	MAMC	New Delhi
Dr. Divya Tripathi	Nutrition Consultant	UNICEF India	New Delhi
Dr. Ekta Gupta	Scientist	ICMR-NICPR	Noida
Dr. Hansa Kundu	Technical Advisor (Enforcement)	Vital Strategies	New Delhi
Ms. Jaspreet Kaur	Country Lead India	CTFK	New Delhi
Ms. Jael Thomas	State Programme Coordinator	Vital Strategies	Karnataka
Ms. Jyoti Choudhary	Senior Program Officer	SRKPS	Rajasthan
Dr. K. Srinath Reddy	Chancellor	PHFI Institute of Public Health Sciences	New Delhi
Dr. K. Krishnaraj	SNO, NTCP	Tamil Nadu STCC	Tamil Nadu
Shri K. J. Alphons	Former Union Minister	Government of India	New Delhi
Khyati Vats	Consultant	UNICEF	New Delhi
Dr. L. Swasticharan	DDG & Director EMR, NTCP	Ministry of Health & Family Welfare	New Delhi
Mr. L.M. Singh	MD India & Global Head	Vital Strategies	New Delhi
Dr. Malasha Kumari	Scientist	ICMR-NICPR	Noida
Dr. Mausumi Bharadwaj	Scientist	ICMR-NICPR	Noida
Shri. Naman Gupta	Drugs Inspector	Directorate of Health Safety & Regulation, HP	Himachal Pradesh
Adv. Narender Ahuja Vivek	Ex-State Joint Drug Controller	Drug Authority Haryana	Haryana
Dr. Nazneen Arif	Scientist	ICMR-NICPR	Noida
Dr. N. Dayaljit Singh	State Consultant NTCP	NHM, DGHS	New Delhi
Dr. Nirmalya Mukherjee	Chief Executive	CPHR-MANT	Kolkata
Ms. Opinder Preet Kaur Gill	Director	Generation Saviour Association	Punjab
Dr. Puneet Chahar	Technical Advisor	Vital Strategies	New Delhi
Dr. Prashant Kumar Singh	Scientist & Nodal Officer KH-SLT	ICMR-NICPR	Noida

Dr. Pritam Datta	Fellow	National Institute of Public Finance and Policy	New Delhi
Mr. Pravin Sinha	National Professional Officer	WHO India	Delhi
Prof. Prabhu Dayal	Professor, Psychiatry (NDDTC)	AIIMS	New Delhi
Dr. Pramod Kumar	Scientist	ICMR-NICPR	Noida
Dr. Paramita Bhattacharya	Director	CPHR-MANT	Kolkata
Ms. Pritha Das	Research Associate	CPHR-MANT	Kolkata
Dr. Radhika Gupta	Project Scientist	MAMC	New Delhi
Dr. Romshi Raina	Project Scientist	MAMC	New Delhi
Dr. Ruchika Gupta	Scientist	ICMR-NICPR	Noida
Dr. Ramesh Bhatta	State Consultant	NTCP Assam STCC	Assam
Dr. Ravinder Kumar	SNO, NTCP	HP STCC	Himachal Pradesh
Dr. Rajani P.	SNO, NTCP	Karnataka STCC	Karnataka
Dr. Rakesh Gupta	President & Director, Public Health	SIPHER	Chandigarh
Mr. Ripan Mehta	State Drug Controller	FDA Haryana	Haryana
Mr. Ranjit Singh	Advocate, Supreme Court	Supreme Court of India	Delhi
Dr. Rana J. Singh	Director	Vital Strategies	Delhi
Prof. (Dr.) Shalini Singh	Director	ICMR-NICPR	Noida
Prof. Shekhar Kashyap	Former Head, Cardiology	Army Hospital R&R	Delhi
Ms. Susan Samson	Director	Faith Foundation	Gujarat
Dr. Sandeep Kumar	Scientist	ICMR-NICPR	Noida
Dr. Sanjay Singh	SNO Delhi	NTCP	Delhi
Dr. Shivam Kapoor	Senior Technical Advisor	Vital Strategies	Delhi
Dr. Smita Asthana	Scientist	ICMR-NICPR	Noida
Dr. Sumesh Kumar	Associate Professor	IIHMR	New Delhi
Mr. Suneel Vatsyayan	Chairperson	Nada India Foundation	New Delhi
Shri Thiru N.C. Ravichandran	Asst. Director, Drugs Control	Chengalpattu Zone	Chennai
Dr. T. Pravin	State Consultant	Dept of Public Health, Chennai	Tamil Nadu
Dr. Upendra Singh Bhadauria	Technical Specialist, Cessation	Vital Strategies	Delhi
Ms. Vaishakhi Mallik	Director	Vital Strategies	Delhi
Dr. Vaishali Goel	ADG, NTCP	Ministry of Health & Family Welfare	New Delhi
Dr. V. Soujanya Lakshmi	State NTCP Consultant	NTCP	Andhra Pradesh
Mr. Vivek Awasthi	Executive Director	UPVHA	Uttar Pradesh
Dr. V.P.K. Vedha	National Professional Officer	WHO India	Delhi
Dr. Yogesh Pratap Singh	Vice-Chancellor	National Law University, Tripura	Tripura